



THRIVING BEYOND CHANGE: FREQUENCY, SEVERITY, AND ASSOCIATION OF SYMPTOMS WITH CLINICO-DEMOGRAPHICS OF POSTMENOPAUSAL WOMEN OF KECH, TURBAT.

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ABSTRACT

BACKGROUND: For women, the menopause is a normal and significant life transition, but it's also commonly linked to stigmas and misconceptions. The major health problems that postmenopausal women encounter were to be identified, along with the knowledge, attitudes, and practices surrounding seeking medical attention for these problems, as well as the utilization pattern and any barriers to using these services. **OBJECTIVE:** To assess the knowledge, attitudes, practices, and healthcare seeking behavior of postmenopausal women regarding menopausal symptoms and associated health issues. **METHODS:** From March 2023 to March 2024, a cross-sectional study was carried out at the Turbat Teaching Hospital at KECH at the Department of Gynecology and Obstetrics. Following the acquisition of written informed consent, all postmenopausal women visiting the OPD were chosen one after the other. A pre-made survey was employed to assess the behavior of individuals seeking medical attention. In tables and graphs, the results were presented as percentages and frequencies. Where appropriate, the logistic regression analysis and chi-square test were used. A significance level of $p \leq 0.05$ was deemed to exist. **RESULTS:** Participants in the study ranged in age from 40 to 80 years old, with a mean age of 61.47 ± 8.28 . 188 (29.1%) were from rural areas and 130 (40.9%) were residents from rural. Maximum patients were from nuclear families who stays away from relatives 212 (66.7%) who smokes hookah 148 (46.5%) and eats gutka 12 (3.8%). Post-menopausal women had variety of symptoms to report as in current 270 (84.9%) of the women presented with joint pain and stiffness followed by vaginal dryness 262 (74.2%) and hair changes 258 (81.1%). Table: 01. While looking towards the attributes 246 (77.4%) of the women know or they heard about the process and physiology of menopause and they were aware about the process among them 172 (54.1%) felt comfortable to discuss the phenomenon and its related issues with their friends, fellows or peers. Majority of the participants were not taking the menopause as disease happened at old ages 238 (74.8%) while 228 (71.7%) thought that it makes women fat. **CONCLUSION:** Women around the world experience menopause differently due to a range of biological, psychological, social, and cultural factors that affect their views, values, and attitudes around menopause. The present study clearly shows that postmenopausal symptoms and other gynecological problems are very common in our study setting. Joint stiffness and pain were the most common menopausal symptoms in our study group, followed by vaginal dryness and irritation. Women from both urban and rural locations did not see menopause as an illness and had never thought to seek help from quacks or traditional healers when the characteristics were compared to the race.

KEYWORDS: Menopause, Women, Symptoms, Taboos, Awareness

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INTRODUCTION

Menopause is a normal and important life change for women, but it's also frequently associated with stigmas and myths.¹ It affects the health and fertility of women, and as life expectancy, health care, and lifestyle improve, more women are surviving menopause and adjusting to its effects. Due to the benefits—such as independence from societal constraints and the responsibilities of childbearing and menstruation—menopause is seen favorably in Pakistan.² Menopausal women are typically assigned administrative posts and enjoy a higher social status. Nonetheless, the medical community views menopause as a disorder associated with a number of psychological and physical issues, from hot flashes to serious bone and cardiovascular disorders.³ Though menopause is associated with a spectrum of acute and chronic illnesses, both physical and psychological, from hot flushes to more severe cardio-vascular and bone diseases, medical opinion has traditionally projected menopause as a malady.⁴ In Pakistan, the number of elderly people has increased over the past ten years; currently, 20% of women belong to this age group.⁵ Women generally have a more complicated old age than men do, primarily due to the hormonal changes brought on by menopause. Millions of women age prematurely due to the harsh daily realities and injustices of their early lives, which start when they are still children.⁶ They suffer from

malnourishment, infertility, hazardous working environments, violence, and lifestyle-related illnesses, all of which increase the risk of developing osteoporosis, breast and cervical malignancies, and other chronic disorders following menopause. Poverty, isolation, and alienation are prevalent in old life.⁷

Not much work has been done to explore the requirements of women in the late reproductive years, those who are approaching menopause or have entered the post-menopausal age, despite the fact that much has been done for women in the reproductive age group since the alternative method was adopted.⁸ The goal of the current study is to identify psychological, somatic, and urogenital issues that postmenopausal women may have. It also aims to ascertain how often these women use health services and identify any potential barriers. The study's goal was to shed light on how these issues affected the health and happiness of these women. Therefore, the goals of this study were to identify the main health issues that postmenopausal women face, as well as to ascertain their level of knowledge, attitude, and practices regarding seeking medical attention for their issues, as well as to ascertain their utilization pattern and any obstacles to using these services.

METHODS

Current cross sectional study was conducted at the Department of Gynecology and Obstetrician, Turbat

Teaching Hospital at KECH, from March, 2023 to March, 2024. All postmenopausal women attending the OPD were selected consecutively after taking the written informed consent. Women who did not give consent, those who had not attained menopause, and those who were receiving hormone replacement therapy were excluded from the study. A predesigned and pretested pro forma was used to evaluate menopausal symptoms, and the Menopause Rating Scale MRS was used to help grade the results. A predesigned questionnaire was used to evaluate health-care-seeking behavior. Prior to the study starting, participants' written consent was obtained, and the institutional ethics committee IEC approved the study. The data were entered into an Excel sheet and analyzed using the SPSS version 22. The findings were displayed as frequency and percentages in tables and graphs. Chi-square test and logistic regression analysis was applied wherever applicable. The value of $p \leq 0.05$ was considered

significant.

RESULTS

The mean age of the study participants was 61.47 ± 8.28 ranged between 40 to 80 years. For the statistical associations age was grouped in to 40 to 50 years, 51 to 60 years, 60 to 70 years, and 70 to 80 years. The mean year of menopause patients presented was 9.96 ± 6.92 years while the mean height was 142.23 ± 20.72 inches and mean weight were 64.24 ± 12.07 kg. Figure: 01.

Only two among all were gradated, and had secondary level education while 310(97.5%) among all were uneducated who never attended any school while 188(29.1%) were from rural areas and 130 (40.9%) were residents from rural. Maximum patients were from nuclear families who stays away from relatives 212 (66.7%) who smokes hookah 148 (46.5%) and eats gutka 12 3.8%. Figure: 02.

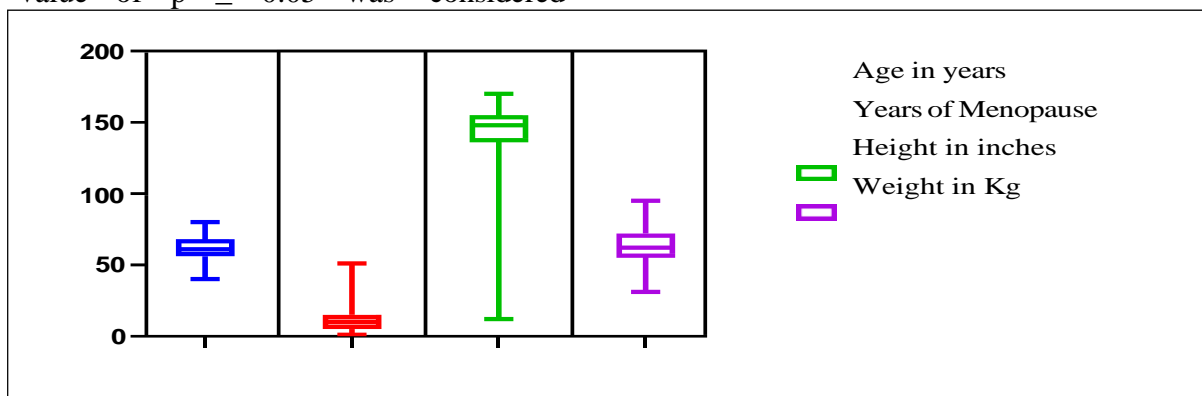
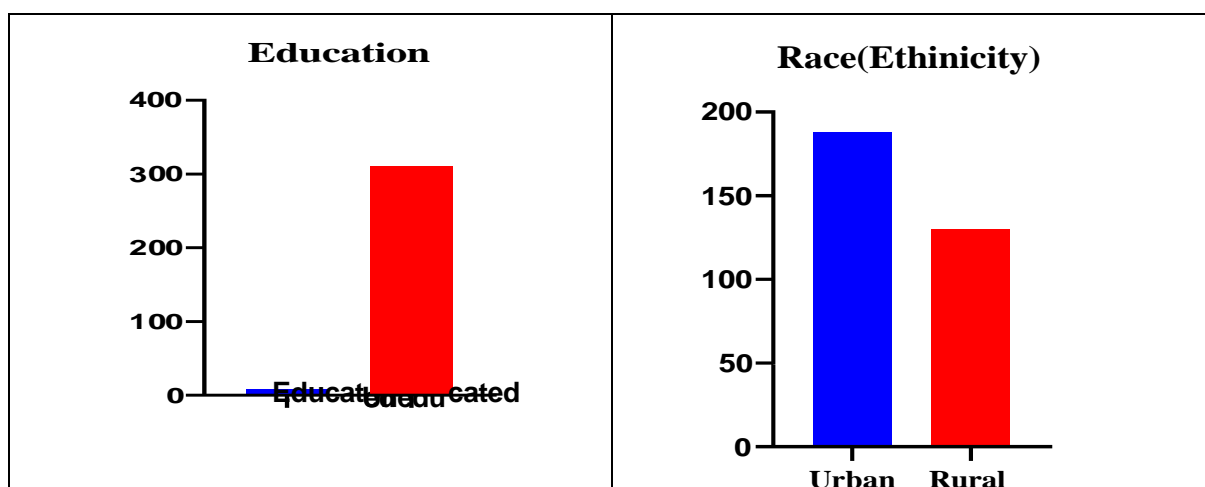


Figure: 01: Age, height, weight and years of menopause distribution with mean and standard distribution



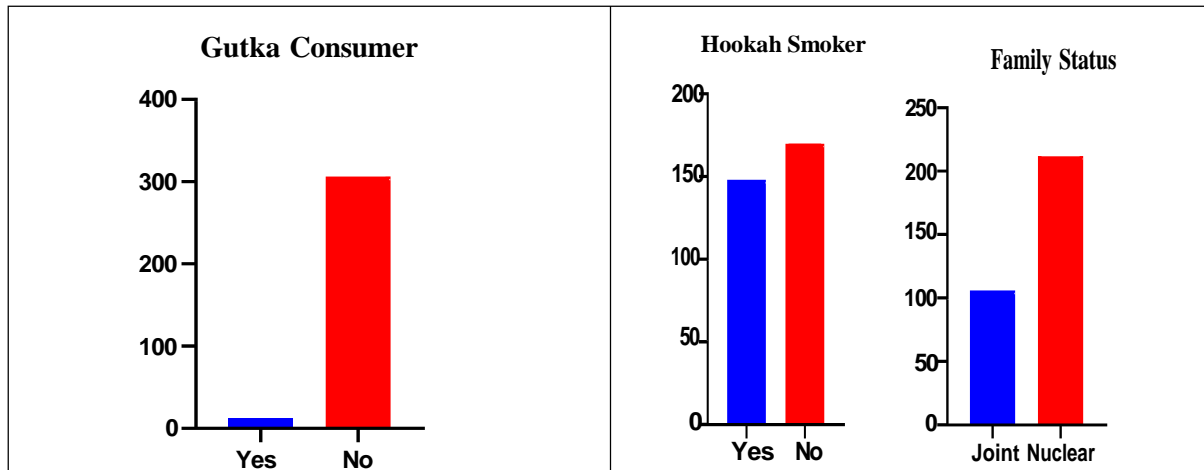


Figure: 02: Demographic distribution of all study participants.

Post-menopausal women had variety of symptoms to report as in current 270 (84.9%) of the women presented with joint pain and stiffness followed by vaginal dryness 262 (74.2%) and hair changes 258 (81.1%). Table: 01. While looking towards the attributes 246 77.4% of the women know or they heard About 228 (71.7%) thought that it makes women fat. the process and physiology of menopause and they were aware about the

process among them 172 (54.1%) felt

comfortable to discuss the phenomenon and its related issues with their friends, fellows or peers. Majority of the participants were not taking the menopause as disease happened at old ages 238 (74.8%) while modifications and home remedies proved to be effective in alleviating the 268 (84.3%) of females had modified their lifestyle while 296 (93.1%) thought that these post-menopausal symptoms. Table: 02.

Table: 01: Clinical presentation of the post-menopausal women in current study

Symptom	Yes	No	Total
Hot Flushes	170 (53.5%)	148 (46.5%)	318
Tiredness	246 (77.4%)	72 (22.6%)	
Irritability	200 (62.9%)	118 (37.1)	
Vaginal Dryness	262 (74.2%)	56 (17.6%)	
Sexual Discomfort	236 (74.2%)	82 (25.8%)	
Dry Skin	238 (74.8%)	80 (25.2%)	
Night Sweats	170 (53.5%)	148 (46.5%)	
Pallor	140 (44%)	178 (56%)	
Palpitations	168 (52.8%)	150 (47.2%)	
Paresthesia	208 (65.4%)	110 (34.6%)	
Anxiety	212 (66.7%)	106 (33.3%)	
Lack of Concentration	214 (67.3%)	104 (32.7%)	
Headache	212 (66.7%)	106 (33.3%)	
Insomnia	204 (64.2%)	114 (35.8%)	
Depressive Episodes	124 (39%)	194 (61%)	
Joint Pain/Stiffness	270 (84.9%)	48 (15.1%)	
Weight Changes	176 (55.3%)	142 (44.7%)	
Hair Chnages	258 (81.1%)	60 (18.9)	
Loss of libido	198 (62.3%)	120 (37.7%)	
Stress incontinence	136 (42.8%)	182 (57.2%)	

Table: 02: Attitudes of women towards the menopause

menopause from online sources or social media platforms?			
Have you employed self-help strategies or lifestyle changes to manage menopausal symptoms?	50 (15.7%)	268 (84.3%)	
What specific actions or practices have you found effective in alleviating symptoms?	22 (6.9%)	296 (93.1%)	
Are there cultural or traditional practices in your community that women follow during menopause?	50 (15.7%)	268 (84.3%)	
Are there any barriers or challenges you face in seeking help for menopausal symptoms?	48 (15.1%)	270 (84.9%)	

Furthermore, we also sort to find the statistical association of attributes and clinical symptoms with the race urban/rural of the patents where hot flushes 0.003, vaginal dryness 0.010, dry skin 0.006, paresthesia 0.002, headache 0.001, loss of libido 0.022 and stress incontinence had the statistical link with 95% confidence

interval shown in table: 03. While comparing the attributes with the race it was found that women from rural or urban areas did not consider menopause as a disease 0.025 and have never thought to seek any help from the quacks or traditional healers 0.040. Table: 04.

Table: 03: Statistical association of race with the clinical presentation of post-menopausal women

Symptom		Urban	Rural	95% CI	p-value
Hot Flushes	Yes No	114 (35.8%) 74 (23.3%)	56 (17.6%) 74 (23.3)	1.120-1.769	0.003*
Tiredness	Yes No	146 (45.9%) 42 (13.2%)	100 (31.4%) 30 (9.4%)	0.894-1.140	0.892
Irritability	Yes No	114 (35.8%) 74 (23.3%)	86 (27%) 44 (13.8%)	0.775-1.085	0.346
Vaginal Dryness	Yes No	146 (45.9%) 42 (13.2%)	116 (36.5%) 14 (4.4%)	0.790—0.959	0.010*
Sexual Discomfort	Yes No	144 (45.3%) 44 (13.8%)	92 (28.9%) 38 (11.9%)	0.949-1.240	0.244
Dry Skin	Yes No	130 (40.9%) 58 (18.2%)	108 (34%) 22 (6.9%)	0.736-0.941	0.006*
Night Sweats	Yes No	102 (32.1%) 86 (27%)	68 (21.4%) 62 (19.5%)	0.841-1.280	0.733
Pallor	Yes No	78 (24.5%) 110 (34.6%)	62 (19.5%) 68 (21.4%)	0.679-1.114	0.302
Palpitations	Yes No	92 (28.9%) 96 (30.2%)	76 (23.9%) 54 (17%)	0.681-1.028	0.110

Paresthesia				
Yes			0.664-0.907	0.002*
No	110 (34.6%) 78 (24.5%)	98 (74.1%) 32 (10.1%)		
Anxiety			0.773-1.052	0.227
Yes No	120 (37.7%) 68 (21.4%)	92 (28.9%) 38 (11.9%)		
Lack of Concentration			0.817-1.111	0.627
Yes No	124 (39%) 64 (20.1%)	90 (28.3%) 40 (12.6%)		
Headache			1.128-1.603	0.001*
Yes No	140 (44%) 48 (15.1%)	72 (22.6%) 58 (18.2%)		
Insomnia			0.745-1.050	0.124
Yes No	114 (35.8%) 74 (23.3%)	90 (28.3%) 40 (12.6%)		
Depressive Episodes			0.725-1.264	0.815
Yes No	72 (22.6%) 116 (36.5%)	52 (16.4%) 78 (24.5%)		
Joint Pain/Stiffness			0.915-1.106	1.000
Yes No	160 (50.3%) 28 (8.8%)	110 (34.6%) 20 (6.3%)		
Weight Changes			0.683-1.009	0.068
Yes No	96 (30.2%) 92 (28.9%)	80 (25.2%) 50 (15.7%)		
Hair Chnages			0.838-1.033	0.194
Yes No	148 (46.5%) 40 (12.6%)	110 (34.6%) 20 (6.3%)		
Loss of libido			0.648-0.904	0.002*
Yes No	104 (32.7%) 84 (26.4%)	94 (29.6%) 36 (11.4%)		
Stress incontinence			0.507-0.838	0.001*
Yes No	66 (20.8%) 122 (38.4%)	70 (22%) 60 (18.9%)		

Table: 04: Association of race with the attributes of post-menopausal women

ATTITUDE QUESTIONS		Urban	Rural	95% CI	p-value
Heard of the menopause	Yes	138 (43.4%)	108 (34%)	0.787-0.992	0.056
	No	50 (15.7%) 56 (17.6%) 132 (41.5%)	22 (6.9%) 24 (7.5%) 105 (33.3%)		
Menopause is a disease	Yes	60 (18.9%)	54 (17%)	1.057-2.462	0.025*
	No	128 (40.3%) 54 (17%) 134 (42.1%)	76 (23.9%) 36 (11.3%) 94 (29.6%)		
Menopause is life-altering	Yes	82 (25.8%)	60 (18.9%)	0.574-1.029	0.096
	No	106 (33.3%) 96 (30.2%) 92 (28.9%)	70 (22%) 76 (23.9%) 54 (17%)		
Menopause makes one fat	Yes	62 (19.5%)	48 (15.1%)	0.725-1.483	0.899
	No	127 (40.2%) 76 (23.9%) 112 (35.2%)	82 (25.8%) 68 (21.4%) 62 (19.4%)		
Have you consulted a physician or healthcare professional for guidance on managing menopausal symptoms?	Yes	32 (10.1%)	22 (6.9%)	0.738-1.210	0.731
	No	156 (49.1%) 30 (9.4%) 158 (49.7%) 12 (3.8%) 176 (55.3%)	108 (34%) 20 (6.3%) 110 (34.6%) 10 (3.1%) 120 (37.7%)		
Do you discuss menopause-related concerns with friends or peers?	Yes	36 (11.3%)	14 (4.4%)	0.714-1.068	0.209%
	No	152 (47.8%) 30 (9.4%) 158 (49.7%)	116 (36.5%) 18 (5.7%) 112 (35.2%)		
Have you sought advice or support from friends who have already experienced menopause?	Yes	138 (43.4%)	108 (34%)	0.738-1.210	0.166
	No	50 (15.7%) 56 (17.6%) 132 (41.5%) 60 (18.9%) 128 (40.3%)	22 (6.9%) 24 (7.5%) 105 (33.3%) 54 (17%) 76 (23.9%)		
Are you aware of or have you considered seeking assistance from traditional healers or quacks for menopausal symptoms?	Yes	54 (17%)	36 (11.3%)	0.609-0.981	0.040*
	No	134 (42.1%) 82 (25.8%) 106 (33.3%) 96 (30.2%) 92 (28.9%) 62 (19.5%) 127 (40.2%)	94 (29.6%) 60 (18.9%) 70 (22%) 76 (23.9%) 54 (17%) 48 (15.1%) 82 (25.8%)		
Have you sought information about	Yes	76 (23.9%)	68 (21.4%)	0.613-1.649	1.000
	No	112 (35.2%)	62 (19.4%)		

menopause from online sources or social media platforms?	No	32 (10.1%) 156 (49.1%)	22 (6.9%) 108 (34%)		
Have you employed self-help strategies or lifestyle changes to manage menopausal symptoms?	Yes	30 (9.4%) 158 (49.7%)	20 (6.3%) 110 (34.6%)	0.617-1.744	1.000
What specific actions or practices have you found effective in alleviating symptoms?	No	12 (3.8%) 176 (55.3%)	10 (3.1%) 120 (37.7%)		
Are there cultural or traditional practices in your community that women follow during menopause?		36 (11.3%) 152 (47.8%)	14 (4.4%) 116 (36.5%)		
Are there any barriers or challenges you face in seeking help for menopausal symptoms?	Yes	30 (9.4%) 158 (49.7%)	18 (5.7%) 112 (35.2%)	0.370-1.863	0.659
	No	32 (10.1%) 156 (49.1%)	22 (6.9%) 108 (34%)		
		30 (9.4%) 158 (49.7%)	20 (6.3%) 110 (34.6%)		
	Yes	12 (3.8%) 176 (55.3%)	10 (3.1%) 120 (37.7%)	1.000-3.161	0.059
	No	36 (11.3%) 152 (47.8%)	14 (4.4%) 116 (36.5%)		
		30 (9.4%) 158 (49.7%)	18 (5.7%) 112 (35.2%)		
	Yes	32 (10.1%) 156 (49.1%)	22 (6.9%) 108 (34%)	0.672-1.977	0.636
	No	30 (9.4%) 158 (49.7%)	20 (6.3%) 110 (34.6%)		
		12 (3.8%) 176 (55.3%)	10 (3.1%) 120 (37.7%)		

DISCUSSION

Menopause followed by some range of gynecological issues are naturally experienced by all women when their reproductive years come to an end and are usually ignored.⁹ Most women in Turbat, Balochistan, report various bothersome menopausal symptoms Including joint pain and vaginal dryness out of which fewer than half seek medical attention, and even fewer receive prescription hormone therapy.¹⁰ However, women with multiple symptoms do not usually seek medical attention until severe symptoms occur. However, prevalence and severity of menopausal symptoms vary among countries,¹¹ Such as greater frequency of 8 out of 10 menopausal symptoms and greater prevalence of 8 out of 9 menopausal symptoms in post-menopausal women investigated in the European Menopause Survey 2005 in UK compared to women in 6 other European nations.^{13,14} whereas, People were generally aware of cervical cancer and urogenital atrophy but lacked understanding of its causes. Common barriers to care included financial constraints, limited availability of healthcare services, Reluctant to talk and a low prioritization in seeking treatment.¹⁵ A study found 88.9% menopausal women had never seen a doctor for exhibiting symptoms, suggesting even worse conditions in underdeveloped countries.^{16, 17} Among those most of women are those who never went to their chosen health facility because it was too far away, they didn't trust the establishment, they had no one to go with them, or they

preferred to treat their illnesses at home.¹⁸ However, many other cases including uterine prolapse revealed similar opinions with personal, economical and psycho social barriers are the causes contributed to non-consultation.¹⁹ Whereas few incontinent women sought advice from a health organization, and only less than few were aware of pelvic floor muscle exercises.²⁰ Cultural and ethnic background influences menopause experiences, with African American women reporting more symptoms than non-hispanic caucasian Japanese and Chinese women reporting fewer than other groups according to Study of Women's Health Across the Nation SWAN.²¹ Despite using modern healthcare facilities, hormone replacement therapy was rarely used, likely due to more reliance on pharmacies and lack of proper training on hormone replacement.²⁴ Therefore, the goal of study was to identify themenopause-related symptoms of women especially in rural areas where lot of misconceptions and lack of awareness are common.

CONCLUSION

Because of a variety of biological, psychological, social, and cultural elements that influence their perceptions, values, and attitudes toward menopause, women experience menopause in different ways all around the world. The current study unequivocally edemonstrates that additional gynecological issues and post-menopausal symptoms are highly prevalent in our study environment. In our study sample, joint pain and stiffness were

the most prevalent menopausal symptoms, followed by vaginal dryness/irritation. When the characteristics were compared to the race, it was discovered that women from both urban and rural areas did not view menopause as an illness and had Never considered seeking assistance from quacks or traditional healers.

ETHICS APPROVAL: The ERC gave approval.(MMC/ERC/2023/Aug/02)

CONSENT TO PARTICIPATE: written and verbal consent was taken from subjects and next of kin.

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AUTHORS' CONTRIBUTIONS:

All persons who meet authorship criteria are listed as authors, and all authors certify that they have participated in the work to take public responsibility of this manuscript. All authors read and approved the final manuscript.

CONFLICT OF INTEREST

No any competing conflict of interest.

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