

Effectiveness Of Structured Teaching Programme On Knowledge Regarding Menopausal Health Among Women At Selected Community Area Of Bareilly, Uttar Pradesh

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ABSTRACT

Women experience various turning points in their life cycle, which may be developmental or transitional. Midlife is one such transitional period which brings about important changes in women. Menopause is an unavoidable change in reproductive life cycle, that every women experience in her middle age and beyond. ^[2]**Objectives:-** To assess the knowledge regarding menopausal health among women. To assess the effectiveness of the structured teaching programme on knowledge regarding menopausal health among women. To find the association between pre-test knowledge score on knowledge regarding menopausal health among women with their selected demographic variables. **Materials and Method:-** This study was conducted at Paharganj, Bareilly. A total of 60 mother were selected using a purposive sampling technique. Data were collected using a validated self-structured questionnaire comprising 30 questions covering socio-demographics. Data was analyzed by using descriptive and inferential statistics. Ethical clearance and informed consent were obtained. **Results:-** Age showed significant association with chi square value 18.51, education showed significant association with chi square value 11.019 and previous knowledge showed significant association with chi square value 5.594 as **Research hypothesis (H2) is accepted.** The post test score (18.42) is higher than pre test score (13.88) the mean difference between pre test and post test is 4.54 and t-test is 6.26 as **H1** is accepted at p value 0.01. people had inadequate to moderate knowledge but after STP knowledge was somewhat increase. **Conclusion:-** result shows low to moderate knowledge need to conduct more studies on menopausal health among women. Need to provide health education.

Keywords: Assess, effectiveness, STP, knowledge, menopausal health, women.

INTRODUCTION

In literature women is quoted as “Kshamaya Dharithri”, who plays versatile role in the entire life span. She undergoes significant changes in life, when her reproductive years end and her body and psyche experience a host of physical and emotional changes, starting from the age of fourty-five. ^[1]

Women experience various turning points in their life cycle, which may be developmental or transitional. Midlife is one such transitional period which brings about important changes in women. One of those important changes that occur in this stage of life is menopause. Menopause is an unavoidable change in reproductive life cycle, that every women experience in her middle age and beyond. ^[2]

The word “menopause” literally means the end of monthly cycles from the Greek word ‘pausis’ meaning ‘to stop’ and ‘meno’ meaning ‘month’ because the word “menopause” was created to describe this change in human females where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruation or menses. WHO defined menopause as the permanent cessation of menstruation due to loss of ovarian follicular activity. It is the period of transition between the two phases of women’s life from reproductive to non reproductive years which is characterized by cessation of menstruation and loss of reproduction ability and aging. Menopause brings about many physical, physiological, psychological and social changes in a

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women's life and this worsens health related quality of life. ^[3]

In India, the number of menopausal women is steadily increasing due to improved life expectancy and declining fertility rates. Many Indian women experience menopause with limited information and minimal support from healthcare systems. Socio-cultural factors, gender roles, and prioritization of family responsibilities often lead women to neglect their own health needs. This highlights the urgent need for targeted educational interventions that address menopausal health problems in a culturally sensitive and accessible manner. ^[4]

NEED FOR STUDY

In the developed world, it is estimated that there are over 200 million post-menopausal women worldwide and 40 million in India. The average age of Indian menopausal women is 47.5 years. ^[11] In rural Uttar Pradesh, approximately 55.6% to 84.4% of women are menopausal women. ^[12] Many women in the developing countries do not know that they can age gracefully, as they are unaware of the dangers that the menopause can cause to their lives. Most of them suffer in silence not bringing to notice their symptoms. ^[12]

International Osteoporosis Foundation (2013) The menopausal women to affect osteoporosis from 80% in 2014 and 74% in 2015. 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. 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. ^[13] During the menopausal transition there are certain issues that may have urgent priority. Therefore, certain remedial measures regarding the confrontation of these problems are necessary. It is found that 3.1% of Indian women in the age 30-40 years attain menopause. The figure goes up to 8% for

the age group of 35-39. The incidence soars after the age of 40 years. There is a demand for menopausal health in Indian scenario due to increasing life expectancy and increase in number of menopausal women who live one third of their life in this hormone deficient state. The goal of the Indian Menopause Society is to enhance awareness about menopause and aging through the public health and educational activities. ^[14]

Therefore, this study is essential to assess the effectiveness of a structured teaching program on knowledge regarding menopausal health problems among menopausal women in selected community areas. The findings will contribute to nursing research, support evidence-based practice, and promote holistic care and healthy aging among menopausal women ^[24,25].

OBJECTIVE:

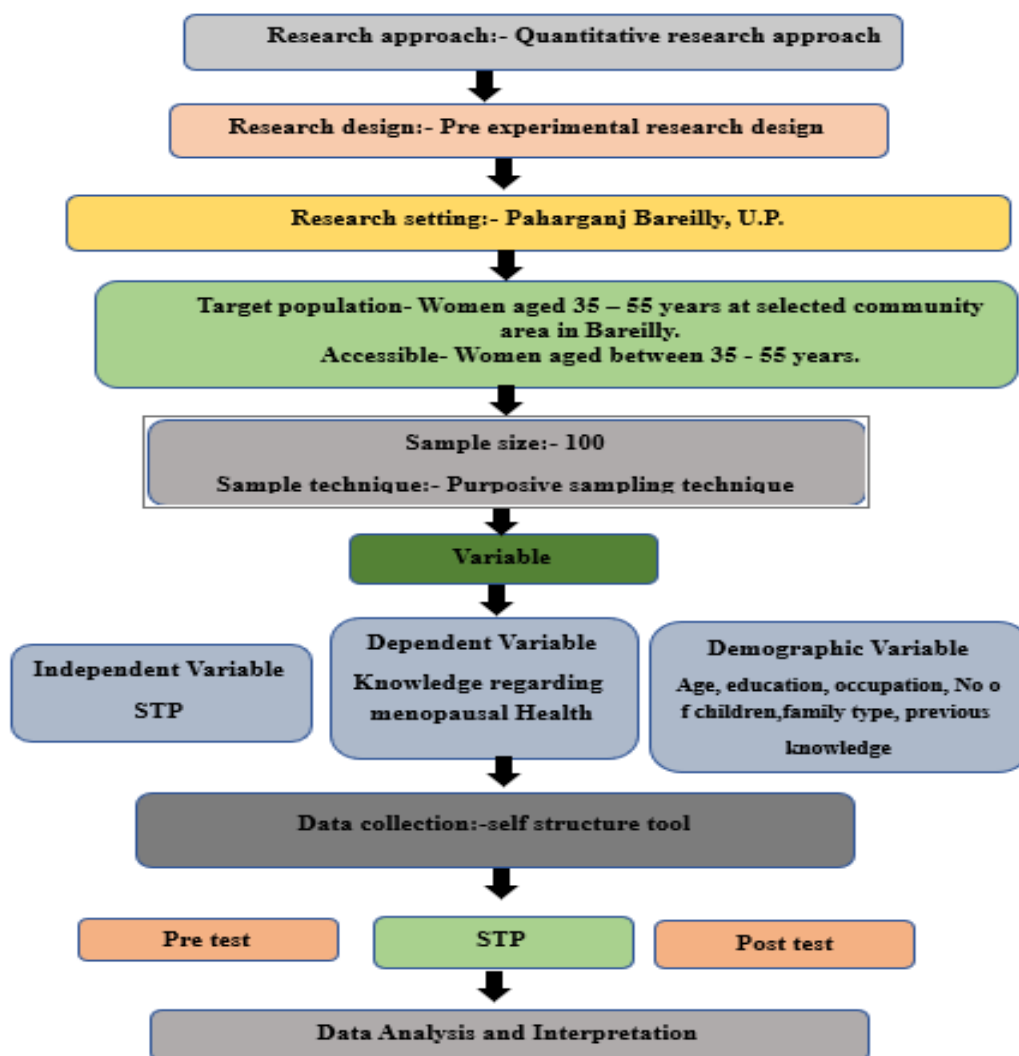
1. To assess the knowledge regarding menopausal health among women.
2. To assess the effectiveness of the structured teaching programme on knowledge regarding menopausal health among women.
3. To find the association between pre-test knowledge score on knowledge regarding menopausal health among women with their selected demographic variables.

HYPOTHESES

H₁: There will be a significant difference between pre-test and post-test level of knowledge scores regarding menopausal health among women after the structured teaching program.

H₂: There will be a significant association between pre-test level of knowledge scores and selected demographic variables such as age, education, occupation, and income.

MATERIALS & METHODS:



ANALYSIS AND INTERPRETATION:

DEMOGRAPHIC VARIABLES	TOTAL FREQUENCY	PERCENTAGE (%)
AGE		
a) 35-40 year	23	23%
b) 41-45 years	48	48%
c) 45-50 year	29	29%
d) 51-55 year	0	0%
RELIGION		
a) Hindu	62	62%
b) Muslim	38	38%
c) Christian	0	0%

d) Sikh	0	0%
EDUCATION STATUS OF MOTHER		
a. Non formal education	59	59%
b. High school	18	18%
c. intermediate	14	14%
d. graduate	9	9%
OCCUPATION OF MOTHER		
a) Housewife	82	82%
b) Working women	18	18%
NUMBER OF CHILDREN		
a. 1	23	23%
b. 2	16	16%
c. 3	35	35%
d. More than 3	26	26%
DIETRY HABIT		
a) Vegetarian	62	62%
b) Non vegetarian	38	38%
TYPE OF FAMILY		
a. Nuclear	26	26%
b. Joint	46	46%
c. Extended	28	28%
MARITAL STATUS		
a) Unmarried	0	0%
b) Married	86	86%
c) Divorce	0	0%
d) Widow	14	14%
PREVIOUS KNOWLEDGE ABOUT MENOPAUSAL HEALTH		

Yes	22	22%
No	78	78%

Section A:- Frequency wise distribution of demographic performa. n=100

Test	Mean	S D	Mena difference	T value
Pre test	13.88	5.81	4.54	6.26
Post test	18.42	4.30		

Significant at p value 0.01 as H_1 is accepted.**Section B: Comparison of pre test and post test knowledge regarding Menopause among women**

Demographic variables	Adequate	Moderate	Inadequate	Total	Chi square	p value
AGE						
a. 35-40 year	0	18	5	23	18.516	significant At p<0.05
b. 41-45 years	0	28	20	48		
c. 45-50 year	0	6	23	29		
d. 51-55 year	0	0	0	0		
RELIGION						
a) Hindu	0	28	34	62	0.962	Not significant At p<0.05
b) Muslim	0	21	17	38		
c) Christian	0	0	0	0		
d) Sikh	0	0	0	0		
EDUCATION STATUS OF MOTHER						
a. Non formal education	0	12	47	59	11.019	significant At p<0.05
b. High school	0	4	14	18		
c. intermediate	0	8	6	14		
d. graduate	0	5	4	9		
OCCUPATION OF MOTHER						
a) Housewife	0	49	33	82	0.108	Not significant At p<0.05
b) Working women	0	10	8	18		
NUMBER OF CHILDREN						

a. 1	0	12	11	23	3.486	Not significant At p<0.05
b. 2	0	8	8	16		
c. 3	0	12	23	35		
d. More than 3	0	8	18	26		
DIETRY HABIT						
a) Vegetarian	0	28	34	62	0.962	Not significant At p<0.05
b) Non vegetarian	0	21	17	38		
TYPE OF FAMILY						
a. Nuclear	0	10	16	26	0.238	Not significant At p<0.05
b. Joint	0	16	30	46		
c. Extended	0	9	19	28		
MARITAL STATUS						
a) Unmarried	0	0	0	0	0.139	Not significant At p<0.05
b) Married	0	35	51	86		
c) Divorce	0	0	0	0		
d) Widow	0	6	8	14		
PREVIOUS KNOWLEDGE ABOUT MENOPAUSAL HEALTH						
a. Yes	0	18	4	22	5.594	significant At p<0.05
b. No	0	42	36	78		

* significant at 0.05

Section C: Association Between Level of Knowledge to their Demographic Variables

The distribution of knowledge scores varied significantly across several demographic factors in the study population. **Age** showed significant association with chi square value **18.51**, **education** showed significant association with chi square value **11.019** and **previous knowledge** showed significant association with chi square value **5.594** as **Research hypothesis (H2) is accepted**.

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