

**ADDIS ABABA UNIVERSITY  
COLLEGE OF HEALTH SCIENCE  
SCHOOL OF NURSING AND MIDWIFERY**

**ASSESSMENT OF KNOWLEDGE, ATTITUDE AND ASSOCIATED  
FACTORS OF MENOPAUSAL WOMEN (AGED 40 YEARS AND  
ABOVE) TOWARD MENOPAUSE IN BOLE AND LUGO SUB CITY OF  
ADAMA TOWN, OROMIA REGIONAL STATE, CENTRAL ETHIOPIA,  
APRIL TO MAY 2018.**

**BY MUJIB ABDELA**

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This thesis by MUJIB ABDELA is accepted in its present form by the board of examiners as satisfying thesis requirement for the degree of masters in Maternity and Reproductive health Nursing.

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## ACRONYMS AND ABBREVIATIONS

<b>AOR</b>	Adjusted Odd Ratio
<b>BMI</b>	Body mass index
<b>CHD</b>	Coronary heart disease
<b>EDHS</b>	Ethiopian demographic and health survey
<b>ETB</b>	Ethiopian birr
<b>FMO</b>	Federal ministry of health
<b>FMP</b>	Final menstrual period
<b>HRT</b>	Hormone replacement therapy
<b>HT</b>	Hormone therapy
<b>MRS</b>	menopause rating scale
<b>ORHB</b>	Oromia region health bureau
<b>STRAW</b>	Stage of reproductive aging work shop
<b>SPSS</b>	Statistical Package for Social Science
<b>UK</b>	United Kingdom
<b>US</b>	United States
<b>WHO</b>	World health organization

## ABSTRACT

**Background:** Appropriate understanding of the menopausal phenomenon regarding physical, mental, social and psychological changes that occur during menopause will help women to cop up with menopausal changes and highly influence the outcomes. In Ethiopia, health policies and programs provide much concern on women's health promotion but less emphasized on post reproductive health of women and no studies conducted on assessing women's knowledge, attitude and associated factors of women towards menopause on selected study area.

**Objective:** Assessment of knowledge, attitude and associated factors of menopausal women (aged 40 and above) toward menopause in Bole and Lugo sub city of Adama town, oromia regional state, central Ethiopia, April to May 2018.

**Methods:** Cross-sectional community based study was used on sample of 278 women aged 40 years and above in Bole and Lugo sub city of Adama town Using systematic random sampling method. The Data was collected using interviewer-administered questionnaires and analysis of the data made using SPSS version 24.

**Result.** Complete information from 278 out of 290 study participants was collected with response rate of 96%. The mean age for menopause was  $46 \pm 2.185$  years. Only 20.9% had good knowledge on menopause, Educational status and menopausal stage found significantly associated with the knowledge level of the women ( $p < 0.021$  &  $0.015$  at 95% CI (0.76-0.158, 1.992-3.064 respectively)). Only 6.1% of them heard about menopause from health care provider. More than half, 65.8% had positive attitude toward menopause and 34.2% had negative attitude.

**Conclusions and recommendations:** knowledge of women towards menopause was found moderate, but not good. Majority of them had positive attitude, menopausal stage and age at menarche significantly associated with the attitude of the women. The number of women received information about menopause from health care provider was very few (6%). Federal Ministry of health, Oromia regional state health berau and the mass media should disseminate appropriate information concerning menopause symptoms to improve the knowledge and perception of the women regarding menopause.

Key words: menopause, knowledge, attitude, Adama town

# CHAPTER ONE

## INTRODUCTION

### 1.1 Back ground

World Health Organization (WHO) defined menopause as the permanent absence of menstruation resulting from the cessation of ovarian follicular activity and diagnosed after 12 months of amenorrhea, but not associated with other pathological cause(1). It signals transition from the reproductive stage to the non reproductive stage in a woman's life (2).

The age at menopause varied across the women and Identifying factors associated with the occurrence of menopausal symptoms are important, because age at menopause has been associated with risk of onset of several chronic diseases such as cardiovascular diseases, breast and endometrial cancers and osteoporosis (3). In western world the age for menopause is commonly known to be around 51 whereas it mainly ranges from 44 to 48 in most of African and Asian countries (4).

All women have more or less similar hormonal changes with menopause. The experience of each women is unique and is influenced by varies factors including; age, cultural back ground, health status, menopausal status, educational back ground and other factors (5).

Knowing more about menopause might empower women to cope better with menopausal changes. It has been suggested that lack of knowledge regarding menopause makes women more frightened when it is time to deal with menopause and this has negative effects on their emotional state. Changing women's perceptions on menopause by increasing their knowledge on menopause may cause less emotional disturbance (6, 7). On the other hand the 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 (8).

Attitude of the women towards menopause has been reported to be prejudiced by their culture, economic settings they belong to, menopausal status and educational background. In particular, education and economic status play an important role in helping women maintain a good and healthy life during menopausal phase of life (9). Women may view menopause as a major change in their lives either positive such as freedom from troublesome dysmenorrhea or the need for contraception or negative such as feeling "old" or loss of child bearing possibilities. Others feel menopause as period of cessation for sexual pleasure (10, 11). Studies from some African countries indicate more than half of middle age women involved in studies revealed poor knowledge regarding the management of menopausal symptoms. The problems associated to menopausal symptoms not only cause distress and disability on the women, but also impose a lot of pressure on the resources of the countries and health settings (12, 13).

In Ethiopia According to EDHS 2011 the prevalence of menopause is 18% among women aged 30-49 years (14). No study conducted on the study area on this issue and study at hand was their fore aimed on assessing the knowledge, attitude and associated factors of menopausal women toward menopause to contribute its role in minimizing effects of the problem and to provide the way forward which can serve as input in intervention.

## **1.2 Statement of the problem**

Now a day, health policies and initiatives concerning women mainly focus on the health promotion of reproductive age. Since they become vulnerable for different health problems due to hormonal changes and other biological reason, women needs critical attention and care on post reproductive age of life as during their reproductive life. Reports shows that before the age of menopause, very few women die of a heart attack and in menopause, a woman's risk increases progressively such that congestive heart failure (CHD) rates among women in menopause are 2–3 times those of women of the same age before menopause but either the CHD and death are directly caused due to menopause related symptoms or treatment was left unclear. Among African American females, aged 35-74 years, the mortality rate is known to be higher than for the general population and this is believed to be highly accredited by menopausal impact. The studies also found that the menopause is still treated as a taboo subject in many workplaces and different cultures. Unavailability of organized menopausal care unit in the health care system and absence of persistent effort and regular session of

rising awareness of women regarding the changes occur after reproductive age and how to manage the related symptom are among widely missed concern in managing menopause related problems. Today, with increasing life expectancy, women spend about 30 years, which is almost half of their life in menopausal state(3,4, 6).

In addition to life style modification, Hormone replacement therapy (HRT) is considered as an effective management method especially in treatment of menopausal symptoms like vasomotor symptoms, sleep disturbances, mood alteration, and cognitive symptoms. But to consider the appropriate management modalities early and prevention of complication, the women needs to be knowledgeable and aware on how to manage the impact of menopause symptoms (7, 15).

The lack of knowledge regarding menopause makes women more frightened to deal with menopause and this negatively affects their health condition, which directly influence the way they cope up with the symptoms and contribute to develop negative attitude toward the phenomenon. Overall, Appropriate understanding of women as certain physical, mental, social and psychological changes occur during menopause helps them to make them familiar with the changes and how to manage the symptoms as well as to consider available preventive measures (7, 16).

In Ethiopia, health policies and programs give much emphasis on reproductive age women's health promotion; but no data shows concern and care provided for menopausal women in Ethiopia as in other developing countries. No study conducted on this study area on assessing knowledge, attitude and associated factors of menopausal women towards menopause which is very crucial in intervention.

Therefore, this study was aimed at assessing the knowledge, attitude and associated factors of menopausal women toward menopausal phenomenon in Adama town, Oromia regional state, central Ethiopia.

### **1.3 Justification of the study**

Despite the severe and alarming impact of menopause related complication, no study conducted on this study area on assessing the knowledge, attitude and associated factors among menopausal women toward menopausal symptoms. Since the woman with accurate information about menopause is expected well know and easily cope up with the phenomenon and manage the symptoms better, making all women, particularly menopausal women familiar with the climetric phase of life is imperative. To do so initially the levels of women's knowledge, attitude and factors associated needs to be assessed and the gaps should be clearly identified.

### **1.4 significance of the study**

This was expected to presents a landmark ventures in assessing knowledge, attitude and self care activities of peri and post menopausal women in response to menopausal symptoms. The result of this study was to provided valuable and base line data for the policy makers and health care providers. It was also recommended scholars to investigate further on the issue based on the problems and gaps those identified and recommended by this study.

## CHAPTER TWO

### LITERATURE REVIEW

#### **2.1 Concept on menopause**

Menopause is a normal, natural event, defined as the final menstrual period (FMP). It represents the permanent cessation of menses resulting from loss of ovarian follicular function, usually due to aging. Menopause can occur naturally (spontaneously) on average around age 51 in most of the western world while it is around 46 years of age for African and Asian countries and the clinical diagnosis is confirmed following stoppage of menstruation (amenorrhea) for twelve consecutive months without any other pathology. It can be also induced through a medical intervention (surgery, chemotherapy, or pelvic radiation therapy) (4, 8).

The Stages of Reproductive Aging Workshop (STRAW) classified menopausal phase of life as follows;

**Pre menopause-** included the women experiencing regular menstrual cycle for the last three months with no or minimal complain of related symptoms

**Perimenopause** -is the time elapse 4 to 5 years before the menopause and have equivalent meaning with 'around menopause'. It is the period when estrogen production is decreased and menstrual cycle becomes irregular but not completely stopped. About half of all women in the earlier stages to most women in the later stages of Perimenopause have symptoms like hot flashes (8).

**Menopause /Post menopause** -this stage happens after women experienced no periods for at least 1 year and divided into an early and a late phase. The early post menopause is defined as up to 5 years since last menstrual period and the late phase has a definite beginning 5 years after last menstrual period up to lifelong (8).

#### **2.2 Knowledge on menopause**

Menopause knowledge indicates the degree of understanding regarding the changes as a transition from a reproductive state to a non-reproductive state, being aware of the symptoms and management alternatives. It can be affected by different factors, such as age, place of residence, education achievement and other factors. It is also believed that, the women who are knowledgeable about how to manage the symptoms are expected to manage the symptoms appropriately (18).

Study from shangay showed only 20.2% of middle aged women with menopausal symptoms seek for medical advice or treatment. The study revealed most of the participants reached menopausal age without having adequate knowledge about the events of this period. The study also revealed that Peri menopausal women were less knowledgeable than post menopause women (19).

Studies conducted on English speaking Caribbean women to assess the knowledge and the source of information on menopausal symptom showed that; more than half 52% of study participants had inadequate knowledge on management of menopausal symptoms and regarding the information, the main source of menopause information for the respondents was books for 41% and health care providers for 24%. Only two respondents used the Internet as a source of information, neither the church nor television was a significant source of information on the study (20).

The study done to assess the knowledge level among Ecuador women aged 40 and above years revealed that; less than 50% of surveyed women considered having adequate information regarding the menopause, while 60.2% correctly defined the menopause as “the definitive cease of menses” and a high rate of them indicated wanting to receive more information about the menopause through education sessions (21).

The study conducted in Pakistan among women aged  $\geq 45$  years indicated, only 46% had good knowledge about menopause and its implications on health. Menopause was considered as a normal event by 72%, while 28% believed it to be a disease condition, Awareness of hormone replacement therapy was very poor, 36% of women were happy and 33% unhappy with the cessation of their menstrual periods, 75% were bothered by menopausal symptoms, only 29% consulted a physician and only one woman was taking hormone replacement therapy (22).

According to the Study from Ernakulum of India among 35-50 years women regarding knowledge of menopause, perimenopausal women presented less knowledgeable than women already engaged in menopause stage. In average 71% of participants had poor knowledge, 28% had average and only 1% showed good knowledge regarding the self care in response to menopausal symptoms (23).



Study conducted in Malaysia showed that 89.0% define menopause as permanent cessation of menstruation, 72.2% noted menopause happens when ovaries stop estrogen production, 62.8% mentioned menopause begins after age 50 years, According to the results, the most commonly cited sources of information about menopause were reading materials (magazines, books) and families. Little information was obtained from medical sources. This may denote lack of communication between healthcare personnel and women regarding menopause. (24).

The other study conducted on Indian women aged 35-45 years revealed, 56% of study participant had inadequate knowledge, 37% had moderate to adequate knowledge and only 7% had good/adequate knowledge about menopause (25).

Study from Sweden showed that majority of the peri and post menopausal women adequately described the concept of menopause, but had limited knowledge on alternatives for management mainly non hormonal treatment method. They also showed limited knowledge on the effects of hormonal replacement therapy (26).

Cross sectional study from Egypt conducted on 300 women to assess knowledge of women in reproductive age about menopausal symptoms and preventive health behaviors showed that; More than two thirds of the studied women (72%) had poor level of knowledge about symptoms and signs of menopause, and two thirds of them (66%) had also poor level of knowledge about onset and causes of menopause, 35% of the studied women had poor level of knowledge about concept of menopause (27).

Study from Botswana on knowledge of menopausal symptoms among older age women showed that, A little over half (51%) indicated that they had poor knowledge of menopause, while (29%) of respondents indicated moderate knowledge and (17%) of them had good knowledge (28)

Study conducted in Addis Ababa on 568 women showed that, 64% of all the respondents reported that they had heard of menopause and the main sources of information about menopause were friends for 37.7% and relatives for 31.7%. Regarding the overall knowledge, of the study

subject, majority (61.8%) of people had moderate knowledge while 22.5% and 15.7% of them had good and weak knowledge respectively (29).

### **2.3 Attitude on menopausal symptoms**

Attitudes implies the view women's have on the menopause phenomenon. Less severe Menopausal symptoms related problems anticipated in societies where menopause is viewed positively (10)

A Study in Malaysia indicate that, 76.5%) of the respondents disagreed that menopause means no longer being real women, 76.7% feeling not wanted by others, 71.4% feeling old and useless and 77.2% consider menopause as sign of partial death. Also 76.2% of the women disagreed that menopause is a disease. Many held a positive attitude towards menopause and regarded menopause as a normal transition in the ageing process 78.2% and it is just a sign of ageing according to 76.7% of respondents, the majority of respondents agreed that menopause means a loss of their youth 52.4% and fertility 69.1% (24).

The other study from Malaysia for exploration of participants attitude on menopause revealed more than half of the respondents displayed positive attitude towards menopause, but they expressed feelings of sadness and 63.8% develop fear about their oncoming menopause (30) . Study conduct on 2013 in Iran results indicate that, 81.5% the attitude of the women was positive and only 18.5% had a negative attitude toward menopausal phenomenon (31)

In study from Pakistan on women's attitude on menopause, menopause was considered as normal event by 72% of study participants, 75% were bothered by menopausal symptoms while 28% believed it to be a disease condition Peri-menopausal women showed more severity of menopausal symptoms as compared to post-menopausal women. Positive attitude towards menopause negatively predicted menopausal symptoms. Age at menarche also matters on the study in which women with early menarche showed negative attitude. The study also highlighted the importance of psychological help for working women and that attention should be paid to change working women's attitude towards menopause in order to improve the attitude of the women (22).

The study conducted in United Kingdom to assess the Attitude of middle age women toward menopause indicate, 90% of study participants believed there is nothing unusual about menopause, it is just another stage of life' and 87% believed that 'the menopause is a big change in women's life'(32).

In Nigeria, the study including 533 of 50 and above years old women in the study and Menopause was considered as a normal event by 97.4%. Freedom from monthly bleeding was the most commonly reported advantage of menopause by 50.7% of study participants (33).

The study aimed at assessing attitude of older women toward menopause from Botswana revealed majority of them (85%) perceived menopause as period of being free from menstruation. 68% saw themselves as more relaxed and 65% reported it as cost saving because they do not have to purchase sanitary supplies any longer. While 54% of the older women saw menopause as heralding medical problems that required interventions, 53% viewed it as a positive development in their lives (28).

In Ethiopia, study conducted at Addis Ababa on 568 middle age women revealed that, 84% of the respondents had positive attitude towards menopause whereas 16 % of them had negative attitude towards menopause. When the participants were asked their opinion regarding specific questions that assess attitude, more than 70.9 % of the women agreed with the fact that woman's life in the menopause period delightful than before menopause (29). According to study from Dangila on 263 women aged 35-70 years old, there are significant differences in menopausal attitude because of educational background, suggesting that illiterate women displayed better positive attitude than educated ones. Similarly, there are significant differences in menopausal symptoms and attitude across menopausal status. Pre-menopausal women experienced the highest menopausal symptoms than the pre and postmenopausal ones and postmenopausal women displayed positive attitude than pre and peri-menopausal ones (34).

## Conceptual frame work

Menopause perception of women can be influenced by varies factors such as socio demographic factors including educational level, culture, income and others, menopause experience can also affect the way the women consider and interpret the symptoms. Additionally health seeking behavior such as regular exercise, diet and contact with health care provider may also influence the knowledge, attitude and practice of women in understanding and managing the menopausal symptoms.

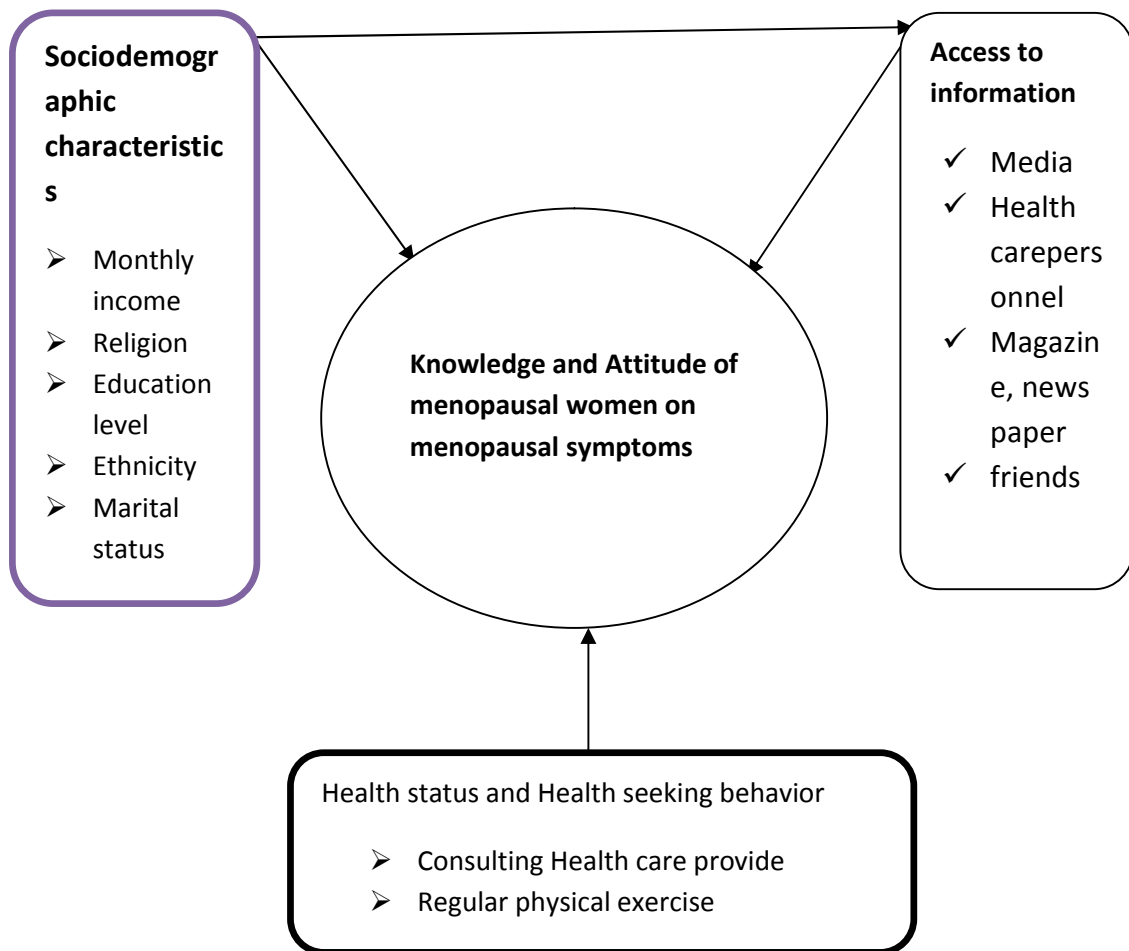


Figure1: Conceptual frame work for knowledge and attitude of menopausal women toward menopausal symptoms.

Source: Adapted from other similar studies

## **CHAPTER THREE**

### **OBJECTIVE**

#### **3.1 General objective**

Assessment of knowledge, attitude and associated factors of menopausal women (aged 40 and above) toward menopause in Bole and Lugo sub city of Adama town, oromia regional state, central Ethiopia, April to May 2018.

#### **3.2 specific objectives**

1. Assessment of knowledge among menopausal women (aged 40 and above years) on menopausal symptoms,
2. Assessment of attitude of women aged 40 and above years old toward menopausal symptoms and
3. To determine the factors associated with the knowledge level and attitude of the women aged 40 years and above in Bole and Lugo sub city of Adama town.

## **CHAPTER FOUR**

### **METHOD AND MATERIALS**

#### **4.1 Study area and period.**

This study was conducted in Adama town, central Ethiopia on 99 km southeast of Addis Ababa and is an administrative center for East Shoa Zone in Oromia Regional State. The town currently estimated to host a total population of about 400,000 (35). The area of the town is 29.86 square kilometers. There are several governmental health facilities (1 hospital, 7 health centers), and nongovernmental health facilities (3 hospitals, 1 health center, 60 clinics) in the town. There are also 61 drug stores 50 pharmacies (Health care bureau of Adama town). Bole and Lugo are the two sub cities selected for the study among the six sub cities found in Adama town using lottery method. Data was collected from April to May, 2018.

#### **4.2 Study design**

Community based cross sectional study design was used.

#### **4.3 Description of the population**

##### **4.3.1 Source Population**

All women aged 40 and above years who were in Adama town at the time of data collection.

##### **4.3.2 Study population**

All women aged 40 and above years found in Bole and Lugo sub cities of Adama town during the study period.

##### **4.3.3 Sample population**

The women actual data was drawn from were the sample population of the study.

#### **4.4 Selection criteria**

##### **4.4.1 Inclusion criteria**

- ✓ women aged 40 years and above
- ✓ Women who are willing to participate on the study
- ✓ Women present at catchment area, those found in the two selected sub cities during data collection period

#### 4.4.2 Exclusion criteria

- ✓ Women who have serious disease
- ✓ Women who refuse to participate on the study
- ✓ Unable to communicate due to natural or other problems

#### 4.5 Sample size determination

The sample size was determined for the two dependent variables and the greater sample size was taken as a final sample size. The sample size was calculated based on single population proportion formula by considering the following assumption at 95% confidence level and margin of error (0.05), for n1, proportion of knowledge of women about menopause from previous study (p=0.22) is substituted in the following single population proportion formula.

$$n1 = \frac{(z\alpha/2)^2 \times pq}{d^2}$$
$$n1 = \frac{(1.96)^2 \times 0.22 \times 0.78}{(0.05)^2} = 264$$

Where,

n1 = required sample size1

N=total number of women aged 40 years and above in those sub cities

Z=is the critical value for normal distribution at 95% confidence level which equals to 1.96 (z value at a=0.05).

P=proportion of knowledgeable women (22%); at Gulale sub city of Addis Ababa (29).

e= 0.05(5% margin of error) and 5% non-response rate

Sample size for the Attitude (n2) was calculated as follows by considering 85% the proportion of positive attitude of women toward the phenomenon of menopause from previous study (29).

$$n2 = \frac{(z\alpha/2)^2 \times pq}{d^2}$$
$$= \frac{(1.96)^2 \times 0.85(1-0.85)}{(0.05)^2}$$
$$= 196$$

**Table 1. Summary of sample size determination**

Variables	Assumptions	Total sample size	After adding 10%
Knowledge	P=22%	264	290
Attitude	P=85%	196	216

From the three, the largest one selected as a sample size for this study and final sample size was 264 and with adjustment for non-response rate (10%)  $n = (264 + 26)$ , the final sample size was 290.

Within the two sub cities the home with women aged 40 and above years were pre identified and it was known to be 4800, then the interval will be  $N/n = 4800/290 = 17$ , which means every 17<sup>th</sup> home were knocked for the interview.

#### **4.6 Sampling Methods**

Two sub cities, bole and Lugo were selected from the six total sub cities of Adama town by lottery method. The first house from the two sub cities also selected by lottery method. The sample size was divided in to two proportionally with the study population of the two sub cities, in which 168 were selected from bole out of estimated 2781 women to be found in these age group and in the same way 122 women from lugo sub city were sampled and total 290 women were considered on the study. In case of finding two or more illegible study subjects were in one home, data was collected from all of them. The study subjects those who unable to present on two appointments considered as non response. In case of finding two or more illegible study subjects in one home, data would be collected from all of them and the next 17<sup>th</sup> was the next.



## 4.7 Study Variables

### 4.7.1 Dependent variables

Knowledge, Attitude

### 4.7.2 Independent variables

- Sociodemographic data
  - Age
  - Marital status
  - Educational status
  - Occupation
  - Monthly income
  - Accessibility to information
  - Ethnicity
  - Religion
- Reproductive health factors
  - Age at menarche
  - Parity
  - Menopausal stage
  - Contraceptive use
  - History of abortion
- Health status and health seeking behaviors
  - Visiting health care setting
  - Physical exercise
  - Physical health,
  - Emotional health

## 4.8 Operational definition

**Pre menopause:** included the women experiencing regular menstrual cycle for the last three months with no or minimal complain of related symptoms

**Peri-menopause:** refers the women found around menopause, marked with occurrence of irregular menstrual period or amenorrhea for at least four months, but for less than 12 months and complain some symptoms related to menopause.

**Post-menopause (Menopause):** Refers to the women experienced amenorrhea for at least 12 months with menopausal symptoms which is not attributed due to other reason.

**Menopause Knowledge:** classified into three categories: weak for the women with a score of less than 33% of knowledge related questions, moderate for the women with a score of 33-66% and good for the women with a score of greater than 66% of knowledge items.

**Menopause attitude:** The attitude of women will be assessed using ten items of likert scale and the women were expected to respond from the four alternatives of likert scale which ranged from strongly agree to strongly disagree. The mean value calculated and women's attitude was finally classified into two groups based on the mean value as ;negative attitude for women who score below the mean and positive attitude for women who score mean value and above of attitude items.

#### **4.8 Data Collection tool**

Interviewer administered questionnaire adopted and translated into Afaan Oromo languages by language experts. The questionnaires include information on socio-demographic characteristics, Reproductive health, menopausal rating scales, and individual factors (knowledge, Attitude) were included.

The Knowledge level was assessed using the 20 items provided to assess knowledge level of the women in which each correct response was given a score of 1 and a wrong response a score of 0. Total points to be scored are 20 and the minimum is 0, according to which women's knowledge was classified into three categories; weak/poor with score of 0-33%, moderate/fair with score of 33-66% and good with a score of 66-100% of knowledge questions (29).

The attitude of the women was also assessed using ten items of likert scale and the questions on Likert's scale have positive and negative responses that ranged from (completely agree=1, agree=2, disagree=3 and completely disagree=4). The levels of agreement were merged in which agree and strongly agree were represented with "agree" and holding score of '1', whereas disagree and completely disagree were merged and represented by "disagree" with the score of '0'. Total points to be scored were 10 and the minimum was 0. The mean of total score was calculated and used as a border line on which women's attitude was classified into two groups with negative attitude with a score bellow mean and positive attitude with a score of equal to mean and above (29).

The Menopausal Rating Scale MRS in this study was used to assess the distribution and severity of symptoms and it composed of 11 symptoms.

The women were asked whether or not they have experienced the 11 menopausal symptoms shown in the MRS in the previous one month (30 days) by using a face-to-face interview. The total score possible ranges from 0 to 44. Scores ranging from 0-4, 5-8, 9-15, and 16+ were used to rate the perceived menopausal symptoms as none (minimal), mild, moderate and severe and very severe respectively (29).

Data was collected by five nursing students as data collector and one supervisor. The supervisor was Lecturer assistant at a university. Data collectors and supervisor had trained on data collection procedures like questionnaire filling techniques, respectful approach of participants and review of informed consent for one day. The questionnaires were pre tested and some adjustments were made before period of actual data collection.

#### **4.9 Data quality control**

To insure the quality, questionnaire were adapted and translated in to Afaan Oromo by language experts. The quality of the data also assured by using interviewer administered and pre-tested questionnaires were used to collect information. One day training was given to all data collectors particularly in the proper filling of questionnaire and the use of the likert scales and how to measure. The data collection instrument was pre-tested with a 5% of sample population in adjacent sub city for accuracy of responses and to estimate time needed and the whole process of data collection was done under close supervision. The collected information was checked and the overall questionnaires checked for completeness every day after data collection. Feedbacks on previous day activities were given for both data collectors and supervisor for better success of next day. The completeness and consistency of the data was checked daily after data collection.

#### **4.10. Data Analysis**

Data was entered using Epi info version 4.2.0 and analyzed using the SPSS database program version 24. After cleaning the data, frequencies and percentages was calculated to all variables which were related to the objectives of the study. The analyzed data identify factors associated with level of knowledge and attitude towards menopause using binary logistic regression analysis. Odds ratio with 95 % confidence interval was computed to assess the

presence and degree of association between dependent and independent variables. Observed differences between samples were considered statistically as significant for  $p < 0.05$ .

#### **4.11 Ethical considerations**

Ethical clearance was obtained from health research and post graduate, college of health science of Addis Ababa University. The clearance letter was taken to Oromia regional health bureau and Adama town Administration and other consents gained from orderly presented respected officials. Finally Verbal consent was obtained from each study participant. Prior to the study, each participant was fully informed about the nature of the study and the research objectives. Participants were also informed as all information collected from the study participants handled confidentially and the collected data will be anonymous and have no influence on service you receive or going to receive. Participants were also informed about their rights to respond or not and there is no potential risk related to data collection. The English version of participant consent form was annexed to this document.

#### **4.12 Plan for dissemination**

A hard and soft copy of the final report of this study will be submitted to Department of Nursing and Midwifery, school of Health Sciences, Addis Ababa University and for all concerned bodies. The effort will be done to access the result publicly through publications on journals.

## **5. RESULT**

### **5.1. Socio-demographic characteristics**

Among the total 290 interviewer administered questionnaires, 278 were correctly completed and made a response rate of the study 96%. The remaining respondents were unable to present on two appointments. The detail of socio-demographic characteristic of the respondents was described in **Table 2** bellow. Majority of the respondents, 163 (58.6%) were found in 45-49 age group and the mean age was  $46.54 \pm 3.702$  years. Regarding educational status of respondents, 176 (64.4%) of the respondents had no formal education, 23 (8.3%) secondary and 40 (14.4%) of the respondents were had college/ university degree and above educational back ground. Of the total women interviewed, 137(49.3%) were Muslim followed by, 86 (30.8%) of orthodox Christian. Nearly half (48.2%) of respondents were house wife, followed by 36.3% of merchants. On the ethnicity, 64.7% of the participants were Oromo followed by 19.4% of Amhara.

**Table 2: Socio-demographics characteristics of the respondents, Bole and Lugo sub-city Adama town, Ethiopia April to May, 2018**

<b>Variables</b>	<b>Alternatives</b>	<b>Frequency</b>	<b>Percent</b>
Age group	40-44	75	27.0
	45-49	163	58.6
	50-54	30	10.8
	55-59	6	2.2
	>60	4	1.4
	Mean ( $\pm$ Std. Deviation)	46.54 $\pm$ 3.702	
Educational status	No formal education	179	64.4
	Primary Education	36	12.9
	Secondary Education	23	8.3
	College/university degree and above	40	14.4
Occupation	house wife	134	48.2
	merchant	101	36.3
	civil servant	32	11.5
	NGO employee	11	4.0
Religion	Muslim	137	49.3
	orthodox	86	30.9
	protestant	21	7.6
	catholic	13	4.7
	wakefata	21	7.6
Ethnicity	Oromo	180	64.7
	Amhara	54	19.4
	Somali	24	8.6
	Gurage	20	7.2
Income	low	91	32.7
	medium	176	63.3
	high	11	4.0

## 5.2. Reproductive health related variables

**Table3: Reproductive health related Information of women, Bole and Lugo sub-city Adama town, Ethiopia April to May, 2018**

	Values	Frequency	Percent Valid
Parity	0	3	1.1
	1-4	108	38.8
	5-9	161	57.9
	>10	6	2.2
Menopausal stages	Pre menopause	15	5.4
	Peri menopause	58	20.9
	Post menopause	205	73.7
Age at menarche	Don't remember	17	6.1
	under 13 years	67	24.1
	at 13 years	83	29.9
	above 13 years	111	39.9
Hx of contraceptive use	Yes	183	65.8
	No	95	34.2
Types of contraceptives used	ligation	1	.4
	Injectables/depo	119	42.8
	Condom	2	.7
	Standard day method/ traditional	2	.7
	Pills	6	2.2
	IUCD	10	3.6
	Implant	43	15.5
History of abortion	Yes	111	39.9
	No	167	60.1

Among the study participants, 15(5.4%) were pre menopause, 58(20.8%) were Perimenopause and 205 (73.7%) were post menopause. The mean age of menopause in this study was 46±2. 185 years, where median age was found as 46 years, the lowest age for onset of menopause was 39 years and the highest age was 51 years. Of the total respondents, 93.8% (261) of them know the age at which their first menstrual period started. Among those who remember their age of menstruation, 111(39.9%) of them reported as they started menstruating at the age above 13 years old, while 83 (29.9%) of them started menstruation at 13 years. From the total interviewed women, 58 (20.8%) of them reported having had Irregular menstrual periods for the last six months. on parity, 57% of respondents reported 5-9

parity, minimum was 0, maximum parity was 12. Among the study participants, 183 (65.8%) of them used different types of contraceptives while Injectables (depo provera) was the highly used 119 (42.8) followed by implant 43 (15.5%). Regarding history of abortion, 111(39.9%) had experienced abortion atleast once.

### 5.3. Symptoms of menopause

**Table 4: Prevalence of symptoms among women, Bole and Lugo sub-city Adama town, Ethiopia April to May, 2018**

Variables	Number [N=278]	Percent (%)
Hot flushes	246	88.5
Sleep problems	95	34.2
Depressive mood	146	52.5
Irritability	116	41.7
Anxiety	179	64.4
Physical and mental exhaustion	223	80.2
Joint and muscular discomfort	263	94.6
Dryness of vagina	182	65.5
Sexual problems	178	64
Bladder problems	146	52.5
Palpitation	146	52.5

Among the participants majority of them( 94.6% & 88%) reported muscle and joint pain and hot flush respectively as major symptoms. The data showed that the number of menopausal symptoms experienced by the women varied from one individual to the other. The average numbers of menopausal symptoms experienced by the interviewed women were eight and the minimum was two. The majority of the respondents experienced more than four of the symptoms.



## 5.4 Knowledge assessment

**Table5: knowledge level of women, Bole and Lugo sub-city Adama town, Ethiopia April to May, 2018**

	<b>Response</b>	<b>Frequency</b>	<b>Percent</b>
Ever here about menopause	Yes	136	48.9
	No	142	51.1
Source of information	Friends	63	22.7
	Health professionals	17	6.1
	Written materials, books	40	14.4
	Media (radio, TV)	4	1.4
	Relatives	12	4.3
Menopause is due to decrease of female hormones	Yes	111	39.9
	No	167	60.1
Risk of cardiovascular diseases increases with menopause	Yes	110	39.6
	No	168	60.4
Risk of osteoporosis increases with menopause	Yes	112	40.3
	No	166	59.7
There is irregularity of menstrual bleeding near to menopause	Yes	221	79.5
	No	57	20.5
Menstrual bleeding completely ceased at menopause	Yes	205	73.7
	No	73	26.3
Possible to avoid/minimize impact of menopausal symptoms	Yes	92	33.1
	No	186	66.9
Risk of cancer increased during menopause	Yes	57	20.5
	No	221	79.5
Smoking worsen the menopausal symptoms	Yes	141	50.7
	No	137	49.3
Smoking can fasten age at menopause	Yes	169	60.8
	No	109	39.2

Regarding the knowledge level, 136(48.9%) of the respondents heard about menopause and 142(51.1%) of the respondents responded as no had adequate information about menopause. Among those heard about menopause, 63 (22.7%) of them heard from friends,40 (14.4%) heard from written materials, and only 17 ( 6.1%) of them heard from health care providers.

Regarding the cause of menopause, 111 (39.9%) of them know decrease in hormone is the cause of menopause. Menopause is never increase the risk of heart disease according to 168 (60.4%) of the respondents. Only 57 (20.5%) of respondents knows the risk of cancer increased during menopause and 221(79.5%) deny the increased risk of cancer during menopause. 169 (60.8%) of study participants know smoking can fasten the age at menopause. The overall knowledge status of the study subjects indicates that, majority 196 (70.5%) of them shows moderate knowledge while 24 (8.6%) had poor knowledge (see Figure 2).

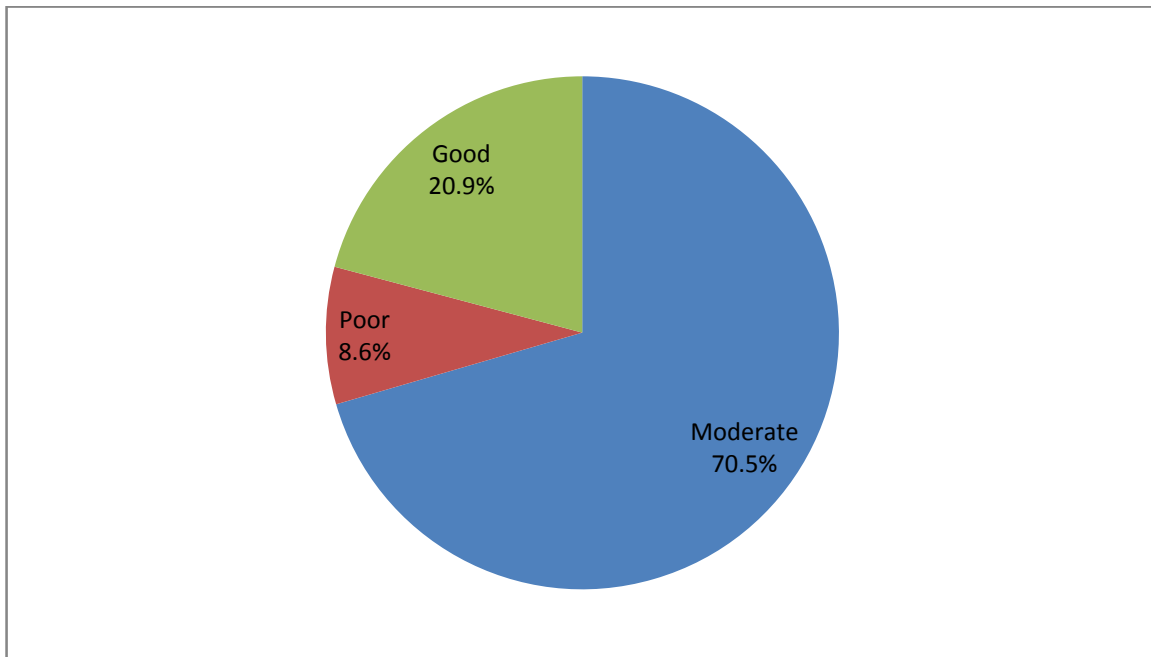


Figure 2: knowledge status classification of the women, Bole and Lugo sub city of Adama town, Ethiopia, April to May 2018

## 5.5 Respondents' attitude towards menopause.

**Table 6: Attitude of menopausal women in Bole and Lugo sub-city Adama town, Ethiopia April to May, 2018**

Statement	Agree n (%)	Disagree n(%)
Menopause is not time of loneliness for women	120(43.2)	158(56.8)
Menopause is a period of being free from menstrual cycle and pregnancy	241(86.7)	37 (13.3)
Menopause cannot prevent women from having sex with their husbands	80 (28.8)	198 (71.2)
Menopause is not time of dependence	124(44.6)	154(55.4)
Menopause is a time when women spend better life than before	62(22.3)	216(77.7)
Physical appearance and beauty may decreased during menopause	255(91.7)	23(8.3)
Possible to minimize the impact of menopausal symptoms through regular physical exercise	80(28.8)	198(71.2)
Menopause is period of maturity and beginning of new life	222(79.9)	56(20.1)
Menopause is normal and natural process	219(78.8)	59(21.2)

The attitude of the women vary from individual to individual, 120(43.2%) agreed on considering menopause as 'not period of loneness' whereas 158(56.8 %) disagree on the statement of "Menopause is not time of loneliness for the women". Among the study subjects, 216 (77.7%) of them disagreed with the idea describing Menopause as "a time when women spend a better life than before". Regarding the cause of menopause, 168 (60.4%) believe menopause is the result of aging and 58(20.9%) describe menopause as end stage of reproduction. On considering menopause as a period of maturity and beginning of new life; 222 (79.9%) of them agreed and 56(20.1%)of them disagreed with the statement. On the statement describing menopause as "normal and natural process", 219(78.8%) of respondents agreed with the statement, and 59(21.2%) disagreed with the idea.

The overall attitude of respondents evaluated and 183 (65.8%) of respondents had positive attitude while 95 (34.2%) of them had negative attitude toward the menopause. (see figure 3 bellow)

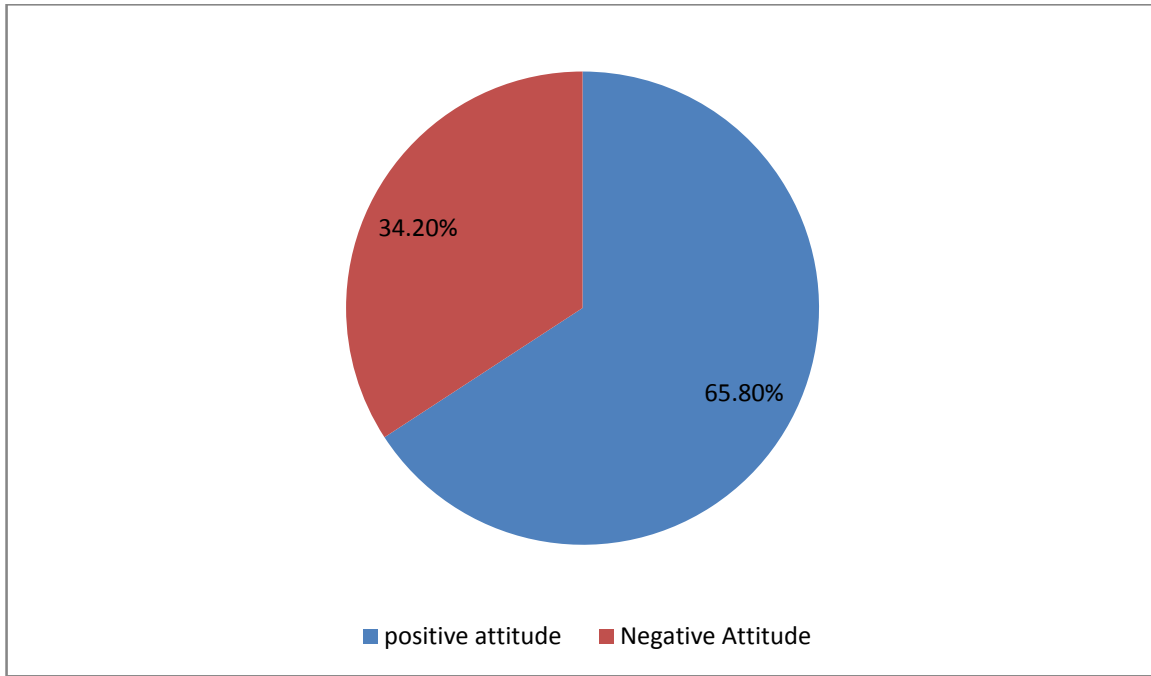


Figure 3: Attitude classification of the women, Bole and Lugo sub city of Adama town, Ethiopia, April to May 2018

**Table 7: Bivariate and multivariate logistic regression analysis of knowledge on Menopause**

Variables	Bivariate and multivariate on knowledge			
Educational status	Frequency(%)	COR at 95% CI	AOR at 95% CI	p-value
No formal education	179(64.4%)	0.183(0.107, .6069)	0.013(0.076, 0.158)	0.021*
Primary school	36(12.9%)	0.588(0.910, 1.084)	0.010(0.060, 0.231)	0.019*
Secondary school	23(8.3%)	1.773(0.106,2.976)	0.303(0.011, 3.504)	0.483
College/university	40(14.4%)	1.00	1.00	
Menopausal stage				
Pre menopause	36(12.9%)	1.00	1.00	1
Peri menopause	23(8.3%)	1.350(0.472, 3.860)	1.488(0.108, 2.484)	0.766
Post menopause	40(14.4%)	1.624(1.411,4.880)	0.539(1.992, 3.064)	0.015*
Monthly income				
Low	91(32.7%)	1.012(0.570, 2.096)	1.590(0.192, 3.144)	0.667
Medium	176(63.3)	1.00(0.294, 3.390)	1.105(0.141, 2.631)	0.924
High	11(4%)	1.00	1.00	
Used Contraceptive				
Yes	183(65.8%)	0.360(1.214, 1.605)	1.875(0.804, 4.372)	0.145
No	95(34.2%)	1.00	1.00	

Note; statistically significant at 95% CI, P < 0.05, 1.00: considered as constant

**Table: 8 Bivariate and multivariate logistic regression analysis of Attitude on Menopause**

Variables		Bivariate and multivariate on Attitude		
Educational status	Frequency (%)	COR at 95% CI	AOR at 95% CI	
No formal education	179(64.4%)	<b>1.113(1.051, 3. 221)</b>	0.238(0.012, 4.679)	0.345
Primary school	36(12.9%)	1.125(0.260, 4.871)	0.230(0.048, 1.131)	0.580
Secondary school	23(8.3%)	1.500(0.597, 3.461)	0.304(0.105, 3.326)	0.379
College/university	40(14.4%)	1.00	1.00	
<b>Menopausal stage</b>				
Pre menopause	15(5.4%)	1.00	1.00	
Peri menopause	58(20.9%)	0.676(0.470, 3.257 )	<b>0.015(0.01, 0.151)</b>	0.038*
Post menopause	205(73.7%)	1.890(0.146, 2.920)	1. 818(0.025, 1. 052)	0.994
<b>Age at menarche</b>				
Under13 years old	67(24.1%)	0.328(0.106, 1.015)	1. 345(0.435, 2.569)	0.153
At 13 years old	83(29.9)	<b>1.775(1.410, 2.466)</b>	<b>0.042(1.06, 1.434)</b>	0.046*
After 13 years old	111(39.9)	1.00	1.00	

Note; statistically significant at 95% CI, P < 0.05, 1.00: considered as constant

As clearly showed on the above table, women with no formal education and primary level education were less likely knowledgeable on menopausal symptoms in comparison to those women having the high school and above educational back ground(AOR.=0.021,0.019,0.483 (at 95% CI: (0.076- 0.158, 0.060-0.231, and 0.011-3.504 respectively))). Regarding the menopausal stage, post menopausal women were more likely knowledgeable about menopausal symptoms compared to pre menopausal women (AOR=0.015, 0.766, at 95% CI: 1.992-3.064, 0.108-2.484, respectively). Monthly income and occupation and experiencing abortion have no significantly associated with the knowledge level of the women on this study.

On attitude, women's those had no formal education more likely had positive attitude in comparison to women having higher educational status at (COR at 95% CI: (1.051- 3. 221, 0.260- 4.871, 0.597-3.461)), but those factors had no significant association on AOR. In relation to menopausal stage, perimenopausal women less likely had positive attitude than post menopausal women at (AOR 95% CI: 0.038, 0.994, (0.01- 0.151, 0.025-1. 052 respectively)). Age at menarche was the other variable significantly associated with the attitude of the women toward menopause. The women experienced their menarche at years of 13 were more likely showed positive attitude than those women experienced their first menstrual cycle at less than 13 years of age (AOR, 0.046&0.153, ( at 95% CI: 1.06- 1.434,0.435, 2.569 respectively)).

## 5.6. DISCUSSION

This study includes 278 women, of which 15(5.4%) were premenopause, 58(20.9%) peri menopause and 205(73.7%) of them were post menopause women living in Adama town, bole and Lugo sub cities. The mean age of menopause was  $46\pm 2.185$ , the lowest age at menopause was 39 and the largest one was 51 in this study. The age was noticeably lower than the Study done in Egypt in which the age for menopause was 48 (27), higher than that of Indian, which was 44 years (23). The discrepancy was may be due to Sociodemographic variation of study population.

The major Source of information about menopause was friend (22.7%) and reading materials (14.4%) on this study. The result is in line with study from Caribbean countries (40%) and study from Malaysia in which about (50%) of respondents heard about menopause from reading materials and friends respectively. The prevalence of women's received information from health care provider in this study was (6.1%), 24% on the study from Caribbean and about 18% on the study from Malaysia(20,24) . This implies that the main source of information about menopause were friends, family, relatives and reading materials, but not from health care provider. The result is not in line with the study from Sweden, in which about 70% heard information about menopause from health care provider (26)

Majority of the respondents (70.5%) had moderate Knowledge of menopause on this study and post menopausal women were more likely knowledgeable than pre and peri menopausal women. The result is consistent with the study conducted in India in which more than half (70%) of the respondents had moderate knowledge (23). But the result is not consistent with the study from Sweden in which more than half of study participants showed good knowledge and not varied with the menopausal stage (26). The discrepancy was may be due to economic and Sociodemographic variation of the study population.

The educational status positively influence the women's knowledge in which women's with high school and above educational back ground showed better knowledge toward menopause than those women's with no formal education on this study. This result is in line with result from Egypt in which educated women showed than women's with lower educational status (27). The fact here may be due to that, in both case the reading material was among the



major source of the study and the study population from the two setting may depend on the reading materials.

The result of the study is also consistent with the study conducted in Gulale sub city of Addis Ababa, in which majority of the respondents (61.8%) had moderate knowledge about menopause (29).

Regarding the attitude, more than half (65.8%) of the respondents had positive attitude toward menopause. Compared to the similar study from Pakistan, this result is minimal, in which about 80% of the respondents showed positive attitude toward menopause. But in both studies post menopausal women showed positive attitude compared to pre and peri menopausal women (22). The difference on the attitude may be due to the variation of socio cultural and sample difference.

The result of this study also smaller when compared to the other study from Nigeria conducted on older women aged 50 years and above. More than 97% of the study participants had positive attitude toward menopause on the Nigerian study. But in both study the post menopausal women showed positive attitude toward menopause compared to peri and post menopause (33). The difference may be due to the culture and age variation of the study population, in which almost 99% of study participants were post menopausal women on the study from Nigeria.

The result of this study was consistent with the study done in Botswana in which more than half (53%) of study participants showed positive attitude toward menopause (28).

Educational status of the women did not influence the attitude of the women significantly on this study. This is inconsistent with the study done in Dangila, in which educated women showed negative attitude toward menopause compared to women with no formal education (34). The variation may be due to the variation of study period.

## **5.7.0 STRENGTH AND LIMITATIONS OF THE STUDY**

### **5.7.1 Strength of the study**

The findings of the study can be used as a base line information for other researchers.

Utilization of appropriate data collection procedures and statistical methods played a role in minimizing bias.

The use of logistic regression helped to assess association and the relative effect of independent variables.

### **5.7.2 Limitations of the study**

However, this study has limitations in such a way that there could be a possibility of social desirability biases in responding personal sensitive issues.

Absence of the respondent on the appointment

There could also be a possibility of recall biases during determination of age of menarche and age of last menstrual period.

## **5. 8. CONCLUSIONS**

Generally, near to half (48.9%) of the women heard about menopause and majority of them heard from friend (22.7%) and reading materials (14.4) while only 6.1% of the respondents heard from health care providers.

Majority of study participant had moderate knowledge on menopause and only 20.9% had good knowledge. In addition to inadequacy of knowledge the other important issue need immediate concern was about the source of information.

Educational status as well as menopausal stage was predictors of the level of knowledge of women about menopause on this study. But, there is no significant association between income and occupation of the women with the level of knowledge.

More than half (65.8%) of the women had positive attitude towards menopause. Menopausal stage and age at menarche significantly influence the attitude of the women toward menopause. But no significant association with income, Educational status, history of abortion and others.

## **5.9. RECOMMENDATION**

Based on the findings of this study, the following recommendations are made.

- The FMOH and ORHB needs to investigate the appropriate means of intervention on identified problems to fill the knowledge gap of the women related to menopausal symptoms
- The FMOH better to focus on post reproductive health of the women as during reproductive period to ensure the well beings of the women in post reproductive life
- The role of Media should be setted in disseminating appropriate information concerning menopause to improve the knowledge and perception of the women
- The health professionals should give more attention to elaborate the health related information regarding menopausal symptoms
- Future studies are better to identify the more appropriate intervention mechanism

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## ANNEXES

### ANNEX I: ENGLISH VERSION CONSENT FORM AND INFORMATION SHEET

Hello! My Name is \_\_\_\_\_.we are conducting the study to assess the knowledge , attitude and self care of women aged 40 and above towardmenopause and I am a member of the research team from Addis Ababa University, College of Health Science, School of Allied Health Science and Department of Nursing and Midwifery. I would like to have a short discussion with you concerning this study. Before we go to our discussion, I will request you to listen carefully to what I am going to read to you about the purpose and general condition of the study and tell me whether you agree or disagree to participate in this study.

You have full right to ask any questions about this research. Please direct any question to **Mujib Abdela** through: Phone +251 910424557.

E-mail: 100mujib@gmail.com.

#### **Read the following paragraph for the selected respondent.**

The purpose of this study is to assess the Knowledge and attitude and perception of middle age women toward menopause phenomenon among women living in Bole Sub-city of Adama town. I kindly requesting you to have a little time with me, just about 30 minutes, to be involved in this study. The information you give us could help to design appropriate health services for menopause and middle aged women. I would like to assure you that your name will not be used and your responses will never be disclosed to anyone. If a report of results is published, only information about the total group will appear. The interview is voluntary. Your participation, non-participation or refusal to respond to the questions will have no effect now or in the future on services that you or any member of your family may receive from any service providers. Only volunteers will participate in this study. You have also a full right to stop interview at any time.

Are you willing to participate in this study?

Yes

No

Signature\_\_\_\_\_



## ANNEX II

### ENGLISH VERSION QUESTIONERIES

#### Part one: Sociodemographic Information

Questionnaire Code	Variables	Alternatives	Questionnaire Code
1.	Age	----- (in year)	S1
2.	Educational status	1. No formal education 2. Primary school 3. High school 4. College/university 5. Other	S2
3.	Ethnicity	1 Oromo. 2. Amhara 3. Somali 4. Gurage 5. Other (specify) ---- -	S3
4.	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	S4
5.	Religion	1. Muslim 2. Orthodox 3. Protestant 4. Catholic 5. Other (specify)----- -	S5

6.	Occupation	1. House wife 2. Merchant 3. Civil servant 4. Daily laborer 5. NGO employee 6. Employed in private sector 7. Other (specify):----	S6
7.	Monthly income in ETB	1. <1000 2. 1000-2500 3. >2500	S7

**Part two: Reproductive Health History Information**

	Question	Response	Code
1.	Do you remember your age at your first menstrual cycle	1. Yes 2. No , if no, go to R2	R0
2	At what age your menstrual cycle started?	1. Under 13 years old 2. 13 years old 3. Older than 13 years old 4. I didn't know	R1
2.	Do you have children?	1. Yes 2. No  If No, go to R4	R2
3.	What is the number of your children? (Enter number)	Enter number _____	R3
4.	Did you have any miscarriages, abortions or stillbirths?	1. Yes 2. No <b>If No, go to R5</b>	R4

5.	If yes, how many miscarriages, abortions or stillbirths you had experienced?	<ol style="list-style-type: none"> <li>1. Miscarriage</li> <li>2. Abortion</li> <li>3. Still birth</li> </ol>	R5
6.	Do you used any contraceptive?	<ol style="list-style-type: none"> <li>1. Yes</li> <li><b>2. No If No, go to T7</b></li> </ol>	R6
7.	If Yes, Which Method did You Used?	<ol style="list-style-type: none"> <li>1. Female Sterilization</li> <li>2. Injectables</li> <li>3. Condom</li> <li>4. Standard Days Method</li> <li>5. Oral pills</li> <li>6. Intra-uterine device</li> <li>7. Other (specify) -----</li> </ol>	R7
8.	Are you pregnant now?	<ol style="list-style-type: none"> <li>1. Yes If yes , go to R10</li> <li>2. No</li> <li>3. Unsure</li> </ol>	R8
9.	Are you breastfeeding now?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No</li> </ol>	R9
10.	Do you have an operation to avoid having any more children?	<ol style="list-style-type: none"> <li>1. Yes</li> <li>2. No, if no go to R12</li> </ol>	R10
11.	If yes to R10, when?	<ol style="list-style-type: none"> <li>a. Before a week</li> <li>b. Before a month</li> <li>c. Before six month</li> <li>d. Before a year</li> <li>e. Other (specify)-----</li> </ol>	R11
12.	How would you describe your current menstrual status?	<ol style="list-style-type: none"> <li>1. Regular menstrual periods in the last 3 Months. If yes, go to R15</li> <li>2. Irregular menstrual periods in the last 6 months, go to R15</li> <li>3. Irregular menstrual periods in the last 6 months, go to R15</li> </ol>	R12

		4. No menstrual periods in the last 12 months or longer 5. Other (specify)-----				
13.	Do you have any medical reasons for stoppage of your menstrual period?	1. Yes 2. No If No, go to R15	R13			
14.	How old were you at your last menstrual period? (ask this question for woman in menopause)	------(age in years)	R14			
16.	May you Mention your medical condition please?	1. Good health/healthy 2. Medium 3. Poor/ ill	R15			
. Which of the following symptoms you feel now? Please mark the appropriate Symptom.						
Symptoms	<b>Score</b>				Code	
	<b>None</b> <b>Very sever</b> <b>0</b> <b>V</b>	<b>Mild</b> <b>I</b>	<b>Moderate</b> <b>II</b>	<b>Sever</b> <b>IV</b>		
Hot flushes, sweating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16a
Heart discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16b
Sleep problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16c
Depressive mood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16d
Irritability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16e
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16f
Physical and mental exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16g
Sexual problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16h

Bladder problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16 i
Dryness of vagina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16 j
Joint and muscular discomfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16 k
18. Total Number symptoms	_____	_____	_____	_____	_____	R17

**Part three: Knowledge on menopause**

Question	Response	Code <b>K</b>
1. Have you ever Heard information about Menopause?	1. Yes 2. No If No, go to k3	K0
2. If yes, from where did you get the information?	1. Friend  2. medical care provider  3. Books, Magazines, Journals  4. Mass media (Radio, TV)  5. Relatives  6. Other (specify _____)	K1
1. Do you think that at the time of menopause, menstruation cease completely?	1. Yes 2. No	K2
2. At what age do you think the women become menopause?	1. Under 40 2. 40- 44 3. 45-49 4. 50+ 5. Other (specify _____)	K3

3. Do you think hereditary background can affects the time of menopause occurrence?	1. Yes 2. No	K4
4. Do you think menopause occurs in women due to decrease in sexual hormones?	1. Yes 2. No	K5
5. Do you think most of the women can experience menstruation disorder before menopause occurrence?	1. Yes 2. No	K6
6. Do you think that menopause in women decreases genital infection?	1. Yes 2. No	K7
7. Do you believe that menopause in women increases weight and obesity?	1. Yes 2. No	K8
8. Do you feel that menopause symptoms are preventable and curable?	1. Yes 2. No	K9
9. Do you think that menopause increase Cardiovascular diseases in women?	1. Yes 2. No	K10
10. Do you know that menopause increases osteomalacia in women?	1. Yes 2. No	K11
11. Do you know that menopause causes dryness and skin shrivel in women?	1. Yes 2. No	K12
12. Do you think that menopause causes different types of cancer in women?	1. Yes 2. No	K13
13. Do you think sexualities change in menopausal women?	1. Yes 2. No	K14

14. Do you know that smoking affects the time of menopause occurrence?	1. Yes 2. No	K1 5
15. Do you know that smoking does not affect the severity of symptoms and complications of menopause?	1. Yes 2. No	K1 6
16. Do you think menopause can causes vaginal dryness and painful sexual intercourse?	1. Yes 2. No	K1 7
17. Do you know that regular physical activity is effective in preventing menopause symptoms in menopausal women?	1. Yes 2. No	K1 8
18. Do you know that menopause affects the power of concentration and memory of women?	1. Yes 2. No	K1 9
19. Do you think that the frequency and severity of hot flashes in menopausal women increase by time?	1. Yes 2. No	K2 0
<b>Part four: Attitude on menopause phenomenon</b>		
<b>Question</b>	<b>Answer</b>	<b>A</b>
1. What do you feel of the event menopause?	1. Advancement in age 2. End of reproduction 3. Punishment of God 4. Period of rest and relief 5. Other (specify_____)	A0
2. What do you perceive as a cause of menopause?	1. Hormonal change 2. Health problem 3. Age advancement 4. Being unlucky 5. Other(_____)	A1
3. Menopause is the period of woman's loneliness	1. Completely agree 2. Agree 3. Disagree 4. completely disagree	A2

4. Menopause is the period of eradicating the problems of menstruation and preventing pregnancy	1. Completely agree 2. Agree 3. Disagree 4. completely disagree	A3
5. Woman's menopause decreases husbands sexuality	1. Completely agree 2. Agree 3. Disagree 4. completely disagree	A4
6. Every woman can care for herself through training and necessary tend	1. Completely agree 2. Agree 3. Disagree 4. completely disagree	A5
7. In the menopause period, interest and attention of woman to her husband decreases	1. Completely agree 2. Agree 3. Disagree 4. completely disagree	A6
8. Menopause is the beginning of the period of women's disablement	1. Completely agree, 2. Agree 3. Disagree 4. completely disagree	A7
9. Woman's life in the menopause period is more delightful than before menopause	1. Completely agree, 2. Agree 3. Disagree 4. completely disagree	A8
10. Menopause decreases the grace of woman's appearance	1. Completely agree, 2. Agree 3. Disagree 4. completely disagree	A9



11. Menopause is a usual and natural phenomenon in women's life	<ol style="list-style-type: none"> <li>1. Completely agree,</li> <li>2. Agree</li> <li>3. Disagree</li> <li>4. completely disagree</li> </ol>	A1 0
12. Menopause is the beginning of another life and second maturity of women	<ol style="list-style-type: none"> <li>1. Completely agree,</li> <li>2. Agree</li> <li>3. Disagree</li> <li>4. completely disagree</li> </ol>	A1 1
13. How do you perceive/feel your current emotional health	<ol style="list-style-type: none"> <li>1. Very poor</li> <li>2. Poor</li> <li>3. good</li> <li>4. very good</li> <li>5. excellent</li> </ol>	A1 2
14. How do you perceive/feel your current physical health	<ol style="list-style-type: none"> <li>1. Very poor</li> <li>2. Poor</li> <li>3. good</li> <li>4. very good</li> <li>5. excellent</li> </ol>	A1 3

THANKYOU !!

### **ANEX III:**

#### **AFAAN OROMO VERSION CONSENT FORM AND INFORMATION SHEETUUNKAA HAYYAMAA**

Akkam jirtu! Maqaan koo \_\_\_\_\_jedhama. Dhimma fayyaa keessumattuu mallattoolee dhala dhaabuu dubartii waliin wal qabatee dhufuu danda’u ilaalchisee dubarttoonni waa’ee kanaa maal akka beekan, maal akka yaadaniif fi maal akka godhan irratti qorannoo gaggeessuudhaf yuunivarsiitii finffinne koolleejjii fayyaa irraa dhufe. Kanumaaf si waliin gaafi fi deebii gabaabduu gaggeessuu barbbaade, gama gaafif deebitti ce’uu dura waan itti aansee siif dubbisu kan kaayyo fi haala walii gala qo’annichaa ittiin siif ibsu erga caqafte booda, qo’annaa kanarratti hirmaachuf hayyamamtuu ta’uu fi dhiisuu kee naaf ibsita.

Qoranichaan wal qabatee gaafee feete gaafachuuf mirga guutuu kan qabdu yoo ta’u, gama Lakk. Bilbbilaa +251910424557

Iimeelii [-100mujib@gmail.com](mailto:-100mujib@gmail.com) jedhuun Mujiib Abdellaa qunnamuu danddeessa.

#### **Nama gaafif deebii waliin gaggeessuf filattee kan armaan gadii kana dubbisiif.**

Kaayyoon qo’annoo kanaa kutaa magaalaa boole fi luugoo keessatti mallattoolee dhala dhaabuu waliin walqabataniif dhufan irratti hubannoo fi ilaalcha dubarttoonni qaban akkasumas eeggamsi ofiif godhan maal akka fakkaatu qorachuudha. Kanumaaf yoon si rakkisuu baadhe yeroo muraasaf gaafif deebicharratti hirmaachuudhan akka na garggaartu kabajaan si gaafadha.

Odeeffannoon ati naaf kennitu kun rakkoo fayyaa mallattoolee dhala dhaabuu waliin wal qabatee dubarttoota mudatan hiikuu keessatti tajaajilli fayyaa barbbaachisaa ta’e akka dhihaatu gochuu keessatti galtee guddaa ta’uu dandda’a. odeeffannoon kunis tasuma maqaa keetin kan ibsamu waan hin taanef iccitiin kee guutun akka eeggamu siif ibsuu barbbaada.hirmaannan kee fedhii irratti kan hundaa’ee dha. Hirmaachun, hirmaachuu dhiisu fi giddutti adda kutuun tajaajila ati argattuu fi argachuuf jirtu irratti dhiibbaa tokkooyyuu hin qabu. Qo’annicharratti hirmaachuf hayyamamtuudhaa?

Eeyyeen

lakki

Mallattoo \_\_\_\_\_

## ANNEX IV; AFAAN OROMOO VERSION QUESTIONERIES

### Kutaa I: Odeeffannoo dugduubee hawaasummaa

Tartiiba gaafii	Gaafii	Deebii	Koodii gaafii
1.	Umriin kee meeqa?	( _____ )	S1
2.	Sadarkaa barnootaa	1. Barnoota idilee kan hin qabne 2. sadarkaa tokkoffaa 3. sadarkaa lammaffaa 4. kollejjii/yuniversiti fi sanaa ol	S2
3.	Saba	1 Oromoo. 2. Amhara 3. Somale 4. Guraage 5. kan biraa(ibsi) -----	S3
4.	Haala gaa'elaa	1. qeenxee 2. heerume 3.adda bahe 4. narraa du'e	S4

5.	Amantaa	1. Musluma 2. Ortodoksii 3. Protestaantii 4. kaatolikii 5. waaqeffataa 6. kan biraa(ibsi)-----	S5
6.	Dalagaa	1. haadha manaa 2. dalddaltuu 3. siiviil servaantii 4. hojjattuu humnaa 5. Dh. Miti mootummaa keessaa  6. kan biraa ( _____ )	S6
7	Haala waggaa darbeetin galiin kee ji'aa hammami qarshiidhan?	4. <1000 5. 1000-2500 6. >2500	S7
<b>Kutaa II: Odeeffannoo waa'ee sirna hormaataa</b>			
	Gaafii	Deebii	koodii <b>R</b>
1.	Umrii itti marsaan lagu kee inni jalqabaa itti sitti dhufe yaadattaa?	1. Eeyyee 2. Lakki	R0

2.	'R0' f eeyyeen yoo ta'e umrii kee meeatti marsaa lagu kee isa jalqabaa agarte?	1. Waggaa 13 osoo hin guutin 2. waggaa 13 yoo ta'u 3. ergan waggaa 13 darbe booda	R1
3.	Ijoollee qabdaa?	1. Eeyyee 2. Lakki  Yoo lakki ta'e, gara R3tti dabri	R2
4.	Ijoollee meeqa qabda?	1. 0 2. 1-4 3. 5-9 4. >10	R3
5.	Kan sirraa bahes ta'e kan ati baaste takkaahuu kan du'ee bahe wayi jiraa?	1. Eeyyee 2. Lakki Yoo lakki ta'e gara R5tti darbi	R4
5.	Yoo eeyyeen ta'e isa kamtu si mudate?	1. Kan ati baaste 2. Kan ofii satii bahe 3. Kan du'ee bahe	R5
6.	Maloota ittisa ulfaatti fayyadamtee beektaa?	1. Eeyyeen 2. lakki, yoo lakki ta'e gara T7tti ce'i	R6
7.	Yoo fayyadamtee beekta ta'e isa kam?	1. hidha ujummoo gadaamessaa 2. isa lilmoon kennamu 3. koondomii 4. mala Aadaa/guyyaa 5. kiniinii guyyuu liqimfamu 6. kan gadaamessa keessa kaawwamu 7. kan biraa(ibsi) -----	R7

8.	Ati amma dadhabbi/ulfaa qabdaa?	1. Eeyyeen ,Ee yoo ta'e gara R10, tti ce'i 2. lakki 3. hin barre	R8
9.	Amma harma hoosisaa jirtaa?	1. Eeyyee 2. lakki	R9
10.	Ulfa dhaabuudhaf wal'aanssa baqaqsanii yaaluu raawwattee beektaa?	1. Eeyyee 2. Lakki, gara 'R12tti ce'i	R10
12.	R9'f eeyyeen yoo ta'e yoom ture?	1. torbee dura 2. ji'aan dura 3. ji'a jaha dura 4. waggaa dura, 5. kan biraa (ibsi)	R11
13.	Haala Marsaa lagu kee yeroo ammaa akkamiin ibsita?	1. Ji'oota 3'n darban keessa kan yeroo isaa eeggatee dhufu ture, gara R15 tti ce'i  2. Ji'oota 6'n darban yeroo isaa kan hin eegganne ture, gara R15tti tti ce'i  3. Ji'oota 12'n dabran kan yeroo isaa hin eegganne ture, gara R15'tti ce'i 4. Ji'oota 12'n darban laguun hin turre 5. Kan biraa(ibsi)-----	R12
14.	Dhaabbachuu marsaa lagu keetif rakkoon fayyaa ati beektu wayi jiraa?	1. Eeyyeen 2. Lakki,	R13
15.	Yeroo marsaa lagu kee isa dhumaa agartu umriin kee meeqa ta'a?	------(lakkoofsan ibsi)	R14
16.	Haala fayyaa kee amma irra jirtu akkamiin ilaalta?	1. Fayyummaa gaarii 2. Giddu galeessa 3. Gaarii miti	R15

17. Mallattoolee armaan gaditti tarraayan haala cimina/dhagahama isaatin deebisi						
Mallattoolee	<u>Safara</u>					koodii
	Hin jiru	xinnoo	G/galeessa	ni jira	baay'isee jira	
	0	I	II	IV	V	
Hoo'a fi fuuraa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16a
Toora onneetti sitti ulffaachuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16b
Hirriba dhabuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16c
Yeelayuu/si dabbaruu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16d
Tasgabbii dhabuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16e
Sodaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16f
Qaama fi sammun dadhabuu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16g
Rakkoo saalqunnamtii n walqabatu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16h
Rakkoo afuuffee fincaanin wal qabatu	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16i
Gogiinssa qaama saalaa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16j
Dhukkubbii buusawwanii fi maashaalee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R16k
18. Ida'ama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R17
<b>Kutaa III: Beekkumssa waa'ee mallattoolee dhala dhaabuu qorachuuf</b>						
<b>Gaafii</b>	<b>Deebii</b>					<b>koodii K</b>

1. Waa'ee dhala dhaabuu fi mallattoolee isa faana dhufuu kana dura dhageessee beektaa?	1. Eeyyeen 2. Lakki, yoo lakki ta'e K3 tti ce'i	K0
2. Dhageesseerta yoo ta'e eessaa dhageesse?	1. Hiriya irraa 2. Ogeessa fayyaa irraa 3. Kitaaba, Barruulee, 4. Miidiyaa (Raadiyoo, TV) 5. Firoota 6. Kan biraa (ibsi)_____	K1
3 Yeroo dhala dhaabuudhaa marsaan lagu guutumatti dhaabbata jettee yaaddaa?	1. Eeyyeen 2. Lakki	K2
4 Dubartiin yeroo umriin isaanii hammamiitti dhala dhaabu jettee yaadda?	1. Waggaa 40 dura 2. 40- 44 3. 45-49 4. 50 fi sana ol	K3
5 Umriin itti Dhala dhaaban sanyii maatiitiin wal qabachuu dandda'a jettee yaaddaa	1. Eeyyeen 2. Lakki	R4
6 Dhala dhaabun sababa hir'achuu hormoonii saalatiini jettee yaaddaa?	1. Eeyyeen 2. Lakki	K5
7 Yeroo dhala dhaabutti dhihaatan marsaan lagu kan yeroo isaa hin eegganneedha jettee yaaddaa?	1. Eeyyeen 2. Lakki	K6
8 Dhala dhaabun dhukkuboota qaamota saalaa hir'isuuf gahee qaba jettee yaaddaa?	1. Eeyyeen 2. Lakki	K7



9	Akkaa keetti, Yeroo dhala dhaaban furdinnii fi ulfaatinni qaamaa ni dabalaa?	1. Eeyyeen 2. Lakki	R8
10	Dhala dhaabu fi mallattoolee isaan walqabatanii dhufan ittisuu fi hambisuun ni dandda'ama jettee yaaddaa?	1. Eeyyeen 2. Lakki	K9
11	Dhala dhaabun carraa dhibee onneen qabamuu ni dabala jettee yaaddaa?	1. Eeyyeen 2. Lakki	K10
12	Umrii hormaata dhaabuu irratti rakkoolen dadhabina lafee waliin walqabatu hammaachuu akka dandda'u beektaa ?	1. Eeyyeen 2. Lakki	K11
13	Yeroo hormaata dhaabutti gogaa fi qaamni namaa goggoguu fi suntuuruu ni fida jettee yaaddaa?	1. Eeyyeen 2. Lakki	K12
14	Yeroo hormaata dhaabanitti saaxilammummaan dubarttoonni kaansarii garagaraaf qaban ni dabala jettee yaaddaa?	1. Eeyyeen 2. Lakki	K13
15	Fedhiin saalaa/foonii yeroo hormaataa dhaabuutti jijjiirama ni agarsiisaa?	1. Eeyyeen 2. Lakki	K14
16	Sigaaraa aarsun umrii itti hormaata dhaaban ni saffisiisa jettee yaaddaa?	1. Eeyyeen 2. Lakki	K15
17	Sigaaraa aarsun mallattoolee hormaata dhaabun wal qabatan akka hammaatu ni taasisaa?	1. Eeyyeen 2. Miti	K16
18	Hormaata dhaabun gogiinsa qaama saalaa fi dhukkubbii yeroo qunnamtii saalaa ni hordofsiisaa?	1. Eeyyeen 2. Lakki	K17
19	Yeroo cufa dhaabbiidhan sochii qaamaa godhuun miidhaa mallattoolee hormaata dhaabuu hordofanii dhufan hir'isuu keessatti gahee qaba jettee amantaa?	1. Eeyyeen 2. Lakki	K18

20 Danddeettin waa yaadachuu fi xiyyeeffannaa mallattoolee hormaata dhaabun dhufaniin miidhamuu ni dandda'aa?	1. Eeyyeen 2. Lakki	K19
21 Erga hormaata dhaaban booda mallattoolen akka hoo'a halkanii yeroo gara yerootti ni hammaatuu?	1. Eeyyeen 2. Lakki	K20
<b>Kutaa Afur: Ilaalcha waa'ee mallattoolee dhala dhaabuu irrattii jiru qorachuuf</b>		
<b>Gaafii</b>	<b>Deebii</b>	<b>Koodii</b> <b>A</b>
1. Waa'ee yeroo hormaata dhaabuu kana akkamitti ilaalta?	1. Umrii dheerachuu 2. Yeroo hormaanni itti dhaabbatu 3. Adabbii waaqaa 4. Yeroo tasgabii fi boqonnaa 5. Kan biraa (ibsi)_____	A0
2. Hormmaata dhaabu fi mallattoolee hordofanii dhufan maaltu fida jettee yaadda?	1. Jijjiirama hormoonii 2. Rakkoo fayyaa biroo 3. Waan umriin deemef 4. Carraa dhabuu 5. Kan biraa(ibsi)_____	A1
3. Yeroon dhala dhaaban dubartootaf yeroo kophummaati	1. Guutumatti nan amana 2. nan amana 3. hin amanu 4. tasumaa hin amanu	A2
4. Yeroon dhala dhaabuudhaa yeroo ittirakkoolee marsaa lagu waliin walqabatanii fi ulfa irraa bilisa itti ta'aniidha jettee amantaa?	1. guutumatti amana 2. nan amana 3. hin amanu 4. tasumaa hin amanu	A3
5. Dhala dhaabun dubartii Abbaan warraa isii faana qunnamtii saalaa akka hin goone sababa ta'uu ni dandda'a.	1. guutumatti nan amana 2. nan amana 3. hin amanu 4. tasumaa hin amanu	A4

6. Dubarttoonni dhala dhaabanis karooran sochii qaamaa gochuudhan rakkoolee mallattoolee dhala dhaabun wal qabatanii dhufan xinneessuu ni dandda'u jettee yaaddaa?	<ol style="list-style-type: none"> <li>1. Guutumatti nan amana</li> <li>2. Nan Amana</li> <li>3. Hin amanu</li> <li>4. Guutumatti hin amanu</li> </ol>	A5
7. Yeroo hormaata dhaabanitti xiyyeeffannaa fi ilaalchi dubarttoonni Abbaa warra isaanif qaban gadi bu'aa dhufa.	<ol style="list-style-type: none"> <li>1. Guutumatti amana</li> <li>2. Nan amana</li> <li>3. Hin amanu</li> <li>4. Guutumatti hin amanu</li> </ol>	A6
8. Yeroon hormaata itti dhaaban dubarttootaf yeroo jireenya hirkattuummaa jiraachuu itti jalqabaniidha.	<ol style="list-style-type: none"> <li>1. Guutumatti nan amana,</li> <li>2. Nan amana</li> <li>3. Hin amana</li> <li>4. Guutumatti hin amanu</li> </ol>	A7
9. Jireenyi hormaata dhaabuu booda jiru kan yeroo hormaataa caalaa mijjataa dha?	<ol style="list-style-type: none"> <li>1. Guutumatti nan amana,</li> <li>2. Nan amana</li> <li>3. Hin amanu</li> <li>4. Tasuma hin amanu</li> </ol>	A8
10. Umrii hormaata dhaabanitti dhaabbanni qaamaa fi miidhaginni dubarttootaa hir'achuu ni dandda'a.	<ol style="list-style-type: none"> <li>1. Guutumatti nan amana</li> <li>2. Nan amana</li> <li>3. Hin amanu</li> <li>4. Guutumatti hin amanu</li> </ol>	A9
11. Dhala dhaabun adeemsa uumamaa fi kan kan rakkoo hin qabnneedha.	<ol style="list-style-type: none"> <li>1. guutumatti nan amana,</li> <li>2. Nan amana</li> <li>3. Hin amanu</li> <li>4. Guutumatti hin amanu</li> </ol>	A10
12. Dubarttootaf yeroon Dhala dhaabuudhaa yeroo jalqabbii jireenya haarawaa fi yeroo bilchinaati.	<ol style="list-style-type: none"> <li>1. Guutumatti nan amana,</li> <li>2. Nan amana</li> <li>3. Hin amanu</li> <li>4. Guutumatti hin amanu</li> </ol>	A11

13. Fayyummaa keessa (emotionalii) kee yeroo ammaa akkamitti hubatta?	<ol style="list-style-type: none"> <li>1. Baay'ee gadi bu'aa</li> <li>2. Gadi bu'aa</li> <li>3. Gaarii</li> <li>4. Bayeessa</li> <li>5. Baay'ee gaarii</li> </ol>	A12
14. Fayyummaa qaama kee (fiizikaalaa) akkamiin ilaalta?	<ol style="list-style-type: none"> <li>1. Baay'ee gadi bu'aa</li> <li>2. Gadi bu'aa</li> <li>3. Gaarii</li> <li>4. Bayeessa</li> <li>5. Baay'ee gaarii</li> </ol>	A13

**GALATOOMAA !!**