



Impact of a planned teaching programme on knowledge of menopause and its bodily effects among post-menopausal women in Prayagraj, Uttar Pradesh, India

Ashrita Henri, Neha Martin, Shipra Daniel, Shikha Nathaniel

Assistant Professor, Department of Nursing, Christian College of Nursing, Faculty of Health Sciences, Sam Higginbottom University of Agriculture Technology and Sciences, Prayagraj, Uttar Pradesh, India

Abstract

Menopause, often overlooked and surrounded by societal myths and taboos, remains a significant yet under-discussed stage in a woman's life. Despite being a natural midlife transition, its causes and experiences are still not fully understood or acknowledged by many women. According to the World Health Organization (WHO), post-menopausal women are those who have ceased menstruation for at least one year, either naturally or due to medical/surgical interventions such as hysterectomy or oophorectomy. With increasing life expectancy, women now spend approximately one-third of their lives in the post-menopausal phase, highlighting the need for greater awareness and care. While some women tolerate menopausal symptoms well, others experience severe discomfort that negatively affects their quality of life. In India, socio-cultural factors contribute to the under-reporting of symptoms. A study revealed that prior to an educational intervention, 71.05% of participants had poor knowledge about menopause, 26.32% had fair knowledge, and only 2.63% had good knowledge, with none demonstrating excellent knowledge. Following the intervention, 52.63% achieved excellent knowledge, and 47.37% showed good knowledge, indicating a significant improvement in awareness.

Keywords: Effectiveness planned teaching Programme, knowledge, menopause, post-menopausal women

Introduction

Women experiences various turning points in their life cycle, which may be developmental or transitional midlife is one such transitional period which brings about important changes in women one of those important changes that occur in this stage of life is menopause. The main symptoms prevalence of menopausal symptoms among middle age female teacher ^[1]. Menopause is an unavoidable change in reproductive life cycle and this is related to women's health information need in menopausal age ^[2]. and the Effect of menopause on sleep quality and sleep disorder ^[3]. that every women experience in her middle age and beyond. Menopause is the cessation of women's reproductive ability, the opposite of menarche. Menopause is not a disease but a natural transition in a women's life that result from a decrease in ovarian production of sex hormone such as estragon, progesterone and testosterone. By loss of reproductive potential and transition into later life she may become a victim of both physically and psychologically problems. Physical complaints in order of frequency or hot faces, night sweats or chills, disrupted sleep, vaginal dryness, mood swing loss of skin tone and increase irritability.

An ovulatory cycle may begin to have menopausal symptoms. Menopause is that stage in women's Psychological complaints, loss of confidence, depressed mood, panic attack and anxiety ^[4]. When a women's hormone balance begins to shift they have menstrual cycles with no ovulation called life when both physiological and emotional changes in their bodies are precipitated by hormonal deficiencies as a result of age. During pre – menopause, estrogen levels drop because the ovaries ability to produce enough estrogen has weakened ^[5]. Pre-menopause usually occurs five years before menopause a period in women's life when the ovaries no long produce

estrogen and therefore completely without further egg production. The symptoms of menopause usually last for the whole menopause transition (until the mid-50s), but some women may experience them for the rest of their lives ^[6]. The most common symptoms are hot flushes, joint pain, sweat, fatigue and vaginal dryness.

Every living thing in nature is susceptible to change ^[7]. The flower that blooms today will wilt tomorrow the leaf that looks green today will fall off this is the case with humans. Human's beings experience various turning points in their life cycle which may be developmental or transitional.

Purpose of The Study

To find out the level knowledge regarding menopause and to evaluate the effect of Plan Teaching Program on knowledge regarding menopause and its effect among post-menopausal women.

Materials and Methodology

An appropriate research methodology is essential because it allows the research process to be structures well and Methodology is very important towards a perfect research process.

Research Approach

Quantitative research is a research strategy. That focuses on quantifying the collection and analysis of data. It is formed from a deductive approach where emphasis is placed on the resting of theory shaped by empiricist and positivist philosopher. The research approach adoptable for the study is Quantitative approach ^[8].

Research design

A research design is defined as research plan for collecting and analyzing data including specification for enhancing the

internal and external validity of the study. A one group pre-test post-test design was adopted

Setting of the Study

The study was conducted among the women in the rural community in Bagbana Prayagaraj District (Uttar Pradesh) INDIA.

Target Population

This category of the population is the aggregate of the entire population who is under the research investigation and for whom the researchers plans to make generation. In the present study the target population was post-menopausal women between age groups of 45-65 years.

Sample Size: The sample size was 38. “The Sample size reflected the number of subjects that are number of subjects that are including in the sample. The Sample comprises of 38 post-menopausal women.

Sampling Techniques: Non probability convenient sampling technique. Non -probability samplings are a Sampling technique in which sample are obtained from a population by using a non- population method convenience Sampling quota Sampling etc. are the examples of non-probability Sampling techniques.

Data Analysis

In the present study investigation planned to analyze the data obtained based on the objective of the study. The data obtained from 38 participants was planned and analyzed by

using both descriptive and inferential statistics. The following was done according to the given sequence:

1. Organizing data in master sheet
2. Socio – demographic variable’s analysis by using descriptive statics; frequency and percentage.
3. Analysis of knowledge regarding menopause of pre - test and post-test by frequency and percentage distribution. Item Wise analysis to assess knowledge regarding menopause. Overall analysis to assess the knowledge regarding menopause.
4. “t” test will be computed to determine the significant difference of knowledge between pre- test and post-test regarding menopausal women [9].
5. Tables and figures are plotted according to the collected data.

Result and discussion

The result was obtained based on the questionnaire answered by the 38 post-menopausal women, which is mentioned below.

Figure-1 Represent that Maximum Post-menopausal Women the age distribution data represents a sample of 38 individuals, categorized into specific age groups. The majority of respondents fall within the 61–65 age range, comprising 28.96% of the total and each of the age groups 45–50, 51–55, and 56–60 have an equal frequency of 9 individuals, each accounting for 23.68% of the sample. There are no respondents in the over 70 age group. Overall, the data indicates a relatively even distribution among the younger age brackets, with a slight increase in representation in the 61–65 age range.

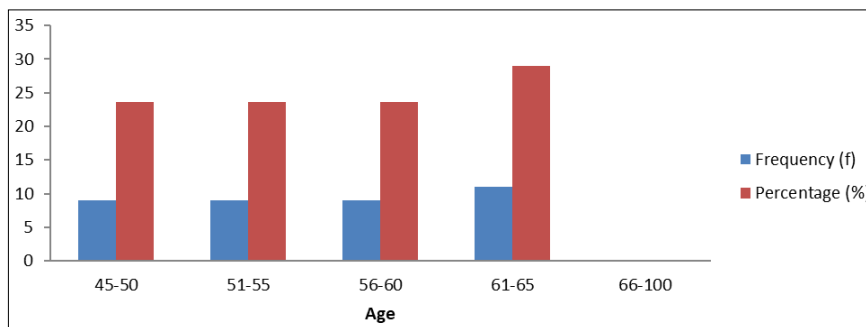


Fig 1: Bar diagram shows percentage distribution of Age of the Post-Menopausal Women

Figure 2 Represent that Maximum Post-menopausal Women 2 (5.26) were Education of the Intermediate or diploma, 1 (2.63) were Education of the High school Certificate, 31

(81.59) were Education of the Primary school certificate, 2 (5.26) were Education of the Illiterate, 2 (5.26) were Education of the Middle school Certificate.

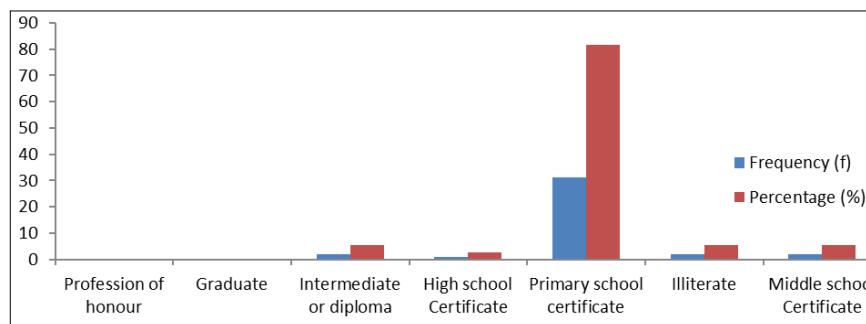


Fig 2: Bar diagram shows percentage distribution of education of woman

Figure 3 Represent that Maximum Post-menopausal Women 1(2.63%) was Marital Status of Separated, 28(73.69%) were

Marital Status of the married, 9 (23.68%) were Marital Status of Widow.

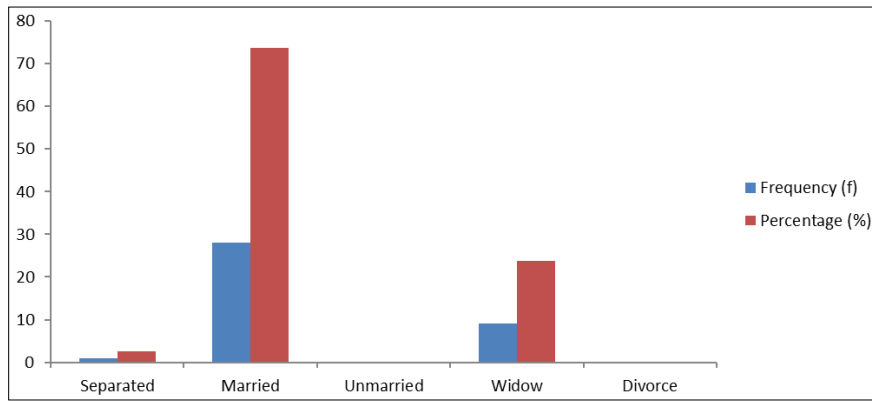


Fig 3: Bar diagram shows percentage distribution of Marital Status of the Post-Menopausal Women

Figure 4 represent that Maximum Post-menopausal Women’s 36 (94.74%) were Religion of Hindu, 2 (5.26%) were Religion of Muslim.

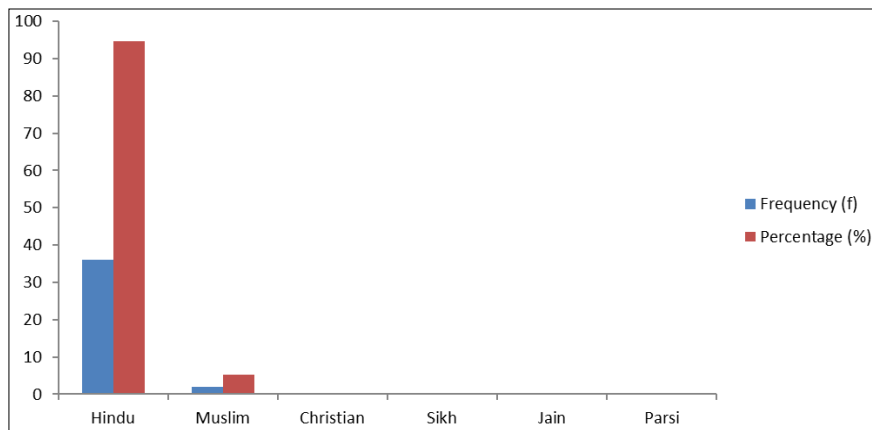


Fig 4: Bar diagram shows percentage distribution of religion of woman

Table 1: Overall analysis of pre-test & post-test knowledge requiring menopauses among post-menopausal woman. (N=38)

Over all knowledge score	Pre-Test		Post-Test	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Good Knowledge (21-30)	0	0	28	73.68%
Fair knowledge (11-20)	9	30%	10	26.32%
Poor knowledge (1-10)	29	76.3%	0	0
Total	38	100	38	100

As according to the table-1 and figure-5 it was observed that in pre-test 29(76.3%) have poor knowledge, 9(30%) have fair knowledge and none have good knowledge¹⁰, in post-

test 28(73.68%) have good knowledge 10(26.32%) have a fair knowledge and none have poor knowledge on menopause among post –menopausal women ^[11-12].

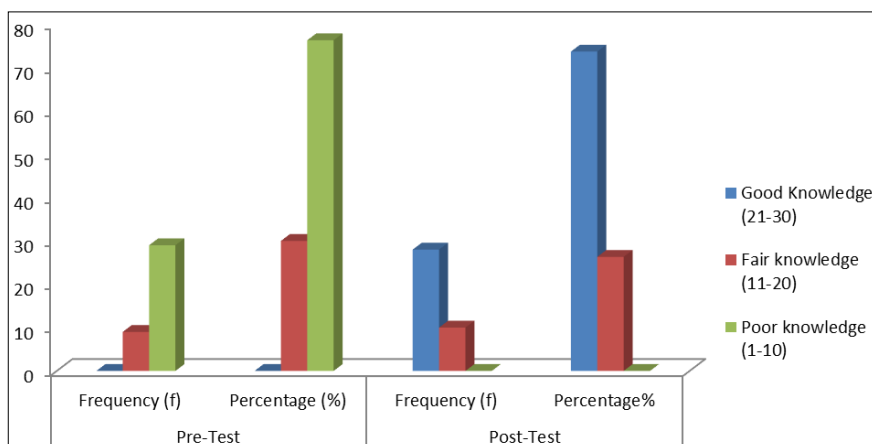


Fig 5: Bar diagram shows percentage distribution of knowledge

Table 2: t test effectiveness

Group	Mean	Mean Score%	SD	t Value	Critical t value	Level of Signification	Inference
Pre-Test	8.3	317 (27%)	3.43	3.04	3.55	0.001	Highly Significant
Post Test	24.8	942(80.25%)					

Table -2 Depicts that the mean score percentage 942(80.25%) of Post-test knowledge is highly then the mean score percentage 317(27%) of pre-test knowledge¹³.

“t” test is found to be highly significant as the calculated “t” value 3.04 is greater than the table value 2.95 at degree of freedom 37 p<0.01 level of significance. This data proves that post-test knowledge is more than pre-test knowledge ^[14-15].

Conclusion

Based on the findings of the study, it can be concluded that the educational intervention was highly effective in improving the knowledge of post-menopausal women regarding their condition. Initially, the majority (76.3%) had poor knowledge, with none having good knowledge. However, after the intervention, 73.68% demonstrated good knowledge, and none remained in the poor knowledge category and a significant improvement was statistically supported by the ‘T’ test, where the calculated value (3.04) exceeded the table value (2.95) at a 0.001 significance level which is indicating a meaningful difference between pre- and post-test scores. Demographically, the majorities of participants were aged between 61–65 years (28.96%), had a primary school level of education (81.59%), and were engaged in elementary occupations (76.32%). Over half (52.63%) had a family income below Rs. 6174, and the majority were married (73.69%) and identified as Hindu (94.74%). All participants belonged to rural communities. These characteristics highlight the need for targeted educational initiatives in rural areas to enhance awareness and knowledge about post-menopausal health.

Acknowledgement

Author would like to acknowledge the Faculty of Health sciences SHUATS and Medical Superintendent Community Health Centre, Chaka Block, Naini -Prayagaraj, for her invaluable support and guidance throughout this endeavor. We also extend our heartfelt thanks to all the community post-menopausal women of Prayagaraj for their cooperation and participation, without which this work would not have been possible.

Reference

1. Nayak G, Kamath A, Kumar P, Rao A. A study on quality of life among premenopausal women in selected coastal areas of Karnataka, India. *Journal of Midlife Health*,2012;3(1):71–75.
2. World Health Organization. Report of WHO science group on menopause in 1990s. WHO Technical Report Series 366, Geneva WHO,1906:12–13.
3. Syed Alwi, Syed Abdul Rahman, Zainudin SR, Lee VKM. *Asia Pacific Family Medicine*,2010;9(5):1–5.
4. Tiwari H, Tiwari R, Oza UN. Age at menarche and its association with age at marriage and age at first birth. *Indian Journal of Community Medicine*,2005;30(1):1–5.

5. Heinemann LAI, Potthoff P, Schneider HP. International version of the Menopausal Rating Scale. *Health and Quality of Life Outcomes*,2003;1(1):28.
6. Sagdeo M, Arora D. Menopausal symptoms: A comparative study in rural and urban women. *IK Science*,2011;13(1):1–6.
7. Kaur J, *et al.* Association of morphological parameters and psychological stresses with age at menopause. *Nursing and Midwifery Research Journal*,2008;4(1):1–6.
8. Singh L, Ahuja S. Trend of menopause among the women of Punjab. *Anthropologist*,1980;3(8):297–300.
9. Sengupta S, Gogol G. Menarche and menopause among the Kaibarta women of Dibrugarh, Assam. *Assam Science Society*,1993;35(1):113–119.
10. Baghlo N, Sharma S. Onset age of menopause among women in Kangra district of Himachal Pradesh. *The Anthropologist*,2008;10(14):305–307.
11. Shah R, Kalgutkar S, Savardekar L, Chitlang S, Iddya U, Balaiah D. Menopausal symptoms in urban Indian women. *Obstetrics and Gynecology Today*,2004;11(10):667–670.
12. Bagga A. Age and symptomatology of menopause: A case study. *Obstetrics and Gynecology Today*,2004;11(10):660.
13. Kow D, Khunna B, Vasishtha K. Factors influencing age at natural menopause. *Obstetrics and Gynecology India*,1994;44(1):273–277.
14. Sidhu S, Kaur A, Sidhu M. Age at menopause in educated women of Amritsar (Punjab). *Journal of Human Ecology*,2005;18(1):49–51.
15. Sharma S, Tondon V, Mahajan A. Menopausal symptoms in urban women. *JK Science*,2007;1(1):13–17.