

PREMENOPAUSAL WOMEN'S INFORMATION SOURCES ABOUT MENOPAUSE

A THESIS

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Oregon Health Sciences University

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Master of Nursing

By Shannon Moore
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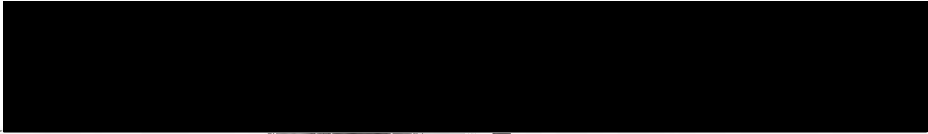
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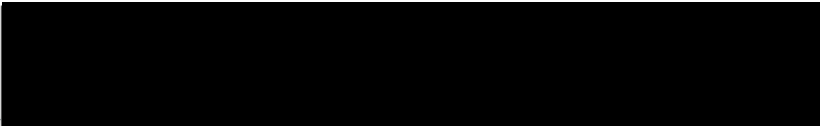
Sharon Clark M.N., A.N.P. Associate Professor of Nursing
Oregon Health Sciences University
Thesis Advisor



Carol Burckhardt PhD. Associate Professor of Nursing
Oregon Health Sciences University
First Reader



Linda Anderson M.N. Professor of Nursing
Humboldt State University, Arcata, California
Second Reader



Carol A. Lindeman PhD. Dean, School of Nursing
Oregon Health Sciences University

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Abstract

Title: Premenopausal Women's Information Sources About Menopause

A descriptive study of premenopausal women was undertaken to determine a) from what sources they had received information about menopause and b) whether or not that information was perceived as adequate.

Review of the literature indicated that many women have insufficient or incorrect information about menopause. Research on menopause has not previously focused on premenopausal women, and the present study sought to determine if that population perceives a need for more information about menopause.

A questionnaire, developed by the researcher, was distributed to a non-random sample of 148 women. Ninety-five of the 103 questionnaires returned met sample criteria, and comprised the final sample. Results indicated that respondents received most of their information about menopause from female friends and relatives, books and magazines, and observation of others' experiences with menopause. Most (78%) wanted more information, and wanted information presented by a health care professional.

These results imply that premenopausal women may be a population that has "fallen through the cracks" of health

education. Further research is needed to confirm these findings and develop appropriate teaching strategies.

Author: Shannon Moore

Approved: _____

Advisor

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Chapter One
Introduction

Nursing has long recognized the importance of preparatory teaching for minimizing distressing aspects of anticipated physical and developmental changes. For example, pre-operative and prenatal teaching are considered standard nursing procedure. Nurses forewarn clients of what to expect, correct misinterpretations or misunderstandings, and offer explanations for potential bodily changes or symptoms. The Women's Movement of recent years has focused attention on the health concerns of women. School nurses participate in programs which prepare young girls for menarche and explain the menstrual experience. Nurses and nurse-midwives help prepare and assist women with childbirth. Premenstrual problems have been widely discussed in both professional and popular publications. And yet, menopause, a developmental stage common to all women who survive to middle age, appears to have been neglected as an appropriate topic for preparatory teaching. No forum is currently recognized as appropriate for teaching women about menopause, in spite of the fact that a review of the literature reveals that negative stereotypes and expectations of menopause still exist.

The entire body of published nursing research about menopause consisted of eight articles when reviewed by Voda

in 1986, and a search of the Nursing and Allied Health Index revealed only two articles about menopause since then. None addressed issues aimed at developing a preparatory teaching model for premenopausal women. Before such a model can be developed, however, basic descriptive data are needed about women's perceived needs for such teaching and about their current levels and sources of information about menopause. The first step in the nursing process, before planning or intervention can occur, is assessment, and it is that need that this descriptive study will attempt to meet.

Research Question

From what sources do premenopausal women receive information about menopause, and is that information perceived as adequate?

Operational Definition

Premenopausal

Women are defined as premenopausal who are still menstruating regularly in a pattern normal for themselves, or who have temporarily ceased to menstruate because of pregnancy or lactation.

Menopause

Cessation of menses for twelve months; cessation of menses following chemotherapy or radiation therapy; surgical removal of the uterus and/or ovaries. Excepted from the definition is amenorrhea caused by pregnancy and lactation.

Chapter 2

Review of the Literature

The review of literature will address three areas: literature supporting the definition, as well as expected age and symptomatology, of menopause used in this study; studies which have explored women's information sources about menopause; and critiques of existing menopause literature.

Definition of Menopause

Menopause has been viewed on a continuum from a purely biomedical event to a purely sociocultural event (Voda, 1986). Menopause has been defined subjectively, chronologically, and using a variety of objective criteria (Voda, 1986). In 1985, as part of the Social Science and Medicine Conference held in Korpilampi, Finland, an international workshop of prominent menopause researchers from such varied disciplines as anthropology, clinical medicine, epidemiology, human biology, psychology and sociology met. One of the main issues was the establishment of an internationally accepted definition of menopause (Kaufert et al. 1986). The workshop participants reached consensus in recommending that menopause be defined as at least 12 months of amenorrhea, not obviously attributable to other causes. They further stipulated that women whose menses have been stopped surgically or following

chemotherapy or radiation therapy should not be included in the same sample with those undergoing natural menopause. It was recommended by the participants of the workshop that rather than choosing between subjective and objective approaches, both be incorporated with the understanding that self-defined menopausal status may be quite different from objectively defined menopausal status and the two pieces of information need to be interpreted separately (Kaufert et al., 1986).

Cessation of menses for at least 12 months was the definition of menopause used in the following studies often cited in menopause literature to establish expected age at menopause. Jaszmann, Van Lith and Zaat (1969) sent questionnaires to all women between the ages of 40 and 60 in a borough of The Netherlands. A total of 6454 questionnaires were distributed with a return rate of 71%. Excluding subjects who had undergone surgical menopause, the researchers found that the age at menopause was approximately normally distributed and the mean age was found to be 51.4; the standard deviation, 3.8 years. In addition they found the age at menopause to be independent of environmental factors, education, physical type, age at menarche, number of pregnancies or age at last pregnancy.

McKinlay, Jefferys and Thompson (1972) surveyed 638 women aged 45 to 54 whose names were drawn from the registers of eight general practice units located in or

around London and found the median age at menopause to be 50.8 years. A Scottish study (Thompson, Hart & Durno, 1973) using similar definitions and methodology, included women in a 20 rather than a 10 year age range. Questionnaires were sent to all women between 40 and 60 years old registered in a general practice in a mixed urban and rural area on the outskirts of Aberdeen. Median age at menopause was found to be 50.1 years. The researchers found these data to be comparable to the findings of the studies described above and to a study carried out by the Department of Health, Education and Welfare in the United States in 1966 (McKinlay & McKinlay, 1973) which, in a sample of 3581 women reported a median age at last menstrual period of 49.8 years. The Scottish study also analyzed responses to a symptom checklist composed of symptoms commonly anecdotally associated with menopause and of symptoms suggested by the physicians in the practice as being frequent complaints of middle age female clients. The twelve symptoms on the checklist included hot flushes (called hot flashes in the USA), night sweats, depression, headaches, palpitations, dizzy spells, fatigue, backache, joint pains, bloating, swollen ankles and sleeplessness. Cluster analysis was used in analyzing data, and only symptoms of vasomotor instability, hot flushing and night sweats were definitely correlated with menopause.

McKinlay and Jefferys (1974) reported similar findings

in a sample of 648 women between the ages of 45 and 54 living in the London area. Hot flushing and night sweats were clearly associated with the onset of a natural menopause and occurred in a majority of their sample. Other symptoms specified on the checklist- headaches, dizzy spells, palpitations, sleeplessness, depression and weight gain- showed no direct relationship to menopausal status. None of the demographic variables investigated, (including employment status, educational level, social class, domestic workload, marital status and parity), had any marked association with the reported frequency of symptoms.

Neugarten and Kraines (1965) attempted to compare: (1) symptoms reported by menopausal women with symptoms reported by other women at other age periods; and (2) symptoms experienced within the same age group of women who reported themselves as pre- or post-menopausal. They devised a checklist of 28 symptoms frequently reported by clinicians and by women as being typical or frequent symptoms of menopause. The symptoms were grouped as "somatic"; including hot flashes, rheumatic pains, breast pains; "psychological", including irritability, nervousness, depression, crying spells; and "psychosomatic", which included dizzy spells, pounding of the heart and headaches. Reliability of the tool was established by a test and retest of a subsample of 40 subjects, with a correlation coefficient of .79. Validity was not addressed. The sample

consisted of 460 women, age 13-64, obtained from non-clinical settings. The highest frequency of symptoms occurred in two groups, adolescents and women self-reported as menopausal. At adolescence symptoms were primarily emotional; at menopause, primarily somatic, particularly vasomotor symptoms. While this study has methodological problems, (such as self-defined menopausal status and a self-administered questionnaire with an unspecified recall period), it is nonetheless important as one of the earliest studies which attempted to study women's experiences of menopause in the general population rather than only those women who have sought medical services. It attempted to compare symptomatology over a wide time span rather than only within a narrow range assumed to be menopausal, and to some degree, in the context of life events.

Kaufert and Syrotuik (1981) identified several problems associated with the use of a checklist to identify symptoms of menopause, and attempted to rectify them in a mail survey of 200 women in central Winnipeg. To decrease the effects of stereotypes and cultural beliefs regarding menopause, the questionnaire, a 19 page tool covering many aspects of health history, health care, life events and satisfaction, and measures of self-esteem, was titled "Women and Their Health", with no specific reference to menopause. Questions regarding symptoms were asked early in the questionnaire, before, and separated from, questions

relating to menstrual history. Recall of symptoms was limited to a short, specific time period of two weeks.. Two standard instruments for measuring psychological morbidity (the Bradburn Index of Well Being and the Cobb and Kasl Scale of Low Self-Esteem) were used rather than the vague and variously defined terms such as "nervousness", "irritability", and "depression" used in earlier studies to represent psychological status. Menopausal status was objectively determined by menstrual history. Results confirmed the association of hot flashes and night sweats with the peri-menopausal and immediate post-menopausal period. The results of the psychological tools used indicated that a menopausal woman is neither more nor less likely to be depressed and negative in her self-perception than a non-menopausal woman.

These studies form the basis for the definitions of menopausal status and symptomatology used in this study.

Women's Information Sources About Menopause

No studies were found which focused specifically on the question of women's knowledge sources about menopause. The subject was addressed, however, in several studies related to the exploration of other variables of menopause research.

A landmark study in menopause research was carried out by Neugarten, Wood, Kraines and Loomis (1963). It was the first study to examine women's attitudes toward menopause. Use of a developmental perspective and a non-clinical

population made it unique at the time. Preliminary interviews were used to develop, pretest, and review the "Attitudes Toward Menopause" checklist (ATM). A criterion group of 100 women aged 45-55 was compared to a control group of 167 women grouped by ages 21-30, 31-44 and 56-65. All subjects were married, mothers, and most lived with their husbands, thus limiting generalizability of findings. Results showed a great awareness of myths and old wives tales about menopause. Fifty percent of women felt menopause was an unpleasant, disturbing event, with the most negative views being held by the 21-30 age group. When asked to choose "the worst part of menopause" the most frequently chosen response was "not knowing what to expect" followed by "pain and discomfort" and "sign of aging". The least frequently chosen responses were "inability to have more children" and "loss of enjoyment of sex". Subjects were eager to discuss menopause with researchers; reported that they seldom discussed it with other women; and expressed a need for more information about menopause. The study contains several flaws in research design and sampling. It failed to define adequately the sample and methods of data collection and analysis used in the exploratory interviews. Descriptions of criterion and control groups did not include race, income level, or occupation. Likewise, the comparability of control and criterion groups was not discussed except with regard to

educational levels of subjects. While the study did not directly address the issue of knowledge sources, it clearly pointed out that the women studied felt they had both a lack of knowledge and a lack of communication with others about menopause. Their eagerness to discuss the issue with researchers indicated a desire to remedy that lack.

Dosey & Dosey (1980) conducted a questionnaire survey with three purposes: 1) to assess the frequency of various menopausal symptoms; 2) to compare incidence of symptoms with possible sociopsychological determinants and 3) to discover how women deal with menopausal symptoms. In this last category were questions pertaining to sources of information on menopause, persons with whom the respondent had discussed menopause, type of professional help sought, and evaluation of the helpfulness of professional consultation. A non-random sample of 210 women between the ages of 39 and 60 in the Detroit area was recruited by college students, professors, nurses, physicians and heads of women's organizations. One hundred and forty three questionnaires were returned and acceptable for analysis. Menopausal status was self-defined. Instruments consisted of four questionnaires which were referenced or included, facilitating replication of the study, although validity and reliability of the instruments were not addressed. Data analysis was appropriate using chi square analysis of bivariate relationships. The results indicated

that unpleasant or distressing menopausal reactions appeared to be generally greater in women who had low to middle income, who were not married, who did not have children in the home, who had low self-esteem and who perceived their mothers as having had menopausal distress. The generality of many of the symptoms, cross sectional nature of the study and lack of objective definition of menopausal status lead to questions about the degree to which the symptoms listed relate to menopause and how much to other life events or chronic occurrence. In response to questions about information sources, 50% saw physicians as their primary information source, followed by mother (15%), friend (15%), books and magazines (13%) and school (5%). Thirty-one per cent had discussed menopause with their husbands, 26% with a friend, 10% with their children, 4% with their mothers and 27% checked "no one". Forty-seven per cent of the women had received no formal counseling about menopause, 45% had gone to a physician, 2% to a counselor, 1% to a psychologist, 1% to a nurse and 3% to various non-professionals. Of those seeking professional consultation, 83% found it to be helpful.

Kaufert (1980) inquired about levels and sources of information about menopause as part of a study of the use of health services by peri-menopausal women. Questionnaires were sent to 200 women between 40 and 60 years old who were patients of a single family physician in an urban Manitoba

setting. One hundred and forty eight questionnaires were completed. Comparison of demographic data with statistics on the characteristics of the general population indicated that the sample was better educated, and of higher occupational standing and family income level. A list of possible information sources was presented. Eighty-seven per cent cited magazines and books and 73% cited their friends as sources of information. Approximately half had been given some or a little information by their doctors and a lesser percentage (not specified) by their mothers. Neither this study nor the Dosey and Dosey (1980) study asked women if they felt the information they received was adequate.

A study seeking to ascertain women's knowledge levels about menopause was undertaken by LaRocco and Polit (1980). A 12 item true/false test was given to 167 40 to 60 year old women in the urban Boston area. Menopausal status was self defined. The average score was 7.1 correct responses. Frequently missed questions concerned the expected age at menopause, available treatment options, duration of symptoms and frequency with which women consult a physician for menopausal problems. Six additional statements dealt with the perceived need for more information. Forty-seven percent of the sample agreed that "menopause is a mysterious thing which most women don't understand", 35% agreed with the statement, "menopause is a process about

which I know very little" and 35% agreed that they "knew everything they needed to know about menopause". This last group did not score significantly higher than the group that felt a lack of knowledge, indicating that perceptions of being well informed may not necessarily be an accurate index of actual knowledge. Eighty-four per cent of the sample felt that they could talk freely with other women about menopause. This is in contrast to earlier findings by Neugarten and associates (1963), and may indicate that the influence of the Feminist and Women's Health Movements over the intervening 17 years has brought about changes in women's willingness to discuss intimate and personal topics.

However, a study by Millette (1981), asking questions similar to those asked by Neugarten and associates (1963) and by LaRocco and Polit (1980), found that 63% of the sample agreed with the statement that the worst thing about menopause "is not knowing what to expect". The study was conducted in a small New England city, with a sample of 132 women. While Millette described the average respondent as being premenopausal, 41 years old, married and with a college education, the age range of the sample was not given and the method of determining menopausal status was not defined. On the knowledge test it was again found that less than half of the respondents knew the correct expected age of menopause, with most incorrect answers assuming an early menopause at around 45. Almost a third of subjects expected

menopause to last 5-10 years, instead of the actual average of 2 years. Fifty-six and nine tenths per cent listed depression as a sign or symptom of menopause and 67.7% expected to be nervous and irritable. Questions were asked regarding "health information sources" rather than asking specifically about menopause, so not surprisingly physician and nurse were the first and second ranked choices. Other choices of information about menopause, in ranked order, were books, family, movies, magazines, friends, radio and television.

All of the studies described in this section include pre- peri- and post menopausal women. It is not possible to ascertain what knowledge levels and sources are common to a premenopausal sample, a group who would not have had occasion to seek health care or information in response to specific symptoms, such as hot flashes or menstrual irregularities.

An interesting and hitherto unstudied aspect of the menopausal experience was explored by Dege and Gretzinger (1982) as they examined attitudes of families toward menopause. The sample consisted of nine nuclear families from the Lansing and Detroit, Michigan areas. Family members were interviewed, using an interview schedule created by the researchers, and a revised version of Neugarten's "Attitudes Toward Menopause" checklist. In the revised version respondents were asked to check "agree",

"disagree" or "neither". If "neither" was checked the person was asked to "briefly state why". The attitude of respondents as a group was negative toward menopause, with an average 57.1% negative responses. Women were the least negative, at 52%, children the most negative at 60%, with men close to children with 59.4% expressing negative attitudes toward menopause. Marked differences were found when the sample was divided into two educational groups, with the less educated group being considerably more negative toward menopause. Another series of questions asked where or with whom individuals talked, learned or sought help about menopause. Women said that women talked and learned from other women; men said that men did not talk about menopause and learned from media or family; and children said that children talked with parents or peers and learned from parents and school. Both in interview and via the checklist, respondents indicated that a physician was considered the appropriate source of help during menopause. Again, differences appeared between the more and less educated groups, with the former talking more openly within the family, and the latter seeking help and information outside the family. Of interest was the finding that 4 out of 5 mother/daughter pairs agreed on attitudes while only 2 out of 10 mother/son pairs agreed. The menopausal status of the women in the study was not defined, although it was mentioned that two women had had total

hysterectomies and two had had partial hysterectomies.

The studies discussed in this section were the only ones found which directly or indirectly assessed women's sources of knowledge about menopause. They varied widely in purpose, specificity of questions, menopausal experience of respondents, and methodology. Nevertheless, some generalizations may be drawn. Women generally are not well informed about menopause and hold many negative and stereotyped beliefs about it. No consistent source of information seems to have been identified for premenopausal women interested in seeking preparatory information for an event they will all eventually experience.

Critiques of Menopause Research

Research on menopause as a whole has been criticized as lacking consistency and comparability of definitions and methodology. McKinlay & McKinlay (1973) presented an annotated bibliography of menopause literature for the preceding thirty years. They pointed out that physicians' reports of clinical observation or experience, often presented with no data or with data from vague or unevaluated sources, added little or nothing to an understanding of the experience of menopause for the general population. Descriptive surveys often suffer from problems relating to population definition and retrospectivity. Samples are often from "patient" rather than from "well" populations, menopausal status is often not

objectively defined and results not separated by menopausal status. The retrospective nature of surveys combines problems of recall of events several years in the past, with problems of cultural differences in recognition and definition of symptoms and the response to them.

Goodman (1982) believes the most central flaw in previous menopause research is the fragmentation of a complex biopsychosocial phenomenon, focusing on one or two aspects without reference to other influencing factors. She recommends careful longitudinal study in order to understand menopause in the context of life events and developmental process. Innovative studies are suggested, such as a cross-sectional study of menopause with sisters as controls or a comparative study of aging in men and women. Voda (1986) too thinks that menopause research suffers from fragmentation. She cites isolationism of researchers and lack of communication among disciplines as contributing factors for the development of conflicting paradigms. The biomedical model, which views menopause as a disease to be treated, and the social or no-effect approach, in which negative menopausal experiences are attributed solely to sociocultural reasons, exemplify the two prominent paradigms. Voda believes the problem of inconsistent definitions is the most common to menopause research, leading to methodological problems of subject selection and data analysis. Voda recommends that internationally

accepted definitions be used to provide comparability of data. Voda also reviewed the nursing research on menopause. Extensive literature search revealed a total of only eight published studies by nurses, all published since 1980, and most suffering from the problems discussed above. She suggests that the dominant paradigms of menopause research be examined and replaced with a holistic model, documenting the normalcy of menopause.

Conclusion

It seems fundamental to determine to what extent women know what to expect from menopause and from what sources that knowledge is derived. And yet, the published literature on the topic is scant; size and composition of samples, menopausal definitions and grouping, and focus of questions are divergent. Results are unclear, non-comparable, and colored by extraneous variables. This study explored the sources of premenopausal women's knowledge sources about menopause, separating the premenopausal group by internationally accepted definitions, and deriving the sample from a "well" population. The information gained from it has potential to assist nurses to foster a "wellness" orientation toward a universally experienced developmental event in women's lives through an intelligently planned program of education and support.

Chapter 3

Methodology

This study used a descriptive survey method to elicit information from premenopausal women regarding their information sources about menopause. As stated in the review of literature, information in this area has not been systematically documented. Therefore, a descriptive design was most appropriate.

Sample and Setting

A non-random sample of 148 participants was recruited from the towns and unincorporated areas of Humboldt County, California. Assistants, residents of outlying areas, were recruited by the researcher to help distribute questionnaires. To assure consistency of presentation each was given a standardized explanation of the goals, methods, and sample criteria of the study. After the explanation assistants participated in a role playing experience with the researcher in which they demonstrated explaining and answering questions about the research project and the questionnaire. Questionnaires, consent forms, and addressed, stamped envelopes were distributed by the researcher and assistants in a variety of social, residential, occupational, and recreational settings.

Criteria for admission into the study included being:
a) female between the ages of 20-45; b) still menstruating

in a pattern normal for the individual, with the exception of pregnant or lactating women; c) literate in English and d) willing to answer questions relating to menstruation and menopause. Specifically excluded from the study were women who had undergone surgical removal of their uterus and/or ovaries and those who had stopped menstruating following chemotherapy or radiation therapy.

Instrument

An eight page questionnaire was devised by the researcher (see Appendix B). Questions 1-11 asked for demographic information in order to compare the sample with the general population. Questions 12-17 elicited menstrual histories to ascertain that subjects met sample criteria for premenopausal status. Question 18 offered 15 choices of possible sources of information and asked the subjects to indicate, on a three point scale, what degree of knowledge they had received from each source. The format of the question and most of the sources listed were those used by Kaufert in her 1981 study. Space was provided for subjects to add any additional sources of information if necessary. Questions 19 and 20 questioned the perceived adequacy of knowledge and the desire for more knowledge. Questions 21 and 22 questioned the desired source and format of further information. Question 23 asked the subject to choose a description of expectations of menopause and a final question asked for any additional information the subjects

the final date on which returned questionnaires would be accepted for data analysis.

Data Analysis

Data were analyzed using the Statistical Package for the Social Sciences software program. Descriptive statistics were used, primarily frequencies and cross-tabulations. Following initial analysis some categories of variables were compressed in order to provide an appropriate number of cells and subjects within cells for cross tabulation.

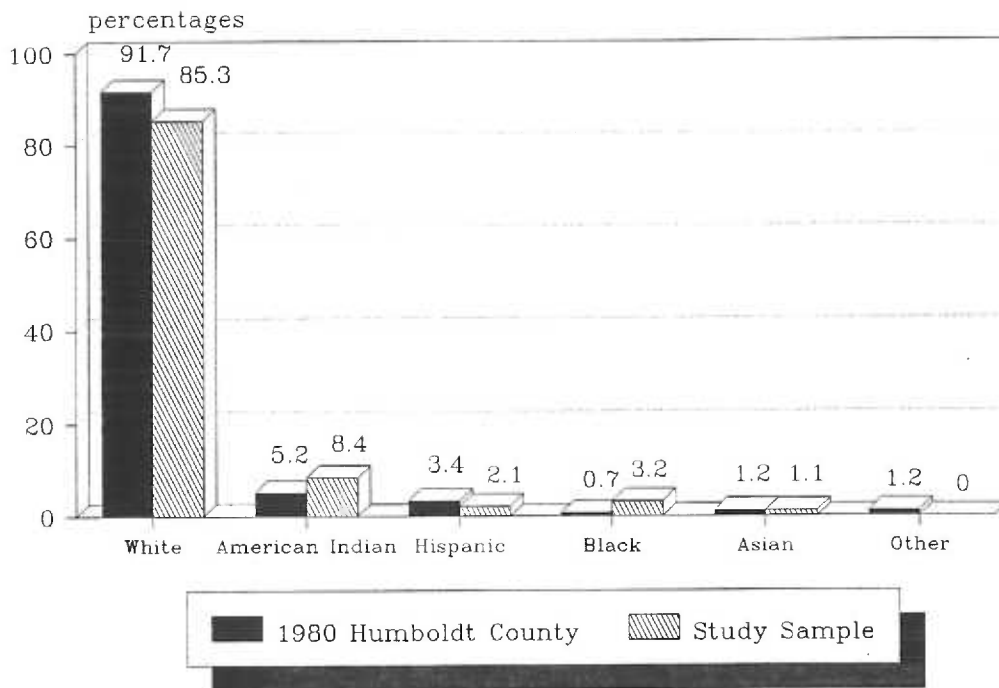
Chapter 4

Results

Demographic Data

One hundred and forty-eight questionnaires were distributed over a three week period and 103 were returned, a 69.5% return rate. Data were analyzed from 95 questionnaires, eight being rejected as respondents did not meet sample criteria.

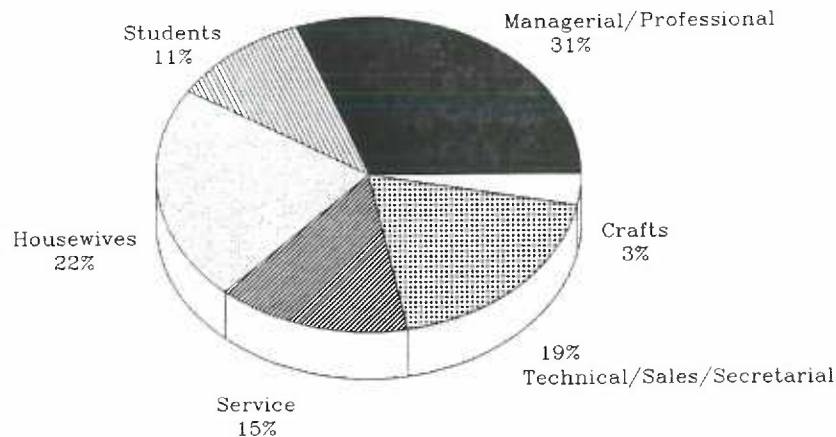
Age of subjects ranged from 20-45, with a mean age of 33.1 years. Caucasians comprised 85.3% of the sample, 8.4% were Native American, 3.2% were Black, 2.1% were Hispanic, and 1.1% were Asian. Ethnic composition of the sample was compared to that of Humboldt County in Figure 1. Fifty-eight per cent of subjects were married, 22% single, and 20% separated, divorced or widowed. Seventy per cent of respondents had children, the mean number of children being 1.7. Twenty eight per cent of subjects were employed full time, 34% were employed part time, 26% were full time homemakers and 12% marked "other", most of whom identified themselves as students. Types of employment of both subjects and subjects' spouses are shown as graphs and compared with county statistics for the general population (see Figures 2 and 3). All county statistics used in demographic comparisons are taken from socioeconomic profiles of northern California counties generated by the



Humboldt Co. percentages > 100% because Hispanics included in White and Black census counts

Figure 1: Comparison of Ethnic Composition of Sample with that of Humboldt County

Subject Occupation



Occupation of Subjects' Partners

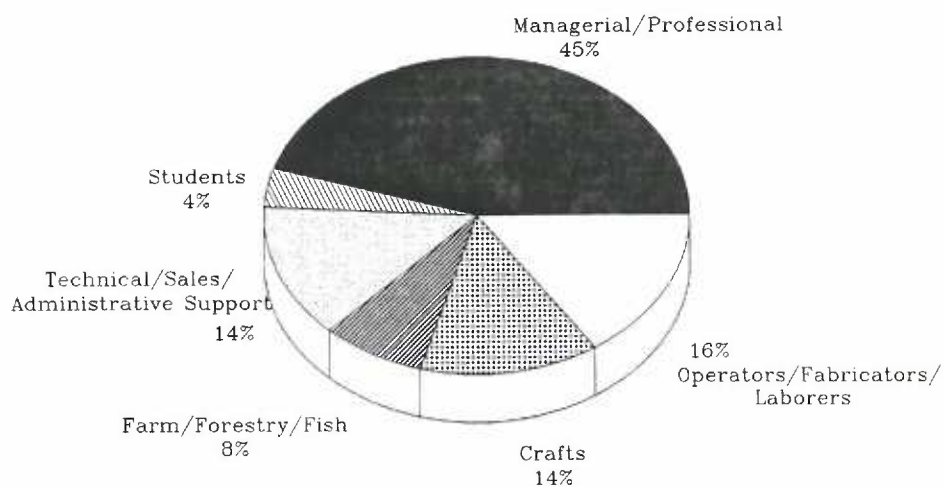


Figure 2: Employment by Occupation of Sample Subjects and Subjects' Spouses

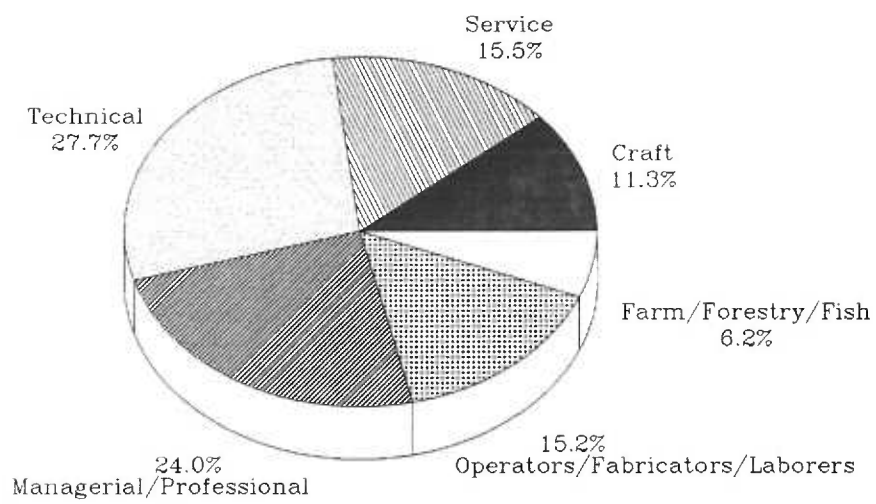


Figure 3: Employment by Occupation of Humboldt County Population

United States Department of the Interior (A.T. Kearney, Inc., 1987). Of the nine choices describing educational level, ranging from grade school only to obtaining a doctoral degree, all levels were represented except the doctoral degree. Twelve per cent of subjects had finished high school 47% had attended some college or obtained an Associate of Arts degree, and 41% had obtained a Bachelor's or a Master's degree. Income levels were generally low; 37% earned under \$15,000 last year, 19% earned \$15-25,000, 16% earned between \$25,000 and \$40,000, and 28% earned over \$40,000. Income and education levels of the sample are compared with those of the county in Table 1. Subjects were asked to indicate religious preferences and results are presented in Table 2.

Information Sources and Adequacy of Information

Responses to questions concerning possible sources of information about menopause are delineated in Table 3. When asked about their knowledge levels about menopause, 14% said they knew "enough", 62% knew "something, but not enough", 20% knew "very little" and 4% knew "nothing". Asked if they wanted more information about menopause, 20% said no, 78% said yes and 2% did not respond. To a question asking subjects to write in "the best person to provide such information", 41 subjects specified a physician, 14 wanted women who had experienced menopause, 13 specified R.N., and 13 were more general, writing "health care provider". Seven

Table 1:
 Comparison of Income and Educational Levels of the
 Sample with Those of Humboldt County

Comparison of Income Levels

Humboldt County Levels (1984)

Per Capita Income	\$11,514.00
Average Household Income	\$14,865.00

Subject Levels

Less than \$15,000.00	36.8%
\$15,000.00-24,999.00	18.9%
\$25,000.00-40,000.00	15.8%
More than \$40,000.00	27.4%

Comparison of Educational Levels

Humboldt County (1980)

Mean Years of Completed Education	12.8
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Subject

Completed High School	11.7%
Some College or Received A.A.	47.4%
Received Bachelors Degree or Higher Degree	41.1%

Table 2:
Religious Preference of Sample Subjects

Religion	N
None	35
Protestant	25
Christians	18
Catholics	7
Jewish	3
Indian	2
Personal Belief	2
Agnostic	2
Bahai	1

Table 3:
Sources From Which Sample Subjects Have Received
Information About Menopause (in percentages)

	Some	A Little	None
Mother_____	36.8	35.8	27.4
Other Female Relatives_____	13.7	33.7	51.6
Father_____	0	4.2	94.7
Other Male Relatives_____	0	3.2	95.8
Women Friends_____	42.1	42.1	14.7
Women at Work_____	22.1	34.7	42.1
Doctor_____	15.8	26.3	56.8
Nurse_____	13.7	20.0	65.3
Other Health Care Worker_____	11.6	13.7	73.7
Books_____	38.9	30.5	29.5
Magazines_____	40.0	37.9	22.1
Television_____	12.6	35.8	51.6
Radio_____	1.1	6.3	91.6
School_____	28.4	14.7	55.8
Observation of Others' Experience_____	42.1	42.1	15.8
Other Sources (specify)_____	1 write in: sex therapist		

thought their mother was the appropriate source, 7 wanted a female physician, 5 looked to nursing or medical literature, 4 to a Family Nurse Practitioner, 4 to a "female health care provider", 4 to libraries, 2 to school, 2 specified post menopausal female physician and 1 thought a psychologist was the appropriate source of information (see Table 4). Asked how they would like to see information presented and allowed to choose more than one answer, 58.9% chose "verbally, on an individual basis", 48.4% chose "verbally in a group discussion", 32.6% chose "video or audio cassette", and 83% chose "written material such as a brochure or pamphlet".

A final question asked about subjects' expectations of the menopausal experience. Four per cent chose "extremely unpleasant", 32% chose "mildly unpleasant", 10% chose "neither pleasant nor unpleasant", 42% expected menopause to have "both pleasant and unpleasant aspects" and 12% chose "don't know what to expect". Not one participant chose "pleasant".

Knowledge level of participants was crosstabulated with desire for more information, expectations, demographics, and physician contact, and no significant relationships were demonstrated. Desire for more information was crosstabulated with demographic data. A strong correlation existed between age group and desire for more information (see Table 5), with only 14% of women between 20-28 desiring more information contrasted to 31% of women aged

Table 4:
Sources From Which Sample Subjects Would Like to
Receive Information About Menopause

Source	N
Physician	41
Women Who Have Experienced Menopause	14
Nurse	13
Health Care Practitioner	13
Female Physician	7
Mother	7
Nursing/Medical Literature	5
Nurse Practitioner	4
Female Health Care Practitioner	4
Library	4
School	2
Post-Menopausal Female MD	2
Psychologist	1

Table 5:
 Crosstabulation of Subjects' Age Groups With Their
 Desire For More Information About Menopause

	Age Group		
	20-28	29-37	38-45
No*	12 (13%)	6 (6.3%)	1 (1.1%)
Yes*	13 (14%)	29 (31%)	32 (34%)

* Response to question: Do you want more information about menopause?

Chi Square 18.06788; DF 2; P=.0001

29-37 and 34 % of women aged 38-45 ($p=.0001$). Possible responses to the question about expectations of menopause were compressed to three categories representing positive, neutral and negative responses and crosstabulated with demographic data, knowledge, and expectations with no significant correlations demonstrated.

Chapter 5

Discussion

The study results indicate that while women receive scattered bits of information about menopause from a wide variety of sources, this information, on the whole, is inadequate. Only 13% of subjects thought they knew enough about menopause. Over half had never received information about menopause from a physician and two thirds had never received any information about menopause from a nurse. This is in contrast to the subjects' expressed desire to receive information from members of the health care professions (see Table 4). There appears to be a gap between information desired and information available. Women perceive a lack of accurate, unbiased information. One subject wrote "I think many times the negative aspects are stressed when menopause is discussed. A person just hears horror stories". The nursing profession, with its focus on health awareness and education, might well be the appropriate body of practitioners to provide the needed education. The results also provide some direction for the planning of such an educational program. The relationship shown between age group and desire for more information indicates that the desire for information becomes more pressing as the event becomes more imminent, with women in their 40s as the logical population. Women expressed preferences for provider and for format of information. A well informed female

health care professional, providing a combination of printed information and individual verbal discussion appeared to be the most preferred combination of educational sources.

Books and magazines were also important sources of information. Nurse authors should consider submitting accurate informational articles, written in language understandable by the lay public, to popular women's magazines.

Women expressed a desire to receive information from other women who had experienced menopause. Depending on the practice setting, nurses might organize discussion groups or panels to share information.

These suggestions are intended to illustrate the diversity of possible approaches to meeting women's informational needs about menopause. This is an unclaimed and unexplored area of health education, requiring imagination and innovation, qualities which any profession should be eager to encourage.

Limitations

The questionnaires were individually distributed, and no record kept of recipients' names or addresses. While this may have contributed to subjects' assurance of confidentiality, it prevented any follow-up of unreturned questionnaires. A coding system indicating the identity of the person distributing the questionnaires would have provided information about numbers of questionnaires

returned from each community. Questionnaires distributed to specific groups could also have been coded and identified, and exact numbers of questionnaires distributed to each group retrieved from the assistants. These steps might have helped to identify those who accepted questionnaires but did not return them.

The sample was comparable to that of the county with regard to ethnic composition, but had substantially higher education levels and somewhat higher income levels (see Table 1). Occupational categories of subjects could not be directly compared to county statistics since the sample was all female and no gender separated statistics on occupational categories was available for comparison. The ability to generalize the results of this study is limited to similar rural areas until further research has indicated whether significant differences would be found in more urban and/or affluent areas.

Implications For Further Research

Similar research in a variety of samples and settings is needed in order to ascertain if the perceived lack of adequate knowledge about menopause of the subjects in this study is common to a larger population of women. If not, the identified information sources in the better informed population could be determined and used to provide information to those who perceive a need for it. If, on the other hand, a lack of information proves to be a general

problem, more research should be done to identify the most effective strategies for teaching and disseminating information about menopause to concerned women.

Appendix A

Consent For Participation in Study

I, _____ agree to participate in an investigation entitled "Womens' Information Sources about Menopause" conducted by Shannon Moore, RN under the supervision of Sharon Clark, RN, MN, FNP at Oregon Health Sciences University. The purpose of this project is to determine where women get information or ideas about menopause and whether they feel that they have enough information about menopause. I understand that I will be asked to complete an eight page questionnaire which shouldn't take more than a half an hour. I understand that the questionnaire will ask about my menstrual history and sources of knowledge about menopause as well as descriptive questions about my life in general.

I understand that all information about myself or my participation in this study will remain confidential. Code numbers will be assigned to me to protect my privacy and any identifying information will be destroyed when the project is completed. The information will be reported in ways that do not associate me with my answers.

The Oregon Health Sciences University, as an agency of the State of Oregon, is covered by the State Liability Fund. If I suffer any injury from the research project, compensation will be available to me only if I establish that the injury occurred through the fault of the University, its officers or employees. If I have further questions, I may call Dr. Michael Baird, M.D. at (503) 225-8014.

I understand that participation will not benefit me directly, but may be useful to women in the future. I also understand that there will be no cost to me to participate in the study.

I understand that I may refuse to participate, or not answer any questions I do not wish to answer. If I agree to participate I will fill out the questionnaire and return in the envelope provided. If I have any questions about the study I may contact Shannon Moore at (707) 826-3215.

I have read the foregoing and agree to participate in this study.

Signature _____ ; Date _____

Appendix B
Questionnaire

This questionnaire is designed to determine your source or sources of information about menopause (change of life). The purpose is not to determine how correct or incorrect your information is, but where you received what information you have about menopause. Your responses will be kept confidential. Do not put your name on the questionnaire. The first set of questions provides some background information about you.

1. What is your age? _____

Place an X next to the statement which best answers each of the following questions.

2. How would you describe your ethnic background?

Black _____

Asian _____

Caucasian (White) _____

Native American _____

Hispanic _____

Other (please specify) _____

3. What is your highest level of education?

Grade school _____

Some high school _____

Finished high school _____

Attended some college _____

Completed trade or technical school _____

Obtained an Associate Arts degree _____

Obtained a Bachelors degree _____

Obtained a Masters degree _____

Obtained a Doctoral degree _____

4. Do you have a medical related (such as LVN, RN, MD) degree?

no _____ yes _____

5. Please indicate your employment status.

Employed full-time for pay _____

Employed part-time for pay _____

Full time homemaker _____

Retired _____

Other (please specify) _____

6. If you are (were) employed what is (was) your job?

7. What is your marital status?

Married _____

Single _____

Separated _____

Divorced _____

Widowed _____

8. If you are married, what is your husband's job?

Questions continue on the next page.

9. What was your total family income before taxes last year?

- Under \$5000 _____
- \$5000 to 10,999 _____
- \$11,000 to 14,999 _____
- \$15,000 to 19,999 _____
- \$20,000 to 24,999 _____
- \$25,000 to 29,999 _____
- \$30,000 to 34,999 _____
- \$35,000 to 39,999 _____
- \$40,000 to 49,999 _____
- Greater than \$50,000 _____

10. What is your religious preference (if none, state none)? _____

11. Do you have any children?

no _____ yes _____ if yes, how many? _____

The next section asks questions about your menstrual history and your knowledge about menopause.

12. Do you still have menstrual periods?

no _____ yes _____

Questions continue on the next page

13. Women can stop menstruating (having periods) for a number of reasons. If you no longer menstruate, did you stop after any of the following events?

Had a hysterectomy _____

Had chemotherapy for cancer _____

Had radiation therapy for cancer _____

Went through menopause _____

Pregnancy and/or breast feeding _____

Other reason for stopping menstruation (please specify) _____

14. When was your last menstrual period?

Less than three months ago _____

More than 3 months but less than 12 months ago _____

More than 1 year but less than 2 years ago _____

More than 2 years but less than 5 years ago _____

More than 5 years ago _____

Don't remember _____

15. If you compare your menstrual cycle now with your menstrual cycle one year ago would you say that you are

More regular now _____

About the same _____

Less regular now _____

Questions continue on the next page.

16. If you compare your menstrual flow now with your flow of one year ago would you say it is

Lighter today _____

About the same _____

Heavier today _____

17. Have you talked to your doctor about any menstrual problems you have had in the past 12 months?

no _____ yes _____ if yes, what? _____

Questions continue on the next page.

18. Different people may have given you information about menopause. How much information do you think you received from each of the following sources?

	"	Some	"	A little	"	None	"
Your Mother _____	"	"	"	"	"	"	"
Your Father _____	"	"	"	"	"	"	"
Women Friends _____	"	"	"	"	"	"	"
Women at Work _____	"	"	"	"	"	"	"
Male Relatives Other Than Father _____	"	"	"	"	"	"	"
Female Relatives Other Than Mother _____	"	"	"	"	"	"	"
A Doctor _____	"	"	"	"	"	"	"
A Nurse _____	"	"	"	"	"	"	"
Other Health Care Worker _____	"	"	"	"	"	"	"
Books _____	"	"	"	"	"	"	"
Magazines _____	"	"	"	"	"	"	"
Television _____	"	"	"	"	"	"	"
Radio _____	"	"	"	"	"	"	"
School _____	"	"	"	"	"	"	"
Observation of Others' Experience of Menopause _____	"	"	"	"	"	"	"
Other Sources (Please Specify) _____							

Questions continue on next page.

19. Some women say that they do not know enough about what happens to a woman at menopause. Do you feel that you know..(check one only)
- Enough _____
- Something, but not enough _____
- Very little _____
- Nothing _____
20. Do you want more information about menopause?
- no _____ yes _____
21. If you wanted more information about menopause, who do you think is the best person to provide such information? _____
22. How would you like to see information about menopause presented? (You may choose more than one answer.)
- Verbally on an individual basis _____
- Verbally in a group discussion _____
- On a videotape or audio cassette _____
- As written material such as a brochure or pamphlet _____
- Other (please specify) _____

Questions continue on the next page.

23. In general, do you expect menopause to
- Be extremely unpleasant _____
 - Be mildly unpleasant _____
 - Be neither pleasant nor unpleasant _____
 - Have both pleasant and unpleasant aspects _____
 - Be pleasant _____
 - I don't know what to expect _____
24. Is there anything concerning knowledge or information about menopause that you would like to add that was not covered in the questionnaire?

Thank you for your help with this study!

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