# Awareness of Personal Healthcare and Menopause in Menopausal Women in Israel

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## Abstract

**Background:** Menopause affects women's health and well-being, but their knowledge of proper care and maintenance is uncertain.

**Objective:** To assess the attitude and approach of the healthy, low risk, postmenopausal population in Israel to personal healthcare and menopause.

**Methods:** The study population comprised 500 menopausal women attending community outpatient primary care clinics. All women completed a 20-item questionnaire covering personal healthcare habits, lifestyle, knowledge about menopause, and attitude and approach to menopause and use of hormone replacement therapy.

**Results:** The patients' mean body mass index was 25.8 $\pm$ 4.1 kg/m$^2$; more than half the women were overweight, 28% engaged in regular sports activity, and 11.2% smoked; 74% had a positive attitude towards their age; 60% underwent yearly screening mammography; 74% had had Pap smear, and 86% had lipid profile measurements during the last year; self-examination of the breast was regularly performed by only 49%. HRT is currently being used by 27% and had been used in the past by another 16%. The primary reasons for stopping therapy were irregular bleeding in 38% and apparent ineffectiveness in 35%. There was a positive significant correlation between level of education and both undergoing regular medical screening and engaging in regular sports activity. HRT current utilization was negatively associated with age and being a housewife.

**Conclusions:** A relatively high percentage of the study population safeguards its health and regularly uses HRT. We believe that stronger efforts are needed in Israel to promote good healthcare habits and positive attitudes toward menopause and HRT use.

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We expect to become old. Thanks to advances in medicine, women now live one-third of their lives after menopause. Menopause is accompanied by biologic and psychological changes that affect a woman's health and sense of well-being. This stage in a woman's life is an important factor that can influence health maintenance and prevent serious illness, chronic conditions and age-related disabilities. Good health habits include maintenance of normal weight, avoidance of smoking, participation in regular sports activity, and regular medical screening.

Studies have shown that 33% of Israeli women aged 18–55 years are obese (body mass index >30 kg/m$^2$) [1] and 20–25% smoke, with lower rates (10–12%) among university graduates [2,3]. The medical community in Israel has no official guidelines for routine Pap smear evaluation because of the relatively low prevalence of cervical carcinoma in Jewish women; therefore, the ability to estimate the influence of the test is limited. In the case of breast examinations, Bentur et al. [4] reported that in their study population of Israeli women, 54% of those over 30 years old had had at least one clinical breast examination during the past year and 56% of those aged 50–74 had had a mammogram during the past 2 years.

Considerable attention has focused on postmenopausal hormone replacement therapy as a potentially effective medical adjuvant in menopause. Its rate of use varies significantly in different countries, ranging from 10 to 20% [5]. Some studies have reported higher rates in well-educated women and lower rates in women with low income [6]. In a study conducted in Israel in 1996, about 12% of postmenopausal women were found to be using HRT, with another 10% having done so in the past [7]. Since there are no recent data on the knowledge and personal health behaviors and attitudes toward HRT among Israeli women, the aim of this study was to assess these factors in the Israeli population.

## Materials and Methods

### Study population

The study was conducted among Jewish women attending primary care community clinics. Three clinics were in urban areas (three clinics with different sociodemographic characteristics), and one was a rural center (a kibbutz). A questionnaire was distributed to 500 women of menopausal age determined by a medical history taken by the treating physician. The questionnaire was completed during a clinic visit, on an anonymous basis, in the waiting room. Only those without gynecologic complaints were included in the study.

### Questionnaire

The questionnaire consisted of 20 items (the questionnaire appears in full in the Appendix). Independent variables included sociodemographic data, age, marital status, number of pregnancies, national origin, level of education, occupation, and body mass index. Dependent variables included smoking status, personal healthcare habits, lifestyle, and use of HRT. Most of the inquiries required a yes/no response.

### Statistical analysis

Data were entered in an electronic spreadsheet and analyzed using Epi-Info software. Proportions were compared using the chi-squared statistic. Student's *t*-test was used to compare means of continuous variables. Significance was set at the 5% level. A

HRT = hormone replacement therapy

multiple regression model was used to assess the associations between the dependent and independent variables.

## Results

The compliance rate was 93% (465 of the 500 women completed the questionnaire).

### Sociodemographic data

The mean age of the respondents was 60.4 ± 9.7 years. Seventy-five percent of the women were currently married, 17% were widows, and the remainder divorced or single. The mean number of children was 2.9 ± 1.3. The level of education was 12.6 ± 4.0 years, and 33.2% of the participants were housewives. The countries of origin were: Eastern Europe 58%, Asia/Africa 32%, Israel 5%, and America/Western Europe 5%.

### Lifestyle

With regard to smoking, 63% of the women had never smoked, 26% had smoked in the past and 11.2% were current smokers. Mean BMI was 25.8 ± 4.1 kg/m$^2$, with 38% being overweight (30 had BMI >25 kg/m$^2$) and 23% obese (BMI >30 kg/m$^2$). Regular exercise was practiced by 28% of the study participants, mainly walking; 46% of the women participated in a diet program or otherwise were trying to lose weight. More obese and overweight women were attempting to diet than were the normal weighted ($P < 0.001$). Individual feelings about body weight were well correlated with the actual weight: 67% of normal weight women felt good with their weight as opposed to only 15% of overweight and none of the obese ($P < 0.0001$).

### Health self-care

Of the women older than 50 years, 71% regularly went for screening mammography, 49% regularly performed breast self-examinations, 74% had had regular Pap smears, and 86% had a lipid profile measurement during the past year.

### Menopause

In the study sample 57% had never used HRT, 16% had used HRT in the past and 27% were currently using HRT. The main reasons for stopping HRT within a year was irregular bleeding in 38%, apparent ineffectiveness in 35%, fear of breast cancer in 16%, and that HRT was not a "natural" medication in 8%.

### Multiple regression analysis

The multiple regression analysis showed the following associations to be statistically significant. HRT current utilization was negatively associated with age (beta -0.22) and being a housewife (beta -0.16). Undergoing screening mammography was associated with being married (beta 0.155) and working (beta 0.16), while breast self-examination was correlated only with age (beta -0.19). Having a Pap smear was also negatively associated with age (beta -0.15) and with being a housewife (beta -0.25).

Being on a weight-reducing diet was associated with BMI (beta -0.15) and with age (beta -0.14). Regular exercise was negatively correlated with being a housewife (beta -0.143) and with BMI (beta -0.11).

The general health status definition of participants was negatively associated with age (beta -0.12), BMI (beta -0.12) and with being a housewife (beta -0.17). Participants' feelings about their body weight were correlated only to the BMI (beta -0.485).

## Discussion

Health-promoting behaviors – avoiding smoking, maintaining normal weight, participating in regular physical activity, and having regular medical screening tests – have been shown to increase both quality of life and longevity [8–11]. Our study population consisted of menopausal women who visited their family physician for reasons other than gynecologic complaints.

The rate of smoking was considerably lower than in the general Israeli population [2,3]. However, although more than half were overweight (BMI >25 kg/m$^2$), only a minority engaged in regular sports activity, and less than a half were participating in a weight loss program. This is in contrast to other studies [12–14] that show much higher proportions of women who feel they are overweight or are trying to lose weight. Indeed, Donath [13] studied BMI in over 10,000 Australian men and women and concluded that there was little relationship between the medical definition of overweight, defined as BMI >25 kg/m$^2$, and the perception of overweight by the population. Variations may be found with gender, age, education, and occupation. Timperio et al. [12], in their study from Australia, found that more women than men (55% vs. 47%) were on diets to control body weight. About 27% of the women were trying to maintain body weight, 3% to gain weight, and 23% to lose weight; 84% were regularly engaged in physical activity. Margetts et al. [15] compared over 15,000 men and women in various countries of the European Union and found that 35% of women did not engage in any recreational activity and that this was positively correlated with lower education and age. Girois and co-workers [16] found that health consciousness increased with increasing years of education and was generally higher in women than in men. Allaz et al. [14] reported that dissatisfaction with body weight was correlated with higher education and higher body weight. We also found a good correlation between the actual weight and the feeling about weight. A yet unpublished study on nurses working in women's health in Israel showed that although the average BMI of the responders was 25 kg/m$^2$, 57% felt they were overweight and 55% were on diets to lose weight [17].

Regarding medical screening, 60% of the women in the present study underwent annual mammography and 74% regular Pap smears and lipid profile examination. These rates are higher than previously reported [4]. This may be at least partly due to a selection bias. Our sample was limited to women attending a primary clinic, and it may be assumed that people seeking medical help have a greater awareness of healthcare and preventive medicine.

The rate of current use of HRT in our sample was 27% compared to only 12% in postmenopausal women in the general Israeli population [7]. This difference may be attributable to the relatively

BMI = body mass index

young age of the menopausal population in our sample, such that many may still have had climacteric symptoms. Another reason could be that 5 years had elapsed since the Israeli survey in the context of the worldwide trend of increasing HRT use [18]. Other explanations may be the high rate of intention to treat among Israeli gynecologists and the relatively high rate of compliance shown in Israeli samples. We suspect that the relatively high rate of HRT users in Israel is a product of media efforts and changes in the medical approach in recent years. Nevertheless, we cannot ignore the fact that 16% had used HRT in the past but did not continue. The main reasons given for doing so were irregular bleeding, apparent ineffectiveness, and fear of breast cancer.

The overall value of HRT has not been proven in prospective studies but numerous observational studies have generally supported the use of HRT. Data derived from several recent randomized trials have challenged the current rationale for prescribing this therapy for the prevention of cardiovascular disease and have raised the possibility that the therapy may even lead to short-term increases in risk [19,20].

Controlled trials have shown that HRT improves the lipid profile and increases bone density in menopausal women. There are some reports that long-term HRT leads to an increase in breast cancer and endometrial cancer (estrogen-only preparations) [21]. Because of the uncertainty surrounding HRT and the possibility of harm, there is no agreement among physicians regarding recommendations for HRT use. The benefits seen in large observational studies may be due at least in part to the differences between women who choose to take therapy after menopause and those who do not, including differences in the level of education, access to medical care, and several lifestyle factors.

Definitive evidence regarding the benefits and risks of HRT should emerge from two ongoing, large-scale, randomized trials – the Women's Health Initiative in the United States (the results of which are expected in 2005) and the Women's International Study of Long Duration Estrogen after Menopause in 14 countries (results expected in 2012). Until then, millions of women and their clinicians must grapple with a decision about the postmenopausal use of HRT.

There are a few limitations in our study. The conclusions would be stronger with more subjects, and the methodology (retrospective self-report) may be unreliable owing to poor or inaccurate recall. As noted above, only women who initiated a medical interaction were surveyed, and this may introduce a bias of a higher level of awareness of health to begin with. This precludes our extrapolation of the results to the general population of menopausal women.

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## Appendix I

Age (date of birth)
Familial status (circle): married/single/widow/divorced
Number of children
Origin (birth place of your parents)
Education (years) and profession
Do you smoke: never/ smoked in the past/currently smoking
Weight (kg) and height (cm)
You feel your body weight is: average (satisfied),
less than average/overweight (dissatisfied)
Are you engaged in any weight-loss dietary program? Yes/no
Do you exercise regularly? Yes/no
If yes, what activity: swimming/ running/walking/gym/other
Do you perform breast self-examinations regularly: yes/no
Do you go to a physician for a regular clinical breast exam: yes/no
Do you undergo screening mammography: yes/no
(if yes, when was the last time)
Do you undergo lipid profile measurement: yes/no
Do you undergo regular Pap smear: yes/no (if yes, when was the last time)
Have you ever used HRT? never used/past user/current user
If you never received HRT – the reason was:
Never been offered to me/advised me not to use/not interested because of side effects such as irregular bleeding/fear of breast cancer/no need for it (think it has no benefit)/prefer alternative treatment/other
If you used HRT in the past, what was the reason you stopped treatment?
Side effects (breast tenderness, vaginal bleeding, and weight gain)/fear of breast cancer/No need for further treatment/other