

**“ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED  
TEACHING ABOUT MENOPAUSAL TRANSITION AND COPING  
AMONG PREMENOPAUSAL WOMEN IN SELECTED URBAN AREA  
CHOO LAI , CHENNAI”**

**M. Sc (NURSING) DEGREE EXAMINATION  
BRANCH –IV COMMUNITY HEALTH NURSING**

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## **CERTIFICATE**

This is to certify that this dissertation titled, **“Assess the effectiveness of video assisted teaching about menopausal transition and coping among premenopausal women in selected urban area Choolai , chennai”** is a bonafide work done by **Ms.G.Alagammal**, M.Sc (N) II year , College of Nursing, Madras Medical College, Chennai-03, submitted to **The Tamil Nadu Dr.MGR Medical University**, Chennai in partial fulfillment of the award for the degree of **Master of Science in Nursing, Branch-IV, Community Health Nursing** under our guidance and supervision during the academic period from 2012-2014

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## ABSTRACT

Community health care services are an economical and powerful means of raising standard of community health, especially for the all the group of needy people. Community setting is considered as a best setting for the positive health and prevention of diseases, awakening health consciousness in which all the age group of people grows and develops. A pre-experimental study was conducted to assess the effectiveness of Video assisted teaching programme on menopausal transition and its coping strategies among pre menopausal women at selected urban area Choolai. Totally 100 pre menopausal women those who met the inclusion and exclusion criteria were selected by convenient sampling technique. A pre-test was conducted by using structured questionnaire, and practice check list followed by video assisted teaching programme. After 7 days post-test was taken. The result of the post-test score revealed that the video assisted teaching programme had its impact on improving the level of knowledge, regarding menopausal changes and coping strategies among premenopausal women. The overall mean score of pre-test was **5.99** with the S.D. **1.66**, whereas in post-test the overall mean score was **11.71** with S.D. **1.35**. The t-test value was **31.32** which is statistically significant at  $p < 0.005$  level of significance. After video assisted teaching programme 82% premenopausal women gained adequate knowledge, and 18% of the m were gained moderate knowledge and none of them were in the level of inadequate knowledge and there is a good correlation and the score is statistically highly significant ( $p = 0.001$ ). The study finding implied that the education had a vital role in improving regarding the knowledge of menopausal transition and coping among premenopausal women.

## **CHAPTER- I**

### **INTRODUCTION**

**“Menopause means you’re moving into your wise womanhood!”**

**-Susan B. Anthony**

Middle age is one of the turning points in one’s life as it brings along many changes. It roughly starts in the early 40s, when for most of the people; it is the best period in their life when their achievement is at the highest point. The challenges between adulthood and despair of old age, becomes the change of-menopause in women and during which lives take a compulsory change of direction.

Menopause is a natural step in the aging process, represents the end of menstruation after the last menstrual periods in the previous 12 months. It occurs gradually in women and indicates the transition from the reproductive to the post reproductive era of a women’s life. It is the condition that every woman faces, in later life and can have many associated effects, which might disrupt the quality of life.

Menopause is a normal milestone experienced annually by 2 million American women each year, and many women are concerned about the relation between menopause and health.

A Total of 130 million Indian women is expected to live beyond the menopause into old age by 2015. The menopause is emerging as an issue owing to rapid globalization, Urbanization, awareness and increase longevity in urban middle-aged Indian women, who are evolving as a homogeneous group. Improved economic conditions and education may cause the attitude of rural working women to be more positive towards the menopause. However, most remain oblivious of the short-and long-term implication of the 13 conditions

associated with middle and old age, simply because of lack of awareness, and the unavailability or ever-increasing cost of the medical and social support systems. Evidence-based medicine is accessible to still only a few Indian women. Most menopausal women go untreated or use unproven alternatives.

In the age group of 45-50years, fatigue (60%), lack of energy, cold hand and feet, hot flushes, cold sweats, weight gain, irritability and nervousness (50%) were common complaints. Whereas, rheumatic pains, fatigue, lack of energy (60%) followed by headache, pain in back, forgets, neck and skull pain (50%) sleep disturbance and depression were frequent symptoms in the age group >50years. This region shows the main symptoms during menopause and it not only create awareness but also help in the education of women regarding an identification of common menopausal symptoms.

Many women arrive at their menopause years without knowing anything about what they might expect, or when or how the process might happen and how long it might take. Very often a woman has not been informed in any way about this stage of life; it may often be the case that she has received no information from her physician or from her older female family members, or from her social group. As a result a woman who happens to undergo a strong perimenopause with a large number of different effects, may become confused and anxious, fearing that something abnormal is happening to her. This is a strong need for more information and more education among the women regarding menopause.

A study was conducted on physiological problems faced at menopause, in Baroda, Gujarat. A sample of 30 married women between the ages of 39-52 was selected. A checklist was used to know the frequency and intensity of various physiological problems as used to perceive by the women during menopause. An interviewed guide was also used to elicit information age at menopause and other related information. Data was analyzed by calculating frequencies and percentages. The result shows that middle age is a period of

change and development and for women this includes the gradual winding down of the reproductive system and ending of childbearing years. The study concludes that awareness campaigns are necessary to informed general public, health worker, etc.. About menopause and associated health issues through various forms of mass media.

World Menopause Day, October 18, saw the India menopause society telling how the change, would impact their lives. But menopause was not always such a big issue for earlier generation women. They simply viewed it as a natural stage in life.

Increase lifespan owing to modern medical achievement allows women to spend more than one-third time in menopausal period. Although the mechanism of ovarian aging is not fully understood, menopause associated clinical problems can be controlled and improved. Estrogen replacement therapy in conjunction with a progestin regimen not only controls hot flushes, osteoporosis, dyspareunia, and other estrogen-deficiency symptoms, but also prevents the potential risk of estrogen treatment such as endometrial and cardiovascular disorders. In addition to hormonal therapy, nutritional supplement such as calcium and vitamin D, and physical exercise are essential to the well being of women in the post-menopausal period.

Knowledge and research on the physiological changes with menopause is steadily expanding. A partnership between women's life expectancy which is estimated to be 79.1years.Menopause is a normal phenomena of aging and women experiencing menopause must have access to comprehensive care, including a complete history, thorough physical examination, risk factor and age-appropriate screening, and patient education. Studies confirm women's lack of knowledge concerning menopause and the need for education on bodily changes and approaches to self-care during transition. Vasomotor flushing, night sweat, vaginal dryness, shortening of the menstrual cycle with heavy flow progression to longer cycles and scant flow and eventual cessation of menses

for a period of 12 months confirms menopause. A program of screening and education for self-care can enhance women's quality of life.

## **1.1 NEED FOR THE STUDY**

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:

Menopause may be a smooth experience for some women with only symptoms of cessation of menstrual flow while others face one or more of postmenopausal symptoms. But there is a lack of awareness of its cause, effect and management pertaining to it. A wide gap in the knowledge has been documented in the women from developed and developing countries.

As a menopausal demand priority in Indian scenario due to increase in life expectancy and growing population of menopausal women, large efforts are required to educate and make this woman aware of menopausal symptoms. This will help in early recognition of symptoms, reduction of discomfort and fears and unable to seek appropriate medical care if necessary.

A study was conducted to assess a decade on: what have we learnt about supporting women with intellectual disabilities through the menopause. The work exploring the age of onset of menopause has suggested that the menopause is earlier in women, but studies exploring what women with intellectual disabilities understand and experience during the menopause are limited. In this study 15 women with mild to moderate intellectual disabilities were interviewed using a semi structured interview on a one to one basis about their knowledge and understanding of the menopause. Findings reveal limited accessible information about the menopause and a paucity in the women's



knowledge and understanding about the menopause. This suggests a need for more accessible information, in order to increase understanding and the awareness of menopause in these women.

Ravnikar VA Department of obstetrics and gynaecology Massachusetts reviewed conservation measures in dealing with issue of osteoporosis and cardiovascular disease prevention. Moreover improving in nutrition and diet has its greater impact on premenopausal women. Needless to say, a total healthcare approach is still beneficial: exercise, a low-fat and normocalcemic diet and proper use of estrogen replacement therapy. These issue need to be concern for both pre and post menopausal women, primary health care providers need to incorporate this knowledge into their practices. They should clearly understand both the benefits and shortcomings of nutrition and exercise approach in osteoporosis and cardiovascular disease prophylaxis. In using this knowledge premenopausal, they can better prepare women for the menopause.

Most of the women consider menopause as a natural process and a part of aging, though most of them were bothered by menopausal symptoms, but due to lack of awareness of long-term consequence of menopause and poverty very few women sought for treatment. It is important to encourage school and other educational institutions, medical care providers and the health department to co-operate in educating women about menopause, its symptoms, long term consequences and treatment options. This effort by educational programs and health care providers will help in increasing public awareness. It also helps significant improvement in both expectancy and quality of life of life in the future.

The Investigator during a community posting experienced, that the postmenopausal women in the community, were having a lot of problems regarding associated changes after menopause and management, and the post-menopausal women not able to cope with the situation. Therefore, the investigator on own experience feels that the need to create awareness on

menopause among premenopausal women is necessary. Therefore, the investigator felt very strongly to conduct the study to educate the premenopausal women to help them face problems positively.

## **1.2 STATEMENT OF THE PROBLEM**

**Assess the effectiveness of video assisted teaching about menopausal transition and coping among premenopausal women in selected urban area Choolai at Chennai.**

## **1.3 OBJECTIVES**

- 1) To assess the pretest knowledge of menopause among premenopausal women (age group between 40-45 yrs.)
- 2) To assess the post test knowledge of menopause among premenopausal women
- 3) To evaluate the effectiveness of video assisted teaching on knowledge of menopause among premenopausal women
- 4) To associate the level of knowledge with selected demographic variables.

## **1.4 OPERATIONAL DEFINITION**

1. **Effectiveness** refers to differences obtain in post test knowledge score with that of pretest knowledge score on menopausal transition and coping.
2. **Video assisted teaching** refers to the systematically organized recorded instructions regarding selected aspects of menopause through video assisted teaching program.
3. **Menopausal transition** refers changes which occur during the menopause
4. **Coping** refers to a process of contending with life difficulties of menopausal period in an effort to overcome or work through them.

## **1.5 ASSUMPTION**

- 1) Group teaching will enhance each participant in active learning.
- 2) Information on menopausal period to pre-menopausal women has strong influence in adaptation of menopausal symptoms.

## **1.6 HYPOTHESIS**

H<sub>1</sub>: There will be a significant difference between the mean Pre assessment and Post assessment score of women's knowledge of menopausal changes and coping.

H<sub>2</sub>: There will be a significant association between the post assessment level of knowledge and selected demographic variables of premenopausal women regarding menopausal changes and coping strategies.

## **CHAPTER –II**

### **REVIEW OF LITERATURE**

Literature review helps to lay the foundations for the study. It provides Readers with a background for understanding current knowledge on a topic and Illustrate the significance of the new study.

#### **2.1- REVIEW OF LITERATURE**

#### **2.2- CONCEPTUAL FRAMEWORK**

#### **2.1 REVIEW OF LITERATURE**

Related literature is presented under the following headings.

- A. Review of literature related to menopausal problems.
- B. Review of literature related to awareness of menopause.
- C. Review of literature related to coping strategies of menopause
- D. Review of literature related to effectiveness of video assisted teaching

#### **A. Review of literature related to Menopausal problems**

**Ghosh A, 2008**, a study was conducted on factor association with metabolic syndrome begin before the onset of menopause at West Bengal.200 (100 premenopausal women; mean age=40.2 +/-6.5 yrs and 100 postmenopausal women mean age =55.4+/ 5.2yrs)healthy adult women are taken. These results found that significant differences between the two groups for obesity measures, metabolic profile and blood pressure, even after adjusting of age. The study recommended that more one factor was identified, more than one physiological mechanism could have accounted for clustering of risk variables associated with menopausal symptoms and this would warrant early

intervention, well before the menopause

. **Kakkar v, et.al IP2007**, a study conducted on finding the variation in menopausal with age, education and working/non working status in North-Indian sub population using menopause Rating scale (MRS). A random sample of 208 women aged 35-65yrs ,participate the study. The MRS scales self administered standardized questionnaire was applied with additional patients related information. Working women suffer more from psychological symptoms whereas non-working women showed a greater incidence of somatic symptoms. Educated women showed a lower incidence of psychological and somatic symptoms. Thus, the study concludes that age; level of education and working/non working status may also contribute to significant variation of menopausal symptoms

. **Sharda Sidhu, et.al 2005**, a cross sectional study was conducted in Amritsar district of Punjab to determined median age at menopause and frequency of various related clinical symptoms among 539 women aged 40-50yrs. 256 women (47.50%) of the study population were classified as postmenopausal i.e. having no vaginal bleeding during the last 12 months .Median age at menopause was 47.54 +- 2.31yrs which is close to the estimates from other Punjabi populations. The most common clinical symptoms associated with menopause were hot flushes and night sweats (55.08) insomnia (53.12%) headache and body –aches (38.28%) fatigue (42.18%) Irritability (35.15%) perspiration (34.76%) palpitation (22.26%) short breath (20.31%) nervous tension (10.56%) and depression (8.20%). The study recommended that prevalence of menopausal symptoms is quite high, but women consider menopausal symptoms as a natural change of life.

**Lyndaker C, et.al. 2004**, a descriptive study was conducted, on menopausal symptoms among 418 Asian American university faculty and staff on menopausal symptoms in 2008. The study revealed that for both the measurement scale of frequency and severity of premenopausal symptoms, the

mean score increased as age increased. Significant differences were found between the age groups for the number of occurrences of sleeplessness, Moodiness ( $P < .05$ ) and depression, poor concentration ( $P < .05$ ). Recognition of symptoms can greatly reduce the discomfort and fears that women experience during premenopausal transition.

**Aaron R. et.al 2002**, a population based cross sectional study was conducted in TamilNadu, Indi, On perception regarding menopause, prevalence of menopausal symptoms and association of family environment factors with menopausal symptoms among 100 post menopausal and 100 premenopausal rural women. 57% of post menopausal women perceived menopause as convenient. 69% of them complained demising abilities after menopause. 23% felt that sexual life ends with the onset of menopause. 16% reported that their husbands and become disinterested in them after menopause and 11% were apprehensive about the loss of femininity. 54% of post menopausal and 32% of premenopausal women were currently not sexually active. 59% of postmenopausal and 38% of premenopausal women expressed loss of sexual desire and this difference was statistically significant. The Study recommended that higher proportion of postmenopausal women suffer from vasomotor symptoms, urge incontinence, loss of sexual desire and multiple somatic symptoms.

## **B). Review of literature related to awareness of menopause**

**Nusrat N, et.al 2008**, a study was conducted on Knowledge, attitude and experience of menopause and it investigates the symptoms experiences by postmenopausal women, in Isra University from 1<sup>st</sup> Jan 2005 -31<sup>st</sup> Dec.2006. Total 863 women of age 42-80yrs were interviewed. Mean age of respondents was 55.05, menopause was natural in 727 (84.24%) women and 136 (15.75%) had surgical menopause. 680 (78.79%) women had little knowledge about menopause, while 137 (15.8%) women knew about effect and symptoms of menopause. 680 (78.79%) women considered menopause as a

natural process, while 183 (21.2%) perceived it as a disease. 720 (83.42%) women were happy about cessation of menses. While 143 (16.57%) women wanted to have menses again, 85 (59.4%) were uneducated. 318 (36.84%) women were bothered by menopausal symptoms, but only 275 (31.86%) has consulted a doctor. 649 (75.20%) were not taking the medicine. 08 (0.926%) taking herbs. 10 (1.15%) HRT and 196 (22.71%) taking analgesics and calcium supplements. Hypertension and diabetes mellitus was present in 180 (20.85%) & 215 (24.9%) women. The study recommended that the majority of women was unaware of menopausal symptoms and its effect.

**S Puri, V et.al 2007**, a cross sectional study was conducted to ascertain the knowledge about menopause and Postmenopausal bleeding in women of urban and slum area of Chandigarh. Out of total 528 women interviewed, 302 (56.1%) were residing in urban area and rest were the residents of slums. 78.8% are urban and 60.2% from slums have attend menopause. Majority 70.3% of urban residents have heard about menopause as compared to 30.9% in slums. The study recommended that there is lack of awareness regarding menopause and related aspect especially post menstrual bleeding in both urban and slum population.

**Ensieh Noroozi, et.al 2006** a cross-sectional study was conducted on 400 healthy and non-menopausal women aged 40-45 years. The stratified sampling method was used and participation in this study was based on obtaining informed consent. The data collection instrument was a questionnaire consisting of three parts: demographic information, questions to assess knowledge and attitude investigation questions. The results showed that the average knowledge score of subjects was  $63.57 \pm 10.79$ , and their average attitude score was  $61.21 \pm 12.73$ . In this study, 8% of the subjects had poor knowledge, 68% had moderate knowledge and 38.5% had good knowledge. Meanwhile, 81.5% of the women had a positive attitude toward menopause. The correlation test showed that knowledge and attitude are meaningfully

related to economic status and education level. But, the relationship between knowledge and attitudes of women under study was not significant.

**S. Kaur, et.al 2004**, a study was conducted on the effect of menopause on the lives of women in sub-urban Chandigarh. The study includes qualitative & quantitative that was performed in the low socio economic area. Women aged 40-60yrs were enlisted. The result found that 725 women were enlisted. 298 (41%) had attained menopause. 47 (6.5) were in transition. The transition phase lasted for 1-12 months in 48.7% of cases and for 1year or more in 20.8% of cases. No transition changes were reported by 30.5% of women. A change in menstrual pattern was the hallmark of this phase and included delayed periods (37.6%), heavy bleeding (13%) scanty periods (7%) or a mixed pattern (11.7%). Hot flushes were reported by 17.1% of women. Most women (94%) welcome menopause. Use of hormone therapy was not reported.

**Mc Allister M 1998**, a study to assess the Knowledge and research on the physiological changes associated with menopause is steadily expanding. A partnership between women and health care providers can contribute to the quality of women's life expectancy which is estimated to be 79.1 years (United States Bureau of Census, 1993). Menopause is a normal phenomena of aging and women experiencing menopause must have access to comprehensive care, including a complete history, thorough physical exam, risk factor and age-appropriate screening, and patient education. Studies confirm women's lack of knowledge concerning menopause and the need for education on bodily changes and approaches to self-care during transition. Decline in the ovarian production of estrogen and the feedback effect of gonadotropins leads to an increased follicle-stimulating hormone (FSH) of 40 mIU/mL. Vasomotor flushing, night sweats, vaginal dryness, shortening of the menstrual cycle with heavy flow progressing to longer cycles and scant flow and eventual cessation of menses for a period of 12 consecutive months confirms menopause. A program of screening and education for self-care can enhance women's quality of life.



### **C. Review of literature related to coping strategies of menopause**

**Steffen PR. et.al 2009**, a descriptive study was conducted, to find the effectiveness of spirituality in menopause as coping strategy, among 218 American women in 2008. Among them 35% were premenopausal women, 26% were perimenopausal and 39% menopausal. The study revealed that high level of spiritual strength was also related to increased benefit finding during menopause.

**Pubmed-indexed for medline. Asia pac J public Health. 2008**, a descriptive study was conducted, to assess the prevalence rate of depressive symptoms in middle aged women and explore its associated factors, among 3934 women, aged 45 to 60 years, in 2008. The study revealed, the prevalence rate of depressive symptoms was 54.2% of married women, 38.4% had poor to very severe problems in their marriage depressive symptoms were significantly associated with marital status ( $P < .001$ ) ethnicity ( $P < .001$ ) educational level ( $P < .001$ ) occupational status ( $P < .001$ ), domicile ( $P < .001$ ) and menopausal status ( $P < .05$ ) depressive symptoms were correlated with Marital dissatisfaction scores, women who consulted professionals, shared with relatives, kept problem to themselves, or consulted parents/siblings had higher mean scores on depressive symptoms compared with those who did not use these coping strategies.

**Price, S. L. et al. 2008**, a study was conducted to explore the menopause experiences of women living in rural areas. 25 women who were living in rural areas in Nova Scotia, Canada are interviewed. Women living in rural communities describe a need to understand fully the intensity of menopause-related symptoms, including changes to their physical and mental well being. Participants described it as effective in enhancing the knowledge of premenopausal women regarding menopausal changes.

**Cagnacci A, et.al 2005**, an Experimental study was conducted, to study the effectiveness of hormone replacement therapy versus socio-economic & personality factor in improving postmenopausal mood disorder, among 62 post menopausal Italian women in 2000. The effect of the 1year administration of systemic hormone replacement therapy (HRT-n=22) a vaginal cream of estroil (n=14) versus no treatment (n=26) was evaluated on mood states of anxiety, depression somatization & inadequacy are evaluated by symptom rating test (SRT) scale. In Comparison HRT induced greater improvement of only the SRT score of inadequacy ( $P<001$ ) and to a greater decline of anxiety ( $P<0.06$ ) Similarly vaginal estroil induced a greater decline of SRT score of inadequacy ( $P<0.01$ ).The total SRT score and SRT score of anxiety were related mainly to socio- Economic factors while those of SRT score of depression were related only to the coping style of the women.

#### **D.Review of literature related to effectiveness of video assisted teaching**

The definition adopted by John.M.Last is the process by which individuals and groups of people learn to behave in a manner conducive to the promotion, maintenance or restoration of health.

Changing concepts following the Alma-Ata Declaration adopted in 1978, the emphasis has shifted from the prevention of the disease to the promotion of healthy lifestyle to encourage people to adopt and sustain health promoting lifestyle and practices.

No health education can be effective without audio visual aids. This helps to simplify unfamiliar concepts bring about understanding where words fail,reinforce learning by appealing to more than one sense and provide a dynamic way of avoiding monotony.

The health education method used for this study is the combination of Mass Media that is video teaching .It was carefully prepared under the guidance of experts. This method of teaching will;

1. Dramatized by arousing interest
2. Persuade the onlookers to adopt recommended practices
3. Uphold the principles of seeing is believing and learning by doing and
4. Bring desirable changes in the behavior performing with the use of new practice

This commutation has been found to have a high educational value. For example;

**Shiny Mary D 2011**, Conducted a quasi experimental study on the effectiveness of the video teaching programme in practice of post operative exercise among selected LSCS mothers. The results show that after video teaching 12 (20%) had inadequate practice ,37(62%) had moderately adequate practice and 11 (18%) had adequate practice.

**Jovanna . v 2010**, conducted on experimental study on the effectiveness of video health teaching of knowledge and practice regarding antenatal exercise among pregnant women in Muthanenthal PHC Manamadurai.The study population comprises of pregnant women with 5-7 months of gestation attending antenatal clinics in Primary Health Center. The sample consisted of 60 pregnant women; the purposive sampling technique was used to select samples level of knowledge classified as adequate, moderately adequate and inadequate before and after health teaching .At pre-test ,adequate 11(18.3%) moderately adequate 39(69%) and inadequate 10(16.7%) and inadequate 9(15%).It shows the effectiveness of video assisted health teaching.

**Tony Botticelli, A. et al., 2005,** Conducted a study to investigate the effectiveness of a computer based video support system during practical training of manual skills a competency related to periodontal treatment .Eighty s–four students were randomized in to 9 groups: 5 experimental and 4 control groups. On the whole the students in the experimental group performed significantly better in 9 of the 21 procedures tested. These results suggest that this computer based video support can be effective aid in the teaching of manual skills related to oral health care.

## 2.2 CONCEPTUAL FRAMEWORK

### **Context, Input, Process and Product Evaluation (CIPP) Model.**

The conceptual framework is a process of ideas which are framed and utilized for the development of a research design .It helps the research to know what data needs to be collected and gives direction to an entire research process.

The CIPP Model is a comprehensive framework for guiding formative and summative evaluations of projects, programs, personnel, products, institutions, and systems. The CIPP Model was developed by Daniel Leroy Stufflebeam and colleagues in 1966. Applications have spanned various disciplines and service areas, including education, housing and community development.

The model's core concepts are denoted by the acronym CIPP, which stands for evaluations of an entity's context, inputs, processes, and products.

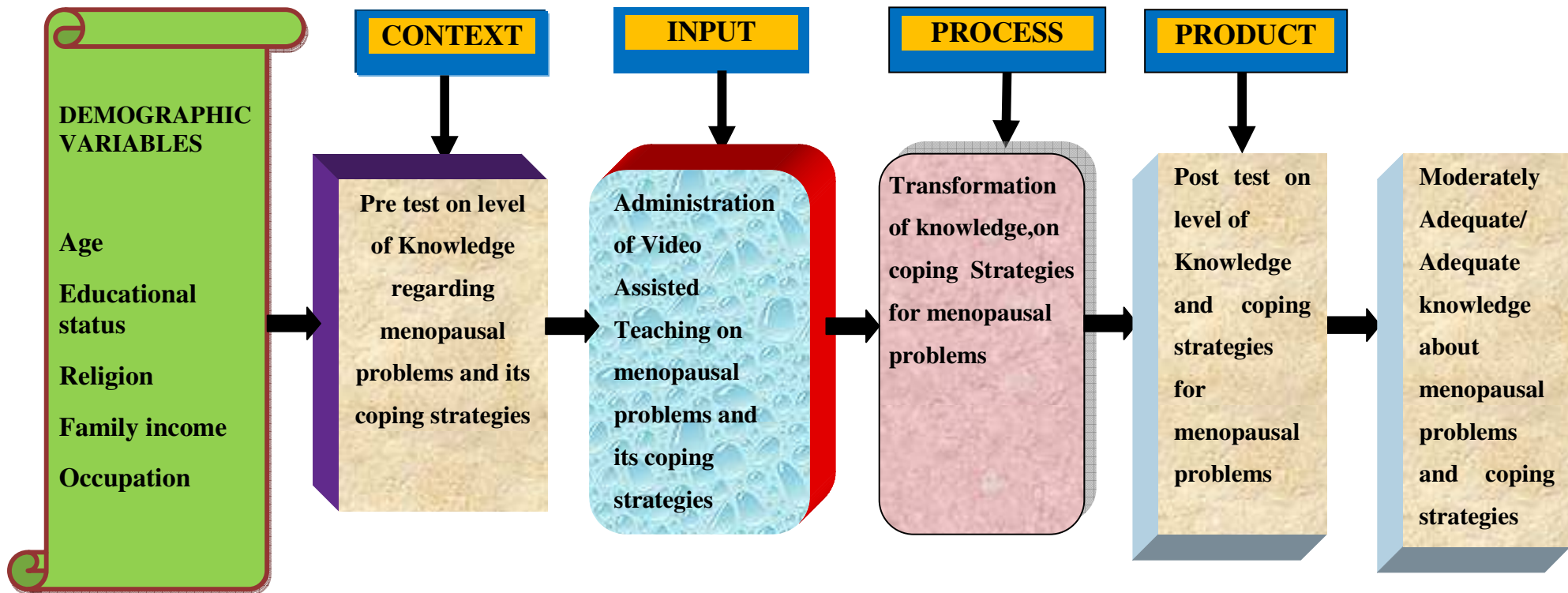
Context evaluations assess needs, problems, assets and opportunities to define goals and priorities. Input evaluations assess alternative approaches, competing action plans and budgets for their feasibility and potential cost-effectiveness to meet targeted needs and achieve goals. Process evaluations assess the implementation of plans. Product evaluations identify and assess outcomes.

In this study, the **context** process includes the demographic variables like age, religion, family income, education level. A pre - intervention assessment was done on level of knowledge, regarding menopausal problems and its coping strategies.

In the **Input** the selected sample receives Video Teaching on menopausal problems and coping strategies.

**The process** includes the transformation of knowledge, Development of coping strategies for menopausal problems.

The **product** is changing in level of knowledge and coping strategies for menopausal problems



**FIGURE 1 : CONCEPTUAL FRAMEWORK BASED ON MODIFIED DANIEL L,STUFFLEBEAM'S EVALUATION MODEL(CIPP)(2003)**

## CHAPTER- III

### RESEARCH METHODOLOGY

#### Introduction

The research methodology is a way to solve the problems systematically. It may be understood as a science of studying how research is done scientifically. It explains why a particular method or technique is used in the study

(Dense F. Polit, 2004).

This chapter deals with the research design, the variable of the study, the setting, the population, sample, sample size, sampling technique, selection criteria development and description of tool, content validity, pilot study, reliability, data collection procedure and plan for data analysis.

#### 3.1 Research Approach

In the present study, the researcher had adopted quantitative approach.

#### 3.2 Research Design

The term research design is the structural framework for the study implementation and it is the true print of the study.

(Talbot, 1995).

In the present study, Pre experimental, one group pre & post test design was adopted

The research design is an overall plan for how to handle research process.

$O_1 \longrightarrow X \longrightarrow O_2$

$O_1$ = Pretest to assess the level of awareness on menopause among premenopausal women.

X=Administration of video assisted teaching on premenopausal women related to menopause.

O<sub>2</sub>= Post test to evaluate the level of awareness of menopause among premenopausal women.

### **3.3 . Variables**

**Independent variable-** Video assisted teaching regarding menopausal problems and coping strategies.

**Dependent variable-** Knowledge of premenopausal women regarding menopausal problems and coping strategies.

### **3.4 Setting of the study**

The setting is the physical location and condition in which data collection takes place.

**(Polit and Hungler, 1999).**

The study was conducted in Choolai community area, Chennai, the area belongs to Chennai corporation. It has got four wards covering a total population of 56,744. It is approximately 4 km away from Madras Medical College, Chennai.

### **3.5 Study population**

Women residing at Choolai, Chennai.

### **3.6 Sample**

Pre menopausal women residing at Choolai.

### **3.7 Sample Size**

The sample size was 100 Premenopausal women.



### **3.8 Sampling Technique**

Non probability convenient Sampling was used for this study.

### **3.9 Criteria for selection of the sample**

#### **Inclusion criteria**

1. Premenopausal women in the urban community area of Choolai.
2. Premenopausal women between the age group of 40-45 yrs.

#### **Exclusion Criteria**

- 1 . Women who are not willing to participate.
2. Women who have undergone Hysterectomy
3. Women who are not able to read and write

### **3.10 Development and description of the tool**

#### **Research tool and technique**

#### **Description of the tool:**

**It has two sections A and B**

**Section-A-** This section deals with demographic characteristics of premenopausal women.

**Section-B-** It consist of a structured questionnaire regarding knowledge of menopause changes and coping.

### **3.11 SCORING PROCEDURE**

Section B: It consists of 14 structured questionnaires to assess the knowledge on Menopausal problems and coping . Each correct answer was given a score of one (1) and wrong answer was scored as zero (0). The total scores were 14.

The scores were interpreted as follows:

<b>Level of knowledge</b>	<b>Score</b>
Inadequate	0-5
Moderate	6-10
Adequate	11-14

### **3.12 ETHICAL CONSIDERATION:**

Research proposal was approved by experts prior to the pilot study and permission for the main study was obtained from the ethics committee, Head of the department of Community Health Nursing, Madras Medical College, Chennai-3. Permission was also obtained from the Chennai Corporation Health Department. A written consent of the each study subject was obtained before starting the data collection, assurance was given to the subjects that confidentiality and privacy would be maintained.

### **3.13 Testing of the tool**

#### **3.13.1 Content validity**

Content validity of the tool was assessed by obtaining an opinion from experts in the field of community health nursing, community medicine. The experts were an associate professor, and nursing Reader. There was uniform agreement to the tool adopted for conducting the study. Hence, the investigator proceeds with the same tool.

#### **3.13.2 Pilot Study**

The pilot study is a trial run for the main study to test the reliability, practicability, appropriateness and flexibility of the tool for the study. A formal permission to conduct the study in the Choolai community area, Chennai was obtained from City Health officer of Chennai corporation. A pilot study was done for a period of 6 days. Samples were selected from Choolai area. The purpose of the study was informed to the samples. Confidentiality of the

information was assured. The consent was obtained from the samples. Samples were selected using Non probability convenient sampling technique. Analysis of the finding showed high consistency and feasibility of the study. And after which the plan for the actual study was made.

### **3.13.3 Reliability of the tool**

After pilot study reliability of the tool was assessed by using test- retest method. The 'r' value obtained was 0.83 which showed a high positive correlation . This correlation coefficient is very high and it is good tool for assess the effectiveness of video assisted teaching about menopausal transition and coping among premenopausal women at selected urban area.

## **3.14 DEVELOPMENT OF PROTOCOL FOR VIDEO ASSISTED TEACHING**

Video Assisted Teaching was developed by the researcher after intensive review and experts' opinion. It consists of

- Meaning of menopause
- Factors affecting menopause
- Causes of menopause
- Signs and symptoms of menopause
- Managing and coping measures of menopause

The average time taken to teach was 30 minutes.

### **3.15 Data collection procedure**

The plan of data collection for the proposed study is as follows:

- Permission has obtained from the Institutional Ethics Committee, Formal permission was obtained from the City Health Officer, Corporation of Chennai.
- Samples were drawn using Non probability, Convenient Sampling Technique, during the 1<sup>st</sup> visit, the researcher introduced herself and explained the purpose of the study and confirmed the willingness of the pre menopausal women to participate in the study by getting consent from them as per the inclusion criteria.

- Data collection procedure was done for a period of four weeks and the time taken for each subject was 10-15 minutes. Pre assessment was done using structured questionnaire, Subsequently Video Assisted Teaching was given on same day for 25 minutes.
- On the seventh day post assessment was conducted using same structured questionnaire.  
Based on the criteria 8-10 subjects were selected each day .The subjects were assured of confidentiality of data collected.

### **3.16 Plan for Data Analysis**

**The plan for data analysis was as follows: -**

Collected data will be analyzed by using descriptive and inferential statistics

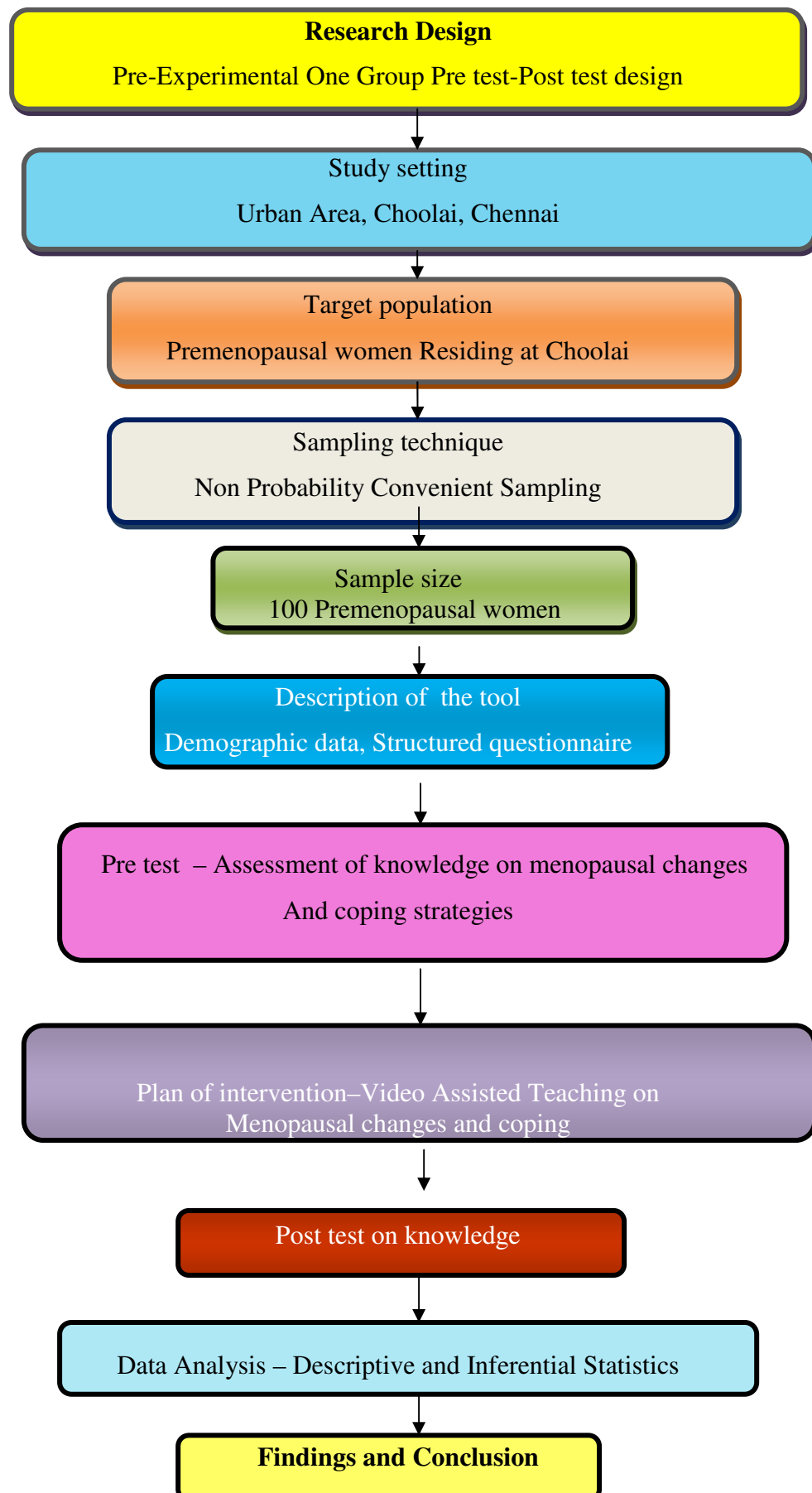
#### **1 Descriptive analysis:**

- Frequency and percentage analysis will be used to describe demographic characteristics of women.
- Range, Mean and standard deviation will be used to assess the knowledge of women.

#### **2 Inferential analysis:**

- Paired t-test will be used to test to compare the pre-test and post- test knowledge.
- Chi-square analysis will be used to find out the association between the pre-test knowledge scores and demographic variables.

## SCHEMATIC REPRESENTATION OF STUDY PLAN



## CHAPTER IV

### DATA ANALYSIS AND INTERPRETATION

Analysis is a process of organizing synthesizing data in such a way that a Research questions can be answered and hypothesis tested.

(Polit and Hungler 2008)

This chapter deals with the analysis and interpretation of the data obtained from 100 Premenopausal women to assess the effectiveness of the video assisted teaching on menopausal transition and coping strategies. The analysis and interpretation of the study were based on the data collected through a structured questionnaire.

The collected data were tabulated and presented according to the objectives under the following sections

**Section A:** Distribution of demographic variables among premenopausal women

**Section B:** Distribution of obstetric information for premenopausal women

**Section C:** Pretest level of knowledge about menopausal transition and coping

**Section D:** Posttest level of knowledge about menopausal transition and coping

**Section E:** Comparison of pretest and post test level of knowledge

**Section F:** Effectiveness of video assisted teaching on menopausal transition and coping

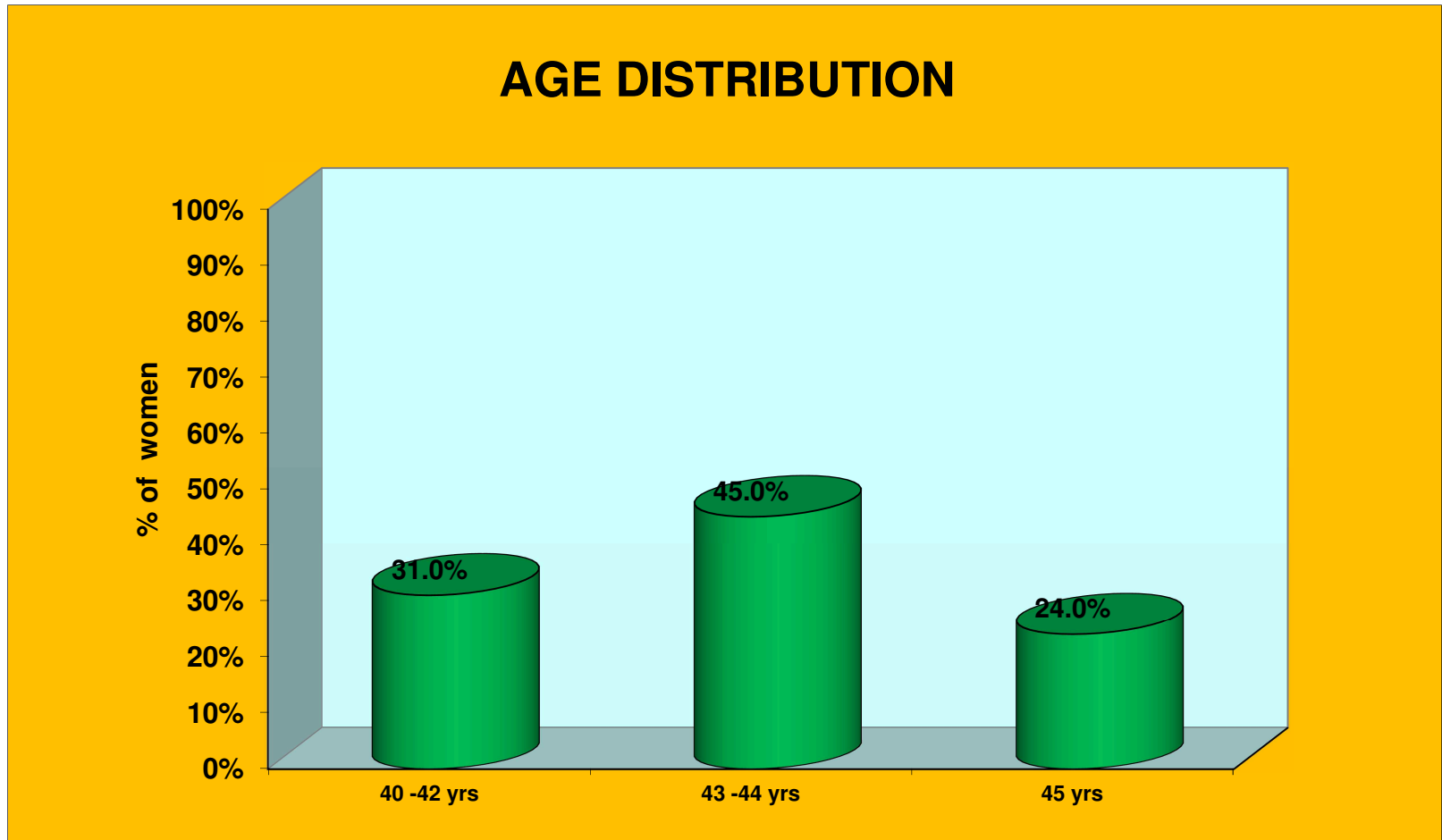
**Section G:** Association of level of knowledge with selected demographic variables

Table1: DEMOGRAPHIC PROFILE

Demographic variables		No. of premenopausal women	%
Age	40 -42 yrs	31	31.0%
	43 -44 yrs	45	45.0%
	45 yrs	24	24.0%
Educational Status	1 -6th std	30	30.0%
	7 -12th std	66	66.0%
	Diploma	4	4.0%
Occupation	Self employed	7	7.0%
	Housewife	53	53.0%
	Daily wages	40	40.0%
Family Income Per Month	< Rs.1589	33	33.0%
	Rs.1590 -4726	22	22.0%
	Rs.4727 -7877	33	33.0%
	Rs.7878 -11816	12	12.0%
Religion	Hindu	86	86.0%
	Christian	10	10.0%
	Muslim	4	4.0%

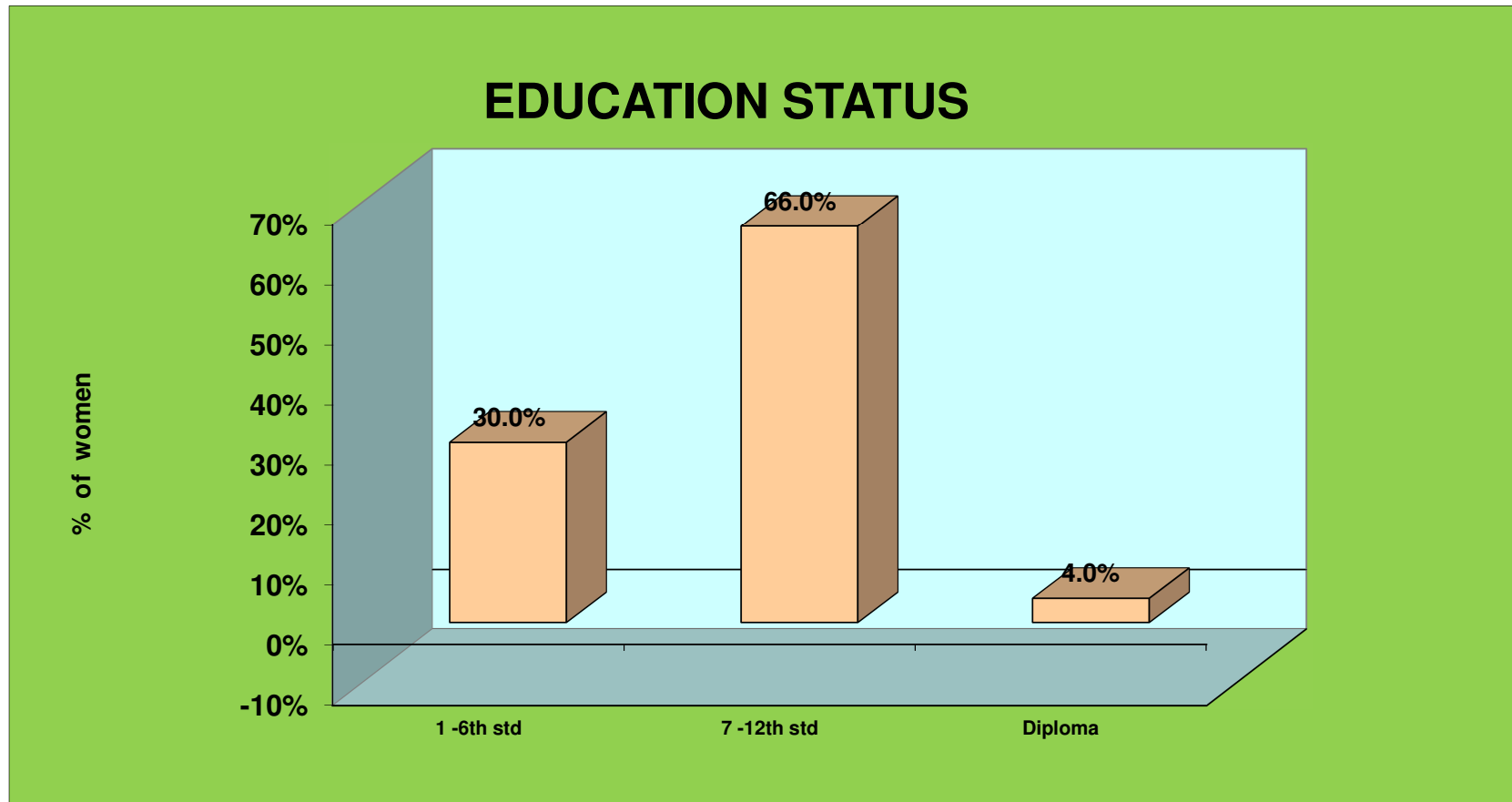
Table 1 shows that

- Study group of 45% of premenopausal women were in the age group 43-44 years, 31% of them were in the age group of 40-42 years and 24% were at 45 years of age.
- Educational status of the study group reveals that 66% had education up to 7-12<sup>th</sup> standard, 30% had education up to 1-6<sup>th</sup> standard respectively 4% had the education up to diploma.
- The data regarding occupation shows that 53% of the study group were housewife, 40% were daily wages and 7% of them were self employed.
- The monthly income among the study group illustrates that 33% belongs to lower income group, 33% of them belongs to a lower middle income group, 22% of them belongs to an upper lower income group, 12% of them belongs to upper middle class income group.
- Regarding religion most of the study group (i.e.) 86% of them were Hindus and 10% were Christians, 4% of them were Muslims.



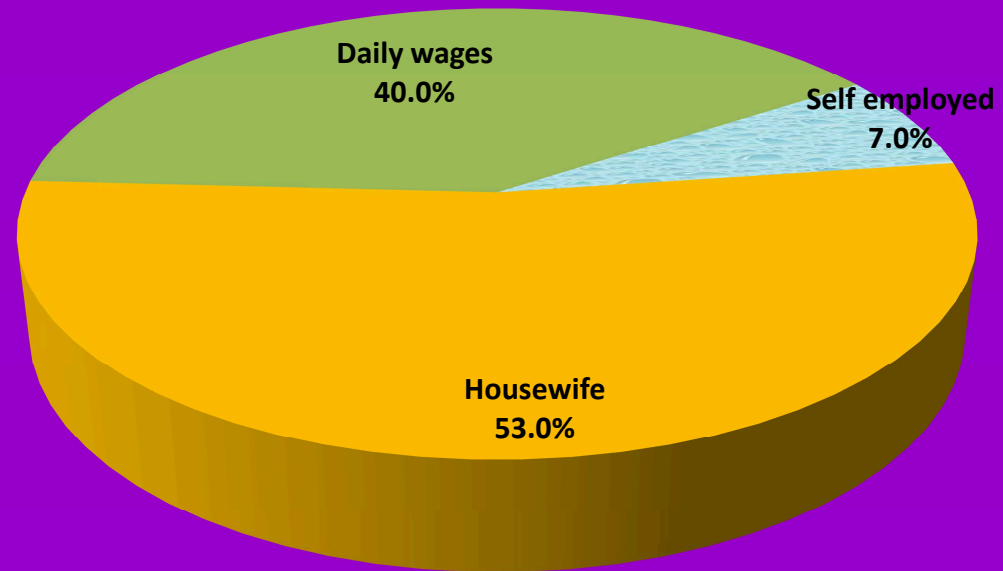
**FIGURE - 3** Percentage distribution of premenopausal women according to their age





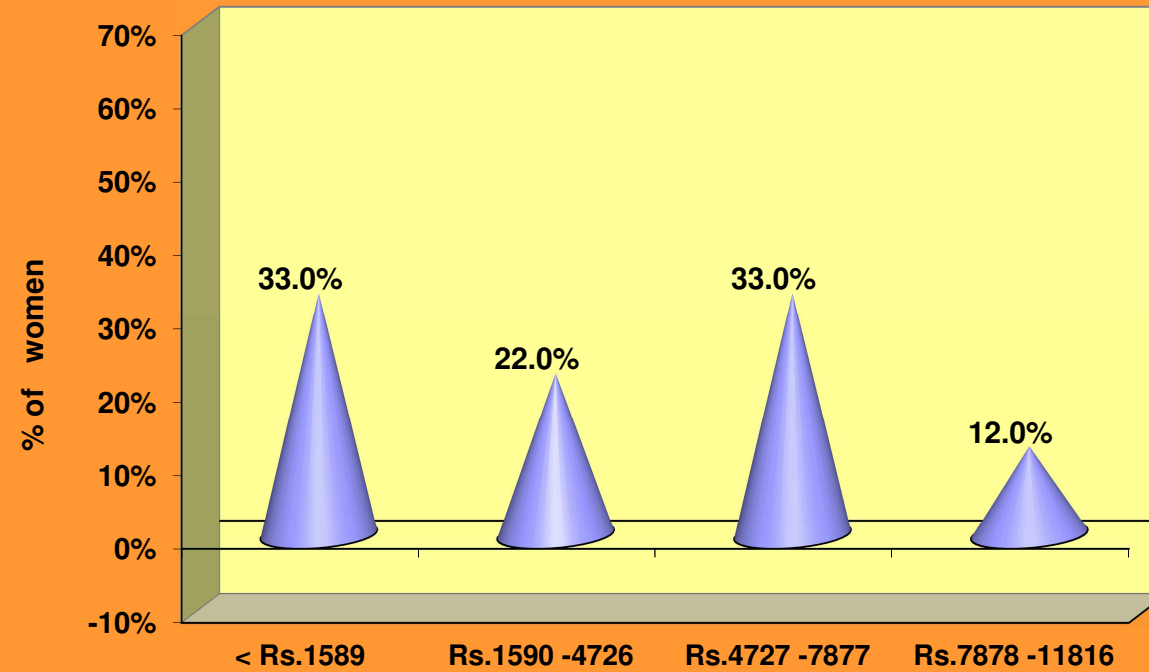
**FIGURE – 4 Percentage distribution of pre menopausal women educational status**

## Occupation status

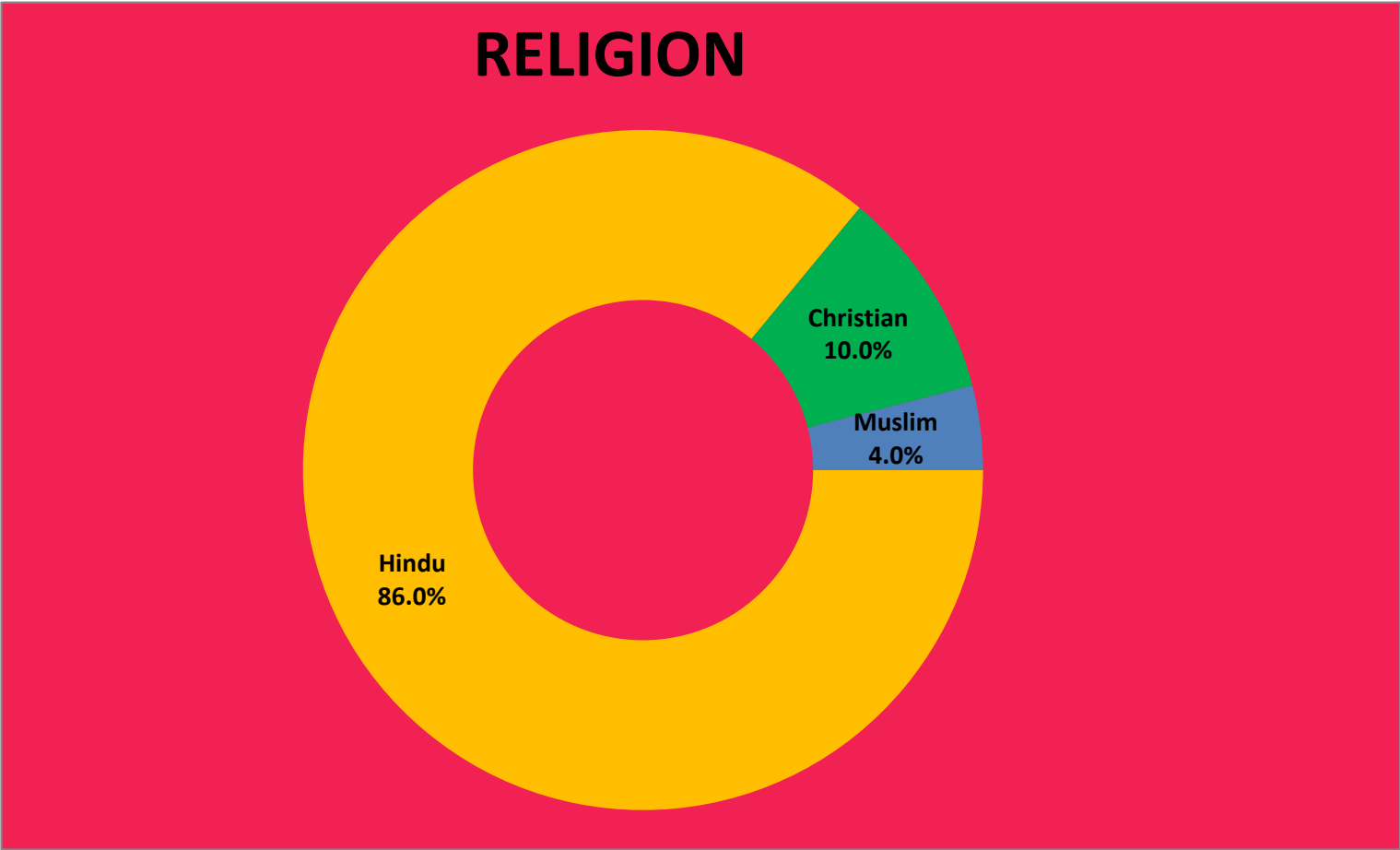


**FIGURE- 5** Percentage distribution of occupational status of premenopausal women

## FAMILY INCOME



**FIGURE 6: Percentage distribution of family income of premenopausal women**



**FIGURE- 7 Religion of premenopausal women**

**Section B:** Distribution of obstetric information for premenopausal women

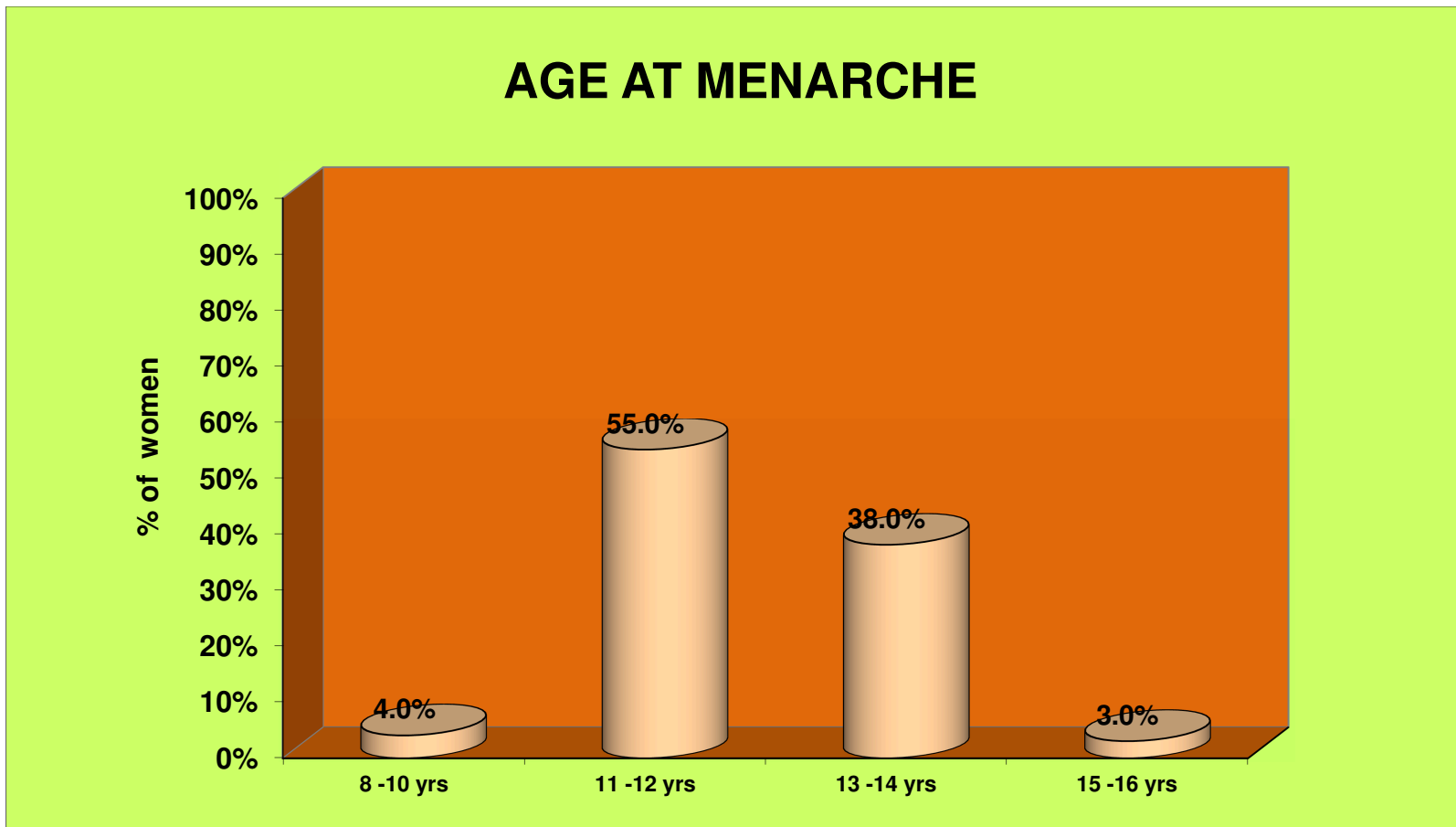
**Table 2: OBSTETRIC HISTORY**

Obstetric history		No. of premenopausal women	%
Age at menarche	8 -10 yrs	4	4.0%
	11 -12 yrs	55	55.0%
	13 -14 yrs	38	38.0%
	15 -16 yrs	3	3.0%
Regulation of menstruatual cycle	Regular	89	89.0%
	Irregular	11	11.0%
Duration of menstruation	3 - 5 days	89	89.0%
	6 - 7 days	11	11.0%
Nature of bleeding	Within normal	87	87.0%
	Excessive bleeding	13	13.0%
History of any surgery	No	31	31.0%
	Yes	69	69.0%
If yes specify	Nil	31	31.0%
	PS	69	69.0%

Table 2 illustrates that

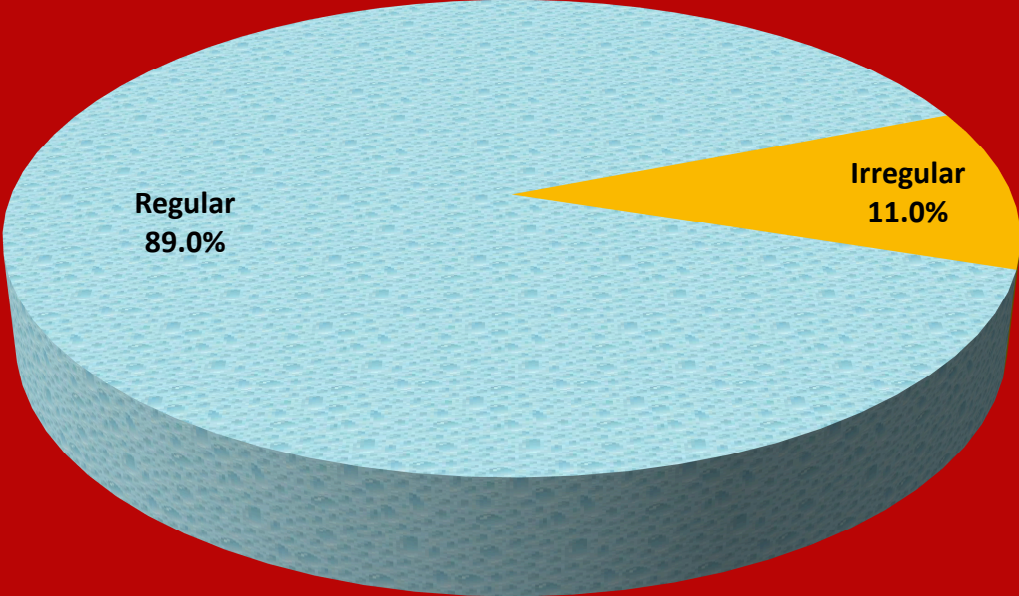
- The study group of 55% of premenopausal women was attained menarche at the age of 11-12 years, 38% of them were attained menarche at the age of 13-14 years, and 4% of them were attained menarche at the age of 8-10 years and 3% of them were attained menarche at the age of 15-16 years.
- Regarding the regulation of menstrual cycle, 89% of premenopausal women were having regular menstruation, and 11% of them were having irregular menstruation.
- Data regarding duration of menstruation reveals that 89% of the premenopausal women had 3-5 days, and 11% of them had 6-7 days.
- Considering the Nature of bleeding most of the (i.e.) 87% of the premenopausal women had within the normal flow and 13% of them had excessive bleeding.

- Regarding the history of any previous surgery 69% of premenopausal women were undergone surgery and 31% of them were not undergone for any surgery.
- Data regarding the specification of surgery 69%of premenopausal women were undergone for PS and 31% of them were not undergone for any surgery.



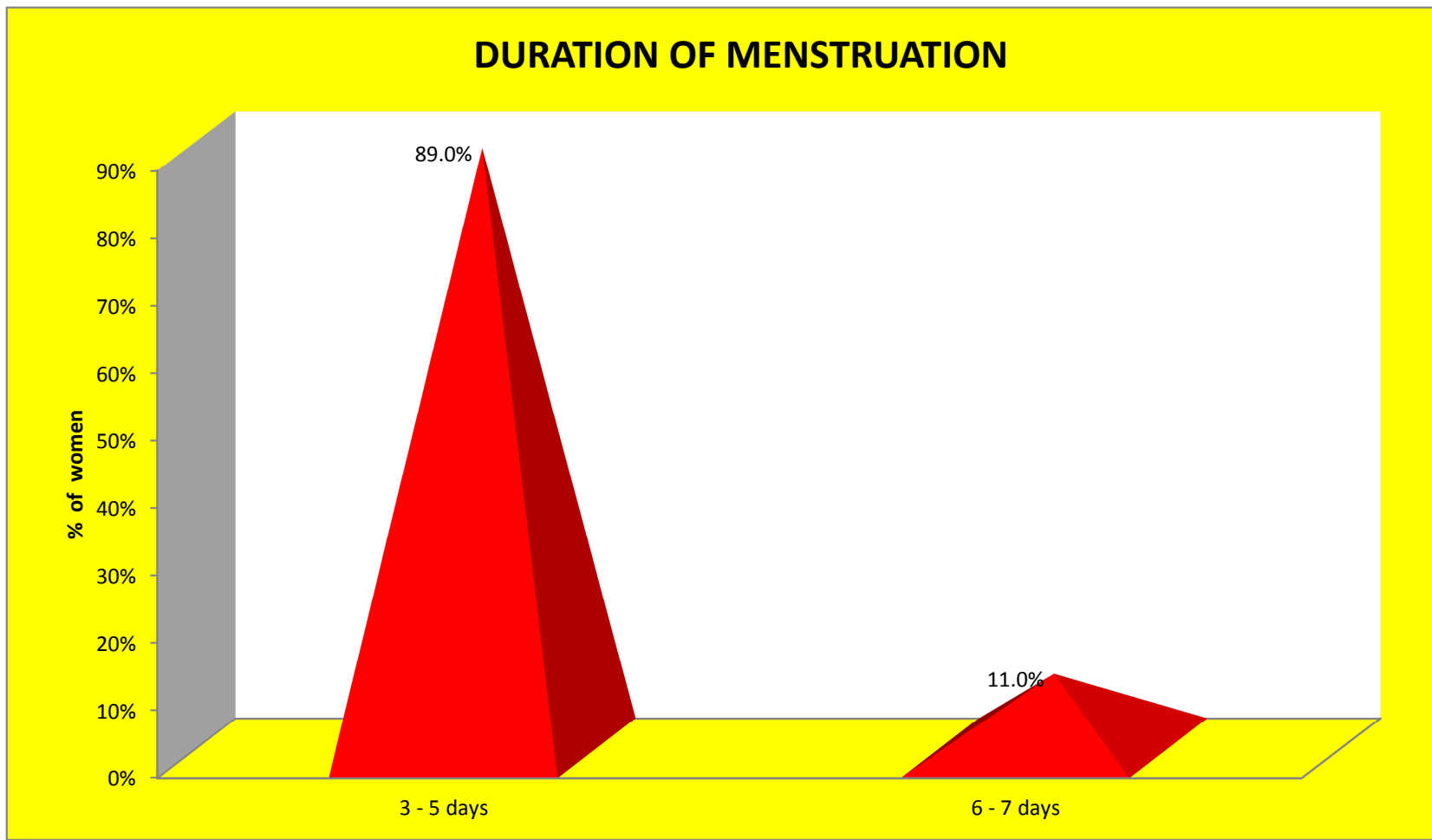
**FIGURE - 8** Percentage distribution of premenopausal women age at menarche

# MENSTRUAL CYCLE

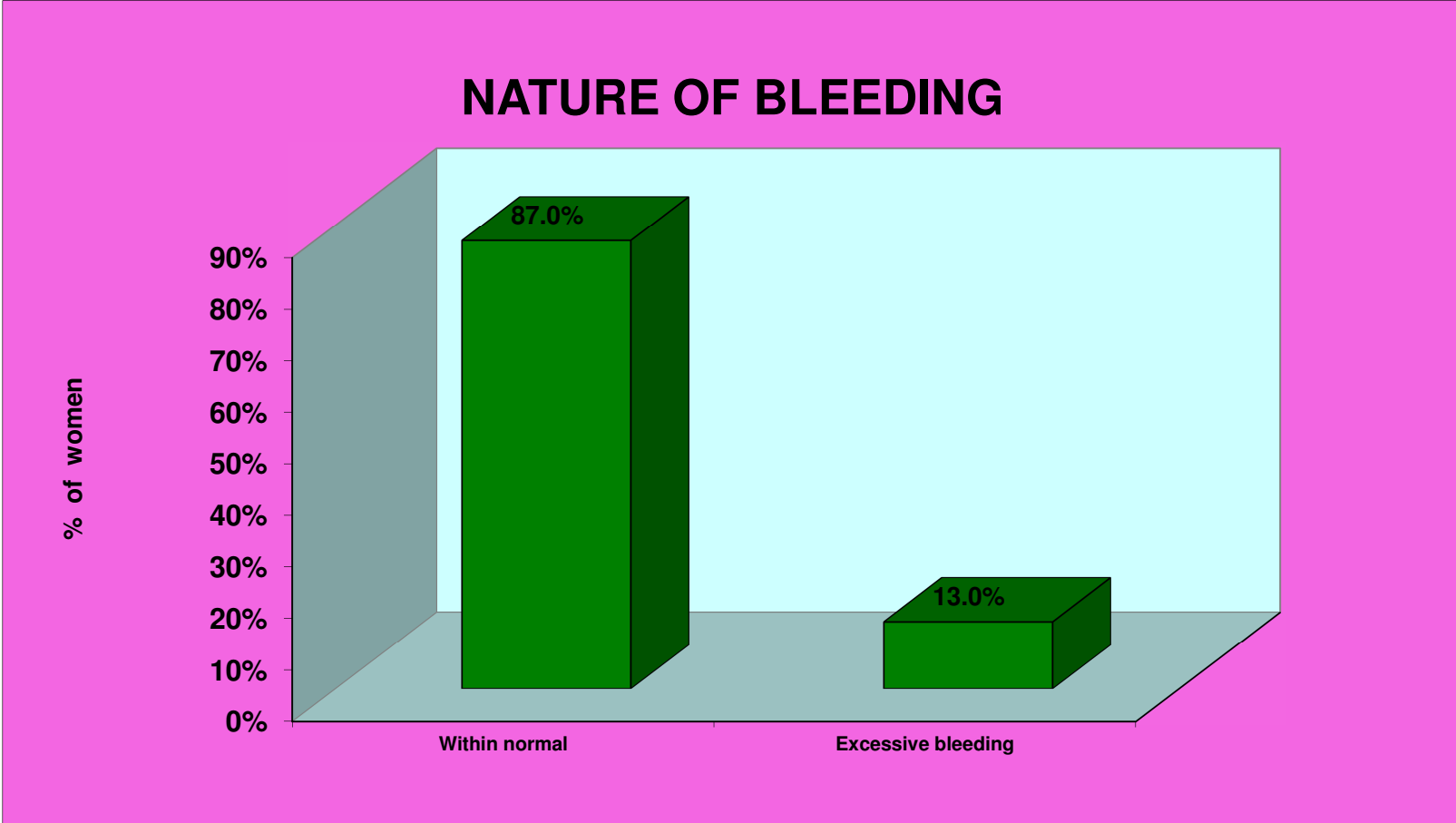


**FIGURE – 9 Percentage distribution of premenopausal woman's menstrual cycle**



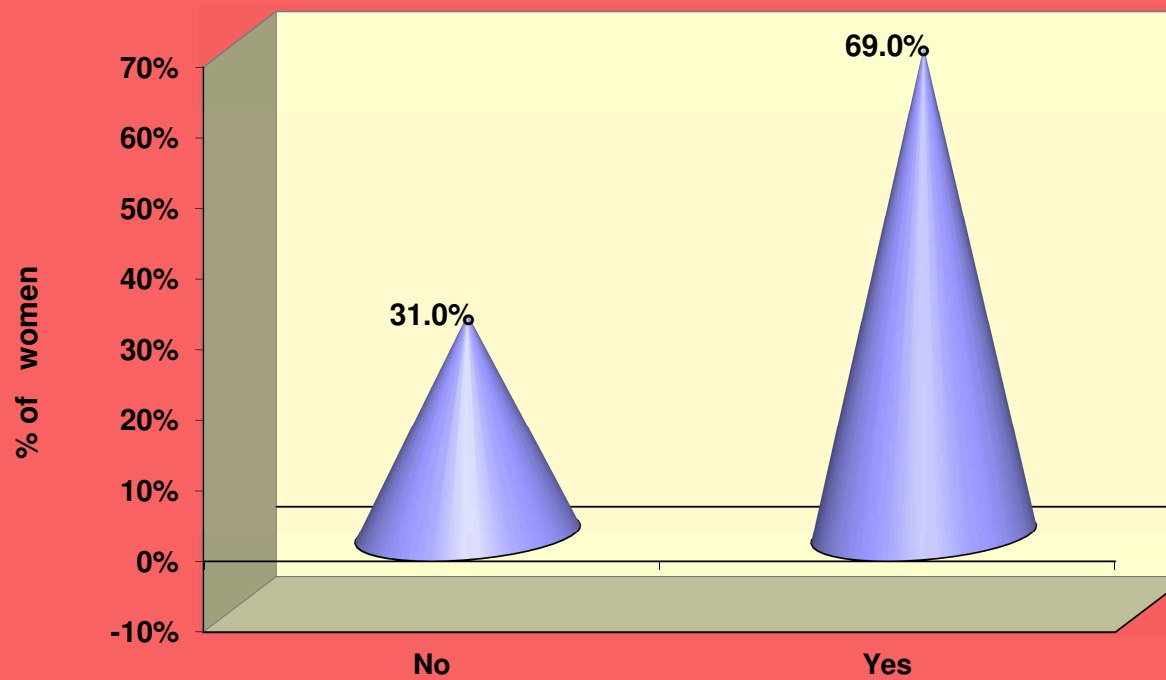


**FIGURE - 10 Percentage distribution of premenopausal woman duration of menstruation**

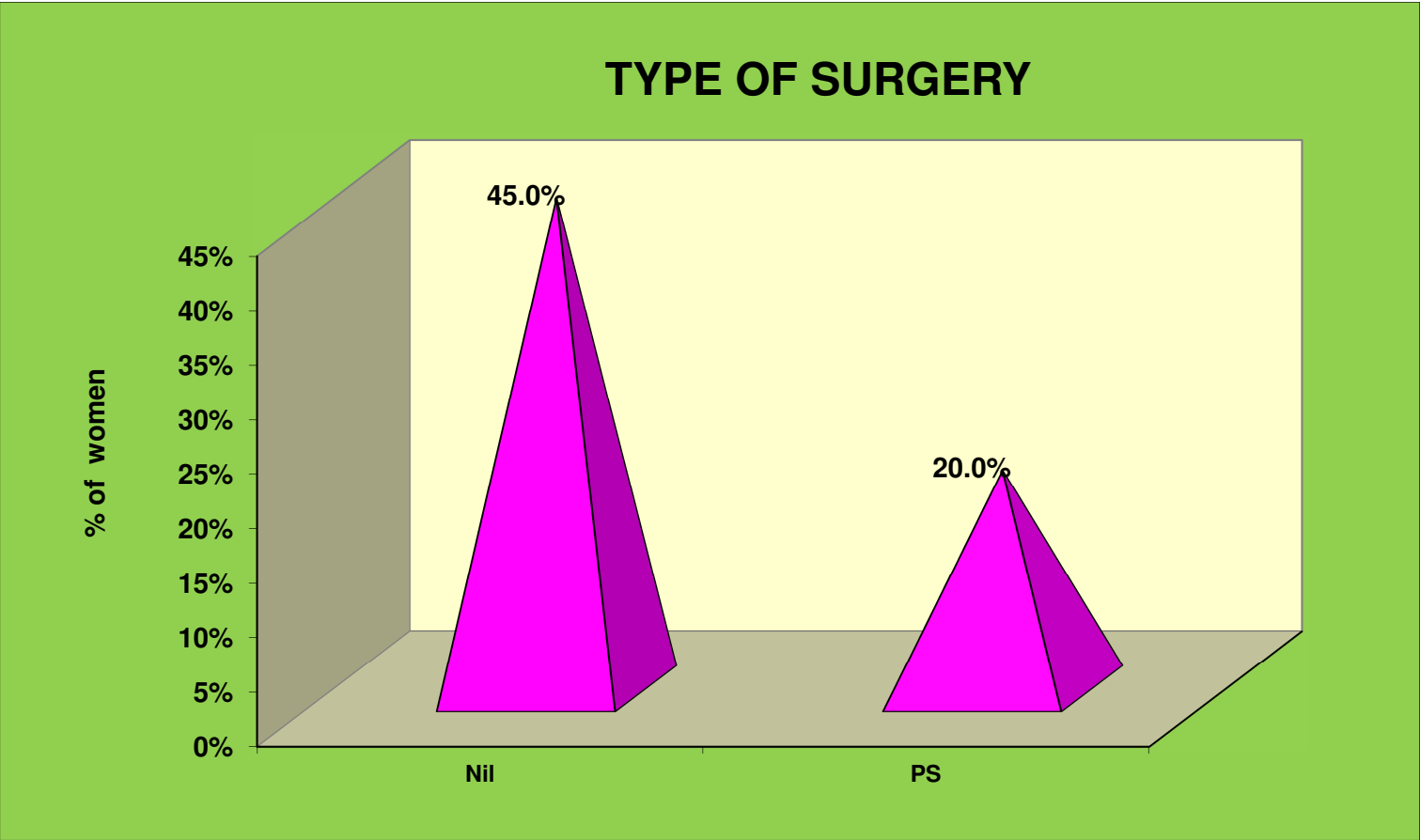


**FIGURE – 11** Percentage distribution of premenopausal women nature of bleeding

## History of previous surgery



**FIGURE - 12 Percentage distribution of previous history of surgery**



**FIGURE - 13** Percentage distribution of type of surgery among pre menopausal women

**Section C: Pretest level of knowledge about menopausal transition and coping**

**Table 3: PRETEST PERCENTAGE OF KNOWLEDGE**

Knowledge on	No.of questions	Min – Max score	Mean	SD	% of mean score
General information	2	0 -2	.94	.78	47.0%
Causes, signs and symptoms	4	0 -4	1.36	.66	34.0%
Management of menopause	8	0-8	3.69	.96	46.1%
OVERALL	14	0-14	5.99	1.66	42.8%

Table 3 shows each aspects wise percentage of knowledge before video assisted teaching about menopausal transition and coping among premenopausal women. They are having more knowledge in the General information (47.0%) and less knowledge in Causes, signs and symptoms (34.0%). Overall, they are having 42.8% of knowledge score.

**Table 4: PRETEST LEVEL OF KNOWLEDGE**

Level of knowledge	No. of women	%
Inadequate	48	48.0%
Moderate	52	52.0%
Adequate	0	0.0%
Total	100	100%

Table 4 shows level of knowledge before video assisted teaching about menopausal transition and coping among premenopausal women. In general 48.0% of the women are having inadequate knowledge, 52% of them are having moderate knowledge and none of them are having adequate knowledge.

**Table 5: SCORE INTERPRETATION:****Minimum score = 0 Maximum score =14 questions= 14 Total score=14**

S no.	Grade	Score	%
1.	Inadequate	0-5	<32%
2.	Moderate	6-10	33-69%
3.	Adequate	11-14	>69%

This table shows the score interpretation used to assess the level of knowledge among the pre menopausal women who were participating in the study.

#### **Section D: Posttest level of knowledge about menopausal transition and Coping**

**Table 6: POSTTEST PERCENTAGE OF KNOWLEDGE**

Knowledge on	No.of questions	Min – Max score	Mean	SD	% of mean score
General information	2	0 -2	1.74	.44	87.0%
Causes, signs and symptoms	4	0 -4	3.29	.81	82.3%
Management of menopause	8	0-8	6.68	.94	83.5%
<b>OVERALL</b>	14	0-14	11.71	1.35	83.6%

Table 6 shows each aspects wise percentage of knowledge after video assisted teaching about menopausal transition and coping among premenopausal women. They are having more knowledge in the General information (87.0%) and less knowledge in Causes, signs and symptoms (82.3%). Overall, they are having 83.6% of knowledge score

**Table 7: POSTTEST LEVEL OF KNOWLEDGE**

Level of knowledge	No. of women	%
Inadequate	0	0.0%
Moderate	18	18.0%
Adequate	82	82.0%
Total	100	100%

Table 7 shows level of knowledge after video assisted teaching about menopausal transition and coping among premenopausal women. In general none of the women are having inadequate knowledge, 18% of them are having moderate knowledge and 82% of them are having adequate knowledge.

**Section E: Comparison of pretest and post test level of knowledge**

**Table 8: COMPARISON OF MEAN KNOWLEDGE SCORE**

	Knowledge score				Student's Paired t-test
	Pretest		Posttest		
	Mean	SD	Mean	SD	
General information	0.94	.78	1.74	.44	t=9.38, P=0.001*** Significant
Causes, signs and symptoms	1.36	.66	3.29	.81	t=20.41, P=0.001*** Significant
Management of menopause	3.69	.96	6.68	.94	t=22.88, P=0.001*** Significant

\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Considering **General information** aspects, in the pre assessment, premenopausal women are having 0.94 mean scores where as in post assessment, they are having 1.74 mean scores, so the difference is 0.80. This difference between pre assessment mean and post assessments mean is large and it is statistically significant.

Considering **Causes, signs and symptoms** aspects, in pre assessment, premenopausal women are having 1.36 mean score where as in post assessment they are having 3.29 mean score, so the difference is 1.93. This difference

between pre assessment and post assessment is large and it is statistically significant.

Considering **Management of menopause aspects**, in pretest assessment , premenopausal women are having 3.69 mean score where as in post assessment they are having 6.68 mean score , so the difference is 2.99. This difference between pre assessment and post assessment is large and it is statistically significant.

Statistical significance was calculated by using student's paired 't'test.

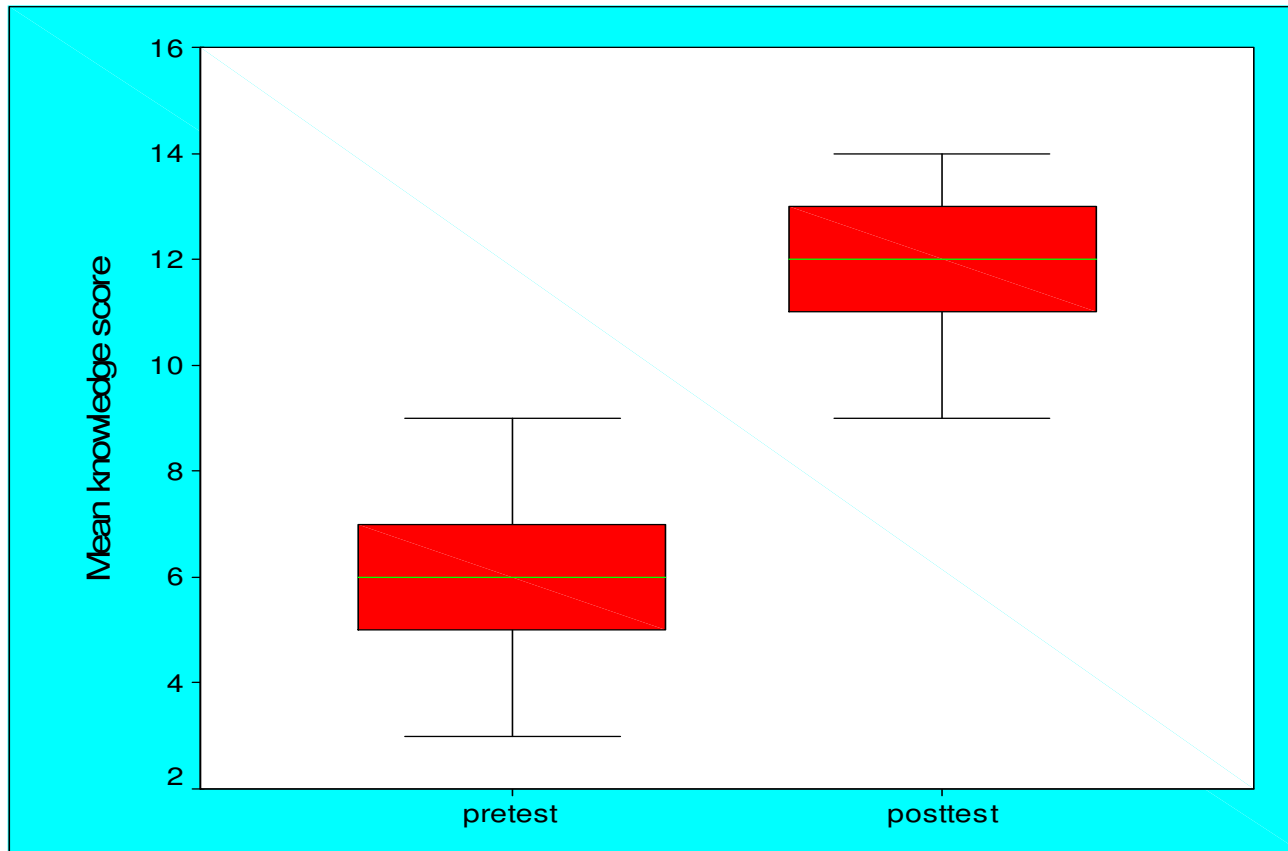
**Table 9: COMPARISON OF OVERALL KNOWLEDGE SCORE**

	No. of women	Mean ± SD	Student's paired t-test
Pretest	100	5.99±1.66	t=31.32 P=0.001*** Significant
Posttest	100	11.71±1.35	

\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Table no 9 shows the comparison of overall knowledge score between pre assessment and post assessment. Considering overall ,in pre assessment , premenopausal women are having 5.99 mean score where as in post assessment they are having 11.71mean score , so the difference is 5.72. The difference between pre assessment and the post assessment knowledge score is large and it is statistically significant Differences between pre assessment and post assessment knowledge was analyzed using paired t-test.





**FIGURE 14: Box plot compares pretest and posttest knowledge score about menopausal transition and coping among premenopausal women**

**Table 10: COMPARISON OF PRETEST AND POSTTEST LEVEL OF KNOWLEDGE**

	Pretest		Posttest		Chi square test
	No. of women	%	No. of Women	%	
Inadequate	48	48.0%	0	0.0%	$\chi^2=146.51$ P=0.001*** Significant
Moderate	52	52.0%	18	18.0%	
Adequate	0	0.0%	82	82.0%	
Total	100	100.0%	100	100.0%	

(Fig 13) DF= degrees of freedom

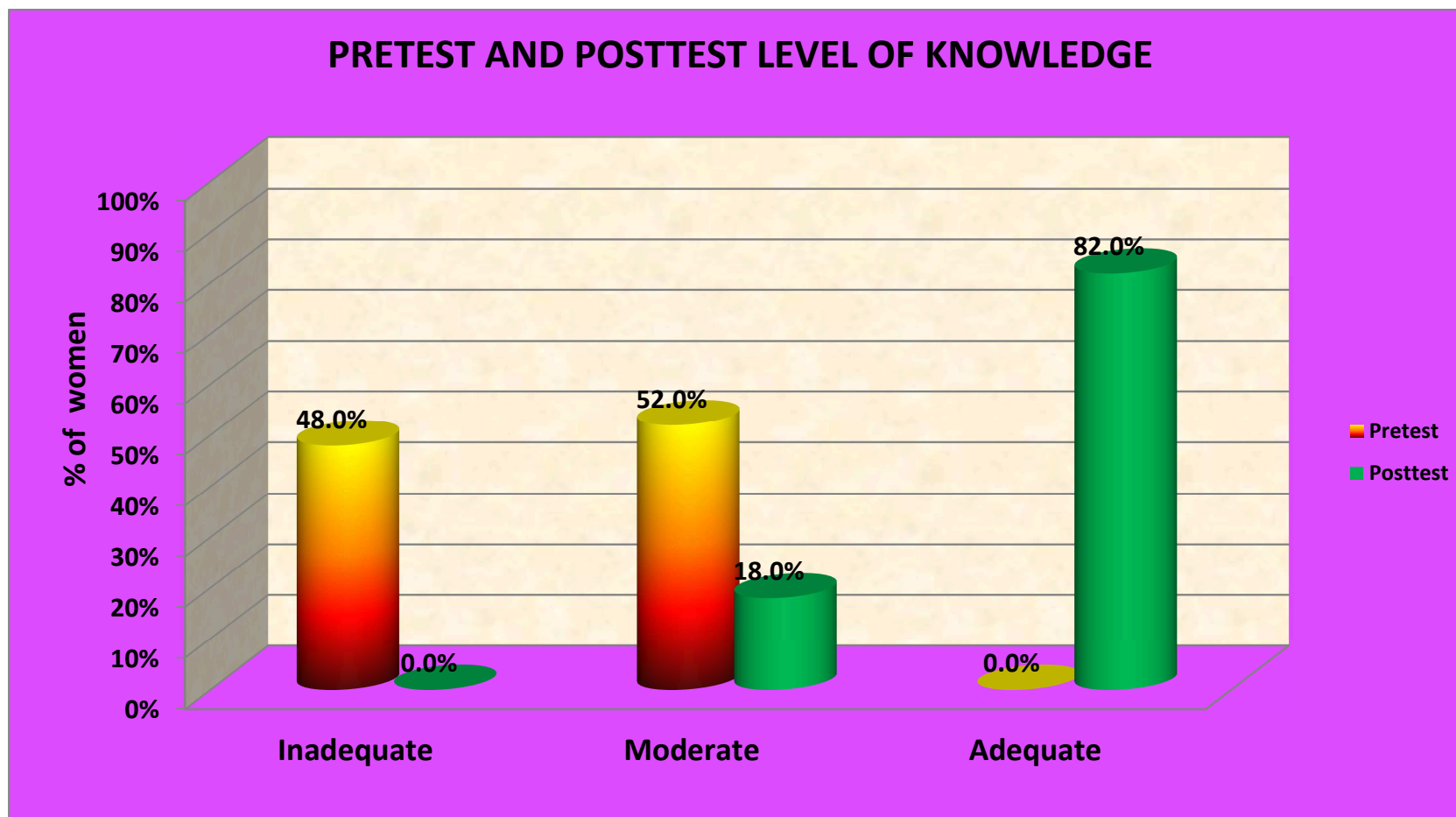
\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Table no. 10 shows the pretest and posttest knowledge regarding menopausal transition and coping among premenopausal women.

Before Video assisted teaching, 48.0% of the women have inadequate knowledge, 52% of them are having moderate knowledge and none of them are having adequate knowledge.

After the administration of Video assisted teaching, none of the women are having inadequate knowledge, 18% of them are having moderate knowledge and 82% of them are having adequate knowledge.

The chi - square test was used to test statistical significance.



**FIGURE - 15** Percentage distribution of pre-assessment and post assessment knowledge level

**Table 11: COMPARISON OF OVERALL KNOWLEDGE SCORE**

	Max score	Mean knowledge score	Mean Difference in knowledge with 95% Confidence interval	Percentage of knowledge gain with 95% Confidence interval
Pretest	14	5.99	5.72(5.36 – 6.08)	40.9%(38.3% –43.4%)
Posttest	14	11.71		

\* significant at  $P \leq 0.05$  \*\* highly significant at  $P \leq 0.01$  \*\*\* very high significant at  $P \leq 0.001$

Table no 11 shows the comparison of overall knowledge score between pre assessment and post assessment. On an average, in post assessment, women are gaining 40.9% of knowledge after having Video assisted teaching. Differences between pre assessment and post assessment score was analyzed using proportion with 95% CI and mean difference with 95% CI.

**Section F:** Effectiveness of video assisted teaching on menopausal transition and coping

**Table 12: EFFECTIVENESS OF VIDEO ASSISTED TEACHING**

Domains	Pretest Knowledge	Posttest Knowledge	% of knowledge Gain
General information	47.0%	87.0%	40.0%
Causes, signs and symptoms	34.0%	82.3%	48.3%
Management of menopause	46.1%	83.5%	37.4%
<b>OVERALL</b>	42.8%	83.6%	37.5%

Table 12 shows each domain wise knowledge gain

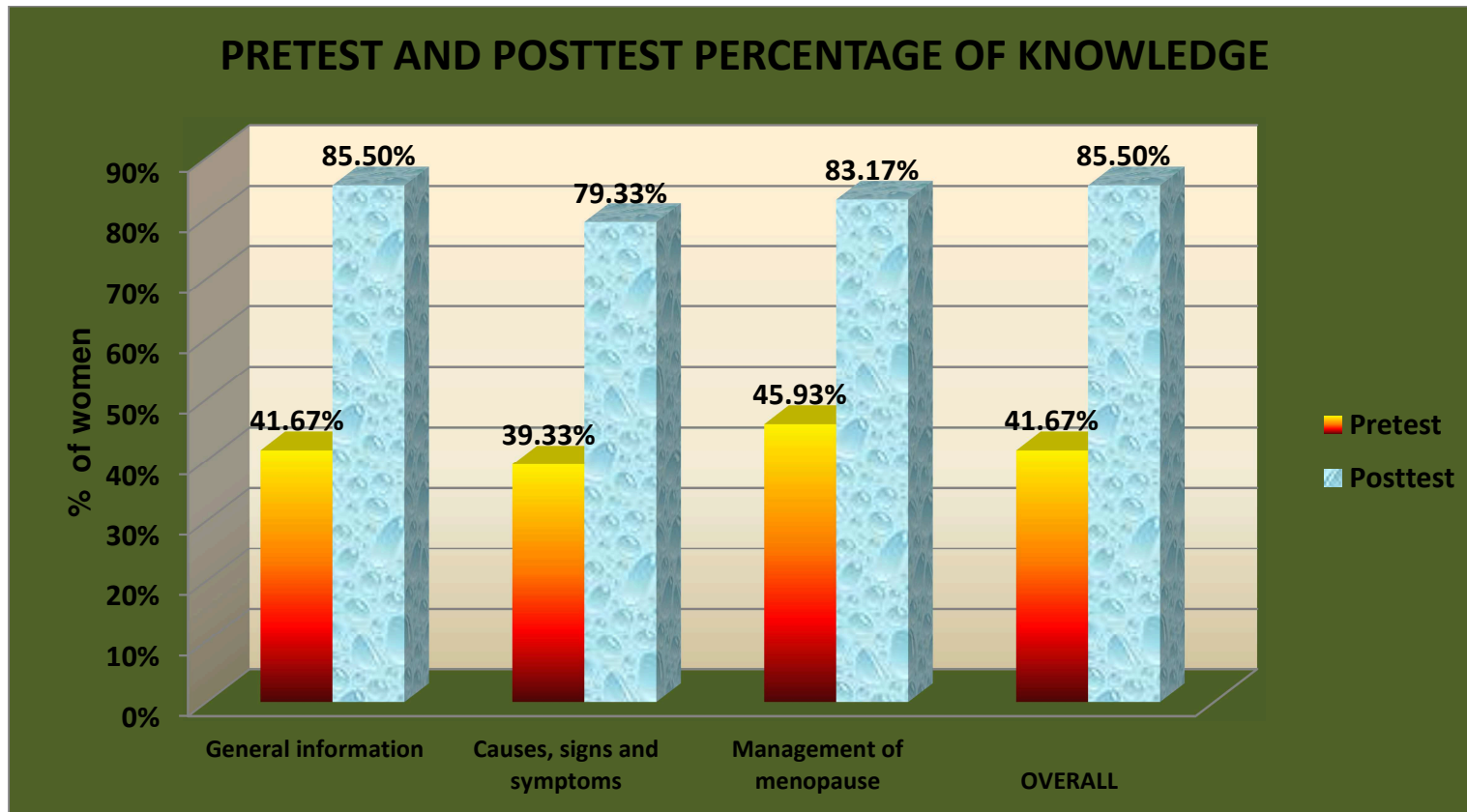
In General information aspect they have gained 40.0% of knowledge.

On Causes, signs and symptoms aspect they have gained 48.3% of knowledge

In Management of menopause aspect they have gained 37.4% of knowledge

Overall, they gained 37.5% knowledge when comparing pretest and posttest knowledge score.

This shows the effectiveness of Video assisted teaching regarding menopausal transition and coping among premenopausal women.



**FIGURE - 16** Percentage distribution of pretest and post test percentage of knowledge among premenopausal women

**Section G:** Association of level of knowledge with selected demographic variables

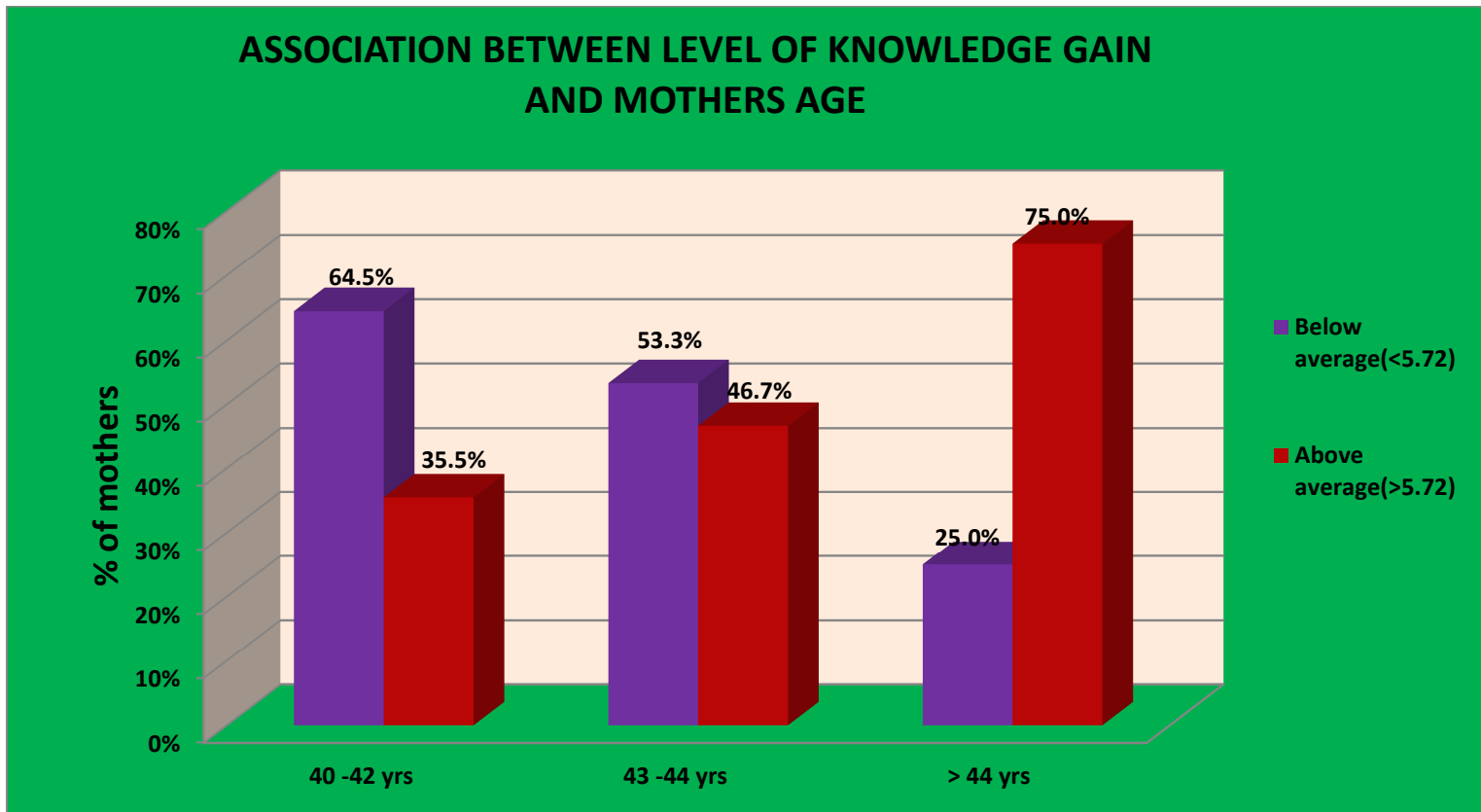
Table13: Association between knowledge gain and women

Demographic variables

Demographic variables		Level of knowledge gain				Total	Chi square test
		Below average (<5.72)		Above average (>5.72)			
		n	%	n	%		
Age	40 -42 yrs	20	64.5%	11	35.5%	31	$\chi^2=8.81$ P=0.01**
	43 -44 yrs	24	53.3%	21	46.7%	45	
	45 yrs	6	25.0%	18	75.0%	24	
Educational Status	1 -6th STD	16	53.3%	14	46.7%	30	$\chi^2=6.72$ P=0.03*
	7 -12th STD	31	47.0%	35	53.0%	66	
	Diploma	3	75.0%	1	25.0%	4	
Occupation	Self employed	5	71.4%	2	28.6%	7	$\chi^2=1.85$ P=0.39
	Housewife	24	45.3%	29	54.7%	53	
	Daily wages	21	52.5%	19	47.5%	40	
Family Income Per Month	< Rs.1589	17	51.5%	16	48.5%	33	$\chi^2=4.69$ P=0.19
	Rs.1590 - 4726	8	36.4%	14	63.6%	22	
	Rs.4727 - 7877	16	48.5%	17	51.5%	33	
	Rs.7878 - 11816	9	75.0%	3	25.0%	12	
Religion	Hindu	41	47.7%	45	52.3%	86	$\chi^2=1.58$ P=0.45
	Christian	6	60.0%	4	40.0%	10	
	Muslim	3	75.0%	1	25.0%	4	

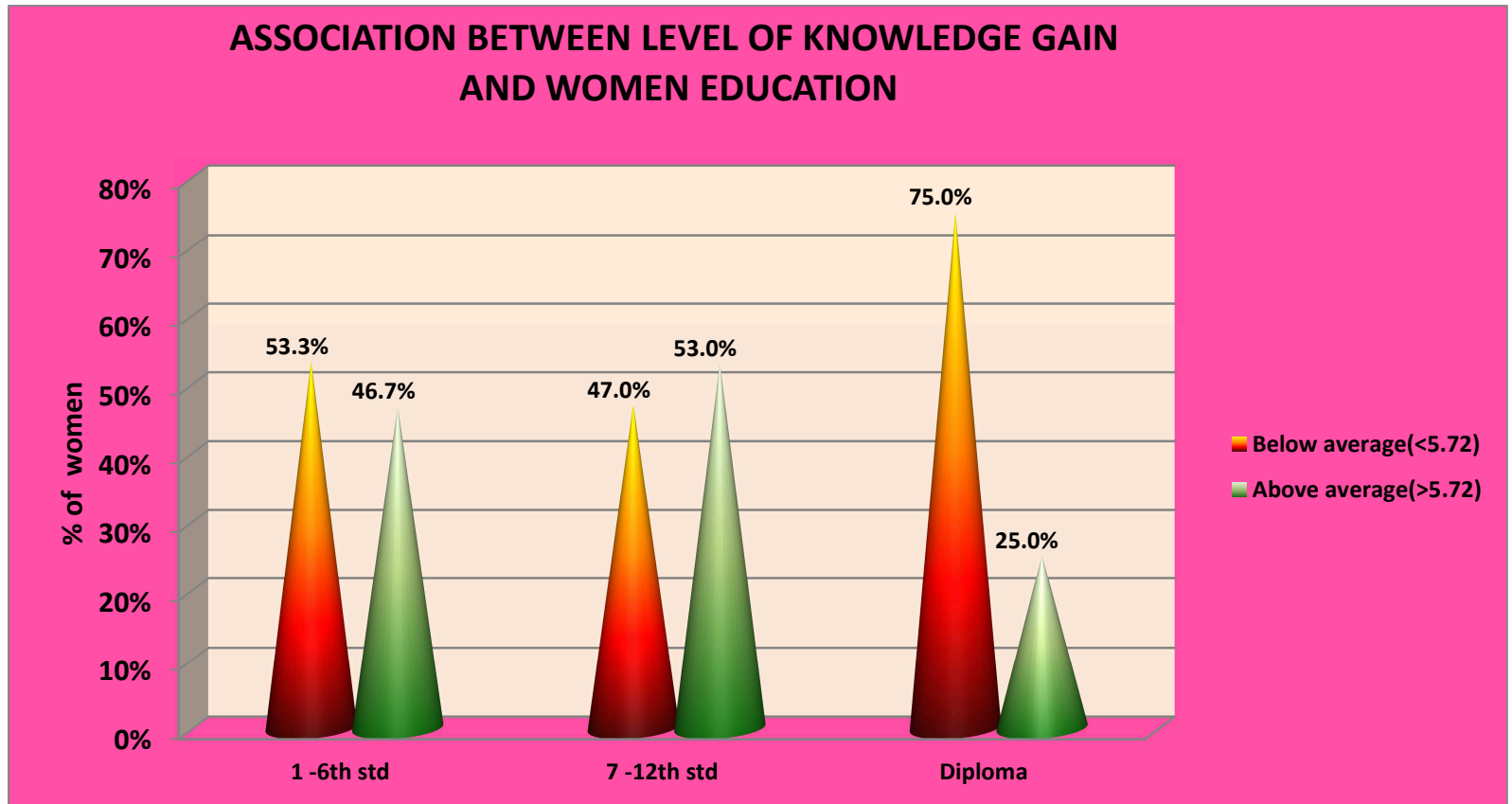
Knowledge gain = post assessment score- pre assessment score

Table no 13 shows the association between level of knowledge gain and their demographic variables. Elder, more educated were gained more knowledge. Statistical significance was calculated using chi square test



**FIGURE – 17** Percentage distribution of association between level of knowledge gained and age





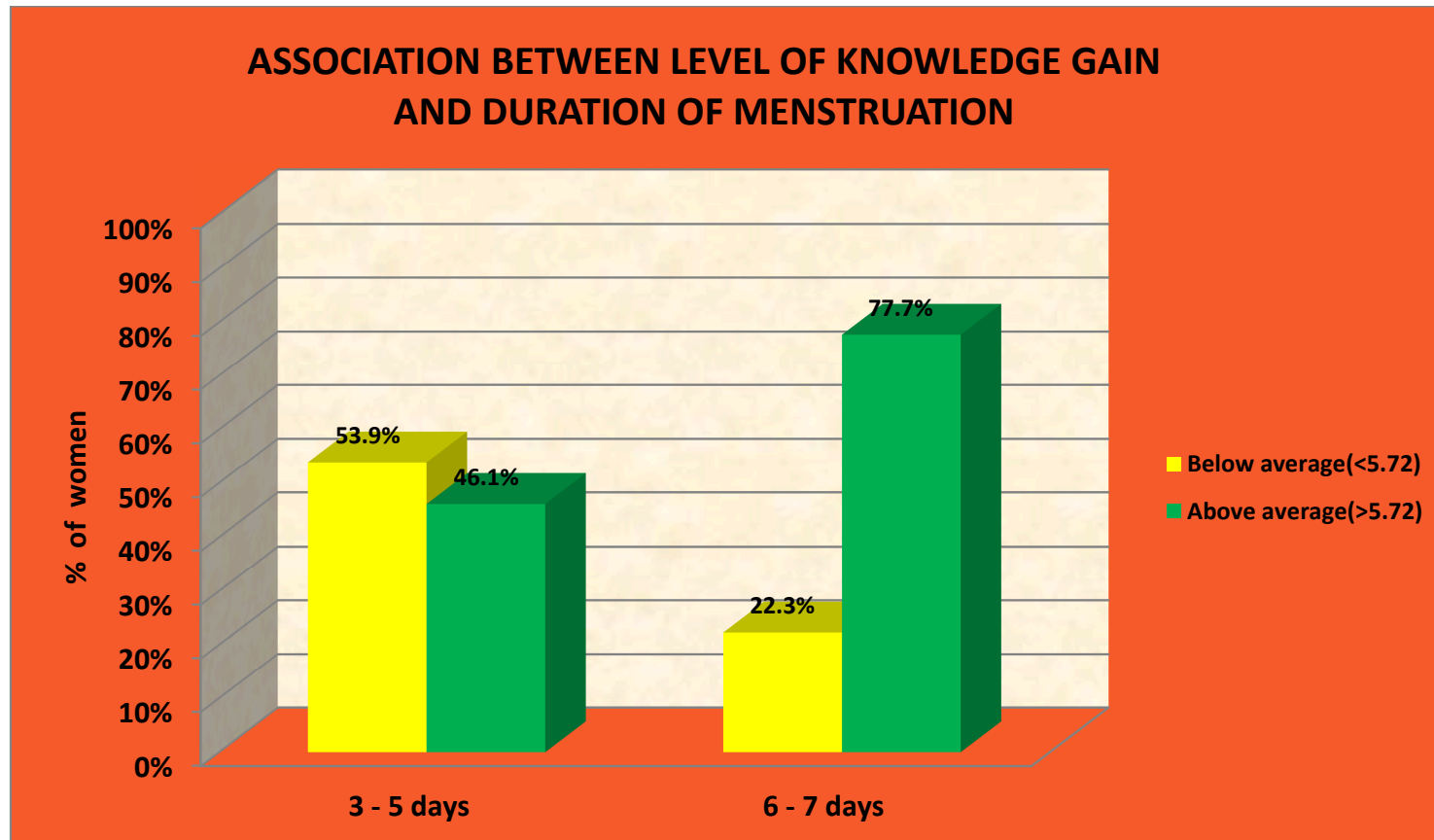
**FIGURE - 18** Percentage distribution of association between level of knowledge gain and education

Table14: Association between knowledge gain and their Obstetric variables

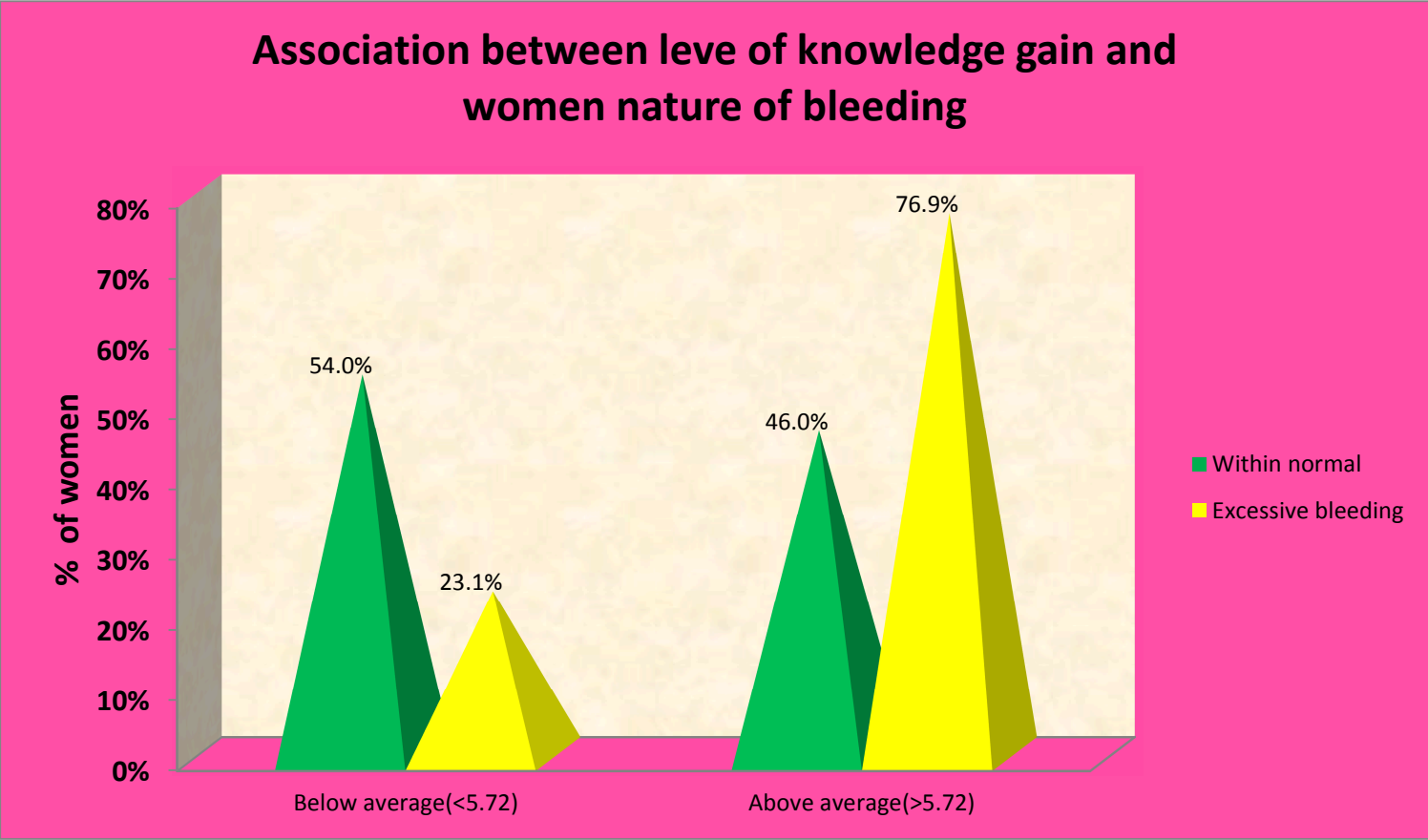
Obstetric variables		Level of knowledge gain				Total	Chi square test
		Below average		Above average			
		N	%	N	%		
Age at menarche	8 -10 yrs	1	25.0%	3	75.0%	4	$\chi^2=4.01$ P=0.26
	11 -12 yr	27	49.1%	28	50.9%	55	
	13 -14 yr	19	50.0%	19	50.0%	38	
	15 -16 yr	3	100.0%			3	
Regulation of menstruation cycle	Regular	43	48.3%	46	51.7%	89	$\chi^2=0.91$ P=0.33
	Irregular	7	63.6%	4	36.4%	11	
Duration of menstruation	3 - 5 days	48	53.9%	41	46.1%	89	$\chi^2=5.01$ P=0.01**
	6 - 7 days	2	22.3%	9	77.7%	11	
Nature of bleeding	Within normal	47	54.0%	50	46.0%	87	$\chi^2=4.33$ P=0.04*
	Excessive bleeding	3	23.1%	10	76.9%	13	
History of any surgery	No	11	35.5%	20	64.5%	31	$\chi^2=1.58$ P=0.45
	Yes	39	56.5%	30	43.5%	69	
If yes, specify	Nil	11	35.5%	20	64.5%	31	$\chi^2=1.58$ P=0.45
	PS	39	56.5%	30	43.5%	69	

Knowledge gain = post assessment score- pre assessment score

Table no 14 shows the association between level of knowledge gain and their obstetric variables. More duration of menstruation and excessive bleeding women have gained more knowledge. Statistical significance was calculated using chi square test



**FIGURE – 19** Percentage distribution of association between level of knowledge gained and duration of Menstruation



**FIGURE – 20** Percentage distribution of association between level of knowledge gain and women nature of bleeding

## **CHAPTER – V**

### **DISCUSSION**

A Total of 130 million Indian women is expected to live beyond the menopause into old age by 2015. The menopause is emerging as an issue owing to rapid globalization, Urbanization, awareness and increase longevity in urban middle-aged Indian women, who are evolving as a homogeneous group. Improved economic conditions and education may cause the attitude of rural working women to be more positive towards the menopause. However, most remain oblivious of the short-and long-term implication of the morbid conditions associated with middle and old age, simply because of lack of awareness, and the unavailability or ever-increasing cost of the medical and social support systems. The main focus of this study is to assess the effectiveness of video assisted teaching in the menopausal transition and coping strategies among pre menopausal women.

The research design adopted was a one group pretest post test design. The population was premenopausal women in the age group of 40-45 years. The conceptual framework of this research was based on Context, Input, Process and Product Evaluation (CIPP) Model. The study has adopted Non probability convenient Sampling technique and estimated sample size was 100 premenopausal women. Descriptive statistics and inferential statistics were used to analyze the data and to test the study hypothesis.

The discussion about the study findings is presented in this chapter to arrive at a conclusion based on the objectives, the related literatures and hypothesis.

**The first objective of the study was to assess the pre assessment knowledge of menopause among premenopausal women (age group between 40-45 years)**

In assessing the pre test knowledge each aspects wise percentage of knowledge before video assisted teaching about menopausal transition and coping among premenopausal women shows that they are having more knowledge in the General information (47.0%) and less knowledge in Causes, signs and symptoms (34.0%). Overall, they are having 42.8% of knowledge score.

**Kharat Mercy In 2010**, an evaluatory study was conducted in Wardha city, Gujarat, India, to evaluate the effectiveness of self instructional module on knowledge regarding menopausal changes and coping among pre-menopausal women. A sample of 50 pre-menopausal women aged between 40-45 years were included and a structured questionnaire was used to assess the knowledge regarding menopausal changes and its coping. The result shows that there was a significant difference between the pre-test and post test knowledge score regarding menopausal changes and its coping as z value was 6.17 and p value 0.000 where  $p < 0.05$ . Thus, the result showed that the self instructional module was effective in enhancing the knowledge of pre menopausal women regarding menopausal changes.

**The second objective was to assess the post assessment knowledge of menopause among premenopausal women**

In assessing the post test level of knowledge, none of the women are having inadequate knowledge, 18% of them were having moderate knowledge and 82% of them are having adequate knowledge.

**The third objective was to evaluate the effectiveness of video assisted teaching on knowledge of menopause among pre menopausal women**

It shows that there is significant improvement in all the aspects specifically In General information aspect they are gained 40% of knowledge

On Causes, signs and symptoms aspect they have gained 48.3% of knowledge

In Management of menopause aspect they have gained 37.4% of knowledge

Overall, they gained 37.5% knowledge when comparing pre assessment and post assessment knowledge score.

This shows the effectiveness of video assisted teaching regarding menopausal transition and coping among premenopausal women.

The present study was supported by **Jovanna . v 2010**, conducted on experimental study on the effectiveness of video health teaching of knowledge and practice regarding antenatal exercise among pregnant women in Muthanenthal PHC Manamadurai. The study population comprises of pregnant women with 5-7 months of gestation attending antenatal clinics in Primary Health Center. It shows the effectiveness of video assisted health teaching.

**The fourth objective was to find the association between the levels of knowledge with selected demographic variables.**

After video Assisted Teaching post assessment knowledge score has a significant association with the age of premenopausal women that the women aged 45 years have gained more knowledge than the pre assessment i.e. ( $\chi^2=8.81$ ,  $P=0.01^{**}$ ) Post assessment also has a significant association with the education that the mother who have got education up to 12<sup>th</sup> standard they have gained more knowledge. I. e. ( $\chi^2=6.72$  $P=0.03^*$ ) Statistical significance was calculated using chi square test.

The present study was supported by ,**Kakkar v, et.al IP2007**, a study conducted on finding the variation in menopausal with age, education and working/non working status in North-Indian sub population using menopause Rating scale (MRS). Thus, the study concludes that age; level of education and working/non working status may also contribute to significant variation of menopausal symptoms.



## **CHAPTER VI**

### **SUMMARY, CONCLUSIONS, IMPLICATIONS, RECOMMENDATIONS**

This chapter deals with the summary of the study's implications, for nursing practice, education, nursing research, administration and recommendations for future research.

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

Menopause is a natural event that normally occurs between the ages of 45-55 years. Menopause is an expected part of a women's development and does not need to be prevented. However, there are ways to reduce or eliminate some of the symptoms that accompany menopause.

The investigator in this study assesses the effectiveness of video assisted teaching program on menopausal problems and coping.

One group pre test, post-test research design was adopted in this study. Pre menopausal women between the age group of 40-45 years, residing at Choolai, Chennai, were selected by convenient sampling technique. The sample size was 100.

Extensive review of literature, professional experience and expert guidance from the field of obstetrics and gynecology and community health led the investigator to design the methodology. The conceptual framework developed for this study was based on Context, Input, Process and Product Evaluation (CIPP) Model.

The tools used for the study are structured questionnaire to assess the knowledge of menopausal problems and coping strategy. The review of literature provided the base to construct the tools to select the methodology.

The conceptual framework provided a comprehensive framework for evaluation of the video assisted program. A video teaching plan on menopausal problems and coping was developed. All the tools were also translated in Tamil language.

After obtaining the content validity from the experts, the pilot study was conducted and along that the reliability of the tools was tested. The ethical aspect of the research was maintained, throughout the period, formal permission was obtained from the authority. The information collected is kept confidential.

The findings from the pilot study, established and practicability and feasibility hence, the investigation proceeded to the main study. Descriptive statistics were used to analyze the mean frequency and standard deviation of menopausal problems, knowledge and coping. Inferential statistics were used to determine the comparison and association.

After the pre assessment, education was given regarding menopausal problems and its coping strategies with the use of video assisted teaching. One to one teaching was given on the same day of the pre assessment. On the seventh day post assessment was conducted by using the same tool. The findings revealed that teaching created awareness and improved knowledge on menopausal problems and coping and in turn reduced the severity of the problem.

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

- Study group of 45% of premenopausal women were in the age group 43-44 years, 31% of them were in the age group of 40-42 years and 24% were at 45 years of age.
- Educational status of the study group reveals that 66% had education up to 7-12<sup>th</sup> standard ,30% had education up to 1-6<sup>th</sup> standard respectively 4% had the education up to diploma.

- The data regarding occupation shows that 53% of the study groups were housewife, 40% were daily wages and 7% of them were self employed.
- The monthly income among the study group illustrates that 33% belongs to lower income group, 33% of them belongs to a lower middle income group, 22% of them belongs to an upper lower income group, 12% of them belongs to upper middle class income group.
- Regarding religion most of the study group (i.e.) 86% of them were Hindus and 10% were Christians, 4% of them were Muslims.

The major objectives brought out the following,

- In pre assessment pre menopausal women are having more knowledge in the General information (47.0%) and less knowledge in Causes, signs and symptoms (34.0%). Overall, they are having 42.8% of knowledge score.
- In pre assessment pre menopausal women are having more knowledge in the General information (87.0%) and less knowledge in Causes, signs and symptoms (82.3%). Overall, they are having 83.6% of knowledge score.
- The premenopausal women's group In general none of the women are having inadequate knowledge, 18% of them are having moderate knowledge and 82% of them are having adequate knowledge.
- There is a good correlation between post assessment knowledge, attitude and practice score and the score is statistically highly significant ( $p=0.001$ ).

- There is significant improvement in the level of knowledge, attitude and practice after the video assisted teaching program.

### **6.3 IMPLICATIONS OF THE STUDY**

The findings of the study have implication for the nursing profession. The implications drawn from the study were of vital concern for community nursing practice, nursing education, nursing research and nursing administration.

#### **NURSING PRATICE**

- Nurses can be prepared to provide holistic care; considering the physical and mental changes expected to occur in women during her menopausal change.
- Nurses can prepare the women in reproductive years itself to adapt to the menopausal changes positively.
- Nurses can encourage family support for women undergoing transition.

#### **NURSING EDUCATION**

- Periodic conferences, seminars workshops and symposium can be arranged to update the knowledge with recent developments.

#### **NURSING ADMINISTRATION**

- The nurse administrator should make the responsibility to inculcate the notion of the holistic care in the staff.
- The nurse administrators should encourage the staff nurses to give importance on health tasks.

- Nurse administrators should organize an in-service education program for nurses about the recent developments in menopausal problem management.
- Nurse administrators should emphasize counseling programs for the clients.

## **NURSING RESEARCH**

This study is a preliminary set up for exploring the concept of knowledge on menopausal problems for its better management and coping. The results of this study encourage women in adopting a healthy lifestyle in coping with menopausal problems.

### **6.4 RECOMMENTATIONS**

The study recommends the following for further research

1. A Similar study can be undertaken on a larger sample.
2. A Comparative study can be performed between the pre menopausal and post menopausal women
3. A Study can be conducted to compare the menopausal problems among women with natural menopause to women with surgically induced menopause.

### **6.5 CONCLUSION**

The study was conducted to assess the effectiveness of video assisted teaching on level of knowledge of pre menopausal women regarding menopausal transition and coping measures in selected urban area Choolai. The finding of the study that the video assisted teaching was very effective in improving the level of knowledge. This study will help the health care professionals to develop appropriate teaching materials. Video assisted teaching is a proven method to improve the knowledge of the pre menopausal women which will help to facilitate the healthy growth and development and healthy practices in day to day activities.

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# APPENDIX I

## RESEARCH TOOL

### PRE TEST QUESTIONNAIRE

#### PART - A

#### DEMOGRAPHIC DATA

#### INSTRUCTIONS:

- Please be frank and free in answering the question.
- Read each item carefully and answer all the questions.
- Answers will be used only for research purpose and will be confidential.
- Please put a tick mark at the appropriate option.

Name:

Address:

#### BASELINE PROFORMA

##### 1. Age in years

a) 40 -42

c) 45

b) 43-44

##### 2. Education

a) 1-6<sup>th</sup> std

b) Diploma

b)7<sup>th</sup>-12<sup>th</sup>std

d)Degree

3. Occupation

a) Self employed  c) Daily wages

b) House wife  d)Any other

4. Family Income per month in rupees

a) Below 1,589  c) 1,590 -4,726

b) 4,727 -7,877  d) 7,878-11,816

5. Religion

a)Hindu  c)Muslim

b)Christian  d) Any other

**PART -B**

**SECTION-A**

**OBSTETRIC HISTORY**

6. Age at menarche in years

a) 8-10  c) 13-14

b) 11-12  d) 15-16

7. Regularity in menstrual cycle

a) Regular  c) Any other

b) Irregular

8. Duration of menstruation

- a) 3-5 days  c) More than 7days   
b) 6-7days

9. Nature of bleeding

- a) Within normal  c) Any other   
b) Excessive bleeding

10. History of any surgery

- a) No  b) yes

11.If yes specify .....

**SECTION-B**

**QUESTIONNAIRE**

**General Question**

12.Menopause is

- a) it is the cessation of menstruation  b) It is irregular bleeding   
c) It is an abnormal condition  d) Don` t know

13. The normal age of menopause is

- a) 35-39 years  b) 40-45 years   
c) 46-50 years  d) Above 50

## Causes, Signs and Symptoms

14. Cause of menopause is

- a) Changes in hormone production  b) Anaemia   
c) Natural phenomena  d) All the above

15. The most common symptom of menopause

- a) Hot flushes  b) Diarrhoea   
c) Vomiting  d) don't know

16 . Hot flush means

- a) Heat rashes  b) Bleeding with pain   
c) Sudden sensation of intense heat  d) Don't know

17. Effect of caffeine intake in menopause

- a) Head ache  b) knee Joint pain   
c) Hot flash  d) Don't know

## Management of menopause

18. Hot flush can be minimized by

- a) Eating more food  b) Engaging with other activity   
c) Minimize the intake of spicy food and coffee  d) Don't know

19. Night sweat can be reduced by

- a) Using sleeping pills  b) Doing exercise   
c) Sleeping in a well ventilated room  d) Don't know

20. Clothing to be worn to avoid hot flushes and night sweats

- a) Tight dresses  b) Loose fitting cotton clothes   
c) Synthetic clothes  d) Don't know

21. Vitamin which reduces hot flushes

- a) Vitamin D  b) Vitamin C   
c) Vitamin E  d) Don't know

22. Which of the following measures interferes with good sleep

- a) Doing prayer  b) Warm milk before bed time   
c) Light meal before bed time  d) All the above

23. Urinary tract infection during menopausal age can be prevented by

- a) Taking bath every day  b) Doing exercise   
c) Drinking lot of water  d) Don't know

24. Which of the following is high fibre diet

- a) Vegetables  b) sweets   
c) Egg  d) Don't know

25. Mood swings can be managed by

- a) Adequate sleep and avoiding stress  b) House hold works   
c) Exercise  d) Don't know



**ANSWER KEY**

**SECTION –B**

<b>Question no</b>	<b>Answers</b>
12	<b>a</b>
13	<b>c</b>
14	<b>d</b>
15	<b>a</b>
16	<b>c</b>
17	<b>c</b>
18	<b>c</b>
19	<b>c</b>
20	<b>b</b>
21	<b>a</b>
22	<b>d</b>
23	<b>c</b>
24	<b>a</b>
25	<b>a</b>

## APPENDIX V

### **SUMMARY OF THE VIDEO ASSISTED TEACHING ON MENOPAUSAL TRANSITION AND COPING STRATEGIES**

Menopause is a natural event and it is described as the reverse to menarche. The symptoms of menopause are mainly the results of falling levels female hormones. The menopause period different for each individual women.

#### **Meaning:**

Menopause is the permanent cessation of menses and is confirmed by the absence of menstruation for 12 months.

#### **Factors affecting menopause:**

- Life style
- Genetic make up
- Hormones

#### **Life style:**

Includes diet,exercise,weight,smoking and environment.

#### **Genetic makeup:**

Genes from parents or hereditary.

#### **Hormones:**

Estrogens and progesterone produced by the ovaries

#### **Causes:**

Declined level of estrogens and progesterone because the women's ovary stops producing these as she ages.

## **Signs and symptoms:**

### **Irregular periods:**

Longer or shorter periods with more or less time in between.

### **Hot flashes:**

Sudden feeling of heat in the upper part or all over the body, Face and neck can become flushed, blotches can appear on chest, back and arms. Heavy sweating and cold shivering may follow. It can last up to 30 seconds to 5 minutes. Usually more during the first 2 years of post menopausal period.

### **Mood swings:**

Hormonal changes may affect a mood during menopause especially if she is under the stress. Reports of increased irritability, anxiety, fatigue, and blue moods are not uncommon.

### **Irritability:**

State of extreme sensitivity to stimulations of any kind.

### **Fatigue:**

Mostly due to inadequate sleep

### **Sleep disturbance:**

Mostly due to night sweat.

### **Vaginal dryness:**

This leads to lack of sexual desire.

### **Stress incontinence:**

Due to the bladder changes.

Forgetfulness

Muscle pain and joint stiffness

Night sweats

**Other body changes:**

Weight gain in waist area

Reduction in breast size

Dry and wrinkled skin

Thinning of hair

Hair growth on upper lips and chin. Each women experiences different signs of menopause and for different length of time. Common sign is stoppage of cycle

**Management:**

**Hot flashes:**

- Cold drink or juice
- Cotton thin dresses.
- Being in a cool well ventilated room
- If you've been getting hot flashes, **stay away from alcohol, coffee, spicy foods, and hot drinks.** Many of these foods are triggers.

**Fatigue:**

Proper sleep and rest

**Mood swing:**

Exercises reduces stress

Avoid stress

## Reduce caffeine

Adequate sleep Relaxation and stress-reduction techniques, including deep-breathing exercises and massage, a healthy lifestyle (good nutrition and daily exercise), and enjoyable, self-nurturing activities may all be helpful

Diet rich in calcium and vitamin D(milk and dietary products).low fat keeps bone and heart healthy

- Exercise keep muscle and bones strong
- Consult doctor for in continence and signs of urinary tract infection.
- Hormone replacement therapy

## Night Sweats

To get relief from night sweats, try different strategies to stay cool while you sleep:

- Dress in light nightclothes.
- Cool down with an electric fan.
- Sip cool water throughout the night.
- Keep a frozen cold pack under your pillow and turn over the pillow often so that your head is always resting on a cool surface, or put a cold pack on your feet. Wake up and go to bed at consistent times, even on weekends.
- Relax and wind down before sleep by reading a book, listening to music, or taking a leisurely bath.
- Try snacking on a bowl of cereal or peanut butter on toast before bedtime. Drinking non-caffeinated tea may also do the trick.
- Keep bedroom light, noise, and temperature at a comfortable level—dark, quiet, and cool are conditions that support sleep.
- Avoid caffeine and alcohol late in the day.

## Stress incontinence:

Try drinking adequate water to keep urine diluted (clear and pale yellow), and avoid foods or beverages with a high acid or caffeine content, which may

irritate the bladder lining. These include grapefruit, oranges, tomatoes, coffee, and caffeine-containing soft drinks. Also try Kegel exercises to strengthen your pelvic floor muscles and reduce incontinence episodes.

### **Loss of libido:**

Loss of libido can be one of the most difficult symptoms of menopause to manage, often because a woman might not understand how and why she has lost the desire to be physically intimate with her partner. It is important to recognize that **loss of libido during menopause is common**, affecting as many as 20 to 40% of women.

### **Conclusion**

Menopause is permanent shutting down of female reproductive system. This phenomenon has some effect on almost every aspect of a women's body and life.

## மாதவிடாய் நின்றலைப் பற்றிய பாடத்திட்டம்

**முன்னுரை:**

“எல்லா ஆரம்பத்திற்கும் ஒரு முடிவு உண்டு”.அது போல் மாதவிடாய் சுழற்சி என்ற மாதாந்திர நிகழ்வுக்கு ஏற்படும் முடிவையே மாதவிடாய் சுழற்சி நின்றல் என்கிறோம்.பெண்கள் பொதுவாக மாதவிடாய் சுழற்சி நின்றலை 45 முதல் 55 வயதிற்குள் அடைவார்கள்.இது ஒரு இயற்கையான மாற்றம்.

**மாதவிடாய் சுழற்சி நின்றலின் பொருள்:**

மாதவிடாய் சுழற்சி தொடர்ந்து ஒரு வருடம் இல்லாமல் இருக்கும் கால கட்டத்தை மாதவிடாய் சுழற்சி நின்றல் என்கிறோம்.

**மாதவிடாய் சுழற்சி நின்றலை பாதிக்கும் காரணிகள்:**

- 1.வாழ்கை முறைகள்
- 2.மரபியல் மாற்றங்கள்
- 3.ஹார்மோன்கள்

**1.வாழ்கை முறைகள்:**

உணவுமுறை,எடை,புகைபிடித்தல் மற்றும் சுற்றுசூழலை உள்ளடக்கியது.

**2. .மரபியல்:**

பெற்றோர்கள் அல்லது மரபு வழியாக வரும் மரபணுக்கள்.

### 3.ஹார்மோன்கள்:

அண்டகங்கள் சுரக்கும் ஈஸ்ட்ரோஜன் மற்றும் புரொஜெஸ்டிரான்.

#### காரணங்கள்:

அண்டகம் ஈஸ்ட்ரோஜன் மற்றும் புரொஜெஸ்டிரான் ஆகிய ஹார்மோன்களை சுரக்கின்றது.இது மாதவிடாய் சுழற்சி சீராக இருக்க உதவுகிறது.பெண்களுக்கு வயது ஆக ஆக இந்த ஹார்மோன்கள் சுரப்பது குறைந்து ஹார்மோன் அளவு மாதவிடாய் சுழற்சி நிற்பதற்கு காரணமாகிறது.

#### அறிகுறிகள்:

- 1.சீரற்ற மாதவிடாய்: குறுகிய அல்லது நீண்ட இடைவெளி உள்ள மாதவிடாய் சுழற்சி.
- 2.தூடாகுதல் மற்றும் வியர்த்தல்:இது மாதவிடாய் சுழற்சியின் பொதுவான அறிகுறி.
- 3.திடீரென்று உடல் வெப்பமடைதல் முகம் மற்றும் உடல் நடுங்க தொடங்கும்.இது மாதவிடாய் சுழற்சி நின்றதற்கு பின் 2 வருடம் காலத்திற்கு பொதுவாக காணப்படும்.
- 4.அடிக்கடி மனநிலை மாறுதல்: மாதவிடாய் சுழற்சி நின்றலின் போது ஏற்படும் ஹார்மோன் மாற்றங்கள் பெண்களின் மனநிலையை பாதிக்கிறது.மன அழுத்தம் உள்ள பெண்கள் பெரிதாக பாதிக்கப்படுகிறார்கள்.
5. எரிச்சல் அடைதல்



6. களைப்படைதல்: போதிய அளவு உறக்கமின்மையால் ஏற்படுகிறது.

7. தூங்குவதில் ஏற்படும் இடையூறுகள்: இது இரவு நேரங்களில் வியர்ப்பதால் ஏற்படுகிறது.

8. சிசுத்தாரை வறண்டு போகுதல். இது ஹார்மோன் அளவு குறைவதால் ஏற்படுகிறது. இதனால் உடல் உறவில் விருப்பமின்மை ஏற்படுகிறது.

9. கட்டுப்பாடின்றி சிறுநீர் கழித்தல்: இது சிறுநீர்ப்பையில் ஏற்படும் மாற்றங்களால் நிகழ்கிறது.

10. மறதி

11. தசை மற்றும் மூட்டு வலி

12. மற்ற உடல் மாற்றங்கள்

- இடுப்பில் சதை அதிகமாதல்
- மார்பக அளவு குறைதல்
- உலர்ந்த மற்றும் காய்ந்த தோல்

முடியின் அடர்த்தி குறைதல், மேல் உதட்டிலும், கீழ் தாடையிலும் முடி வளருதல்.

**சமாளிக்கும் முறைகள்:**

1. உடல் சூடாகுதல் மற்றும் வியர்த்தல்:

- குளிர்ந்த நீர் மற்றும் குளிர்மானங்களை அருந்துதல்

- மெல்லிய ஆடைகளை அணிதல்
- தூங்குவதற்கு முன் குளிர்ந்த நீரில் குளித்தல்
- காற்றோட்டமான அறையில் உறங்குதல்
- மின் விசிறிகளை சுழல விடவேண்டும்
- இரவு நேரங்களில் தாகம் எடுக்கும் போது கொஞ்சம் கொஞ்சமாக தண்ணீர் அருந்தவேண்டும்
- ஐஷ் கட்டிகள் நிறைந்த பையை தலையனைக்கு அடியில் வைத்துக்கொள்ளலாம்.
- தூங்குவதற்கு முன் புத்தகங்கள் படிக்கலாம்,மெல்லிசை கேட்கலாம்.
- படுக்கை அறையின் ஒலி,ஒளி,மற்றும் வெப்பத்தை ஏற்றவாறு அமைத்துக்கொள்ளவேண்டும்.
- இரவு நேரம் காபி குடிப்பதை தவிர்க்கவேண்டும்
- காரமான உணவுகளை தவிர்க்கவேண்டும்

## 2.களைப்படைதல்

- முறையான ஓய்வு

## 3. அடிக்கடி மனநிலை மாறுதல்:

- உடற்பயிற்சி,தியானம்,சமூக சேவையில் ஈடுபடுதல் மற்றும் எப்பொழுதும் ஏதாவது வேலையில் ஈடுபடுதல், இசையை கேட்பது, போதிய அளவு உறக்கம், மற்றும் மன அழுத்தத்தை குறைப்பது முக்கியமான சமாளிக்கும் முறைகளாகும்.
- தூங்குவதில் ஏற்படும் இடையூறுகளை சமாளிக்கும் முறைகள்.

- இரவு தூங்குவதற்கு முன் தூடாக பால் அருந்துதல் நல்ல உறக்கத்தை தூண்டும்.
- படுக்கைக்கு சரியான நேரத்தில் செல்லுதல் நல்ல உறக்கம் ஏற்பட உதவும்.
- இரவு தூங்குவதற்கு முன் எளிதாக ஜீரணிக்க கூடிய உணவை உட்கொள்ளுதல் நல்ல உறக்கத்தை கொடுக்கும்.

#### 5. உணவு முறைகள்:

- குறைந்த கொழுப்பு மற்றும் அதிக நார்சத்து உள்ள உணவுகளை உட்கொள்ளுதல், காய்கறிகளில் அதிக நார்சத்து உள்ளது.
- அதிகமான நீர் (2 லி/ நாள்) அருந்துவதால் சிறுநீரக பாதையில் ஏற்படும் நோய்களை தவிர்க்கலாம்.
- அதி கால்சியம், வைட்டமின் - டி (பால் மற்றும் பால் சார்ந்த உணவுகள்) குறைந்த கொழுப்பு உணவு, எலும்புகளையும், இருதயத்தையும் ஆரோக்கியமாக வைக்கிறது.
- காபி மற்றும் காரமான உணவுகளை தடுத்தல்

6. உடற்பயிற்சி : ஆரோக்கியமான எலும்பு மற்றும் தசைகளை

வலுவடையச்செய்கிறது .

#### 7. உடல் உறவு:

- கணவனுடன் உடல் உறவில் ஏற்படும் பிரச்சினைகளை பற்றி கலந்துரையாடுதல்

- சிசுத்தாரை உலர்வதை தவிர்க்க மருந்துகளை உபயோகித்தல்.

#### 8. மருத்துவச் சிகிச்சை

- ஹார்மோன் மாத்திரைகளை உட்கொள்ளுதல்.
- மருத்துவரை அணுகி சரியான சிகிச்சை எடுத்தல்.

#### 9..கட்டுப்பாடின்றி சிறுநீர் கழித்தலை சமாளிக்கும்

##### முறைகள்:

- அதிக அளவு தண்ணீர் குடிக்கவேண்டும்
- அதிக அமிலத்தன்மை மற்றும் காபியின் குணம் உள்ள உணவுகளை தவிர்க்க வேண்டும்.திராட்சை,ஆரஞ்சு,காபி இவற்றுள் சில.
- பிறப்புறுப்பை இறுகப்பிடிக்கும் பயிற்சியைமேற்கொள்ள வேண்டும்.

##### முடிவுரை:

மாதவிடாய் சுழற்சி நின்றல் என்பது பெண்களின் இனப்பெருக்க மண்டலத்தின் செயல்பாட்டைக் குறைக்கும் ஒரு நிகழ்வாகும்.இதன் விளைவுகள் பெண்களின் உடல் நலத்தை மட்டுமில்லாமல் வாழ்க்கையையும் பாதிக்கும்.