A study to assess the effect of planned teaching programme on knowledge regarding vasomotor perimenopausal problems and their Remedial measures among women in selected areas.”

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ABSTRACT

Introduction: Menopause, defined as the complete cessation of menstrual periods, occurs naturally in most women and is associated with the gradual loss of ovarian follicles. With the aging of the worldwide population in the coming decades, it is estimated that 1.2 billion women worldwide will be menopausal or postmenopausal by the year 2030.Prevalence of VMS alone is estimated at approximately 40 to 50 million women in the United States. Prevalence and severity generally increase with advancing reproductive stage, which ranges from late reproductive, early menopause transition, late menopause transition, to post menopause. Currently, therapies targeted to treat a variety of menopausal symptoms are hormone-based. These therapies are generally more effective than non-hormonal treatments which generally treat a single symptom. However, hormone therapy (HT) is not indicated for women with past or existing breast cancer, past or existing estrogen-sensitive malignant conditions, undiagnosed genital bleeding, untreated endometrial hyperplasia, venous thromboembolic event history, past or existing arterial thromboembolic disease, untreated hypertension, existing liver disease, hypersensitivity to the active ingredients in HT, and porphyria cutanea tarda.Current guidelines recommend that HT is prescribed at the lowest effective dose and for the shortest duration, and be consistent with individual treatment goals among postmenopausal women. **The present study title:** A study to assess the effect of planned teaching programme on knowledge regarding vasomotor perimenopausal problems and their Remedial measures among women in selected areas. The objective of the study was to assess to identify knowledge regarding Perimenopausal problems and their remedial measures to determine the effect of planned teaching on knowledge regarding Perimenopausal problems and their remedial measures to find an association between knowledge on Perimenopausal problems and their remedial measures with selected demographic variables. **Material and Methods**: In present study, researcher adopted A Non probability purposive sampling technique was used. A structured knowledge questionaire and planned health teaching on vasomotor perimenopausal problems and their remedial measures was prepared and used for data collection. Data collection done on 60 sample. association was done by Fisher's Exact test with selected demographic variable .**Result:** Analysis of data related to the effect of plan teaching on knowledge regarding vasomotor peri menopausal problems and their remedial measures. Majority of 86.7% of the women had poor knowledge (score 0-10) and 13.3% of them had average knowledge (score 11-20) regarding vasomotor peri menopausal problems and their remedial measures. In post-test, 10% of the women had poor knowledge (score 0-10), 81.7% of the women had average knowledge (score 11-20) and 8.3% of them had good knowledge (score 21-30**). Conclusion** :Association of vasomotor problems associated with Perimenopause and remedial measures with demographic variables was assessed using fisher's exact test.Since the p-value corresponding to occupation is small (less than 0.05), null hypothesis is rejected hence occupation is the demographic variable which is found to have significant association with the knowledge of the women regarding vasomotor peri menopausal problems and their remedial measures.

Keywords: (Assess, Effect, Planned Health Teaching)

INTRODUCTION

Menopause, defined as the complete cessation of menstrual periods, occurs naturally in most women and is associated with the gradual loss of ovarian follicles. With the aging of the worldwide population in the coming decades, it is estimated that 1.2 billion women worldwide will be menopausal or postmenopausal by the year 2030 It is estimated that as many as 85 % of postmenopausal women have experienced a menopause-related symptom in their lifetime.Prevalence of VMS alone is estimated at approximately 40 to 50 million women in the United States.6Symptom prevalence and severity generally increase with advancing reproductive stage, which ranges from late reproductive, early menopause transition, late menopause transition, to postmenopause. Currently, therapies targeted to treat a variety of menopausal symptoms are hormone-based. These therapies are generally more effective than non-hormonal treatments which generally treat a single symptom. However, hormone therapy (HT) is not indicated for women with past or existing breast cancer, past or existing estrogen-sensitive malignant conditions, undiagnosed genital bleeding, untreated endometrial hyperplasia, venous thromboembolic event history, past or existing arterial thromboembolic disease, untreated hypertension, existing liver disease, hypersensitivity to the active ingredients in HT, and porphyria cutanea tarda. Current guidelines recommend that HT is prescribed at the lowest effective dose and for the shortest duration, and be consistent with individual treatment goals among postmenopausal women. The World Health Organization (WHO) defines menopause as 'the permanent cessation of menstruation as a result of the loss of ovarian follicular activity . Natural menopause is recognized after 12 months or more of amenorrhea and is not associated with a pathologic cause worldwide, the median age at menopause ranges from 45 to 55 years with life expectancy between 75-80 years . Average age of menopause in Indian women is 47.5 years with a life expectancy of 71years. It the population of elderly people rising every year. It is estimated that by 2026, there will be 173 million people over 60 years of age of which 103 million are menopausal women. In India, the number of postmenopausal women will rise by 81% in the next 20 years from 27.1 million in 2010 to 43.0 million in 2030 . Feminine issues like menarche, menopause, and reproduction are still not discussed in Indian societies. Females tend to remain silent, attend clinics after many months of suffering. Menopausal health demand now becomes a priority in Indian scenario due to increased life expectancy, growing population of menopausal women who live one third of their life in this hormone deficient state and recent trends of life style and health care services. Common vasomotor problems of menopause are hot flashes, night sweats, Irritability, sleep disturbances, irregular periods, loss of libido, vaginal dryness, urinary incontinence, urgency, back pain and Mood swings. A long term effect includes risk of atherosclerosis, acute myocardial infarction, cardiovascular diseases, osteopenia, osteoporosis and Alzheimer's disease. In general, many women have low knowledge and practice about menopause transition issues, indicating the necessity to plan for interventions.

NEED FOR THE STUDY

Menopause is the transition period in a woman's life. After the age of 40years, ovaries reduce their production of sex hormones. As a result, the menstruation as well as other body functions is disturbed. Finally the menstruation cease permanently. This ultimate pause is described as menopause. Needless to say that this phase also marks the end of fertility in women. It is commonly known as the "change of life," and is described by biomedical researchers and feminist scholars alike as a time of transition and border crossing. Biomedical literature suggests that menopause primarily represents negative change. Its research focuses on biological/bodily change. Alternatively, feminist literature on menopause proposes that menopause can represent positive change or a neutral experience for individual women, depending on the individual and her circumstances. However, there are ways to reduce or eliminate some of the symptoms of menopause. Menopause is different for everyone. Some women notice little difference in their bodies. Others may find it difficult to cope with their symptoms. The most common symptom of menopause is hot flushes (hot flashes).As many as 75% of menopausal women in the United States will have them

Sharma (2010) was conducted a study to assess the knowledge, attitude, problems and remedial measures adopted by menopausal women among 100 women in south Delhi. Structured interview schedule and like attitude scale was used for this study. The result indicated that 45% of the subjects were in the age group above 55 years,51% of the subjects were literates and 77% were house wives.54% of menopausal women had inadequate knowledge regarding menopause.51% of menopausal women had positive attitude towards menopause.89% of the subject had mood swings.67% had loss of recent memory,66% had vaginal dryness ,58% had insomnia,,56% hot flushes, 56% decreased libido , 53% headache, constant fatigue 78% .There was a positive correlation between knowledge of menopause and its remedial measures.

OBJECTIVES OF THIS STUDY

To identify knowledge regarding Perimenopausal problems and their remedial measures

To determine the effect of planned teaching on knowledge regarding Perimenopausal problems and their remedial measures

To find an association between knowledge on Perimenopausal problems and their remedial measures with selected demographic variables.

REVIEW OF LITERATURE

Many studies have been carried out on Epsom salt. Some of the studies carried out to assess the effect of planned teaching programme on knowledge regarding vasomotor perimenopausal problems and their Remedial measures among women in selected areas. Review of the relevant studies was carried out from the textbooks, journals,articles.

Literature related to perimenapausal problems among women.

Mehta,Reddy(2017)conducted a study on Effectiveness of structured teaching programme on knowledge regarding menopausal problems and their remedial measures among middle aged women are selected areas of Jaipur. A study was adopted one group pretest- posttest, pre-experimental design and conducted among 240 middle aged women of 35-50 years of age.Samples were selected through consecutive sampling technique , Data were obtained through structured interview Questionnaire from selected areas of Jaipur.Result shows that the pretest knowledge of 85%of middle aged women was found inadequate, 12.5%had moderate and 2.5% had adequate knowledge. In post test 37.5% of the middle aged women gained adequate knowledge,50% had moderate knowledge and 12.5% had inadequate knowledge regarding menopausal problems and their remedial measures.

Amin , Kumari(2016)conducted a study on effectiveness of Structured teaching Programme on knowledge regarding menopausal problems among women at rural areas at mangaluru. A quasi experimental non randomised control group design was performed among 100 women ,non probability convenience sampling technique was used. The levels of knowledge were assessed by structured interview method.Result shows that in pre-test, majority of samples in experimental group (86%) and control group (88%) had poor knowledge regarding menopausal problems. Where as in post- test majority of respondents had good knowledge in experimental group (58%) and poor knowledge in control group (88%).After the study the researcher concluded that structured teaching programme was effective in improving the knowledge of women regarding menopausal problems.

Zainudin (2010) was conducted a descriptive study regarding assessment of menopausal symptoms among 356 middle aged women in Malaysia. Modified menopause rating scale was adopted for this study. The result indicated that the most prevalent symptoms reported were joint and muscular discomfort (80.1%); physical and mental exhaustion (67.1%); and sleeping problems (52.2%). Followed by symptoms of hot flushes and sweating (41.6%); irritability (37.9%); dryness of vagina (37.9%); anxiety (36.5%); depressive mood (32.6%). Other complaints noted were sexual problem (30.9%); bladder problem (13.8%) and heart discomfort (18.3%).

Literature related to the remedial measures of menopausal problem.

Holmes-Rovner et. al. (2012) was conducted study among 197 low-income perimenopausal african-american women were surveyed to determine knowledge of menopause and hormone replacement therapy (HRT). A non probability sampling method was conducted .The result indicated that 58% experienced expected levels of occurrence of symptoms, but perceived them as not very bothersome, 74.5% had a knowledge deficit related to menopause and HRT, and 60% had expectations about menopause that underestimated their lifetime risk of heart disease. Thus it suggests that low-income African-American women need better information for decision making about prevention.

Joffe et. al. (2010) was conducted a study for Evaluation and management of sleep disturbance during the menopause transition among midlife women in United States. Evaluation tool was used for this study. The result indicated that different types of sleep disturbance occurring in midlife women and presents data supporting the use of hormone therapy, hypnotic agents, and behavioral strategies to treat sleep problems in this population.

Literature related to the effectiveness of structured teaching programme on remedial measures of menopausal problems.

Akkuzu et. al. (2005)was conducted An experimental study to examine the effect of hormone therapy (HT)-related education and counseling among 119 women. Chi- square was used in data evaluation. The result indicated that There was no difference between the groups at the third month for those who were continuing HT (P> 0.05), but at the sixth month a significant difference was found (P< 0.05). The primary reason for stopping HT at the third month in the experimental group was fear of cancer and in the control group it was the side effects of HT. At 6 months, the primary reason for stopping HT in the experimental group was, again, fear of cancer but in the control group it was the woman's desire not to continue. There was no significant difference in the groups at either 3 or 6 months in experiencing benefits or side effects from HT (P> 0.05). Education and counseling services given by nurses or other health care personnel have an effect on long-term compliance.

Garcia Sanchez et. al. was conducted a semi-experimental study with a comparison group regarding self-help programme for climacteric and menopause on the psychological state of women of menopausal age among 106 women between 45 and 60years in Albacete's Area IV Health Centre. Goldberg Health questionnaire before and after the intervention for this study . 62 women (70.5%) presented a probable mental disorder, with no statistically significant difference between the two groups. After the intervention, 82.5% of the women in the control group had probable psychological disorders, but only 8.3% of those in the intervention group. The difference was statistically highly significant (P < 0.00001; RR = 9.9; 95% Cl, 3.8-25.3). The results show that educational programmes are very useful in the Primary Care setting.

Material and method:

In present study, researcher adopted A Non probability purposive sampling technique was used. A structured knowledge questionaire and planned health teaching on vasomotor perimenopausal problems and their remedial measures was prepared and used for data collection. Data collection done on 60 sample. association was done by Fisher's Exact test with selected demographic variable

Description of Tool

Section – I :- It consisted the demographic data of perimenopausal women, with questions seeking information on the background data of the women. The items included are age, education, type of family , number if delivaries, religion, income, occupation.

Section – II :- It consisted of womens knowledge regarding vasomotor perimenopasual problems.

There are 14 questions in the Questionnaire, Item number 1 related to meaning of menarche , Item number 2 related to normal duration of menestrual cycle, Item number 3 related to meaning of menopause, Item number 4 related to cause, Item number 5-14 related to sign and symptoms

Section- III :- It mainly focusesed to vasomotor perimenopausal problems and remedial measures among women.There are 16 questions in the questionnaire, Item number 1-16 related to remedial measures

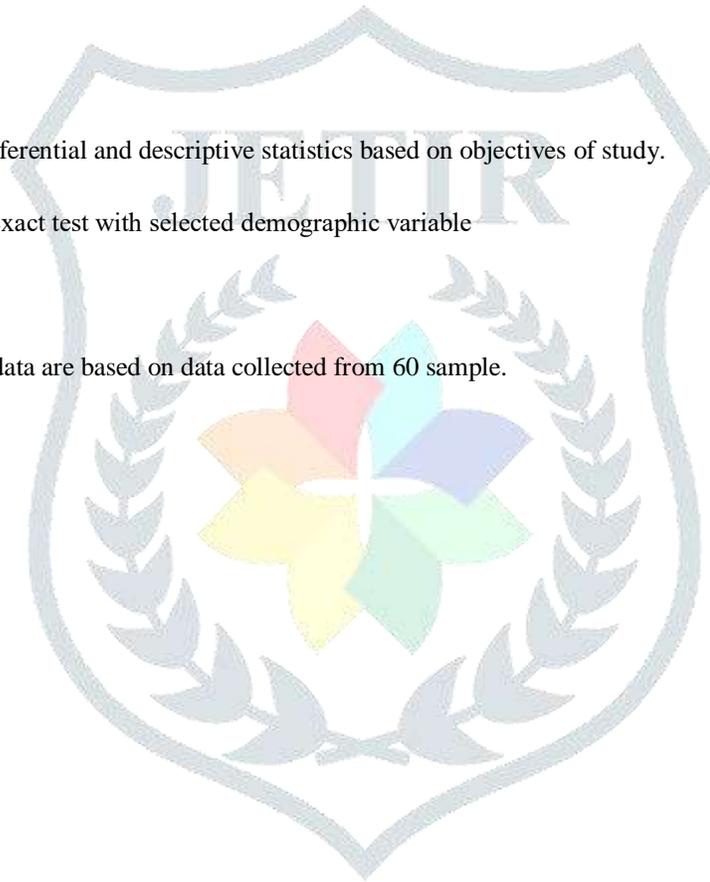**Scoring:**

0-10 Poor

11-20 Average

21-30 Good

Plan for Data Analysis

Analysis of data was done using inferential and descriptive statistics based on objectives of study.

association was done by Fisher's Exact test with selected demographic variable

RESULT AND DISCUSSION

Analysis and interpretation of the data are based on data collected from 60 sample.

Section I

Description of samples (women) based on their personal characteristics.

Table 1: Description of samples (women) based on their personal characteristics in terms of frequency and percentages

n=60

Sr.No.	Demographic Variable	Frequency (f)	Percentage (%)
1	**Age**		
	35-40 years	15	25.0
	41-45 years	25	41.6
	46-50 years	16	26.7
	Above 50 years	4	6.7
2	**Religion**		
	Hindu	34	56.7
	Muslim	10	16.7
	Christian	7	11.7
	Buddhist	2	3.3
	Others	7	11.7
3	**Educational qualification**		
	Illiterate	1	1.7
	Primary	26	43.3
	Secondary & Higher secondary	26	43.3
	Graduate & Post- Graduate	7	11.7
4	**Occupation**		
	Service	5	8.3
	Business	12	20.0
	Housewife	36	60.0
	Others	7	11.7
5	**Residence**		
	Urban Semi	17	28.3
	urban	15	25.0
	Rural	28	46.7

Sr.No.	Demographic Variables	Frequency (f)	Percentage (%)
6	**Family income per month**		
	Less than Rs. 5000	7	11.7
	Rs. 5001- 10000	18	30.0
	Rs. 10001-15000	26	43.3
	Above Rs. 15000	9	15.0
7	**Number of delivery**		
	None	3	5.0
	One	16	26.7
	Two	33	55.0
	More than two	8	13.3
8	**Have you undergone any gynecological surgery** None of these	60	100.0
9	**Do you suffer from any disease**		
	Hypertension	1	1.7
	None of these	59	98.3
10	**Age of Menarche**		
	10-12 years	20	33.3
	13-15 years	36	60.0
	16-18 years	4	6.7

The table No.1 deals with the demographic data with regard to demographic characteristics, majority of 41.6% of them had age 41-45 years, 56.6% of them were Hindu, 43.3% of them had primary education, 43.3% of them had secondary and higher secondary education, 60% of them were housewives, 46.7% of them were from rural area, 43.3% of them had income Rs. 10001-15000, 55% of them had two deliveries and 60% of them had menarche at the age 13-15 years.

Section II

Analysis of data related to knowledge regarding vasomotor peri menopausal problems and their remedial measures

Table 2: Knowledge regarding vasomotor peri menopausal problems and their remedial measures

n=60

Sr.No.	Knowledge	Frequency (f)	Pretest (%)
1	Poor (Score 0-10)	52	86.7
	Average (Score 11-20)	8	13.3
	Good (Score 21-30)	0	0.0

In pretest, table 86.7% of the women had poor knowledge (score 0-10) and 13.3% of them had average knowledge (score 11-20) regarding vasomotor peri menopausal problems and their remedial measures.

Section III

Analysis of data related to the effect of plan teaching on knowledge regarding vasomotor peri menopausal problems and their remedial measures.

Table 3: The effect of plan teaching on knowledge regarding vasomotor peri menopausal problems and their remedial measures

n=60

Sr.No.	Knowledge	(f)	Pretest (%)	(f)	Posttest (%)
1	Poor (Score 0-10)	52	86.7	6	10.0
	Average (Score 11-20)	8	13.3	49	81.7
	Good (Score 21-30)	0	0.0	5	8.3

Table no.3 shows that in pretest, 86.7% of the women had poor knowledge (score 0-10) and 13.3% of them had average knowledge (score 11-20) regarding vasomotor peri menopausal problems and their remedial measures. in post-test, 10% of the women had poor knowledge (score 0-10), 81.7% of the women had average knowledge (score 11-20) and 8.3% of them had good knowledge (score 21-30) regarding vasomotor peri menopausal problems and their remedial measures

Section IV

Analysis of data related to association between knowledge on vasomotor peri menopausal problems and their remedial measures with selected demographic variables

n=60

Sr.No.	Demographic variable		Poor	Average	p- value
1	Age	35-40 years	1	14	0.791
		41-45 years	4	21	
		46-50 years	3	13	
		Above 50 years	0	4	
2	Religion	Hindu	6	28	0.907
		Muslim	1	9	
		Christian	0	7	
		Buddhist	0	2	
		Others	1	6	
3	Educational qualification	Illiterate	0	1	0.787
		Primary	4	22	
		Secondary & Higher secondary	4	22	
		Graduate & Post- Graduate	0	7	
4	Occupation	Service	1	4	**0.049**
		Business	0	12	
		Housewife	4	32	
		Others	3	4	
5	Residence	Urban	2	15	0.713
		Semi urban	3	12	
		Rural	3	25	
6	Family income per month	Less than Rs. 5000	0	7	0.386
		Rs. 5001- 10000	4	14	
		Rs. 10001-15000	4	22	
		Above Rs. 15000	0	9	
7	No. of delivery	None	1	2	0.626
		One	2	14	
		Two	4	29	
		More than two	1	7	

Demographic variable		Poor	Average	p-value
Do you suffer from any disease	Hypertension	0	1	1.000
	None of these	8	51	
Age of Menarche	10-12 years	1	19	0.359
	13-15 years	7	29	
	16-18 years	0	4	

Occupation is the demographic variable which is found to have significant association with the knowledge of the women regarding vasomotor peri menopausal problems and their remedial measures. Hence the p-value is less than 0.05 it shows that planned health teaching on knowledge regarding vasomotor perimenopausal problems and their remedial measures was found to be very effective.

Discussion

The present study was undertaken to assess the effect of planned teaching programme on knowledge regarding vasomotor perimenopausal problems and their Remedial measures among women in selected areas

Jiny James(2010) conducted a similar study on Structured teaching programme on knowledge regarding problems of menopausal women and its remedial measures among middle aged women in selected rural area, Bangalore. The study was adopted one group pre test- post test, pre-experimental design and conducted among 60 middle aged women who fulfill the inclusion criteria .Samples were selected through purposive sampling technique , Data were obtained through structured interview shedule from selected areas of Banglore .Result shows that the study will be beneficial to the middle aged women by improving their knowledge regarding problems of menopause and its remedial measures and also the findings of the study will elicit the association between the socio demographic variables and knowledge level of middle aged women in selected rural areas. In present study, the investigator adopted one group pre test post test research design in which, the group consist of 60 women with perimenopause in between the age of 35-50 years, who fulfilled the inclusion criteria. The purposive sampling technique was used to select the samples. A structured questionnaires was developed by the investigator for assessing the knowledge regarding vasomotor perimenopausal problems and their remedial measures. The final tool was consisted with three sections. Section-I, section-II and section- III. Majority 41.7% of samples from age group of 41-45 years,25% of the women had age 35-40 years,26.7% of them had 46-50 years of age.Majority of 56.7% of them were Hindu, 16.7% of them were Muslim, 11.7% of them were Christians, 3.3% of them were Buddhist and 11.7% of them had some other religion.Majority of 43.3% of them had primary education and secondary and higher secondary education,11.7% of the had graduation and post-graduation and 1.7% of them were illiterate.8.3% of them had s1ervice, 20% of them had business, 60% of them were housewives and 11.7% of them had some other occupation.28.3% of them were residing in urban area, 25% of them residing in semi urban area and 46.7% of them were from rural area.11.7% of them had monthly family income less than Rs.5000, 30% of them had monthly family income Rs. 5001-10000, 43.3% of them had income Rs. 10001-15000 and 15% of them had income above Rs. 15000.5% of them did not had any delivery, 26.7% of them had one delivery, 55% of them had two deliveries and 13.3% of them had more than two deliveries. None of them had undergone any gynecological surgery.1.7% of them suffered from hypertension.33.3% of them had menarche at an age 10-12 years, 60% of them had menarche at the age 13-15 years and 6.7% of them had menarche at age of 16-18 years.

Conclusion

The present study to assess the effect of planned teaching programme on knowledge regarding vasomotor perimenopausal problems and their Remedial measures among women in selected areas. Analysis of data was done using inferential and descriptive statistics based on objectives of study.Association was done by Fisher's Exact test with selected demographic variable Analysis of data related to the effect of plan teaching on knowledge regarding vasomotor peri menopausal problems and their remedial measures. Majority of 86.7% of the women had poor knowledge (score 0-10) and 13.3% of them had average knowledge (score 11-20) regarding vasomotor peri menopausal problems and their remedial measures. In post-test, 10% of the women had poor knowledge (score 0-10), 81.7% of the women had average knowledge (score 11-20) and 8.3% of them had good knowledge (score 21-30)

IMPLICATIONS

The finding of this study is implicated in following headings-

NURSING PRACTICE

The present study can be nursing practice by providing health teaching regarding vasomotor Perimenopausal problems and their remedial measures by nurses' working in gynac ward .Nurses has to concentrate more on problems associated with perimenopause during hospitalization, so that they can be face better their situation and cope up faster. The role of obstetric nurse is constantly changing these changes are the result of evolving concepts of wellness and illness. Nurses working in various settings like hospitals, community health centres schools, colleges, industries etc.Should make use of the opportunity for providing the correct information regarding preventive aspect of vasomotor perimenopausal problems.The nurses working in hospital setting both in inpatient and outpatient services play an important role in educating women about preventive aspect of vasomotor perimenopausal problems. They carry out health education both on one to one basis and in groups in varied settings. A nurse can teach the person to recognize the sign of vasomotor perimenopausal problems. Poster and charts can be displayed and pamphlets distributed in the OPDs of the hospitals. Copies can be kept in the wards and OPDs to enlighten the clients and it can also be given to them for learning, as it is an economical way of teaching in terms of time and resources. Community nurses can participate in the assessment of community needs and surveillance of various problems including vasomotor perimenopausal problems. Nurses need to be equipped with advanced knowledge and skill to become involved in providing the necessary services, motivate and encourage them to take self care action for the early detection of vasomotor perimenopausal problems

NURSING EDUCATION

Nursing education is developing rapidly in India and nurses fromour country can be found all over the world providing care an education.The education curriculum must include imparting knowledge aboutthe use of various teaching strategies and principles for effective planned health education.

Now a day much importance is given to awareness and promotion of health than the curative aspects. As the needs of society are continuously changing newer components must be incorporated inthe nursing curriculum. Nursing education must emphasize onpreventive and rehabilitative aspects.The nursing teachers can use the result of the study as an informative illustration for the students. Nursing education should help in inculcating values and a sense of responsibility in the students to educate the women with such disorders.

NURSING ADMINISTRATION

As a part of administration, the nurse administrator plays avital role in educating women regrading vasomotor perimenopausal problemsand their remedial measures The nurse administrator can utilize the type of plannedhealth teachings used for this study to

enhance the knowledge ofstudents and staff nurses and obstetrical and gynaecological nursing administrationcan depute nurses for various workshops, conferences, and specialcourses; and also in- service education programs can be arranged for patient with vasomotor perimenopausal problems.The findings of the study should be used as a basis of inservice education programs for nurses so as to make them aware ofhe present problems in the community.

NURSING RESEARCH

Nursing research is an essential aspect of nursing as it upliftsthe profession and develops new nursing norms and a body of knowledge. Very few studies have been done on a similar basis. The research design, findings and the tool can be used as avenues for further research.There is a need for extended and intensive nursing research in the area of prevention especially tuberculosis and use the findings of study for the improvement of society by improving their knowledge for better compliance with the preventive aspects and treatment plans designed to prevent further risks due to lack of knowledge and negligence.

LIMITATIONS

The data is collected only through the baseline data and questionnaire.

This study is restricted only to the women who is in the perimenopause

Data collection period was limited.

RECOMMENDATIONS

A comparative study can be done between different categories of professionals.

A study may be conducted to evaluate the effectiveness of booklet related to vasomotor perimenopausal problems and their   remedial measures

A study can be done on association between various demographic variables, which were significant on larger samples.

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