

# A Descriptive Study to Assess the Knowledge Regarding Menopause Among Premenopausal Women in Selected Village of Tarn-Taran, Punjab, in a View to Develop Health Education Pamphlet

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## Abstract

Menopause is a one of an important phase of female reproductive cycle. It is described as the end of the reproductive phase of a woman. The average age of menopause is 47 years in Indian females. Therefore, Indian women are found to spend almost 23.5 years that is one third of their total lives, in menopause. Some women experience menopausal symptoms that can be severe adequate to affect their normal daily activities. Various studies showed that women have inadequate knowledge regarding menopause. Assessing the level of knowledge concerning menopause is an imperative measure used for the premenopausal women. Therefore, self-structured knowledge questionnaire was used to assess the level of knowledge regarding menopause among pre-menopausal women. The study was descriptive in nature. The sample size for the study was 100 pre-menopausal women of age group above 40 years in selected village of Tarn Taran, Punjab. The self-structured knowledge questionnaire was designated for the collection of data. The obtained data was analyzed in terms of the objectives of the study using descriptive and inferential statistics.

The study results disclosed that out of 100 samples that majority (53 %) of sample had inadequate knowledge, (33%) had moderately adequate knowledge and only (14%) had adequate knowledge. There is substantial association of knowledge and selected demographic variables such as qualification ( $\chi^2=22.622$ ), occupation ( $\chi^2=22.178$ ) and family income ( $\chi^2=16.385$ ) on the knowledge score of premenopausal women regarding menopause in particular village as the calculated value is more than tabulated value at 0.05 level of significance. The influence of age ( $\chi^2=12.148$ ), religion ( $\chi^2=0.354$ ), type of family ( $\chi^2=4.532$ ), source of information ( $\chi^2=3.133$ ) and dietary pattern ( $\chi^2=0.300$ ) on knowledge score of premenopausal women regarding menopause in selected village found to be nonsignificant as the calculated value is less than tabulated value at 0.05 level of significance. After the data collection health education pamphlet was circulated to each sample.

**Keywords:** health education pamphlet, knowledge, menopause, premenopausal women, village

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## INTRODUCTION

"It's a sign of the times when your roots are grey and your memory's shorter;

It's a sign of the times when your hourglass shape becomes a glass of water."

-Jeanie Linders

A Woman has been the torchbearer of the society for a considerable length of time. Menarche and menopause are the defining moment in the life of a lady. "Menopause is a phase of life not an ailment." Menopause is a time when reproductive capability stops in a woman. The postmenopausal period is the time following menopause and peri menopausal is a term used to denote the period during which menopausal changes are occurring. The age range at which natural menopause occurs is wide, between the age of 40–55years.<sup>[1,2]</sup>

Hormonal changes at menopause are connected with various physical and psychological indications like vasomotor side effects, sleep disturbances, mood alteration, depression, urinary tract infection, vaginal atrophy and increased health risks for a few constant diseases including osteoporosis, cardiovascular diseases and loss of cognitive function. The transitional impacts or issues are vaginal dryness, genito-urinary disease, skin- thinning, joint aches and pains and urinary incontinence. The long term consequences include coronary illness, osteoporosis, metabolic sickness and hypertension.

The commonest of these problems is osteoporosis, which is a bone condition that develops as a result of low calcium level in the body. The bones become fragile and prone to break easily.<sup>[3–8]</sup>

Hormone replacement therapy (HRT) is an operative treatment for menopausal symptoms.

It can protect women from developing osteoporosis, cardiovascular diseases and spinal fracture by 50%.

In spite of the acknowledged benefits of hormone replacement therapy, there is low

HRT use mainly because the majority of women are poorly enlightened about its availability and utility. Research shows that, women's attitudes towards menopause and their knowledge for the benefits and risks of HRT (have an effect on) affect their use of HRT.

All women older than 65 years should undergo bone mineral density screening. Women with additional risk factors for the osteoporotic fractures should begin bone mineral density screening at an earlier stage.

To maintain bone health all postmenopausal women should consume adequate amount of elemental calcium 1000–1500 mg per day, vitamin D 800–1000 IU per day. To reduce bone loss, all post –menopausal women should be encouraged to ensure sufficient intake of calcium and vitamin D.

In working with women experiencing menopause, the researcher should assess the need to educate the premenopausal women to improve their knowledge regarding menopause and to help them how to assist themselves in menopausal life.

Knowledge questionnaire helps to assess the knowledge. Thus, the study seeks to assess the knowledge regarding menopause among the study population.

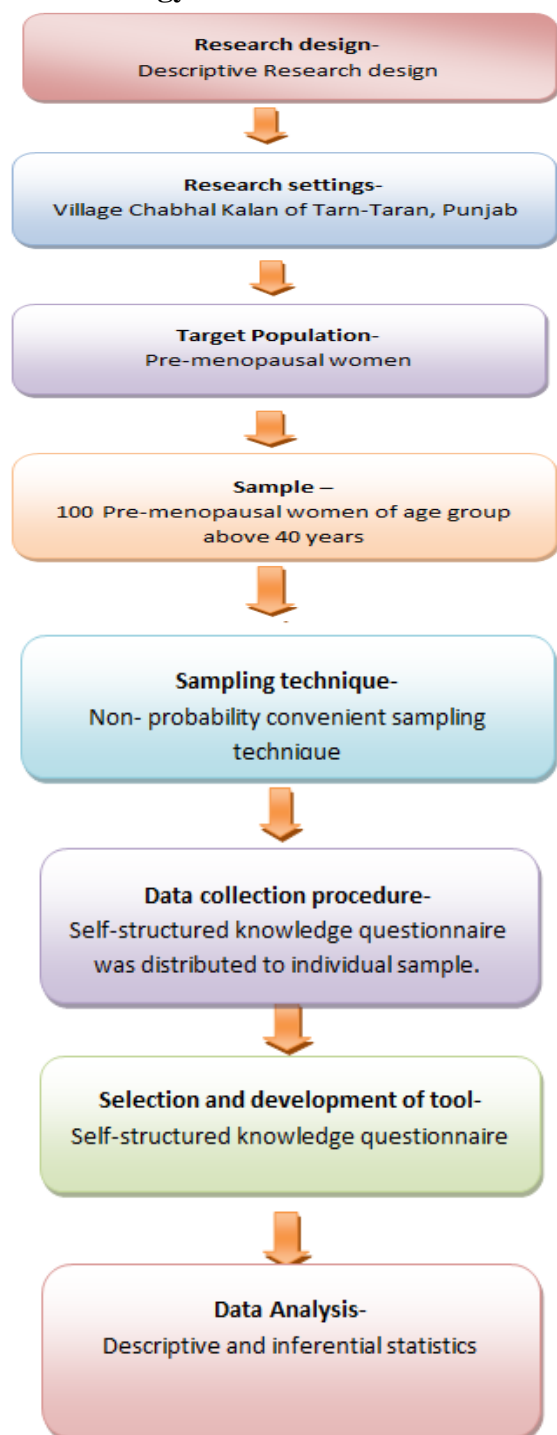
## **PURPOSE OF THE STUDY**

The purpose of the study is to promote knowledge and awareness regarding menopause among premenopausal women.

## **METHODOLOGY**

Methodology of research indicates the general pattern of organizing procedure to obtain a reliable and valid data for investigations.

### Methodology Flow Chart



**Fig. 1.** Schematic Representation of Research.

### Variables

**Independent variable:** In this study, premenopausal women were independent variable.

**Dependent variable:** In this study, Knowledge of premenopausal women was dependent variable.

**Demographic variables:** In this study, the selected demographic variables were the age, religion, educational status, occupation, family income, type of family, dietary pattern and source of information.

### Sampling Procedure

**Sample:** In this study, the sample was 100 premenopausal women of age group above 40 years living in village Chabhal kalan of Tarn-Taran, Punjab.

### Sampling Technique

In this study, nonprobability convenient sampling technique was employed in the selection of the sample.

### Sampling Criteria

#### *Inclusive Criteria*

- (1) Premenopausal women of age group above 40 years present at the time of data collection.
- (2) The women who knew Punjabi.
- (3) The premenopausal women of age group above 40 years who were willing to participate in the study.

#### *Exclusive Criteria*

- (1) Women who were not willing to participate in the study.
- (2) Women who were not co-operative.
- (3) Women who were not available at the time of data collection.

### Selection and Development of Tool

The aim of the study is to assess the knowledge regarding menopause among pre-menopausal women in village Chabhal Kalan of Tarn-Taran, Punjab. The tool was developed after careful review and by the expert opinion. The tool consisted of two sections.

## Section A

### *Questionnaire to Collect Demographic Data of Premenopausal Women*

Demographic data consisted of following:

Age, religion, educational status, occupation, family income, type of family, source of information and dietary pattern.

## Section B

### *Self-structured Knowledge Questionnaire to Assess the Knowledge Regarding Menopause Among Premenopausal Women*

It consisted of 30 multiple choice questions related to menopause.

## Score Interpretation

Structured knowledge assessment questionnaire was used to assess knowledge regarding Menopause among premenopausal women in selected villages of Tarn Taran, Punjab. It consist of 30 multiple choice questions. Each Correct answer was given a score of '1' and wrong answer was given a score of '0'. The total score given was 30.

The score was interpreted as below:

Knowledge regarding menopause

<50% – Low knowledge (score < 15)

50–75% – Moderate knowledge (score 15–22)

>75% – High knowledge (score 23–30)

## Validity of Tool

The tool was submitted to experts from field of obstetrics and gynecological nursing that is to nursing personnel and doctor. It was determined by expert opinion on relevance of items. The tool was further modified according to their suggestions.

## Reliability of Tool

The reliability of tool was done by using the split half method and spearman's formula. The quality and adequacy of quantities data can only be assessed by

establishing the reliability of an instrument. Reliability of the tool was assessed by collecting data from 10 respondents other than the samples selected for the study. Split half method with Spearman's Brown Prophecy formula was used to test the reliability of the tool. The tool after validation was tested for its reliability. The tool was administered to 10 premenopausal women and data was tabulated. The reliability of the knowledge questionnaire was  $r = 0.93$ , hence, statistically significant and thus tool found to be reliable.

## Pilot Study

The pilot study was conducted few weeks before the actual study to ensure the reliability of the tool and feasibility of the study. It is a small preliminary investigation of the same general character as the major study. The sample will be of 10 subjects. A pilot study was conducted in February 2016 at village Chabhal kalan of Tarn -Taran, Punjab to ensure the reliability of tool and feasibility of study by taking sample of 10 premenopausal women who met the inclusion criteria of the study to assess the viability of the study subjects, to ensure the appropriateness of methods and procedure of data collection, to estimate the actual time and potential problems researcher may encounter during the actual large research study. The investigator took written permission from concerned authority for conduction of the study. Convenient sampling technique was used to select the sample for study. Written consent was taken from the respondents of study. Purpose of study was explained to the respondents. The pilot study was consisted 1/10th of total sample i.e. 10 premenopausal women from the village Chabhal Kalan. Tool was administered to the selected premenopausal women for assessing knowledge regarding menopause. It took 15–20 minutes for one

subject to fill the tool. The respondents were assured that their responses would be kept confidential and used for research purpose only by keeping the ethical considerations in mind.

### Data Collection Procedure

- Data collection was done from April 2016 in village Chabhal Kalan of district Tarn-Taran, Punjab. Convenient sampling technique was used to select a sample of 100 premenopausal women.
- Comfortable environment was provided to conduct the study.
- The researcher introduced herself to the respondents and explained about the nature and importance of the study, after taking written informed consent from subjects for participation in the study and then data was collected.
- After getting the consent on the day of data collection, the tool was given to the sample after giving necessary instructions. The self-structured knowledge questionnaire was distributed to the sample to assess the knowledge regarding menopause. It took 15–20 minutes.
- After collecting the data from each sample the health education pamphlet on menopause was distributed to individual sample.
- The respondents were assured that their responses would be kept

confidential and used for research purpose only by keeping the ethical considerations in mind. The collected data was then organized for analysis.

### Ethical Consideration

1. Approval of research/ethical clearance was taken from research committee of Mai Bhago College of Nursing Tarn Taran.
2. Formal permission was obtained from the concerned authority of selected village of Tarn Taran, Punjab.
3. The written informed consent was obtained from each premenopausal women of age group above 40 years who was participating in the study.

### Plan for Data Analysis

Analysis of the data was done in accordance with the objectives, using descriptive and inferential statistics such as mean, percentage, standard deviation, correlation and chi square test etc. and pie and bar diagram were used to depict the findings of the study. The level of significance chosen was  $p < 0.05$ ,  $p < 0.01$ ,  $p < 0.001$ . Tables 1–3 and Figure 1 were used to depict the findings.

## DATA ANALYSIS

### Section I

Description of demographic characteristics of Premenopausal women regarding menopause.

**Table 1.** Frequency and Percentage Distribution of Samples According to Their Demographic Variables.  $N=100$ .

Variables	Opts	Frequency (f)	Percentage (%)
Age (years)	40–42 years	33	33
	43–45 years	29	29
	46–48 years	23	23
	49 and above	15	15
Religion	Sikh	53	53
	Hindu	37	37
	Muslim	0	0
	Christian	10	10
Educational Status	Primary	31	31
	Secondary (10+2 pass)	34	34
	Graduation	24	24
	Illiterate	11	11
Occupation	Housewife	59	59



	Self-employee	20	20
	Private employee	14	14
	Government employee	7	7
Family income/month (Rs.)	Less than Rs. 5000	33	33
	5001–10,000	38	38
	10,001–15,000	13	13
	Rs. 15,000 and above	16	16
Type of family	Nuclear	60	60
	Joint	40	40
Source of information	Family, friends and relatives	28	28
	Health personal	28	28
	Mass media (T V, Radio)	44	44
	Others	0	0
Dietary pattern	Vegetarian	66	66
	Non vegetarian	34	34

Table 1 shows that the majority 33% of premenopausal women were in the age group of 40–42 followed by 29% in the age group 43–45 followed by 23% in 46–48 age group and minority of premenopausal women 15% were in the 49 and above age group. Majority (53%) of premenopausal women were in the Sikh religion (37%) in the Hindu, whereas minority of (10%) in the Christian and (0%) none of them were in the Muslim religion. Majority of premenopausal women i.e. 34% studied up to Secondary (10+2 Pass) followed by 31% were Primary and 24% were Graduate and 11% of them were Illiterate. Majority of the premenopausal women (59%) were house wife's (20%) Self-employed, (14%) private employee, and (7%) of them were govt. employee. Majority of the premenopausal women (38%) had monthly income of Rs. 5001–10,000, (33%) had Less than Rs. 5000 (16%) had Rs.15000 and above, and (13%) had monthly income of 10001-15000. Majority of premenopausal women (60%) lived in nuclear family, and (40%) lived in joint family.

Maximum (44%) of premenopausal women got the information from Mass media (TV, Radio) (28%) got the information from Family, Friends and Relatives, followed by (28%) of premenopausal women got the information from Health Personal and (0%) none of

them got information from others). Majority of premenopausal women (66%) were vegetarian and remaining (34%) were non vegetarian.

## Section II

Distribution of level of knowledge of premenopausal women regarding menopause.

**Table 2. Frequency and Percentage Distribution of Premenopausal Women According to Level of Knowledge Regarding Menopause. N= 100.**

Criteria measure of knowledge score		
Level of knowledge scores	Percentage	Frequency
Adequate (23–30) (>75%)	14	14
Moderately adequate (15–22) (50%–75%)	33	33
Inadequate (<15) (<50%)	53	53

Majority of premenopausal women i.e. (53%) had Inadequate knowledge followed by (33%) had moderately adequate knowledge whereas (14%) of premenopausal women had Adequate knowledge regarding menopause. Hence, it was concluded that most of premenopausal women had inadequate knowledge regarding menopause.

## Section III

Association between knowledge of premenopausal women regarding

menopause and selected demographic variables

**Table 3.** Frequency and Percentage Distribution of Chi square Test Showing Association Between Knowledge Score Regarding Menopause Among Premenopausal Women.

Demographic data		Levels (N=100)			Association with knowledge score			
Variables	Opts	Adequate	Moderately adequate	Inadequate	Chi test	df	Table value	Result
Age ( in years)	40–42 years	6	7	20	12.148	6	12.592	NS
	43–45 years	4	10	15				
	46–48 years	0	13	10				
	49 and above	4	3	8				
Religion	Sikh	8	18	27	0.354	4	9.488	NS
	Hindu	5	12	20				
	Muslim	0	0	0				
	Christian	1	3	6				
Educational status	Primary	3	8	20	22.622	6	12.592	S
	Secondary (10+2 Pass)	4	13	17				
	Graduation	7	12	5				
	Illiterate	0	0	11				
Occupation	Housewife	4	15	40	22.178	6	12.592	S
	Self-employee	4	9	7				
	Private employee	2	6	6				
	Government employee	4	3	0				
Family income/month (Rs.)	Less than Rs 5000	4	7	22	16.385	6	12.592	S
	5001–10,000	1	17	20				
	10,001–15,000	3	4	6				
	Rs. 15,000 and above	6	5	5				
Type of family	Nuclear	7	16	37	4.532	2	5.991	NS
	Joint	7	17	16				
Source of information	Family, friends and relatives	2	11	15	3.133	4	9.488	NS
	Health personal	3	9	16				
	Mass media (TV, radio)	9	13	22				
	Others	0	0	0				
Dietary pattern	Vegetarian	9	23	34	0.300	2	5.991	NS
	Non vegetarian	5	10	19				

S=Significant, N.S= Not significant,  $p$  Value < 0.05 Level,  $df$ = Degree of Freedom.

Table 3 shows that association of knowledge score regarding menopause among premenopausal women in selected village, Chi square test result depict the significant impact of educational status, occupation and family income on the knowledge score of premenopausal women regarding menopause in selected village as the calculated value is more than tabulated value at 0.05 level of significance. The impact of age, religion, type of family, source of information and dietary pattern on knowledge score of

premenopausal women regarding menopause in selected village found to be non-significant as the calculated value is less than tabulated value at 0.05 level of significance.

### LIMITATION AND RESEARCH NEEDED

Only premenopausal women of age group above 40 years were selected for the study. The study was conducted only in selected village at Tarn Taran. Sample was limited to 100. The study variable was limited only

to knowledge. This study recommends the following further research:

A similar study can be tried on different settings and samples. A study can be replicated with larger samples. A study can be conducted to assess the attitude of premenopausal women regarding menopause.

A comparative study can be conducted by comparing the knowledge of premenopausal women and menopausal women regarding menopause.

A Study can be conducted to assess the effectiveness of planned teaching programme on knowledge regarding menopause and the management of its symptoms among premenopausal women.

## CONCLUSION

Majority of premenopausal women i.e. (53%) had Inadequate knowledge followed by (33%) had Moderately Adequate knowledge whereas (14%) of premenopausal women had Adequate knowledge regarding menopause. Hence it was concluded that most of premenopausal women had inadequate knowledge regarding menopause.

The majority of premenopausal women were interested in learning more about what is happening to them during menopause. They want to know about the physiologic changes taking place in their bodies, as well as the emotional changes. They want to know what they can expect after menopause. They want to be prepared to care for themselves during their menopausal life. While the majority of women are interested in learning about these things, there is a considerable group of women who do not have much interest in learning. So, the present study was undertaken by the investigator to assess knowledge regarding menopause among premenopausal women in village chabhal kalan of district Tarn-Taran, Punjab. The

study was descriptive in nature having 100 samples of premenopausal women. The Sample was selected by non-probability convenient sampling technique. Self-administered Structured Knowledge questionnaire was prepared to assess level of knowledge among premenopausal women regarding menopause. Analysis and interpretation was done in accordance with the objectives. Descriptive and inferential statistics was used in to depict the findings.

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