"EFFECTIVENESS OF EDUCATIONAL INTERVENTION ON MENOPAUSAL SYMPTOMS AMONG THE PREMENOPAUSAL WOMEN".

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ABSTRACT

INTRODUCTION

Background: Menopause refers to the permanent interruption of the female reproductive cycle. The word "menopause" literally means the end of the lunar cycle and is made up of the Greek word "pausis" (stop) and the root word "men" (month). This is because the word "menopause" was created to describe changes in women. The cosmic continuation focuses on the female gender. Her roles are constantly changing: her daughter, wife, and mother. Her former mother, she leads and sets the direction of her family association. She has the greatest impact on her family. These changing roles are constantly changing normal physics. Family support affects a woman's physical and mental development. Today women participate in all social, cultural and political spheres.

Materials and Methods:

The present study was conducted at selected areas of Karad taluka. An evaluative research approach with one group pre test post test research design was adopted. 50 premenopausal women selected with simple random sampling technique as per inclusion and exclusion criteria The present study was approved by the Ethical Committee of Krishna Institute of Medical Sciences

Deemed to be University Karad. Tools used like structured knowledge questionnaire and educational intervention was used to educate women. Educational intervention was used by one to one in the form of teaching session by researcher. Informed consent was obtained from study participants. Collected data arranged in Microsoft xl sheet. Data Analysis - Data were analyzed by using the Instat. Results were reported as frequency, percentage, Mean ± SD, 't' test , p values and ANOVA were used.

Results:

Majority 26 (52%) belonged to 40-45yrs of age. Majority 49(98%) belonged to Hindu religion 31 (62%) having Secondary education. 43 (86%) were House maker. 40 (80%) having monthly income Rs.5000 – 10,000. Majority 38 (76%) are from joint family. 30 (60%) are from urban area. 48(96%) were married. 33(66%) were having two children and maximum 42(84%) were taking mixed type of diet. Majority 17 (34%) were attainted menarche at age of 14 years, majority 39 (78%) had normal flow, majority 28 (56%) were having more than 6 days, majority 42 (84%) were having their cycle once in a month, majority 45 (90%) women's had adopted permanent Family planning method.

Pre test knowledge score 8 (16%) having good knowledge score , 35 (70%) average 7 (14%) poor and after intervention post test score was 14(28%) good, 33 (66%) average and 3 (06%) poor knowledge score, 't' value   18.050and p value is less than <0.0001which shows Educational intervention on menopausal symptoms among the premenopausal women was effective in improving in knowledge score. There is no any significant association found between pre-test knowledge score of premenopausal women and socio-demographic data.

Conclusion: Most of the women's knowledge was adequate prior to the implementation of the educational intervention. This made it easier for them to learn about the symptoms of menopause and how to treat them. Reason for change and adaptation to change. Clarity of Concepts, Symptoms and Prompts Management revealed by post-test knowledge scores

Key worlds: Knowledge, Educational intervention, Menopausal Symptoms, Premenopausal Women

INTRODUCTION

Menopause is the most critical period in every woman's life. Menopause refers to the permanent interruption of the female reproductive cycle. The word "menopause" literally means the end of the lunar cycle and is made up of the Greek word "pausis" (stop) and the root word "men" (month). This is because the word "menopause" was created to describe changes in women. Explain where the end of fertility is, indicated by the permanent cessation of monthly menstruation. 1

The cosmic continuation focuses on the female gender. Her roles are constantly changing: her daughter, wife, and mother. Her former mother, she leads and sets the direction of her family association. She has the greatest impact on her family. These changing roles are constantly changing normal physics. Family support affects a woman's physical and mental development. Today women participate in all social, cultural and political spheres. Femininity begins with

menarche, which marks the onset of the childbearing period, and continues until menopause, in which she is without a menstrual period for 12 consecutive months without biological or physiological causes. It is the end of fertility, the end of the period of childbearing. Menopause is inevitable for all women 2.

In developing countries, life expectancy is expected to be between 50 and 80 years. In India, 72% of women are going through menopause, 55.9% are experiencing headaches, 53.86% are experiencing hot flashes and 43.13% are experiencing weight gain. These issues should be considered for both premenopausal and postmenopausal women. Menopause can be viewed as the transition of women from middle age to old age 3. Menopause has emerged as a major health problem in India, with a staggering 18% of women aged 30-49 reaching premature non-reproductive age, and women under 40 reaching menopause.4

Many women enter menopause knowing nothing about what to expect, when and how the process will occur and how long it will take. In many cases, she may not have received information from her primary care physician or the older woman's family and social groups. As a result, women experiencing a severe peri-menopause with many different effects can become confused and anxious, fearing that something is wrong. There is a strong need for more information and more education among women regarding menopause.5.

Menopausal health is a priority in India as menopausal women are living longer and the population is growing fast, so great efforts need to be made to educate these women and make them aware of the symptoms of menopause. 6 As we never discuss it out loud, but things have changed now. Most women would like to know more about menopause before menopause occurs. This allows them to reorganize their symptoms early, reduce discomfort and anxiety, and seek appropriate medical attention if necessary.7

Objectives:

1.   To assess the existing level of knowledge about menopausal symptoms among the premenopausal women.

2. To evaluate the effectiveness of educational intervention by comparing pre test and post test knowledge scores.

3. To find out the association between pre-test knowledge score with selected socio demographic variables of pre-menopausal women's.

Methodology:

The present study was conducted at selected areas of Karad taluka. An evaluative research approach was used. One group pre test post test research design was adopted. Population for the present study was women between age group of 35-45 years of age. 50 premenopausal women selected with simple random sampling technique from selected areas of Karad taluka as per inclusion and exclusion criteria like woman willing to participate in study, who were available at the time of data collection. Women who have already attained menopause were excluded from the study. The present study was approved by the Ethical Committee of Krishna Institute of Medical Sciences Deemed to be University Karad. Tools used like structured knowledge questionnaire was prepared to collect the data regarding menopausal symptoms. Educational intervention was used

to educate women. Educational intervention was used by one to one in the form of teaching session by researcher. Informed consent was obtained from each study participant after explaining in detail about the purpose of the study and data collected. collected data arranged in Microsoft xl sheet. Data Analysis - Data were analyzed by using the Instat. Results were reported as frequency, percentage, Mean ± SD, 't' test , p values and ANOVA were used.

Result

Table No- 1: Frequency and percentage distribution of sample characteristics N= 50

Sr. No.		FREQUENCY	PERCENTAGE
1	**Age**		
	35-40yrs	24	48%
	40-45yrs	26	52%
2	**Religion**		
	Hindu	49	98%
	Muslim	01	2%
3	**Education**		
	Primary	15	30%
	Secondary	31	62%
	Higher Secondary	3	6%
	Illiterate	1	2%
4	**Occupation**		
	House maker	43	86%
	working woman	7	14%
5	**Income**		
	Below 5000 Rs.	1	2%
	5000 – 10,000 Rs.	40	80%
	10,000 – 15,000 Rs.	8	16%
	Above 15,000 Rs.	1	2%
6	**Type of family**		
	Nuclear	12	24%
	Joint	38	76%
7	**Residence**		
	Urban	30	60%
	Rural	20	40%
8	**Marital status**		
	Married	48	96%
	Unmarried	1	2%
	Window	1	2%
9	**Number of children**		

	One	3	6%
	Two	33	66%
	More than two	14	28%
10	**Diet**		
	Vegetarian	8	16%
	Mixed	42	84%

The data presented in table 1 indicates that majority 26 (52%) belonged to 40-45yrs of age and 24 (48%), 35-40yrs of age. Majority 49(98%) belonged to Hindu religion and 1(2%) were muslim. Majority 31 (62%) having Secondary education, 15(30 %) having Primary education, 3(6%) having higher Secondary education and minimum 1(2%) were Illiterate. Majority 43 (86%) were House maker and 7(14%)were working woman. Majority 40 (80%) having monthly income Rs.5000 – 10,000, 8(16 %) having Rs.10,000 – 15,000, 1 (2%) having Below Rs. 5000 and 1 (2%) having Above Rs. 15,000. Majority 38 (76%) are from joint family and 12 (24%) from nuclear family. Majority 30 (60%) are from urban area and 20 (40%) from rural area .About marital status 48(96%) are married, 1 (2%) are unmarried and widow. About number of children 33(66%) were having two children's, 14(28%) were having more than two children's and 3(6%) were having one child. About diet 42(84%) were taking mixed type of diet, 8(16%) were taking vegetarian type of diet.

Table no 2: Frequency and percentage distribution of sample according to menstrual and family planning history 　　　　　　　　　　　　　　　　**N= 50**

Sr. No.		FREQUENCY	PERCENTAGE
1	**Age of menarche**		
	12 Years	7	14%
	13 Years	10	20%
	14 Years	17	34%
	15 Years	16	32%
2	**Menstrual flow**		
	Spotting	2	4%
	Scanty	1	2%
	Normal	39	78%
	Heavy	8	16%
3	**Length of menstrual flow**		
	Less than 2 days	2	4%
	2-3 Days	10	20%
	4-5 Days	10	20%
	More than 6 days	28	56%
4	**Frequency of menstrual cycle**		

	Irregular with no definite interval	4	8 %
	Once in a two month	1	2%
	Twice in a month	3	6 %
	Once in a month	42	84 %
5	**Family planning method adopted**		
	Temporary	5	10 %
	Permanent	45	90 %

The data presented in table 2 indicates that majority 17 (34%) were attainted menarche at age of 14 years, 16 (32%) at age of 15 years, 10 (20%) at age of 13 years and 7 (14%) at age of 12 years. About Menstrual flow majority 39 (78%) had normal flow , 8 (16%) had Heavy flow, 2 (4%) had Spotting and 1 (2%) had scanty flow. Length of menstrual flow majority 28 (56%) were having more than 6 days, 10 (20%) were having 4-5 Days, 10 (20%) were having 2-3 Days and 2 (4%) were having less than 2 days. About Frequency of menstrual cycle majority 42 (84%) were having once in a month, 4 (8%) were having Irregular with no definite interval, 3 (6%) were having Twice in a month and 1 (2%) were having Once in a two month. Majority 45 (90%) women's had adopted permanent Family planning method and 5(10%) had adopted temporary Family planning method.

Table no 3: Frequency and percentage distribution of pre test and post test knowledge score.

N= 50

Knowledge Level	Pre Test		Post Test	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Good	**8**	**16%**	14	**28%**
Average	**35**	**70%**	33	**66%**
Poor	7	**14%**	03	**06%**

The data presented in table 3 indicates that in pre test knowledge score 8 (16%) having good knowledge score , 35 (70%) average 7 (14%) poor and after intervention post test score was 14(28%) good, 33 (66%) average and 3 (06%) poor knowledge score. It shows that Educational intervention was an effective for increase in knowledge.

Table 4: Mean, SD, 'p' value and 't' value of pre and post test

	MEAN	SD.	df	'p' value	't' value
Pretest	8.44	3.18	98	<0.0001	18.050
Post test	17.54	1.60	98		

Data in above table reveals that 't' value 18.050and p value is less than <0.0001which shows

Educational intervention **on menopausal symptoms among the premenopausal women** was effective in improving in knowledge score.

Table No-:- 5 Association between selected socio demographic variable   N =50

Sr. No.		Pre test		Post test		Unpaired t test	p value
		Mean	SD	Mean	SD		
1	**Age**						
	35-40yrs	9.79	3.03	17.12	1.54	10.552	<0.0001
	40-45yrs	7.19	2.89	17.92	1.59	16.841	
3	**Education**						
	Primary and Illiterate	9.06	2.816	16.81	2.007	8.965	<0.0001
	Above Secondary	8.14	3.341	17.88	1.274	15.878	
4	**Occupation**						
	House maker	8.37	3.207	17.67	1.554	17.115	<0.0001
	Working woman	9.07	3.121	16.69	1.797	7.623	
5	**Income**					ANOVA F value	
	Below 10,000 Rs.	8.51	17.46	8	17.66	107.46	<0.0001
	Above 10,000 Rs.	3.340	1.690	2.449	0.8660		
6	**Type of family**						
	Nuclear	8.583	3.029	17.333	2.015	8.332	<0.0001
	Joint	8.394	3.268	17.605	1.408	15.827	
7	**Residence**						
	Urban	8.3	3.153	17.83	1.315	15.284	<0.0001
	Rural	8.65	3.297	17.1	1.917	9.909	
8	**Diet**						
	Vegetarian	8.75	2.550	16.375	1.685	7.057	<0.0001
	Mixed	8.380	3.313	17.761	1.511	16.698	

Result in above table shows that there is no any significant association between pre-test knowledge score of premenopausal women and socio-demographic data.

Table No-:- 6 Association between selected socio demographic variable

N =50

Sr. No.		Good	Average	Poor	Chi square	p value	d f
1	**Age**						
	35-40yrs	5	16	3	0 .8213	0.6632	2
	40-45yrs	3	19	4			
2	**Religion**						
	Hindu	8	34	7	0.4372	0.8036	2
	Muslim	0	1	0			
3	**Education**						
	Primary	3	12	0			
	Secondary	4	22	5	3.520	0.1720	2
	Higher Secondary	1	0	2			
	Illiterate	0	1	0			
4	**Occupation**						
	House maker	7	29	7	1.442	0.4864	2
	working woman	1	6	0			
5	**Income**						
	Below 5000 Rs.	1	0	0			
	5000 – 10,000 Rs.	10	23	7	3.220	0.5217	4
	10,000 –	2	6	1			
6	**Type of family**						
	Nuclear	2	8	2	0.1096	0.9467	2
	Joint	6	27	5			
7	**Residence**						
	Urban	4	21	5	0.7143	0.6997	2
	Rural	4	14	2			
8	**Marital status**						
	Married	8	33	7	0.8929	0.6399	2
	Unmarried	0	2	0			
9	**Diet**						
	Vegetarian	2	6	0	2.821	0.5881	4
	Mixed	6	29	7			

Result in above table shows that there is no any significant association between pre-test knowledge score of premenopausal women and selected socio-demographic data.

Discussion

The present study findings indicates that majority 26 (52%) belonged to 40-45yrs of age and 24 (48%), 35-40yrs of age. Similar findings by Nikita Kishor Dhanorkar study findings showed 50% of Premenopausal women were from 30-35yrs and 50% were from 36-40 years of age.[8]

Majority 43 (86%) were House maker Similar findings found in the study conducted by Nikita Kishor Dhanorkar[8] and Vruti Patel, Sijo Koshy , Ravindra H.N [9] study findings showed maximum women in their study were housewife.

Majority 38 (76%) are from joint family and 12 (24%) from nuclear family. Similar findings found in the study conducted by Vruti Patel, Sijo Koshy , Ravindra H.N [9] showed maximum paerticipants were from joint family.

About marital status maximum 48(96%) are married, 1 (2%) are unmarried and widow. Similar findings found in the study conducted by Nikita Kishor Dhanorkar[8] and Vruti Patel, Sijo Koshy , Ravindra H.N [9] study findings showed majority of participants were married.

The study findings indicates that in pre test knowledge score 8 (16%) having good knowledge score , 35 (70%) average 7 (14%) poor and after intervention post test score was 14(28%) good, 33 (66%) average and 3 (06%) poor knowledge score, 't' value 18.050and p value is less than <0.0001which shows Educational intervention on menopausal symptoms among the premenopausal women was effective in improving in knowledge score. . study fings supported by Nikita Kishor Dhanorkar study findings revealed that there was a significant improvement in the knowledge score among premenopausal women so the planned teaching programme has proved to be an effective in improving the knowledge score of premenopausal women.[8]

Present study result showed that there was no any significant association between pre-test knowledge score of premenopausal women and socio-demographic data. Study findings supporeted by Vruti Patel, Sijo Koshy, Ravindra H.N [9] study findings showed that pretest score of menopausal women on knowledge regarding Menopausal Symptoms And Its Management with their socio demographic variable revealed that there was no any significant association found.

Conclusion

Menopause is a significant physical, psychological and social event in every woman's life. The reproductive to non-reproductive transition is the result of a sharp decline in female ovarian hormone production. The transition to menopause can have a significant impact on daily life and health of woman.

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