



# A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING PREMENOPAUSAL SYMPTOMS AND ITS MANAGEMENT AMONG WOMEN RESIDING IN SELECTED URBAN AND RURAL AREA OF JAIPUR RAJASTHAN

Neetu Kumari<sup>1</sup>, Shankar Lal Nehra<sup>2</sup>

<sup>1</sup>M. Sc Nursing (OBG)

<sup>2</sup>M. Sc Nursing (MSN)

Article DOI: <https://doi.org/10.36713/epra11636>

DOI No: 10.36713/epra11636

## ABSTRACT

**INTRODUCTION:** Menopause officially marks the end of female reproduction. Although this life stage is well known, there are actually different stages within menopause that are important to recognize and understand. Menopause itself officially occurs when you stop menstruating. Premenopausal on the other hand, means “around menopause.” It’s also known as the menopause transitional phase and is called such because it happens before menopause. Although they’re both part of the same overall life transition, menopause and Premenopausal have different symptoms and treatment options.

**AIM OF THE STUDY:** Assess knowledge regarding premenopausal symptoms and its management among women residing in urban & rural areas.

**MATERIAL AND METHOD:** A pre-experimental one group pre-test post-test study was used in order to evaluate effectiveness of structured teaching programme (the Independent variable) on knowledge regarding Premenopausal symptom (the dependent variable) among women residing in urban & rural areas of selected by non-probability purposive sampling technique in PHC vatika Sanganer Jaipur. Each participant was informed about the study and that they could withdraw at any time and a written consent was also obtained.

**RESULT:** The finding study showed that after introducing the SIM, 40 (66.66%) women s had good knowledge regarding premenopausal symptoms and its management of women.

**CONCLUSION:** The finding of this study showed that after introducing the structured teaching programme regarding premenopausal symptoms and its management was effective to enhance the knowledge of women.

**KEY WORDS:** Knowledge, management, premenopausal symptoms.

## INTRODUCTION & BACKGROUND OF THE STUDY

Menopause, also known as the climacteric, is the time in most women's lives when menstrual periods stop permanently, and they are no longer able to bear children .Menopause typically occurs between 49 and 52 years of age. Medical professionals often define menopause as having occurred when a woman has not had any menstrual bleeding for a year. It may also be defined by a decrease in hormone production by the ovaries. In those who have had surgery to remove their uterus but still have ovaries, menopause may be considered to have occurred at the time of the surgery or when their hormone levels fell. Following the removal of the uterus, symptoms typically occur earlier, at an average of 45 years of age.

During Premenopausal estrogen levels average about 20–30% higher than during premenopausal, often with wide fluctuations. These fluctuations cause many of the physical changes during premenopausal as well as menopause, especially during the last 1–2 years of premenopausal (before menopause). Some of these changes are hot flashes, night sweats, difficulty sleeping, mood swings, vaginal dryness or atrophy, incontinence, osteoporosis, and heart disease. During this period, fertility diminishes but is not considered to reach zero until the official date of menopause. The official date is determined retroactively, once 12 months have passed after the last appearance of menstrual blood. The menopause transition typically begins between 40 and 50 years of age



(average 47.5). The duration of premenopausal may be for up to eight years. Women will often, but not always, start these transitions (premenopausal and menopause) about the same time as their mother did.

In India, there is no current health programme that caters the specific reproductive health needs of aging women. Moreover, recently launched reproductive and child health II and National rural health mission programmes only address women in the reproductive age group, ignoring those who have passed the reproductive stage. At one level, there is low awareness on menopausal syndrome and at the other women rush into all available modes of treatment. Majority of women were not aware of therapy of menopause and fewer had heard of hormonal therapy.

Numerous physical and psychological symptoms have been attributed to the hormonal changes of menopause. The presence and severity of symptoms vary tremendously from woman to woman. When a woman begins the process of going into a permanent state of ceasing to have her menses, she can begin to experience premenopausal symptoms. For some the period of transmission will take just a few years but, on an average, a woman can expect to be in premenopausal for 10 years. Some have postulated that it is the woman's attitude towards menopause, aging or issues related to self-esteem and body awareness that affect her ability to cope with the menopause transition. Besides all these effects, menopause can affect the quality of life by being a major cause of morbidity due to cardiovascular diseases and osteoporosis in postmenopausal women.

The above facts made the investigator to realize the importance of problem in current situation and created an intention to administer a structured teaching program to the mothers of rural and urban area for manage the problems during pre-menopause.

## OBJECTIVES OF THE STUDY

- To assess the knowledge regarding premenopausal symptoms and its management among women residing in urban and rural area by pre-test.
- To assess the knowledge regarding premenopausal symptoms and its management among women residing in urban and rural area by post-test.
- To compare the pre-test and post-test level of knowledge regarding premenopausal symptoms, its management among women.
- To find out the effectiveness of structured teaching programme by comparing pre-test and post-test knowledge score of women regarding premenopausal symptoms and its management.
- To find out the association level of knowledge regarding premenopausal symptoms and its management with their selected demographic variables.

## HYPOTHESIS OF THE STUDY

- **H<sub>1</sub>:** There will be significant relationship between pre and posttest mean score regarding premenopausal symptoms and its management of women of urban and rural areas.
- **H<sub>2</sub>:** There will be significance association between pre-test knowledge of women regarding menopausal symptoms and its management and selected demographic variables.

## OPERATIONAL DEFINITION

- **ASSESS:** To make a judgment about something.
- **EFFECTIVENESS:** Significant gain in the knowledge as determined by statistical difference between pre-test and post test scores on knowledge level regarding premenopausal symptoms and its management in selected area.
- **STRUCTURED TEACHING PROGRAM:** A systematically organized, individualized instruction and discussion prepared to educate middle aged women from selected urban and rural areas regarding premenopausal symptoms and its management measures using selected teaching aids for about 45-50 minutes.
- **KNOWLEDGE:** In this study it refers to the correct answers to the questionnaire obtained from knowledge between urban and rural regarding premenopausal symptoms and its management.
- **URBAN:** Urban areas are very developed, meaning there is a density of human structures such as houses, commercial buildings, roads, bridges, and railways. "Urban area" can refer to towns, cities, and suburbs. An urban area includes the city itself, as well as the surrounding areas
- **RURAL:** Rural areas are the opposite of urban areas
- **PREMENOPAUSAL:** Premenopausal is defined as no symptoms of going through per menopause or menopause. It may be period refer 2-5 years of menopause.
- **SYMPTOMS:** Subjective evidence of disease or physical disturbance broadly; something that indicates the presence of bodily disorder.
- **MANAGEMENT:** Management refers to control the symptom of premenopausal symptoms.



### ASSUMPTION

- The women of rural and urban area may be cooperate during the study
- The rural women face the problem to manage the premenopausal symptoms compare than urban mothers.
- The structured teaching programme may be helpful for rural and urban women to manage the premenopausal symptoms.

### DELIMITATION

- Pre-menopausal women
- Selected rural and urban area.
- Mothers those have symptoms of premenopausal.
- Women want to participate in the study

### RESEARCH METHODOLOGY

- **RESEARCH APPROACH**  
A Quantitative research approach was used in the study to assess the effectiveness of structured teaching program on knowledge and its management regarding premenopausal symptoms with women residing in selected rural & urban area.
- **RESEARCH DESIGN**  
A pre-experimental design, one group pre-test post-test design was adopted for the study.

### RESEARCH VARIABLE

- **INDEPENDENT VARIABLES:** In this study, the independent variable was structured teaching program on knowledge regarding premenopausal symptoms and its management.
- **DEPENDENT VARIABLES:** In this study, the dependent variable was knowledge of women working in Urban & Rural area under the PHC, Vatika Sanganer Jaipur.
- **EXTRANEIOUS VARIABLES:** the extraneous variables were age, religion, and education, age of first menarche, diet, residence area and previous knowledge.

### POPULATION

In this study the population comprises all the women working in Urban & Rural area under the PHC, Vatika Sanganer Jaipur

### SAMPLING SIZE

In the study, Sample consists of a subset of a population selected to participate in a research study. The study will be conducted among 60 women working in Urban & Rural area under the PHC, Vatika Sanganer Jaipur

### SAMPLING TECHNIQUE

- Sampling is a complex and technical form but it is basic features are familiar to all of us. In this study, purposive sampling technique was used to draw the sample. Purposive sampling technique is a procedure in which every population member has chooses by the purpose of the study.

### RELIABILITY OF THE TOOL

- The tool was tested for reliability using Karl Pearson correlation coefficient formula. Correlation coefficient  $r = +0.89$ .

**MAJOR FINDING OF THE STUDY**

**Table 1**  
**Frequency and percentage distribution of demographic variables among women**  
**(N=60)**

S. No	Socio-demographic variable		Frequency	Percentage
1	Age (in years)	35-40 Year	20	33.33 %
		41-45 Year	15	25.00%
		46-50 Year	18	30.00%
		51 and above	07	11.67%
2	Religion	Hindu	32	58.33%
		Muslim	23	38.33%
		Christian	02	03.34%
		Sikh	03	05.00%
3	Education	Illiterate	35	58.33%
		Preschool	10	16.67%
		High School	10	16.67%
		UG/PG	05	08.33%
4	Age of first menarche	10 to 12 years	08	13.33%
		12 to 14 years	25	41.67%
		14 to 16 years	22	36.67%
		16 to 18 years	05	08.33%
5	Diet	Vegetarian	20	33.33%
		Non-vegetarian	40	66.66%
6	Resident area	Urban	30	50%
		Rural	30	50%
7	Knowledge regarding premenopausal symptoms	Yes	20	33.33%
		No	40	66.66%

Table 1 Depicted that the nurse participated in the study, Age-35-40, (20, 33.33%), Religion-Hindu (32, 58.33), Education-Illiterate (35, 58.33%), Age of first menarche- 12 to 14 yr (25, 41.67%), Diet Non Vegetarian (40, 66.66%), Resident area- Urban & Rural areas (30, 50%). Knowledge regarding premenopausal symptoms-No (40, 66.66%).

**Table-2**

**Comparison of pretest and posttest level of knowledge regarding premenopausal symptoms and its management of women**  
**(N=60)**

KNOWLEDGE LEVEL	PRE TEST		POST TEST	
	FREQUENCY	PERCENTAGE	FREQUENCY	PERCENTAGE
Poor	27	45%	05	08.33%
Average	32	53.33%	15	25%
Good	01	1.66%	40	66.66%
Mean	6.58		10.63	
SD	1.32		0.93	

The table no.2 showed the comparison of pretest and posttest level of knowledge regarding premenopausal symptoms and its management of women. With regard to scores, during pretest 27 (45%) women had poor knowledge, 32 (53.33%) women had average knowledge and 01 (1.66%) women had good knowledge regarding premenopausal symptoms and its management of women while during posttest 05 (08.33%) women had poor knowledge, 15 (25%) women had average knowledge and 40 (66.66%) women had good knowledge regarding premenopausal symptoms and its management of women.

The mean of the level of pretest knowledge regarding premenopausal symptoms and its management the mean, median and standard deviation of first part that was related to concept premenopausal, Regarding premenopausal clinical manifestation, mean, median and standard deviation were 6.58, 7 and 1.32 respectively. About management of premenopausal the mean, median and standard deviation was 3.83, 4 and 0.92.

The mean of the level of posttest knowledge regarding premenopausal symptoms and its management the mean, median and standard deviation of first part that was related to concept premenopausal, Regarding premenopausal clinical manifestation,



mean, median and standard deviation were 10.63, 11 and 0.93 respectively. About management of premenopausal the mean, median and standard deviation was 5.51, 6 and 0.90.

**Table-3****Paired t-test to assess the level of knowledge regarding premenopausal symptoms and its management of women**

KNOWLEDGE		MEAN	SD	T	P-VALUE
	PRE TEST	6.58	1.32	18.43	0.00
	POST TEST	10.63	0.93		

Table 4. The overall mean of pretest score is 15.67 whereas the mean of post test score is 24.35 with 8.68 mean differences. The median of pretest score is 16 and the median of post test score is 24.5 and the standard deviation of pretest was 1.98 whereas in posttest the standard deviation was 1.46. The t value is 26.12. The tabulated value of 't' is 1.96 at the 0.05 level of significance on 59 degree of freedom. The calculated value is higher than the tabulated value in all aspects of knowledge so we can say that the structured teaching programme regarding premenopausal symptoms and its management can enhance the knowledge of women. It means that the structured teaching programme regarding premenopausal symptoms and its management is effective to improve the knowledge of women. The hypothesis H<sub>1</sub> that was significant relationship between pretest and posttest knowledge score regarding premenopausal symptoms and its management is accepted.

## DISCUSSION

The finding study reveal that with regard to scores, during pretest 27 (45%) women had poor knowledge, 32 (53.33%) women had average knowledge and 01 (1.66%) women had good knowledge regarding premenopausal symptoms and its management of women while during posttest 05 (08.33%) women had poor knowledge, 15 (25%) women had average knowledge and 40 (66.66%) women s had good knowledge regarding premenopausal symptoms and its management of women. The hypothesis H<sub>1</sub> that was significant relationship between pretest and posttest knowledge score regarding premenopausal symptoms and its management is accepted.

## CONCLUSION

The finding of this study showed that after introducing the structured teaching programme regarding premenopausal symptoms and its management was effective to enhance the knowledge of women. Hence there is a need to include these components into the entire educational curriculum. Awareness programme and other teaching programme will be conducted to bring the awareness in the women. So that life, complication and mortality rate can be reduced among the women.

## REFERENCES

1. Jesus, Luis Miguel Teixeira de, Simões, João Filipe FernandesLindo, & Voegeli, David. (2013). Verbal communication with unconscious patients. *Acta Paulista de Enfermagem*, 26(5), 506-513. <https://doi.org/>.
2. Jennett B, Plum F. Persistent vegetative state after brain damage. A syndrome in search of a name. *Lancet*. 1972;1:734-7.
3. Khemnar. A. 2013 An exploratory study to assess the knowledge and attitude of staff nurses regarding care of unconscious patients in selected hospitals of Pune city. *International Journal of Science and Research*; 6.14.
4. Bauer ZA, De Jesus O, Bunin JL, 2020 Unconscious patient. In: *Siat Pearls [Internet].Treasure island. Jan*
5. Happ MB, Garrett KL, Tate JA, et 2014 Effect of a multi-level intervention on nurse-patient communication in the intensive care unit: results of the SPEACS trial. *Heart Lung* ;43:89-98.
6. Amoah, V.M.K., Anokye, R., Boakye, D.S. et al. 2019 A qualitative assessment of perceived barriers to effective therapeutic communication among nurses and patients. *BMC Nurs* 18, 4. <https://doi.org/10.1186/s12912-019-0328-0>
7. Abbas. N.K, Mohammed. W.K. 2019 Nurses knowledge towards care of unconscious adult patients at teaching hospitals Al-hilla city. *Iraqi national journal of nursing specialities*; vol.32(1)
8. Dissanayake. D, Jayasinghe. R.M, Abeysundara. S "Knowledge, 2018; attitude and practice regarding therapeutic communication among nurses in kandy district, Srilanka" DOI:10.21203/rs.2.13128/vi Srilanka
9. Karlsten MM, Gabrielsen AK, Falch AL, Stubberud DG. 2017 Intensive care nursing students' perceptions of simulation for learning confirming communication skills: A descriptive qualitative study. *Intensive and CriticalCareNursing*.;1;42:97104.<https://doi.org/10.1016/j.iccn.2017.04.005>
10. Kimboka J.J 2017 ;Nurses knowledge and practice in the application of the glasgow coma scale in the intensive care units and emergency department at muhimbili national hospital and muhimbili orthopaedic institute, in dar es salaam