



# International Journal of Midwifery and Nursing Practice

E-ISSN: 2663-0435  
P-ISSN: 2663-0427  
IJMNP 2018; 1(1): 19-21  
Received: 15-04-2018  
Accepted: 20-05-2018

**Sahithi M**  
Assistant Professor,  
Department of OBG, Angel  
College of Nursing,  
Khammam, Telangana, India

**Latha P**  
Associate Professor,  
Department of OBG,  
Narayana College of Nursing,  
Nellore, Andhra Pradesh,  
India

## A study to assess the effectiveness of structured teaching program on knowledge regarding menopause among menopausal women at Nellipaka, Bhadrachalam, Telangana

**Sahithi M and Latha P**

### Abstract

**Background:** When a woman stops menstruating and can no longer get pregnant -- is a natural event, not a disease or illness. However, for some women the physical and emotional symptoms can be difficult. Menopause involves hormonal changes in your body that may cause physical symptoms: As the ovaries stop producing estrogen and progesterone, the female sex hormones, estrogen levels decline over a period of years. That decline can cause hot flashes, night sweats, and mood swings.

**Objectives:** 1. To assess the pre -test & post test knowledge of women regarding menopause. 2. To assess the effectiveness of structured teaching program on menopause. 3. To find the association between knowledge and selected demographic variables.

**Methods:** A quantitative research approach and quasi -experimental One group pre test post test design was used. Through purposive sampling technique 60 menopausal women were selected.

**Results:** In pretest, majority of the menopausal women (88%) were had inadequate knowledge, followed by 8% of them were had moderate knowledge and only 3% of them were had adequate knowledge regarding menopause. In post test, majority of the menopausal women (83%) were had moderate knowledge followed by 17% of them were had adequate knowledge and none of them women were had inadequate knowledge regarding menopause.

**Keywords:** effectiveness, structured teaching program, knowledge, menopause, menopausal women

### Introduction

*I feel on edge. I can't sleep or think clearly. My husband is tired of my forgetfulness. Sometimes I just fly off the handle for no reason. I am having trouble with sex. I don't know what is happening to me? Could this be menopause. – Bhargoti.*

When a woman permanently stops having menstrual periods, she has reached the stage of life called menopause. Often called the change of life, this stage signals the end of a woman's ability to have children. Many health care providers actually use the term menopause to refer to the period of time when a woman's hormone levels begin to change. Menopause is said to be complete when menstrual periods have ceased for one continuous year. Menopause is a normal part of a woman's aging process. Most women experience menopause around age 50, though it can occur before then. The usual age range is 45-55 yrs<sup>[1]</sup>.

The ovaries stop making the hormones estrogen and progesterone. Vaginal walls become thinner, dryer, less elastic, and may become irritated (atrophic vaginitis). Sometimes sex becomes painful due to these vaginal changes, Higher risk of vaginal yeast infections, External genital tissue decreases and thins (atrophy of the labia), and can become irritated (Pruritis vulvae), hot flashes, moodiness, headaches, and trouble sleeping, Problems with short term memory, Breast tissue may decrease, Sex drive (libido) and sexual response may diminish, High risk of bone loss (osteoporosis), Urinary system changes such as frequency and urgency of urination and increased risk of urinary tract infection, Pubic muscles can lose tone resulting in the vagina, uterus, or urinary bladder falling out of position<sup>[2]</sup>.

Getting regular exercise, eating healthy foods, and staying involved in activities and with friends and loved ones can help the aging process go more smoothly.

**Other aging changes to expect:** Hormone production, Organs, tissues, and cells, Breast, Kidneys, Male reproductive system<sup>[3]</sup>.

Some women try herbs or other products that come from plants to help relieve hot flashes. These include: Soy contains phytoestrogens.

### Correspondence

**Sahithi M**  
Assistant Professor,  
Department of OBG, Angel  
College of Nursing,  
Khammam, Telangana, India

These are substances from a plant that may act like the estrogen your body makes. There is no clear proof that soy or other sources of phytoestrogens make hot flashes better. And the risks of taking soy products like pills and powders are not known. If you are going to try soy, the best sources are foods such as tofu, tempeh, soymilk, and soy nuts <sup>[4]</sup>.

### Need for the study

- International Osteoporosis Foundation (2013) The menopausal women to affect osteoporosis from 80% in 2014 and 74% in 2015 <sup>[5]</sup>. The age of women 45-60 years suffer from osteoporosis. 80% disease was reported in 2015. According to World Health Organization (WHO), medical studies show that osteoporosis is the second global health problem in work <sup>[6]</sup>. India is one of the largest affected country expert groups in India at approximately 26 million in 2013 with the numbers projected to increase to 36 million by 2015 <sup>[7]</sup>.
- The state level incidence of osteoporosis fractures approximately 50,00,000 and osteoporotic become and leading problem in the menopausal women at the age of 45-65 years. The risk of osteoporosis 6-8 times more common in women than men. In district level prevalence is 3% of males and 8% females. ICMR annual report 2007 however other studies show women of low socio economic 29% report of 2007. Rural areas 28.2% males 44% in females and urban areas, 48% at the number 16.71% at the femoral neck <sup>[8]</sup>.

Ayşegül Agil *et al.*, (2009) conducted a study to determine the effectiveness of different short-term exercise programs on psychological health, menopausal symptoms and quality of life among postmenopausal women. Forty-two women, who were experiencing menopause naturally, were chosen. They were randomly divided into resistance (n=18) and aerobic (n=18) exercise groups. The women exercised 3 days per week for 8 weeks under the supervision of a physiotherapist. Before and after the training, lipid profiles were measured and menopausal symptoms, psychological health, depression, and the quality of life were assessed through questionnaires. The results stated that the resistance exercise group, excluding the urogenital complaints, there were significant improvements in all subscales of Menopausal Rating Scale (MRS). The researcher concluded that resistance exercise and aerobic exercise were found to have a positive impact on menopausal symptoms, psychological health, depression, and the quality of life <sup>[9]</sup>.

### Statement of the Problem

A study to assess the effectiveness of structured teaching programme on knowledge regarding menopause among women in Nellipaka village at Bhadrachalam, Telangana.

### Objectives of the study

1. To assess the pre -test & post test knowledge of women regarding menopause
2. To assess the effectiveness of structured teaching program on menopause
3. To find the association between knowledge and selected demographic variables.

### Hypothesis

H<sub>1</sub>: There will be a significant difference in post test

knowledge level of Menopausal women after Structured Teaching Programme on menopause than the pretest knowledge level.

### Delimitations

The study is limited to;

- All menopausal women living in Nellipaka village.
- Who knows to read Telugu or English.
- Who is willing to participate in the study.

### Materials and Methods

**Research Approach:** Quantitative Research Approach

**Research Design:** Pre-experimental “One group Pretest-Post test design

**Setting of the Study:** The study was conducted at Nellipaka village, Khammam, Telangana.

### Population

#### Target Population

The target population of the present study was all menopausal women.

#### Accessible Population

The accessible population in this study were menopausal women living in Nellipaka village.

#### Sampling Technique

The subjects of the present study were selected by Non-Probability Purposive sampling technique.

#### Sample Size

The sample size for the present study was 60 menopausal women who satisfied the inclusion criteria.

### Variables

#### Independent variables

The independent variable in this study is structured teaching on menopause & demographic variables.

#### Dependent variable

The dependent variable is the knowledge level of women regarding menopause.

### Criteria for Sample Selection

#### Inclusion criteria

- All menopausal women living in Nellipaka village.
- Who knows to read Telugu or English
- Who is willing to participate in the study.

#### Exclusion criteria

- Who had not attained menopause.
- Women who are not present at the time of data collection.
- Women who are not willing to participate in the study

### Description of the Tool

#### The Tool consists of two parts

**Part-I:** It Includes items related to demographic data which consists of 10 items such as age, religion, education, occupation, marital status, age at menarche, age at menopause, family income, pattern of menstrual cycle and source of information.

**Part-II:** A Self Structured Questionnaire to Assess the Knowledge of Women On Menopause.

**Part i and ii : Level of knowledge**

S. No	Level of knowledge	Score
1.	Inadequate knowledge	0-10 (< 50%)
2.	Moderate knowledge	11-20 (51-75%)
3.	Adequate knowledge	21-30 (> 75%)

**Results & Discussion**

**Table 1:** Frequency and Percentage distribution of Pre & Post Test Knowledge level of Menopausal Women. (N=60)

S. No	Level of knowledge	Pre-test		Post-test	
		F	P	F	P
1.	Inadequate knowledge	53	88.3	-	-
2	Moderate knowledge	05	8.3	50	83.3
3	Adequate knowledge	02	3.3	10	17

Table-1 showed that, In pretest, majority of menopausal women (88%) were had inadequate knowledge, followed by 8% of them were had moderate knowledge and only 3% of

them were had adequate knowledge regarding menopause. In post test, majority of menopausal women (83%) were had moderate knowledge followed by 17% of them were had adequate knowledge and none of them women were had inadequate knowledge regarding menopause.

**Table 2:** Mean, Standard deviation & Paired ‘t’ test of Pre-test & Post-test Level of Knowledge of Menopausal Women. (N=60)

S. No	Level of knowledge	Pre-test	Post-test
1.	Mean	10	21
2.	Standard deviation	4.43	2.04
3.	Paired ‘t’ test	-	t=25.69

Table -2 shows that difference between mean pre-test knowledge score and mean post test score regarding menopause. The calculated ‘t’ value (25.69) was greater than tabulated value. It shows that there is a highly significance at the level of  $p < 0.05$  level. Hence the research hypothesis was accepted.

**Table 3:** Association between post test Knowledge and Selected Demographic Variables among menopausal women. (N=60)

S. No	Demographic Variables	Adequate		Moderate knowledge		Inadequate		Chi-Square X <sup>2</sup>
		F	%	F	%	F	%	
1.	<b>Occupation</b>							C= 14.474 T= 12.59 df= 6 P<0.05 S*
	a) Housewife	5	8	25	42	-	-	
	b) Laborer	2	3	22	37	-	-	
	c) Govt/private job	1	2	2	3	-	-	
	d) Business	1	2	2	3	-	-	
2.	<b>Age</b>							C= 8.21 T= 4.30 df= 2 P<0.05 S*
	a) >40 yrs	2	3	8	13	-	-	
	b) Between 41-55yrs	5	8	24	40	-	-	
	c) <55 yrs	2	3	19	32	-	-	

**Major findings of the study**

- In pretest, majority of menopausal women (88%) were had inadequate knowledge, followed by 8% of them were had moderate knowledge and only 3% of them were had adequate knowledge regarding menopause. In post test, majority of menopausal women (83%) were had moderate knowledge followed by 17% of them were had adequate knowledge and none of them women were had inadequate knowledge regarding menopause. Hence, it can be conclude that, there is a increased level of knowledge of women in post-test than the pre-test followed by structured teaching programme on menopause.
- The post test mean knowledge score was higher than the pre-test mean knowledge score. The calculated ‘t’ value (25.69) was greater than tabulated value. It shows that there is a highly significance at the level of  $p < 0.05$  level. Hence the research hypothesis was accepted.
- There was a significant association between occupation and family monthly income at  $P < 0.05$  level.

**Conclusion**

The study concluded that there was a increased level of knowledge of women in post-test than the pre-test, followed by structured teaching programme on menopause. It showed that structured teaching programme was effective in increasing the knowledge level of women regarding menopause.

**References**

1. Annamma Jacob The text book of Midwifery and

Gynaecological nursing published by Jaypee Brothers 1<sup>st</sup> edition. 2005, 744-746.

2. Latha P. Knowledge regarding osteoporosis among women of menopausal age (45-65) at selected village of Moga, Punjab. NNJ. 2016; 5(1):39-41.3.

3. Lavanya B, Latha P, Dr. Indira S. Knowledge regarding care of patients with chemotherapy among staff nurses and nursing students in NMCH, Nellore, International, Journal of Applied Research. 2017; 3(10):301-304.

4. Dutta DC. Text book of Gynaecology published by New central agency publications, 3<sup>rd</sup> edition, 2001, 51-57

5. Cochrane R, Gebbie AE, Walker G. The journal of management of menopausal symptoms after cancer, 2013.

6. Latha P. Knowledge and practice of health promotional activities among older adults in Narayana Medical College Hospital, Nellore, A.P, International journal of multidisciplinary education and research. 2017; 2(4):26-28.

7. Wolters Klumer. The journal of the North American Menopause Society. 2012; 19:355-360.

8. Kavitha G, Latha P, Indira S, Effectiveness of RED intervention on symptoms among post menopausal women in selected villages at Nellore, Andhra Pradesh, International Journal of Research and Review. 2017; 4(9):1-5.

9. American College of Obstetricians and Gynecologists Committee on Gynecologic practice. ACOG Committee Opinion No. 420, November 2008: hormone therapy and heart disease. Obstet Gynecol. 2008; 112:1189-1192.