



# “THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME REGARDING KNOWLEDGE & HOME MANAGEMENT IN REDUCTION OF PREMENOPAUSAL SYMPTOMS AMONG THE WOMEN”

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## ABSTRACT:

“A study to evaluate the effectiveness of structured teaching programme regarding knowledge & home management in reduction of premenopausal symptoms among the women in selected rural areas of Indore M.P.”. **Methods:** One group pretest-post test pre-experimental design was used to evaluate the effectiveness of STP regarding menopausal problems and its home management of primenopausal symptoms among middle aged women who were selected by purposive sampling method. A structured interview schedule was used to collect data from the study subjects. The tool for the study was validated by 7 experts. Reliability was obtained by split half method with  $\alpha=0.9777$ . Result: The result fulfill the objective, the result was positive pre-test score mean was 9.32, and post-test mean score was 21.92 and their mean difference was - The SD of pre-test score was 5.36, post test score SD 4.42. Pre-test and post test score was statistically tested by applying t-test at the level of significance 0.05%, calculated t value, thus obtained was 12.80, so the  $t < 0.05\%$ , this indicate that the structured teaching programme was effective regarding home management of primenopausal symptoms in woman's. The association between pre-test knowledge of women regarding knowledge home management of premenopausal symptoms with demographic variables is statistically tested by applying chi-square test. That the computed chi-square value between pre-test knowledge score and the demographic variables i.e. age, educational status, occupation, religion, monthly income of the family, , types of family, age of marriage, age of menarche, previous history of menopausal problem in family and source of prior information, , are indicates that they is no significant for 1 degree of freedom association between pre-test knowledge and demographic variable ( $p > 0.05$ )

## INTRODUCTION

Pre-menopause is a normal part of life, just like puberty. It is the time of last menstrual period. Pre-menopause is a normal condition that all women experience as they age. The term "Pre-menopause" is commonly used to describe any of the changes a woman experiences either just before or after she stops menstruating, marking the end of her reproductive period. Every woman experiences her midlife years differently. The changes that occur during this period, including changes in sexual well-being, are typically caused by a mix of both pre-menopause and aging as well as by typical midlife stresses and demands. With improvement in nutrition, discoveries in medical science and improved social conditions during past few decades have increased the life span of women. The expectation of life at birth in developed countries is over 70 years. WHO projections predict that the numbers of women in the age groups 50-59 years will increase from 36 million in 2000 to 63 millions in 2020. The need for special gynecological attention to this group of the population will assume increased importance.

Breath and life go together. When breathing stops, life stops. Increasing the breathing capacity, increases the vital life force. Pranayama yoga increases the supply of oxygen to the cells and internal organs and eliminates carbon dioxide and other toxins from the body. If the cells in the body get insufficient amounts of oxygen due to improper breathing, many diseases have a greater chance of developing. Pranayama yoga leads to important benefits and proves that increased breathing capacity allows for optimum health, wellness and healing of many existing health problems. Yogis have been practicing Pranayama for thousands of years and began it as a way to connect to their higher power. Today people practice for the same reasons and need it more than ever due to stressful lifestyles.

The most important benefit of yoga is physical and mental therapy. The aging process, which is largely an artificial condition, caused mainly by autointoxication or self-poisoning can be slowed down by practicing yoga. To get the maximum benefits of yoga, one has to combine the practices of yogasanas, pranayama and meditation. According to medical scientists, yoga therapy is successful because of the balance created in the nervous and endocrine systems which directly influences all the other systems and organs of the body. Yoga acts both as a curative and preventive therapy. The very essence of yoga lies in attaining mental peace, improved concentration power, a relaxed state of living and harmony in relationships.

## NEED FOR THE STUDY

Pre-menopause is a part of every woman's life. It is the stage when the menstrual period permanently stops. This stage usually occurs between the age of 40 and 60 associated with hormonal, physical and psychological changes. These changes can occur gradually or abruptly. It can start as early as the age of 30 and last until as late as the age of 60. It can also occur when the ovaries are removed or stopped functioning. Symptoms include irregular menstruation, changes in sexual desire, hot flashes, vaginal dryness and urinary problems, changes in appearance, mood changes, sleep disturbances, palpitation and backache. When the body produces less estrogen and progesterone, the parts of the body that depends on estrogen to keep them healthy will react and this often causes the discomfort in women. The duration, severity, and impact of menopausal symptoms vary from person to person, and population to population. Some women have severe symptoms that profoundly affect their personal and social functioning and quality of life (QOL).

Pre-menopausal transition may make women more aware of future health risks due to increased symptomatology and help-seeking behaviour. Motivation for health promotion may be further strengthened if women perceive life-style modifications as an alternative, non-pharmacological, way of managing menopausal symptoms. However, more evidence on effectiveness and efficacy of lifestyle changes, especially exercise, yoga on decreasing hot flashes and other symptoms and increasing quality of life is urgently needed. In the future, pre-menopause may act as a window of opportunity for health promotion and life-modifications.

Hence the investigator was motivated to evaluate the effectiveness of yoga on quality of life, physical and psychological symptoms among pre-menopausal women.

### Problem statement

“A study to evaluate the effectiveness of structured teaching programme regarding knowledge & home management in reduction of premenopausal symptoms among the women in selected rural areas of Jhobhat M.P”.

### Objectives of the study

- 1) To assess the knowledge and home management score among women regarding premenopausal symptoms before administration of structured teaching programme..
- 2) To assess the knowledge and home management score among women regarding premenopausal symptoms after administration of structured teaching programme
- 3) To assess the effectiveness of home management structured teaching programme on knowledge score regarding premenopausal symptoms by comparing pre test and post test knowledge score.
- 4) To find the association between the pre test knowledge and home management score among women with their selected demographic variables.

**Hypotheses** (All hypotheses will be tested at  $p \leq 0.05$  level of significance).

**H1:-** There will be significant difference between pre test and post test knowledge score of women on premenopausal symptoms at level of  $p \leq 0.05$

**H2** There will be the significance association between the pretest knowledge score with selected demographic variables at level of  $p \leq 0.05$

### Assumptions

- The woman will have some knowledge regarding premenopausal symptoms
- The samples are having some knowledge regarding home management of premenopausal symptom

### Operational definitions

**1. Effectiveness:-**It refers to the extent to which the practice of home managements has achieved the desired effect in reducing the severity of premenopausal symptoms among premenopausal women.

**2. STP :-** structured teaching programme is refers to a systematically developed instructional programme using A.V. aids to provide information on home management of perimenopausal symptoms.

**3.Knowledge :-** In this study the knowledge refers to the correct response of premenopausal symptoms through interview and questionere.

**4. Home management :-**It refers to a set of physical and mental exercises like pranayama, savasana, arthachakrasana, diet , excercise that are intended to give control over body and mind, which are practiced by premenopausal women under supervision

**5. Premenopausal symptoms:-**In this study it refers to the symptoms that occur at the time in and around menopause

**6. Premenopausal women:-**It refers to the women in the premenopausal age group that is from 35 to 45 years.

### **Delimitations**

The study is limited to –

Rural women of selected districts of Indore.

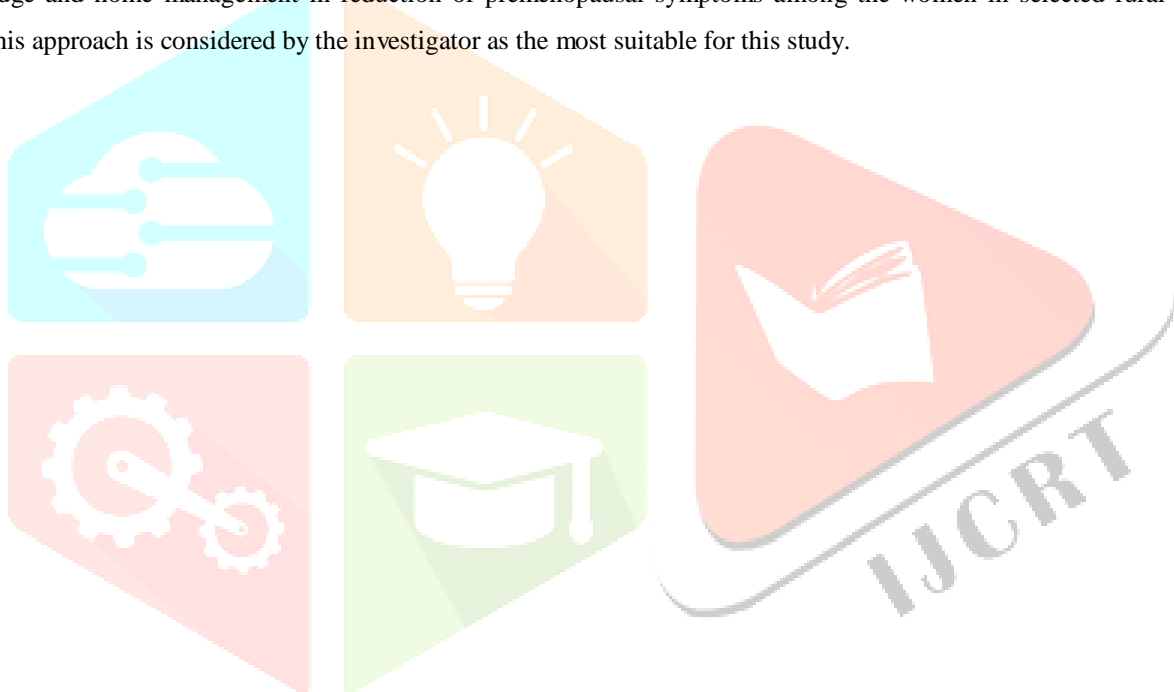
Study is limited to women age 34-35 years of age.

The sample size was very small, that is only 60, so the findings cannot be generalized for large population.

### **RESEARCH METHODOLOGY**

#### **RESEARCH APPROACH**

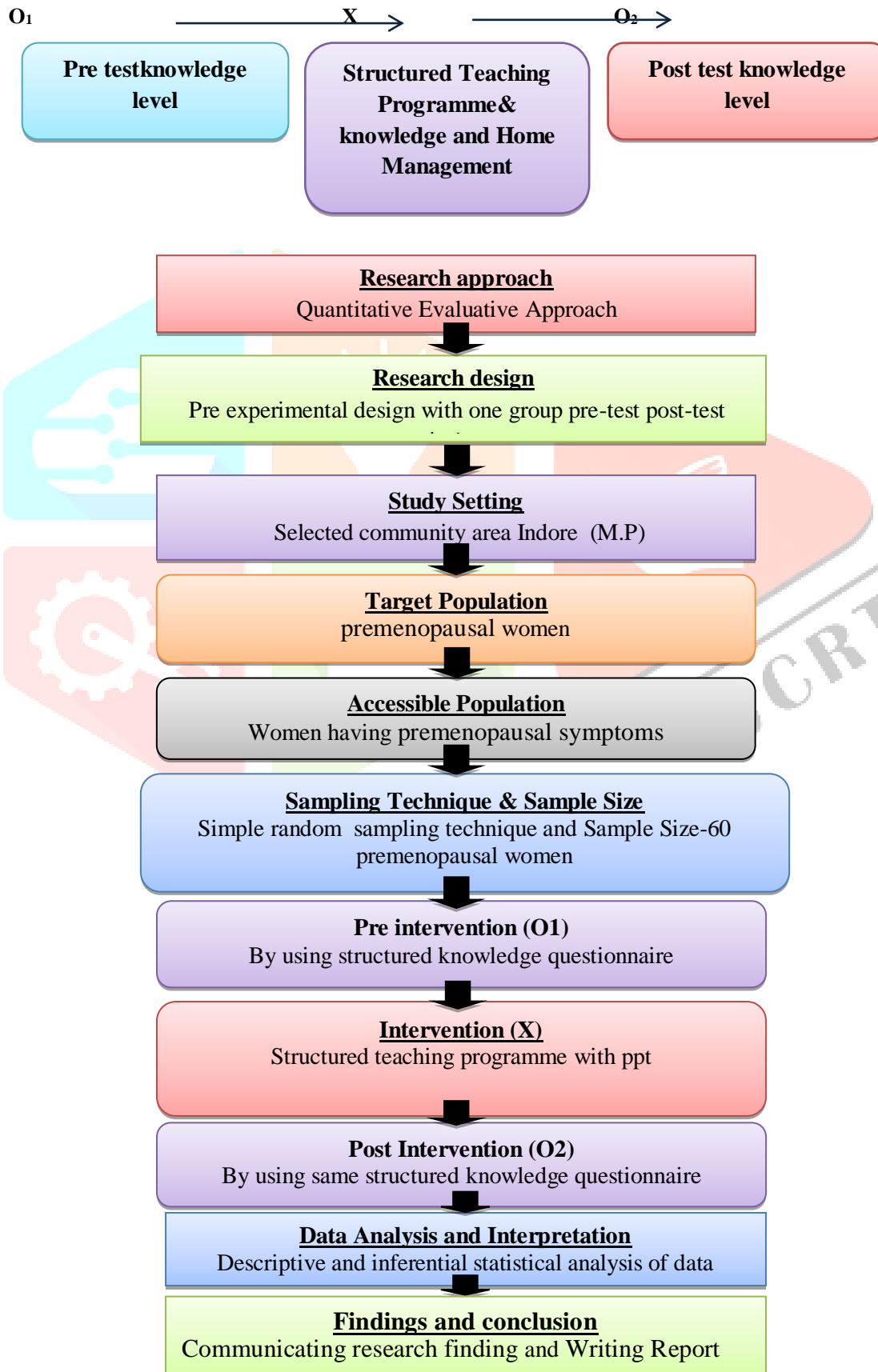
In this study quantitative evaluative approach was used to assess the effectiveness of structured teaching programme regarding knowledge and home management in reduction of premenopausal symptoms among the women in selected rural area of indore M.P. This approach is considered by the investigator as the most suitable for this study.



## RESEARCH DESIGN

The research design selected for this study was a pre-experimental one group pre-test post-test research design. This study intended to measure the gain of knowledge score of a premenopausal who were given structured teaching programme regarding & home management of premenopausal symptoms.

The research design adopted for the pre-interventional study is depicted in the figure



## SETTING OF THE STUDY

The research was conducted in the community of Jhobhat

## POPULATION

In this study the population is the premenopausal symptoms women 35-45 age in selected community

## SAMPLE

In this study the sample were the premenopausal women in selected rural area.

## SAMPLE SIZE

The sample size comprised of 60 premenopausal women in selected rural area.

## SAMPLE TECHNIQUES

The purposive sampling technique was used to select the samples.

## SAMPLING CRITERIA

The criteria for sample are mainly depicted under two headings which includes “inclusive criteria” and “exclusive criteria”.

### Inclusive Criteria :-Who were

- a) Premenopausal women who are the permanent resident of the selected rural areas.
- b) Premenopausal women who are in the age group of 34-45 years.
- c) who are able to read and write in Hindi.
- d) who are willing to participate in the study.

### Exclusive Criteria :-Who were

- a) Premenopause women who are not the permanent residents of the selected areas.
- b) who are having other gynecological disorders like uterine prolapse, ovarian cyst, fibroid uterus.
- c) who are not able to read and write in Hindi.
- d) who are not willing to participate in the study.

## DESCRIPTION OF TOOLS-

The tools for data collection is divided into two section-

**Section A-** consist of demographic variables. This part consist of 10 items pertaining to demographic profile of subject included age, occupation education type of family income source of information and If Yes, source of information knowledge regarding premonopausal symptoms

**Section B-** structured knowledge questionnaires consist of 34 structured multiple choice question which include general information on grevida, parity age of menarchy

1. Score '1' given for every correct response.

2.Score '0' given for wrong response.

### SCORING CRITERIA-

- Inadequate knowledge = 0-11
- Moderate knowledge = 12-22
- Adequate knowledge = 22-34

### Classification of Respondents by Personal Characteristics

N=60

Characteristics	Category	Respondents	
		Number	Percent
Age (years)	31-34	15	25%
	35 -38	20	33%
	39-41	15	25%
	42-46	10	17%
Religion	Hindu	60	100%
	Any others	0	00
Marital status	Single	8	13%
	Married	40	67%
	Widow	5	8%
	Separated	7	12%
Occupation	House maker	24	40%
	Pvt job	15	25%
	Govt job	00	00
	Labour	21	35%
Qualification	Primary education	45	75%
	Higher secondary education	9	15%
	Graduation	6	10%

	Post graduation	0	0%
Monthly income of the family(Rs)	10,000-15,000	16	27%
	16,000-20,000	14	23%
	21,000-25,000	15	25%
	More than 30000	15	25%
Age of menarche(years)	10-13	30	50%
	14-15	24	40%
	16-17	3	5%
	17 above	3	5%
Age of marriage (years)	13-15	3	5%
	16-18	24	40%
	19-21	30	50%
	21above	3	5%
Previous history of premenopausal problem in family	Mother	5	8%
	Sister	4	7%
	Grand mother	6	10%
	Aunt	5	8%
	No	40	67%
Any source of information regarding premenopause	Electronic media	6	10%
	Print media	4	7%
	health Personnel	3	5%
	Relatives. Family members	7	12%
	Friends/ Neighbors	5	8%
	No	35	58%

- The majority of the subjects 20 (33.0 %) belongs between 35 -38 years of age and 15(25.0%) between 31-34 years of age, 15(25%) between 38-41 years of age and 10(17.0%) are > 42-46 years of age.
- The majority of the subjects religion is Hindu 60(100%) than other religion are 00(00%).



- The majority of the subjects 40 (67%), are married, 8 (13%), single 7 (12%), separated 5 (8%) are widow.
- The majority of the subjects Occupation is house maker 24(40%) than private job are 15(25%) than and labour 21(35%).
- The majority of the subjects Qualification is 45(75%) is primary education than 9(15%) are higher education women 6(10%) are graduate in qualification.
- The majority of subjects 16(27%) monthly income between 10000 to 15000, 14(23%) subjects family monthly income between 16000 to 20000, 15(25%) subjects family monthly income between 21000 to 25000 and only 15(25%) subjects family monthly income more than 30000 20001.
- The majority of the subjects Age of menarche is in between 10 to 13 is 30(50%) than in between 14 to 15 is 24(40%) than in between 16 to 17 is 3(5%) and age of menarche of women 17 and above is 3(5%).
- The majority of the subjects Age of marriage in between 13 to 15 is 30(50%) than in between 16 to 18 is 24(40%) than 30 and above 3 (5%) and below 18 years 3 (5%).
- The majority of the subjects 40 (67%) having no Previous history of menopausal problem in family than grandmother 6 (10%) than mother 5(8%), than aunt 5 (8%) and sister 4 (7%) having previous history of premenopausal problem in family.
- The majority of the subjects source of information regarding premenopause is 35(58%) having no information, than relatives having 7 (12%), than electronic media having 6 (10%), than friends/neighbors having 5 (8%), print media is 4 (7%), than health personnel 3 (5%).

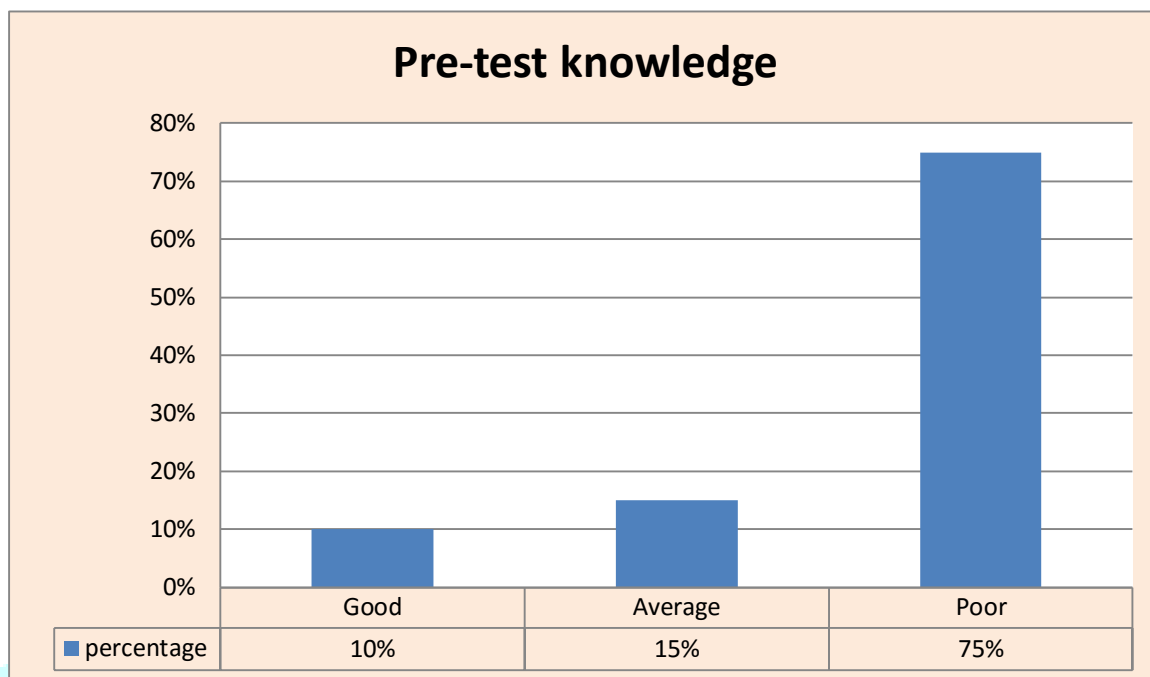
**This section deals with the analysis of the data related to knowledge score before administering the structured teaching programme regarding home management premenopausal symptoms.**

**Pre-test knowledge score of pre menopausal women.**

(N=60)

S. No.	Category	Frequency	Percentage	Mean	SD
01.	Good	6	10.0%	<b>9.32</b>	<b>5.36</b>
02.	Average	9	15.0%		
03.	Poor	45	75.0%		
	<b>TOTAL</b>	<b>60</b>	<b>100.0</b>		

The data presented in the table fulfills the objective, clearly indicates that majority of 45(75%), women had poor knowledge on premenopausal and 9(15%) had average knowledge, and remaining 6(10.0%) had good knowledge regarding premenopausal symptoms before the administration of structured teaching programme. The mean of pre-test knowledge score was 9.32 & S.D. was found to be 5.36.



**ing distribution of pre-test knowledge score of premenopausal women’s**

The data presented in the table fulfills the objective, clearly indicates that majority of 45(75%), women had poor knowledge on premenopausal and 9(15%) had average knowledge, and remaining 6(10.0%) had good knowledge regarding premenopausal symptoms before the administration of structured teaching programme. The mean of pre-test knowledge score was 9.32 & S.D. was found to be 5.36.

**This section deals with the analysis of the data related to knowledge score after administering the structured teaching programme regarding home management premenopausal symptoms.**

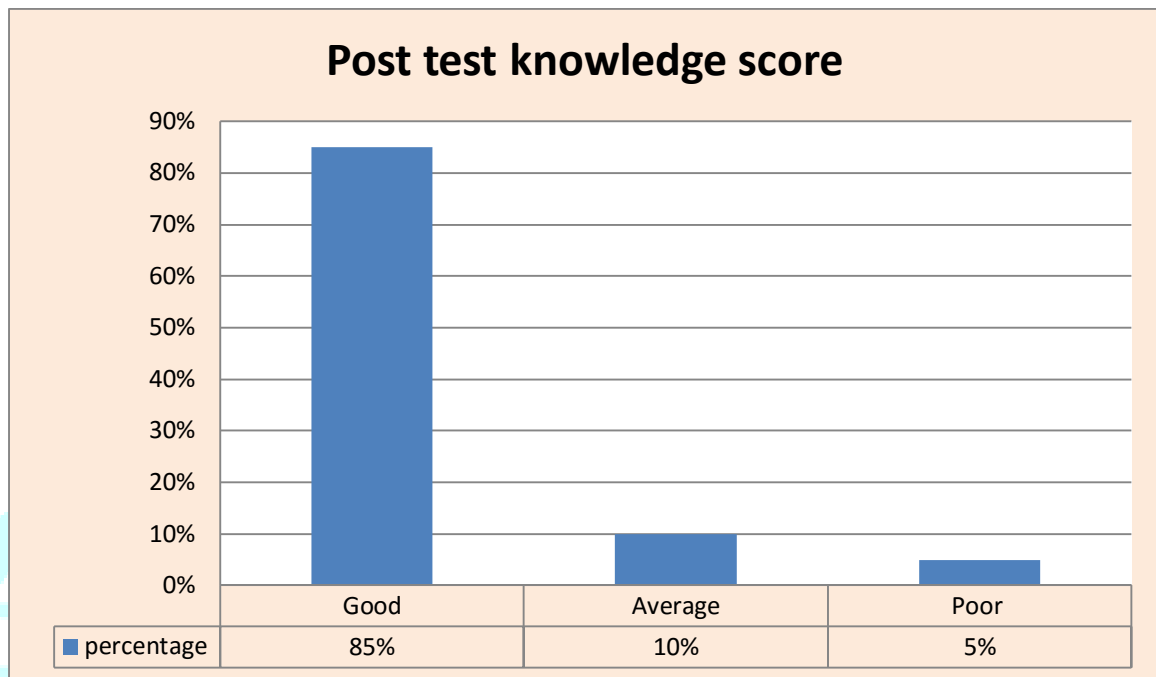
**.Table No. 3 Post-test knowledge score of primenopausal women’s**

S. No.	Category	Frequency	Percentage	Mean	SD
01.	Good	51	85.0%	21.92	4.42
02.	Average	6	10.0%		
03.	Poor	3	5.0%		
	<b>TOTAL</b>	<b>60</b>	<b>100.0</b>		

The data presented in the table fulfills the objective, clearly indicates that majority of 51(85%), woman had good knowledge on home management of premenopausal symptoms, and 6(10%) had average knowledge, and remaining 3(5.0%) had poor

knowledge after the administration of structured teaching programme. The mean of post-test knowledge score was 21.92 & S.D. was found to be 4.42.

(N=60)



**Following distribution of post -test knowledge score of premenopausal women's.**

The data presented in the table fulfills the objective, clearly indicates that majority of 51(85%), women had Good knowledge on home management of primenopausal symptoms, and 6(10%) had average knowledge, and remaining 3(5.0%) had poor knowledge after the administration of structured teaching programme. The mean of post-test knowledge score was 21.92 & S.D. was found to be 4.42.

**This section deals with the effectiveness of structured teaching programme on home management of premenopausal symptoms**

(N= 60)

S. No.	Description	Mean	Mean Difference	SD	t – Test
01.	Pre Test Knowledge	9.32		5.36	

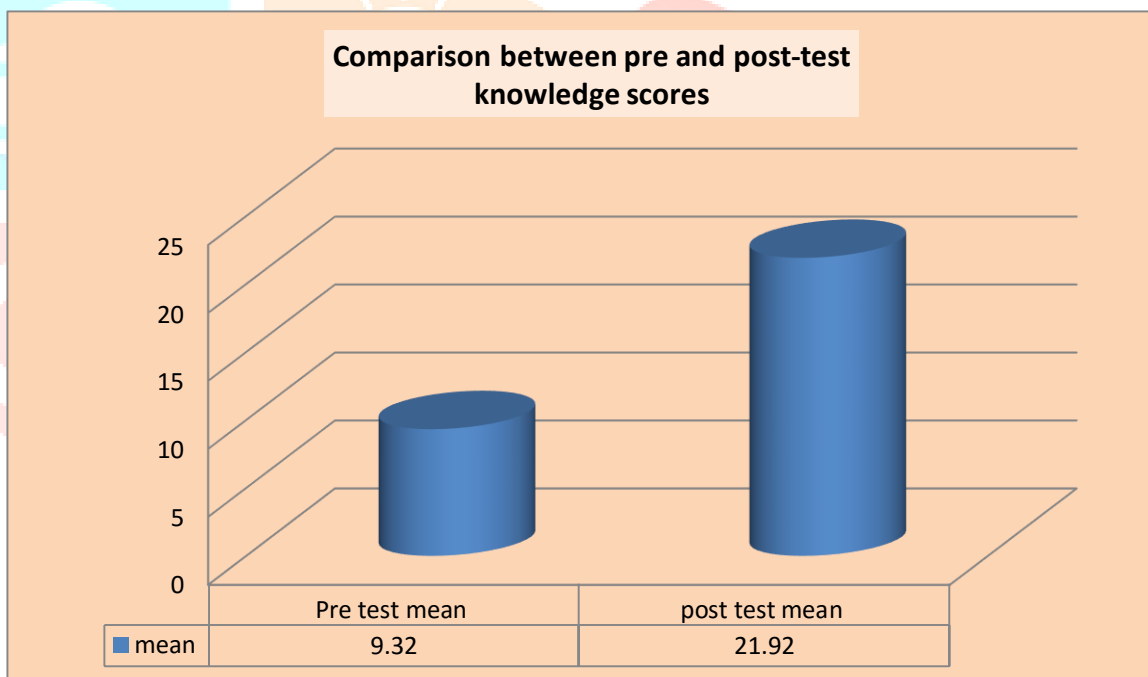
02.	Post-test knowledge	21.92	12.60	4.42	12.80
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Pre-test and post test score was statistically tested by applying t – test at the level of significance 0.05%.

The table no: - 4 fulfill the objective, the result was positive pre-test score mean was 9.32, and post-test mean score was 21.92 and their mean difference was 12.60.

The SD of pre-test score was 5.36, post test score SD 4.42. Pre-test and post test score was statistically tested by applying t-test at the level of significance 0.05%, calculated t value, thus obtained was 12.80, so the  $t < 0.05\%$ , this indicate that the structured teaching programme was effective regarding home management of premenopausal symptoms in woman’s.

(N= 60)



Bar

diagram showing the effectiveness of structured teaching programme on home management of premenopausal symptoms by comparison between pre-test and post-test knowledge scores of primenopausal woman’s

The bar diagram clearly indicates that in the pre-test mean score of woman 9.32 whereas in post-test it was 21.92. The mean score of woman’s is high in post-test. The mean score difference between pre-test and post-test was 12.60. Thus the structured teaching programme was effective.

Association between pre-test knowledge score of primenopausal women regarding knowledge on home management of symptoms of with selected demographic variables.

(N=60)

S. No.	Variables	Poor	Average	Good	Total	DF	Chi-Value	P-value	Inferences
01.	<b>Age</b>								
	a) 31-34 years	10	4	1	15	6	1.579	0.181	NS
	b) 35-38 years	15	2	3	20				
	c) 39-41 years	8	3	4	15				
	d) 42-46 years	7	1	2	10				
02.	<b>Religion</b>								
	a) Hindu	45	10	5	60	2	1.299	0.578	NS
	d) Any other	9	3	3	15				
03.	<b>Marital status</b>								
	a) Single	6	1	1	8	6	0.982	0.988	NS
	b) Married	30	3	7	40				
	c) Widow	3	1	1	5				
	d) Separated	4	2	1	7				
04.	<b>Occupation</b>								

a) House maker	18	3	3	24	6	2.388	0.888	NS
b) Pvt job	11	2	2	15				
c) Govt job	0	0	0	0				
d) Labour	19	1	1	21				
<b>05. Qualification</b>					6	6.262	0.395	NS
a) Primary education	35	8	2	45				
b) Higher secondary education	6	2	1	9				
c) Graduation	4	1	1	6				
d) Post graduation	0	0	0	0				
<b>06. Monthly income of the family(Rs</b>					6	2.171	0.903	NS
a) 10,000-15,000	3	2	1	6				
b) 16,000-20,000	20	5	3	28				
c) 21,000-25,000	9	2	1	12				
d) 21,000-25,000	2	1	1	4				
<b>07. Age of menarche (years).</b>					6	6.322	0.0094	S
a) 10-13	21	4	5	30				
b) 14-15	15	5	4	4				
c) 16-17	0	1	2	3				
f) 17 above	1	1	1	3				
<b>08. Age of marriage (years)</b>					6	7.022	0.0092	S
a) below 18 years	1	1	1	3				
b) 19-24	16	4	4	24				

c)	25-30	21	6	3	30				
d)	30 above	1	1	1	3				
09. Previous history of menopausal problem in family.									
a)	Mother	2	2	1	5	8	10.216	0.250	NS
b)	Sister	1	1	2	4				
c)	Grand mother	2	2	2	6				
d)	Aunt	2	2	1	5				
e)	No	25	10	5	40				
10. Any source of information regarding menopause									
a)	Electronic media	3	2	1	6	10	3.569	0.734	NS
b)	Print media	1	2	1	4				
c)	health Personnel	1	1	1	3				
d)	Relatives. Family members	4	2	1	7				
e)	Friends/ Neighbors	2	2	1	5				
f)	No	25	4	6	35				

## CONCLUSION

Thus after the analysis and interpretation of the data, we can conclude that the hypothesis ,

**H1-** There will be significant difference between the pre and post-test knowledge scores among primenopausal women regarding home management at  $p < 0.05$  level is **being accepted**. Whereas the hypothesis, **H2-** There will be a significant association between Age of menarche & Age of marriage in pre-test knowledge scores of the primenopausal women  $p < 0.05$  level is **being accepted**.

## INTERPRETATION OF DATA

This chapter has dealt with the analysis and interpretation of data collected from 60 primenopausal women of community area, indore Descriptive and inferential statistics were used for analysis; descriptive statistics have been used to present the features and characteristics of the samples while inferential statistics have been used to draw to valid inferences from the collected data. Before the intervention, majority of sample 44 out of 60 were in poor category, followed by 10 in average and 6 were in poor score. But after the intervention, majority of samples falls under the good category that is 51 out of 60, 06 were in average knowledge score and only 03 were in poor category.

## SUMMARY

Premenopause has been described as a normal, natural, event which is associated with reduced functioning of the ovaries due to aging, resulting in lower levels of estrogen and other hormones. It marks permanent end of sterility and is sometimes called “change of life”. During this transition a women experiences many physical and psychological changes. Some of women will have troublesome symptoms whereas others may navigate the transition with few or even no symptoms. As one approaches premenopause, many women wonder if these changes are normal, and many are confused about treating the symptoms. Thus it is beneficial to educate women regarding various symptoms of premenopause and its treatments as it is an unrecognized topic. In addition, organizations should make available strategies such as workshops and other educational programs that target implementing knowledge on premenopausal problems and its remedies for women well being. Above all, organizations must ensure that they extend their helping hands to women in all places.

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