

“A study to assess the effectiveness of self-instructional module on knowledge regarding postmenopausal symptoms and its management among perimenopausal women in selected rural areas of Mehsana District.”

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ABSTRACT

INTRODUCTION: The slogan-“Healthy women, healthy nation, healthy world denotes that as the custodian of family health women demonstrates an inevitable role in providing promoting and maintaining the health of their communities. In fact, the health of the families and communities strongly depends on the health of women. Sickness or disability or death of the women reflects serious effect for the health of their children, family and community. Postmenopausal symptoms are primarily attributed to the decreased level of circulating estrogen. Hot flashes, vulvovaginal atrophy, and sexual dysfunction result from the complex changes that occur around menopause. At the level of the ovary, there is a depletion of ovarian follicles, especially the granulosa cells. The ovary, therefore, is no longer able to respond to the pituitary hormones. follicle stimulating hormone (FSH) and luteinizing hormone (LH)The hormonal level increases due to lack of feedback inhibition, and ovarian estrogen, progesterone, and inhibin production cease. The concept of healthy menopause applies all women from moment they enter the menopausal transition, until they reach early and late post menopause and includes women with spontaneous, iatrogenic, and premature menopause. **DESIGN:** : Pre- experimental research design **PARTICIPANTS:** 60 perimenopausal women were selected using non probability Purposive sampling technique.

CONCLUSION: The findings of the study revealed that self-instructional module helps in improving knowledge regarding post-menopausal symptoms and its management.

KEY WORDS: knowledge, self-instructional module, post-menopause, symptoms, management.

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I. INTRODUCTION

Human life consist of various specific stages, both for man and women which eachone has to pass through. Each stage of human life is very important and unique innature as certain physical and psychological development take place in a naturalprocess. It is fact that there is a slight different stage of women hood in comparison toman hood. Menopause is unique stage of female reproductive life cycle, a transitionfrom reproductive to non-reproductive stage.¹

The word menopause derives from a Greek word, ‘Men’ which means “Month” and “Pause” which means ‘cessation’ Thus menopause refers to the permanent cessation of menstruation at the end of reproductive life due to ovarian follicular activity.

Menopause is a natural step in the aging process, represents the end of menstruation after the last menstrual period in the previous 12 month it occurs gradually in women and indicates the transition from the reproductive to the post reproductive era of woman’s life. It is the condition that every woman faces, in later life and can have many associated effects, which might disrupt the quality of life.²

The health concerns among menopausal women are mainly related to vasomotor symptoms, urogenital atrophy, osteoporosis, cardiovascular disease, cancer, psychiatric symptoms, cognitive decline, and sexual problems, It is important to understand the associated risk factors, clinical presentation, and management of common menopausal symptoms for improved patient care and health outcomes for older female patients.³

Premature ovarian failure is define as menopause before the age of 40years. It may be idiopathic or associated with toxic exposes, chromosomal abnormality, or autoimmune disorder.⁴

Postmenopausal symptoms are primarily attributed to the decreased level of circulating estrogen. Hot flashes, vulvovaginal atrophy, and sexual dysfunction result from the complex changes that occur around menopause. At the level of the ovary, there is a depletion of ovarian follicles, especially the granulosa cells. The

ovary, therefore, is no longer able to respond to the pituitary hormones. Follicle stimulating hormone (FSH) and Luteinizing hormone (LH) The hormone level increases due to lack of feedback inhibition, and ovarian estrogen, progesterone, and inhibit production cease. However, the androgen production continues in the remaining ovarian theca cells and adrenal gland, which gets converted to estrogen through peripheral aromatization.⁵

NEED OF THE STUDY:

The Journal Of The North American Menopausal Society (2020). The study was conducted regarding women’s knowledge and awareness on menopause symptoms and its treatment. The result shows majority (82%) of participated women had fair to poor knowledge on menopause, did not whom HT is used for (48%) and for whom contraindicated (77%).⁶

Divyangkumar N Patel (January-June 2018). A survey was carried out in four different urban sites of Gujarat. Data was collected by personnel interview using a pre-tested structured questionnaire. Median age of menopause was 45 years with a range from 35 to 56 years. The most common symptoms presented among participants were fatigue (73%), irritability (72%), weight gain (61%), headache (59%), anxiety (52%), insomnia (51%), night sweat (35%), hot flashes (41%).³⁵ According to **Indian Menopause Society (2016)** research, there are about 65 million Indian women over the age of 45; It is estimated that in the year 2026, the population in India will be 1.4 billion, people over 60 years will be 173 million and the menopausal population will be 103 million. The average age of Indian menopausal women is 47.5 years.⁷

A study conducted by the N Anjaly, Lekha Viswanath, T Anju Philip (2014) Data collected from Kochi Kerala, India 120 women’s selected for the self-care among perimenopausal women. The result reveals that knowledge regarding menopausal self-care is poor among 71% of peri menopausal women, average among 28% of perimenopausal women and 1% of them have good knowledge. Mean knowledge score is 8.04, SD is 5.09 and maximum score is 30.⁸

A study conducted by Sankar amrita during April -June (2014) Data collected in Jamnagar district Gujarat reveals that 300 women’s selected for the health profile of post- menopausal women. Which were higher in urban areas followed by urban slums and rural areas. The most common symptoms association with menopause were joint pain (64%), backache (58%), irritability (56.66%), forget fullness and sadness (48%) and vasomotor like hot flushes and night sweats (47.33%).⁹

STATEMENT OF THE PROBLEM:

“A study to assess the effectiveness of self-instructional module on knowledge regarding postmenopausal symptoms and its management among perimenopausal women in selected rural areas of Mehsana District.”

OBJECTIVE OF THE STUDY

To assess the knowledge regarding postmenopausal symptoms and its management among perimenopausal women.

To evaluate the effectiveness of self- instructional module on post-menopausal symptoms and its management among perimenopausal women.

To find out the association between knowledge with their selected demographical variable.

HYPOTHESIS:

H₀- There will be no significant difference between pre-test and post-test knowledge score regarding postmenopausal symptoms and its management among perimenopausal women at 0.05 level of significance.

H₁- There will be significant difference between pre-test and post-test knowledge score regarding postmenopausal symptoms and its management after administration of self-instructional module among perimenopausal women at 0.05 level of significance.

ASSUMPTION:

Perimenopausal women may have inadequate knowledge regarding postmenopausal symptoms and its management.

Perimenopausal women may improve the knowledge regarding postmenopausal symptoms and its management by administering self-instructional module.

LIMITATION:

The following points were beyond the control of investigator

- ✓ The study is limited to perimenopausal women in selected rural areas of Mehsana District.
- ✓ It is limited to the perimenopausal women who can read and write Gujarati
- ✓ The study is limited to the experience level of the researcher.

II. MATERIAL AND METHOD:

Pre-experimental one group pre-test post-test research design and Quantitative Approach. effectiveness of self-instructional module on knowledge regarding postmenopausal symptoms and its management among perimenopausal women in selected rural areas of Mehsana District.”The data was collected from . 60

perimenopausal women “Non-probability Convenient” sampling technique were used. A structured Knowledge questionnaire was selected to assess the knowledge regarding postmenopausal symptoms and its management.

III. RESULT:

Demographic data was analyzed using frequency and percentage. Frequencies, percentage, mean, mean percentage (%) and standard deviation was used to determine the knowledge score. The “t” value was computed to show the effectiveness of structured teaching program and chi-square test was done to determine the association between the pre-test knowledge of perimenopausal women with selected demographic variables.

Finding related to demographic data

Finding from section-1 shows that, 35% of the mothers belonged to the age group of 40-50 years, 35% had higher secondary education, 80% were married women, 33.34% women belong to middle class family, 40% were home maker, 86.67% belonged to Hindu, 78.33% were vegetarian, 73.33% were having regular menstrual cycle, 90% were not having previous knowledge.

Finding related to pre and post knowledge score

During **pre-test**, 44 perimenopausal women had poor knowledge, 16 perimenopausal women had average knowledge.

During **post-test**, 19 perimenopausal women had average knowledge and 41 perimenopausal women had good knowledge.

Table 1: Distribution of subject on paired ‘t’ test between pre-test and post-test knowledge score regarding postmenopausal symptoms and its management.

Sr.no	Group	Mean	Mean difference	Standard deviation	T- value
1.	Pre test	5.85	11.3	2.86	22.6
2.	Post test	17.15		2.67	

In group pre-test mean was 5.85 and post-test mean was 17.15. The pre-test standard deviation was 2.86 and post-test standard deviation was 2.67. The mean difference was 11.3 and the obtained t-value was 22.6 which are significant at 0.005 levels. Hence, the stated hypothesis was accepted.

Analysis for association of selected demographic data with Knowledge of Samples regarding postmenopausal symptoms & its management.

The above mentioned findings clearly indicate that there was significance association between the demographic variables, there is not significant associated with age, religion, occupation, socioeconomically status, marital status, menstrual cycle, Dietary pattern, previous knowledge. in the postmenopausal symptoms and its management among perimenopausal women.

IV. CONCLUSION

The main conclusion from this present study is that most of the perimenopausal women had poor knowledge regarding post-menopausal symptoms and its management.

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