



EFFECTIVENESS OF LAUGHTER THERAPY AMONG THE POST MENOPAUSAL STRESSED WOMEN.

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ABSTRACT: Menopause is an inherent physiological phenomenon that occurs in women. Post-menopause is the phase in women's life when indicators signify the conclusion of her reproductive years. Post-menopausal is determined by the presence of symptoms and the length of the time that has passed since a women's last menstrual period. Stress is a prevalent issue that individuals encounter in their lives. Women may experience a distinct set of psychological issues that are not often faced by men. It is important of stress in order to protect this particular age group from succumbing to detrimental effects of stress. The study was aimed to find out the effectiveness of laughter therapy in stress on Dadra and Nagar Haveli. This experimental study was conducted in 2023 among conveniently selected 60 Post menopausal stressed women from selected area of Dadra and Nagar Haveli. Modified Kessler's Psychological Stress Scale was used for data collection. Data analysis was done through Descriptive and Inferential statistics. Among 60 participants (Pre-test) 71.67% women were found moderate stress and 28.33% women were found severe stress, after intervention of laughter therapy (Post-test) 78.33% women were found mild stress and 21.67% women were found moderate stress. It is replicated with a large sample in different settings (a nursing home or hospital) in future.

KEYWORDS: Laughter therapy (LT), Post-menopausal stressed women, Stress

INTRODUCTION

According to the World Health Organization (WHO), menopausal women commonly experience symptoms such as hot flushes, nocturnal sweats, excessive sweating, heart palpitations, vaginal dryness, difficulty sleeping, changes in mood, stress, depression, and anxiety. The Indian Journal of Psychiatry has reported that post-menopausal women may experience a range of symptoms, including hot flushes, irritability, mood swings, insomnia, dry vagina, difficulty concentrating, mental confusion, stress incontinence, urge incontinence, osteoporotic symptoms, depression, headache, vasomotor symptoms, and insomnia. This collection of symptoms is commonly referred to as postmenopausal syndrome.

choices for persons who are looking for comprehensive approaches to health. Although these interventions cannot substitute conventional medical treatments, they can supplement them and enhance the overall healing process. Laughter, often regarded as an effective remedy, has been utilized as a therapeutic technique called laughter therapy, or laughter yoga. This innovative method of promoting wellness employs laughing and deliberate, simulated cheerfulness as a strategy to improve physical, mental, and emotional well-being. Deviating from traditional therapeutic approaches, laughing therapy offers a unique and light-hearted path to healing.

Laughter therapy decreases stress hormones that constrict blood vessels and suppress immune activity and reduces at least four of neuroendocrine hormones associated with stress response. Laughter helps to relieve the stress because while laugh adrenaline level goes down and also triggers the release of endorphins, the body's natural painkillers and produce a general sense of well-being. Laughter therapy is found to lower blood pressure, reduce stress hormones, increase muscle flexion and boost immunes.

STATEMENT OF THE PROBLEM

“A STUDY TO ASSESS EFFECTIVENESS OF LAUGHTER THERAPY AMONG THE POST MENOPAUSAL STRESSED WOMEN IN SELECTED AREAS OF DADRA AND NAGAR HAVELI.”

OBJECTIVES OF THE STUDY

1. To assess the pre-test level of stress among the post-menopausal women.
2. To assess the post-test level of stress among the post-menopausal women.
3. To assess the effectiveness of laughter therapy among the post-menopausal stressed women.
4. To find association between the pre-test level of post-menopausal stress among post-menopausal women and selected baseline variables.

HYPOTHESIS

NULL HYPOTHESIS

H01: There is no any significant difference between pre-test & post-test stress score among post-menopausal women at 0.05 level of significance.

H02: There is no any significant association between the stress level among the post-menopausal women with selected baseline variables at 0.05 level of significance.

RESEARCH HYPOTHESIS

H1: There is significant difference between pre-test & post-test stress score among post-menopausal women at 0.05 level of significance.

H2: There is significant association between the stress level among the post-menopausal women with selected baseline variables at 0.05 level of significance.

ASSUMPTION

- Post-menopausal women have varying level of stress and it may vary from individual to individual.
- Being in happy mood / pleasurable mood keeps the person happy.

METHODOLOGY

Study Design: Experimental Research Design

Research Setting: Selected area of Dadra and Nagar Haveli

Population: Post-menopausal stressed women

Sample Size: 60 Postmenopausal women

Sampling Techniques: Non-Probability Convenient Sampling Technique

Inclusion criteria

1. Age including 50 year & above the age 50 year.
2. Who are home maker / house wife.
3. Who will be able to speak and understand Hindi, Gujarati or English.
4. The Participants voluntary agreed to participant in the study & signed informed consent.
5. Who are having physiological menopause.

Exclusion criteria

1. Who are suffered from the epilepsy, hernia, heart disease.
2. Who are taking hormonal replacement therapy.
3. Who are regularly practicing laughter therapy.
4. Who are having hypotension.
5. Who are undergone partial and full hysterectomy surgery

DESCRIPTION OF THE TOOL:

SECTION A: TOOL :1 Baseline Data & TOOL :2 Clinical Data

SECTION B: Modified Kessler psychological stress scale

DATA ANALYSIS AND INTERPRETATION

TABLE :1

SECTION: A An Analysis of baseline variables of Modified Kessler Psychological stress level among post- menopausal women.

n=60

SR.NO.	BASELINE DATA	FREQUENCY (f)	PERCENTAGE (%)
1.	Age (in years)		
	50 – 59	38	63.33
	60 – 69	20	33.33
	≥ 70	02	3.33
2.	Education		
	Primary / Secondary	37	61.67
	Graduate	22	36.67
	Post graduate & above	01	1.67
3.	Marital status		
	Married	47	78.33
	Widow	13	21.67
4.	Types of family		
	Nuclear	17	28.33
	Extended	11	11.33
	Joint	32	53.33

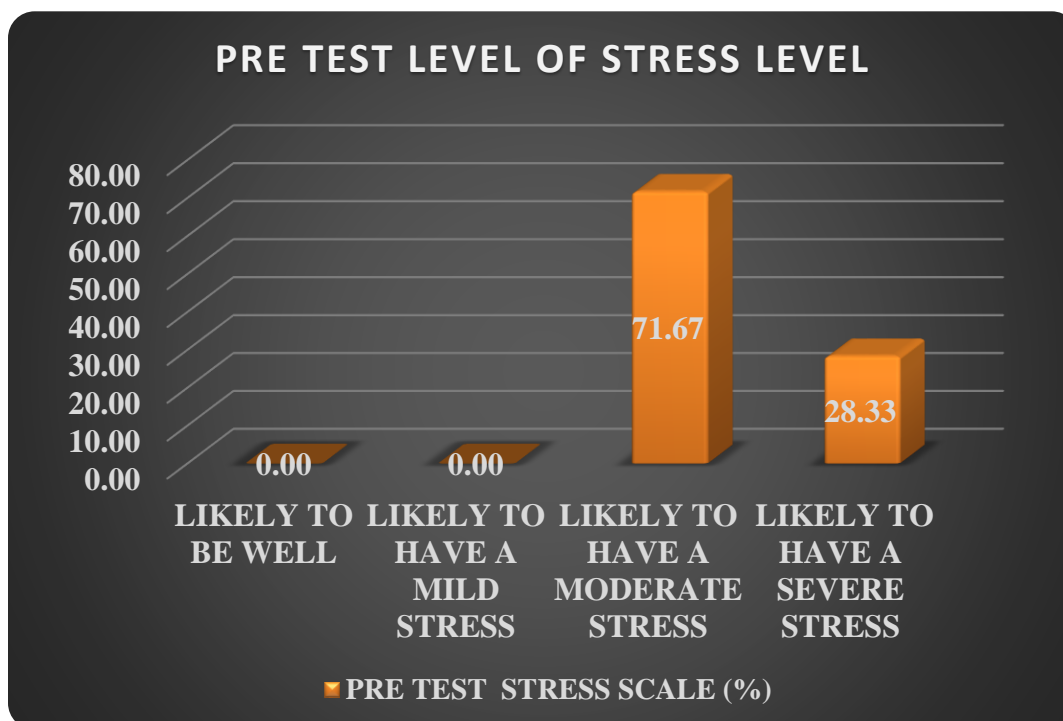
5.	Sleeping pattern		
	<7 hours	35	58.33
	7- 8 hours	25	41.67
6.	Did you know about the laughter therapy		
	No	60	100

Table Shows the frequency and percentage distribution of samples (60) according to demographic variables.

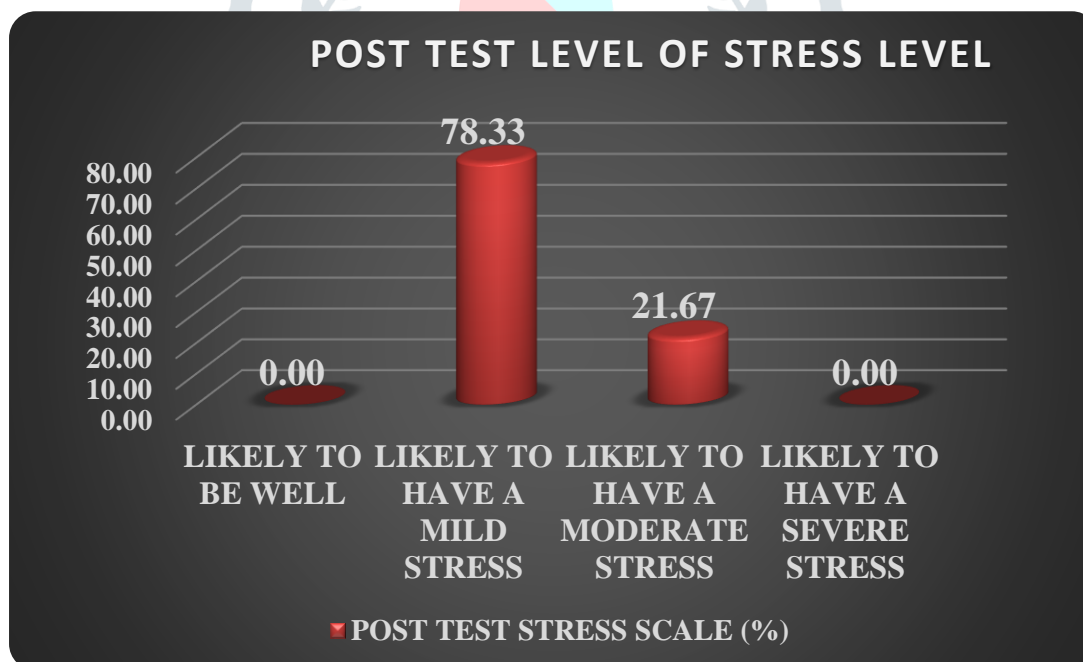
n=60

SR.NO	CLINICAL DATA	FREQUENCY (f)	PERCENTAGE (%)
1.	Are you involved in house-holds activities		
	Involved in complete household activity	45	75.0
	Involved in household activity with the help of maid	07	11.7
	Not involved / very less involved in the household activity	08	13.3
2.	Are you involved in any health related bad habits		
	No	56	93.33
	Yes	04	6.7
2.3	Alcohol	03	5.0
2.4	Others	01	1.7
3.	BMI		
	Underweight	01	1.7
	Normal	39	65.0
	Overweight	20	33.3
4.	Blood pressure Measurement		
	Normal <130/85 mm of Hg	35	58.3
	High normal 130-139/85-89mm of Hg	02	3.3
	Grade -1 hypertension 140-159/ 90-99 mm Hg	23	38.3

Table Shows the frequency and percentage distribution of samples (60) according to clinical data.

SECTION: B Analysis of the pre-test level of stress among the post-menopausal women.**GRAPH :1 Pre-test level of stress among the post-menopausal women**

The above charts depicts that out of 60 Post-menopause women, 71.67% Post-menopausal women were found moderate stress level, 28.33% Post-menopausal women were found severe stress level.

SECTION: C Analysis of the post-test level of stress among the post-menopausal women.**GRAPH:2 Post-test level of stress among the post-menopausal women**

The above charts depicts that out of 60 Post-menopause women, 78.33% Post-menopausal women were found mild stress level, 21.67% Post-menopausal women were found moderate stress level.

TABLE:2

SECTION: D Analysis of the effectiveness of laughter therapy among the post-menopausal stressed women.

Group	Level of stress			
	Mean	SD	t	P value
Pre-test	28.45	2.228	24.84	0.0001
Post-test	23.33	2.006		

Table Shows the comparison of mean and standard deviation of pre-test and post-test overall level of stress among post-menopausal women.

TABLE:3

SECTION: E Association between the pre-test level of post-menopausal stress on post-menopausal women with selected baseline variables.

n=60

SR.N O	BASELINE DATA	MODE- RATE	SEVERE	TOTAL	χ^2	P- value
1.	AGE				11.776 (df=2)	.003 (S)
	50 – 59	33	5	38		
	60 – 69	09	11	20		
	≥ 70	01	01	02		
	TOTAL	43	17	60		
2.	Education				2.905 (df=2)	0.234 (NS)
	Primary/ Secondary	26	11	37		
	Graduate	17	05	22		
	Post graduate & above	00	01	01		
	TOTAL	43	17	60		
3.	Marital status				13.670 (df=1)	0.0002 (S)
	Married	39	08	47		
	Widow	04	09	13		
	TOTAL	43	17	60		
4.	Types of family				12.789 (df=2)	0.002 (S)
	Nuclear	07	10	17		
	Extended	11	00	11		
	Joint	25	07	32		
	TOTAL	43	17	60		
5.	Sleeping pattern				8.726 (df=1)	0.003 (S)
	<7 hours	20	15	35		
	7- 8 hours	23	02	25		
	TOTAL	43	17	60		
6.	Knowledge regarding laughter therapy					
	No	43	17	60		
	TOTAL	43	17	60		

S-

Significant

NS- Not significant

df= Degree of freedom

Table Shows the association of the pre-test level of post-menopausal stress on post-menopausal women with selected baseline variables.

The above table shows the association between the pre-test level of post-menopausal stress on post-menopausal stressed women with selected baseline variables. Among post-menopausal women there is **significant association** between baseline variables such as Age ($\chi^2= 11.776$), Marital status ($\chi^2=13.67$), Types of family ($\chi^2= 12.789$), Sleeping pattern ($\chi^2= 8.726$) on post-menopausal stressed women and other baseline variables such as Education have **not significant** association between post-menopausal stress on post-menopausal stressed women with selected baseline variables.

TABLE:4

Association between the pre-test level of post-menopausal stress on post-menopausal women with clinical data.

n=60

SR. NO.	CLINICAL DATA	MOD-ERATE	SEVERE	TOTAL	χ^2	P Value
1.	Involved in households activities				14.620 (df=2)	0.001 (S)
	Involved in complete household activity	38	07	45		
	Involved in household activity with the help of maid	02	05	07		
	Not involved / very less involved in household activity	03	05	08		
	TOTAL	43	17	60		
2.	Involved in any health related bad habits				0.991 (df=1)	0.320 (NS)
	YES	02	02	04		
	Alcohol	01	02	03		
	Others	01	00	01		
	NO	41	15	56		
	TOTAL	43	17	60		
3.	BMI				19.914 (df= 2)	0.000 (S)
	Underweight	01	00	01		
	Normal	35	04	39		
	Overweight	07	13	20		
	TOTAL	43	17	60		
4.	Blood pressure Measurement				21.272 (df=2)	0.0 (S)
	Normal <130/85 mm Hg	33	02	35		
	High normal 130-139/85-89 mm Hg	01	01	02		
	Grade -1 hypertension 140-159/ 90-99 mm Hg	09	14	23		

	TOTAL	43	17	60		
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S-Significant**NS- Not significant****df= Degree of freedom**

Table Shows the association of the pre-test level of post-menopausal stress on post-menopausal women with selected Clinical variables.

Above table shows that there is a association between the pre-test level of post-menopausal stress on post-menopausal stressed women with clinical data. Among post-menopausal women there is a significant association between clinical data such as House hold activity ($\chi^2=14.620$), BMI($\chi^2=19.914$), Blood pressure ($\chi^2= 21.272$) on post-menopausal stressed women and other clinical data such as health related bad habits have not significant association between clinical data on post-menopausal stressed women.

Hence, stated null hypothesis, 'no any significant association between the stress level among the post-menopausal women with respective baseline variables at 0.05 level of significance' stands rejected.

The research hypothesis 'there will be significant association between the stress level among the post-menopausal women with respective baseline variables at 0.05 level of significance' stands accepted.

DISCUSSION

Several research have been carried out to evaluate the efficacy of laughter therapy in relation to post-menopausal stress. This chapter outlines the key discoveries derived from this study, which were based on the objectives, framework, and hypothesis that led the research. The objective of the study was to ascertain the efficacy of laughter therapy in mitigating the impact of post-menopausal stress, specifically among post-menopausal women with moderate to severe psychological stress

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