



ISSN Print: 2394-7500  
ISSN Online: 2394-5869  
Impact Factor: 5.2  
IJAR 2018; 4(12): 226-231  
www.allresearchjournal.com  
Received: 01-10-2018  
Accepted: 05-11-2018

**Dr. Vidya Vijay Kadam**  
Assist. Professor, Tilak  
Maharashtra Vidyapeeth,  
Pune, Maharashtra, India

## **A study to assess the knowledge regarding physical and psychological changes during premenopausal stage among women (35-55 years) in selected areas of Pune city with a view to develop a module**

**Dr. Vidya Vijay Kadam**

### **Abstract**

Early recognition of symptoms of menopause can help in reduction of discomfort and fears among the women  
Problem Statement: "A study to assess the knowledge regarding physical and psychological changes during premenopausal stage among women (35-55 years) in selected areas of Pune City with a view to develop a module  
Research Methodology A quantitative descriptive survey research approach was used. The research design used for this study is non-experimental descriptive research design regarding design. The study was conducted on premenopausal age group women of selected area of Pune city. The major finding of the study 40% of women had poor knowledge score, 60% had average knowledge score and 0% women had good score Since p-values corresponding to educational status and type of family are small (less than 0.05), educational status and type of family are the demographic variables which were found to have significant association with knowledge of mothers regarding physical and psychological changes in premenopausal stage.

**Keywords:** knowledge, premenopausal stage, module, physical status, psychological status

### **Introduction**

Women experience various turning points in their life cycle, which may be developmental or transitional. Midlife is one such transitional period which brings about important changes in women such as menopause.

Menopause is a unique stage of female reproductive life cycle, a transition from reproductive to non-reproductive stage. The word "menopause" literally means the "end of monthly cycles" from the Greek words pausis (Cessation) and the word root men (month)<sup>[1]</sup>.

Menopause means permanent cessation of menstruation due to loss of ovarian follicular activity & the menstrual cycle to become irregular for some time before coming to a gradual stop. For most women, it happens between the ages of 45 and 55. Menopause is usually a natural change<sup>[2]</sup>.

Menopause is syndrome characterized by various symptoms like cessation of menstruation, hot flushes, insomnia, vaginal dryness, weight gain, mood swings, depression, thinking slowed etc. Menopause is an unspoken, unattended, reality of life, the cause of which is still deciphered completely by man. Menopause is one such midlife stage which might be overcome easily or make a lady miserable depending on her luck. This phase of life is shrouded with lots of myths and taboos. Early recognition of symptoms can help in reduction of discomfort and fears among the women<sup>[15]</sup>.

The women in the menopausal age group carry a major burden of several health problems. These health issues are often neglected and may lead to deterioration in the quality of life in later ages.

Noroozie, *et al.* (2013) conducted study Knowledge and attitude toward menopause phenomenon among women aged 40-45 years. Peri- and post-menopause women experience a wide range of menopause symptoms, and their lifestyle patterns and physical, psychological, social and spiritual adaptation directly affecting elderly health improvement are considerably crucial. Many middle-aged women worry about losing their womanhood and attractiveness after menopause, and may suffer from the physical symptoms of menopause.

### **Correspondence**

**Dr. Vidya Vijay Kadam**  
Assist. Professor, Tilak  
Maharashtra Vidyapeeth,  
Pune, Maharashtra, India

Moreover, peri-menopausal women may experience a sense of loss and worthlessness after they stop giving values to maternal roles as their children grow and become independent. Women facing postmenopausal changes can lead a richer life by looking at life in a positive perspective as an opportunity for inner maturity. Since postmenopausal women at midlife experience various problems and difficulty in adapting to climacteric changes has a direct effect on elderly women's health, health-promoting lifestyle patterns and psychological adaptation have been considered as important issues. Appropriate understanding of women that certain physical, mental, social and psychological changes occur during menopause helps them with greater readiness to cope with these changes.

### Research Methodology

**Research approach:** Descriptive survey approach

**Research Design:** A non-experimental descriptive research design.

**Setting of the study:** In present study it is the physical locations of women in selected urban slums of Pune city.

### Demographical variable: 60

In this study demographic Variables are consists of 07 items for obtaining information about selected base line data such as age of the woman, religion, educational status, occupation of mother, income of the family/month, type of the family and number of children.

### Target population

Target population of present study is population of women of age group (35-55) residing in selected urban area of Pune.

### Accessible population

In this study accessible population is women of age group (35-55) who are residing in Bhavanipeth and Meenatai thakre vashat Pune and meet inclusion criteria.

### Sample

The samples were selected by non-probability convenient

sampling technique. The samples that fulfill the inclusion criteria were admitted in study.

### Sample & sample size

Sample Size for the study consists of 500 women of age group 35-55 years in selected urban areas of Pune city selected as per availability & fulfillment of the preset criteria.

**1. Inclusion criteria:** Women of age group 35-55year, women who can read, write, and Understand Hindi or Marathi, women who are willing to participate.

**2. Exclusion criteria:** women who are not willing to participate in the study. Women who don't know reading, Writing and understanding Hindi or Marathi.

### Description of the tool

The tool used for present study is a 'Semi- structured interview' which comprised of two sections.

**Section-A:** Consists of socio demographic data of women involved is study.

It consists of 07 items for obtaining information about selected base line data such as age of the mother, religion, educational status, occupation of mother, income of the family/month, type of the family and number of children.

**Section-B:** Consists of self-administered knowledge questionnaire to assess the level of knowledge regarding physical and psychological changes during premenopausal stage among women.

The knowledge questionnaire includes 28 (Multiple-choice questions). Each MCQS carries 4 options out of them one correct answer and others are distracters.

### Scoring Pattern

- Each correct answer score – 1 mark
- Each wrong answer score - 0 mark
- Total maximum scores - 28 marks
- Minimum scores – 0 mark

**Table 1:** Scoring procedure on knowledge regarding physical and psychological changes in premenopausal stage in women

S. No.	Level of knowledge score	Score Range	Percentage range (%)
01.	Inadequate knowledge	0-7	25%
02.	Moderate knowledge	8-21	50%
03.	Adequate knowledge	22-28	25%

**Table 2:** Blue print of structured knowledge questionnaire with 2 domains.

S. No.	Domains	Item No.	No. of Items	Percentage (%)
1	Physical changes			
2	Psychological changes			
<b>Total No. of Items</b>				

### Preparation of the self-instructional module

The self-instructional module was developed for women. The steps adapted in the development of the self-instructional module were:

1. Common knowledge on Physical changes.
2. Common knowledge on Psychological changes
3. Anticipatory guidance for mothers.

### Content validity

The developed structured knowledge questionnaire and SIM on Knowledge of mothers regarding physical and psychological changes in premenopausal stage, blue prints of the tool along with the objectives of the study and criteria of the scoring key pattern are given to 6 experts in the field of nursing and along with criteria rating scale for establishing

the validity, and 1 expert from the field of statistics. Based on their suggestions and recommendations the structured knowledge questionnaire and Self Instructional Module are modified (such as simplification of some of the items). Thus final draft of the tool consists of 28 knowledge items.

**Reliability**

Reliability in present study was assessed using test retest method.

**Feasibility of the study**

Pilot study was conducted to check the feasibility of the study.

**Pilot study**

Pilot study is a miniature version of small research, searches to identify and correct problems which could affect research process menopause [60].

After obtaining the permission from the Medical officer of selected area the investigator conducted pilot study on 07/10/2015. 50 mothers were selected by using convenient sampling technique, where the subjects possessed the same characteristics as that of the main in order to maintain homogeneity, which were excluded from the main study. Informed consent was obtained in written from the sample by explaining the purpose of study and assuring them to maintain confidentiality of information provided. The data was collected by giving the knowledge questioner in urban slum area of Pune the concise data analysis was done by using descriptive statistics. The average time taken for completing the knowledge questioner schedule was 25 to 30 minutes for each participant. The language was found to be clear and all the items in the tool were clearly understood by the subjects without ambiguity. The pilot study helped the investigator to visualize practical problems that could be encountered while conducting the main study. It also gives an insight into the actual process of data collection and analysis. Hence, the tool was found to be feasible and practicable for the main study.

**Data collection procedure**

Data collection is precise, systematic gathering of information relevant to the research purpose or specific objective, Questions or hypothesis. To collect data the researcher must obtain permission from the setting or agency where the study is to be conducted and also from all research subjects menopause [62].

Prior to the data collection, permission was obtained from the authorities from selected areas. The purpose of the study

and method of data collection was explained to the subjects for getting true responses. The assurance was given regarding the confidentiality of the information. An informed consent was obtained from the respondents indicating their willingness to participate in the study. The subjects who fulfilled the sampling criteria were taken for the study from the selected urban area of Pune.

The data was collected from 5/10/2015 to 10 /10 / 2015 and collected data was transferred to main data sheet and compiled for analysis.

**Plan for data analysis**

After coding the collected data was transferred to master sheet. Then, the data was subjected and analyzed by descriptive and inferential statistics. Descriptive statistics include frequency, mean and percentage were used to explain the demographic variables. Inferential statistics include Chi –square test was used to find out the association between the level of level of knowledge regarding physical and psychological changes in premenopausal stage along with socio demographic variables.

**Results**

25% of the women had age 35-38 years, 41% of them had age 39-42 years, 21% of them had age 43-46 years and 13% of them had age 47-55 years.53% of them were Hindu, 39% of them were Muslim, 4% of them were Christian and 4% of them had other religion.42% of the had primary education, 44% of them had secondary education, 13% of them had higher secondary education and 1% of them had more than higher secondary education.82% of them were married, 6% of them were unmarried, 2% of them were divorced and 10% of them were widow.65% of them were housewives, 33% of them were working women, 1% of them had government job and 1% of them and private job.22% of them had monthly income less than Rs 5000, 40% of them had monthly income Rs.5001- 8000, 27% of them had monthly income Rs.8001-10000 and 11% of them had monthly income 16% of them had nuclear family, 78% of them had joint family, 3% of them had extended family and 3% of them had single parent family 40% of women had poor knowledge score, 60% had average knowledge score and 0%women had good score Since p-values corresponding to educational status and type of family are small (less than 0.05), educational status and type of family are the demographic variables which were found to have significant association with knowledge of mothers regarding physical and psychological changes in premenopausal stage

**Table 8:** Knowledge of mothers regarding physical and psychological changes in premenopausal stage N=500

Knowledge	Freq.	%
Poor (Score 0-6)	200	40%
Average (Score 7-13)	300	60%
Good (Score 14-20)	0	0%

**Table 10:** Association between socio demographic variables of mothers and level of knowledge of mothers regarding physical and psychological changes in premenopausal stage

Demographic variable	Average	Poor	p-value	
Age of the woman	35-38 years	85	40	0.820
	39- 42 years	120	85	
	43-46 years	60	45	
	47-55 years	35	30	
Religion	Hindu	165	100	0.876

	Muslim	115	80	
	Christian	10	10	
	Any other	10	10	
Educational status	Primary	140	70	0.021
	Secondary	140	80	
	Higher secondary	15	50	
	More than higher secondary	5	0	
Marital status	Married	240	170	0.225
	Unmarried	20	10	
	Divorce	0	10	
	Widow	40	10	
Occupation	Housewife	210	115	0.242
	Working woman	80	85	
	Government job	5	0	
	Private job	5	0	
Monthly income	Less than Rs. 5000	55	55	0.338
	Rs. 5001-8000	125	75	
	Rs.8001-10000	75	60	
	Rs.10001-15000	45	10	
Type of Family	Nuclear	20	60	0.005
	Joint	255	135	
	Extended	15	0	
	Single parent	10	5	

Table 3: Item analysis

Knowledge item	Freq.	%
Pre-menopause period	175	35%
Average age of pre-menopausal period	135	27%
Menopause	280	56%
Average age of menopause	215	43%
Why does menopause occurs	285	57%
Actual symptoms of pre-menopausal period	120	24%
Complications of menopause	175	35%
Not a symptom of menopause	200	40%
Osteoporosis	295	59%
Loss of interest in sexual intercourse during menopause period	115	23%
Psychological changes in women in pre-menopausal period	215	43%
Symptoms of emotional changes during menopause	80	16%
Neurological symptoms of pre-menopausal period	120	24%
Diagnostic tests required in pre-menopausal or menopausal period	225	45%
Vitamin essential for the women in premenopausal period	200	40%
Recommended diet for women during her pre-menopausal period	200	40%
Hormones recommended in hormonal therapy during menopausal period	150	30%
Treatment that a women may take to reduce their menopausal s symptoms	155	31%
Type of exercises are advised to reduce urinary incontinence in menopausal period	205	41%
Relaxation techniques useful to treat the emotional symptoms during pre-menopausal period	220	44%

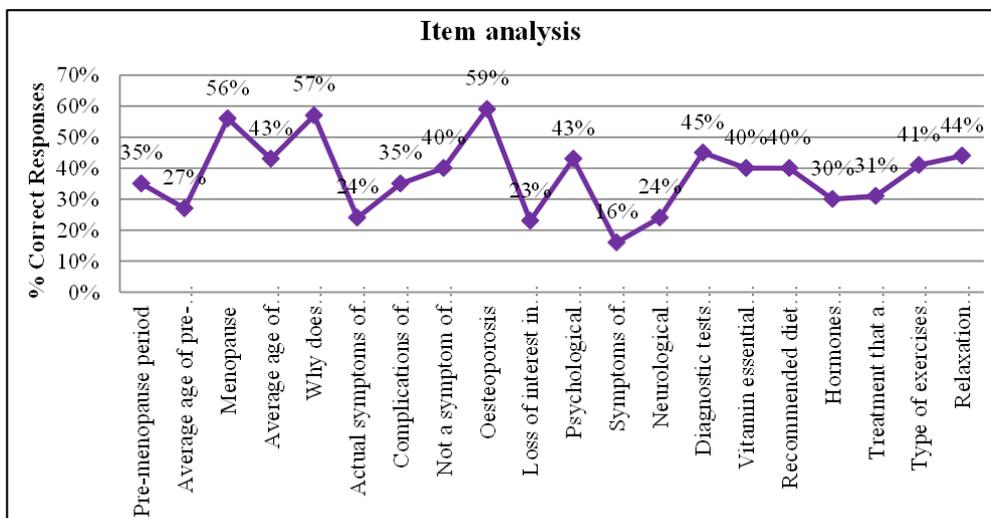


Fig 1: Item analysis knowledge regarding physical and psychological changes during premenopausal stage among women (35-55 years)

Since p-values corresponding to educational status and type of family are small (less than 0.05), educational status and type of family are the demographic variables which were found to have significant association with knowledge of mothers regarding physical and psychological changes in premenopausal stage.

Above table gives the frequency and percentages of the correct responses to each of the knowledge item.

### Conclusion

Menopause is not a disease, it is just a natural phase of every woman's life during this phase many physiological, uro-genitals, psychological changes occurs. With appropriate lifestyle changes it will pass away easily. But most of the women unaware about these changes. They are not having good knowledge about the menopausal changes and its management they faced difficulties to cope up with this phase. So the ageing women need awareness & education about menopause. The finding of the study revealed that significant need. Towards the awareness and menopause education programme. It should be incorporated under national programme of the reproductive health. Hence researcher developed a Module for premenopausal women.

### Discussion

J. Rukumani (2015). Conducted Study on Knowledge of Menopause among Pre-Menopausal Women at Selected Area of Pondicherry. The result shows that subjects were in poor knowledge (43%) of ovulation, menopausal problem, medication, nutrition and coping strategies but moderately adequate (58%) in meaning of menopause and adequate knowledge (75%) in the aspect of psychological problem. Which says that the menopausal women have poor knowledge on menopause except psychological problems due to menopause. The second objective was association between knowledge and demographic variables by using chi-square test Demographic variables were taken as age, religion, education, marital status, and type of family, occupation, spouse occupation, and income The finding from Chi-Square test at 5% level revealed that there was no significant between knowledge and demographic variable except age of the subjects. Hence the subjects were in need of health awareness program to cope with menopausal problems among the premenopausal women. So researcher distributed booklet on coping strategies. Finding of present study shows that 40% of women had poor knowledge score, 60% had average knowledge score and 0% women had good score. In present study educational status and type of family are the demographic variables which were found to have significant association with knowledge of mothers regarding physical and psychological changes in premenopausal stage.

### Recommendations

On the basis of the research findings, the following recommendations can be offered for the future study.

- A study can be replicated on large sample
- The study can be done in different setting of hospital/old age home.
- A qualitative study can be under taken with large sample size
- A comparative study can be done both in urban & rural area
- A study can be done at different phase of menopause i.e pre-menopause, post-menopausal women

- The study can be done for comparing physiological & surgical attained menopause.
- The study can be carried out to assessment of quality of life after menopause

### Acknowledgement

It is something beyond one's human ability to put in words one's sincere feeling of gratitude to those whom one owes something. This academic endeavour would not have been a reality so for the constructive and purposeful support, guidance and encouragement rendered by a number of persons, who help, I specially recognize through this acknowledgement. Firstly, I am grateful to Almighty God whose grace, unconditional love and blessings accompanied me throughout the study. Thanks galore to Dr. Mr. Madhuri Shelke, Principal, Tilak Maharashtra Vidyapeeth, Institute of nursing education and research, Pune College of for laying the foundation of scientific research and rendering the needed suggestions and support throughout this study. I express my heartfelt gratitude to, M. Sc. (N), HOD, Department of Surgical Nursing, College of Nursing for her expert guidance, valuable suggestions and interest in the successful completion of this study. I express my be artful thanks to guides, co-ordinator, M. sc. Nursing, College of Nursing, Pune for her guidance and support. I express my gratitude to all the faculty members of the nursing college for their support, encouragement and valuable suggestions, throughout the period of my study. I also take the privilege to thank for their helping gesture. I am thankful to all the experts from in and outside Pune who with their valuable suggestions contributed to the validation of my tool. It's my profound privilege to thank the library and office staff of the college for the cooperation in every step of the study. I am deeply indebted to Mrs. Vaishali Chirmade, who was sanctuary of peace and solitude in crazy world of statistics and graphs. I would like to thank the entire participant who made this study possible. My unresolved gratitude to all my departmental teachers, and my friends for their endless support and their good wishes. I would like to extend my never-ending appreciation and indebted gratitude to our principle madam constant love, support and encouragement. I would like to thank Mr. Vijay Kadam for his continuous support thought the process. The proverb that 'One can never make alone', could never be truer than in this situation. I have so many well-wishers that I find it impossible to name them all however, deep down in my heart; I shall always remember each & every one of them.

### References

1. [www.healthxchange.sg/women/menopause/menopause-what-is-it](http://www.healthxchange.sg/women/menopause/menopause-what-is-it)
2. Hawkins, Bourne, Shaw's Text book of Gynaecology, 14 edition by VG Padbri Publication BI Churchil Livingstone Pvt. Ltd
3. Textbook of Gynaecology, D.C. Dutta Edited by Hiralal Konar, New Central Book Publication 5<sup>th</sup> Edition Page No.62.
4. Puri S, Bhatia V, Mangat C. Perceptions of Menopause And Post menopausal Bleeding in Women of Chandigarh, India. The Internet Journal of Family y Practice, 2008; 6(2):3.
5. Sharon D, Wonshik C. Menopausal symptom experience: an online forum study. Journal of Advanced Nursing. 2008; 60(7):541-548.

6. Women's living naturally.com. Health topics India. blogspot.com/2011/12/menopause. html8-Bairy L. Australian and New Zealand Journal of Obstetrics and Gynaecology, 2009.
7. Wong LP, NurLiyana AH. A survey of knowledge and perceptions of menopause among young to middle aged women in federal territory, Kuala Lumpur, Malaysia. JUMMEC. 2007, 22-30.
8. 'What causes Menopause' article by Eunice Kennedy Shiver, National Institute of Child Health and Human Development, 2013.
9. Unni J. Third consensus m meeting of Indian Menopause Soviet y (2008): A summary, J Midlife Health, 2010.
10. www.healthline.com › Menopause ›
11. Yewoubbar B. Text book of from menarche to menopause Reproductive Lives of Peasant women in two cultures. USA: State university of New York press, 1989.
12. Jorrnal of Mid-life Health, publication of Indian Midwife Society Jan. 2010: 1:43-47.
13. Kulshreshtha B, Ammini A. Hormone replacement therapy. In: Sharma OP, editor. Geriatric care: A textbook of geriatrics and gerontology. 3rd ed. New Delhi: Viva Books Publishers, 2008, 647-50.
14. Noroozi E, Dolatabadi NK, Eslami AA, Hassanzadeh A, Davari S. Knowledge and attitude toward menopause phenomenon among women aged 40-45 years. J Educ Health Promot. 2013; 2:25. [PMC free article] [Pub Med]
15. Israel Cruz, Lucrecia Acosta. Premenopausal problems pilot survey in an emerging focus of reproductive health: The American Journal of Primary HealthCare [homepage on the Internet]. Jan [cited 2015 Oct 29]. 2006, 31(5). Available from: <http://www.ncbi.nlm.nih.gov/pubmed.com>
16. International Institute for Population Sciences (IIPS) and ORC macro. National Family health survey (NFHS-2) 1988-99. India Mumbai: IIPS 2000:109.
17. Sonia Puri, Vikas Bhatia, Chetna Mangat: Perception of Menopause and Post-menopausal Bleeding in Women of Chandigarh, India. The Internet Journal of Family Practice. Hem for their contribution. 2008, 6(2).