



Effectiveness of Health Education Pamphlet on knowledge regarding Pranayama on Management of Menopausal Symptoms among Menopausal Women at selected urban areas, Tirupathi, A.P



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Abstract: Background: Menopause is a natural stage of a woman's life. When a woman's reproductive function slows and eventually quits, usually between the ages of 40 and 60, and is accompanied by hormonal, physical, and psychological changes. This is referred to as menopause. Menopause can also occur if the ovaries are eliminated or if the reproductive activity of the ovaries is halted. When the ovaries stop generating estrogen, the reproductive system shuts down gradually or abruptly, resulting in menopause. Menopause is a natural biological process, not a disease. Changes in sexual desire, hot flashes, profuse night sweats, insomnia, fatigue, headache, vaginal dryness, and urinary problems are common symptoms, as are changes in appearances, mood changes, sleep disturbances, palpitations, backache, memory loss, and depression. Menopause can also increase the risk of heart disease and osteoporosis. The current study investigate the effect of Health education pamphlet on knowledge regarding pranayama on management of menopausal symptoms among menopausal women at selected urban areas, Tirupathi. **Objectives** 1. To. Assess the knowledge regarding management of menopausal symptoms among menopausal women 2. To Evaluate the effectiveness of health education pamphlet on knowledge regarding pranayama on management of menopausal symptoms among menopausal women. **3.** Associate the post test knowledge score regarding pranayama on management of menopausal symptoms among menopausal women. **Materials and Methods:** A quantitative research approach was adopted, using a one-group pre test and post test design. Non probability purposive sampling technique used to select 30 samples from Chennareddy colony, tirupathi based on inclusion criteria. Pre-test was done by using Modified menopausal rating scale and given the health education pamphlet. After 1 week post test was done by using same modified menopausal rating scale. After post test a mass health education pamphlet was given to the women. Descriptive and inferential statistics used to analyze the data. **Results:** knowledge regarding pranayama on Management of menopausal symptoms among menopausal women, 8 (26.7%) were with below average knowledge level in pretest whereas in post test were found nil, 16 (53.3%) were with average knowledge level in pretest whereas 5 (16.7%) were average knowledge level in post test, above average knowledge level in pretest were found only 6 (20%) whereas 25 (83.3%) were with above average knowledge level in post test. **Conclusion:** The differences in knowledge scores between the pre and post tests suggest that the health education pamphlet had a significant impact on menopausal women's regarding management of menopausal symptoms. **Key words: knowledge, Pranayama, Menopausal Symptoms.**



Introduction: Every woman will experience menopause at some point in her life. When a woman's reproductive function slows and eventually quits, usually between the ages of 40 and 60, and is accompanied by hormonal, physical, and psychological changes. This is referred to as menopause. Menopause is a natural biological process, not a disease. Changes in sexual desire, hot flashes, profuse night sweats, insomnia, fatigue, headache, vaginal dryness, and urinary problems are common symptoms, as are changes in appearances, mood changes, sleep disturbances, palpitations, backache, memory loss, and depression. Menopause can also increase the risk of heart disease and osteoporosis. The woman's menstrual periods may become increasingly unpredictable as a result of these symptoms.

Menopause is characterized by a decrease in estrogen and progesterone levels in a woman's body. Menopause is a natural biological process, not a disease. Menopause is defined as the end of menstruation. It is a typical physiological alteration that occurs in middle-aged women between the ages of 45 and 55. With increased life expectancy, women now spend one-third of their lives after menopause, necessitating more attention to perimenopausal symptoms. The average age at which a woman has her last monthly period is 51 years old over the world. According to studies, Indian women reach menopause substantially earlier.

Need for the study: Yoga makes the organs of their functioning and has good effect on internal functioning

of the human body. Yoga changes for good man's views on, and attitude to, life. Yogasana and pranayama are all today recognized as techniques that can improve muscle strength, flexibility, blood circulation and oxygen uptake as well as hormone function at the gross level.

Objectives:

1. To Assess the knowledge regarding management of menopausal symptoms among menopausal women
2. To Evaluate the effectiveness of health education pamphlet on knowledge regarding pranayama on management of menopausal symptoms among menopausal women.
3. To Associate the post test knowledge score regarding pranayama on management of menopausal symptoms among menopausal women.

Assumption:

- ❖ menopausal Women may possess knowledge regarding management of menopausal symptoms.
- ❖ Health education pamphlet may enhance the knowledge on management of menopausal symptoms among menopausal women

Review of Literature:

1. Literature related to knowledge regarding menopausal symptoms among women:

Sharma S. conducted A study to assess knowledge regarding menopausal problem among urban women at Chhattisgarh was conducted by Veena Rajput. 60 samples were studied. A non probability purposive sampling technique was used to select the sample. Findings related to knowledge level of women showed that 50% women had good



knowledge while 50% women had average knowledge in 60 samples, nobody had poor knowledge.

2. Literature related to menopausal symptoms:

Gharaibeh M (2010) conducted A descriptive cross-sectional design was used to collect data from 350 Jordanian women related to menopausal symptoms using a self-administered questionnaire consisting of a socio demographic, medical and obstetrical history form and the Greene Climacteric Scale. Results on the severity of menopausal symptoms showed that 15.7%, 66.9% and 17.4% were experiencing severe, moderate and mild menopausal symptoms, respectively. There was a significant relationship between the severity and occurrence of menopausal symptoms and age, family, income, level of education, number of children, perceived health status and menopausal status.

3. Literature related to effects of menopause:

Mohammadalizadeh Charandabi S (2015) conducted A cross-sectional study to evaluate menopausal symptoms and quality of life in middle-aged women was conducted by Peeyananjarassi K (2006). The data collected from 270 women aged between 45-65 years who attended the menopause and gynecological clinic, by using the menopause quality of life questionnaire as the tool. The results stated that the mean age at menopause of the postmenopausal women was 48.7 years. The prevalence of the menopausal symptoms like night sweats, hot flashes and vaginal dryness among the women aged 45-654 years were 20.8%, 36.8% and 55.3% respectively.

Methodology: A quantitative research approach was adopted, using a one-group pre test and post test design. Non probability purposive sampling technique used to select 30 sample from chennareddy colony, tirupathi based on sampling inclusion criteria. Inclusion criteria was The women who were in the age group of 45 – 50 yrs. The women who were experiencing the selected menopausal symptoms such as hot flashes, profuse night sweating, head ache, fatigue and insomnia. Prior Permission was obtained from ethical clearance committee Participants signed an informed consent and were told they could withdraw from the study at any time for any reason.

Description of the Tool:

The tool consists of two parts

Section-A: It deals with demographic variables such as age, education, occupation, type of work, type of food, mode of delivery and no of deliveries.

Section-B: Modified menopausal rating scale, scores between 0-3 which indicates.

0 = Not experiencing

1 = Once in a week

2 = 2 - 3 Times in a week

3 = Daily experiencing

Scoring key:

0 - 5 - MILD

6 - 10 - MODERATE

11 - 15 - SEVERE

Data analysis: Data was analyzed by using descriptive and inferential statistics. Frequency, percentage, mean, standard deviation, Paired 't' test and chi-square test were done.



Results: The results shows that majority 11 (36.7%) are between the age of 40-45 years and 45-50 years respectively, 6 (20%). Regarding education of women, majority 9 (30%) are under graduates. In regard to occupation among subjects, majority 12 (40%) were home maker, 9 (30%) were private employed. In respect of type of work among women, majority 17 (56.7%) were doing moderate work, 8 (26.7%) were heavy workers In regard to type of food among subjects, majority 24 (80%) were taking mixed diet and 6 (20%) were taking vegetarian diet. In view of mode of delivery among menopausal women, majority 17 (56.7%) were with cesarean delivery and 13 (43.3%) were with normal delivery. Pertaining to number of deliveries, majority 21 (70%) were with two deliveries, 7 (23.3%) were with more than two deliveries.

Fig-1 pre and post test knowledge level of mothers regarding effect of pranayama on management of menopausal symptoms.

Fig-1 revealed that, 11 (36.7%) were with below average knowledge level in pretest whereas in post test were found nil, 18 (60%) were with average knowledge level in pretest whereas 6 (20%) were average knowledge level in post test, above average knowledge level in pretest were found only 1 (3.3%) whereas 24 (80%) were with above average knowledge level in post test.

Table-1 : Pre test and post test mean knowledge scores and paired t-test of significance on Pranayama on Management of selecte among Menopausal women.

(n=30)

Test statistic Pretest Post test Df

Mean 16.53 23.67 29

Standard

Deviation

4.05 2.40 29

Paired t-test 13.60* 2.27

The above table depicts that, the pre test mean was 16.53 with 4.05 standard deviation and that of post test was 23.67 with 2.40 standard deviation. The calculated 't' value was 13.60, which is higher than the table 't' value 2.75 at 29 df with 0.01 level of significance. It shows that there is significant difference ($p < 0.01$) in pre test and post test knowledge scores of Menopausal women.

As a result, it was found that after using a health education pamphlet on Pranayama for the Management of Selected Menopausal Symptoms, the Menopausal women's knowledge scores improved.

Discussion: The discussion of the present study was based on the objectives of the study. The study related to Effectiveness of Health Education Pamphlet on Knowledge Regarding Pranayama on Management of Menopausal Symptoms Among Menopausal Women At Selected Urban Areas. For age, educational status,

and type of employment, the computed chi square values are 8.73, 13.75, and 6.59, respectively, which are higher than the table value of chi square values of 7.82 at 3df and 5.99 at 2 df and 0.05 level of significance. It demonstrates that age, educational status, and type of employment had a significant relationship with post-test knowledge scores on



Effectiveness of Health Education Pamphlet on Pranayama on Management of Menopausal Symptoms among Menopausal Women.

Conclusion: The differences in knowledge scores between the pre and post tests suggest that the health education pamphlet had a significant impact on menopausal women's regarding management of menopausal symptoms.

RECOMMENDATION:

Based on the findings of the study, it is recommended that

- ❖ A similar kind of study can be conducted for a large group.
- ❖ A quasi experimental study can be conducted to assess the effectiveness of the video assisted teaching programme on knowledge regarding menopausal symptoms and its management among women.

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