

Knowledge of Perimenopausal Phase and Symptoms Women Experienced in Njoro District, Kenya

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Abstract

As women approach middle age, most of them experience a wide range of changes. With the decline of reproductive hormones estrogen and progesterone, women experience a number of symptoms, which due may affect their normal way of life. This paper examines the knowledge of perimenopausal phase and the symptoms experienced by the women in Njoro District, Kenya. The study used a descriptive survey design. Snowball sampling technique was used to select 118 women in their perimenopausal phase. Data was collected using interviews and focus group discussions. The validity and reliability of the instruments were ascertained using content validity and Cronbach coefficient alpha respectively. Data was analysed using descriptive statistics. Results of the study indicated that most of the women were ignorant about the perimenopausal phase with various symptoms. The study recommends that for this phase to be handled positively there should be awareness creation about it and its implications.

Key words: Women, knowledge, perimenopause, symptoms, perception.

1.0 Introduction

Perimenopause, also referred to as climacteric or turning point, is a period of important physical, emotional and psychological changes in a woman's life. This is a period just prior to the actual cessation of menstrual flow in women. It is a transitional phase of life that many women go through, it is inevitable and totally natural (Cherry & Cherry, 1999). During this phase, symptoms are experienced in different degrees, from low, medium, high to very high, and may occur gradually usually between the ages of forty and fifty five years. However, the symptoms can exhibit from as early as twenty five to as late as seventy years (Rajeev, 2009; Manderhall, 2009). The attitude of the women during this time can also be linked to different cultures of different societies.

The stereotype of an irrational woman during this phase is not universal and the negative reaction to common physiological pressure such as menstruation, perimenopause and menopause are culturally endangered (Ojeda, 1990). Depending on individual binding sites for estrogen, hormone dependent symptoms may predominate or lack altogether. Most women are ignorant about this phase of life, although many experience the symptoms associated with it. Due to this ignorance, many women seek medical attention assuming that the symptoms experienced are as a result of some other ailments. However, how a woman will adapt to any change depends largely on the health of her total being, that is, physical emotional and cognitive. Some women do not notice this stage, others experience it mildly and about 10-30% go through it painfully (Cherry & Cherry, 1999).

The imbalance brought about by lack of progesterone and estrogen hormones during perimenopause period cause a wide range of physical, emotional and cognitive symptoms; and the duration of these symptoms varies from woman to woman. Physical changes are in the menstrual cycle, vaginal dryness, hot flashes and sleep disorder (insomnia). Emotional and cognitive changes include moodswings, memory loss, loss in sexual arousal, irritability and many others causing frustration and helplessness (Rajeev, 2009). In this paper we determine the knowledge of the perimenopausal phase among the women and establish the perimenopausal symptoms experienced by these women.

1.1 Objectives of the Study

The objective of this study were to establish:

- (i) Knowledge of perimenopausal phase among women aged 40-45 years in Njoro District, Kenya.
- (ii) Establish the perimenopausal symptoms experienced by women in perimenopausal phase in Njoro District, Kenya.

1.2 Research Questions

- (i) Do women in Njoro District have knowledge about perimenopausal phase?
- (ii) What symptoms are experienced by women during perimenopausal phase in Njoro District?

1.3 Methodology

Research Design

The study design used was descriptive survey, this method was used to determine the current status of the respondents without manipulation. Surveys are important and can be used in explaining the status quo of two or more variables at a given point in time (Mugenda and Mugenda, 2003). The design allows the use of interview for more in-depth information from the respondents.

The population of interest consisted of women in the perimenopausal phase in the four divisions; Njoro, Mauche, Mau Narok and Lare. 118 (one hundred and eighteen) women were sampled using Snowball sampling method, a non-probability sampling technique that is used by researchers to identify potential subjects or respondents in studies where subjects are hard to locate (Castilo, 2009).

1.4 Study location

The study was conducted in Njoro District of Nakuru County, Rift Valley. The data used in this paper was collected from the four divisions of the district namely; Njoro, Mauche, Mau Narok and Lare. Njoro District is situated north west of Nakuru town and is approximately 702.1km². The district is mainly an agricultural area where various foods are grown. The area has about 9,229 women in the perimenopausal stage, (GOK, 2009).

1.5 Sampling Procedure and Sample Size

Snowball sampling technique was used to select the respondents. This is a non-probability sampling technique that is used by researchers to identify potential subjects or respondents in studies where subjects are hard to locate. This type of sampling technique works like chain referral. After observing the initial subject, the researcher asks for assistance from the subject to help identify people with a similar trait of interest (Castilo, 2009).

This method of sampling was useful to the study because perimenopause is a sensitive issue and many women would not openly or readily admit they are in this phase of life. The initial respondent was selected by observation, and she helped to identify others of similar traits. Data was collected through interviews and focus group discussions. The interview schedule contained both open and close ended questions. Focus group discussions were used to obtain more in-depth information. Data was analysed using descriptive statistics, particularly percentages since the intention of the study was to describe the situation as it was without any manipulation. A sample of 118 women aged between 40 and 55 years was obtained and interviewed from the four divisions of Njoro District; Njoro, Mauche, Mau Narok and Lare.

1.6 Instrumentation

The study applied two methods to collect data; these were interview schedule and focus group discussion. The methods were combined to complement each other and were adequate to collect data for the study. Appropriate items in the instruments that is, questions were developed to capture the content and generate data on variables so as to meet the objectives of the study.

An interview schedule is an outline of closed and open ended questions that forms a basis for and guides the interviewing process; it provides a structure that aids in obtaining the necessary information (Kathuri & Pals, 1993). Since an interview is an oral exchange between the interviewer and the interviewee, it provided an option of elaborating or clarifying items after they were presented. The respondents were interviewed individually.

Focus Group Discussion is a form of qualitative research in which a group of people are asked about their perception, opinion, beliefs and attitudes towards a product, service concept, advertisement, idea or packaging. Questions are asked in an interactive group setting where participants are free to talk to other group members.

The questions are open-ended designed to gather opinions that are outside the scope of prepared questions. Focus groups provide opportunities for disclosure among similar others in a setting (Escalada, 2010). The groups held discussions guided by a set of questions directed by the interviewer, and the purpose of these focus group discussions was to give in depth information as members interacted and shared freely. It provided an atmosphere where these members became aware of their common challenges and were able to come up with some suggestions of reaching and helping their friends and peers who come to them with their experiences.

1.6.1 Validity

Validity of an instrument is how accurate the instrument is in obtaining the data it intends to collect (Mugenda & Mugenda 2003). Validity indicates the degree to which the instrument measures what it is supposed to measure (Kothari, 1990). To ensure precision, relevance and content validity of the instrument, the tools were subjected to critical evaluation by specialists in community development research and supervisors. Discussions were held with peers and two other experts in Applied community development studies department, who went through the instruments to evaluate if it contained representative sample.

1.6.2 Reliability

Reliability refers to the consistency that an instrument demonstrates when applied repeatedly under similar conditions (Kathuri & Pals, 1993). In order to establish if the interview schedule would yield same results at different occasions, the reliability of the instrument was ascertained. A pre-test was carried out in Elburgon Division of Molo District with women from similar age group. Elburgon division was purposively selected because of the similarity, availability and accessibility of the agricultural products as in Njoro District. A sample of 20 women aged between forty and fifty five years was considered sufficient (Mugenda & Mugenda, 2003; Borg & Gall, 1989). Respondents were selected using snowball sampling method because the same method was to be used in the main study. The reliability of the instrument was estimated using Cronbach's alpha coefficient which is a measure of internal consistency (Fraenkel & Wallen, 2000). A reliability coefficient of 0.87 was found. According to Mugenda and Mugenda (2003), a high coefficient implies that there is consistency among items measuring the same concept of interest.

1.7 Data Collection

All the four divisions were visited and the women in the perimenopausal phase were met and interviewed individually. Before this was done the intension of the research was explained fully to the participants. This was to help those who could not understand the language used and to remove suspicion that could hinder the free release of information. Focus group member met on respective days for discussions. The discussions were held in Store Mbili and Ng'onde more convenient for them. Discussions took two hours each.

1.8 Data Analysis

The data obtained through interview schedule was checked for correctness and coded in a book. Coding of responses was based on scale of measurement for each item on the schedule. The data analysis was done using Statistical Package for Social Sciences (SPSS) version 17.0.

The descriptive statistics of frequencies, means, standard deviation, range and percentages were determined in analyzing the objective of the study.

2.0 Results and Discussion

This section presents discussion on the knowledge of perimenopause phase and the symptoms women experience.

2.1 Knowledge of Perimenopausal Phase.

The study established that the majority, 84 percent of interviewed women had no idea what the term perimenopause was, although they exhibited the symptoms.

Only 16% percent seemed to have prior knowledge of what perimenopause was and the source of their knowledge was the doctors whom they visited, church fellowships and friends. The ignorance about this phase was also reported during the Focus Group Discussions conducted in the study location. When asked the question, “Have you heard about perimenopause stage of life?”. These are some of the responses “I Have never heard of it but you made me understand I am going through it”; “Have heard of it, but I did not know what it was”; “I used to get annoyed, but you made me understand it better and I will teach others”; “Have not undergone through it, but stayed with my sister who used to get angry easily and beat us”; You have made me understand it better and can now teach others” (FGD, July 2012).

2.2 Women Perception on Perimenopausal Symptoms

The individual’s perception and understanding of issues may be affected by the level of education one has attained, a fact this study considered. But it is however, important to note that those respondents who had primary level of education and those who were illiterate could understand and relate to questions that were being asked with regard to perimenopausal phase. The women had various perceptions about the symptoms they were experiencing. This was in response to the question which was asked “What did you perceive the symptoms you were experiencing to be?” The response was as shown on Table 1.

Among the women who were ignorant of the phase, the majority, 44% attributed it to sickness, 22% had no idea what their problem was, 6.8% thought they were bewitched, 2.5% thought they were pregnant and others thought it was as a result of using contraceptives.

The results revealed a level of ignorance. In the focus group discussion, there were various responses to the question; “What do you think it is and what does it entail”. The following were the responses; “A stage of getting worried when one stops to get children, a person realizes that she is becoming old and a person feels that something is wrong with her. This is not a pleasant stage, it is a turning point, one is not happy with this stage. It affects mostly those with husbands, it brings conflicts, most families separate or divorce during this period”; “At this stage, mothers have many problems. Most families break at this time, mothers, fathers and children always are in conflict especially those that are not understanding”. Yet another one had this to say; “Personally it is a sign of maturity, it’s a transition in life that every human being must undergo especially women. It is with excitement because one is about to stop menstrual periods. It makes women have less sexual feelings, some start at an early age and others late. When one is positive about it, it will have less negative effects” (FGD, July, 2012).

2.3 The Symptoms of Perimenopause experienced by the Women

The one hundred and eighteen women interviewed differed from one another in various ways. 79% of these women were married, 9% widowed, 5% divorced, 5% single and 2% were separated. The ages of the women ranged between 40 and 55 years with the majority of the women 36% in age 40-45years, 32% 46-50years and 32% 51-55 years. Most of the women 60% started experiencing the perimenopausal symptoms at the age of 40 years while 4% started in their twenties. As hormone production declines, women experience a wide range of physical emotional and cognitive symptoms during perimenopause and the duration of the symptoms vary from woman to woman (Rajeev, 2009).

According to Wambui (2006) and Henkel (2009), changes and symptoms experienced during perimenopause are likely to affect the women’s relationships including marital relationship. This was evidenced in the study as many of participants reported strained sexual relationships in their marriages: one woman stated “ I hate that thing called sex, I feel my husband bothers me, in fact I have moved out of our bedroom, I sleep in the children’s bedroom.”

Another woman reported “I don’t have interest in sex nowadays, but my husband doesn’t understand, he forces me to have sex with him; he even beats me up when I refuse. I don’t know what to do, I stay in this home because of my children.” Yet another had to say “I have lost interest in that ‘thing’ and when my husband approaches me and I say no, he beats me up and forces me to have sex with him, he even accuses me of having an affair outside.’ These sentiments imply that, if not managed well, perimenopause period can create disharmony in marital relationships or can be a trying moment for married couples. Once a relationship is affected negatively in the home, this will be reflected outside including work output.

More than 80% of women experience a variety of symptoms of perimenopause such as hot flashes, a symptom that occurs in almost all women who are going through perimenopause. It is related to body adjustment to changes in hormonal system and is as a result of dropping estrogen and progesterone levels.

It is estimated that 10-15% of women experience hot flashes severely enough to interfere with their daily life (Beck, 2002). Another symptom is moodswing, a woman going through perimenopause may have constant mood swings, she may be happy one moment and extremely sad the next. The sudden emotions outburst may cause intense anxiety attacks and anger, deep depression may occur. There are other symptoms such as memory loss, changes in menstrual cycle, insomnia, irritability and fear of sex. Some women will experience very severe symptoms while some will not even notice their entry into perimenopause (Hasler, 2001; Henkel, 2001). This study sought to establish the perimenopausal symptoms experienced by the women during this phase. The respondents were able to identify some of the different symptoms they were currently experiencing.

The symptom that seemed to be experienced by almost all the women interviewed was memory loss, 85% followed by change in menstrual cycle 84%. Other symptoms experienced were mood swings 75%, hot flashes 74% , Insomnia 70%, irritability 69% and fear of sex 56%. The changes in menstrual cycle experienced by the women varied from woman to woman with some 42% experiencing skipped periods, 39% having short light periods, others 36% experiencing heavy bleeding and 9% having long and less frequent periods. Similar symptoms were also confirmed during the focus group discussions. Although the women go through the changes and these experiences, it was revealed that they are unwilling to share out what they go through in fear of being rejected. When asked whether she would share freely her experiences, one woman said “If you talk about what you are experiencing you will be rejected”.

2.4 Number of Symptoms experienced by Individuals.

The data obtained showed that the number of perimenopausal symptoms experienced by the women varied from one individual to the other. The average number of perimenopausal symptoms experienced by the interviewed women was 7 and the minimum was one. The majority 76% of the respondents experienced more than six of the symptoms while 24% experienced less than six.

The degree of severity of the premenopausal symptoms in women was based on an index, which measured the number of times a symptom (indicator) occurred per week. The index was determined by multiplying the number of times a particular symptom (indicator) occurred per week to each woman. All the indicators were then added together to form the index. The index scores ranged between 0 indicating that there were no perimenopausal symptoms to 21 indicating that the symptoms were very high or at the maximum severity. The mean was 9.30 (± 0.456) with a standard deviation of 4.955 and a mode of 6 and a median of 9. The reliability of the index based on Cronbach's alpha was 0.87. The number and percentage of women and their corresponding index scores for the degree of severity of the symptoms are given in Table 3.

The majority of the women 36% had medium level of severity of the symptoms (index of 6-10) while 27 % had high level of severity (index of 11-15), and 23 % had low levels of severity of the symptoms (1-5), and finally 12 % had very high levels of the severity of the symptoms (16-21) as given in Table 3.

Action taken by the Women

The action taken by the women undergoing perimenopause and the response they received was also used to gauge their knowledge of the condition they were experiencing. Three questions which included: (i) did you see a Doctor for the symptoms you were experiencing? (ii) Did the doctor explain to you the condition of your problem? (iii) Were you given drugs for the complaints you had? were asked.

Due to lack of knowledge on what they were experiencing, 41% of the women visited a health officer seeking treatment and 23% were given drugs. Only 8% were given an explanation about their condition. This implies that many doctors or health experts do not explain to the women about their condition further leaving them in a state of ignorance.

3.0 Conclusion and Recommendation

Women in Njoro District go through the perimenopause transition and experience the uncomfortable perimenopausal symptoms. However, the majority of them are ignorant about this phase leading them to attribute various causes to the symptoms they experience. Some visit medical facilities in search for answers, but their situation does not improve as the health providers do not explain to them their situation. There is need for awareness creation among the women about the perimenopausal phase and its implication. The knowledge they receive will help them go through this phase with understanding and is likely to help them control the negative emotions created at this stage.

Table 1: Perception of the Woman on Perimenopausal Symptoms

Responses	Frequency	Percentage
I was sick	53	44.9
Bewitched	8	6.8
Don't know	26	22
Going through menopause	19	16
Effects of contraceptives	2	1.7
Was normal	5	4.2
Effects of child birth	2	1.7
Thought was pregnant	3	2.5
Total	118	100.0

Table 2: Perimenopausal Symptoms experienced by the women

Perimenopausal symptom	Frequency	Percentage
Memory loss	100	85
Changes in menstrual cycle	99	84
Mood swings	88	75
Hot flash	86	74
Insomnia (sleep disorder)	83	70
Easily irritated	81	69
Fear of sex	66	66
Total	118	100.0

n =118

Table 3: The Index of Severity of Symptoms in a Week in Pre-Menopausal Women

Degree of severity of symptoms	Frequency	Percent
None	3	2.5
Low (1-5)	27	22.9
Medium (6-10)	42	35.6
High (11-15)	32	27.1
Very high (16-21)	14	11.9
Total	118	100.0

Mean 9.3, se 0.456, median 9.0, mode 6, std dev 4.955, minimum 0, maximum 21

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