

Assessment of Knowledge on Menopause and Coping Strategies and Related Life Style Changes of Women During and After Menopause

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ABSTRACT

Introduction: Menopause is a transition into a new phase of life. It begins when the menstrual cycle finishes. Menopause is not a health problem, and some experience it as a time of liberation. However, hormonal changes and other factors involved can cause discomfort [3]. The number of postmenopausal women has been increasing in recent years due to the increase of life expectancy. Nowadays, most women spend more than one-third of their life beyond their menopause [4].

Aim: To assess knowledge on menopause and coping strategies and related life style changes of women during and after menopause.

Methods and Materials: In view of the nature of the problem and to accomplish the objectives of the study survey approach was adopted. One group pretest and posttest design was adopted for this study. The study population comprises above 40 years of age group women. Purposive sample of 30 women belongs to the age group of above 40 years were taken as sample for the study. The tool used for gathering relevant data was a structured questionnaire on knowledge regarding Menopause and Coping Strategies and Related Life Style Changes and a set of education module was given through video, pamphlets and handout. This study was conducted in Maniyagarampalayam, at Coimbatore district.

Results: The mean value and standard deviation of pretest was 19.03; 3.593. The mean value and standard deviation of posttest was 27.4; 3.017. The mean difference was 8.37. The calculate 't' value 11.74 is greater than the table value at 0.05 level of significance. This shows that there is a significant difference in the mean level of the knowledge scores. Thus the education given on menopause and coping strategies and related life style changes of women during and after menopausal period was effective.

Key words: Menopause, Coping Strategies, Life Style Changes, hormonal changes

INTRODUCTION

Menopause is a transition into a new phase of life. It begins when the menstrual cycle finishes. Menopause is not a health problem, and some experience it as a time of liberation. However, hormonal changes and other factors involved can cause discomfort. Menopause usually starts between the ages of 40 and 58 years in developed countries, where the average age is 51 years. For some, it will occur earlier due to a medical condition or treatment, such as the removal of the ovaries [3].

Menopause is a physiological phenomenon caused by reduced ovarian function and occurs following the cessation of menstruation or amenorrhea for 12 months [1]. Natural menopause is the permanent cessation of menstruation which is

determined 12 months after the last menstrual period [4]. This period is associated with physical and mental symptoms such as hot flashes, urogenital symptoms, depression, irritability, sleep disturbances, troubles with concentrating, and sexual dysfunction.[2] Menopause is not a time of high risk for psychiatric illness but may be a time of psychological stress for women. Some women will experience psychological symptoms during the perimenopausal years [3].

The number of postmenopausal women has been increasing in recent years due to the increase of life expectancy. Nowadays, most women spend more than one-third of their life beyond their menopause. The etiology of menopause is not well-known. However, it seems that it is related to ovarian dysfunction and hormonal changes [4].

NEED FOR THE STUDY

Many women arrive at their menopause years without knowing anything about what they might expect, or when or how the process might happen and how long it might take. Very often a woman has not been informed in any way about this stage of life; it may often be the case that she has received no information from her physician or from her older female family members, or from her social group. As a result, a woman who happens to undergo a strong perimenopause with a large number of different effects may become confused and anxious, fearing that something abnormal is happening to her. This is a strong need for more information and more education among the women regarding menopause

STATEMENT OF THE PROBLEM

Assessment of Knowledge on Menopause and Coping Strategies and Related Life Style Changes of Women During and After Menopause

OBJECTIVES OF THE STUDY

1. Assess the knowledge on menopause and coping strategies and related life style changes of women during and after menopause
2. Structural teaching programme on menopause and coping strategies and related life style changes of women during and after menopause.
3. Reassessment of knowledge on menopause and coping strategies and related life style changes of women during and after menopause.
4. Association of knowledge on menopause and coping strategies and related life style changes of women during and after menopause with demographic variables

OPERATIONAL DEFINITIONS

1. Coping ability

The process of contending with life difficulties in an effort to overcome or work through them coping mechanism are conscious or unconscious strategies that a person uses to cope with stress or anxiety

2. Menopause

Menopause or female climacteric is the physical cessation of menstrual flow in women

MATERIALS AND METHODS

Research Approach

Survey approach was adopted.

Research Design

One group pretest and posttest design was adopted for this study.

Setting

This study was conducted in Maniyagarampalayam, at Coimbatore district.

Population

The study population comprises above 40 years of age group women.

Sampling

Purposive sample of 30 women belongs to the age group of above 40 years were taken as sample for the present study.

Criteria for Selection of Sample

Inclusion Criteria

- Women in the age group above 40 years.
- Women who are willing to participate in this study
- Women who undergone surgical menopause.

Exclusion Criteria

- Women not below the age group of 35 years.
- Women not willing to participate in this study

Description of the Tool

Part I

Demographic variable consist of women age, occupation, educational status, age at menarche, religion.

Part II

Questionnaire consists of multiple choice questions to assess the knowledge of menopause and coping strategies and related life style changes of women during and after menopause. This part is divided into physical and psychological aspect.

Education Module

A set of education module was prepared on definition, age group, events occurs during menopause, signs and symptoms, management includes Hormone replacement therapy, diet, coping mechanisms like exercise, herbal supplementation, yoga etc. Education was given through video, pamphlets and handout.

Method of Data Collection

The data was collected for 2 weeks in the community area at Maniyagarampalayam, Coimbatore. The samples of women aged between 40 and above were selected and administered the questionnaire on knowledge on menopause and coping strategies and related life style changes of women during and after menopause. Initially an assessment was done to assess the knowledge. An education on menopause and coping strategies and related life style changes was imparted followed by after the three days of interval post test was conducted to evaluate the effectiveness of the knowledge on menopause and coping strategies and related life style changes of women during and after menopause.

Techniques for Data Analysis

The collected data was analysed categorized and interpreted in master coding sheet and scoring was given to each variables

Formula used

$$\text{Standard deviation SD} = \sqrt{\frac{\sum (d - \bar{d})^2}{n - 1}}$$

SD = Standard deviation of pretest and post test

n = Total number of sample

$$t = \frac{\bar{d}}{s} \sqrt{n}$$

RESULTS

DISTRIBUTION OF SAMPLES BASED ON DEMOGRAPHIC DATA

TABLE 1

Age at menarche of the women (in years)	Number of Respondent	Percentage (%)
11-12	4	13.4
13-14	19	63.3
15-16	7	23.3
Total	30	100
Age of the women (in years)	Number of Respondent	Percentage (%)
40-42	3	10
43-45	12	40
46-48	9	30
49-51	6	20
Total	30	100
Education of the women	Number of Respondent	Percentage (%)
Illiterate	3	10
High school	18	60
Higher Secondary	4	13.3
Undergraduate	4	13.3
Post graduate	1	3.4
Total	30	100
Occupation of the women	Number of Respondent	Percentage (%)
House Wife	18	60
Private section	10	33.2

Government	1	3.4
Self	1	3.4
Total	30	100
Religion of Women	Number of Respondent	Percentage (%)
Hindu	26	87
Christian	3	10
Muslim	1	3
Total	30	100

Distribution of Samples Based On Demographic Data

Out of the 30 respondents 10% were in the age group between 40-42 years and 40% were in the age group of 43-45 years and 30% were in the age group of 46-48 years and 20% were in the 49-51 years. 10% were illiterate, 60% were high school and 13.3% were high secondary, 13.3% were under graduate and 3.4% are post graduate. 60% were house wife and 33.2% were private section, 3.4% were Government workers and 3.4% were self-business. 13.4% were 11-12 years of age at menarche, 63.3% were 13-14 years of age at menarche, 23.3% were 15-16 years of age at menarche. 87% were Hindu, 10% were Christian and 3% were Muslim.

FIGURE-1: DISTRIBUTION ON EDUCATIONAL STATUS

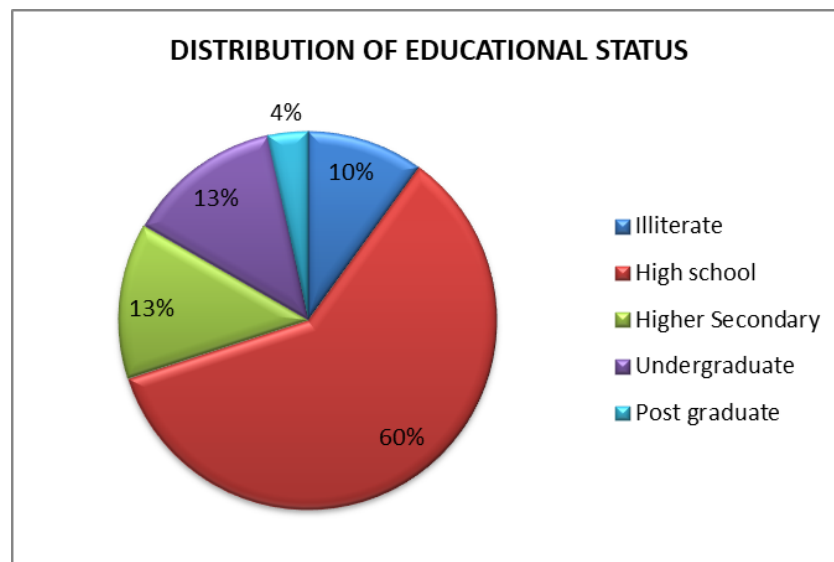
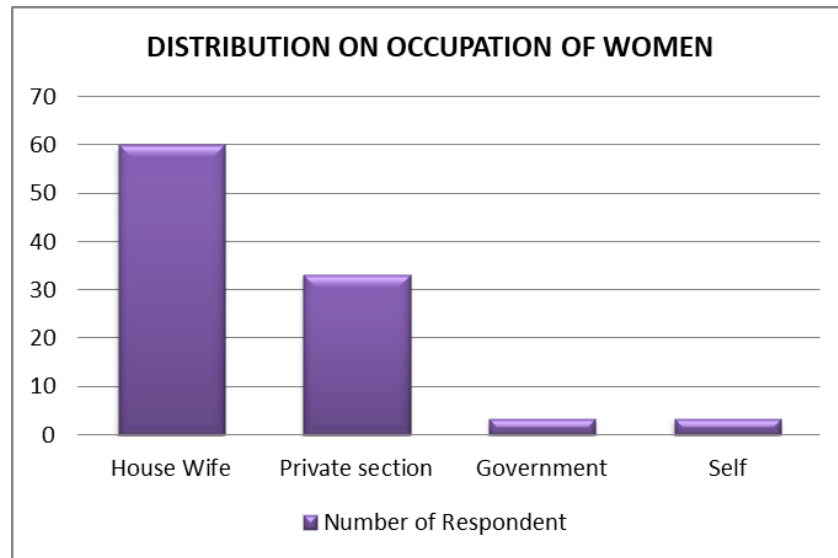


FIGURE-2: DISTRIBUTION ON OCCUPATION OF WOMEN

Pretest and Post Test Knowledge on Menopause and Coping Strategies and Related Life Style Changes of Women During and After Menopause

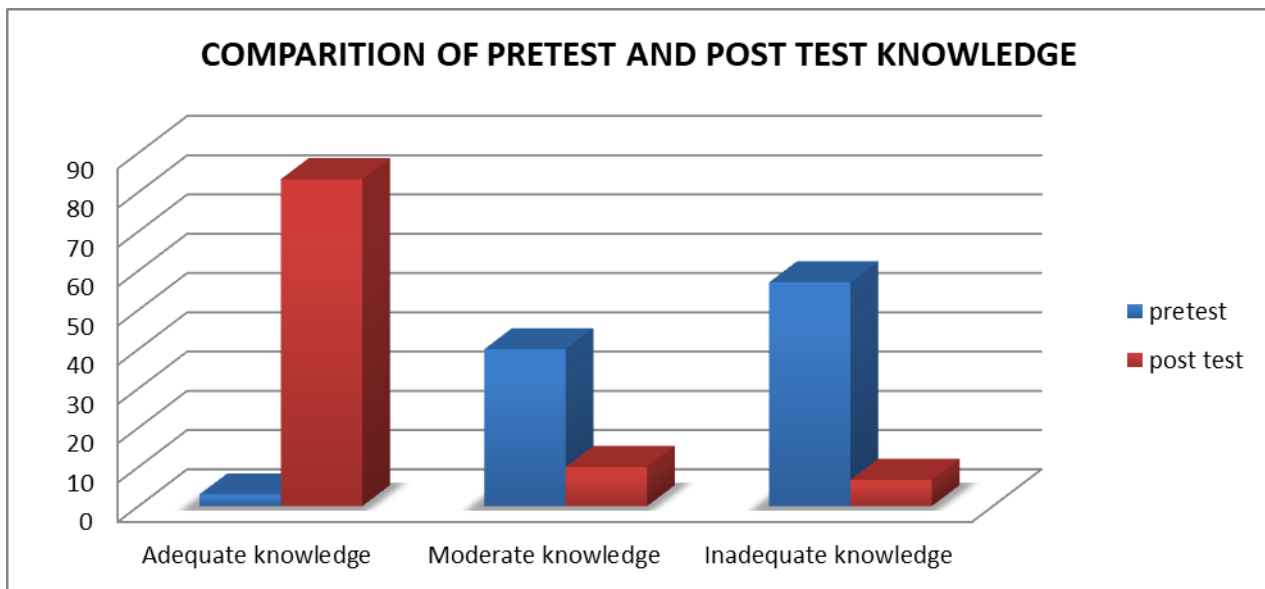
3% of women had adequate knowledge, 40% of women had moderate knowledge, and 57% of women had inadequate knowledge in pretest and 83.3% of women had adequate knowledge, 10% of women had moderate knowledge, and 6.7% of women had inadequate knowledge in posttest.

COMPARISON OF PRETEST AND POST TEST KNOWLEDGE ON MENOPAUSE AND COPING STRATEGIES AND RELATED LIFE STYLE CHANGES OF WOMEN DURING AND AFTER MENOPAUSE

TABLE 2

Level of knowledge	Frequency		Percentage (%)	
	pretest	Post test	pretest	Post test
Adequate knowledge	1	25	3	83.3
Moderate knowledge	12	3	40	10
Inadequate knowledge	17	2	57	6.7
Total	30	30	100	100

FIGURE-3: COMPARISON OF PRETEST KNOWLEDGE WITH POST TEST KNOWLEDGE



Effectiveness of Structured Teaching Programme of Knowledge on Menopause and Coping Strategies and Related Life Style Changes of Women During and After Menopause

The mean value of pretest was 19.03; the value for standard deviation for pretest was 3.593. The mean value for posttest was 27.4 and the value for standard deviation for posttest was 3.017. The mean difference is 8.37. 't' test was used to test the significance of mean difference in knowledge scores of women. The calculate 't' value 11.74 is greater than the table value at 0.05 level of significance. Thus the null hypothesis is rejected. This shows that there is a significant difference in the mean level of the knowledge scores. Thus the education given on menopause and coping strategies and related life style changes of women during and after menopausal period was effective.

EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME OF KNOWLEDGE ON MENOPAUSE AND COPING STRATEGIES AND RELATED LIFE STYLE CHANGES OF WOMEN DURING AND AFTER MENOPAUSE

TABLE 3

	Mean	Standard Deviation	Mean Difference	't' value
Pretest	19.03	3.593	8.37	11.74
Post test	27.4	3.017		

Association Between The Demographic Variables With Knowledge Level Regarding Menopause And Coping Strategies And Related Life Style Changes Of Women During And After Menopause

The correlation between knowledge level and age is 0.02 and between knowledge level and educational status is - 0.4 and between knowledge level and occupational status is 0.12 and between knowledge level and religion is 0.005. Age is positively correlated with pretest score

DISCUSSION

The menopause is emerging as an issue owing to rapid globalization, Urbanization, awareness and increase longevity in urban middle-aged Indian women, who are evolving as a homogeneous group. Improved economic conditions and education may cause the positive attitude of women to be more positive towards the menopause [5] Sharma, S et.al conducted study on the main

symptoms during menopause shows that it not only create awareness but also help in education of women regarding an identification of common menopausal symptoms [5] Apart from a normal response or may be a positive feeling in the form of relief from pain or at least the burden of the management of menstruation each month, many premenopausal women have concerns that they will experience mental instability, sudden signs of aging, and diminution of sexuality at this time. Culture, health, previous experience of mood problems, lifestyle, and whether menopause onset is a natural, surgical, or chemotherapy induced, will all impact on menopausal symptoms [3].

LIMITATIONS

1. The sample size of the present study was limited.
2. The study was conducted in only one specific area.
3. Because of the time limit, the study was able to conduct only for 2 weeks
4. This study was done only above 40 years of age group women.

RECOMMENDATIONS

- ➔ A similar study could be replicated taking a large sample
- ➔ A comprehensive study may be conducted between urban and rural Areas.
- ➔ Comparative study can be done between in rural and urban areas.

CONCLUSION

Menopause is a normal milestone experienced annually by 2 million Indian women each year, and many women are concerned about the relation between menopause and health [6]. All women will not experience menopause in the same way in terms of their onset and symptoms. It was therefore concluded that women of premenopausal, perimenopausal and menopausal age need to be enlightened on strategies required to cope with menopausal age, and that with good, reliable and appropriate information coupled with a lot of reassurance, menopause can be managed, such that those concerned can continue to live a normal life at menopause

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