

## Menopause-specific health literacy in Japanese women



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### ABSTRACT

**Objectives:** This study proposed a method for assessing menopause-specific health literacy (knowledge and beliefs about menopausal symptoms which aid their recognition, assessment, and management) using a vignette methodology.

**Study design:** A cross-sectional web-based survey was conducted in September 2015 among Japanese women aged 30–59 years. Of 1236 women surveyed, 1196 eligible participants who were not under treatment for menopausal symptoms were included.

**Main outcome measures:** Participants were presented with a vignette describing a woman with menopausal symptoms and were then asked a series of questions to assess their recognition of menopausal symptoms, attitude, subjective norm, perceived behavior control, availability, and intention to seek medical care if they themselves had the problems described in the vignette.

**Results:** The majority (87%) of participants correctly labelled the vignette as menopausal symptoms and 60% expressed an intention to seek medical care if they had the symptoms presented. Logistic regression showed that attitude, subjective norm, and perceived behavior control were significant predictors of the intention to seek medical care. A structural equation model depicting these relationships with intention to seek medical care revealed acceptable fit indices: goodness of fit index (GFI) = 0.948, adjusted goodness of fit index (AGFI) = 0.913, comparative fit index (CFI) = 0.883, and root mean square error of approximation (RMSEA) = 0.089. Subjective norm had the greatest direct effect on intention to seek medical care.

**Conclusions:** The assessment of menopause-specific health literacy may be useful for understanding why women hesitate to seek medical care for menopausal symptoms and for developing interventions to improve the coping behaviors of women with menopausal symptoms.

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### 1. Introduction

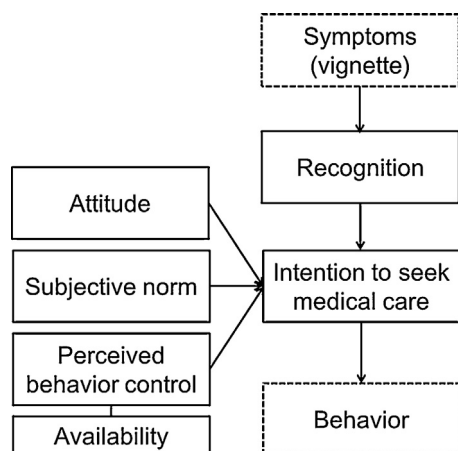
Although menopause is part of the natural aging process for all women, the individual experience of the menopause transition varies widely. [1] The symptoms can be physical and psychological [1], and can adversely affect multiple aspects of quality of life, [2,3] to the extent that they may prevent a woman from leading a fulfilling life. [4] Some women will require professional help for the management of the symptoms of menopause. There are many treatment options available, including hormone replacement ther-

apy (HRT) and nonhormonal options. [5] It is advisable that women going through menopause take action to relieve their symptoms in order to improve their quality of life. Healthcare practitioners should provide information, advice, and support for clients to help them cope with menopausal symptoms according to their needs and circumstances.

Comparative studies have revealed that women's perceptions of menopause and its management vary among ethnic groups. Many Caucasian women consider menopausal symptoms a serious issue that might affect their lives for a long time and would be prepared to seek professional help for their management. In contrast, Asian women typically believe that menopause is part of the natural aging process for all women and do not perceive a need for treatment. [6,7] Similarly, Japanese women show a tendency to tolerate the symptoms of menopause without any professional help. Three-quarters of women suffering with menopausal symptoms are not treated for them despite having good access to quality

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**Fig. 1.** Framework for assessing menopause-specific health literacy. Solid line rectangles indicate measured items. Dashed line rectangles indicate unmeasured items.

healthcare services. [8,9] Not all women with menopausal symptoms need to receive medical treatment. However, it is sensible to seek professional help if symptoms are severe and markedly interfere with daily activities. In order to improve women's quality of life, healthcare practitioners and policy makers need to understand why many women do not intend to seek medical care for problematic menopausal symptoms. Unfortunately, there have been few studies on this topic, and little is known about the reasons for choosing particular coping strategies for menopausal symptoms.

Through a public awareness campaign named 'Menopause Week' by the Japan Society for Menopause and Women's Health (<http://www.jmwh.jp/n-english-wmd.html>), we introduced the concept of 'menopause-specific health literacy', defined as 'knowledge and beliefs about menopausal symptoms which aid their recognition, assessment, and management'. We sought to draw attention to the high prevalence of untreated menopausal symptoms and to encourage both women and health professionals to tackle this neglected problem from a public health perspective. It should be noted that menopause-specific health literacy is not simply a matter of knowing about menopausal symptoms. Women need to possess enough knowledge to judge whether their own symptoms require medical treatment or not, and to know how to seek medical care if it is deemed necessary. Menopause-specific health literacy is closely linked to the probability that a woman will take action to relieve her symptoms and improve her quality of life.

In order to support the application of the concept in practice, this study proposed a method for assessing menopause-specific health literacy using a vignette methodology. A cross-sectional web-based survey was conducted among Japanese young and middle-aged women to verify the validity and practicability of the proposed method. The relationship between recognition of menopausal symptoms, attitude, subjective norm, perceived behavior control, availability, and intention to seek medical care was determined using logistic regression and structural equation modeling. We believe that the assessment of menopause-specific health literacy will contribute to the development of interventions to improve the coping behaviors of women with menopausal symptoms in a community population.

## 2. Methods

### 2.1. Research framework

Fig. 1 shows a framework for assessing menopause-specific health literacy. The assessment process involves two steps: test-

ing for recognition of menopausal symptoms, and then predicting treatment-seeking behavior. Referring to the Theory of Planned Behavior (TPB), [10] the following six factors were incorporated as key constructs: recognition of menopausal symptoms, attitude, subjective norm, perceived behavior control, availability, and intention to seek medical care.

The TPB has been proven to be a powerful approach to predict and explain a wide range of health behaviors. [11,12]. According to the TPB, intention is the main determinant of behavior. Three constructs are hypothesized to predict intention: attitude (i.e. the degree to which a person has a favorable or unfavorable assessment of the behavior), subjective norm (i.e. perceived social pressure to perform or not to perform the behavior), and perceived behavior control (i.e. expected ease or difficulty of performing the behavior). Besides the main constructs of the TPB, the availability of requisite resources and opportunities to use them are known to be determinants of intention and action. Beliefs in the presence of resources give rise to perceived behavior control [10]. Our previous study of Japanese adults revealed that the most common reason for not seeking professional help was 'being unsure of where to go for help'. [13] Those who know about appropriate service providers are more likely to hold positive perceptions of the availability of medical care and are thus more likely to intend to access them.

The symptoms of menopause can be physical and psychological and vary widely in frequency, duration, and severity [1]. Unless a woman is aware of her symptoms and identifies them as menopausal symptoms, she will not seek professional help, and thus healthcare services will be ineffective regardless of their availability. Epidemiological studies have shown that recognition of having a health problem influences the likelihood of seeking professional help. [14] Those who can correctly identify the health problem are more likely to realize a need for treatment, and thus more likely to intend to seek medical care.

### 2.2. Participants

A cross-sectional web-based survey was conducted in September 2015 among Japanese women aged 30–59 years. The study protocol was approved by the ethics committee of the Jikei University School of Medicine and the study was conducted in accordance with the Ethical Guidelines for Medical and Health Research Involving Human Subjects produced by the Japanese Government (<http://www.mhlw.go.jp/file/06-Seisakujouhou-10600000-Daijinkanboukouseikagakuka/0000080278.pdf>).

Participants in the survey were recruited from an online research panel of a leading research company in Japan (MACROMILL, INC., Tokyo, Japan). The company was contracted to create web questionnaire forms, to recruit participants, and to collect responses. At the time of the survey, there were 374,839 eligible female registrants aged 30–59 years. Medical professionals were excluded from recruitment, because they would be expected to have a good knowledge of menopausal symptoms. Recruitment e-mails were sent to a total of 23,554 registrants randomly selected from each 5-year age stratum. Applicants for participation in the survey were accepted in the order of receipt until the number of respondents reached the quotas (200 people for each stratum). All participants voluntarily agreed to participate in the survey after reading a description of the purpose and procedure of the survey. Consent to participate was implied by the completion and submission of the survey. Respondents received a reward in the form of "points" from the company. The reward points earned can be exchanged for cash, goods, or gift coupons of equal value.

A total of 1236 responses were obtained over a day of recruitment. Of these, 2 people provided incomplete answers to questions and 38 people reported undergoing medical treatment

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