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Effectiveness of Self Instructional Module on Knowledge Regarding Menopause among the Women in Selected Area at Vijayapura District, Karnataka

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Abstract: ***Women are the second creator of the world after God. She is responsible for life on our planet earth. So, such an important creature, women and her health is an important issue. 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. It is the physiological cessation of the menstrual cycle associated with advancing age. It is a natural process that happens in every women as she grows older and not a medical problem, disease or illness, even though it may appear so.[2] Method: An evaluator approach with a pre–experimental (one group pretest - posttest) design was used for the study. The sample consisted of 60 menopausal women selected by purposive sampling technique. Pretest was conducted by administering a structured knowledge questionnaire prepared by the investigator. After the pretest, the SIM is issued to the menopausal women, and the seventh - day posttest was conducted using the same knowledge questionnaire. The collected data was analyzed using descriptive and inferential statistics. Results: In the pretest, the overall mean rate of knowledge score was 40%, and that of the posttest was 81.61%, with an enhancement of 41.61%. The statistical paired' value 16 is greater than the table value 2.02, implying that the difference between the pretest and posttest knowledge scores was statistically significant at a 5% level. Hence stated null hypothesis H01 is rejected in relation to all aspects of knowledge, and research hypothesis H1 is accepted. The association between the posttest knowledge scores of respondents with selected demographic variables. The calculated x2 value concerning Age (x2 = 0.33 (NS), P<0.05) 2df, Religion (x2 = 0.57 (NS) P<0.05) 2df, Educational Status (x2 = 0.30 (NS) P<0.05) 3df, Marital status (x2 = 0.06 (NS) P<0.05) 1df, Family income (x2=0.17 (NS) P<0.05) 2 df, Source of Information (x2 = 0.02 (NS) P<0.05) 1df, were less than the table values at 0.05 level of significance. Therefore no significant association was found between all variables and the post - test knowledge level of Women. Hence null hypothesis H02 is accepted, and research hypothesis H2 is rejected for these variables. Conclusion: The study's findings showed that the knowledge of menopausal women was not satisfied before the introduction of SIM intervention. The SIM intervention helped them to learn more about the management of menopausal symptoms. The posttest knowledge score showed a significant increase in the level of knowledge of menopausal women Hence the SIM intervention is an effective teaching strategy for providing information and improving the understanding of menopausal women.***

Keywords: Effectiveness; SIM intervention; knowledge; management; menopausal symptoms; menopausal women

1. Introduction

Women are the second creator of the world after God. She is responsible for life on our planet earth. So, such an important creature, women and her health is an important issue. Women health refers to the total wellbeing of women. Women are major consumers of health care services, negotiating not only their own complex health care but often managing care for their family members as well. Their reproductive health needs as well as their greater rates of health problems and longer life spans compared with men make women's relationships with the health care system complex.[1]

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. It is the physiological cessation of the menstrual cycle associated with advancing age. It is a natural process that happens in every women as she grows older and not a medical problem, disease or illness, even though it may appear so.[2]

Menopause is a normal part of life, just like puberty. It usually occurs between the ages of 45 - 55years.[3]

The transition from reproductive to non - reproductive is the result of a reduction in female hormonal production by the ovaries. This transition is normally not sudden or abrupt, tends to occur over a period of years, and is a natural consequence of aging. Many of the symptoms of hormonal fluctuation can be lessened in severity — or even eliminated — through diet, exercise and stress reduction.[4]

To assess the signs and symptoms of menopause and to establish an approximate age of onset of menopause a descriptive study was conducted among 137 women in Jordan. Women's homes were randomly sampled from the residential blocks surrounding the local community health centre. The first phase of the study involved an in - depth

semi - structured questionnaire and in second phase, a general and pelvic examination with labouratory tests. The study findings revealed that women were found to be suffering from a variety of health problems including: vasomotor symptoms (44%), urinary tract infections (11%), reproductive tract infections (39%), and genital prolapse (41%). The median age of menopause was 49 years. The study concluded that menopausal women suffer from an appreciable level of morbidity as they approach menopause and the level of health awareness of these women lags behind.[5]

Around 72% of Indian population is rural based and 25.10% of them belong to menopausal age. As one of the worlds's most populated countries, India faces a variety of challenges dealing with menopause. Women with lower levels of education and literacy generally lack access to knowledge of medical information and medical assistance. Thus, education should be more focussed or rural women to bring up their awareness regarding various problems they face in her transitional period and to tackle them effectively and successfully.[6]

A cross - sectional descriptive survey to explore the level of perimenopausal knowledge of mid life women, to describe the relationship between demographic factors and women knowledge, and to identify what information health providers need to offer them was conducted in Taipei. The finding indicated less than 20% of the women answered the items that measured self management of symptoms related to perimenopausal correctly. Less than 1.4% of the women knew that taking hormone replacement therapy required a physician's prescription and subsequent regular health check - ups. The study concludes that participants lacked adequate knowledge about perimenopause.[7]

A national prospective cohort study was conducted in England, Scotland and Wales with a population of 1498 menopausal women aged 47 years to describe the health symptoms and to examine the influence of the menopause allowing for social factors and health in earlier life. Data was collected through postal questionnaire. Results showed that women who had experienced an early natural menopause had a strongly raised risk of vasomotor symptoms (hot flushes or night sweats), sexual difficulties (vaginal dryness or difficulties with intercourse) and trouble sleeping.[8]

An experimental study was conducted to examine the effect of an exercise programme on relieving menopausal symptoms and improving the quality of life among 48 menopausal women in Spain. The 12 - month programme consisted of 1 muscle stretching and relaxation exercises in which half of them participated and the other half did not. At the start of study, 50% of the women in the exercise group and 58% of non - exercisers had severe menopausal symptoms. The study findings revealed that the percentage of women with severe menopausal symptoms dropped to 37% among the exercise group and became severe among 66% non - exercisers. The study concluded that regular exercise improves mental and physical health of menopausal women.[9]

From the above studies and statistics it is clear that menopausal symptoms are distressing for women, where most of them are not aware about the management of menopausal symptoms. The investigator during her community posting and interaction with women observed that they lack knowledge regarding menopause. This urged the investigator to take up the present study with an intention to provide SIM intervention to teachers on knowledge regarding management of menopausal symptom.

2. Objectives of the study

1) To assess the existing knowledge on Menopause among Women.
2) To determine the effectiveness of Self Instructional module on Menopause among Women.
3) To determine the difference between pre - test and post - test knowledge scores on Menopause among Women.
4) To find out the association between mean post test knowledge level with their selected variables.

3. Materials and Methods

An evaluator approach with a pre–experimental (one group pretest - posttest) design was used for the study. The sample consisted of 60 menopausal women (40 - 55year) selected by purposive sampling technique Pretest was conducted by administering a structured knowledge questionnaire prepared by the investigator, It consists of 32 items which were prepared based on the aspects like meaning and basic factors, symptoms & management. After the pretest, the SIM is issued to the menopausal women, and the seventh - day posttest was conducted using the same knowledge questionnaire. The collected data was analyzed using descriptive and inferential statistics.

4. Result

The data collected through structured knowledge questionnaire from Women of Selected areas, Vijayapur (N=60) is analyzed and interpreted. The results were computed by using descriptive and inferential statistics based on the objectives.

Part I: Analysis of demographic characteristics of respondents under study:
Analysis of demographic data of respondents is described in terms of Age, Religion, Educational Status, Marital status, Source of Information.

The data from the Table.1 shows the following findings

Characteristics	Category	Respondents	
		Number	Percent
Age	40 - 44years	30	50
	45 - 49years	20	33.33
	50 - 55years	10	16.66
Religion	Hindu	40	66.66
	Muslim	15	25
	Christian	5	8.33
	Others	0	0
Educational Status	Primary level	5	8.33
	High school level	18	30

	Pre - University	32	53.33
	Degree	5	8.33
Marital status	Unmarried	6	10
	Married	54	90
	Widow	0	0
	Others	0	0
Family income	UptoRs.3000	0	0
	Rs.3001–4000	12	20
	Rs.4001–5000	12	20
	AboveRs.5000	36	60
Source of information	Family members	45	75
	Health personnel	15	25
	Mass media	0	0
	Any other, specify	0	0

- Majority of the respondents (50%) were in the age group of 40 - 44 years, 33.33% were from the age group of 45 - 49 years and 16.66% were from the age group 50 - 55 years.
- Majority (66.66%) of the respondents belong to Hindu religion, 25% were Muslims and remaining (8.33%) are Christian.
- Majority (53.33%) of the respondents were PUC, 30% of the respondents were studied up to high school, 8.33% were studied up to primary level and 8.33% of the respondents are Degree.
- Majority (90%) of the respondents are married, remaining (10%) are unmarried.
- Majority (60%) of the respondent's family income was Above Rs.5000 rupees, equal (20%) number of respondent's family income ranges from 3001–4000 and 4001–5000 rupees,
- Majority (75%) of the respondents Source of information is from family members, remaining (25%) from health personnel.

Part II: Analysis of pre - test and post - test knowledge score

a) Analysis of pre – test Knowledge score of respondents

Table 2: Classification of Respondents based on their Pretest Knowledge scores on Menopause, N=60

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤50%Score	46	76.66
Moderate	51 - 75%Score	14	23.33
Adequate	>75%Score	0	0
Total		60	100

Table 2 shows that, the classification of respondents according to their knowledge level in the pre - test. The data showed that majority (76.66%) of the respondents had inadequate knowledge, only 23.33% had moderate knowledge but none of them adequate knowledge.

Table 3: Mean, SD, Median, Mean%, CV of Pretest knowledge scores of Respondents on Menopause, N=60

No.	Knowledge Aspects	Statements	Max. Score	Respondents Knowledge				
				Mean	Mean (%)	Median	SD	CV
I	Combined	30	30	12	40	9	4.72	39.41

Table 3 shows that, Mean, SD, Median, Mean%, CV of Pretest knowledge scores of respondents on Menopause. The overall mean percentage of pre - testwas40%.

b) Analysis of Post - test Knowledge score of respondents.

Table 4: Classification of Respondents based on Posttest Knowledge scores on Menopause, N=60

Knowledge Level	Category	Respondents	
		Number	Percent
Inadequate	≤50%Score	0	0
Moderate	51 - 75%Score	18	30
Adequate	>75%Score	42	70
Total		60	100

Table 4 shows that, the classification of respondents according to their knowledge level in the post - test. The data showed that majority (70%) of the respondents had adequate knowledge regarding Care of clients with traction, 30% had moderate knowledge but none of them had inadequate knowledge.

Table 5: Mean, SD, median, mean%, CV of Posttest knowledge scores of Respondents on Menopause, N=60

No.	Knowledge Aspects	Statements	Max. Score	Respondents Knowledge				
				Mean	Mean (%)	Median	SD	CV
I	Combined	30	30	24.48	81.61	25.5	3.28	13.39

Table 5 shows the pre - test mean percentage of knowledge score was 81.61%.

Part III: Comparison between pre - test and post - test knowledge score of respondents and effectiveness of SIM

a) Comparison of knowledge scores and effectiveness of SIM.

The following research hypothesis was stated

H_1 - There will be significant difference between mean pre - test knowledge score and post - test knowledge scores among Women on Menopause.

Table 6: Mean, SD, Median, Mean% and CV of overall Pre test, Post test and enhanced Knowledge scores of respondents on Menopause and calculated 't' value, N=60

Aspects	Max. Score	Respondents Knowledge					Paired 't' test
		Mean	Mean (%)	Median	SD	CV	
Pretest	30	12	40	9	4.72	39.41	16*
Posttest	30	24.48	81.61	25.5	3.28	13.39	
Enhancement	30	12.48	41.61	16.5	6.07	48.68	

*Significantat5%level, t (0.05, 59df) =2.02

Table 6 shows the overall pre test and post test and enhanced mean percentage of Knowledge scores of respondents regarding Care of clients with traction. In pre - test, overall mean percentage of knowledge score was 40% and that of the post - test was 81.61% with the enhancement of 41.61%. The statistical paired 't' value 16 is greater than the table value 2.02 which implies that the difference between the pre - test and post - test knowledge scores found to be statistically significant at 5% level. Hence stated null hypothesis $\mathbf{H_{01}}$is rejected in relation to all aspects of knowledge and research hypothesis $\mathbf{H_1}$ is accepted.

Part IV: Association between selected demographic variables and post - test knowledge scores

H_2: There will be significant association between the mean post test knowledge of Women and the selected demographic variables.

Table 7: Association between selected demographic variables and post test knowledge scores on Menopause, N=60

Demographic variable	Category	Knowledge level				*x*2 Value	P Value
		≤Median		>Median			
		N	%	N	%		
Age	40 - 44years	13	21.6	17	28.3	0.33 (NS)	P<0.05
	45 - 49years	10	16.6	10	16.6		
	50 - 55years	4	6.66	6	10		
Religion	Hindu	17	28.3	23	38.3	0.57 (NS)	P<0.05
	Muslim	8	13.3	7	11.6		
	Christian	2	3.33	3	5		
Educational Status	Primarylevel	2	3.33	3	5	0.30 (NS)	P<0.05
	Highschoollevel	9	15	9	15		
	PUC	14	23.3	18	30		
	Degree	2	3.33	3	5		
Marital status	Unmarried	3	5	3	5	0.06 (NS)	P<0.05
	Married	24	40	30	50		
Family income	Rs.3001–4000	5	8.33	7	11.6	0.17 (NS)	P<0.05
	Rs.4001–5000	6	10	6	10		
	AboveRs.5000	16	26.6	20	33.3		
Source of information	Family members	20	33.3	25	41.6	0.02 (NS)	P<0.05
	Health personnel	7	11.6	8	13.3		

*Significantat5%level, NS – Non significant

The data presented in Table 7 determines the association between post test knowledge scores of respondents with selected demographic variables. The calculated x^2 value with regard to Age (x^2 =0.33 (NS), P<0.05) 2df, Religion (x^2 = 0.57 (NS) P<0.05) 2df, Educational Status (x^2 = 0.30 (NS) P<0.05) 3df, Marital status (x^2=0.06 (NS) P<0.05) 1df, Family income (x^2=0.17 (NS) P<0.05) 2 df, Source of Information (x^2 = 0.02 (NS) P<0.05) 1df, were less than the table values at 0.05 level of significance. Therefore, no significant association was found between all variables and post - test knowledge level of Women. Hence null hypothesis **H02** is accepted and research hypothesis **H2** is rejected for these variables.

5. Discussion

A Similar study was conducted in Nigeria in 2014, the result showed that the frequent complaints were hot flushes (79.6%), fatigue (74.8%), joint pains (69.6%), irritability (68.4%), anxiety (68.1%), poor memory (52.2%), dyspareunia (44.7%), urinary symptoms (43.5%), depression (37.3%) and post menopausal bleeding (29.8%). This study revealed that the greater access to information and support are needed to promote a positive attitude to menopause.[10]Another study was conducted on prevalence of menopausal symptoms, perceptions regarding menopause and association of family environmental factors with menopausal symptoms among 100 postmenopausal and 100 premenopausal rural women in south India. The study findings revealed that 69% of them complained of diminishing abilities after menopause, 23% felt that sexual life ends with the onset of menopause, 16% reported that their husbands had become disinterested in them after menopause, 11% were apprehensive about the loss of femininity, and 57% of postmenopausal women perceived menopause as convenient. A higher proportion of menopausal women reported hot flushes, night sweats, urge incontinence, and other somatic symptoms.[11]A population based prospective study was conducted to identify the prevalence and severity of symptoms during midlife among 438 perimenopausal women in Australia, results are hot flashes (24%), night sweats (17%), vaginal dryness (17%), five or more symptoms (27%) with increasing severity from early to late menopause. The study findings revealed that the

major change in prevalence was from early to late perimenopause and onset of hot flushes and night sweats associated with decreased oestrogen level ($P < 0.01$).[12]

6. Conclusion

The findings of the study showed that the knowledge scores of menopausal women regarding management of menopausal symptoms were inadequate before the administration of SIM as intervention. This SIM intervention facilitated to improve knowledge regarding management of menopausal symptoms. Post - test knowledge scores were significantly high in menopausal women. Hence, the SIM as intervention was an effective teaching strategy to improve knowledge among menopausal women.

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