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"A Study To Assess The Effectiveness Of Plan Teaching Program On Self-Care Guidelines Of Menopause Among Perimenopausal Women In Selected Community Area Of Metropolitan City."

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Abstract:

Background: In 1820's the French physician Charles – Pierre – Louis De Gardanne coined the term ménopause. 'Méno=month and pause = stop.'

In year 1930's people started describing menopause as deficiency disease. Medical interest related to menopause increased considerably in mid 19th century. In year 1970's International Menopausal Society was established. Medicalization of menopause was completed in 1970's. Synthetic estrogen therapy was developed in 1938 to treat various post menopausal problems.

Symptomology of menopause is different in different areas in the world. For example, in Japan shoulder pain, in Western Countries hot flashes while in India low vision are hallmarks of menopause. HRT use rate is high in West and low in India. Age of menopause is higher in Western Countries as compared to developing countries like India which is 40-45 yeras.

Study of women's health across the nation (SWAN) has been examining various biological

, psychological, physical and social changes experienced by women during their post menopausal stage. They found that women's who having problems of hot flashes during menopausal stage and post menopausal stage are at higher risk of getting heart diseases. That finding borne out in February 2021 in journal of American Heart Association, which found that persistent hot flashes are associated with future cardiovascular diseases.women's are 4 times as likely as men to develop osteoporosis. In perimenopausal stage women's bones are protected by estrogen, but in the menopausal and post menopausal stage there is rapid bone loss, according to the American College Of Obstetricians And Gynecologist (ACOG).

According To Research From SWAN Published In March 2019 In The Journal JCI Insight, Menopause Lead To Weight Gain And Lose Lean Tissue Mass.

In Egypt , women's with age 50 and above constitute 1.5 million from total population of women's prevalence of menopausal symptoms . Among these women's many more womens facing post menopausal problems . Womens facing menopausal problems for longer period of time consequently constitute some psychosocial and economical problems for women burden on community . Therefore, to improve womens knowledge level related to menopausal problems where prevention is best option rather than managing problem will help to decrease burden on womens as well as on country.

Introduction:

The term menopause can be defined as, 'permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity.' It is the point of time when last and final menstruation occurs. Menopause can be term as 'estropause' or 'femopause'.

The median age for menopause is 45-50 years. But in earliest years the menopause age for women's is 40-45 years.

There are various factors that affect the age of menopause, include genetic history, age of menarche, long menstrual cycles, alcohol and smoking, nutritional pattern, use of drugs and contraceptives, obesity and socio-economic problems. Menopause is associated with the primary symptoms of hot flashes and vaginal dryness. Mood disorders, irregular periods, chills, night sweats, slowed metabolism, insomnia, weight gain, sexual dysfunction, thinning of hair breast problems are some of secondary symptoms of menopausal. Problems faced by women after the menopause are cardiac problems, osteoporosis, weight gain, mood disorders. After the menopause there are high chances of some gynecological problems like: vaginal atrophy, chronic urinary tract infection, urinary incontinence, pelvic organ prolapses, post-menopausal bleeding, ovarian cancer, uterine cancer.

Prime methodology for care of menopausal problems includes Mediterranean diet which contain calcium, diet rich in fibers, diet low in fat, citrus fruits. It is also submitted that use of yoga and meditation also helpful.

Many women's having mild menopausal problems treated symptoms without taking medications and any kind of treatment. Some women's treated symptoms with listel measures such as dietary changes and physical activities. Unaware women about treatment and management facing many severe menopausal problems like ovarian cancer and many more diseases.

Nurses should educate perimenopausal women about definition of menopause, symptoms of menopause, stages of

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http://www.veterinaria.org

Article Received: Revised: Published:



menopause, risk factors of menopause, various problems that occurs after the menopause, how to manage and overcome such problems and prevention of such problems after the menopause.

Review of literature:

Bimla Rani, Ashu Kesar,et.al conducted the research at Jalandhar in Punjab 2020 on "A Quasi-Experimental study to assess the effectiveness of structural teaching programme on knowledge regarding menopause among women of selected rural committee." This is quasi experimental study done through pre-test post-test design conducted on women with age group of 35-55 years with 100 samples only. Among this 50 used in controlled and 50 for experimental group. The result of study is most of women belonged to age group of 35-40 years and minimum were graduates .Maximum belongs to Hindu and Sikh religions, maximum got information from health professionals and mass media, respectively. And minimum from family members.

NEEDS OF THE STUDY:

self-care guidelines for menopause is essential to understand the specific needs and challenges faced by individuals during this transitional phase of life. As menopause marks the end of a woman's reproductive years, it is associated with a variety of physical, emotional, and psychological changes that can significantly impact well-being.

self-care guidelines for menopause is crucial to help women navigate the physical, emotional, and psychological changes associated with this life stage. Effective self-care practices can empower women to manage symptoms, improve quality of life, and promote long-term health. Given the broad impact of menopause, studies that investigate a wide range of lifestyle, psychological, and medical interventions are needed to create holistic, personalized, and accessible guidelines for self-care during this transition.

Proper nutrition plays a crucial role during menopause self-care. Prioritize a balanced diet filled with fruits, vegetables, whole grains, and lean proteins to support your overall health. Hormonal changes during menopause can lead to dehydration, so it's essential to drink plenty of water throughout the day. Staying hydrated is a key aspect of menopause self-care and can help prevent symptoms like hot flashes and headaches. Staying active is another way to weather the storm of menopause. Exercise isn't just about maintaining your weight; it's about your overall well- being. Whether it's walking, dancing, or yoga, find something you love and make it a part of your routine. Managing stress is crucial during menopause. Incorporating stress management techniques into your menopause self-care routine can significantly improve your quality of life.

OBJECTIVES OF THE STUDY:

To assess existing knowledge about self-care guidelines in perimenopausal women's.

To find out effectiveness of plan teaching program on knowledge and practices about self-care guidelines in perimenopausal women's.

HYPOTHESIS:

A hypothesis is an assumption statement about the relationship between two or more variables that suggest an answer to research question.

H0 (null hypothesis): there will be no significant effect of planned structured teaching programme regarding providing information about self-care guidelines and healthy life styles in menopausal women's.

H1 (research hypothesis): there will be significant effect of planned structured teaching programme regarding providing information about self-care guidelines and healthy life styles in menopausal women's.

Materials and methods:

Research design:

Research design can be defined as a blueprint to conduct a research study, which involves the description of research approach, study setting, sampling size, sampling technique, tools and method of data collection and analysis to answer specific research questions or for testing research hypothesis.

Setting:

Selected metropolitian city, Mumbai

Population:

Target population for the present study was perimenopausal women of metropolitan city.

Sample and sample size:

In the present study, the sample is the perimenopausal women's i.e. age group of 30-40 years.

The sample size for the present study was 30.

INCUSION CRITERIA:

Perimenopausal women's having age group 30-40 years in selected community area.

Perimenopausal women would know the Marathi language.

Vol 25, No.2 (2024)

http://www.veterinaria.org

Article Received: Revised: Published:



Women's who are willing to participate in research.

EXCLUSION CRITERIA:

Not willing to participate and not available.

Don't know the Marathi language.

No any deformity.

Tool for data collection: Section A: Demographic data

Section B: Menstrual history

Section C: self-care guideline-based questions

Validity and Reliability:

The tool was validated by subject experts in nursing and public health. Pilot testing ensured reliability.

Ethical Considerations:

Ethical approval was obtained from the institutional review board. Written consent was obtained from participants. Demographic Characteristics of Participants

Table no.1 Distribution of sample as per age [in years]

Age in years	Frequency	Percentage
30-34 years	5	16.66%
35-40years	23	76.66%
41-44years	2	6.66%
45-50years	00	00

Table No 2: shows the occupation of women

Occupation	Frequency	Percentage
Housewife	20	66.66%
Working	10	33.33%

SECTION -B: MENSTRUAL VARIABLE

Table No.3 – shows the age of menarche

Age of menarche	Frequency	Percentage
11-14	23	76.66%
15-20	07	23.33%
21-24	00	00

Table no.4- shows no of days of menstrual flow.

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No of days of menstrual flow	Frequency	Percentage	
2-3 days	05	16.66%	
4-5 days	18	60%	
6-7 days	07	23.33%	

Table no.5- shows number of children's

Tuble note shows number of enhancer s		
No of children	Frequency	Percentage
1 child	08	26.66%
2 children	16	53.33%
3 children	04	13.33%
More than 3	02	6.66%

Vol 25, No.2 (2024)

http://www.veterinaria.org Article Received: Revised: Published:



Knowledge score comparison:

Question	Pre test	Post test
Define menopause	36.66%	70%
The ideal age of menopause	16.66%	90%
The primary symptom of menopause is:	36.66%	93.33%
Identify primary management to prevent postmenopausal problem:	33.33%	90%
The problem faced by menopausal women in day-to-day life is:	33.33%	80%
Identify the cause of early menopause:	40%	86.66%
Sleep required in menopause is:	36.66%	83.33%
The therapy effective in managing emotional disturbance in menopausal women is:	33.33%	86.66%
Choose the aid to promote sleep in menopause:	43.33%	86.66%
The diet used for preventing menopausal problem is:	26.66%	83.33%
Identify incorrect measure to avoid weight gain in menopausal women:	46.66%	93.33%
Identify the step for staying healthy after menopause:	46.66%	90%
The incorrect way for coping with heightened menopause emotion is:	60%	96.66%
Identify natural way equivalent to hormonal replacement therapy in menopause:	16.66%	73.33%

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Vol 25, No.2 (2024)

http://www.veterinaria.org

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Identify product rich in phytoestrogen that is helpful for alleviation of menopausal symptoms:	20%	93.33%
Advantages of daily exercises in menopausal women is:	40%	96.66%
The menopausal women can manage mood swings by:	36.66%	80%
Identify psychological symptom seen in menopause	26.66%	83.33%
Families can help women in menopause by:	36.66%	73.33%
Identify the system that correlates with menopause:	70%	96.66%

Statistical Analysis of Knowledge Score Improvement Mean, Standard Deviation, and Paired t-test Result

Test	Mean score	SD	T value	P value
Pre test	8.43	2.11		
Post test	16.76	1.38	2.00	<0.001

In the age group, maximum 23 samples (76.66%) women are from age group of 35-40 years. 5 women (16.66%) have age group of 30-34 years while 2 women (6.66%) have age group 41-45 years.

In menstrual history: 66.66% women had got menarche at age of 11-15 years age while 23.33% women had got menarche at age of 16 -20 years of age.

DISCUSSION:

The present study was conducted with a quantitative approach and one pre-test and post-test design. The study subject is perimenopausal women 30 in number selected by purposive sampling techniques. A pre-test was administered to subject followed by planned teaching intervention to the subjects. Followed which post-test was carried for the subjects. The findings of the present study are discussed on the basis of demographic characteristics and objectives.

CONCLUSION:

The present study was conducted to evaluate the effectiveness of planned teaching on self- care guidelines of menopause among perimenopausal women in community area of metropolitan city. In this study, one group of pre-test and post-test designed used 30 subjects were selected through purposive sampling technique. Data collected by using the structured questionnaire. The data were analyzed and interpreted by applying statistical methods. The conclusions, were drawn on the bases of the finding of the study, they are as follow.

The planned teaching was significantly effective on knowledge regarding self-care guidelines of menopause.

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