



PTP ON KNOWLEDGE REGARDING POST MENOPAUSAL SYNDROME AND IT'S PRECAUTIONS AMONG RURAL MARRIED WOMAN

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Research Abstract:

A certain ageing transition that, based on one's timing, may either be readily overcome or induce a woman's suffering is menopause. Although some women can manage symptoms associated with menopause well, another might consider problems to be nearly distressing. The overall extent of living for people who experience severe symptoms is impacted. **TITLE:** Study To Assess the Effectiveness of PTP on Knowledge Regarding Post-Menopausal Syndrome and It's Precautions Among Rural Married Woman Age 30 To 40 Years In Selected Rural Areas, Greater Noida Uttar Pradesh. **Aim** of the research was to assess the effectiveness of PTP on level of knowledge related to post menopausal syndrome and its precautions among rural married women of age 30 to 40 years in selected rural area Greater Noida, Uttar Pradesh. **Methodology** The research approach used for this study was Quantitative research approach. A sample consisting of 45 rural married woman and the knowledge level was assess via an organised survey of knowledge from 45 married rural women and then providing planned teaching programme. **Result** In order to determine a substantial median variations, a paired t-test was applied. It revealed a statistically significant variation. Following data collection, descriptive and inferential statistics were used to analyse the data. In order to identify the significant median variations, the

t-test was applied. There was a statistically significant ($p < 0.05$) average variation in average scores for knowledge during the pre-test and post-test. among rural married woman in selected village of Greater Noida.

Conclusion Study concluded that planned teaching program was an effective intervention in enhancing the level of knowledge of the rural married woman of selected village in greater Noida.

Key Word: Menopause, post menopausal syndrome, Rural married women

INTRODUCTION:

Menopause is the permanent cessation of menstruation resulting in the loss of ovarian follicle development.(1,2) The age at menopause appears to be genetically determined and is unaffected by race, socioeconomic status, age at menarche, or number of prior ovulations. Factors that are toxic to the ovary often result in an earlier age of menopause; for example, women who smoke experience an earlier menopause,[3] etc. Women who have had surgery on their ovaries, or have had a hysterectomy, despite retention of their ovaries, may also experience early menopause.[4] Premature ovarian failure is defined as menopause before the age of 40 years. It may be idiopathic or associated with toxic exposure, chromosomal abnormality, or autoimmune disorder. Although menopause is associated with changes in the hypothalamic and pituitary hormones that regulate the menstrual cycle, menopause is not a central event, but rather a primary ovarian failure. At the level of the ovary, there is a depletion of ovarian follicles. The ovary, therefore, is no longer able to respond to the pituitary hormones, that is, follicle-stimulating hormone (FSH) and luteinizing hormone (LH), and ovarian estrogen and progesterone production cease. Androgen production from the ovary continues beyond the menopausal transition because of sparing of the stromal compartment.

NEED FOR THE STUDY

The significant symptoms of postmenopausal syndrome are vasomotor (hot flashes), vaginal and urinary (termed as GSM-genitourinary syndrome of menopause), insomnia, and mood. Hot flashes are a sudden sensation of heat centered on the upper chest and face that rapidly becomes generalized and lasts two to four minutes with associated perspiration. Palpitations, chills, shivering, and a feeling of anxiety may be present. This frequency of symptoms ranges from one to several times per day. It is also reported most commonly at night. The average duration of hot flashes is about 5.2 years but can also persist as long as 20 years.

Lawrence H et al. (1988) evaluated the association between physical activity and all-cause mortality in postmenopausal women. 40 postmenopausal women, aged 55 to 69 were selected. Physical activity was assessed by mailed questionnaire. After adjustment for potential confounders and excluding women who reported having cancer or heart disease and those who died in the first 3 years of follow-up, women who reported regular physical activity were at significantly reduced risk of death during follow-up compared with

women who did not (relative risk confidence interval . Increasing frequency of moderate physical activity was associated with reduced risk of death during follow-up (from rarely or never engaging in activity to activity at least 4 times per week .A similar pattern was seen for vigorous physical. Reduced risks of death with increased physical activity were evident for cardiovascular diseases and respiratory illnesses. Women who engaged only in moderate but not vigorous physical activity also benefited, with moderate activity as infrequently as once per week demonstrating a reduced mortality risk.

MATERIAL AND METHODS:

The research approach used for this study was Quantitative research approach. The research design selected was True experimental pre-test and post-test group design.. The study was conducted in Dhidora village in Greater Noida U.P. and purposive sampling technique (Simple random sampling. Total sample for the study was 40 women.

RESULT AND DISCUSSION:

Findings are organized according to the objectives of study

OBJECTIVES OF THE STUDY FINDINGS:

- To determine the level of knowledge of post-menopause syndrome within married women in rural regions of aged 30-40 years Greater Noida
- To determine the association between the level of postmenopausal syndrome knowledge within married women in rural areas of aged 30-40 years in selected socio-demographic variable.

Frequency and percentage distribution of participants Demographic variables

(N=60)

Sr. No	Characteristics	Frequency	Percentage (%)
1Age			
	20 to 30	8	13.33%
	31 to40	38	63.33%
	41to50	2	3.33%
	51to70	12	20.00%
2Marital Status			
	Single	8	13.33%
	Married	39	65.00%
	Separated	7	11.67%
	Divorced	6	10.00%
3Religion			
	Hindu	45	75.00%
	Christian	5	8.33%
	Muslim	10	16.67%
	Others (Specify)	0	0.00%
4Community			
	Rural	60	100.00%
	Urban	0	0.00%
5Income			
	Below 30,000	13	21.67%
	30,000 To 60,000	47	78.33%
	60,000 To 1000000		0.00%
	1,00,000 &Above	0	0.00%

Table1 : shows that almost all (63.33%) of the respondents were in the 30 to 40 year span of age, the most (65.0%) had been married, and the highest percentage (75.0%) being Hindu.

Table :2 Effectiveness of Planned Teaching Programme on knowledge regarding postmenopausal syndrome between rural married woman in selected villages of GreaterNoida. (N=60)

Time Points	Knowledge score			Mean Difference	Paired t-test	p value
	n	Mean	SD			
Pre-test	60	7.01	2.94867	2.58	5.24	.000(S)
Post-test	60	9.6	2.29369			

($p < 0.05$ -Significant level, S: Significant,)

Paired t-test applied to calculate significant mean differences. It find out that during computation its statistically significant at ($p < 0.05$) and mean difference computed in the mean knowledge scores between pre and post-test among rural married woman in selected village of Greater Noida. It indicates structured teaching program was effective intervention in enhancing the level of knowledge of the rural married woman selected village in greater Noida.

CONCLUSION

The following conclusions were drawn from the findings of the study: Majority of women were from rural area of residence, married rural women have poor level of knowledge followed by few who had moderate level of knowledge regarding post-menopausal syndrome and its precautions. Plan Teaching Program (PTP) shows a significant change in knowledge regarding post- menopausal syndrome and its precautions among rural married women of aged 30-40 years in selected rural area of Greater Noida.

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