

Knowledge and Understanding of Menopause and Menopausal Symptoms: A Namibian Perspective

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Abstract

Objectives: To assess the knowledge and understanding of women and men about menopause and to differentiate the levels of knowledge between HIV/AIDS and menopausal-related symptoms for women.

Methods: A four-stage, stratified cluster sampling design recruited 1502 respondents, aged 38-78. Structured questionnaire was used for data collection.

Results: Majority (94%) of respondents demonstrated strong understanding of the meaning of menopause. Statistical association was found between knowledge of menopause and gender (Chi square test: 000).

Regarding the knowledge of menopausal versus AIDS symptoms, higher knowledge was found on AIDS related symptoms (diarrhoea = 74%; weight loss = 62% & skin lesions = 56%). Hot flashes (52%) and less interest in sex and change in sexual responses (58%) were the only menopausal symptoms with higher knowledge levels. Category of menopausal & AIDS related symptoms demonstrated knowledge levels less than 50%. Owambo respondents confuse menopausal symptoms such as anxiety, hair thinning or loss, and skin lesions mostly as symptoms of AIDS. Abnormal bleeding or spotting; irregular menstruation; hot flashes; vaginal dryness; vaginal discharge/ infection; less interest in sex and changes in sexual response; heart palpitations; and forgetfulness were found statistically significant by gender (P.000).

Conclusions: It appears that despite some understanding about menopause, lack of in-depth knowledge exists, resulting in confusing menopausal and HIV/AIDS symptoms. This concern warrants further exploration.

Keywords: knowledge; menopause; menopausal symptoms; understanding; Namibian perspective

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1. Introduction

Menopause is associated with natural progressive alterations in the hormonal production for both men and women and is not an illness (Ramakuola, Khoza & Akinsola, 2012; (Jahanfar, Abdul Rahim, Sha Reza, Nor Azura, Sharifah Nora, Siti Asma, 2006;). Consequently, menopausal symptoms, that could have negative effects on the women, are often unquestionably accepted as "just getting old" by humans. Hence menopause sometimes does present overwhelming challenges. Commonly experienced symptoms of menopause include among others vasomotor symptoms such as hot flashes and night sweats. Reproductive symptoms include changes in sexual behavior as may be characterised by less interest in sex and changes in sexual responses: dry vagina, vaginal discharge/infection and discomfort/painful intercourse. Psychological symptoms such as: anxiety, depression, mood changes, forgetfulness, poor concentration and sleep disturbances are also common in menopause as well as physiological changes characterised by headaches, heart palpitations; weight gain; hair thinning or loss. Thus it demonstrates that menopause has comprehensive effects on all body systems (Nastri, Lara, Ferriani, Rosa-e-Silva, Figueiredo, Martins, 2013; Women's Health Queensland Wide, 2009; Discigill, Gemalmaz, Tekin, & Basak, 2009; Bauld & Brown, 2009; Adewuyi & Akinade, 2010; Chuni & Sreeramareddy, 2011).

In some women, symptoms are moderate, while in others they are severe (Clark, 2005). Consequently, Bauld & Brown, (2009) concurs with the report by Women's Health Queensland Wide, (2007) that 50% experience some menopausal symptoms varying from mild to moderate while the other 25% of women have more severe problems. However, the literature concludes that 25% of women do not experience any problem with menopause and therefore manage the transition without assistance (Bauld & Brown, 2009; Women's Health Queensland Wide, 2007).

Substantive literature report that the severity of menopausal symptoms depends upon biological, social, cultural and psychological processes which may vary within and between cultures and change over time (Nappi & Nijland, 2008; Adewuyi & Akinade, 2010; Jahanfar et al, 2006; Women's Health Queensland Wide 2007; Thomas, 2005; Dillaway, 2005).

Elsewhere in the world, it is known that culture plays a large part in the way people try to cope with menopause symptoms, although such measures are often not well documented and integrated in the public and reproductive planning systems of governments (Thomas, 2005). However, cultural differences have been explained by differences in attitudes and meanings of menopause, such as the extent to which menopause is seen as a medical condition or a natural phenomenon, or whether mid-life represents positive or negative social changes and/or values within a society (Ayers, Forshaw & Hunter, 2010).

Much has been written on menopause, hence the interpretation of the knowledge and understanding of menopause is currently a challenge among some women experiencing these life changes, as well as their male partners. However, in Namibia, like in most African states, research on menopause and how its' symptoms are understood and dealt with in public policy and public health education is minimal. According to Adewuyi & Akinade (2010), a lack of knowledge of menopause causes a wrong or negative perception toward it. This in turn leads to negative or neutral attitude towards menopause. On the other hand, if the knowledge about menopause is adequate and understandable among women, there would be correct or right perception which can lead to positive attitude towards menopause (Adewuyi & Akinade, 2010).

The rationale of the study originated from some community discussions on the assumption that although there is widespread information about HIV and AIDS symptoms, there is little knowledge about menopause and related symptoms. As a result some women could confuse HIV-related symptoms with those of menopausal symptoms and take negative actions in response to their menopausal phase, especially in rural areas where access to health facilities/services is limited. Therefore, the aim of this paper was to assess the knowledge and understanding of women and men about menopause and to differentiate the levels of knowledge between HIV/AIDS and menopausal-related symptoms for women.

2. Methodology

A four-stage, stratified cluster sampling design was used for this survey where the first stage units were the constituencies of a region, second stage units were the geographical areas designated as Primary Sampling Units (PSUs) created from the 2001 Census Enumeration areas, and the third stage units involved a distinction between urban and rural areas. The fourth and final phase involved household levels.

The survey covered nine (9) of the thirteen (13) regions, and all the constituencies within each selected region were visited. The reason for including only nine of the thirteen regions was mainly influenced by lack of funds. This limitation however, was compensated by the fact that the selection ensured that a cross-section of Namibia's language and cultural groups were sampled. The following six sites were targeted:

Site 1: Opuwo and Outapi in Kunene and Omusati Regions, to capture the Himba and Owambo groups; Site 2: Gobabis in Omaheke Region to capture the Herero, Tswana, Damara and Nama groups; Site 3: Mariental in Hardap Region to capture the Nama, Afrikaner, and Baster as well as Damara groups; Site 4: Rundu in Kavango Region and Kongola in Caprivi Region to capture Kavango, Caprivian and the San people around Kongola area; Site 5: Walvis Bay in Erongo Region to capture all ethnic groups and Uis which is a rural site, including Damara and Herero people; and Site 6: Windhoek in Khomas Region where, if not all ethnic groups of Namibia are represented.

The minimum age for participation in the study was 38 years for both men and women. The PSUs were selected randomly in each constituency. A map was printed for each PSU with clear boundaries to help the field workers to identify the households within the PSU. Participants in this study included various ethnic groups such as: Afrikaner, Baster, Caprivian, Coloured, Damara, English, German, Herero, Kavango, Nama, Owambo, San/Tswana, and 'Other'. ("Other" refers to any other ethnic groups not mentioned above.) The implementation plan took into account the following: The PSUs were selected from the sampling frame, which is maintained by the Central Bureau of Statistics. The frame consists of PSUs classified by regions and constituencies. The frame is also stratified by urban and rural areas within the region. PSUs in the urban areas were further stratified into the high, middle or low levels of living according to the geographical location and the standard of housing.

The instrument was designed by the staff members from the Faculty of Health Sciences at UNAM, with support from the Multidisciplinary Research Centre (MRC). This combined team met regularly to deliberate and reach consensus on key concepts and definitions that were used in the study. The main consideration was given to the term 'menopause' in all Namibian vernaculars. Traditional people and those who are well-versed in the vernacular languages were consulted to reach the consensus about the term. Once the instrument was ready, it was given to a data specialist who finalised the instrument and created statistical rules and instructions which needed to be followed when administering the questionnaire.

Enumerators and field supervisors were then recruited and subjected to three days training. Most of the enumerators for the survey were recruited from the MRC's database on interviewers. Others were recruited after an advertising campaign at UNAM's main campus in Windhoek. The following criteria served as the basis for selection of the enumerators: Minimum grade 12 (Post-matriculation qualification was considered as an added advantage.); research experience; literacy and numeracy skills; community development experience; proficiency in the local language of the region to which an enumerator was to be assigned and proficiency in English.

After the training workshop, the data collection instrument was piloted in Khomas Region. A review session was arranged and the questionnaire was revised accordingly. The trainers included experienced researchers and senior researchers from MRC.

Once the PSU was located, the team moved inside the PSU and identified the distribution of the households and various features on the ground. On that basis, a household was chosen, and all respondents with the required minimum age of 38 years were then interviewed. Responses from the participants were then recorded on the questionnaire. Before the data were collected, informed consent was sought from the different respondents, after the purpose of the study was explained. However, during the data collection, an insignificant number of respondents exercised their rights of self-determination and refused participation, which was respected. Of those, some were not sure how to respond on the topic, while others boldly indicated that they were not interested in the investigation. They reported that they had never seen actions being taken on the issues they had raised to researchers in the past. Hence their reservation to participate in the study.

The statistical data collected using the questionnaire was entered into the Statistical Package for Social Sciences (SPSS) software. The technique used for analysis was the Pearson Chi-square test (χ^2). The Chi-square test is used to test for statistically significant differences between the nominal variables under investigation, and it tests whether the observed differences between two variables in the sample are statistically significant, i.e. how likely it is that these differences really exist in the population from which the sample was drawn. The alfa value was set for 0.005 mean statistical significance.

3. Results of the Study

3.1 The Sample Description

This study intended to assessthe knowledge and understanding of women and men about menopause and to differentiate the levels of knowledge between HIV/AIDS and menopausal-related symptoms for women.

The study yielded a final sample of 1502 respondents from the following regions: Hardap 149 (9.9%); Kavango, 181 (12.1%); Khomas, 177 (11.8%); Omusati, 200 (13.3%); Kunene, 140 (9.3%); Oshana, 178 (11.9%); Caprivi 160 (10.7%) and Omaheke, 140 (9.3%). Of the entire respondents, 677 (45.1%) were from the urban and 825 (54.9%) from the rural settings. See Table 1 for respondents per region and urban/rural classification).

Table 1: Number of Respondents Interviewed Per Region and an Urban Rural Classification

Regions	N	%
Caprivi	160	10.7
Erongo	177	11.8
Hardap	149	9.9
Kavango	181	12.1
Khomas	177	11.8
Omusati	200	13.3
Kunene	140	9.3
Oshana	178	11.9
Omaheke	140	9.3
Total	1502	100
Urban	677	45.1
Rural	825	54.9
Total	1502	100.0

With regard to age distribution, the majority of the respondents were in the age category of 38 – 45 years (42%), followed by those between 46 – 55 years (25%), 56 – 65 (16.2%), 66 – 75 (10.5%) and 76 and older (6.3%), respectively.

Table 2: Age and Gender Distribution of Respondents

Age groups	Gender		Total
	Female	Male	
38 - 45 yrs	465 (31.0%)	166 (11.1)	631 (42.0%)
46 - 55 yrs	265 (17.6%)	111 (7.4%)	376 (25.0%)
56 - 65 yrs	176 (11.7%)	68 (4.5%)	244 (16.2%)
66 -75 yrs	111 (7.4%)	48 3.1%)	157 (10.5%)
76 yrs and more	61 (4.1%)	33 (2.2%)	94 (6.3%)
Total	1078 (71.6%)	424 (28.2%)	1502 (100%)

Concerning the levels of education of participants, 22.3% of the participants had junior secondary education (grade 8-10), followed by 21.4% of people who had no education at all. In general, it can be said that most of the participants had primary to secondary education, but the higher the level of education, the fewer the number of participants.

When gender and level of education are compared, it is clear that few men (4.9%) did not attend school compared to women who did not attend school (16.5%).

Participants in this study included various ethnic groups such as: Afrikaner, Baster, Caprivian, Coloured, Damara, English, German, Herero, Kavango, Nama, Owambo, San, Tswana and 'Other'. ("Other" refers to any other ethnic groups not mentioned above.)

3.2. Knowledge and Understanding of Menopause and Menopausal Symptoms

In this section, the knowledge and understanding regarding menopause were explored through obtaining responses to various statements concerning menopause. Of the statements, some were true or false, while others were just clues to define menopause from one's own understanding. The results are presented below.

3.2.1. Statements Concerning Menopause

3.2.1.1. Have you Ever Heard of Menopause?

Respondents were asked to indicate *if they had ever heard of menopause*. Ninety two percent (n=1381) of all the respondents reported that they had heard of menopause before this investigation was brought to them. As can be expected (see Table 3), more women have heard of menopause than men. Just fewer than 9% (n=119) of the respondents reported that they had not heard of the term menopause. It should be noted here that the term menopause was translated into the local languages so that all respondents could fully understand what was being referred to in the enquiry.

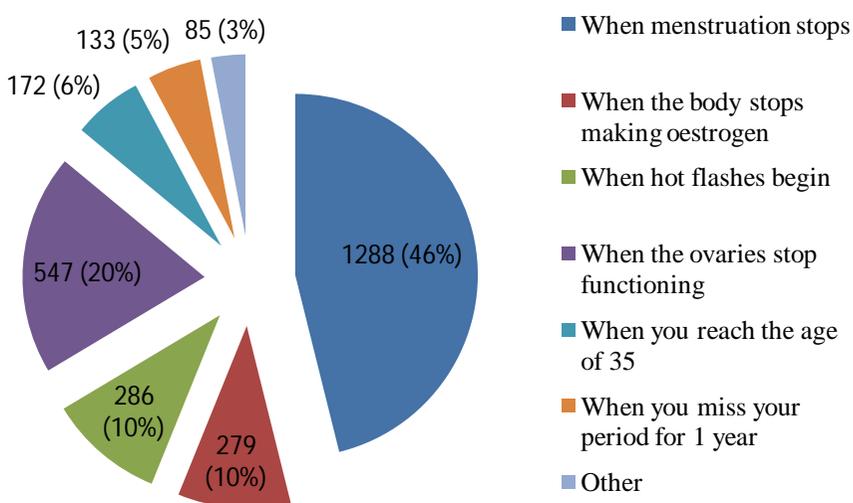
Table 3: Perceived Understanding about Menopause

Have you heard about menopause?			Total	
		Yes	No	
Gender	Male	356 (84.0%)	68 (16.0%)	424 (100.0%)
	Female	1025 (95.3%)	51 (4.7%)	1076 (100.0%)
Total		1381 (92.1%)	119 (7.9%)	1500 (100.0%)

3.2.1. 2. What is Menopause?

According to the results presented in Figure 1, most (51, 1%) of respondents who responded to the question on how they would define menopause from their own perspective reported that menopause refers to a period when menstruation stops and when "you miss your period for 1year". It is important to note that one respondent may respond to more than one clue. Therefore the total responses might not necessarily match the number of total respondents in the entire survey.

Figure 1: Participants' definitions of menopause



3.2.1.3. Understanding of Menopause by Gender

Of all the respondents, more women (75.5%) than men (24.5%) define menopause as “when menstruation stops”. In their definition of menopause, there are some differences between men and women. From a statistical point of view, the results show that there is an association between knowledge about menopause and gender of the respondents (Chi square test: .000).

Table 4: Menopause Definition by Gender

Definition	Gender		Total (Responses)
	Male	Female	
When menstruation stops	315 (24.5%)	973 (75.5%)	1288 (100%)
When the body stops making oestrogen	48 (17.2%)	231 (82.8%)	279 (100%)
When hot flashes begin	56 (19.6%)	230 (80.4%)	286 (100%)
When the ovaries stop functioning	118 (21.2%)	431 (78.8%)	547 (100%)
When you reach age 35	21 (12.2%)	151 (87.8%)	172 (100%)
When you miss periods for 1 year	53 (39.8%)	80 (60.2%)	133 (100%)
Others specify.....	23 (27.1%)	62 (72.9%)	85 (100%)

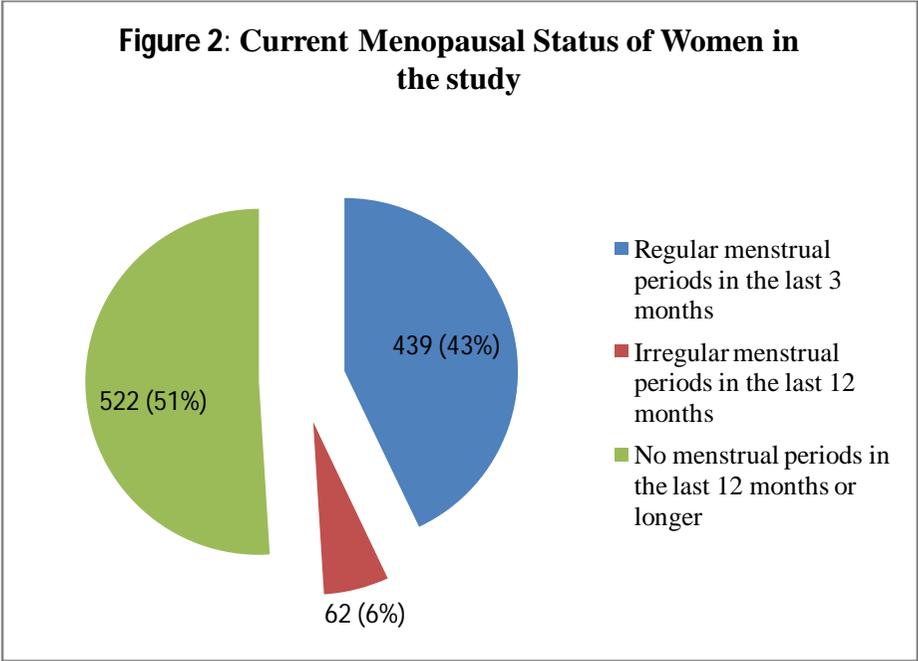
*Chi square .000

3.2.1. 4. True or False Statements Related to Menopause

Respondents were asked to indicate whether a statement about menopause and menopausal symptoms was true or false. The main idea in this part of the survey was to ascertain the associations that are often incorrectly made about menopause and illnesses. According to the results, only a few (8.4%) respondents believe that menopause is an illness. A large number of the participants reported that menopause is a natural and normal process (94.9%), something all women go through (93%), and that will pass even without treatment (71%). Interestingly, the majority considered the statements, "Menopause means a woman becomes older and wiser" (68%) and "Menopause is time of change and growth" (88%) to be true, while these statements were considered by the researchers to be false. However, 94% of respondents demonstrated a strong understanding, indicating that menopause means the ending of menstruation. In terms of cultural attitudes or beliefs, it is clear that the participants rejected assertions such as, "When a woman has menopause, her husband should take a younger wife", and "After menopause, a woman must stop having sexual intercourse" as false, (77%, and 70.9%) respectively. However, some were of the opinion that the women must stop having sexual intercourse after menopause (22%) and that when the woman has menopause, her husband should take a younger wife (18%). There was a statistically significant association between responses to true and false statements about menopause and gender of respondents.

3. 2 2. Menopausal Status of Respondents (women only)

It was necessary to explore the current menopausal status of women participating in the investigation. Forty three percent of the women reported having had regular menstrual periods for the last three months. About 6% reported that they had had irregular menstrual periods in the last 12 months. Just over 50% reported no menstrual period in the last 12 months or longer.



3.3 Knowledge of HIV/AIDS and Menopausal-Related Issues for Women

There are unconfirmed reports in Namibia indicating that people tend to confuse menopausal and HIV/AIDS symptoms. The confusion could be partly true because some symptoms do occur in both HIV/AIDS and menopause. However, there are other symptoms that are associated with either menopause or HIV/AIDS. Therefore, the findings presented under this section aim to confirm or reject the above unconfirmed reports about confusion.

This section presents the findings of a number of physical and psychological symptoms of menopause and of HIV/AIDS. These menopausal and HIV/AIDS symptoms were provided to the respondents in a mixed table. The participants were required to state whether a particular symptom relates to menopause, AIDS or both (menopause and AIDS).

3.3.1 Knowledge of Menopausal Symptoms and HIV/AIDS

Numerous literature report on the most commonly experienced menopausal symptoms. Therefore, the following common, as well as other known, menopausal symptoms, together with those of HIV/AIDS, were included in this study. (See Table 5 for menopausal and AIDS symptoms.)

Table 5: Symptoms Mostly Related to Menopause, AIDS, and Both (Menopause and AIDS)

Mostly menopausal symptoms	Mostly AIDS symptoms	Both (menopausal & AIDS)
<ul style="list-style-type: none"> - hot flashes; - vaginal dryness; less interest in sex and changes in sexual responses; - discomfort/painful intercourse; - Abnormal bleeding or spotting; - irregular menstruation; - hair thinning or loss; - sleep disturbances; - heart palpitations; - weight gain; - irritability; - depression; - anxiety; - tension; - poor concentration; and - mood changes 	<ul style="list-style-type: none"> - diarrhea - skin lesions - weight loss - fatigue 	<ul style="list-style-type: none"> - night sweats; - Vaginal discharge/infection - headaches; - forgetfulness

Of the sixteen “mostly menopausal” symptoms, the respondents in this study showed correct knowledge of fourteen symptoms. However, the knowledge levels were low and statistically insignificant. The only two symptoms with correct knowledge levels above 50% were: hot flashes (52%) and less interest in sex and change in sexual responses (58%). The other two remaining “mostly menopausal” symptoms (hair thinning or loss and depression) were incorrectly indicated as AIDS-related by the majority (60%) of the respondents, compared to those who correctly associated it to menopause (13%).

However, thinning or hair loss was not only related to AIDS, but also to cancer. It appears that for some respondents, hair loss was a considerable concern. As one participant put it, "Once I looked at my pubic and scalp hair, I wondered whether I got a cancer as the hair was thinning. I went to the doctor, and he laughed at me and told me that I am becoming old and going into the years of life changes. But he told me that it was a normal process." Obviously, in this case, the respondent was assured that the symptom was not related to AIDS or cancer, although she probably needed more detailed information about menopause in general.

According to the results, the respondents were knowledgeable on the "HIV/AIDS only" symptoms. Of the four "mostly HIV/AIDS symptoms", the majority of the respondents knew that diarrhoea (74%), weight loss (62%) and skin lesions (56%) were the symptoms that may appear for "AIDS only". This was probably due to the well-managed HIV/AIDS campaign in the country, compared to the lack of awareness of menopause. Fatigue was the only "mostly AIDS-related" symptom that was confused with menopause by the majority (30%).

Night sweats, vaginal discharge/infection, headaches and forgetfulness are symptoms related to both menopause and AIDS. However, the respondents showed very little knowledge regarding these four symptoms. The majority (46%) confused forgetfulness and night sweats (42%) as "only menopausal", while the majority (28%) regarded vaginal discharge/infection as "only AIDS-related". Headaches are presumed by the majority (26%) to be a symptom of AIDS only.

For the purposes of this study, it was necessary to look at the above indicators of menopause and HIV/AIDS knowledge against the demographic characteristics of the respondents. These were age, education, marital status, ethnicity, region and gender of the respondents. The results are presented below.

3.3.2 Knowledge of Menopausal and HIV/AIDS Symptoms by Age, Education, Marital Status, Ethnicity, Region and Gender

3.3. 2.1 Knowledge of Menopausal and HIV/AIDS Symptoms by Age

From the results, it can be concluded that there was no significant association between the knowledge of HIV/AIDS and menopausal symptoms and the age of the respondent. In addition, no age range showed even 50% or above knowledge of all the symptoms. However, there was a greater tendency towards accurate knowledge of all the symptoms in the age range of 38-45 years.

3.3.2.2. Knowledge of Menopausal and HIV/AIDS Symptoms by Education

The results show that no significant difference was observed in the respondents' knowledge of HIV/AIDS and menopausal symptoms according to respondents. The responses were few and scattered. In general, those who never had attended school and others who had attended primary to junior secondary education (grades 1-10) had little knowledge of all the symptoms. Although the exact association between level of education and correct knowledge of menopause has not been determined in this study, it can be assumed that since those who never attended school appear to know more about menopause, this might be a result of the fact that these cohorts were also the oldest in the study.

3.3.2.3. Knowledge of Menopausal and HIV/AIDS Symptoms by Marital Status

Marital status was not significantly associated with the knowledge of HIV/AIDS and menopausal symptoms. However, the general trend was that those respondents who were married in court or church showed better knowledge of all the symptoms than others.

3.3.2.4. Knowledge of Menopausal and HIV/AIDS Symptoms by Ethnicity

No statistically significant differences were observed in the knowledge levels of HIV/AIDS and menopausal symptoms by different ethnic groups. In most cases, the knowledge levels were under 40%. However, on the basis of statistical evidence, Owambo and Damara showed a slightly higher tendency toward correct knowledge on menopausal and HIV/AIDS symptoms than the other ethnic groups.

Moreover, there was a significant trend toward confusing menopausal symptoms with those of AIDS in the Owambo speaking respondents. When urban and rural variations are considered among the Owambo respondents only, it appears that anxiety, hair thinning or loss, and skin lesions are most confused as symptoms of HIV/AIDS while in fact they are menopausal symptoms.

For example, the results show that 66% of the urban Owambo respondents confuse hair thinning or loss as symptomatic of AIDS. Only 6% of the respondents reported correctly that hair thinning or loss is a symptom of menopause. Moreover, 60% of the rural respondents also reported that hair thinning or loss is a symptom of AIDS compared to 10.7% of the rural respondents who reported it correctly as a menopausal symptom.

A number of people, who account for the remaining percentages, either did not know or could not distinguish the differences between AIDS and menopause symptoms. In addition, 50% of the urban Owambo respondents considered skin lesions as symptoms of AIDS compared to 23% of those who reported it correctly as a menopause symptom. Interestingly, in the rural area, 40% of the respondents correctly reported skin lesions as a menopause symptom compared to 23% who considered it as HIV/AIDS related. Nevertheless, in general, the differences were in many cases between 10-22% in the respondents' correct knowledge of menopause against the incorrect percentages that indicated that these menopausal symptoms were related to AIDS. The following are a few examples of such symptoms. Abnormal bleeding or spotting: 25% for menopause and 39% for AIDS; irregular menstruation: for menopause 28% and for AIDS 48%; hot flashes 23% for menopause and 43% for AIDS.

3.3.2.5. Knowledge of Menopausal and HIV/AIDS Symptoms by Region

Knowledge levels regarding the menopausal and HIV/AIDS symptoms were scattered across the regions, with no significant distinctions in any specific areas. However, somewhat higher levels of knowledge were observed in the responses from the Erongo and Caprivi Regions, where AIDS symptoms were correctly separated from those of menopause. However, the respondents in Kavango, Omusati and Oshana confused most menopausal symptoms with those of AIDS.

3.3.2.6. Knowledge of Menopausal and HIV/AIDS Symptoms by Rural /Urban Settings

In terms of the difference between rural and urban respondents' knowledge levels, there was no statistically significant difference. However, there was a tendency towards slightly higher knowledge in the rural settings.

This small margin of difference could be attributed to the skewed sample, with the number of respondents from rural settings slightly higher (54.9%) than from the urban areas (45.1%).

3.3.2.7. Knowledge of Menopausal and HIV/AIDS Symptoms by Gender

When all 24 symptoms were presented to the respondents, their understanding of only eight symptoms was found to be statistically significant by gender. These were abnormal bleeding or spotting (P.000); irregular menstruation (P.000); hot flashes (P.000); vaginal dryness (P.000); vaginal discharge/ infection (P.000); less interest in sex and changes in sexual response (P.000); heart palpitations (P.000); and forgetfulness(P.001).Female respondents provided more correct responses on these eight menopausal and HIV/AIDS symptoms than their male counterparts. In other words, what these results mean is that there is a significant association between the understanding and knowledge of menopausal symptoms and gender.

4. Discussion

This study was designed to assess the knowledge and understanding of women and men about menopause and to differentiate the levels of knowledge between HIV/AIDS and menopausal-related symptoms for women. Initially, the study originated from the public assumption that although there is widespread information on HIV/AIDS, very little information about menopause and related symptoms exists. As such, the study then intended to ascertain whether or not people can make a distinction between HIV/AIDS and menopausal symptoms.

With regard to the men and women's knowledge and understanding about menopause, the same definition was asked in different ways, once as a true or false statement and another time different clues were provided, in addition to other incorrect, but menopause-related statements.

This was to encourage the participants to define menopause from their own perspectives. The findings suggest that there was awareness of the condition of menopause among all the respondents.

This is consistent with previous studies (Ramakuela, Khoza & Akinsola, 2012). The results of the study show a statistically significant association between gender and knowledge and understanding of menopause.

However, the understanding of the condition of menopause is one issue, while a fuller understanding including differentiation between the symptoms of HIV/AIDS and symptoms of menopause is another matter. On the basis of this data, it appears that even though there is some understanding about menopause, lack of in-depth knowledge (low levels of knowledge and confusion about symptoms) about menopause is somewhat of a concern since people with detailed understanding of this condition would not be likely to suffer in silence.

According to the results, the participants have a higher level of knowledge about AIDS-related symptoms: (3 of 4 symptoms – diarrhoea = 74%; weight loss = 62% & skin lesions = 56%), than those of menopause, or those related to both. This could be due to widely marketed HIV/AIDS programmes, in contrast to the lack of programmes about menopause. Although the majority of the respondents show correct knowledge on the majority of symptoms (14 of 16 symptoms) that are “mostly menopause- related”, these knowledge levels were low (below 50%). What makes the number of correct responses low is the confusion evident in the responses regarding the symptoms. Moreover, there is very little knowledge about the symptoms that are related to both (menopause & AIDS). The respondents confuse all the symptoms and relate them either to “AIDS only” or “menopause only”.

The results also show that the respondents confuse symptoms of menopause with those of HIV/AIDS, particularly among the Oshiwambo speaking respondents. When urban and rural variations are considered among the Owambo respondents only, it appears that anxiety, hair thinning or loss, and skin lesions are most confused as symptoms of HIV/AIDS while in fact they are menopausal symptoms. For example, the results show that 66% of the urban Owambo respondents confuse hair thinning or loss as symptomatic of AIDS. Whereas only 6% of the respondents reported correctly that hair thinning or loss is a symptom of menopause.

Although it is difficult to explain these confusions or to argue that there is a relationship between cultural beliefs, ethnicity and perceptions of symptoms, it is safe to say that confusions may be resulting from a lack of public campaigns about menopause against those on HIV/AIDS. It remains to be investigated as to which factors exactly cause the confusions.

The differences in knowledge levels about menopause and HIV/AIDS symptoms were in many cases between 10-22%. What these results mean is that there is a degree of similarity between HIV/AIDS and menopause symptoms. As such, there is a risk that people will self-diagnose in relation to those symptoms that they are familiar with i.e. HIV/AIDS, and subsequently may take undesirable decisions (in the absence of knowledge of menopause symptoms).

Although the correlation between demographic factors and knowledge was found to be statistically insignificant, some trends were observed. The respondents in Kavango, Omusati and Oshana regions confused most menopausal symptoms with that of AIDS. There were a slightly higher number of correct answers, showing slightly more knowledge of symptoms, among those in the age range of 38 – 45 years and among those who never attended school, as well as for the category of the respondents who attended school from grades 1-10. It appears from these findings that two groups can be distinguished. First, the youngest group (38 – 45years) in the sample has some education, up to Grade 10, with slightly higher knowledge of menopause symptoms. This finding is consistent with previous research on menopause (Jassim and Al-Shboul, 2008). Second, there are those older than 45years with no education but with high levels of knowledge of menopause symptoms probably emanating from their life experiences, or they may have received information from their descendants through traditional ways.

The respondents from Erongo and Caprivi Regions and those from the rural settings also showed better knowledge, although in statistically insignificant numbers. Despite the above findings, the data show that there is a statistically significant correlation between knowledge of menopausal symptoms and gender. Although not explicitly indicated in terms of gender, the following symptoms reported in this study were also indicated by the majority of the respondents in various studies conducted on knowledge of menopause.

These symptoms were: hot flashes (Ayers, Forshaw & Hunter, 2009; Agee, 2001; Nappi & Nijland, 2006; Ramakuela, Khoza & Akinsola, 2012; Chuni & Sreeramareddy, 2011; Noroozi, Dolatabadi, Eslami, Hassanzadeh & Davari, 2013; vaginal dryness (Ayers, Forshaw & Hunter, 2009; Chuni & Sreeramareddy, 2011; Nappi & Nijland, 2006; Noroozi, Dolatabadi, Eslami, Hassanzadeh & Davari, 2013; abnormal bleeding or spotting (Noroozi, Dolatabadi, Eslami, Hassanzadeh & Davari, 2013); irregular menstruation vaginal discharge/infection; less interest in sex and changes in sexual response (Jassim and Al-Shboul, 2008; Ramakuela, Khoza & Akinsola, 2012. Chuni & Sreeramareddy, 2011; Nappi & Nijland, 2006); heart palpitations (Chuni & Sreeramareddy, 2011); and forgetfulness.

5. Conclusion

In conclusion, it is worth remembering that menopause is the final phase of reproduction. It should be a sense of fulfilment for completing the reproductive circle. Therefore, information on menopause is of key importance for women. This is for many reasons, including: to ensure that women have accurate, relevant and timely information from the beginning of the reproductive ages to the end of the circle. The provision of quality information on menopause would assure women that what they are going through is normal, and that there are remedies available to alleviate the negative experience that comes with this condition. The awareness effort should target all women and their partners for possible understanding and support. Timely information to women can also reduce the negative experience related to the life circle.

6. Recommendations

It is the view of the researchers that the approach needs to be inclusive, i.e. not only the women in the menopausal ages be targeted, but that information be made available also to teenagers, adolescents, young adults, all those in the childbearing ages and beyond, and their male partners. As such, it is important for the relevant actors to ensure that quality and comprehensive information on menopause and related symptoms is made accessible in an appropriate manner.

7. Limitations

Some degree of general research fatigue was observed among the respondents. As a result some of the participants hesitated to participate, claiming that they never see the actions being taken on the issues they raise in such studies. Ultimately, this also meant that many respondents participated in the survey with a view that what they said would be taken into consideration by public policy makers. From this point of view, one can assume that a certain level of bias was introduced in the responses. Nevertheless, people were really interested in the research and provided their full support to the research teams.

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