



# “Study To Assess The Effectiveness Of Health Education On Knowledge Regarding Menopausal Management Among Womens In Selected Area”

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## Abstract

**Background of study:-**Study to assess the effectiveness of health education on knowledge regarding menopausal management among womens in selected area,was conducted in partial fulfilment of requirement of award diploma general Nursing and midwifery at Dr.D.Y.Patil institute of nursing education.Pimpri Pune,Maharashtra affiliated to Dr.D.Y.Patil Unitech society's Pimpri Pune-18.**Purpose:-**study to assess the effectiveness of health education on knowledge regarding menopausal management among womens in selected area.

**Methodology:-**100 women's aged between 40-45 years at urban area of PCMC,Pune(Phule Nagar,Pimpri).Non probability purposive sampling technique was a dopted, In this study, the population is the women's selected is urban area.Target Population of the study was for women between the age group of 40-45years.Accessible Population of the study was women's residing in selected urban area of pune city.Pre-test and post-test design was used in this study.**Principle Result:-**Reliability was done by Test-retest method and calculated by Pearson's correlation coefficient formula.The reliability co-efficient was found (0.86%).Chi-square test for association of menopausal management among women's with selected demographic variables.Since all the p-values are larger(greater than0.05),none of demographic variables was found to have significant association with menopausal management among women.2 0% of women's had adequate knowledge(score12-19),30%of women had moderately adequate knowledge(score6-12),50% women had inadequate knowledge(score0-6)regarding menopausal management.Pre-test,20% women's had adequate knowledge (score 12-19), and 30% women had moderately adequate knowledge (score 6-12), 50%women had inadequate knowledge(score0-6)regarding menopausal management. In post-test,60% women's have adequate knowledge(score12-19),30% women had moderately adequate knowledge(score 6-12),10% women had inadequate knowledge(score 0-6)regarding menopausal management.Chi-square test for association of menopausal management among women's with selected demographic variables.H<sub>1</sub>= There is

statistically difference in pre-test and post-test score after teaching about menopausal management among women's and the intervention at 0.05 level of significance. **Major Conclusion:**-Post-test was conducted for the groups on 7<sup>th</sup> day. The tests used were calculation of frequency, percentage, mean, standard deviation paired 't' test and ANOVA. The test used were calculation of frequency, percentage, standard deviation, paired 't' test, and Chi-square test. The level of significance set for testing hypothesis  $H_1$  in which there is no significant difference in pre-test and post-test score after intervention at 0.05 level of significance. The p-value is 0.000. analysis concluded the study by accepting the  $H_2$  hypothesis. So,  $H_2$  alternative hypothesis is accepted in which here is a statistically significant difference in pre-test and post-test score is after teaching menopausal management among women's and the intervention at 0.05 level of significance.

## INTRODUCTION

Healthy women during their reproductive period all menstruates cyclically and regularly with normal flow and duration of bleeding. As the age approaches the women notices changes in the menstrual cycle, such as changes in frequency, duration and flow of bleeding. These irregularities in the menstrual cycle signals the onset of menopause denotes the gradual decline of fertile period in the women. The onset natural menopause is signed by the changes in hormonal levels mainly depletion in the estrogen.<sup>2</sup>

The average life expectancy is forecasted to be 35.98 years between 40-45 years at midlife, and the middle-aged women population is projected to grow rapidly<sup>1</sup>. Middle-aged women's health has been underscored as their social status and the standard of living has improved along with growth of the population of women, which was relatively faster than that of men population. Women in the transition from midlife to elder status are more likely to undergo various and complex health problems, and to draw medical attention due to an increased risk of lowered quality of elderly life caused by inappropriate management.<sup>6</sup>

## BACKGROUND OF THE STUDY

The occurrence of menopausal symptoms due to the reduction in the levels of estrogens by replacing it will reduce the incidence of complication relating to hormone depletion. Some women can correct the problems related to menopause by changing their diets, lifestyle and medication. Almost a major part of the urban and rural women are not knowledgeable about the menopausal symptoms and its management such as hormone replacement therapy. Many of the health care providers point out that the menopausal period is the appropriate time for hormone replacement therapy to relieve the menopausal symptoms. Worldwide, the education of the women is the single most important factor in the improvement of the health of women and their families. As women are educated, their socio-economic status improves and mortality rate declines. Because women's financial stability is closely linked to health outcomes, it is essential to promote and support advancement of women (Stanhope, 2020).<sup>9</sup>

Menopausal symptoms which includes hot flushes and in some women depression may be seen. Vasomotor symptoms such as hot flushes can lead to other problems including sleep disturbances, night sweats and fatigue which in turn causes depression in some women. A number of women in menopausal phase may misdiagnosed as being depressed because the hormonal variations can disturb the mood, emotion and attention span. Other problems include memory impairment vaginal dryness and weight gain. The menopausal transition is the period in which women suffer from a variety of symptoms that adversely affects

their quality of life and most of the times all these symptoms require medical attention or advice such as hormone replacement therapy.<sup>12</sup>

### NEED FOR THE STUDY

Menopause signifies the permanent cessation of ovarian function and women's transition from a reproductive to a non-reproductive phase of life. It marks a critical stage characterized by remarkable changes in hormonal and menstruation patterns, as well as both physiological and psychosocial symptoms.<sup>13</sup>

Healthy women respond normally to follicular stimulating hormone and produces estrogen and maintains normal menstrual cycle. As age advances, ovaries become unresponsive to FSH and produce less estrogen, that will lead to menstrual irregularities and finally cessation of menstruation occurs. The menopause is confirmed only when women had no periods for 12 consecutive months. During the menopausal transition phases the women go through a sequence of physiological and psychological symptoms. The menopausal symptoms arise mainly because of hormonal fluctuations especially because of oestrogen depletion.<sup>17</sup>

Menopausal symptoms which includes hot flushes and in some women depression may be seen. Vasomotor symptoms such as hot flushes can lead to other problems including sleep disturbances, night sweats and fatigue which in turn causes depression in some women. A number of women in menopausal phase may be misdiagnosed as being depressed because the hormonal variations can disturb the mood, emotion and attention span. Other problems include memory impairment vaginal dryness and weight gain. The menopausal transition is the period in which women suffer from a variety of symptoms that adversely affects their quality of life and most of the times all these symptoms require medical attention or advice such as hormone replacement therapy.<sup>18</sup>

According to the reports provided by Pan Asian Menopause society (PAM) study, the menopausal symptoms prevalence varies with ethnicity of population. According to PAM, the Asian women were more likely to get menopause related body aches (76-93%) and the western women are more prone to get vasomotor symptoms.<sup>20</sup>

According to various studies conducted in various parts of the world, among the incidence of menopausal symptoms, most commonly seen are hot flushes, menstrual irregularity, fatigue, vaginal dryness, urinary incontinence, mood disturbances, depression and anxiety. Among which most commonly occurring and hindering the daily life of women are hot flushes (55.80%) and depression (37.30%).<sup>22</sup>

### Variables of the Study

**Dependent Variable:** Knowledge regarding menopausal management among women in selected area."

**Independent Variable:** Health teaching on menopausal management among women in selected area."

### Research Hypothesis:

H<sub>1</sub>: There will be no significant difference in pre-test and post-test knowledge score after effectiveness of health education regarding menopausal management.

H<sub>2</sub>: There will be significant association between pre-test and post-test knowledge score with the selected socio-demographic variable.

## ASSUMPTIONS

The study assumes that:

- Knowledge is the base for practice.
- The Health teaching program will improve the level of knowledge regarding menopausal management among women in selected area.”

## Research Methodology

### Research approach:

The research approach for present study is non experimental and the aim of the study is to compare the knowledge of women regarding the menopausal management.

### Research design

Pre-test and Post-test design was used in this study.

### Setting

The present study was conducted in selected the Phule Nagar is one of the Urban areas of Pune, District. Phule Nagar is situated in Pimpri-Chinchwad at Haveli Taluka.

### Population:

In this study, the population is the women's selected is urban area. Target Population of the study was for women between the age group of 40-45 years. Accessible Population of the study was women's residing in selected urban area of pune city.

### Sample

In the present study, women's with menopausal management in urban area of PCMC, Pune (Phule Nagar, Pimpri).

### Sampling technique

Non probability purposive sampling technique.

### Sample size

The sample size for this study was 100 women's aged between 40-45 years.

### Sampling criteria

#### INCLUSION CRITERIA:

- Women who are willing to participate.
- Women between the age group of 40-45 years.
- Women's who are available during the time of study.

#### EXCLUSION CRITERIA:

Women who are:

- Seriously ill
- Bedridden
- Mentally ill
- Women who cannot read and write

## DESCRIPTION OF THE TOOL

The Structured Questionnaire consists of three sections:

### SECTION-A: DEMOGRAPHIC VARIABLES

Description of samples based on their personal characteristics in terms of frequency and percentage.

### SECTION-B: LEVEL OF KNOWLEDGE

Structured knowledge questionnaire on menopausal management. It contains 19 questionnaires in total. First 5 are yes/no type. 14 are multiple choice questions. Each item has 4 options, among which appropriate answer was chosen. The questionnaire was used to assess the pre-test and post-test level of knowledge regarding menopausal management.

### SECTION C: SCORING PROCEDURE

#### SECTION-A

It consists of 6 questions related to the demographic variables of womens.

#### SECTION-B

It consists of structured knowledge questionnaire on menopausal management having 19 items. A score of "1" was given for each correct answer and a score of "0" was given to each wrong answer. The total score ranges from 0-19.

#### RELIABILITY OF THE TOOL

In this study the reliability for questionnaire was done using test-retest method. Pearson's correlation coefficients were found to be The reliability co-efficient was found (0.86%). Chi-square test for association of menopausal management among women's with selected demographic variables.

#### PLAN FOR DATA ANALYSIS:

Analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using that data<sup>56</sup>

The statistical analysis was made on the basis of objectives and hypothesis. The data have analysis live planned to include descriptive and inferential statistics. The following plans were selected to developed with the aim of data analysis on the basis of the opinion of experts.

- For the analysis of demographic data frequencies and percentage was calculated.
- The significance was calculated by using mean man, standard deviation and calculated 't' value.
- ANOVA test was hard to find the co-relation with every item and the finding was documented in tables, graphs and diagrams.

#### Tools and Techniques

In this study **Section A** - Demographic variables.

**Section B**- The questionnaire was used to assess the pre-test and post-test level of knowledge regarding menopausal management.

**Results: Analysis and Interpretation of Data Under the following headings the analysis of data is organized and presented.**

Section I: Description of samples based on their personal characteristics in terms of frequency and percentage.

Section II: Analysis of data related to knowledge of women regarding menopausal management.

Section III: Analysis of data related to the effectiveness of health teaching on menopausal management.

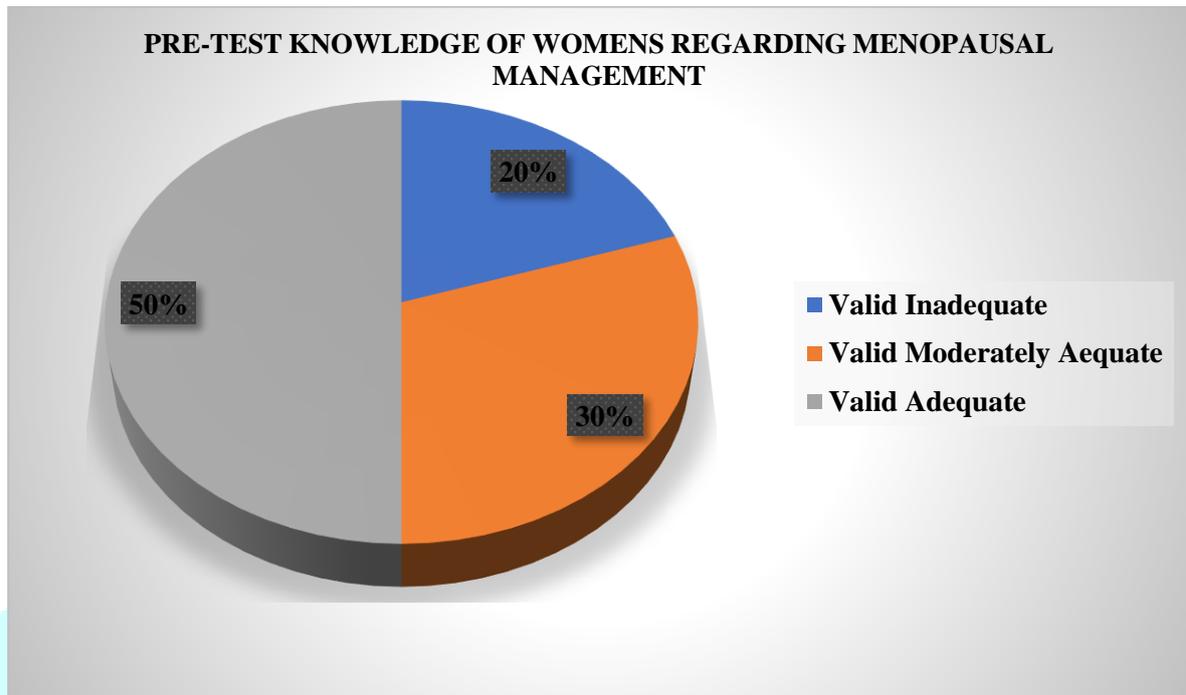
Section IV: Analysis related to association of the knowledge of women's regarding menopausal management with selected demographic variable.

**Table 1: Description of samples based on their personal characteristics in terms of frequency and percentage.**

**N=100**

Sr. No.	Demographic Variables	Frequency (f)	Percentage (%)
<b>1.</b>	<b>Age</b>		
	40-41 years	25	25%
	41-42 years	20	20%
	43-44 years	28	28%
	44-45 years	27	27%
<b>2.</b>	<b>Qualification</b>		
	Primary	31	31%
	Secondary	36	36%
	Graduate	33	33%
	Undergraduate	0	0%
<b>3.</b>	<b>Monthly Income</b>		
	10000-15000	19	19%
	15000-20000	31	31%
	20000-25000	30	30%
	25000-30000	20	20%
<b>4.</b>	<b>Occupation</b>		
	Private Service	34	34%
	Government	8	8%
	Own Business	28	28%
	Housewife	30	30%
<b>5.</b>	<b>Religion</b>		
	Hindu	34	34%
	Muslim	22	22%
	Christian	19	19%
	Others	25	25%
<b>6.</b>	<b>Marital Status</b>		
	Married	70	70%
	Unmarried	7	7%
	Widow	14	14%
	Divorced	9	9%

N-100



**Figure 01: Pie diagram related to pre-test knowledge of women's regarding menopausal management.**

**Table 2: Effectiveness of health teaching on menopausal management.**

KNOWLEDGE	Frequency	Pre-test	Frequency	Post-test
Adequate	20	20%	20.0	60%
Moderately Adequate	30	30%	30.0	30%
Inadequate	50	50%	50.0	10%

N=100

P  
re-test,  
20% of  
womens

had adequate knowledge (score 12-19), and 30% of women had moderately adequate knowledge (score 6-12), 50% of women had inadequate knowledge (score 0-6) regarding menopausal management.

In post-test, 60% of womens have adequate knowledge (score 12-19), and 30% of women had moderately adequate knowledge (score 6-12), 10% of women had inadequate knowledge (score 0-6) regarding menopausal management. This indicates that the knowledge among women regarding menopausal management had improved remarkably after health teaching.

**Table 3: Chi square test for the association of the knowledge among women's regarding menopausal management with selected demographic variables.**

Demographic variable	Knowledge			Chi-Square	Df	P-value
	Inadequate	Moderately Adequate	Adequate			
<b>Age</b>						
40-41 years	3	4	18	109.9	12	0
41-42 years	2	7	11			
43-44 years	4	4	19			
44-45 years	4	5	18			
<b>Qualification</b>						
Primary	4	9	18	108.5	9	0
Secondary	5	6	24			
Graduate	4	5	24			
Undergraduate	0	0	0			
<b>Monthly Income</b>						
10000-15000	1	3	15	108.3	12	0
15000-20000	5	6	20			
20000-25000	4	6	19			
25000-30000	3	5	12			
<b>Occupation</b>						
Private Service	6	6	22	111.9	12	0
Government	2	3	3			
Own Business	3	4	20			
Housewife	2	7	21			
<b>Religion</b>						
Hindu	3	6	24	108.3	12	0
Muslim	4	5	13			
Christian	2	5	12			
Others	4	4	17			
<b>Marital Status</b>						
Married	9	12	48	109.1	12	0
Unmarried	0	2	5			
Widow	2	4	8			
Divorced	2	2	5			

Chi-square test for association of menopausal management among women's with selected demographic variables.

Since all the p-values are larger (greater than 0.05), none of the demographic variables was found to have significant association with the menopausal management among women.

### Discussion

The present study was conducted about knowledge on management of menopause among women's. 100 women's were selected by non-probability, purposive sampling technique. A non-experimental descriptive survey design was adopted and knowledge assessed using self-structured knowledge questionnaire. In the present study, Knowledge of women regarding menopausal management in the pre-test

was,20% of women's had adequate knowledge (score 12-19), and 30% of women had moderately adequate knowledge (score 6-12),50% of women had inadequate knowledge(score0-6)regarding menopausal management. Effectiveness of health teaching on menopausal management was,pre-test,20% of women's had adequate knowledge (score 12-19),and 30% of women had moderately adequate knowledge(score6-12),50% women had inadequate knowledge(score 0-6) regarding menopausal management. In post-test, 60% of women's have adequate knowledge (score 12-19), and 30% of women had moderately adequate knowledge (score 6-12),10% of women had inadequate knowledge (score 0-6)regarding menopausal management.This indicates that the knowledge among women regarding menopausal management had improved remarkably after health teaching. Chi-square test for the association of the knowledge among women's regarding menopausal management with selected demographic variables,Chi-square test for association of menopausal management among women's with selected demographic variables,Since p-values corresponding to age,qualification,monthly income, occupation, religion, marital status all p-values are large(greater than 0.05). $H_1$ =There is statistically difference in pre-test and post-test score after teaching about menopausal management among women's and the intervention at 0.05 level of signification.From all the above findings, it can be considered that health education on management of menopause was effective among the womens in the community area.

### Conclusion

The conclusion drawn from the findings of the study are as follows: The 't' test done to find the effect of health teaching on menopausal management among women's in selected area, related to menopause revealed that there is highly significant increase the score in the post-test who had been supplemented with the health education related to menopause.Health Education on menopausal management among women's has shown a significant effect in increased knowledge in management of menopause .

### Limitations

1. Data was collected only through the baseline data, questionnaires.
2. Data collection period was limited.

### Recommendations

- A similar study can be done on a larger scale.
- A study can be conducted to assess Health Education on menopausal management.
- A comparative study can be done between different of professionals.
- A study may be conducted to evaluate the effectiveness of health education on Menopausal management.

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