

**A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED  
TEACHING PROGRAMME ON MANAGEMENT OF PERIMENOPAUSAL  
PROBLEMS IN TERMS OF KNOWLEDGE AND ATTITUDE  
AMONG PREMENOPAUSAL WORKING WOMEN IN A  
SELECTED COLLEGE AT SALEM**



*A Dissertation submitted to*  
*The Tamilnadu Dr. M.G.R. Medical University, Chennai-32*  
*In partial fulfillment of the requirement for the degree of*  
**MASTER OF SCIENCE IN NURSING**

**BY**

**Reg. No: 301721201**

**OBSTETRICS AND GYNECOLOGICAL NURSING**  
**SHANMUGA COLLEGE OF NURSING**  
**24, SARADA COLLEGE ROAD, SALEM-636007**

**OCTOBER - 2019**

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*APPROVED BY DISSERTATION COMMITTEE*

**Clinical Specialty Guide** : \_\_\_\_\_  
**Prof. M.Jansi Rani M.Sc(N),**  
**HOD of Obstetrics and Gynaecology Nursing**  
**Salem- 636007.**

**Professor cum Principal** : \_\_\_\_\_  
**Prof. Dr. S. ANNAM, M. Sc (N),Ph.D(N),**  
**Principal**  
**Shanmuga College of Nursing,**  
**Salem- 636007.**

**Viva Voce & Date:**

**1. Internal Examiner:** \_\_\_\_\_  
**(Signature with Name)**

**2. External Examiner:** \_\_\_\_\_  
**(Signature with Name)**

**OCTOBER - 2019**

## **DECLARATION BY THE CANDIDATE**

I Ms. S. SEETHA, hereby declare that this dissertation entitled “**A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem**” has been prepared by me under the guidance and direct supervision of **Prof.Dr. Annam, M.Sc(N), Ph.D(N), Professor cum principal** and **Mrs.M.Jansi rani, M.Sc (N), Professor**, Department of Obstetrics and Gynaecology Nursing, Shanmuga College of Nursing, Salem as the requirement for the partial fulfilment of **MASTER OF SCIENCE IN NURSING** degree under **The Tamilnadu Dr. M.G.R Medical University, Chennai-32**. This dissertation represents independent work of mine, which has not been previously formed and this will not be used further award of any degree/ diploma.

**Place: Salem**

**Date: October 2019**

**S. SEETHA,**

**II Year M.Sc(N) Student,**

**Shanmuga College of Nursing,**

**Salem- 636007**

## **CERTIFICATE BY GUIDE / HOD AND PRINCIPAL**

This is to certify that the dissertation entitled “**A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem**” is a bonafide work done by **Ms.S. Seetha**, Shanmuga College of Nursing, Salem in partial fulfillment of the university rules and regulations for the award of **MASTER OF SCIENCE IN NURSING** degree under our guidance and supervision during the academic year 2018-2019.

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Clinical Specialty Guide** : \_\_\_\_\_

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## **CERTIFICATE FOR PLAGIARISM**

This is to certify this dissertation work titled **a study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem**, of the candidate **Ms.S.Seetha** with registration number 301721201 for the award of M.sc (N) master degree programme in the branch of Obstetrics and Gynaecology Nursing. I personally verified the plagiarism detector website for the purpose of plagiarism check. I found that the uploaded thesis file contains from introduction to conclusion pages and result shows **6%** of plagiarism in the dissertation.

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## ACKNOWLEDGEMENT

*“Trust in the lord with all your heart, and lean not on your own understanding; in all your ways acknowledge him, and he shall direct your paths”*

First and foremost I am thankful to the **God Almighty**, for his abundant blessing and grace all throughout my life and for strengthening me with all the needs required for the accomplishment of this study.

I express my gratitude to our chairman, **Dr. P.S. Panneerselvam, M.S, M.N.A.M.S, F.I.C.S, F.A.I.S.**, for allowing me to undertake the M.Sc(N) programme and providing me with valuable guidance and persuasion in my studies.

I extend my heartfelt thanks and gratitude to our correspondent **Mrs.Jayalakshmi, M.A.**, for providing valuable suggestions.

I thank privilege to express my sincere thanks and deep sense of indeptness to medical director **Dr. Prabushankar, M.S., M.R.C.S**, and administrative director **Dr.Priyadharshini, D.C.H., DNB.**, for the support, encouragement and providing the required facility for the successful completion of the study.

It's my pleasure to express my heartfelt gratitude and sincere thanks to **Prof. Dr. S. Annam, M.Sc(N)., Ph. D(N).**, Professor cum Principal, Shanmuga College of Nursing, Salem, for her guidance, Suggestions, support and motivation, which enlightened my path to complete the study successfully.

I extend my deepest gratitude and sincere thanks to **Prof. Dr. C. Kavitha, M.Sc(N), Ph . D(N)**., Vice principal, Department of Child Health Nursing, Shanmuga College of Nursing, Salem, without whom this study would not have moulded in this shape. Her rich professional experience and efficient guidance, valuable advices, inspiration, expert guidance helped me to step cautiously in the right direction till the fraction of the study.

My heartfelt thanks to **Prof.Mrs.M.Jansirani, M. Sc(N)**, Department of Obstetrics and Gynaecology Nursing for her deep involvement, rich valuable suggestions and never failing guidance given for the competition of this study. I would also like to express deepest gratitude to **Prof. Mr. Selvaraj, M. Sc(N)**., HOD Department of Mental Health Nursing and class coordinator for his constant motivation ever helping and encouraging words which helped me to complete my study successfully. I honestly pay my sincere thanks to the entire **Faculty** of Shanmuga College of Nursing for their timely support and co-operation, specially I would like to thanks **Mrs.Sivasankari, M.Sc(N)**., Associate Professor, Department of Obstetrics and Gynaecology Nursing, for support and motivation throughout my study.

I gracefully appreciate the efforts of **experts** who have contributed their valuable suggestions in validating the tools and independent variable.

I extend my thanks to **Mr. Mani M.Sc, M.Phil**, for the valuable execution of the statistical analysis of this study and **Mr. K. Prabu, M.A., B.Ed**, P.G.Asst, Govt. Hr. Sec. School for English editing of the content.

My sincere gratitude to **Principal** of Government Arts and Science College at salem-7 and Padmavani arts and Science College for Women at salem-11 to allowed to conducting data collection for their co-operation concern.

My sincere thank to my dear and lovable friends for their intensive support, suggestions and valuable assistance in ways big and small. They have helped me directly and indirectly towards completion of this study.

I take this opportunity to express my sincere appreciation and love to my parents **Mr.P.Sokkan, Ms. S. Saraswathi** without whom I could have ever reached on this position. They are the quarry of my courage and my constant motivator, whose wise words showered the seeds of confidence in me to face the obstacles during my study period. I would like to express my deepest thanks to my loving brother **Mr. S. Singaravel**. Their prayers, support and encouragement was the driving force for me throughout this experience.

I take this opportunity to express my unconditional thanks to very special people of my husband **Mr.S. Dhinesh**, and his **family** for their prayers, support, motivation and encouragement which they have given me throughout the study.

There are still others to whom I am indebted. Words don't seems to be enough, when I need to express my heartily thanks for their help, motivation, guidance and prayers. My sincere gratitude to all for their co operation they have showed for the completion of this study.

**SEETHA.S**



## RESEARCH ABSTRACT

Ms. Seetha.S\*, Prof. Dr. S.Annam\*\* and Prof.Mrs. M. Jansi Rani\*\*\*

\*M.SC(N) II-Year student, \*\*Principal, \*\*\*HOD in Obstetric and Gynaecological Nursing, Shanmuga College Of Nursing, Salem at the time of doing study in October 2019.

**ABSTRACT: Background.** Perimenopausal end when a woman has gone 12 months without having her period. Women in perimenopause have problems such as vasomotor problems and psychological problems, these problems can be managed with certain life style modification like healthy diet, exercises and relaxation technique. The aim of the study is to increase the awareness about the management of perimenopausal problems, create positive attitude on management of perimenopausal problems among premenopausal working women. **Methodology:** A quantitative evaluative research approach, quasi-experimental pre test post test with control group design was used. The study was conducted in Salem Government Arts and Science College and Padmavani Arts and Science College for Women. After obtained permission, a total of 60 samples, 30 for experimental and 30 for control group were selected. The samples of teaching and non teaching staff in each group were selected by non- probability convenient sampling technique. The Structured questionnaire was used to assess the level of knowledge on management of perimenopausal problems and Likert's scale to assess the level of attitude on management of perimenopausal problems. On day 1 Pre test was conducted to assess the knowledge and attitude on management of perimenopausal problems from each group. On day 2 STP on management of perimenopausal problems was administered to experimental group 10 in each group for about 30 minutes, by using chart, power point, and booklet. On day 14 post test was conducted to assess the knowledge and attitude on management of perimenopausal problems. .Booklet was distributed to all the samples in both the group for their further reference. **Findings:** The findings showed that the mean post test score in knowledge and attitude on management of perimenopausal problems was significant at  $P < 0.05$  level. There was a significant association between the pre test level of knowledge on management of perimenopausal problems with their parity and there is no significant association between the pre test level of knowledge on management of perimenopausal problems with their age and educational status. **Conclusion:** the result indicated that STP was found to be more effective in creating awareness and promoting positive attitude among working women on management of perimenopausal problems.

**Keywords:** Effectiveness, Knowledge, Attitude, Structured teaching programme on management of Perimenopausal problems.

\*\*\*\*\*

**INTRODUCTION:** The perimenopause is a normal life transition that begins with the first signs of change in menstrual cycle and end after cessation of menses. It's usually starts in 40 years, the average length of perimenopause is 4 years, but for some women this stage may last only a few months or continue for 10 years. Perimenopausal ends when a woman has gone 12 months without having her period. Between the age group of 45 to 60 years of age, 85 % of women complaints the symptoms of climacterics. Out of these 35%of the affected women experience some weakness and 35 % have moderate symptoms.

**STATEMENT:** A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem.

**Objectives:**(1)To develop and validate the structured teaching programme on management of perimenopausal problems among working women.(2) To assess and compare the mean pre-test and post-test knowledge score on management of perimenopausal problems among working women within and between experimental and control group. (3) To assess and compare the mean pre-test and post-test attitude score on management of perimenopausal problems among premenopausal working women within and between experimental and control group.(4) To find the association between pre-test level of knowledge score on management of perimenopausal problems among premenopausal experimental group with their selected demographic variables like age, marital status, parity, type of family, educational status, occupation, monthly income.

**HYPOTHESES: (level of significance,  $p < 0.05$ )**  $H_1$ : the mean post test knowledge score on management of perimenopausal problems in experimental group is higher than the control group.  $H_2$ : The mean post test attitude score on management of perimenopausal problems in experimental group is higher than control group.  $H_3$ : there is significant association between the pre test level of knowledge on management of perimenopausal problems among experimental group and their selected demographic variables-age, educational status, parity.

**METHODOLOGY: (1) Structured teaching programme on management of perimenopausal problems:** The structured teaching programme is a formal teaching programme which is given in a 30 samples of experimental group about 30 minutes at a Padmavani Arts and Science College for women Salem, by lecture cum discussion with chart, power point, booklet. It consist of general information about definitions, causes, signs and symptoms and its management perimenopausal problems which includes diet, exercises and relaxation technique. This teaching is reinforced with the booklet. (2) **Knowledge:** It means the awareness of premenopausal working women regarding general information and its management of perimenopausal problems which is assessed by structured questionnaire. The score was interpreted as below 50% inadequate knowledge, 51-75% moderate knowledge, 76-100% adequate knowledge.

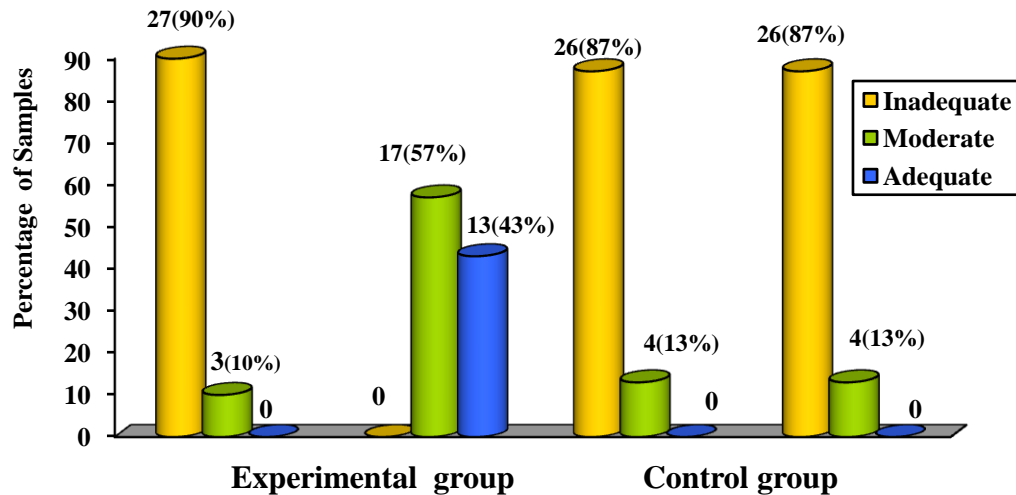
**(3) Attitude:** It means to create positive attitude of premenopausal working women regarding general information and its management of perimenopausal problems which is assessed by Likert's scale (4 point). Total score was interpreted as follows: 26-54 = positive attitude, <25 = negative attitude.

Conceptual frame work utilized in this study was Pender health promotion model. Quantitative evaluative research approach, quasi experimental pre test post test with control group design was used. The study was conducted in Government Arts and Science College Salem and Padmavani Arts and Science College for women Salem in both the groups. After getting formal written permission, the total 60 samples, 30 in each group selected by non- probability convenient sampling technique selected. The structured questionnaire was used to assess the level of knowledge on management of perimenopausal problems and Likert's scale to assess the level of attitude on management of perimenopausal problems. On day 1 Pre test was conducted to assess the knowledge and attitude on management of perimenopausal problems from each group. On day 2 STP on management of perimenopausal problems was administered to experimental group 10 in each group for about 30 minutes, by using chart, power point, and booklet. On day 14 posttest on knowledge and attitude on management of perimenopausal was done. Booklet were distributed to all the samples in both the group for further reference

**FINDINGS: section- I: Demographic variable:** In experimental group out of 30 samples, majority, 9 (30%) of them 41-43 years of age group, 30 (100%) of them were married women, 20 (67%) of them were nuclear family, 10 (33%) of them had more than two children, 12 (40%) of them were under graduate, 18 (60%) of them were teaching staff, 12 (40%) of them had income of 45,000 rupees per month, 23 (77%) of them were not followed regular exercises, 25 (83%) of them were not followed any relaxation technique.

In control group out of 30 samples, majority, 12 (40%) of them 38-40 years of age group, 26 (87%) of them were married women, 15 (50%) of them were nuclear family, 15 (50%) of them were joint family, 11 (36%) of them had one children, 12 (40%) of them were M.Phil/PH.D, 21 (70%) of them were teaching staff, 14 (47%) of them had income of 45,000 rupees per month, 23 (77%) of them were not followed regular exercises, 18 (60%) of them were not followed any relaxation technique.

**Section-II: Analysis of pre test and post test level of knowledge scores among samples of experimental and control group on management of perimenopausal problems.**



**LEVEL OF KNOWLEDGE SCORE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

**Figure-1: Cylindrical diagram shows the percentage of samples based on the pre test and post test knowledge score among experimental and control group.**

Figure-1 depicts during the pre test in experimental group 27 (90%) samples had inadequate knowledge, 3 (10%) samples had moderate knowledge and in control group, 26(87%) samples had inadequate knowledge, 4 (13%) samples had moderate knowledge and. During post test in experimental group 17 (57%) samples had moderate knowledge, 13 (43%) samples had adequate knowledge and in control group 26 (87%) samples had inadequate knowledge, 4 (13%) samples had moderate knowledge.

**Table-1 Comparison of mean pre test and mean post test knowledge scores of samples within the group and between the group.**

**$n_1 = 30, n_2 = 30$**

Group	Pre test		Post test		Mean difference	Paired t test
	Mean	SD	Mean	SD		
Control group	15.5	3.82	15.7	3.83	0.23	0.264 <sup>NS</sup>
Experimental group	15.17	3.42	28	2.69	12.83	14.75*
Unpaired t test	0.64 <sup>NS</sup>		10.6*			

\*significance at  $p < 0.05$  level; NS-not significant; paired  $t_{29} = 2.05$ , unpaired  $t_{58} = 2.00$

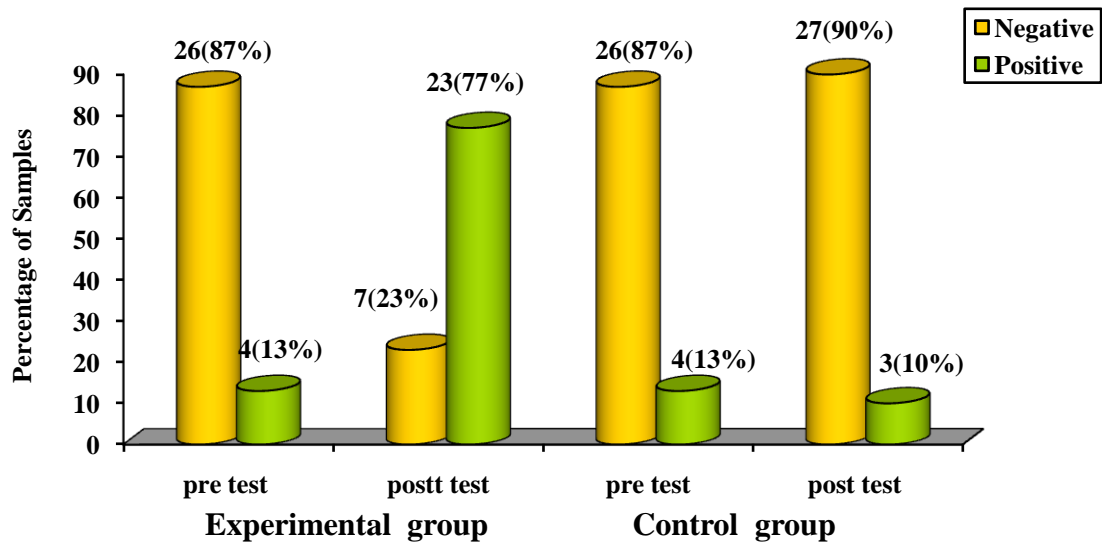
Table-1 shows that the post test knowledge mean score in control group was 15.7 and in experimental group 28. The calculated unpaired 't' value was 10.6 which is higher

than the table value at  $P < 0.05$  level. Hence research hypothesis  $H_1$  is accepted and null hypothesis  $H_{0(1)}$  was not accepted.

This indicates that structured teaching programme was effective to improve the knowledge of premenopausal women on management of perimenopausal problems.

The above result support by **Nikita Kishor Dhanorkar, (2017)**. They conducted a Quasi experimental design to assess the effectiveness of planned nursing intervention on knowledge regarding menopausal syndrome and its management among pre menopausal women in selected community area. A total of 50 women age group of 30-40 years was selected. On day 1 pre test was conducted and intervention given on day 2 after that post test was assessed on day 7. The finding shows overall knowledge score in pre test 3 (6%) of women have inadequate knowledge and 47 (94%) of women had moderate level of knowledge. The overall post test score 1 (2%) had inadequate knowledge, 4(8%) had moderate level of knowledge and 45 (90%) had adequate level of knowledge. Researcher suggested that teaching is essential to create awareness.

**Section-III: Analysis of pre test and post test attitude scores on management of perimenopausal problems among samples.**



**LEVEL OF ATTITUDE SCORE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

**Figure-2 cylindrical diagram shows on percentage of samples based on the pre test and post test attitude scores on management of perimenopausal problems among experimental and control group.**

**Figure-2** Depicts during the Pre test in experimental group out of 30 samples, 26 (87%) samples have negative attitude, 4 (13%) samples have positive attitude on management of

perimenopausal problems. Pre test in control group out of 30 samples, 26 (87%) of samples have negative attitude on management of perimenopausal problems and 4 (13%) of samples have positive attitude on management of perimenopausal problems. Post test In experimental group 7 (23%) samples have negative attitude, and 23 (77%) samples have positive attitude on management of perimenopausal problem, in control group 27 (90%) samples have negative attitude, 3 (10%) samples have positive attitude on management of perimenopausal problems.

**Table-2: comparison of mean pre test and mean post test scores attitude on management of perimenopausal problems among the samples within and between experimental and control group.**

$n_1 = 30, n_2 = 30$

Group	Pre test		Post test		Mean difference	Paired t test
	Mean	SD	Mean	SD		
Control group	13.4	8.02	13.16	7.77	0.6 <sup>NS</sup>	0.316 <sup>NS</sup>
Experimental group	14	6.59	39.9	12.14	26.7	<b>10.15*</b>
Unpaired	1.75 <sup>NS</sup>		<b>10.6*</b>			

**Significant at  $p < 0.05$  level; NS- Not significant; paired  $t_{29} = 2.05$ , unpaired  $t_{58} = 2.00$**

Table-2, shows that the post test knowledge mean score in control group was 13.16 and in experimental group 39.9. The calculated unpaired value was 10.6 which is higher than the table value at  $P < 0.05$  level. Hence research hypothesis  $H_2$  is accepted and null hypothesis  $H_{0(2)}$  was not accepted.

This indicates that structured teaching programme was effective to improve the positive attitude of premenopausal women on management of perimenopausal problems.

The above result was supported by **Saira Batool, Rukhsana Kausar et al. (2017). They conducted a observational study** on Menopausal attitude and symptoms in peri and Post-menopausal working women.. Eighty women with equal number of nurses and teachers were recruited from public sector colleges and hospitals of Lahore, Pakistan. The sample ranged in ages between 45 - 60 years (Teachers  $M = 50.92$ ,  $SD = 3.87$ ; Nurses  $M = 49.55$ ,  $SD = 3.93$ ). Assessment of attitude tool was used towards menopause scale (Shahwar & Khalid, 2003) and Greene Climacteric Survey (Greene, 1998). Results revealed that nurses and post-menopausal women showed positive attitude towards menopause as compared to teachers and peri-menopausal women, respectively. More severity of menopausal symptoms shows in Peri-menopausal women as compared to post-menopausal women. These Findings shows importance of psychological help for working women and attention should be paid to change working women's attitude towards menopause, particularly, teachers in order to reduce symptoms in them.

#### **Section-IV: Association of selected demographic variables with pre test level of knowledge on management of perimenopausal problems among experimental group.**

There was a significant association between the pre test level of knowledge on management of perimenopausal problems with their parity. Hence the research hypothesis  $H_{3(c)}$  was accepted. There is no significant association between the pre test level of knowledge on management of perimenopausal problems with their age and educational status. Hence the null hypothesis  $H_{0 3(a)}, H_{0 3(b)}$  was accepted.

**LIMITATION:** (1) Generalization of the study was limited to the samples only. (2) The study is limited to the 60 premenopausal working women only. (3) After post test no teaching was given to the control group.

**CONCLUSION:** The result indicated that STP was found to be more effective in creating awareness on knowledge and promoting positive attitude among working women on management of perimenopausal problems.

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## INDEX

<b>CHAPTER NO</b>	<b>CONTENTS</b>	<b>PAGE NO</b>
<b>I</b>	<b>INTRODUCTION</b>	<b>1-16</b>
1.1	Need for the study	4
1.2	Statement of the problem	7
1.3	Objectives	8
1.4	Hypotheses	8
1.5	Operational definitions	10
1.6	Assumptions	12
1.7	Delimitations	13
1.8	Ethical considerations	13
1.9	Conceptual frame work based on Pender's health promotion model	13
	Summary	16
<b>II</b>	<b>REVIEW OF LITERATURE</b>	<b>17-31</b>
2.1	Studies related to perimenopausal problems among premenopausal working women	17
2.2	Studies related to management of perimenopausal problems among premenopausal working women	22
2.3	Studies related to knowledge and attitude towards perimenopausal women	28
2.4	Studies related to penders health promotion model	30
	Summary	31



<b>III</b>	<b>RESEARCH METHODOLOGY</b>	<b>33-45</b>
3.1	Research approach	33
3.2	Research design	33
3.3	Variables under study	34
3.4	Setting of the study	35
3.5	Population	36
3.6	Sample	37
3.6.1	Criteria for sample size	37
3.6.2	Sampling technique and sample size	37
3.7	Development, interpretation, validity and reliability of tool	38
3.7.1	Development of structured teaching programme	41
3.8	Pilot study	42
3.9	Data collection procedure	43
3.10	Plan for data analysis	44
	Summary	45
<b>IV</b>	<b>DATA ANALYSIS AND INTERPRETATION</b>	<b>46-64</b>
4.1	Presentation of data	46
4.1.1	Description of demographic variables of the sample	48
4.1.2	Analysis and comparison of pre test and post test knowledge score on management of perimenopausal problems	51
4.1.3	Analysis and comparison of pre test and post test attitude score on management of perimenopausal problems among samples	55

4.1.4	Association of selected demographic variables with pre test level of knowledge on management of perimenopausal problems among experimental group	59
	Summary	64
<b>V</b>	<b>DISCUSSION</b>	<b>65-70</b>
<b>VI</b>	<b>SUMMARY, MAJOR FINDINGS, IMPLICATION, RECOMMENDATIONS AND CONCLUSION</b>	<b>71-79</b>
	<b>REFERENCES</b>	<b>80-84</b>
	<b>ANNEXURES</b>	<i><b>i-lxxxii</b></i>

## LIST OF TABLES

<b>TABLE NO</b>	<b>TITLE</b>	<b>PAGE NO</b>
4.1	Frequency and percentage wise distribution of demographic variables among samples	48
4.2	Comparison of mean pre test and post test knowledge score on management of perimenopausal problems among samples	54
4.3	Comparison of mean pre test and post test attitude scores on management of perimenopausal problems among samples	58
4.4	Chi square association between the pre test level of knowledge on management of perimenopausal problems among experimental group and their age	61
4.5	Chi- square association between the pre test level of knowledge on management of perimenopausal problems among experimental group and their educational status	62
4.6	Chi- square association between the pre test level of knowledge on management of perimenopausal problems among experimental group and their parity	63

## LIST OF FIGURES

<b>FIGURE NO</b>	<b>TITLE</b>	<b>PAGE NO</b>
2.1	Conceptual frame work based on pender's promotional model (2002) applied on effectiveness on structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women	15
3.1	Schematic representation of the research design	32
4.1	The cylindrical diagram shows the percentage of samples based on the pre test and post test knowledge scores on management of perimenopausal problems among experimental and control group	52
4.2	The cylindrical diagram shows the percentage of samples based on the pre test and post test attitude scores on management of perimenopausal problems among experimental and control group	56

## LIST OF ANNEXURES

ANNEXURE NO	TITLE	PAGE NO
I	Letter seeking permission to conduct research study	<i>i</i>
II	Letter seeking experts opinion for content validity of the tool and independent variable	<i>iii</i>
III	List of experts validating the tool and independent variable	<i>iv</i>
IV	Evaluation criteria for content validity of the tools and independent variable	<i>v</i>
V	Percentage of agree / disagree (validation of tools)	<i>xxiv</i>
VI	Content validity certificate	<i>xli</i>
VII	Final tool	<i>xlii</i>
VIII	Independent variable- structured teaching programme	<i>lvi</i>
IX	Plagiarism Report	<i>lxxx</i>
X	English editing	<i>lxxxi</i>
XI	Consent form ( English)	<i>lxxxii</i>

## CHAPTER I

*“It’s time to stop grouping up and complaining about all our estrogen deficient symptoms and demand real answers and plenty of estrogen.”*

- Marie Hoag M

### INTRODUCTION

The female reproductive system is designed to carry out several functions. It produces the female egg cells necessary for reproduction called the ova or oocytes. The ovaries are two small organs before puberty, the ovaries start making more estrogen and other hormones which causes bodily changes. One important body change is that these hormones cause you to start getting your period which is called menstruation. **Girl’s Health. Gov**

The first-ever occurrence of cyclic events is termed menarche, meaning the first menstrual bleeding. The average age of menarche is 12 years. Although between the ages 8 and 16 also considered normal. **(Myles 2009)**

Puberty is the period of life during which secondary sexual characteristics develop and the capability of sexual reproduction are attained. It is the period, which links childhood to adulthood. Menstruation is a major part of puberty and which means the body now can make a baby. Menstruation refers to the monthly discharge of blood through the vagina and the other substance from the uterus in non pregnant adult female although, every women has an individual cycle of menstruation, which varies in length, the average cycle is taken to be 28 days long and recurs from puberty to menopause. **Annamma Jacob (2015)**

Premenopausal is first stage of the menopause process, it as the time in the women life during which she is fully fertile. During premenopausal period many women experience bodily discomfort of the time before perimenopause. This phase does not involve any of the classic signs and symptoms of menopause. During premenopause the individual may or may not have regular period, she is still considered to be fertile. **Sherry Christiansen (2019).**

The perimenopause is a normal life transition that begins with the first signs of change in menstrual cycles and end after cessation of menses. **(Nancy J . McMullen and Laura Dulski)**

Perimenopause is a transitional period around the menopause. It is very difficult to predict the duration and severity of perimenopause on any women. Descriptive survey design was used to determine the prevalence of menopausal symptoms among perimenopausal women the result revealed that the prevalence of menopausal symptoms, 49.33% had severe vasomotor symptoms, 65.33% had severe musculo skeletal symptoms, 42% had severe psychological symptoms. Age ( $\chi^2=15.37$ ) of the perimenopausal women had statistically significant association with prevalence of menopausal symptoms. **Dr.Rayapau. Vasundhara, et al (2018)**

The average length of perimenopause is 4 years, but for some women this stage may last only a few months or continue for 10 years. perimenopause ends when a women has gone 12 months without having her period. The perimenopausal phase most commonly occurs in women's 40 years, but it may occur in her 30 years. The symptoms of perimenopause may become more pronounced as she gets closer to menopause like hot

flashes, irregular periods, night sweats and significant decrease in their libido, vaginal dryness, mood swings. Lethargy extreme tiredness fatigue, perimenopausal weight gain, memory loss during their perimenopausal period. **Mayo clinic, (2019)**

Perimenopause and menopause is an integral part of every women's life it constitutes about 30% of the female population in India. With the increasing life expectancy, the average women undergoing natural menopause will spend at least 30 years or more than one-third of her life in the hypo estrogenic state with long term symptomatic and metabolic complications. Variety of symptoms occurs in 90% of women during these years. **subrat panda, Anany Das-(2018)**

There are 85% of perimenopausal women are experience with hot flashes, night sweat, and sleep disturbance secondary to vasomotor instability. The most frequent in the perimenopause and menopause both natural and induced. 85% of perimenopausal women show the symptoms more than 1 year. The sleep disturbance lead to fatigue, irritability, anxiety, and waist circumference were associated with hot flashes among post menopausal women. **Thurston, 2012**

The word "menopause" literally means the end of monthly cycles. It is the permanent cessation of menses associated with declining ovarian function. Women ovaries have two hormones estrogen and progesterone, during these hormones is out of balance. Menopause starts gradually and is usually associated with changes in menstruation, including menstrual flows that are increased, decreased, or irregular, cessation of menses. There by menopause occur in a women's life between 45 and 55 years. **(Ms.Lourds Bemi. G Jun 2013)**



Menopause can be said to be a universal reproductive phenomenon. Numerous physical and psychological symptoms have been attributed to the hormonal changes of menopause. This reproductive landmark is not always the same for all women in all cultures. The prevalence of menopausal symptoms varies widely not only among individuals of the same population but also between different ethnic populations.

These have been proved that women in the middle age group have commonly experiencing the problems related to menopause have major impact in their lifetime which need more attention in the quality of life of the women so there is to create awareness related to perimenopausal problems and its management, to bring comfort to the premenopausal women.

### **1.1. NEED FOR THE STUDY**

The perimenopause is a normal life transition that begins with the first signs of change in menstrual cycles and end after cessation of menses (**Lewis**). Perimenopausal women aged between 40-55 years experience irregularities in menstruation i.e., heavy bleeding, spotting and long gap in the periods from 1-12 months.

The world health organization classified urinary incontinence as a social disease since it affects more than 5% of the general population. It is estimated that 30%-60% of perimenopausal and postmenopausal women report urinary incontinence at some point in their life time and nearly 50% of the women in the fifth and eighth decades of life usually manifest urinary incontinence. **Thilagavathy Ganapathy (2018)**

**Engida Yisma et al,(2017):** conducted a cross sectional study on prevalence and severity of menopausal symptoms among perimenopausal

and postmenopausal women in gulele sub- city of Addis Abada, Ethiopia, Total samples 226 perimenopausal and post menopausal women aged 30-49 years, the result revealed that the somatic subscale (65.9%) while psychological (46.0%) and urogenital subscale symptoms (30.5%) was also prevalent, the most commonly reported individual symptoms of hot flashes (65.9%), difficulty falling asleep(49.6%), depressive mood (46.0%), irritability (45.1%),and anxiety (39.8%).

Hot flashes (feeling of intense heat over the trunk and face, with flushing of the skin and sweating) occur in > 80% of women as a result of the decrease in ovarian hormones. Hot flashes can begin before the cessation of menses. They typically persist for 2 to 3 years, but up to 16% of women aged 67 may continue to experience symptoms. **(Shen W et al 2009)**

Vasomotor instability (hot flashes) is experienced by 80% of women lasting second too many minutes. Hot flashes with drenching sweats may be most sever at night. Women may also experience fatigue, insomnia, and headache; diminish libido, or rheumatologic symptoms. Psychological symptoms of the “climacteric” include depression and irritability. **(Freeman EW et al. 2013)**

There are 85% of perimenopausal women are experience with hot flashes, night sweat, and sleep disturbance secondary to vasomotor instability. The most frequent in the perimenopause and menopause both natural and induced. 85% of perimenopausal women show the symptoms more than 1 year. The sleep disturbance lead to fatigue, irritability, anxiety and waist circumference were associated with hot flashes among older post menopausal women. **Thurston, (2012)**

**Ashwin Jadhav, Yogita Bavaskar, (2017)**, conducted a cross sectional study, to assess the epidemiological study of the perimenopausal and post menopausal problems in women living in an urban area of Mumbai, Maharashtra, the total samples of 400 sample size every 5th women was selected age of 40 -50 years, The study information of the women was collected by personal interview technique by home visits, the result revealed that The most common problem faced by the respondents was somatic symptoms joint pains 65.1% followed by loss of feeling in the hand 64.3%, Headaches- 40.6%, Numbness- 34.7%, Tightness in head-24.4%, and among the commonest psychological symptom was difficulty in sleeping 42.9%. The next commonest symptom was difficulty in concentration 34.7%, followed by nervousness in 33.7% and irritability in 33.4% of the respondents. Among urinary complaints 8.2% women had urinary incontinence, it is significantly associated in marital status, parity, tobacco chewing and increased in occurrence of menopausal symptoms.

An estimated 35%–50% of perimenopausal women suffer sudden waves of body heat with sweating and flushing that last 5–10 minutes, often at night as well as during the day. They typically begin in the scalp, face, neck, or chest and can differ dramatically among women who have them; some women feel only slightly warm, while others end up wringing wet. Hot flashes often continue for a year or two after menopause. In up to 10% of women, they persist for years beyond that and about 40% of perimenopausal women have sleep problems. **Harvard Medical School (2015)**

Midlife women struggle so much with weight, about two-thirds of women ages 40 to 59 and nearly three-quarters of women older than 60 are overweight (body mass index [**BMI**] greater than 25 kg/m<sup>2</sup>). On average,

midlife women gain 1.5 pounds (0.7 kg) per year. Weight gain is a problem for many women, Weight gain is a common, frustrating problem for midlife women and can lead to overweight and obesity and increased risk for chronic medical conditions. Understanding the factors that lead to weight gain and changes in body composition, as well as the importance of lifestyle modification in combating or even managing these changes, can help women maintain their weight and their health as they age. **Joann Pinkerton (2018)**

**Trisha Gura (2017)**, Hormonal replacement therapy was a simple solution for managing menopausal symptoms. But since several major studies have shown that hormonal replacement therapy exposes women to have serious health risks, many women have turned to yoga. Yoga restorative postures and can relax the nervous system and may improve the functioning of the endocrine system, which help the body to adapt hormonal fluctuations.

Even some women may aware of its eventuality. If a woman is working the embarrassment get magnified at her work place. She may show loss of productivity during the day, due to some problem related to perimenopause. So women need to know what to expect why it happens and what measures will help the perimenopausal women to achieve high level of functioning in her life. The study aims to address all these perimenopause related symptoms and its management.

## **1.2 STATEMENT OF THE PROBLEM**

A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem.

### **1.3 OBJECTIVES**

1. To develop and validate the structured teaching programme on management of perimenopausal problems among premenopausal working women.
2. To assess and compare the mean pre-test and post-test knowledge score on management of perimenopausal problems among premenopausal working women within and between experimental and control group.
3. To assess and compare the mean pre-test and post-test attitude score on management of perimenopausal problems among premenopausal working women within and between experimental and control group.
4. To find the association between pre-test level of knowledge score on management of perimenopausal problems among premenopausal experimental group with their selected demographic variables like age, marital status, parity, type of family, educational status of women, occupation, monthly income.

### **1.4. HYPOTHESES: (Level of Significance $p < 0.05$ )**

**H<sub>1</sub>:** There is a significant difference in the mean post-test knowledge score on management of perimenopausal problems among premenopausal working women in between experimental and control group.

- H<sub>2</sub>:** There is a significant difference in the mean post-test attitude score on management of perimenopausal problems among premenopausal working women between experimental and control group.
- H<sub>3</sub>:** There is a significant association between the pre-test level of knowledge on management of perimenopausal problems and their selected demographic variable.
- H<sub>3(a)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their age
- H<sub>3(b)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their marital status.
- H<sub>3(c)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their parity.
- H<sub>3(d)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their types of family
- H<sub>3(e)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their educational status.
- H<sub>3(f)</sub>:** There is a significant association between the pre test knowledge on management of perimenopausal problems and their occupation

**H<sub>3(g)</sub>:** There is a significant association between the pre test level of knowledge on management of perimenopausal problems and their income

## **1.5. OPERATIONAL DEFINITION**

### **1.5.1. Effectiveness**

Effectiveness refers to the comparison of pre-test and post-test knowledge and attitude on management of perimenopausal problems. It mainly refers to before and after the structured teaching program on management of perimenopausal problems. It was measured with questionnaire and Likert scale.

#### **(a) Knowledge on management of perimenopassal problems**

In this study it refers to known information about perimenopausal problems and its management, which include both physiological and psychological problems. It was measured by structured knowledge questionnaire consists of 38 multiple choice question and each correct answer carries one mark. The total score was converted into percentage and the score was interpreted as 0-50% inadequate knowledge. 51-75% moderate knowledge, 76-100% adequate knowledge.

#### **(b) Attitude towards the management of perimenopausal problems**

It is the state of mind in following some healthy measures. In this study it refers to the perception of working women towards management of perimenopausal problems which was measured by Likert's scale (4 point). Total scores were interpreted as follows: Total range=0-54, = positive attitude 27-54, <27=negative attitude.

### **1.5.2. Perimenopausal problems**

It refers to the symptoms or changes in menstrual pattern prior to perimenopause. Physiological problems like hot flushes, sweating, and insomnia. Psychological problems like irritability, depression, mood swing, lack of concentration, feel uncomfortable and disturb their routine life.

### **1.5.3. Structured teaching programme on management of perimenopausal problems:**

It refers to lecture cum discussion of teaching on management of perimenopausal problems. It gives information regarding perimenopausal definition, Causes, signs and symptoms and its management. The management is mainly focused on diet, exercises and relaxation technique. The structured reaching programme was given in group wise. The group consists of 10 samples. The teaching was given for about 30 minutes with the help of charts, power point and booklet.

### **1.5.4. Premenopausal working women:**

In this study it refers to the working women who are involved in teaching and non-teaching staff with the age group of 35 to 45 years.

### **1.5.5. Demographic variables**

- a. Age in year:** Duration of life that one has existed. In this study, 35 to 45 years were included.
- b. Educational level:** Qualification of samples to get knowledge through formal education. In this study, it is classified into under graduate, postgraduate, and M.Phil/Ph.D.



- c. **Parity:** In this study it specifies the number of times a mother has delivered irrespective of outcome.
- d. **Marital status:** In this study it is classified as married, spinster, divorced, widow.

## **1.6. ASSUMPTIONS**

1. Most of the premenopausal working women may have inadequate knowledge regarding management of perimenopausal problems
2. Structured teaching programme can be an effective tool for management of perimenopausal problems among premenopausal working women.
3. Premenopausal working women may be gaining knowledge and able to manage perimenopausal problems in future.
4. The gained knowledge may facilitate to prevent health hazards like osteoporosis, fracture and cardiovascular disease occur due to perimenopausal problems.
5. By teaching about the management of perimenopausal problems among premenopausal working women attitude may be modified.

## **1.7. DELIMITATIONS**

1. Study was delimited to only 60 samples.
2. The total period of data collection was delimited only for six weeks

## **1.8. ETHICAL CONSIDERATION**

- 1 Written permission was obtained from the principal in the college
- 2 Informed written consent was obtained from the individual samples.
- 3 All the information collected was kept confidential and used only for the present study.

## **1.9. CONCEPTUAL FRAME WORK BASED ON PENDER'S HEALTH PROMOTION MODEL.**

Conceptual framework is interrelated concepts on abstractions that are assembled together in some rationale scheme by virtue relevance to a common theme. Polit and Beck (2008) it is a device which stimulate research and the extension of knowledge by providing both direction and impetus. A frame work may serve as a spring board for scientific advancement. The purpose is to make a finding meaningful and generalizable.

Present study is aimed to assess the general status and the effectiveness of structured teaching programme on management of perimenopausal problems among working women at selected college at Salem.

This theory is based on theories of human behavior. This is increased recognition of the role of behavior in primary prevention and health promotion in improving and quality of life.

### **Prior Related Behaviour**

It is experience with the health promoting behavior. Prior related behavior on perimenopausal problem and its management. It includes gaining knowledge from books, magazines, peers and journal.

**Personal factor:**

It includes biological, socio-cultural and psychological factors. Biological factors include women age. Psychological factors include positive aspects self esteem, self motivation and perceive health status and negative aspects like mood swing, stress. Socio cultural include educational status.

**Situational influences:**

It includes women cooperation.

**Inter personal influence:**

Beliefs include the behavior, beliefs and attitude. It refers to administration of STP on perimenopausal problems and its management by researcher.

**Activity related effect:**

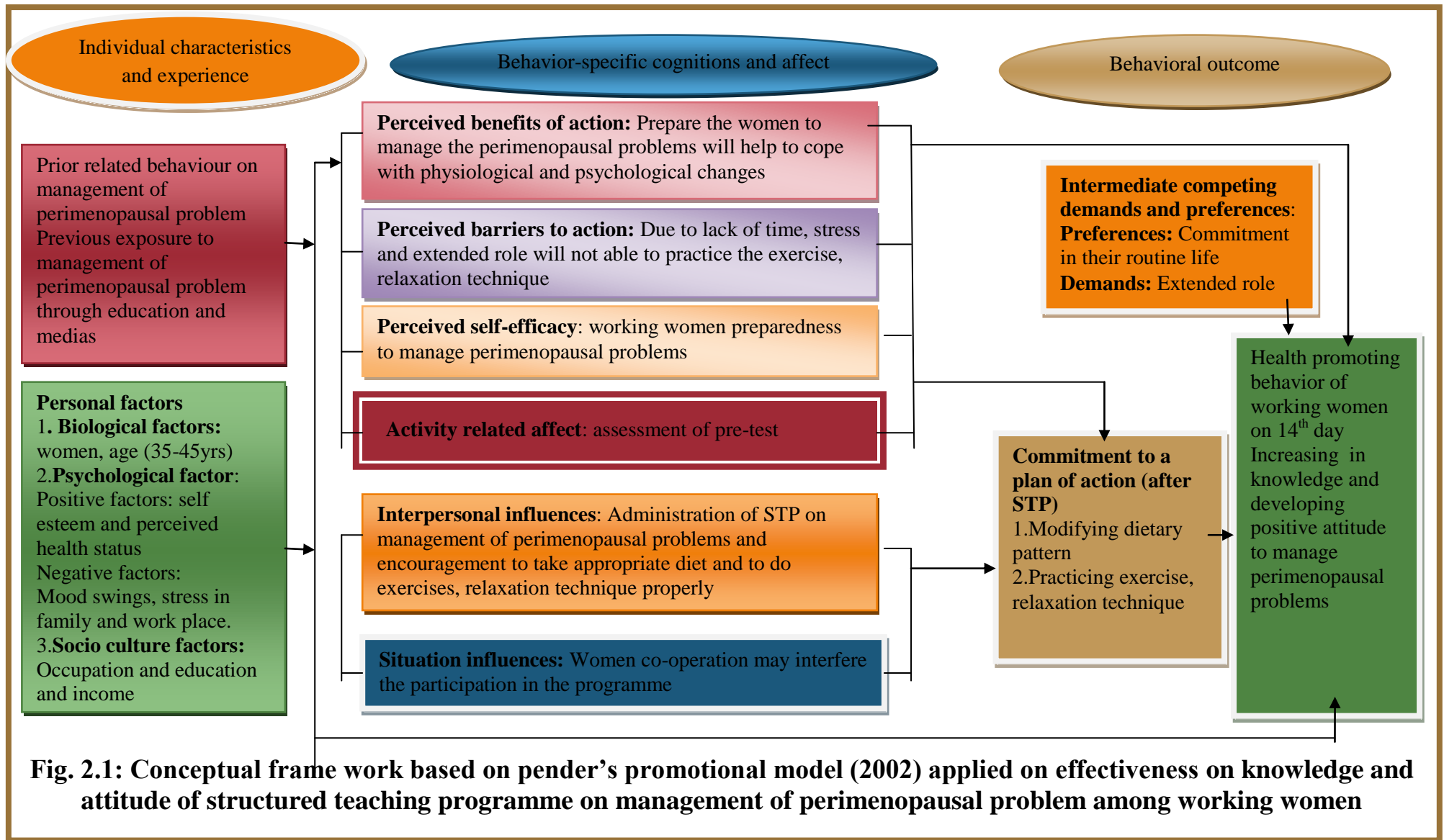
In this study the effect explains the assessment of pre test knowledge and attitude of women regarding perimenopausal problems and its management.

**Perceived self efficacy:**

A personal judgment of his or her own abilities to accomplish a health promoting behavior. It indicates about women preparedness to manage perimenopausal problems.

**Perceived barrier to action:**

Beliefs about the unavailability, inconvenience, expense, time consuming. Women are not able to practice the exercise daily due to lack of time, stress and extended role.



**Fig. 2.1: Conceptual frame work based on pender’s promotional model (2002) applied on effectiveness on knowledge and attitude of structured teaching programme on management of perimenopausal problem among working women**

## **SUMMARY**

This chapter dealt with the contents of introduction about management of perimenopausal problems, need for the study, statement of the problems, objectives, hypotheses, operational definitions, assumptions and delimitation and ethical consideration.

## **CHAPTER – II**

### **REVIEW OF LITERATURE**

Good research does not exist in vacuum. Research finding should be an extension of previous knowledge and theory as well as guide for future research activity. it gives an overview idea about the particular topic . it is a body of text that aims to review the critical points of knowledge on a particular topic of research. **ANA, (2000)**

This chapter deals with the review of literature. The studies reviewed have been arranged under the following section

**Section- I:** Studies related to perimenopausal problems among premenopausal working women.

**Section- II:** Studies related to management of perimenopausal problems among premenopausal working women.

**Section- III:** Studies related to knowledge and attitude towards perimenopausal women.

**Section- IV:** Studies related to Penders health promotion model.

#### **SECTION-I: STUDIES RELATED TO PERIMENOPAUSAL PROBLEMS AMONG PREMENOPAUSAL WORKING WOMEN.**

**Oppermann K, et al menopause, (2012)** conducted a cross sectional study to identify the prevalence of physical, psychological and menopausal –

related symptoms and minor psychiatric disorders in a community based sample of Brazilian premenopausal, perimenopausal and postmenopausal women. 20 items self reporting questionnaire was used to screen for minor psychiatric disorders. The results revealed that 324 Brazilian women aged 36-62 years (86 [premenopausal women, Perimenopausal women, 82 postmenopausal women. mean (SD) age was 44.8 (3.6), 46.3(4.6) and 53.3 (3.8) years, respectively  $p < 0.001$ . 45 (28.8%) perimenopausal women and 32 (39%) postmenopausal women. hot flashes, night sweat, and vaginal dryness was more prevalent among perimenopausal women. Fatigue was the most frequent complaints in all groups (61%, 81%, 88% in premenopausal, perimenopausal and post menopausal women.

**Hsiang-Chupai, Ming-Yung Lee, Sheuan Lee (2013)**, conducted a cross sectional descriptive study on obesity and perimenopausal symptoms in midlife women in southern Taiwan. A total of 56 climacteric women from rural community Data was collected by Perceived Perimenopausal Disturbances Scale and face-to-face interviews, and obesity was assessed by anthropometric measurements (height, weight, and waist circumference). Results: The analysis was showed that 56 women 40–60 years of age (mean age = 47.11 years). Twenty-five percent of the women were obese ( $BMI \geq 27 \text{ kg/m}^2$ ) and 39.3% presented with central obesity (waist circumference  $\geq 80 \text{ cm}$ ). Based on the subscale for perimenopausal symptoms, found that for postmenopausal women, a higher BMI and waist circumference were associated with more frequent urinary complaints in a reproductive system symptoms.

**Parbati Nepal Paudyala, Manju Nepalb, (2013)** conducted a cross sectional analytical study on knowledge on perimenopausal symptoms among women attending lumbini medical college teaching hospital. Women age of 40- 60 years, attending various clinics in LMC. A total of 142 women were selected purposefully. The data was collected using the semi structured interview schedule. A result shows that half of respondents was between age group of 40-44 years, 141 (99.3%) was married and 82 (57.7%) was literate. Three quarter of respondents (74.6%) was menstruating women. The main source of information on perimenopausal symptoms was friends and relatives (81.2%). Majority of respondents (n=90, 63.4%) had poor, 52 (33.8%) had fair and only 2.8% had good level of knowledge on perimenopausal symptoms. The respondents' level of knowledge on perimenopausal symptoms was statistically significant with educational status ( $p < 0.001$ ), level of education ( $p = 0.048$ ) and economic status ( $p = 0.02$ ).

**Savitha P., Cutinho, et al, (2013)** conducted a descriptive study on experience about biopsychosocial problems of menopausal women in a selected medical college hospital. The purposive sampling technique was used to select 50 postmenopausal women; data was collected using a rating scale on biopsychosocial problems. The result of the study showed that out of 50 postmenopausal women, a maximum percentage of the women had biological problems (39.14%) in comparison with the psychological (36.93%) and social problems (29.33%).

**AlDughaiter A, AlMutairy H, AlAteeq, (2015)** conducted a cross sectional descriptive study to asses knowledge on menopause among premenopausal women. 300 samples were selected by simple random sampling technique. The result shows that subjects were in poor knowledge



(43%) ovulation, menopause problem, medication, nutrition and coping strategies but moderately adequate (58%) in meaning of menopause and adequate knowledge (75%) in the aspect of psychological problem. Hence the subjects were in need of health awareness program to cope with menopausal problems among the pre menopausal women.

**Al Dughaiter A, Almutairy H, AlAteeq, (2015)** conducted a cross sectional study on menopausal symptoms and quality of life in women. A total sample was 119 women aged 45 to 60 years were randomly interviewed using a questionnaire. The result of symptoms reported to be more prevalent in joint and muscle pain (80.7%), physical and mental exhaustion (64.7%), and hot flushes and sweating (47.7%), somatic and psychological symptoms was highly prevalent in peri-menopausal women.

**Beula, Dr Kumarasami, (2017)** conducted a quantitative descriptive research design study to assess the level of physical and psychological problems faced by women. The sample was selected from 60 menopausal women of kallankuzhi village. The tools consists of three sections section A deals with demographic variables, section B deals with 25 structured questionnaire to assess the level of physical problems, and section C deal with 25 structure questionnaire to assess the level of psychological problems. The result revealed that among 60 women, 13 (21.7%) women had mild physical problems, 41 (68.3%) had moderate physical problems and 6 (10%) had severe physical problems. Only 8 (13.3%) had moderate and 52 (86.7%) had severe psychological problems. The mean score of physical and psychological problems were  $11.3 \pm 3.78$  and  $19.5 \pm 2.9$ . The physical problems was positively significant to correlate with psychological problems ( $r = 0.305$ ,  $n = 60$  and  $p < 0.05$ ).

**Ciano C, et al. J (2017)** conducted a longitudinal study of insomnia symptoms among perimenopausal women. This study secondary analysis of self reported sleep symptoms it involve multiethnic midlife women with a mean age of 46 years (N =3,302) categorized as pre and perimenopausal at baseline. The result revealed that insomnia symptoms were present in 31% to 42% of perimenopausal women at any one year study interval. Insomnia symptoms were more prevalent in the late stage of perimenopause than the early stage ( $p<.001$ ). The odds of having any insomnia symptoms were 1.3 times greater for women in the late stage of perimenopause than in the early stage (95% confidence interval [1.1, 1.5],  $p<.001$ ). This study concluded insomnia symptoms are prevalent in women transitioning to menopause, and stage of perimenopause may heighten the risk to develop symptoms of insomnia disorder.

**Omna Shaki, Sanjay Kumar Rai, et al, (2018)** conducted a study to determine the prevalence of osteoporosis, awareness about osteoporosis, education (knowledge regarding osteoporosis). Samples of 1400 peri menopause and postmenopausal women who live in a slum area of Mumbai was used calcaneum quantitative ultrasound to assess the bone mineral density. The result revealed that prevalence of low bone mineral density was found in more than half of this population (81%). The mean age in group 1 was found to be  $36.50 \pm 2.74$  years as compared to  $37.5 \pm 3.44$  years in group II with low bone mineral density, which was statistically significant ( $p=0.02$ ). The average age of menopause was  $51.62 \pm 5.72$  years in group I and  $49.43 \pm 4.52$  years in group II. The number of children, lack of physical exercises and calcium diet and type of menopause was significantly associated with low bone mineral density.

**Martha Pantel Dos Santos Mota, Isabel Cristina Gomes Moura et al, (2018)**A conducted a cross sectional study from January / 2016 to January / 2017 in 137 climacteric women to identify cardiovascular risk factors in climacteric women between 40-65 years old . The result revealed that the median age was 47 years, and 35% were postmenopausal. The majority were married and 42.3% Caucasian. Abdominal circumference greater than 80 cm was observed in 87.6%, and greater than 88 cm in 67.2% high total cholesterol was observed in 48.2%. Low level of high density lipoprotein (HDL-c) was observed in 42.3%. Elevated levels observed for low density lipoprotein (LDL-c) in 39.4%, triglycerides in 29.9%and fasting glucose in 8.8%. Also systolic and diastolic blood pressure was considered high in 25.5% cases. Postmenopausal women presented higher value of total cholesterol and HDL-c.

## **SECTION-II: STUDY RELATED TO MANAGEMENT OF PERIMENIOPAUSAL PROBLEM**

**Shenbagam (2012)** conducted a quasi experimental design with evaluative approach was adopted and the study was conducted in Kainoor village and perumuchi village, Arakonam, Vellore district. 60 Menopausal women who fulfilled inclusion criteria were selected by non probability purposive sampling technique were assigned 30 samples each in experiment, the menopausal women in experimental group practiced pranayama daily 15 minutes in the morning and evening before food for 30 days. Then the post test was assist by using the same scale. In control group post test was done without any interventional & control group. The result revealed that In the Experimental group, the pretest mean score was 12.60 with S.D 1.48 and in the post test the mean score was 8.17 with S.D 1.12. The calculated ‘t’ value

was 24.130 which was statistically highly significant at  $p < 0.001$  level. In the control group, the pretest mean was -0.902 which was not statistically significant at  $p = 0.375$  level. Thus the research hypothesis stated that there is a significant relationship between Pranayama on selected menopausal symptoms among menopausal women was accepted.

**MS. Jino Kanamootti Thomas (2013)** conducted a pre experimental study one group pre test post test design. To assess the effectiveness of deep breathing exercises in hot flashes among menopausal women in selected rural community, Bangalore .it involve 45-55 years of women with menopausal symptoms of hot flashes the total sample size was 60. The sampling technique adopted for the study was Non probability convenient sampling technique .the result revealed that 44 (73.3%) had excruciating level of hot flush and 16 (26.7%) moderate level of hot flush and 14 (23.3%) had mild level of hot flush . it was clear that range in pre test was 12 (25-37), mean 31.95, standard deviation was 2.88, whereas range in post test score was 15 (4-19), mean was 12.69, standard deviation was 3.16, which signifies that deep breathing exercises was effective in relieving hot flush among menopausal women.

**Ms. Lourds Bemi. G., et al (2013)** conducted a experimental study among 60 samples to assess the effectiveness of soya milk upon menopausal symptoms among menopausal women in selected ward of Thiruverkadu township. Survey method was used to assess the prevalence of menopause. After which menopausal symptoms were assess in control and experimental group using rating scale. Menopausal women in the experimental group were administered (house to house) 100 ml of soya milk in midmorning daily for 4 weeks. At the end of 4 weeks symptoms were assessed for both

control and experimental group by using rating scale. The result revealed that the difference in mean and standard deviation of physiological symptoms (M=18.9, 20.8, SD= 3.53, 2.80) and psychological symptoms (M = 20.16, 20.46, SD = 2.32, 3.56) before administration of soya milk between control and experimental group of menopausal women is not statistically significant ( $p < 0.05$ ). Whereas the difference in mean and standard deviation of physiological symptoms (M=18.7, 14.4, SD=3.54, 4.66) and psychological symptoms (M=20.16, 13.56, SD=2.40, 4.81) after administration of soya milk between control and experimental group of menopausal women is statistically significant ( $p < 0.001$ ). There is a significant reduction of physiological and psychological symptoms in experimental group after soya milk administration.

**Gayathry Nayak, Asha Kamath, Pratap N Kumar et al, (2014)** conducted a prospective non randomized control study of 216 perimenopausal women with 12 weeks of intervention. To assess the effect of yoga therapy on physical and psychological quality of life of perimenopausal women in selected coastal area of Karnataka, India. Groups with either yoga therapy (n=111) or exercises (n=105) as the intervention tool. The self administered questionnaire utilized in this study included socio – demographic information. The self administered, ‘scaled’ 29-item survey questionnaire, the result revealed that the effect of yoga therapy (test group) and exercises (control group) on the symptoms of four domains are presented in the pre and post mean  $\pm$ SD result of vasomotor domain symptoms showed significant decrease in yoga group compare to exercises group . In the psychosocial domain, yoga therapy resulted in the significant difference in all the symptoms while exercises therapy resulted in the improvement of

four symptoms but failed to provide relief for the remaining three symptoms. All the symptoms in the physical domain were significantly improved in yoga group. In control group, highly significant ( $p < 0.001$ ) decrease was observed in one symptom and moderate in other six symptoms. . The overall quality of life is measured by the mean of overall scores of the each domain and yoga therapy group showed a very significant improvement ( $p < 0.001$ ) compare to control group.

**Lioka Y, et al. Jpn J Nurs Sci, (2015)** conducted a quasi experimental design. Aim to evaluate the effectiveness of a stress management program to enhance perimenopausal women's ability to cope with stress .stress management program was provided to an experimental group ( $n=55$ ), control group ( $n=42$ ) was given an informational booklet. The stress management program included a short lecture, group discussion. The result revealed that compared to the control group, knowledge in the experimental group improved positively as the primary outcome ( $p < 0.01$ ). Changes in coping flexibility were demonstrated within the experimental group ( $p < 0.05$ ). A comparison between group for the secondary outcome of psychological well being showed that personal growth ( $p < 0.05$ ) and happiness ( $p < 0.01$ ) significantly improved in the experimental group. The result suggests that the stress management program has the potential to boost perimenopausal women's ability to cope with stress and improve their psychological well

**Chiu HY, et al. Obstet Gynecol, (2016)** conducted a Randomized controlled trials that examined the effects of acupuncture on sleep disturbance in perimenopausal and postmenopausal women. The sample involving a total of 2,433 participants. The result revealed that the

acupuncture is associated with a significant reduction in the likelihood of sleep disturbance.

**Asghari M, et al. Women Health, (2017)** conducted a randomized control study was to assess the effectiveness of exercises and nutrition education on quality of life and early menopausal symptoms. The sample size 108 women allocated into one of four groups (n= 27 in each group) by block randomization. The interventions received by three intervention groups were: nutrition education, aerobic exercises, exercise plus nutrition education. The control group did not receive any intervention. The Greene and MENQOL menopause symptoms scales were completed before and 8 and 12 weeks after the intervention. The mean Greene score was significantly lower than the control group in the exercises (adjusted mean difference; -5.1) and exercises and nutrition groups (-8.0) at the end of week 8 and in the nutrition (-4.8), exercise (-8.7), and exercise plus nutrition (-13.2) groups at the end of week 12. Also mean MENQOL score was significantly lower than the control group in the exercise (-8.3) and exercises plus nutrition groups (-13.8) at the end of week 8 and in the nutrition (-6.6), exercises (-13.5) and exercise plus nutrition (-22.1) groups at the end of week 12. Nutrition education with aerobic exercises can improve quality of life.

**Sukhpreet Kaur, Gursangeet Kaur Sidhu, (2017)** conducted study quantitative quasi experimental research approach was carry out in two selected villages of Ludhiana, Punjab. it is to evaluate the effectiveness of soya powder on selected menopausal problems among perimenopausal women. The sample comprised of 60 perimenopausal women who were between (41-55 years), the sample was selected by using purposive sampling

technique. Data was collected by administering the modified menopausal rating scale and demographic tool. Data was analyzed by using descriptive and inferential statistics. The result revealed that in pre test, experimental group half of perimenopausal women 50% had moderate level, followed by 33.33% who had severe level and 16.67% who had mild level of menopausal problems, where as in control group most 46.67% perimenopausal women had moderate level, followed by 40% who had mild level and 13.33% who had severe level of menopausal problems. In post test in experimental group half of perimenopausal women 50% had mild level and followed by 26.67% who had none level and 23.33% who had moderate level of menopausal problems, whereas control group half of perimenopausal women 50% had mild level, followed by 36.67% who had moderate level and 13.33% who had severe level of menopausal problems . The difference between the pre tests score and post test score was found statistical significant at  $p \leq 0.05$  level of significant.

**Sreerenjini B et al. Int J Res Med Sci, (2018)** conducted a one group pre test and post test design was adopted for the study. The sample size was 30. The study to assess the effectiveness of deep breathing exercises and walking exercises in reducing menopausal symptoms among Karadivavi, India. The menopausal symptom was assessed by menopausal rating scale. The data collection was analyzed by both descriptive and inferential statistics method. The result revealed that Majority of the women (80%) had moderate menopausal symptoms before practice of deep breathing exercises and walking exercises . after practicing exercises only four women had mild menopausal symptoms and 70% of the women relieved from joint pain. association was found between age at first



conception, number of conception, medical problems with pre test menopausal symptoms score. This study review shows that deep breathing and walking exercises was helpful in reduction of menopausal symptoms among menopausal women.

### **SECTION III: STUDY RELATED TO KNOWLEDGE AND ATTITUDE TOWARDS THE PERIMENOPAUSAL WOMEN**

**Tsao LI et al. J Clin Nurs, (2013)** conducted a cross sectional descriptive survey to explore the level of perimenopausal knowledge of mid life women in northern Taiwan to describe the relationship between demographic factors and women knowledge. The perimenopausal knowledge questionnaire was used to collect data. The study was carried out in convenient sample. The result revealed that the rank of weighted scores from highest to lowest was; (1) self care during perimenopause, (2) the perception of perimenopause, (3) knowledge related to hormone replacement therapy and (4) body changes associated with the declined estrogen in perimenopause. Only educational level was significantly associated with perimenopause knowledge level ( $p < 0.01$ ). Less than 20% ( $n=353$ ) of the women answered the items. Less than 1.4% of the women taking hormonal replacement.

**Parbati Nepal Paudyal, Manju Nepal, (2014)** conducted a cross sectional study was done to assess the knowledge in which 142 women were selected purposefully. Women visiting various clinics of Lumina Medical College aged between 40-60 years. The data was collected throughout the months of November and December, 2013 using the face to face interview technique. A semi structured questionnaire was developed to collect data. The result revealed that half of respondents was between age group 40-44

years, 141 (99.3%) were married and 82 (57.7%) were illiterate .three quarter of respondents 74.6% were menstruating women. The main source of information on perimenopausal symptoms friends and relatives (81.2%). Majority of respondents (n=90, 63.4%) had poor, 52 (33.8%) had fair and only 2.8 percent had good level of knowledge on perimenopausal problems. the responds level of knowledge on perimenopausal symptoms was statistically significant with educational status ( $p<0.001$ ), level of education ( $p=0.048$ )and economic status ( $p=0.02$ ).many women have poor knowledge on perimenopausal symptoms.

**J. Rukumani, (2015)** conducted a cross A cross sectional study to assess the knowledge on menopause among premenopausal women at selected area of Puducheery. Total samples 300 were selected by simple random sampling technique. The result revealed that subjects was in poor knowledge (43%) of ovulation, menopausal problems, medication, nutrition, and coping strategies but moderately adequate (58%) in meaning of menopause and adequate knowledge (75%)in the aspect of psychological problems. Hence the subjects were in need of health awareness program to cope with menopausal problems among premenopausal women.

**Huifen Yin, Hua Gao, et al, (2017)** conducted a cross -sectional study. To assess the effectiveness of KAP about reproductive health of peri menopausal and postmenopausal women. it involved in 3320 women aged 45-75 years from four district of shanghai with a self administered questionnaire to assess their knowledge, attitude, and practice about reproductive health and then, randomly divided these women into intervention and control groups. The result revealed that the participants from the intervention group had better knowledge and attitude, but did not statistical significantly improve their practice through these interventions.

**M. Kavitha, (2018)** Conducted a pre experimental approach was used one group pre test post test. The study aimed at assessing the existing knowledge and practice regarding alternative remedies for menopausal symptoms among women, determine the effectiveness of structure teaching programme on alternative remedies for menopausal symptoms among women. The study was conducted among 50 menopausal women conveniently selected from four village of Hiriyur. The result revealed that the effectiveness of structured teaching programme in terms of increase in knowledge and practice score among menopausal women.

#### **SECTION-IV: STUDIES RELATED TO PENDER'S HEALTH PROMOTION MODEL**

**Renée D. Endicott (2013)** conducted a study to determine family history of osteoporosis impacts knowledge, health beliefs, and self-efficacy regarding osteoporosis among perimenopausal women aged 42–52 to describe the effect before and two months after the educational program. Pender's health promotion model was utilized in this study. At baseline, no differences were noted in knowledge of osteoporosis among women with and without a family history of osteoporosis, although women with a family history perceived a greater susceptibility for developing osteoporosis than women without the family history. Findings indicate that both groups increased in knowledge of osteoporosis ( $P < .001$ ). Benefits of calcium increased in the women without a family history of osteoporosis ( $P < .001$ ) and benefits of exercise increase in women with a family history of osteoporosis ( $P = .007$ ). There were no significant statistical findings regarding self-efficacy between the two groups of women. Findings indicate

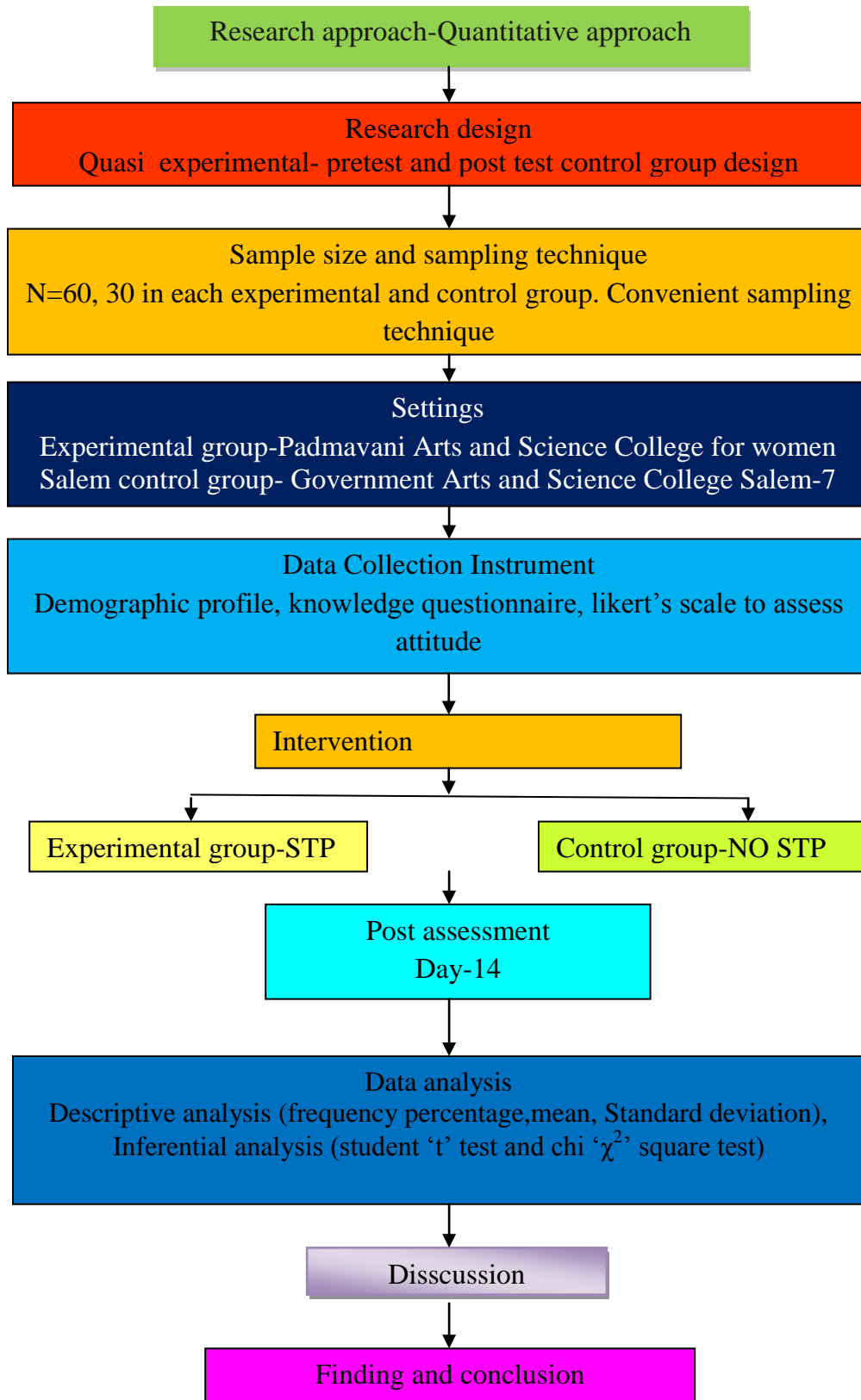
that an osteoporosis-specific educational program improves perimenopausal women's knowledge and some health belief.

**EKta Malik, Poonam Sheoran, Adiba Siddiqui (2018)** conducted a quasi experimental study on 103 menopausal women between 40-60 years of age residing in Tambaladistrict, Haryana. In the experimental group women received life style modification program that includes six domains, i.e., health responsibilities, physical activity, nutrition, stress management. Intervention was divided into two sections of total 2 – hour's duration on 2 consecutive day's menopausal rating scale and health promotion lifestyle profile II were used to collect data from women through face to face interview. the result revealed that there was a significant difference ( $p < 0.05$ ) in mean menopausal symptoms score and mean health promoting behavior score in the experimental group after the intervention, but there was no significant difference in the comparison group ( $p > 0.05$ ) it was revealed that there was no significant difference between the groups with regard to mean menopausal symptoms score before intervention ( $p < 0.05$ ). The post test menopausal symptoms score ( $t = -8.99, p = 0.01$ ) was significantly low and the mean health promotion behavior score ( $t = 8.7, p = 0.01$ ) was significantly high in the experimental group.

## **SUMMARY**

This chapter dealt with the reviews on studies related to perimenopausal problems, management of menopausal problem knowledge and attitude towards premenopause in women, review related to Pender's health promotion model and Conceptual frame work based on Pender's health promotion model.

## SCHEMATIC APPROACH OF THE STUDY



## **CHAPTER - III**

### **RESEARCH METHODOLOGY**

Methodology of research organizes all the components of study on a way that is most likely to lead to valid answers to the problem that have been posed. **Burns and Groove, (2008)**

Research methodology refers to the controlled investigation of the ways of collecting, organizing and analyzing data. It addresses development, validation and evaluation of research tools and technique.

This chapter deals with the methodology selected by the researcher to study the effectiveness of structure teaching on management of perimenopausal problems in terms of knowledge and attitude among working women.

#### **3.1. RESEARCH APPROACH**

The selection of research approach is the basic procedure for conducting the study. In review of the nature of the problem selected for the study and objective to be accomplished, quantitative study with evaluative approach was consider as appropriate to assess the effectiveness of structured teaching on management of perimenopausal problem in terms of knowledge and attitude among working women in a selected college at Salem.

#### **3.2. RESEARCH DESIGN**

The research design is the overall plan for addressing researcher's question including specification for enhancing the integrity of the study. **Polit and Beck, (2004).**

Selection of research design is based on the purpose of the study. To evaluate the effectiveness of structured teaching on management of perimenopausal problems in terms of knowledge and attitude among working women, Quasi Experimental Design- Non Probability Pre-test Post-test Control Group Design.

Group	Days of measurement		
	Pre-test day- 1	Day- 2	Post-test day- 14
Experimental group	O <sub>1</sub>	X	O <sub>2</sub>
Control group	O <sub>1</sub>	-	O <sub>2</sub>

**Figure-3.1: Schematic Representation of Research Design**

**Key:**

**O<sub>1</sub>:** Collection of demographic variables, pre test on knowledge and attitude on management of perimenopausal problems among on day 1.

**X:** Structured teaching programme on management of perimenopausal symptoms among pre-menopausal working women in experimental group on day 2

**O<sub>2</sub>:** Post- test assessment of knowledge and attitude on management of perimenopausal symptoms among premenopausal working women in control and experimental group on day 14<sup>th</sup>.

**3.3. VARIABLE UNDER STUDY**

A concept which can be taken on different qualitative values is called as variables. **Korthari. C.R, (2006)**

### **3.3.1. Independent variable:**

According to **Polit and Hungler (2005)** the independent variable is that believed to influence the behavior and ideas.

The independent variable in the present study was structured teaching programme on management of perimenopausal problems.

### **3.3.2 Dependent variable:**

It is the variable the researcher interested in understanding, explaining and preceding. **Polit and Hungler, (2005)**

The dependent variable in the present study was knowledge and attitude on management of perimenopausal problems.

### **3.3.3 Extraneous variables:**

Extraneous variables are those variables that are present in research environment which may interfere with research findings by acting as unwanted independent variable. **Woods and Kahn, (1994)**

Extraneous variables in the present study were demographic variables such as age educational level and occupation, parity, marital status, income.

## **3.4 SETTING OF STUDY**

Setting is the physical location and condition in which data collection takes place. **Polit and Beck, (2004)**

The study was conducted in Government Arts and Science College, Salem-7 for control group and Padmavani Arts and Science College at Salem for experimental group.



Salem-7 Government Arts and Science College nearly about 2.5 kms distance away from the institution, where the researcher is studying. The college has an area of over 18.72 acres. It includes 94 class rooms, 19 laboratories and a good library. College affiliated to Periyar University and offered 17 under graduate and 16 post graduate courses. The teaching faculty strength is 157 including 92 men teachers and 65 women teachers and non teaching faculty strength is 60 including 20 men staff, 40 women staff. The women who are in the age group of 35-45 years were considered as a sample, the teaching faculty 20 women with in this age group and non teaching faculty 10 women, were selected for control group.

Padmavani Arts and Science College for women Salem-11, nearly about 15 kms distance away from the Shanmuga College of nursing, where the researcher studying. The college has an area of over 15 acres. It includes 50 class rooms, 10 laboratories and a good library. College affiliated to Periyar University and offered 15 UG Department, 9 PG Department, there are around 5000 girl students was studying in their college. The teaching faculty strength is 150 including 90 men teachers and 62 women teachers and non teaching faculty strength is 50 including 20 men staff, 30 women staff. The women who are in the age group of 35-45 years were considered as a sample, the teaching faculty 18 women with in this age group and non teaching faculty 12 women, were selected for experimental group.

### **3.5. POPULATION**

The entire set of individual / events having the same characteristics  
**Polit and Beck, (2004)**

It is of two types, accessible population and target population.

### **3.5.1 Target population:**

It refers to the population that the researcher wishes to make generalization. In this research the target population is working women the age group of 35-45 years.

### **3.5.2 Accessible population:**

It refers to the aggregate of cases that conform to designated criteria and that are accessible as subject of the study.

In this study, the accessible population consisted of working women in government Arts College, salem-7 and Padmavani arts and Science College for women, Salem.

## **3.6 SAMPLE**

Sample is a subset of a population selected to participate in a research study. It is a portion of the population which represents the entire population.

Sampling is the Process of selecting a group of people, events, and behaviors to represent the entire population. **Polit and Beck, (2004)**

In this study sample is selected teaching and non teaching staffs working in government Arts College, Salem-7 and Padmavani Arts and Science College, Salem, those who are fulfilling the inclusion criteria.

### **3.6.1. Criteria for sample selection:**

#### **a) Inclusion criteria:**

- Working women in the age of 35 to 45 year was selected as a samples

- Premenopausal working women both teaching and non-teaching was included
- The study was conducted in working women in Government Arts and Science college, Salem-7 and Padmavani Arts and Science College for women Salem-11
- Women who are willing to participate in the study
- Women who are willing to speak and write in English.

**b) Exclusive criteria:**

- Women those who are already exposed to this type of study.
- Women who are all involved under treatment of menopause
- Women who are all not present at the time of data collection
- Who has undergone hysterectomy

**3.6.2.Sampling technique and sample size:**

It refers to the process of selecting a portion of the population to represent the entire population. **(Polit and beck. 2004)**

In this study non probability convenient sampling technique was used to select the subjects. Sample size was 30 in each group.

**3.7. DEVELOPMENT, INTERPRETATION, VALIDITY AND RELIABILITY OF THE TOOL**

The instrument selected in a research must be a vehicle that obtains best data for drawing conclusion to the study. **Treece E.W and Treece J.W, (1986)**

For the purpose of the present study, the following instrument was developed by the researcher. The tools were prepared with the help of

review of literature, published, unpublished articles, suggestions and recommendations from experts. The content validity of the present study was established by obtaining opinion from 5 experts (3 nursing experts and 2 O&G consultant). For assessing the reliability of the tool test - retest method was used.

The tool was organized accordingly.

**Tool consist of**

**Tool-1:** Demographic variables

**Tool-2:** Assessing the knowledge on management of perimenopausal problems

**Tool -3:** Likert's scale (4 point) to assess attitude on management of perimenopausal problems

**Tool-I: Demographic variables:**

It dealt with the demographic data which was used to collect the characteristics of the women. It was assessing the knowledge and attitude on management of perimenopausal problems. it includes age, educational status, occupation, parity, income, marital status. Collected data was analyzed with frequency and percentage distribution.

The prepared tool along with the statement of the problems objectives and hypotheses and evaluation criteria submitted to 5 experts (3 nursing experts and O & G Consultant) 100% acceptance was given to all items.

**Tool-II: structured knowledge questionnaire to assess the knowledge on management of perimenopausal problems:**

The structured questionnaire is used to assess the knowledge on management of perimenopausal problems. It contains 38 items of multiple choice questions divided in four areas. Each question has 4 options and for each correct response score is 1 mark and for no response No score. The total score allotted is 38. Total score was converted into percentage and interpreted as, 50% as inadequate knowledge, 51%-75% a moderate knowledge and 76%-100% as adequate knowledge. The prepared tool along with the statement of the problem, objectives and hypotheses and evaluation criteria submitted to 5 experts (3 nursing experts and O&G consultant) 100% acceptance was given to all items.

The reliability of the tool was done by using test - retest method, r' value was 0.95 and it was found reliable

**Tool-III: Likert's scale (4 point) to assess attitude on management of perimenopausal problems:**

A Likert's scale (4 point) was used to assess the attitude of women on management of perimenopausal problems. It contains 18 statements. 13 positive and 5 negative. The scales graded for positive statement as strongly agree (3), agree (2), disagree (1), strongly disagree (0). And negative statements were given reverse scoring, as strongly disagree (3), disagree (2), agree (1), strongly agree (0) marks. Total score was interpreted as 0-54 =Total range, 26-54 =Positive attitude and <26 =Negative attitude.

## **3.8 CONTENT VALIDITY AND RELIABILITY OF THE TOOL**

### **3.8.1. Validity of tool:**

The content validity refers to the degree to which an instrument measures, what it is supposed to be measure. **(Polit and Hungler, 2008)**

Reliability of research instrument is defined as the extent to which the instrument has the same result on repeated measures. **(Polit and Hungler, 2008)**

The prepared tool and independent variable along with the statement of the problem, objectives and hypotheses and evaluation criteria submitted to 5 experts (3 nursing experts and O&G Consultant). 100% acceptance was given to tool for knowledge and attitude and where was no modification.

The reliability of the tool was assessed by using test and retest method, 'r' value was 0.9 and it was found reliable.

## **3.9. DEVELOPMENT OF STRUCTURED TEACHING PROGRAMME ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

It was prepared to assess the effectiveness of management of perimenopausal problems in terms of knowledge and attitude.

Structured Teaching Programme was prepared by researcher on management of perimenopausal problems. It includes teaching programme on management of perimenopausal problems. The content of teaching programme includes definition, causes, signs and symptoms, and its management of perimenopausal problems. The teaching was given by using

appropriate A.V aids followed by clarification of doubts. Duration of intervention was given 30minutes.

.The content of structured teaching programme was validated by 5 experts (3 nursing experts and 2 O&G consultant) who validated the tool as per the criteria 100% agreement obtained and it was formulated with simple and easy language.

### **3.10. PILOT STUDY**

The pilot study is a small preliminary investigation of the same general character as the major study, which is designed to acquaint the researcher with problems that can be corrected in preparation for the large research projects or in done to provide the researcher with an opportunity to try out the procedures for collecting data. **(Basavanthappa, 1998)**

The pilot study was conducted from 16.11.2018 to 22.12.2018 in Shanmuga hospital, Salem. To test the feasibility for the study with 6 premenopausal working women were selected. Initially the researcher got Formal permission was obtained from the concerned authority after explaining the purpose of the study and individual written consent from each sample separately after explaining purpose of study. The samples were selected by using Non probability convenient sampling technique.

Six samples, for each in experimental group and control group was taken. The staff nurse who are working in Shanmuga Hospital who fulfilling the inclusion criteria are selected as a sample for control group and the staff those who are working in the office and reception was selected for experimental group.

During pretest the demographic variable was collected with the help of questionnaire method and followed by knowledge and attitude on management of perimenopausal problems.

Followed by pretest structured teaching programme on management of perimenopausal a problem was given to experimental group. Post test was conducted on the 14<sup>th</sup> day.

### **3.11 DATA COLLECTION PROCEDURE**

Data collection is gathering information needed to address a research problem. **Polit and Beck, (2001)**

The present study was conducted from 7-1-2019 to 16-2-2019. In control group initially the researcher obtained formal permission from principal of Government Arts and Science College, Salem-7, after explaining purpose of study. By using Non-probability convenient sampling technique 30 samples who are meet the inclusion criteria were selected and then got permission from head of the departments, with warm wishes the researcher introduced themselves and provided proper seating arrangement and informed consent was obtained from samples after explaining purpose of the study . The demographic data was collected questionnaire method. On day 1 Pre test was done to assess the knowledge and attitude of management of perimenopausal problems by using questionnaire and four point **Likert's scale.**

In experimental group initially the researcher obtained formal permission from principal of Padmavani Arts and Science College for women, Salem-11, after explaining purpose of study. By using non probability convenient sampling technique 30 samples who are meet the



inclusion criteria were selected and then got permission from head of the departments, with warm wishes the researcher introduced themselves and provided proper seating arrangement and informed consent was obtained from samples after explaining purpose of the study . The demographic data was collected questionnaire method. On day 1 Pre test was done to assess the knowledge and attitude of management of perimenopausal problems by using questionnaire and four point Likert's scale.

On day 2 structured teaching programme on management of perimenopausal problems was administered to experimental group about 30 minutes By adopting lecture cum discussion method for each group 10 samples. Chart, power point and booklet was used as AV aids to explain the for management of perimenopausal problems, Clarification of doubts was done at the end of session.

On day 14 post test was conducted among both the group on knowledge and attitude on management of perimenopausal problems. Booklet was distributed to all samples in both groups for future reference.

### **3.12. DATA ANALYSIS PLAN**

**Talbot, (1995)** designed data analysis as evaluation of information and its pertinence to the study variable. Data analysis helps the researcher to organize, summarize, evaluate, interpret and communicate the numerical facts. Data obtained was analyzed in terms of the objectives of the study.

The plan of data analysis as follows,

1. The data were entered in a master sheet.
2. Frequency and percentage for the analysis of demographic variable.
3. Computing chi-square, to determine association between pretest level of knowledge on perimenopausal of problems and selected demographic variables.
4. Mean, SD, paired 't' test value presented using tables.

## **SUMMARY**

This chapter has dealt with the methodology undertaken for the study. It include research approach, research design, setting of the study, population, sample and sampling technique, description and interpretation of data, development of structured teaching programme, pilot study, procedure for data collection and data analysis plan.

## CHAPTER – IV

### DATA ANALYSIS AND INTERPRETATION

The analysis is “A process of organizing and synthesizing data in such a way that research questions can be answered and hypotheses tested.”

**Polite and Hungler, (1999)**

This chapter deals with analysis and interpretation of data collected to evaluate the effectiveness of structured teaching programme on management of perimenopausal problems. The collected data deals with knowledge and attitude regarding management of perimenopausal problems through structured teaching programme. The data were assembled, analyzed and tested for their significance. Findings are the basis for the statistical analysis that are presented in this chapter.

Data analysis is the systematic organization and synthesis of research data and the testing of research hypotheses using those data (**Polite and Beck, 2004**). Statistical procedure enables the researcher to organize, analyze, interpret, evaluate and communicate numerical information meaningfully.

#### 4.1. PRESENTATION OF DATA

The data were entered in master sheet for tabulation and statistical processing. The obtained data were analyzed, organized and presented under the following headings.

**Section-I:** Distribution of samples based on demographic variables

**Section-II:** Analysis and comparison of pre test and post test knowledge score on management of perimenopausal problems among samples.

- a) Analysis of pre test and post test level of knowledge scores on management of perimenopausal problems among experimental and control group.
- b) Comparison of mean pre test and mean post test knowledge scores among the sample within and between experimental and control group on management of perimenopausal problems.

**Section-III:** Analysis and comparison of pre test and post scores on attitude of management of perimenopausal problems among samples.

- a) Analysis of pre test and post test level of attitude score on management of perimenopausal problems among samples.
- b) Comparison of mean pre-test and post-test scores on attitude of management of perimenopausal problems among sample within and between experimental and control group.

**Section-IV:** Association of selected demographic variables with pre test level of management of perimenopausal problems among samples of experimental group.

- a) Association between the experimental group pre test level of management of perimenopausal problems among samples of experimental group and their age.

- b) Association between the experimental group pre test level of management of perimenopausal problems among samples of experimental group and their educational status.
- c) Association between the experimental group pre test level of management of perimenopausal problems among samples of experimental group and their parity.

**4.1.1. SECTION-I: DISTRIBUTION OF SAMPLES BASED ON DEMOGRAPHIC VARIABLES**

This section shows the analysis demographic variables of the samples using frequency and percentage distribution, which includes age, educational status, occupation, and monthly family income, types of family, marital status, parity, regular exercises and relaxation technique.

**Table-4.1: Frequency and percentage wise distribution of samples according to their demographic variables.**

**n<sub>1</sub> = 30, n<sub>2</sub> = 30**

S.No	Demographic data	Experimental group(n=30)		Control group(n=30)	
		f	%	F	%
<b>1.</b>	<b>Age in years</b>				
	a) 35-37 yrs	6	20	8	27
	b) 38-40 yrs	9	30	12	40
	c) 41-43 yrs	9	30	6	20
	d) 44-45 yrs	6	20	4	13
<b>2.</b>	<b>Educational status</b>				
	a) Under graduate	12	40	9	30
	b) Post graduate	9	30	9	30
	c) M.Phil or PH.D	9	30	12	40

<b>3.</b>	<b>Occupation</b>				
	a) Teaching staff	18	60	21	70
	b) Non teaching staff	12	40	9	30
<b>4.</b>	<b>Monthly family income</b>				
	a) Rs.25000	4	13	4	13
	b) Rs.30000	8	27	5	17
	c) Rs.40000	6	20	7	23
	d) Rs.45000	12	40	14	47
<b>5.</b>	<b>Type of family</b>				
	a) Joint family	10	33	15	50
	b) Nuclear family	20	67	15	50
<b>6.</b>	<b>Marital status</b>				
	a) Married	30	100	26	87
	b) Spinster	0	0	0	0
	c) Divorced	0	0	0	0
	d) Widow	0	0	4	13
<b>7.</b>	<b>Number of children</b>				
	a) One	5	17	11	36
	b) Two	9	30	5	17
	c) None	6	30	5	17
	d) More than two	10	33	9	30
<b>8.</b>	<b>Regular exercise</b>				
	a) Yes	7	23	7	23
	b) No	23	77	23	77
<b>9.</b>	<b>Stress reduction technique any:</b>				
	a) Yes	5	17	12	40
	b) No	25	83	18	60

**Table-4.1:** Shows the distribution of samples according to their demographic variables, regarding the age in experimental group 7 (23%) samples belongs to 35-37 yrs, 8 (26%) belongs to the age group of 38-40 yrs, 9 (30%) belongs to 41-43 yrs, 6 (20%) belongs to the 44-45 yrs. In control group 8 (26%) belongs to the year of 35-37 yrs, 7 (23%) belongs to the year of 38-40 yrs, 10 (30%) belongs to the year of 41-43 yrs, 5 (16.6%) belongs to the year of 44-45 yrs.

Regarding marital status in experimental group all the samples were married 30 (100%). In control group 26 (87%) were in married, 4 (13%) were in widow.

Regarding types of family in experimental group 10 (33%) samples had joint family, 20 (67%) samples had nuclear family. In control group 15 (50%) samples had joint family, 15 (50%) samples had nuclear family.

Regards to parity in experimental group out of 30 samples 5 (17%) samples were having one child, 9 (30%) samples were having two children, 6 (20%) samples were not having any child, 10 (33%) samples were having more than two children. in control group 11 (36%) samples were having one children, 5 (17%) samples were having two children, 5 (17%) samples were not having child, 9 (30%) samples were having more than two children's.

Regarding the educational status in experimental group out of 30 samples 12(40%) samples had under graduate, 9(30%) samples had postgraduate, 9(30%) samples had M.Phil, Ph.D. in control group 9 (30%) samples had under graduate, 9 (30%) samples had post graduate, 12 (40%) samples had M.Phil, Ph.D.

Regarding occupation in experimental group 18 (60%) was teaching staff and 12 (40%) were non teaching staff. In control group 21 (70%) was teaching staff and 9 (30%) were non teaching staff.

Regarding monthly family income in experimental group 4 (13%) belongs to the monthly income of 25000,8 (27%) belongs to the monthly income of 30000,6 (20%) belongs to the family income of 40000, 12 (40%) belongs to the monthly income of 45000. In control group 4 (13%) belongs to the monthly income of 25000,5 (17%) belongs to the 30000, 7 (23%) belongs to the income of 40000, 14 (47%) belongs to the income of 45000.

With regard to follow any type of regular exercises in experimental group 7 (23%) were doing daily exercise and 23 (77%) was not doing any type of exercises. In control group 7 (23%) were doing daily exercises and 23 (77%) was not doing any type of exercises.

With regard to follow any type of relaxation technique in experimental group 5 (17%) were doing relaxation technique and 25 (83%) were not doing relaxation technique. In control group 12 (40%) were doing relaxation technique and 18 (60%) were not doing any relaxation technique.

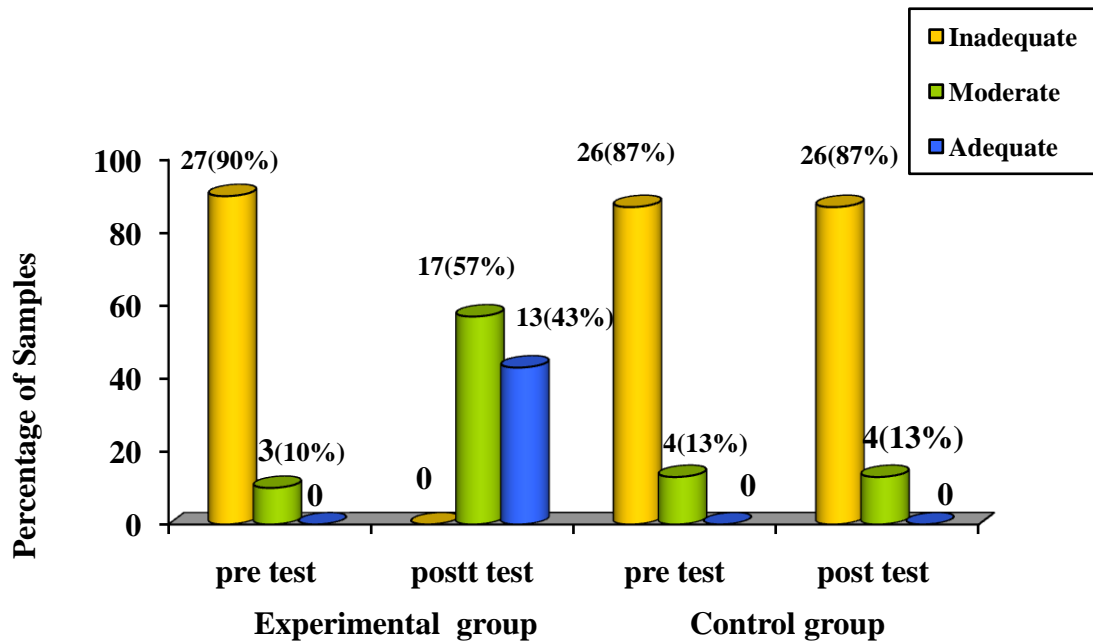
#### **4.1.2. SECTION- II: ANALYSIS AND COMPARISON OF PRE TEST AND POST TEST KNOWLEDGE SCORE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

This section deals with the details of analysis and comparison of pre test and post test knowledge score within and between experimental and control group. Also the research hypothesis  $H_1$  is analyzed to know the significance at  $p < 0.05$  level. To compare the difference of pre test and post test knowledge score the section was divided in to the following heading.



**4.1.2.1. SECTION-II (a): Analysis of pre test and post test level of knowledge scores among samples of experimental and control group on management of perimenopausal problems.**

This section deals with the details of analysis in regard to pre test and post test level of knowledge scores among samples in experimental and control group on management of perimenopausal problems.



**LEVEL OF KNOWLEDGE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

**Figure-4.1: Cylindrical diagram shows the percentage of samples based on the pre test and post test knowledge scores among experimental and control group.**

Figure-4.1 depict during pre test in experimental group 27 (90%) samples had inadequate knowledge, 3 (10%) samples had moderate knowledge and in control group 26(87%)samples had inadequate knowledge level, 4 (13%) samples had moderate knowledge and During post test in experimental group 17 (57%) samples had moderate knowledge, 13 (43%)

samples had adequate knowledge and in control group 26 (87%) samples had inadequate knowledge, 4 (13%) samples had moderate knowledge level and

**4.1.2.2. SECTION –II (b): Comparison of mean pre test and mean post test knowledge scores among the sample within and between experimental and control group on management of perimenopausal problems.**

This section deals with mean, SD, mean difference, & paired t value scores on knowledge among the samples within and between experimental and control group was analyzed. Hypothesis  $H_1$  was tested to find out the significance at  $p < 0.05$  level.

**Hypothesis  $H_1$ :**

The mean post test knowledge score on management of perimenopausal problems in experimental group is higher than the control group samples.

Hypothesis  $H_1$  was formulated to find the effectiveness of structured teaching programme on management of perimenopausal problems, so as to test the hypothesis  $H_1$ , null hypothesis  $H_{0(1)}$  was formulated.

**Null hypothesis  $H_{0(1)}$ :**

There is no significant difference in the mean post test knowledge score on management of perimenopausal problems among samples between experimental and control group.

**Table -4.2: mean, SD, mean difference and t value of scores on the knowledge among samples within and between experimental and control group.**

**$n_1 = 30, n_2 = 30$**

Group	Pre test		Post test		Mean difference	Paired 't' test
	Mean	SD	Mean	SD		
<b>Control group</b>	15.5	3.82	15.7	3.83	0.23	0.264 <sup>NS</sup>
<b>Experimental group</b>	15.17	3.42	28	2.69	12.83	<b>14.75*</b>
<b>Unpaired test</b>	0.64 <sup>NS</sup>		<b>10.6*</b>			

**\*Significance at  $p < 0.05$  level; NS-Not significant; paired  $t_{29} = 2.05$ , unpaired  $t_{58} = 2.00$**

Table 4.2 shows that in the experimental group mean post test knowledge score 28 was greater than the mean pre test knowledge score 15.17 the data was subjected to statistical test. The mean difference between pre test and post test knowledge score was 12.83 the paired 't' value 14.75 is greater than the table value 2.00 at 0.05 level of significance.

In the control group the mean difference between pre test and post test knowledge score was 0.23. The mean post test knowledge score 15.7 was slightly greater than the mean pre test knowledge score was 15.5 the paired 't' value 0.264 is lesser than the table value 2.00 at  $P < 0.05$  level of significance.

In the pre test, the mean score of experimental group was 15.17 standard deviation was 3.42 unpaired 't' value shows 0.64, which is not significant at  $p < 0.05$  level and control group mean score was 15.5 and

standard deviation was 3.82 unpaired value shows 0.64, which is not significant at  $P < 0.05$  level. In the post test, the mean score of experimental was 28 standard deviation was 2.69 and control group mean score was 15.7 standard deviation was 3.83 unpaired value shows 10.6, which significant at  $p < 0.05$  level. Hence research hypothesis  $H_1$  was accepted and null hypothesis  $H_0$  was not accepted.

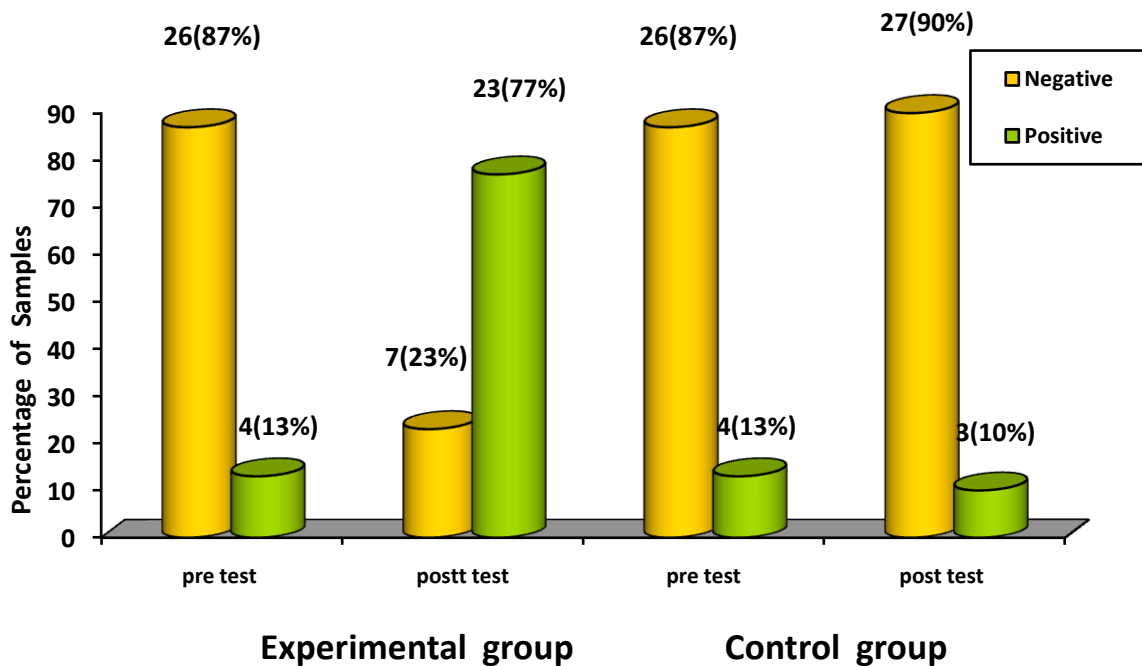
This indicates that structured teaching programme was effective to improve the knowledge of premenopausal women's on management of perimenopausal problems.

#### **4.1.3. SECTION- III: ANALYSIS AND COMPARISON OF PRE TEST AND POST SCORES ON ATTITUDE OF MANAGEMENT OF PERIMENOPAUSAL PROBLEMS AMONG SAMPLES.**

This section deals with the details of analysis and comparison of mean pre test and mean post test scores on management of perimenopausal problems within and between experimental and control group. Also the research hypothesis  $H_2$  was analyzed to know the significance at  $p < 0.05$  level. To compare the difference of pre test and post test scores on management of perimenopausal problems the section was divided in to the following heading.

##### **4.1.3.1. SECTION-III (a): Analysis of pre test and post test level of attitude of management of perimenopausal problems.**

This section deals with the details of analysis in regard to mean pre test and post test scores on attitude of management of perimenopausal problems among samples in experimental and control group.



LEVEL OF ATTITUDE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS

**Figure 4.2.** Cylindrical diagram shows the percentage of samples based on the pre test and post test attitude scores among experimental and control group.

**Figure 4.2.** Depicts that in during pre test in experimental group pre test 26 (87%) samples have negative attitude, 4 (13%) samples have positive attitude on management of perimenopausal problems. In control group out of 30 samples, 26 (87%) of samples have negative attitude on management of perimenopausal problems and 4 (13%) of samples have positive attitude on management of perimenopausal problems. In experimental group post test 7 (23%) samples have negative attitude, and 23 (77%) samples have positive attitude on management of perimenopausal problems. In control group post

test 27 (90%) samples have negative attitude, 3 (10%) samples have positive attitude on management of perimenopausal problems.

**4.1.3.2. SECTION III (b): Comparison of mean pre test and mean post test scores attitude on management of perimenopausal problems among the samples within and between experimental and control group.**

This section mean, SD, mean difference, & paired t value on level of attitude on management of perimenopausal problems among the samples within and between experimental and control group was analyzed. Hypothesis  $H_2$  was tested to find out the significance at  $p < 0.05$  level.

**Hypothesis  $H_2$  :**

The mean post test attitude scores on management of perimenopausal problems in experimental group is greater than the control group.

Hypothesis  $H_2$  was formulated to find the effectiveness of structured teaching programme on management of perimenopausal problems, so as to test the hypothesis  $H_2$ , null hypothesis  $H_{0(2)}$  was formulated.

**Null hypothesis  $H_{0(2)}$  :**

There is no significant difference in the mean post test and mean pre test attitude score on management of perimenopausal problems among samples between experimental and control.

**Table 4.3: Mean, standard deviation, mean difference and paired ‘t’ value of attitude score on management of perimenopausal problems among samples within and between experimental and control group**

**n<sub>1</sub> = 30, n<sub>2</sub>= 30**

Group	Pre test		Post test		Mean difference	Paired t test
	Mean	SD	Mean	SD		
<b>Control group</b>	13.4	8.02	13.16	7.77	0.6	0.316 <sup>NS</sup>
<b>Experimental group</b>	14	6.59	39.9	12.14	26.7	<b>10.15*</b>
<b>Unpaired</b>	1.75 <sup>NS</sup>		<b>10.6*</b>			

**\*Significant at p<0.05 level; NS- Not significant; paired t<sub>29</sub>=2.05, unpaired t<sub>58</sub>=2.00**

Table 4.4 shows that in the experimental group pre test score was 14 with standard deviation 6.29. The mean post test I was 39.9 with standard deviation 12.14. The paired ‘t’ value of pre test and post test I was 10.15 significant at p<0.05 level of significance with df at 29(2.05).

In the control group mean pre test score was 13.4 with standard deviation 8.02. The mean post test was 13.16 with standard deviation 7.77. The paired value of pre test and post test I was 0.316 is not significant at p<0.05 level of significance.

In the pre test, mean score of experimental group was 14 with standard deviation 6.59 and control group was 13.4 with standard deviation 8.02. Unpaired value shows 1.75, which is not significant at  $p < 0.05$  level.

In the post test, the mean score of experimental group was 39.9 with standard deviation 12.14 and control group mean score was 13.16 with standard deviation 7.77. Unpaired 't' value shows 10.6, which is significant at  $p < 0.05$  level.

#### **4.3.4. SECTION IV: ASSOCIATION OF SELECTED DEMOGRAPHIC VARIABLES WITH PRE TEST LEVEL OF SYMPTOMS OF MANAGEMENT OF PERIMENOPAUSAL PROBLEMS AMONG EXPERIMENTAL GROUP.**

This section deals with the association of the pre test level of knowledge of management of perimenopausal problems among samples and their selected demographic variables. It was associated by using chi-square test and the results were observed.

#### **Hypothesis H<sub>3</sub>:**

There is significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their selected demographic variables.

Hypothesis H<sub>3</sub> was formulated to find the effectiveness of structured teaching programme on management of perimenopausal problems, so as to test the hypothesis H<sub>3</sub> null hypothesis H<sub>0(3)</sub> was formulated.



**Null hypothesis  $H_{0(3)}$ :**

There is no significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their selected demographic variables.

Following details shows the association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their selected demographic variables.

**4.1.4. SECTION-IV (a): Association between the pre test level of knowledge on management perimenopausal problems among the samples of experimental group and their age.**

This section deals with association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their age.

**Hypothesis  $H_{3(a)}$ :**

There is significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their age.

To test the hypothesis  $H_{3(a)}$  null hypothesis  $H_{0(3(a))}$  was formulated.

**Null hypothesis  $H_{0(3(a))}$ :**

There is no significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their age.

**Table-4.4: Chi-square association between pre test level of knowledge on management of perimenopausal problems among samples of experimental group.**

**n = 30**

Demographic variables	Inadequate		Moderate		Chi-square $\chi^2$	df	Table value
	F	%	f	%			
<b>Age in years</b>							
a) 35-37 yrs	6	20	8	27	5.974 <sup>NS</sup>	3	7.82
b) 38-40 yrs	9	30	12	40			
c) 41-43 yrs	9	30	6	20			
d) 44-45 yrs	6	20	4	13			

**Level of significance =  $p < 0.05$ ; NS-not significant**

Data presented in the table 4.5 reveal that the calculated chi-square value 5.974 was lesser than the table value 7.82, indicate that there was no significant association between the knowledge of management of perimenopausal problems and their age. Hence hypothesis  $H_{3(a)}$  was not accepted and null hypothesis  $H_{0(3(a))}$  was accepted

**4.1.4.2-IV(b): Association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their educational status.**

**Hypothesis  $H_{3(b)}$ :** There is significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their educational status.

To test the hypothesis  $H_{3(b)}$  null hypothesis  $H_{0(3(b))}$  was formulated.

**Null hypothesis  $H_{0(3(b))}$ :**

There is no significant association between pre test level of knowledge on management of perimenopausal problems among samples of experimental group and their educational status.

**Table 4.5: Chi-square association between pre test level of knowledge on management of perimenopausal problems among samples of experimental group.**

**n = 30**

Demographic variables	Inadequate		Moderate		Chi-square $\chi^2$	df	Table value $P < 0.05$ level
	f	%	F	%			
<b>Educational level :</b>							
Under graduate	11	36.7	1	3.3	0.282 <sup>NS</sup>	2	5.99
Post graduate	9	30	0	0			
M.Phil or Ph.D	7	23.3	2	6.7			

Level of significant =  $p < 0.05$ ; NS-not significant

Data presented in the table reveals that the calculated chi square value 0.282 was lesser than the table value 5.99, indicates that there was no significant association between the knowledge of management of perimenopausal problems and their educational status. Hence hypothesis  $H_{3(b)}$  was not accepted and null hypothesis  $H_{0(3(b))}$  was accepted.

**4.1.4.3-IV(c): Association between the pre test level of knowledge on management of perimenopausal problems among samples of experimental group and their parity.**

This section deals with association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their parity.

**Hypothesis H<sub>3(c)</sub>:**

There is significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their parity.

To test the hypothesis H<sub>3(b)</sub> null hypothesis H<sub>0(3(b))</sub> was formulated.

**Null hypothesis H<sub>0(3(c))</sub>:**

There is no significant association between the pre test level of knowledge on management of perimenopausal problems among the samples of experimental group and their parity.

**Table-4.6:Chi- square association between pre test level of knowledge on management of perimenopausal problems among samples in experimental group.**

**n = 30**

Demographic variables	Inadequate		Moderate		Chi-square $\chi^2$	df	Table value P<0.05 level
	f	%	f	%			
<b>Number of children :</b>							
One	5	16.7	0	0	13.3 <sup>S</sup>	3	7.82
Two	9	30	0	0			
None	3	10	3	10			
More than two	10	33.3	0	0			

Level of significant =p<0.05; S- Significant

Data presented in the table 4.5 reveal that the calculated chi-square value 13.3 is higher than the table value 7.82, which indicate that there was significant association between the knowledge on management of perimenopausal problems and their parity. Hence null hypothesis  $H_{0(3(c))}$  was not accepted .

## **SUMMARY**

This chapter dealt with the analysis and interpretation of data regarding the knowledge and score among the samples. The pre test and post test knowledge and score on management of perimenopausal problems among experimental and control group were assessed. Each objective and research hypotheses were tested by inferential statistics. It was referred that there was significant difference in the knowledge and score on management of perimenopausal problems and so significant association between pre test score on management of perimenopausal problems and their associated demographic variables.

## CHAPTER – V

### DISCUSSION

This chapter deals with the discussion of major findings and recommendations in accordance with the study and hypothesis. The problem stated is to assess the effectiveness of structure teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem.

The study was Quasi experimental: pre test and post test with control group design. The study sample consists of 60 premenopausal women.

**5.1. Objective-1: To develop and validate the structure teaching programme on management of Perimenopausal problems among premenopausal working women.**

In this study the structured teaching programme on management of perimenopausal problems was administered to premenopausal women. It was developed by the researcher based on interest search, textbook published, journals, editorials, published and unpublished thesis. It was validated by 5 experts (3 nursing and 2 OG consultant). Structured teaching programme on management of perimenopausal problems was given to premenopausal women.

**Nikita Kishor Dhanorkar (2017)** conducted a quasi experimental one group pre test post test only design on assessment of the effectiveness of planned nursing intervention on knowledge regarding menopausal syndrome and its management among pre menopausal women in selected community

area. A total of 50 women age group of 30-40 years was selected. On day 1 pre test was conducted and intervention given on day 2 after that post test was assessed on day 7. The finding shows overall knowledge score in pre test 3 (6%) of women have inadequate knowledge and 47 (94%) of women had moderate level of knowledge. The overall post test score 1 (2%) had inadequate knowledge, 4(8%) had moderate level of knowledge and 45 (90%) had adequate level of knowledge after planned nursing intervention given.

**5.2. Objective-2: To assess and compare the mean pre-test and post-test knowledge score on management of perimenopausal symptoms among premenopausal working women in between experimental and control group.**

In this study pre test and post test score was assessed by using questionnaire on management of perimenopausal problems among experimental and control group. Study reveals that during pre test in control group during pre test, 26 (87%) samples had inadequate knowledge level, 4 (13%) samples had moderate knowledge and in experimental group 27 (90%) samples had inadequate knowledge, 3 (10%) samples had moderate knowledge. During post test in control group 26 (87%) samples had inadequate knowledge, 4 (13%) samples had moderate knowledge level and in experimental group 17 (57%) samples had moderate knowledge, 13 (43%) samples had adequate knowledge.

**Vruti Patel<sup>1</sup>, Sijo Koshy<sup>2</sup>, Ravindra H.N<sup>3</sup>.** : conducted a study on one group pre-test post-test pre-experimental approach to assess the effectiveness of structured teaching programme on knowledge regarding

menopausal symptoms and its management among women. Total of 60 menopausal women conveniently selected from two villages of Vadodara. Data was collected from 60 menopausal women. Pre-test was conducted on day 1 and structured teaching Programme on menopausal symptoms and its management was administered to the participants on day 2. Post-test was conducted on 7 days after the implementation of Structured Teaching Programme. The results of Pre-test assessment revealed that the mean percentage of pre-test score was 33.27% in knowledge regarding menopausal symptoms and its management. Knowledge Scores interpretation on menopausal symptoms and its management showed 63.3% of the sample with inadequate knowledge and 36.7% with moderately adequate knowledge. Post-test mean percentage score was 79.40%. Scores interpretation showed 96.67% of the sample with adequate knowledge and only 3.33% with moderately adequate knowledge. The difference between pre-test and post-test knowledge scores of menopausal women on menopausal symptoms and its effectiveness was found to be very highly significant with mean percentage knowledge score difference of 46.13% ( $t=30.83, p=0.00 < 0.05$ ).

**5.3. objective-3:. To assess and compare the mean pre-test and post-test attitude score on management of perimenopausal symptoms among premenopausal working women in between control group.**

In this study pre test was assessed by using likerts scale on management of perimenopausal problems among experimental and control group. Study reveals that in during pre test in control group out of 30



samples, 26 (87%) samples have negative attitude, 4 (13%) samples have positive attitude and in experimental group 26 (87%) samples have negative attitude, 4 (13%) samples have positive attitude on management of perimenopausal problems. During post test in control group 27 (90%) samples have negative attitude, 3 (10%) samples have positive attitude, and in experimental group 7 (23%) samples have negative attitude, 23 (77%) samples have positive attitude on management of perimenopausal problems.

**Saira Batool, Rukhsana Kausar et al. (2017):** An observational study conducted on Menopausal attitude and symptoms in peri and Post-menopausal working women. Eighty women with equal number of nurses and teachers were recruited from public sector colleges and hospitals of Lahore, Pakistan. The sample ranged in ages between 45 - 60 years (Teachers  $M = 50.92$ ,  $SD = 3.87$ ; Nurses  $M = 49.55$ ,  $SD = 3.93$ ). Assessment of attitude tool was used towards menopause scale (Shahwar & Khalid, 2003) and Greene Climacteric Survey (Greene, 1998). Results revealed that nurses and post-menopausal women showed positive attitude towards menopause as compared to teachers and peri-menopausal women, respectively. More severity of menopausal symptoms shows in Peri-menopausal women as compared to post-menopausal women. These Findings shows importance of psychological help for working women and attention should be paid to change working women's attitude towards menopause, particularly, teachers in order to reduce symptoms in them.

**5.4.objective-4:To find association between pre-test level of knowledge score on management of perimenopausal symptoms among premenopausal experimental group with their selected demographic variables like age, type of family, educational status of women, monthly income.**

Present study revealed that the chi-square value between pre test level of knowledge on management of perimenopausal problems among the premenopausal women and their age was 5.974 lesser than the table value 7.82. This shows that there is no significant association between the pre test score on management of perimenopausal problems among the premenopausal women and their age.

The chi-square value between the pre test level of knowledge on management of perimenopausal problems among the premenopausal women and their educational status was 0.282 lesser than the table value 5.99. This shows that there is no significant association between the pre test score on management of perimenopausal problems among the premenopausal women and their educational status.

The chi-square value between the pre test level of knowledge on management of perimenopausal problems among the premenopausal women and their parity was 13.3 higher than the table value 7.82. This shows that there is significant association between the pre test score on management of perimenopausal problems and their parity.

**R.K. Pathak, and Purnima Parashar (2010):** cross sectional study was conducted to assess the average age at menopause, to evaluate the influence of certain bio- social factors on menopause, and to find the

menopausal symptoms. Total samples of 564 punjabi women, ranging in age between 40-60 years was selected through the snow ball sampling technique. The result revealed that the mean age at natural menopause was found to be 47.91( $\pm$ 3.16) years. The mean age at early and late menopausal groups was 41.04 and 51.05 years, respectively. Statistically significant differences was found for height, weight, and parity, while BMI, body fat, blood pressure, age at marriage, age at first child birth,

**Timur, Sermin PhD, et al (2010):** conducted a cross sectional study for the purpose of determining the prevalence of depression in perimenopausal and postmenopausal women and the factors that influence the development of depression. Total sample of 685 women aged 45-59 years. The prevalence of depression symptoms among the perimenopausal and postmenopausal women was 41.8%. of all women, 23.2% was premenopausal and 56.9% was postmenopausal. The result revealed that depression symptom development was 1.8 times higher in the perimenopausal-postmenopausal period than in the premenopausal period, 3.6 times higher among those with an event history affecting life in a negative way than among those without, and 2.0 times higher among those with a body mass index of 25 kg/m<sup>2</sup> or higher than among those with a body mass index of less than 25 kg/m<sup>2</sup>. There was a high level of prevalence of depression symptoms in perimenopausal and postmenopausal women.

## **SUMMARY**

This chapter dealt with the objectives, hypotheses, finding of the study, supportive study, and discussion about the study.

## **CHAPTER – VI**

### **SUMMARY, MAJOR FINDINGS, IMPLICATIONS, RECOMMENDATIONS, AND CONCLUSIONS**

This chapter is divided into two sections. In the first section the summary of the study, findings and conclusion are presented. In the second section the implication in various areas of nursing practice, nursing education, nursing administration, nursing research suggestions and recommendation for future study is presented.

#### **6.1 SUMMARY OF THE STUDY**

The main objective of the study was to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem.

Quantitative evaluative research approach, quasi experimental pre test post test with control group design was used. The present study was conducted from 7-1-2019 to 16-2-2019 simultaneously in both the groups. After obtaining formal permission from concerned authority, the study was conducted in government Arts college salem-7, and Padmavani Arts and Science College for Women's Salem-11 for control group and experimental group respectively. Informed written consent was obtained from sample after explaining purpose and nature of the study

The sample were selected by Non-probability convenient sampling technique. Total of 60 samples were selected for control group (30) and experimental group (30). The tools selected for the present study to assess

demographic variable, the knowledge on management of peri menopausal problems and likert's scale (4 point) to assess attitude on management of perimenopausal problems.

During pre test the demographic variable was collected with the help of questionnaire method and followed by pre test on knowledge and attitude of management of perimenopausal problems was assessed.

On day 2 structured teaching programme on management of perimenopausal problems was administered to experimental group about 30 minutes by adopting lecture cum discussion method. Charts, power point and booklet were used as visual aids

On day 14, post test was conducted for both groups to assess the knowledge and attitude on management of perimenopausal problems. Booklet was distributed to all samples for future reference.

Content validity obtained from 5 experts (3 Nursing and 2 OG consultants). Reliability of tool was estimated by test – retest method with 0.95. The pilot study was conducted with 6 samples in each group from Shanmuga hospital, Salem.

Finally, the collected data were analyzed by using descriptive and inferential statistics to assess the effectiveness of structured teaching programme and also the data was interpreted based on objectives and hypotheses of the study.

## **6.2. MAJOR FINDINGS OF THE STUDY**

### **I. Demographic variables:**

- Analysis shows regarding the age in experimental group out of 30 samples 6(20%) samples were in the age group of 35-37 years,9 (30%) samples were in the age group of 38-40 years,9 (30%) samples were in the age group of 41-43 years, 6 (20%) samples were in the age group of 44-45 years.
- In control group out of 30 samples 8(27%) samples were in the age group of 35-37 years, 12 (40%) samples were in the age group of 38-40 years, 6 (20%) samples were in the age group of 41-43 years, 4 (13%) samples were in the age group of 44-45 years.
- Regarding educational level in experimental group out of 30 samples 12 (40%) were under graduate, 9 (30%) were post graduate, 9 (30%) were M.Phil.
- In control group out of 30 samples 9 (30%) were under graduate, 9 (30%) were post graduate, 12 (40%) were completed M.Phil.
- Regarding occupation in experimental group out of 30 samples 18 (60%)samples were teaching staff, 12 (40%) samples were non teaching staff.
- In control group out of 30 samples 21 (70%) samples were in the teaching staff, 9 (30%) samples were in the non teaching staff.
- Regarding monthly family income in experimental group out of 30 samples 4 (13%) samples having monthly family income of 25000, 8 (27%) samples having monthly family income of 30000, 6 (20%) samples having monthly family income of 40000, 12 (40%) samples having monthly family income of 45000.

- In control group out of 30 samples 4 (13%) samples having monthly family income of 25000, 5 (17%) samples having monthly family income of 30000, 7 (23%) samples having monthly family income of 40000, 14 (47%) samples having monthly family income of 45000.
- Regarding types of family in experimental group out of 30 samples 10 (33%) samples were in joint family, 20 (67%) samples were in nuclear family.
- In control group out of 30 samples 15 (50%) samples were in joint family, 15 (50%) samples were in nuclear family.
- Regarding marital status in experimental group out of 30 samples 30 (100%) samples was married.
- In control group out of 30 samples 26 (87%) samples was married, 4 (12%) samples was window.
- Regarding parity in experimental group out of 30 samples 5 (17%) samples have one child, 9 (30%) samples have two children, 6 (20%) samples not having any child, 10 (33%) samples have more than two children.
- In control group out of 30 samples 11 (36%) samples have one child, 5 (17%) samples have two children, 5 (17%) samples not have any child, 9 (30%) samples have more than two children.
- Regarding regular exercises in experimental group out of 30 samples 7 (23%) was doing daily exercises, 23 (77%) was not doing any type of exercises.
- In control group out of 30 samples 7 (23%) were doing daily exercises, 23 (77%) was not doing any type of exercises.

- Regarding relaxation technique in experimental group out of 30 samples 5 (17%) samples following relaxation technique, 25 (83%) samples do not involve relaxation technique.
- In control group out of 30 samples 12 (40%) samples following relaxation technique, 18 (60%) samples do not involve relaxation technique.

## **II. Findings related to effectiveness of structured teaching programme on management of perimenopausal problems among samples.**

- Analysis shows that in control group pre test, 26 (87%) samples had inadequate knowledge level, 4 (13%) samples had moderate knowledge.
- In experimental group 27 (90%) samples had inadequate knowledge level, 3 (10%) samples had moderate knowledge.
- During post test in control group 26 (87%) samples had inadequate knowledge level, 4 (13%) samples had moderate knowledge.
- In experimental group 17 (57%) samples had moderate knowledge level, 13 (43%) samples had adequate knowledge.
- In the pre test, the mean score of experimental group was 15.17 standard deviation was 3.42 unpaired' value shows 0.64, which is not significant at  $p < 0.05$  level and control group mean score was 15.5 and standard deviation was 3.82 unpaired value shows 0.64, which is not significant at  $P < 0.05$  level.
- In the post test, the mean score of experimental was 28 standard deviation was 2.69 and control group mean score was 15.7 standard deviation was 3.83 unpaired value shows 10.6, which significant at



$p < 0.05$  level. Hence research hypothesis  $H_1$  was accepted and null hypothesis  $H_0$  was not accepted.

- Maximum attitude score for management of perimenopausal problems is 54 in experimental group. The mean pre test attitude score was 14 with standard deviation 6.59. In control group mean pre test attitude score was 13.4 with standard deviation 8.02. unpaired 't' value 1.75, which is not significant at  $P < 0.05$  level.
- During post test in experimental group mean post test attitude score was 39.9 with standard deviation 12.14. In control group mean post test attitude score was 13.16 with standard deviation 7.77. Unpaired 't' value shows 10.6, which is significant at  $P < 0.05$  level.

### **III. Findings related to association between the pre test level of knowledge on management of perimenopausal problems and their selected variables- Age, Educational status, and parity.**

- ✓ The chi-square value of the pre test level of knowledge on management of perimenopausal problems and their age was found significant ( $\chi^2$  value 0.275 less than the table value 7.82 which found not significant at  $p < 0.05$  level of significance).
- ✓ The chi-square value of the pre test level of knowledge on management of perimenopausal problems and their educational status was found significant ( $\chi^2$  value 0.282 less than the table value 5.99 which found not significant at  $p < 0.05$  level of significance).
- ✓ The chi-square value of the pre test level of knowledge on management of perimenopausal problems and their parity was found significant ( $\chi^2$  value 13.3 higher than the table value 7.82 which found significant at  $p < 0.05$  level of significance).

### **6.3. IMPLICATIONS**

The findings of the study have implication in various areas of nursing practice, nursing education, nursing administration, and nursing research.

#### **6.3.1. Nursing practice**

Several implication can be drawn from the present study for nursing practice. The nursing personnel are in best position to provide information and influence the premenopausal women in the community as well as in the hospital setting. Education programme conducted by the nursing personnel both in the hospital and community areas helps in managing perimenopausal problems.

The community has a little knowledge about the perimenopausal problems, so education can be given to the all the females irrespective of age. This will create more awareness among the premenopausal women.

Any teaching strategy which is simple, clear and attractive allows the learner to follow instruction easily. Health information can be imparted through lecture cum method. Charts, power point and booklets were used as visual aids. Hence, nurses should take keen interest in preparing different strategies suitable for the community.

#### **6.3.2. Nursing education**

The nursing curriculum should consist of knowledge and attitude related to management of perimenopausal problems using different methods of teaching. Nursing students should be made aware of their role in health promotion and managing menopausal problems in the present and future

year which may help in achieving the goal of health for all. The students need to be emphasize on teaching various community groups on management of perimenopausal problems.

Nurses at postgraduate level have to develop their skill in preparing health teaching material according to the community's level of understanding. Improved and never techniques have to be used for motivating public participation in management of perimenopausal problems education programme by conducting workshops and seminars.

### **6.3.3. Nursing Administration**

Nursing administrator should take interest in providing information on management of perimenopausal problems to the public and community.

Nursing personnel should be given in-service education to update the knowledge regarding the signs and symptoms and its management of perimenopausal problems among premenopausal working women. The nurse as an administrator should plan and motivate nursing personnel in conducting structured teaching programme in public.

Nursing administration should take interest in motivating the nursing personnel to improve the education in the urban and rural areas.

### **6.3.4. Nursing Research**

There is a need of extensive and intensive research in this area, so the strategies need to be developed for educating nurses in management of perimenopausal problems. The researcher should conduct research on various aspects of perimenopausal problems and its management, which provides more scientific body of information to the nursing profession. She

should also encourage and depute nurses to conduct longitudinal study regarding various measures available to managing perimenopausal problems among premenopausal working women.

#### **6.4. RECOMMENDATIONS**

1. Similar study can be replicated to a large sample for wider generalization.
2. Similar study can be conducted in different settings.
3. A comparative study can be conducted among samples in different setting.

#### **6.5. LIMITATIONS**

1. As the sample size is small the study findings cannot be generalized
2. After post test no teaching was given to the control group.

#### **6.6. CONCLUSION**

The present study indicated that structured teaching programme on management of perimenopausal problems among premenopausal working women is found effective in promoting the knowledge and attitude on management of perimenopausal problems

#### **SUMMARY**

This chapter dealt with summary, implication, recommendations, and conclusion of the study.

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## ANNEXURE - I

### LETTER SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From:

Ms .S . Seetha,  
II year M.sc Nursing,  
Shanmuga College of Nursing,  
24, Saradha College Road,  
Salem -636007.

To:

The Principal,  
Padmavani Arts and Science College for women  
Salem.

Through

The Principal,  
Shanmuga College of Nursing,  
24, Saradha College Road,  
Salem -636007.

**Respected Sir/Madam**

**Sub: Requesting permission for conduct research study**

I MsS. Seetha, II Year M.Sc.,(N) student of Shanmuga College of Nursing Salem, for the partial fulfilment of M.Sc.,(N) programme, have undertaken the following research study, which has to be submitted to the Dr.M.G.R. Medical University, Chennai.

#### STATEMENT OF THE PROBLEM

**“A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem”.**

In this regard, I seek permission to conduct the study in your college. I assure my presence will not disturb the routine functions in college.

Thanking you in anticipation,

Place: Salem

Date:

Your's faithfully,  
(S.SEETHA)



19/6

PRINCIPAL  
SHANMUGA COLLEGE OF NURSING  
24, SARADA COLLEGE ROAD,  
SALEM - 636 007

Permitted



19/7/19

PRINCIPAL  
PADMAVANI  
Arts & Science College (Women)  
Opp. Periyar University,  
Salem - 636 011, TN

# ANNEXURE - I

## LETTER SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

**From:**

Ms . S . Seetha,  
II year M.sc(N)  
Shanmuga College of Nursing,  
24, Saradha College Road,  
Salem- 636 007.

**To:**

The Principal ,  
Government Arts and science college,  
Salem - 636007

**Through**

The Principal,  
Shanmuga College of Nursing,  
24, Saradha College Road,  
Salem -636007.

TO  
HoD.  
English.  
Tamil  
Bot.  
Bsc. Computer science  
Bsc. IT



**Respected Sir/Madam**

**Sub: Requesting permission for conduct research study**

I Ms S. Seetha, II Year M.Sc.,(N) student of Shanmuga College of Nursing Salem, for the partial fulfilment of M.Sc.,(N) programme, have undertaken the following research study, which has to be submitted to the Dr.M.G.R. Medical University, Chennai.

**STATEMENT OF THE PROBLEM**

**“A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem”.**

In this regard, I seek permission to conduct the study in your college. I assure my presence will not disturb the routine functions in college.

Thanking you in anticipation,

Place: Salem  
Date:

Your's faithfully  
(S. SEETHA )

Forwarded  
S. Seetha

PRINCIPAL  
SHANMUGA COLLEGE OF NURSING  
24, SARADA COLLEGE ROAD,  
SALEM - 636 007

Permitted  
5-7-10  
Principal  
Government Arts College  
Autonomous SALEM-7  
G. O. Order No. CI 201

## ANNEXURE - II

### LETTER SEEKING EXPERT OPINION FOR CONTENT VALIDITY OF TOOLS AND INDEPENDENT VARIABLE

From

Ms. S.Seetha  
II Year M.Sc. (N) Student,  
Shanmuga College of Nursing,  
24, Sarada College Road,  
Salem - 636 007.

To

Through,

The Principal,  
Shanmuga College of Nursing.  
Salem- 636007,

Respected Madam,

#### **Sub: Expert opinion for content validity of the tool**

I, Ms. S.Seetha, II year M.Sc. (N) Student of Shanmuga College of Nursing, Salem, as a partial fulfillment of M.Sc.(N) programme, I have under taken the following research study, which has to be submitted to The Tamil Nadu Dr. M.G.R. Medical university, Chennai. I am conducting a **“A study to assess the effectiveness of structured teaching programe on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at salem”**.

So I humbly request you to give your valuable suggestions regarding the appropriateness of the tool. I also request you to kindly sign the certificate stating that you have validated the tool.

Thanking you,

Place: Salem

Date:

Enclosure:

1. Statement of the problem, objectives, hypotheses
2. Tools and Independent Variables
3. Evaluation criteria for content validity of tools
4. Content validity certificate

Your's faithfully,  
(S.SEETHA)

## ANNEXURE - III

### LIST OF EXPERTS VALIDATED THE TOOL AND INDEPENDENT VARIABLE

1. **Dr. JAYASUNDARI, D.G.O**  
Consultant, Obstetrician and Gynecologist,  
K.S Hospital  
Harur-635305
  
2. **Dr. CHARULATHA, D.G.O**  
Consultant, Obstetrician and Gynecologist,  
Shanmuga Hospital,  
Salem-636007.
  
3. **Prof. PARIMALA., M.Sc(N),**  
HOD of OBG Department,  
Vinayaka Mission Annapoorna College of Nursing,  
Salem.
  
4. **Prof. Mrs. NALINI., M.Sc(N)**  
Principal,  
Kamala College of Nursing,  
Kamala College of Medical Science,  
Salem.
  
5. **Prof. SANTHI, M.Sc(N),**  
Department of Obstetrician and Gynecologist,  
SPC Institute or Nursing Education and Research,  
Salem.

## ANNEXURE - IV

### EVALUATION CRITERIA FOR CONTENT VALIDITY OF THE TOOL

Respected Sir / Madam,

I kindly request you to go through all the tools and to give your response and valuable suggestion for each question in the tool. Please give your expert comment on each item as you **agree/ disagree** which helps me in modifying the tool.

Item No	Content	Level of acceptance		Remarks
		Agree	Disagree	
1.	Age in year a. 35-37 yrs b. 38-40 yrs c. 41-43 yrs d. 44- 45 yrs			
2.	Educational level a. Graduate b. Post graduate c. M.Phil or Ph.D			

3.	<p>Occupation</p> <ul style="list-style-type: none"> <li>a. Teaching</li> <li>b. Non teaching</li> </ul>			
4.	<p>Marital status</p> <ul style="list-style-type: none"> <li>a. Married</li> <li>b. Spinster</li> <li>c. Divorced</li> <li>d. Widow</li> </ul>			
5.	<p>Types of family</p> <ul style="list-style-type: none"> <li>a. Joint family</li> <li>b. Nuclear family</li> </ul>			
6.	<p>The number of children</p> <ul style="list-style-type: none"> <li>a. One</li> <li>b. Two</li> <li>c. None</li> <li>d. More than two</li> </ul>			

<p>7.</p> <p>8.</p>	<p>Monthly family income</p> <p>a. RS 20, 000</p> <p>b. RS 30,000</p> <p>c. RS 35,000</p> <p>d. RS 40, 000</p> <p>Do you follow any type of regular exercises like walking, balance exercises, pelvic tilt exercises.</p> <p>a. Yes</p> <p>b. No</p> <p>If yes specify it.....</p>			
<p>9.</p>	<p>Do you follow any stress reduction technique like yoga, meditation?</p> <p>a. Yes</p> <p>b. No</p> <p>If yes specify it .....</p>			



**TOOL –II**

**STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

Item No.	Content	Level of Acceptance		Remarks
		Agree	Disagree	
1.	<b>I.RELATED TO PERIMENOPASUAL CHANGES</b> What is the meaning of menopause? a. Total stoppage of menses b. Irregular menses c. Painful menses d. Excessive menses			
2.	What do you mean by perimenopause ? a. It is a period before menopause b. It is period after menopause c. It is a period of menopause d. It is a period of premature menopause			

3.	<p>What age does perimenopause usually occur?</p> <ul style="list-style-type: none"> <li>a. Below 40 years</li> <li>b. 40-45 years</li> <li>c. 45-50 years</li> <li>d. 50-55 years</li> </ul>			
4.	<p>What is the cause of perimenopause?</p> <ul style="list-style-type: none"> <li>a. Decreased oestrogen production</li> <li>b. Enlargement of ovaries and vagina</li> <li>c. Surgical removal of ovaries and hysterectomy</li> <li>d. Increased progesterone production</li> </ul>			
5.	<p>What is the average length of perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. 1-3 years</li> <li>b. 4-10 years</li> <li>c. 11-13 years</li> <li>d. 14-16 years</li> </ul>			

6.	<p>Which hormone deficiency will lead to perimenopause?</p> <ul style="list-style-type: none"> <li>a. Oestradiol</li> <li>b. FSH</li> <li>c. Luteinizing hormone</li> <li>d. Progesterone</li> </ul>			
7.	<p>Which parts of the reproductive organ produce the hormone oestrogen?</p> <ul style="list-style-type: none"> <li>a. Uterus</li> <li>b. Fallopian tubes</li> <li>c. Ovaries</li> <li>d. Breast</li> </ul>			
8.	<p><b>II. SIGNS AND SYMPTOMS OF PERIMENOPAUSAL PROBLEMS</b></p> <p>What is the first sign of perimenopausal period?</p> <ul style="list-style-type: none"> <li>a. Irregular bleeding</li> <li>b. Hot flashes</li> <li>c. Sweating</li> <li>d. Mood swing</li> </ul>			

9.	<p>Which commonest symptom will occur due to oestrogen withdrawal?</p> <ul style="list-style-type: none"> <li>a. Hot flashes</li> <li>b. Mood swing</li> <li>c. Fatigue</li> <li>d. Headache</li> </ul>			
10.	<p>When does hot flash usually occur?</p> <ul style="list-style-type: none"> <li>a. Night</li> <li>b. Evening</li> <li>c. Day</li> <li>d. Both day and night</li> </ul>			
11.	<p>Which one of the following is the most commonest site for hot flash?</p> <ul style="list-style-type: none"> <li>a. Face and neck</li> <li>b. Back and chest</li> <li>c. Hands and face</li> <li>d. Chest and abdomen</li> </ul>			

12.	<p>How many minutes does hot flash usually persist in the body?</p> <ul style="list-style-type: none"> <li>a. 2-5 minutes</li> <li>b. 10-15 minutes</li> <li>c. More than 15 minutes</li> <li>d. Only few minutes</li> </ul>			
13.	<p>What is the common breast problem experienced by perimenopausal period?</p> <ul style="list-style-type: none"> <li>a. Inverted nipple</li> <li>b. Nipple discharge</li> <li>c. Tenderness and pain in breast,</li> <li>d. Cracked and itchy nipples</li> </ul>			
14.	<p>What psychological problem occur during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Anxiety, irritability, depression, mood swing, lack of concentration</li> <li>b. Increased sleep, lack of concentration</li> <li>c. Mania, depression</li> <li>d. Increased dreaming</li> </ul>			

15.	<p>Which problem will occur due to dryness in the genitor urinary tract during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Painful urination</li> <li>b. Excessive urination</li> <li>c. Blood in urination</li> <li>d. Less amount of urine</li> </ul>			
16.	<p>What is the common sexual problem experienced by perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Decreased sexual desire</li> <li>b. Enlargement of vagina</li> <li>c. Increased sexual desire</li> <li>d. Decreased muscle tone in vagina</li> </ul>			
17.	<p>What is not a common sexual problem experienced by perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Painful sex</li> <li>b. Increased sexual desire</li> <li>c. Decreased sexual desire</li> <li>d. Vaginal dryness</li> </ul>			

<b>III. RELATED TO MANAGEMENT OF PERIMENOPAUSAL PROBLEMS</b>				
18.	<p>What type of diet is normally advised to women during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Diet rich in carbohydrate, protein, vitamin</li> <li>b. Diet rich in increased calcium, protein, vitamin D, fiber, omega 3</li> <li>c. Diet rich in carbohydrate and fat</li> <li>d. Diet rich in iron supplements</li> </ul>			
19.	<p>Which food item is commonly recommended by women during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Ragi</li> <li>b. Wheat</li> <li>c. Soy and soy product</li> <li>d. Ground nut</li> </ul>			
20.	<p>Food item are rich in calcium helps to meet the daily requirement ?</p> <ul style="list-style-type: none"> <li>a. Milk, curd, fish</li> <li>b. Egg, brinjal,</li> <li>c. Which Tomato, meat, orange</li> <li>d. Apple, lady finger, spinach</li> </ul>			

21.	<p>What food items are rich in vitamin D commonly recommended for perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Egg, mushroom, orange</li> <li>b. Cabbage, jack fruits, chicken</li> <li>c. Cauliflower, beef</li> <li>d. Meat, grapes, carrot</li> </ul>			
22.	<p>Which food items are rich in fiber commonly recommended for perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Egg, mushroom, orange</li> <li>b. Cabbage, jackfruit, chicken</li> <li>c. Guava, cauliflower, beef</li> <li>d. Melon, oranges, broccoli, and carrot</li> </ul>			
23.	<p>What food items is most useful to relieve hot flash and night sweat in perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Soybeans</li> <li>b. Beans</li> <li>c. Maize</li> <li>d. Ragi</li> </ul>			



24.	<p>Which type of vitamin helps to reduce symptoms of breast pain?</p> <ul style="list-style-type: none"> <li>a. Vitamin A</li> <li>b. Vitamin E</li> <li>c. Vitamin K</li> <li>d. Vitamin C</li> </ul>			
25.	<p>Which type of vitamin helps relieve symptoms of hot flashes?</p> <ul style="list-style-type: none"> <li>a. Vitamin A</li> <li>b. Vitamin K</li> <li>c. Vitamin C</li> <li>d. Vitamin E</li> </ul>			
26.	<p>What is the home remedy for hot flash ?</p> <ul style="list-style-type: none"> <li>a. Take a glass of ice cold water as soon as the sign of hot flash begins</li> <li>b. Using fan during hot flash</li> <li>c. Maintaining low room temperature during hot flash</li> <li>d. All the above</li> </ul>			

27.	<p>What are the home remedies to reduce night sweat except one ?</p> <ul style="list-style-type: none"> <li>a. Keeping bedroom temperature low</li> <li>b. Lie near the fan</li> <li>c. Taking glass of ice cold water</li> <li>d. Using blankets at night time</li> </ul>			
28.	<p>What is the measure to reduce stress when there are physical and emotional changes in perimenopausal women?</p> <ul style="list-style-type: none"> <li>a. Yoga and meditation</li> <li>b. Occupational therapy</li> <li>c. Music therapy</li> <li>d. Recreational therapy</li> </ul>			
29.	<p><b>II EXERCISES</b></p> <p>What is the minimum walking schedule for a perimenopausal women per day?</p> <ul style="list-style-type: none"> <li>a. 10 min</li> <li>b. 15 min</li> <li>c. 30 min</li> <li>d. 60 min</li> </ul>			

30.	<p>What is the benefits of doing walking ?</p> <ul style="list-style-type: none"> <li>a. Increased weight</li> <li>b. Reduced heart rate</li> <li>c. Increased intake of food</li> <li>d. Decreased muscle strength</li> </ul>			
31.	<p>What type of exercises to be carried out by women to maintain stability during perimenopause ?</p> <ul style="list-style-type: none"> <li>a. Cross leg exercises</li> <li>b. Balance exercises</li> <li>c. Jogging</li> <li>d. Swimming</li> </ul>			
32.	<p>What type of exercises do carried out by women to maintain healthy back during perimenopause ?</p> <ul style="list-style-type: none"> <li>a. Reverse crunch</li> <li>b. Push up</li> <li>c. Planks</li> <li>d. Pelvic tilt exercises</li> </ul>			

33	<p>What is the benefits of kegel exercises during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Strengthening abdominal muscles</li> <li>b. Control stress incontinence</li> <li>c. Reduce joint pain</li> <li>d. Strengthen back muscle</li> </ul>			
34.	<p><b>III. RELAXATION TECHNIQUE</b></p> <p>What type of relaxation technique may be help to reduce hot flashes ?</p> <ul style="list-style-type: none"> <li>a. Meditation</li> <li>b. Aroma therapy</li> <li>c. Music therapy</li> <li>d. Visual imagery</li> </ul>			
35.	<p>What is the benefits of doing deep breathing exercises?</p> <ul style="list-style-type: none"> <li>a. Reduce anxiety</li> <li>b. Increase blood pressure</li> <li>c. Increase heart rate</li> <li>d. Decreased body weight</li> </ul>			

36.	<p>A good way to prevent stress</p> <ul style="list-style-type: none"> <li>a. Getting enough sleep</li> <li>b. A proper food</li> <li>c. Drinking beverages high in caffeine</li> <li>d. Taking time out for relaxation</li> </ul>			
37.	<p>What is the best way to manage the stress?</p> <ul style="list-style-type: none"> <li>a. Learn how to avoid it</li> <li>b. Identify the reasons rationalize it and deal to solve it</li> <li>c. Take your anger out on inanimate objective</li> <li>d. Take a long walk</li> </ul>			
38.	<p>What are the health benefits of music therapy?</p> <ul style="list-style-type: none"> <li>a. Reduce stress and anxiety express feeling by singing ,dance</li> <li>b. Increase stress and anxiety</li> <li>c. Reduce level of concentration</li> <li>d. All the above</li> </ul>			

## EVALUATION CRITERIA FOR CONTENT VALIDITY OF LIKERT SCALE

**Respected Sir / Madam**

Researcher will be using the likert scale to assess the attitude of women on management of perimenopausal problems. Kindly go through the tool and give your response in the columns given in table which will help in modification of the tool.

Statement	Strongly agree	Agree	Disagree	Strongly disagree	Level of acceptance		Remarks
					Agree	Disagree	
a. I think perimenopause is a period just before menopause							
1. I feel that perimenopause is a disease not a natural process.							
2. I feel like hot flashes is followed by sweating escapes from the body							
3. During perimenopausal period the women may gain weight around the abdomen, hip, thigh							

4. I feel burning sensation and pain while passing urination							
6. I think muscles mass start to decrease during perimenopausal period.							
7. Sleep disturbance are not common during perimenopausal period							
8. I think sexual problems are common during perimenopause							
9. Hot and spicy food will aggravate hot flashes							
10. Wearing cotton dresses cannot reduce hot flashes							
11. Calcium rich foods do not help to increase bone density.							
12. I feel sunlight is the richest sources of vitamin D							

13. Protein rich diet do not helps to maintain muscles mass							
14. I think flaxseed is rich sources of vitamin E will reduce the perimenopausal symptoms like breast tenderness, itching.							
15. Deep breathing exercises can reduce the intensity of hot flashes							
16. I think music therapy helps to relieve anxiety and express our feelings							
17. I think you perceive perimenopause as loss of youth							
18. The perimenopausal years are extremely stressful time for the women							

Strongly agree =3; agree =2; disagree=1; strongly disagree= 0 (for items 1, 2, 3, 4, 5, 6, 8, 12, 14, 15, 16, 17, 18)

Strongly agree = 0; agree =1;disagree = 2; strongly disagree =3 (for items 7, 9, 10, 11, 13)

0-54 = Total range

26-54 = Positive attitude

< 25 = Negative attitude



## ANNEXURE-V

### PERCENTAGE OF AGREEMENT / DISAGREEMENT (VALIDITY OF TOOL)

#### Research Tool

**Tool I :** Demographic variables

**Tool II :** Structured knowledge questionnaire on management of perimenopausal problems

**Tool III :** Likert scale to assess the attitude of women on management of perimenopausal problems

#### **TOOL I : DEMOGRAPHIC VARIABLES**

Item No.	Content	Level of Percentage		Remarks
		Agree	Disagree	
1.	Age in year a. 35-37 yrs b. 38-40 yrs c. 41-43 yrs d. 44- 45 yrs	100%		Retained
2.	Educational level a. Graduate b. Post graduate c. M.Phil or Ph.D	100%		Retained

3.	Occupation a. Teaching b. Non teaching	100%		Retained
4.	Marital status a. Married b. Spinster c. Divorced d. Widow	100%		Retained
5.	Types of family a. Joint family b. Nuclear family	100%		Retained
6.	The number of children a. One b. Two c. None d. More than two	100%		Retained

7.	<p>Monthly family income</p> <p>a. RS 20, 000</p> <p>b. RS 30,000</p> <p>c. RS 35,000</p> <p>d. RS 40, 000</p>	100%		Retained
8.	<p>Do you follow any type of regular exercises like walking, balance exercises, pelvic tilt exercises.</p> <p>a. Yes</p> <p>b. No</p> <p>If yes specify it.....</p>	100%		Retained
9.	<p>Do you follow any stress reduction technique like yoga, meditation?</p> <p>a. Yes</p> <p>b. No</p> <p>If yes specify it .....</p>	100%		Retained

**TOOL –II**

**STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE ON MANAGEMENT OF  
PERIMENOPAUSAL PROBLEMS**

Item No.	Content	Level of Percentage		Remarks
		Agree	Disagree	
1.	<p><b>I.RELATED TO PERIMENOPASUAL CHANGES</b></p> <p>What is the meaning of menopause?</p> <p>a. Total stoppage of menses</p> <p>b. Irregular menses</p> <p>c. Painful menses</p> <p>d. Excessive menses</p>	100%		Retained
2.	<p>What do you mean by perimenopause ?</p> <p>a. It is a period before menopause</p> <p>b. It is period after menopause</p> <p>c. It is a period of menopause</p> <p>d. It is a period of premature menopause</p>	100%		Retained

3.	<p>What age does perimenopause usually occur?</p> <ul style="list-style-type: none"> <li>a. Below 40 years</li> <li>b. 40-45 years</li> <li>c. 45-50 years</li> <li>d. 50-55 years</li> </ul>	100%		Retained
4.	<p>What is the cause of perimenopause?</p> <ul style="list-style-type: none"> <li>a. Decreased oestrogen production</li> <li>b. Enlargement of ovaries and vagina</li> <li>c. Surgical removal of ovaries and hysterectomy</li> <li>d. Increased progesterone production</li> </ul>	100%		Retained
5.	<p>What is the average length of perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. 1-3 years</li> <li>b. 4-10 years</li> <li>c. 11-13 years</li> <li>d. 14-16 years</li> </ul>	100%		Retained

6.	<p>Which hormone deficiency will lead to perimenopause?</p> <ul style="list-style-type: none"> <li>a. Oestradiol</li> <li>b. FSH</li> <li>c. Luteinizing hormone</li> <li>d. Progesterone</li> </ul>	100%		Retained
7.	<p>Which parts of the reproductive organ produce the hormone oestrogen?</p> <ul style="list-style-type: none"> <li>a. Uterus</li> <li>b. Fallopian tubes</li> <li>c. Ovaries</li> <li>d. Breast</li> </ul>	100%		Retained
8.	<p><b>II. SIGNS AND SYMPTOMS OF PERIMENOPAUSAL PROBLEMS</b></p> <p>What is the first sign of perimenopausal period?</p> <ul style="list-style-type: none"> <li>a. Irregular bleeding</li> <li>b. Hot flashes</li> <li>c. Sweating</li> <li>d. Mood swing</li> </ul>	100%		Retained

9.	<p>Which commonest symptom will occur due to oestrogen withdrawal?</p> <ul style="list-style-type: none"> <li>a. Hot flashes</li> <li>b. Mood swing</li> <li>c. Fatigue</li> <li>d. Headache</li> </ul>	100%		Retained
10.	<p>When does hot flash usually occur?</p> <ul style="list-style-type: none"> <li>a. Night</li> <li>b. Evening</li> <li>c. Day</li> <li>d. Both day and night</li> </ul>	100%		Retained
11.	<p>Which one of the following is the most commonest site for hot flash?</p> <ul style="list-style-type: none"> <li>a. Face and neck</li> <li>b. Back and chest</li> <li>c. Hands and face</li> <li>d. Chest and abdomen</li> </ul>	100%		Retained

12.	<p>How many minutes does hot flash usually persist in the body?</p> <ul style="list-style-type: none"> <li>a. 2-5 minutes</li> <li>b. 10-15 minutes</li> <li>c. More than 15 minutes</li> <li>d. Only few minutes</li> </ul>	100%		Retained
13.	<p>What is the common breast problem experienced by perimenopausal period?</p> <ul style="list-style-type: none"> <li>a. Inverted nipple</li> <li>b. Nipple discharge</li> <li>c. Tenderness and pain in breast,</li> <li>d. Cracked and itchy nipples</li> </ul>	100%		Retained
14.	<p>What psychological problem occur during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Anxiety, irritability, depression, mood swing, lack of concentration</li> <li>b. Increased sleep, lack of concentration</li> <li>c. Mania, depression</li> <li>d. Increased dreaming</li> </ul>	100%		Retained



15.	<p>Which problem will occur due to dryness in the genitor urinary tract during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Painful urination</li> <li>b. Excessive urination</li> <li>c. Blood in urination</li> <li>d. Less amount of urine</li> </ul>	100%		Retained
16.	<p>What is the common sexual problem experienced by perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Decreased sexual desire</li> <li>b. Enlargement of vagina</li> <li>c. Increased sexual desire</li> <li>d. Decreased muscle tone in vagina</li> </ul>	100%		Retained
17.	<p>What is not a common sexual problem experienced by perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Painful sex</li> <li>b. Increased sexual desire</li> <li>c. Decreased sexual desire</li> <li>d. Vaginal dryness</li> </ul>	100%		Retained

18.	<p><b>III. RELATED TO MANAGEMENT OF PERIMENOPAUSAL PROBLEMS</b></p> <p>What type of diet is normally advised to women during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Diet rich in carbohydrate, protein, vitamin</li> <li>b. Diet rich in increased calcium, protein, vitamin D, fiber, omega 3</li> <li>c. Diet rich in carbohydrate and fat</li> <li>d. Diet rich in iron supplements</li> </ul>	100%		Retained
19.	<p>Which food item is commonly recommended by women during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Ragi</li> <li>b. Wheat</li> <li>c. Soy and soy product</li> <li>d. Ground nut</li> </ul>	100%		Retained
20.	<p>Food item are rich in calcium helps to meet the daily requirement ?</p> <ul style="list-style-type: none"> <li>a. Milk, curd, fish</li> <li>b. Egg, brinjal,</li> <li>c. Which Tomato, meat, orange</li> <li>d. Apple, lady finger, spinach</li> </ul>	100%		Retained

21.	<p>What food items are rich in vitamin D commonly recommended for perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Egg, mushroom, orange</li> <li>b. Cabbage, jack fruits, chicken</li> <li>c. Cauliflower, beef</li> <li>d. Meat, grapes, carrot</li> </ul>	100%		Retained
22.	<p>Which food items are rich in fiber commonly recommended for perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Egg, mushroom, orange</li> <li>b. Cabbage, jackfruit, chicken</li> <li>c. Guava, cauliflower, beef</li> <li>d. Melon, oranges, broccoli, and carrot</li> </ul>	100%		Retained
23.	<p>What food items is most useful to relieve hot flash and night sweat in perimenopausal women ?</p> <ul style="list-style-type: none"> <li>a. Soybeans</li> <li>b. Beans</li> <li>c. Maize</li> <li>d. Ragi</li> </ul>	100%		Retained

24.	<p>Which type of vitamin helps to reduce symptoms of breast pain?</p> <ul style="list-style-type: none"> <li>a. Vitamin A</li> <li>b. Vitamin E</li> <li>c. Vitamin K</li> <li>d. Vitamin C</li> </ul>	100%		Retained
25.	<p>Which type of vitamin helps relieve symptoms of hot flashes?</p> <ul style="list-style-type: none"> <li>a. Vitamin A</li> <li>b. Vitamin K</li> <li>c. Vitamin C</li> <li>d. Vitamin E</li> </ul>	100%		Retained
26.	<p>What is the home remedy for hot flash ?</p> <ul style="list-style-type: none"> <li>a. Take a glass of ice cold water as soon as the sign of hot flash begins</li> <li>b. Using fan during hot flash</li> <li>c. Maintaining low room temperature during hot flash</li> <li>d. All the above</li> </ul>	100%		Retained

27.	<p>What are the home remedies to reduce night sweat except one ?</p> <ul style="list-style-type: none"> <li>a. Keeping bedroom temperature low</li> <li>b. Lie near the fan</li> <li>c. Taking glass of ice cold water</li> <li>d. Using blankets at night time</li> </ul>	100%		Retained
28.	<p>What is the measure to reduce stress when there are physical and emotional changes in perimenopausal women?</p> <ul style="list-style-type: none"> <li>a. Yoga and meditation</li> <li>b. Occupational therapy</li> <li>c. Music therapy</li> <li>d. Recreational therapy</li> </ul>	100%		Retained
29.	<p><b>II EXERCISES</b></p> <p>What is the minimum walking schedule for a perimenopausal women per day ?</p> <ul style="list-style-type: none"> <li>a. 10 min</li> <li>b. 15 min</li> <li>c. 30 min</li> <li>d. 60 min</li> </ul>	100%		Retained

30.	<p>What is the benefits of doing walking ?</p> <ul style="list-style-type: none"> <li>a. Increased weight</li> <li>b. Reduced heart rate</li> <li>c. Increased intake of food</li> <li>d. Decreased muscle strength</li> </ul>	100%		Retained
31.	<p>What type of exercises to be carried out by women to maintain stability during perimenopause ?</p> <ul style="list-style-type: none"> <li>a. Cross leg exercises</li> <li>b. Balance exercises</li> <li>c. Jogging</li> <li>d. Swimming</li> </ul>	100%		Retained
32.	<p>What type of exercises do carried out by women to maintain healthy back during perimenopause ?</p> <ul style="list-style-type: none"> <li>a. Reverse crunch</li> <li>b. Push up</li> <li>c. Planks</li> <li>d. Pelvic tilt exercises</li> </ul>	100%		Retained

33	<p>What is the benefits of kegel exercises during perimenopausal period ?</p> <ul style="list-style-type: none"> <li>a. Strengthening abdominal muscles</li> <li>b. Control stress incontinence</li> <li>c. Reduce joint pain</li> <li>d. Strengthen back muscle</li> </ul>	100%		Retained
34.	<p><b>III . RELAXATION TECHNIQUE</b></p> <p>What type of relaxation technique may be help to reduce hot flashes ?</p> <ul style="list-style-type: none"> <li>a. Meditation</li> <li>b. Aroma therapy</li> <li>c. Music therapy</li> <li>d. Visual imagery</li> </ul>	100%		Retained
35.	<p>What is the benefits of doing deep breathing exercises?</p> <ul style="list-style-type: none"> <li>a. Reduce anxiety</li> <li>b. Increase blood pressure</li> <li>c. Increase heart rate</li> <li>d. Decreased body weight</li> </ul>	100%		Retained

36.	<p>A good way to prevent stress</p> <ul style="list-style-type: none"> <li>a. Getting enough sleep</li> <li>b. A proper food</li> <li>c. Drinking beverages high in caffeine</li> <li>d. Taking time out for relaxation</li> </ul>	100%		Retained
37.	<p>What is the best way to manage the stress?</p> <ul style="list-style-type: none"> <li>a. Learn how to avoid it</li> <li>b. Identify the reasons rationalize it and deal to solve it</li> <li>c. Take your anger out on inanimate objective</li> <li>d. Take a long walk</li> </ul>	100%		Retained
38.	<p>What are the health benefits of music therapy?</p> <ul style="list-style-type: none"> <li>a. Reduce stress and anxiety express feeling by singing ,dance</li> <li>b. Increase stress and anxiety</li> <li>c. Reduce level of concentration</li> <li>d. All the above</li> </ul>	100%		Retained



**LIKERT SCALE TO ASSESS THE ATTITUDE OF WOMEN ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

<b>Statement</b>	<b>% of Agree</b>	<b>% of Disagree</b>	<b>Remarks</b>
1. I think perimenopause is a period just before menopause.	100%		Retained
2. I feel that perimenopause is a disease not a natural process.	100%		Retained
3. I feel like hot flashes is followed by sweating escapes from the body	100%		Retained
4. During perimenopausal period the women may gain weight around the abdomen, hip, thigh	100%		Retained
5. I feel burning sensation and pain while passing urination	100%		Retained
6. I think muscles mass start to decrease during perimenopausal period.	100%		Retained
7. Sleep disturbance are not common during perimenopausal period	100%		Retained
8. I think sexual problems are common during perimenopause	100%		Retained
9. Hot and spicy food will aggravate hot flashes	100%		Retained
10. Wearing cotton dresses cannot reduce hot flashes	100%		Retained
11. Calcium rich food do not help to increase bone density.	100%		Retained
12. I feel sunlight is the richest sources of vitamin D	100%		Retained
13. Protein rich diet do not helps to maintain muscles mass	100%		Retained
14. I think flaxseed is rich sources of vitamin E will reduce the perimenopausal symptoms like breast tenderness, itching.	100%		Retained
15. Deep breathing exercises can reduce the intensity of hot flashes	100%		Retained
16. I think music therapy helps to relieve anxiety and express our feelings	100%		Retained
17. I think you perceive perimenopause as loss of youth	100%		Retained
18. The perimenopausal years are extremely stressful time for the women	100%		Retained

## CONTENT VALIDITY CERTIFICATE

I hereby certify that I have validated the tool of **Ms.S.SEETHA**, M.Sc. (N) II year student of Shanmuga College of Nursing at Salem, who is undertaking, **“A study to assess the effectiveness of structured teaching programe on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem”**.

Place :

Signature of Expert:

Date :

Designation:

**Tool-I**  
**Demographic Variables**

**Instruction;**

Dear participant, this section consists of research related information which is required for the researcher to carry out the study. You are requested to tick the option which are suitable to you and I assure you that whatever information given by you will be kept confidential.

Sample No:

Date:

1. Age in years
  - a. 35-37 yrs
  - b. 38-40 yrs
  - c. 41-43 yrs
  - d. 44-45 yrs
2. Educational level
  - a. Under Graduate
  - b. Post graduate
  - c. M.Phil or Ph.D
3. Occupation
  - a. Teaching staff
  - b. Non teaching staff
4. Monthly family Income
  - a. RS 25,000
  - c. RS 30,000
  - d. RS 40,000
  - e. RS 45, 000

5. Types of family
- a. Joint family ( )
  - b. Nuclear family ( )
6. Marital status
- a. Married ( )
  - b. Spinster ( )
  - c. Divorced ( )
  - d. Widow ( )
7. The number of children
- a. One ( )
  - b. Two ( )
  - c. None ( )
  - d. More than two ( )
8. Do you follow any type of regular exercise like balance exercise, pelvic tilt exercise, lower body exercise.
- a. Yes ( )
  - b. No ( )
- If yes specify it .....
9. Do you follow any stress reduction technique like yoga, meditation.
- a. Yes ( )
  - b. No ( )
- If yes specify it .....

## TOOL-II

### STRUCTURED QUESTIONNAIRE TO ASSESS THE KNOWLEDGE ON MANAGEMENT OF PERIMENOPAUSAL PROBLEM AMONG PREMENOPAUSAL WOMEN

#### Instruction;

Dear participant, this section consists of research related information which is required for the researcher to carry out the study. You are requested to tick the option which are suitable to you and I assure you that whatever information given by you will be kept confidential.

#### I . RELATED TO PERIMENOPASUAL CHANGES

1. What is the meaning of menopause?
  - a. Total stoppage of menses ( )
  - b. Irregular menses ( )
  - c. Painful menses ( )
  - d. Excessive menses ( )
2. What do you mean by perimenopause?
  - a. It is a period before menopause ( )
  - b. It is period after menopause ( )
  - c. It is a period of menopause ( )
  - d. It is a period of premature menopause ( )
3. What age does perimenopause usually occur?
  - a. Below 40 years ( )
  - b. 40-45 years ( )
  - c. 46-50 years ( )
  - d. 51-55 years ( )

4. What is the cause of perimenopause?
- a. Decreased oestrogen production ( )
  - b. Enlargement of ovaries and vagina ( )
  - c. Surgical removal of ovaries & hysterectomy ( )
  - d. Increased progesterone production ( )
5. What is the average length of perimenopausal period?
- a. 1-3 years ( )
  - b. 4-10 years ( )
  - c. 11-13 years ( )
  - d. 14-16 years ( )
6. Which part of the reproductive organ produces the hormone oestrogen?
- a. Uterus ( )
  - b. Fallopian tubes ( )
  - c. Ovaries ( )
  - d. Breast ( )

## **II . SIGNS AND SYMPTOMS OF PERIMENOPAUSAL PROBLEM**

7. What is the first sign of perimenopausal period ?
- a. Irregular bleeding ( )
  - b. Hot flashes ( )
  - c. Sweating ( )
  - d. Mood swing ( )
8. Which commonest symptom will occur due to oestrogen withdrawal?
- a. Hot flushes ( )
  - b. Mood swing ( )
  - c. Fatigue ( )
  - d. Headache ( )

9. When does hot flash usually occur?
- a. Night ( )
  - b. Evening ( )
  - c. Day ( )
  - d. Both day and night ( )
10. Which one of the following is the most commonest site for hot flush?
- a. Face & neck ( )
  - b. Back & chest ( )
  - c. Hands & face ( )
  - d. Chest & abdomen ( )
11. How many minutes does hot flush usually persist in the body
- a. 2 to 5 minutes ( )
  - b. 10 to 15 minutes ( )
  - c. More than 15 minutes ( )
  - d. Only few minutes ( )
12. What is the common breast problem experienced by perimenopausal women?
- a. Inverted nipples ( )
  - b. Nipple discharge ( )
  - c. Tenderness and pain in breast ( )
  - d. Cracked and itchy nipples ( )
13. What psychological problem occurs during perimenopause?
- a. Anxiety, irritability, depression, mood swing, lack of concentrate ( )
  - b. Increased sleep, lack of concentration ( )
  - c. Mania, depression ( )
  - d. increased dreaming ( )

14. Which problem will occur due to dryness in the genito urinary tract during perimenopausal period?

- a. Painful urination ( )
- b. Excessive urination ( )
- c. Blood in urine ( )
- d. Less amount of urine ( )

15. What is the common sexual problem experienced by perimenopausal women?

- a. Decreased sexual desire ( )
- b. Enlargement of vagina ( )
- c. Increased sexual desire ( )
- d. Decreased muscle tone in vagina ( )

16. What is not a common sexual problem experienced by perimenopausal women?

- a. Painful sex ( )
- b. Increased sexual desire ( )
- c. Decreased sexual desire ( )
- d. Vaginal dryness ( )

### **III. RELATED TO MANAGEMENT OF PERIMENOPAUSAL PROBLEMS HEALTHY DIET**

17. What type of diet is normally advised to women during perimenopausal period?

- a. Diet rich in carbohydrate, protein, vitamins ( )
- b. Diet rich in increased calcium, protein, vitamins D ( )
- c. Diet rich in carbohydrate and fat ( )
- d. Diet rich in iron supplements ( )



18. Which food item is commonly recommended for women during perimonepausal period?

- a. Ragi ( )
- b. Wheat ( )
- c. Soy and soy product ( )
- d. Ground nut ( )

19. Which food items are rich in calcium helps to meet the daily requirement?

- a. Milk, curd, fish ( )
- b. Egg, brinjal, musambi ( )
- c. Tomato, meat, orange ( )
- d. Apple, lady finger, spinach ( )

20. What food items are rich in vitamin D commonly recommended for perimenopausal women?

- a. Egg, mushroom, orange ( )
- b. Cabbage, jack fruits, chicken ( )
- c. Cauliflower, beef ( )
- d. Meat, grapes, carrot ( )

21. Which food items are rich in fiber commonly recommended for menopausal women?

- a. Egg, mushroom, ( )
- b. Cabbage, jackfruit, chicken ( )
- c. cauliflower, beef ( )
- d. Melon, oranges, broccoli and carrot ( )

22. What food item is most useful to relieve hot flush & night sweats in menopausal women?

- a. Soybeans ( )
- b. Beans ( )
- c. Maize ( )
- d. Ragi ( )

23. Which type of vitamin helps to relieve symptoms of hot flashes?

- a. Vitamin A ( )
- b. Vitamin E ( )
- c. Vitamin D ( )
- d. Vitamin K ( )

24. Which type of vitamins helps to reduce symptoms of breast pain ?

- a. Vitamin E ( )
- b. Vitamin A ( )
- c. Vitamin K ( )
- d. Vitamin C ( )

25. Which of the following foods rich in oestrogen

- a. Soya bean ( )
- b. Orange ( )
- c. Meat ( )
- d. Apple ( )

26. What is the home remedy for hot flush?

- a. Take a glass of ice cold water as soon as  
the sign of hot flush begins ( )
- b. Using fans during hot flush ( )
- c. Maintaining low room temperature during hot flush ( )
- d. All the above ( )

27. What are the home remedies to reduce night sweats except one?
- a. Keeping bedroom temperature low ( )
  - b. Sit near the fan ( )
  - c. Taking a glass of ice cold water ( )
  - d. Using blankets at night time ( )
28. What is the measure to reduce stress when there are physical and emotional changes in perimenopausal women?
- a. Yoga and meditation ( )
  - b. Music therapy ( )
  - c. Recreational therapy ( )
  - d. All the above ( )

### **EXERCISE**

29. What is the minimum walking schedule for menopausal women per day?
- a. 10 min ( )
  - b. 15min ( )
  - c. 30min ( )
  - d. 60min ( )
30. What is the benefit of doing walking?
- a. Increased weight ( )
  - b. Reduced heart disease ( )
  - c. Increased intake of food ( )
  - d. Decreased muscle strength ( )
31. What type of exercise to be carried out by women to maintain stability during menopause?
- a. Cross leg exercise ( )
  - b. Balance exercise ( )
  - c. Jogging ( )
  - d. Swimming ( )

32. What type of exercise do correct out by women to maintain healthy back during perimenopause?

- a. Reverse crunch ( )
- b. Pushups ( )
- c. Planks ( )
- d. Pelvic tilt exercise ( )

33. What is the benefit of kegel exercises during perimenopausal period?

- a. Strengthening abdominal muscles ( )
- b. Control stress incontinence ( )
- c. Reduce joint pain ( )
- d. Strengthen back muscle ( )

### **RELAXATION TECHNIQUE**

34. What type of relaxation technique may be help to reduce hot flashes?

- a. Meditation ( )
- b. Aroma therapy ( )
- c. Massage ( )
- d. Visual imagery ( )

35. What is the benefit of doing deep breathing exercises?

- a. Reduce anxiety ( )
- b. Increase blood pressure ( )
- c. Increase heart rate ( )
- d. Decreased body weight ( )

36. A good way to prevent stress?

- a. Getting enough sleep ( )
- b. A proper food ( )
- c. Drinking beverages high in caffeine ( )
- d. Taking time out for relaxation ( )

37. What is the best way to manage the stress?
- a. Learn how to avoid it ( )
  - b. Identify the reasons rationalize it and deal to solve it ( )
  - c. Take your anger out on inanimate objective ( )
  - d. Take a long walk ( )
38. What are the health benefits of music therapy?
- a. Reduce stress and anxiety, express feeling  
by singing, dance ( )
  - b. Increase stress and anxiety ( )
  - c. Reduce level of concentration ( )
  - d. All the above ( )

### TOOL - III

#### ATTITUDE SCALE ON MANAGEMENT PERIMENOPAUSAL PROBLEMS AMONG PREMENOPAUSAL WORKING WOMEN LIKERT SCALE

**Instruction:**

Dear participant, this section consist of question have 4 option, which is ranging from strongly agree, agree, disagree, strongly disagree to know the attitude towards management of perimenopausal problems so the statement will be told by the researcher you are requested to respond immediately and I assure you that whatever information given by you will be kept confidential.

Statement	Strongly agree	Agree	Disagree	Strongly disagree
1. I think perimenopause is a period just before menopause.				
2. I feel that perimenopause is a disease not a natural process.				
3. I feel like hot flashes is followed by sweating escapes from the body				
4. I think during perimenopausal period the women may gain weight around the abdomen, hip, thigh				
5. I feel burning sensation and pain while passing urination				
6. I think muscles mass start to decrease during perimenopausal period.				
7. I assume sleep disturbance are not common during perimenopausal period				
8. I think sexual problems are common during perimenopause				

9. I think Hot and spicy food do not aggravate hot flashes				
10. I assume Wearing cotton dresses cannot reduce hot flashes				
11. I think Calcium rich food does not help to increase bone density.				
12. I feel sunlight is the richest sources of vitamin D				
13. I think Protein rich diet do not helps to maintain muscles mass				
14. I think flaxseed is rich sources of vitamin E will reduce the perimenopausal symptoms like breast tenderness, itching.				
15. I feel deep breathing exercises can reduce the intensity of hot flashes				
16. I think music therapy helps to relieve anxiety and express our feelings				
17. I think you perceive perimenopause as loss of youth				
18. I think the perimenopausal years are extremely stressful time for the women				

Strongly agree =3; agree =2; disagree=1; strongly disagree= 0 (for items 1, 2, 3, 4, 5, 6, 8, 12, 14, 15, 16, 17, 18)

Strongly agree = 0; agree =1;disagree = 2; strongly disagree =3 (for items 7, 9, 10, 11, 13)

0-54 = Total range

26-54 = Positive attitude

< 25 = Negative attitude

## ANSWER KEY

Sl. No.	Answer
1	a
2	a
3	b
4	a
5	b
6	c
7	a
8	a
9	a
10	a
11	a
12	c
13	a
14	a
15	a
16	b
17	b
18	c
19	a
20	a
21	d
22	a
23	b
24	a
25	a
26	d
27	d
28	a
29	c
30	b
31	b
32	d
33	b
34	a
35	a
36	a
37	b
38	a



**STRUCTURED TEACHING PROGRAMME**  
**ON**  
**MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

***PREPARED BY :***

**Ms. S. SEETHA**

**II Year M.Sc. Nursing**

**Shanmuga College of Nursing**

**Salem**

***GUIDED BY :***

**Ms. M. JANSI RANI, M.Sc(N)**

**Professor**

**OBG Department**

**Salem**

## **STRUCTURES TEACHING PROGRAMME ON MANAGEMENT OF PERIMENOPAUSAL PROBLEMS**

<b>Topic</b>	: Management of Perimenopausal Problems
<b>Group</b>	: Premenopausal women
<b>Group size</b>	: 10 in each group
<b>Place</b>	: Government Arts and Science College & Padmavani Arts and Science College for Women
<b>Duration</b>	: 30 minutes
<b>Medium of instruction</b>	: English

## **General Objectives**

At the end of the session the group will be able to acquire knowledge on perimenopausal problems and develop positive attitude towards managing perimenopausal problems with certain lifestyle modification.

## **Specific Objectives**

At the end of the structured teaching programme the group will be able to

- learn the meaning of menopause, premenopause , perimenopause and postmenopause
- identify the signs and symptoms of perimenopausal problems
- know the management of perimenopausal problems
- list the dietary management of perimenopausal problems
- recognise the exercise and practice effectively
- justify the relaxation technique during stress caused by perimenopausal problems
- explain the management of hot flashes caused during perimenopausal period.

## **AV Aids used :**

- Chart : Signs and symptoms of perimenopause.
- Powerpoint : Management of Perimenopause and perimenopausal problems.
- Booklet : Management of Perimenopause problems.





<p>Women will be able to identify the signs and symptoms of perimenopause</p>	<p><b>II. PREMENOPAUSE</b></p> <p>Premenopause is when you have no symptoms of going through the perimenopause (or) menopause, you still have normal period age of 35-45years.</p> <p><b>III. PERIMENOPAUSE</b></p> <p>Perimenopause is a normal life transition that begins with the first signs of change in menstrual cycles and ends after cessation of menses.</p> <p><b>ETIOLOGY</b></p> <p>Declining ovarian function</p> <p><b>SIGNS AND SYMPTOMS OF PERIMENOPAUSE</b></p> <ul style="list-style-type: none"> <li>• Period changes (irregular period common during perimenopause)</li> <li>• Hot flashes (this denotes vasomotor instability it affect the face and neck)</li> </ul>	<p>the help of roller board. Samples understand the definition. Researchers ask question what is mean by perimenopause samples respond well.</p> <p>Researchers explain the signs of perimenopausal problem with the help of chart. Researcher asks question and samples</p>
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	<ul style="list-style-type: none"><li>• Sweating</li><li>• Breast tenderness</li><li>• Insomnia</li><li>• Women feel her heart beat fast</li><li>• Headache</li><li>• Irritability</li><li>• Depression</li><li>• Mood swing</li><li>• Lack of concentration</li><li>• Anxiety</li><li>• Weight gain</li></ul> <p><b>Genital and urinary symptoms:</b></p> <ul style="list-style-type: none"><li>• Urinary urgency</li><li>• Dry vagina</li><li>• Dyspareunia</li><li>• Loss of libido</li><li>• Dysuria</li></ul>	responded to the researcher question.
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**The commonest symptoms usually experienced by the women are :**

**HOT FLASHES**

A hot flash is a sudden feeling of heat is the upper body the face, neck and the chest. women perceives sweating all over the body and increases heart rate

**BREAST TENDERNESS,**

Dryness and itching in the aerola leads to sore breasts feel tender, even may also feel more lumpy.

**WEIGHT GAIN**

During perimenopause the metabolism slows down *and* deposition of fat in the subcutaneous tissue, as a result of gradual weight gain. This weight gain is particularly common in abdomen, hips, thigh due to decline in estrogen level the bone density decreases furthermore your body may have a more difficult time in digesting carbohydrates as you approaching menopause.



**MOOD CHANGES**

Mood swings are common during perimenopause. Feeling more irritable than usual (or) experiencing, mood changes regularly is normal. If you are experiencing depression anxiety other mood related symptoms that will affect the quality of life.

**LOW LIBIDO**

During perimenopause estrogen levels decrease resulting in reduced blood flow to the genital organs like uterus, ovaries, cervix leads to degenerative changes. The organs become smaller and narrow

(i.e. labia becomes smaller, clitoris shrinks as well). Increased vaginal dryness may cause more discomfort and may affect your sex drive.

**Management of hot flashes**

- Lower the room temperature
- Use the fan or open the window

<p>Women will be able to know management of perimenopausal problems</p>	<ul style="list-style-type: none"> <li>• Avoid hot and spicy foods</li> <li>• Relaxation and other stress reducing techniques through exercise</li> <li>• Wear natural fabrics such as cotton and silk.</li> <li>• Drinking cold liquids when a hot flash occurs.</li> </ul> <p><b>MANAGEMENT OF PERIMENOPAUSAL PROBLEMS</b></p> <p>Perimenopausal problems are managed through healthy diet, exercise, relaxation technique.</p> <p><b>I . Healthy diet:</b></p> <ul style="list-style-type: none"> <li>• A diet balanced with increased calcium, protein, vitamin D, fiber omega 3 fatty acid</li> <li>• The intake of total calories 1400mg/day</li> </ul> <p><b>CALCIUM RICH FOODS</b></p> <ul style="list-style-type: none"> <li>• The intake of calcium should be increase 1200mg per day (from 1000mg).</li> </ul>	<p>Researchers explain the dietary management of perimenopausal problem with the help of booklet. Researcher asks question related to healthy diet to samples. What diet was advised to women with symptoms of menopausal problems? Sample responds well.</p>
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- The calcium rich food like milk, cheese, chana dal, ragi, orange juice, soya beans, fish, cabbage, broccoli.



Orange 1 (125ml)-52mg



Milk(250ml)-316mg



Fish(100g)-325mg



Cabbage(1/2 cup)-84mg



Ragi(100g)-350mg



Beans 1cup-318mg



Spinach 100g- 190mg



Almond 100g-266mg

## PROTEIN RICH FOODS

- Protein rich diet like cereals, pulses, meat, fish, nuts.



Meat (100g)-26.3g



Nuts(100g)-25g



Egg(1) - 6.4g



Milk(1 cup)-8g



Fish(100g)-30.8g



Beans(1/4cup)-7g

- The phytoestrogen will help to relieve hot flashes and night sweat. The richest source is soy and soy product.

## VITAMIN D RICH FOOD

- The daily intake of vitamin D should be 400 IU/day.

- The best sources of vitamin D is sun light the best food sources of vitamin D like milk, fish, liver oil, egg yolk, butter ghee



Sunlight 5-30 minutes



Mushroom(100g)-27IU



Orange juice (125ml)-53IU



Fish(75g)-245IU



Liver oil (1 t/s)-427IU

### **Omega 3 Fatty Acid**



Flax seed 1ts-10g



Pumpkin seed

## **II . EXERCISES ;**

### **Meaning of exercises;**

Exercises is a bodily activity that enhances or maintains physical fitness and overall health and wellness.

### **Types of exercises**

- Walking
- Balance exercises
- Stretching exercises
- Pelvic tilt exercises
- Kegel exercises

### **Benefits of exercises**

- Helps to reduce body weight
- To improve blood circulation
- Strengthen the bones and joints
- Help to build core muscles
- Helps to strengthen the pelvic floor muscles
- Helps to maintain healthy skin

- Helps to maintain stability and balance to prevent fall
- Helps to reduce stress and anxiety
- Improve better sleep
- It can make you feel happier

### **Preliminary assessment**

#### **Exercise:**

- Choosing an appropriate exercises programe
- Choose time of exercises (before 9 AM and after 4PM)
- Wear comfortable cloth and shoes for physical activity
- drink 250ml fluid before and after exercises
- ideal time do exercises 3-4 hours after meal
- Performing a light warm up in 5-10 minutes before exercising
- Observe and co ordinate the breathing specified in the exercise step.

## **Walking**



- Walk on the path that are flat well maintained
- Increase the intensity of arm swing while walking .
- Walk 30 minutes continuously

## **Balance exercise**



- Standing on one leg with support on chair or wall.
- The person may feel comfortable holding on a chair with one hand or one finger and also close the eyes stand on one leg for eight count.
- Repeat this atleast 8-10 times per day



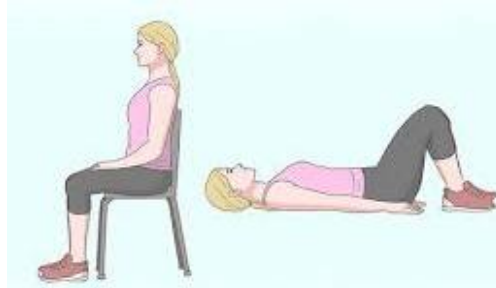
### Stretching exercise




Stretches to the lower back, hip and neck

- Sit on floor with left leg straight
- Bent the right leg cross right foot overs place outside the left knee
- Bent left elbow and rest it over the right knee
- Place right hand behind hip on floor
- Turn head over right shoulder rotate upper body right
- Hold 10 to 15 sec
- Repeat on other side breath slowly
- It can be performed 2-3 days per week

### **Kegel exercise**



- Make sure your bladder is empty then sit or lie down.
- Tighten your pelvic floor muscles (urethra, vagina and anal sphincter)
- Hold it tight as if controlling urination count 5 seconds then relax up to 25 times
- Hold the anal sphincter as if controlling the motion for 5 seconds and relax continue up to 25 minutes

<p>Women's will be able to Justify the relaxation technique of perimenopausal problems</p>	<p><b>Pelvic tilt exercise</b></p>  <ul style="list-style-type: none"> <li>• Lie flat on floor, arms are kept by side, knees bents, toes facing forward</li> <li>• Taking deep breath, pull your abdomen towards the floor and pushing pelvis up towards the ceiling</li> <li>• Hold for 5 seconds then breath out relax</li> <li>• Repeat 5 times a day</li> </ul> <p><b>III. RELAXATION TECHNIQUE</b></p> <p><b>Meaning of relaxation technique</b></p> <p>Relaxation technique is a broad term used to describe a number of techniques that promote stress reduction, the elimination of tension throughout the body and a calm and peaceful state of mind.</p>	<p>Researcher explain the relaxation technique of perimenopausal problems . researcher ask question and sample responded to the researcher question</p>
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	<p><b>Types of relaxation technique</b></p> <ul style="list-style-type: none"><li>• Deep breathing exercises</li><li>• Meditation exercises</li><li>• Music therapy</li><li>• Spending time in nature</li><li>• Laughing and smiling</li><li>• Play with lovable person</li></ul> <p><b>Benefits of relaxation technique</b></p> <ul style="list-style-type: none"><li>• Improving digestion</li><li>• Lowering blood pressure</li><li>• Maintaining normal blood sugar level</li><li>• Reducing activity of stress hormones</li><li>• Reducing muscles tension</li><li>• Increasing blood to the major muscles</li><li>• Improving concentration</li><li>• Lowering fatigue</li><li>• Improving sleep quality</li><li>• Boosting confidence to handle problems</li></ul>	
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## Deep breathing exercise



- Sit or lie in a comfortable position place one hand on your belly just below your ribs and the other hand on your chest
- Take deep breath through your nose and lift your belly push your hand out
- Breathe out through the mouth, do this breathing 3-10times

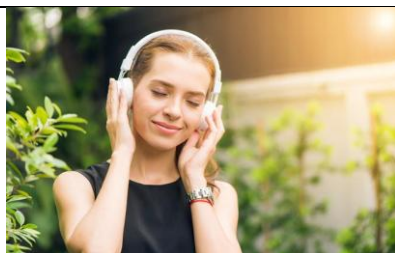
## **Meditation**



- Sit comfortably in a chair with your hands resting on your knees
- Keep your back straight, neck should be relaxed with eyes closed
- Take deep breath through the nose and out through the mouth observe for 5-10 breaths

## **Music therapy**

Music therapy involves listening to music, singing and playing a musical instrument. This music therapy expressive arts therapy that uses music to improve and maintain the physical, psychological and social well being of individuals.



### **Spending time in nature**


- Look deep into nature, and then you will understand everything better



### **Laughing and smiling**

Smiling and laughing can have a positive effect on your well being



<p>Group will be able to summarize the topic</p>	<p><b>Play with lovable persons</b></p>  <p><b>SUMMARY</b></p> <p>So far we have discuss about the definition of perimenopause causes, signs and symptoms, management of perimenopause.</p> <p><b>CONCLUSION</b></p> <p>The end of a womens reproductive life is marked by the gradual cessation of menstruation and its often accompanied by physical symptoms. The best way to relieve the symptoms of perimenopausal problems such as diet, exercises, relaxation techniques will be helpful for your physical and psychological health.</p>	<p>Researcher ask questions and the women answered very well</p>
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## ANNEXURE-X

### CERTIFICATE OF ENGLISH EDITING

#### TO WHOMSOEVER IT MAY CONCERN

This is to certify that Ms.S.Seetha II year M.Sc (Nursing), in Shanmuga College of Nursing, Salem, has done a dissertation study on “A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem” was edited for English language appropriateness.

Signature:



Designation:

**K.PRABU, M.A., B.Ed,**  
**P.G.Asst.in English**  
**Govt.Hr.Sec.School**  
**Jalypudur -635301.**

## **ANNEXURE - XI**

### **CONSENT FORM**

**Ms.Seetha. S**, II-Year M.Sc(N) student of Shanmuga College of Nursing as a part of my M.Sc(N) Programme. I have selected a research study on “A study to assess the effectiveness of structured teaching programme on management of perimenopausal problems in terms of knowledge and attitude among premenopausal working women in a selected college at Salem”. For which I would like to include you as study samples. I ensure you that the details collected will be kept confidential and will be utilized only for the research purpose.

Yours faithfully

**(Ms. Seetha. S)**

The researcher explained in detail about the study and its benefits and no risk and I came to know that I can withdraw study at any time. She ensured that the information collected from me will be kept confidential and it is used only for this study. I am willing to be a sample for this study.

Yours faithfully