

Knowledge and Practice of Women between the Ages of 45-55 and an Information Education Programme on Perimenopause Syndrome at Selected Village

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Abstract

Menopausal syndrome is characterized by a period of physiological changes, which is marked by the menopause transition. The purpose of this study is to assess the knowledge and practice of women between the ages of 45 and 55. Sixty women, who ranged in age from 40 to 45, participated in the quantitative study, which was carried out in Mappedu village. The primary conclusions of the research showed that 63.3% of women had insufficient knowledge, 36.7% had intermediate knowledge, and 0% had adequate knowledge. The study participants' overall pre-test knowledge percentage score was 49.7%, with a mean score of 14.9 and a standard deviation of 2.96. The post-test results showed that approximately 6.7% of the women had an inadequate level of knowledge, 66.6% had a moderate level, and 26.7% had an adequate level. Women in the 45-55 age range had significantly improved knowledge after participating in a structured instructional module on the detection and prevention of premenopausal syndrome. It offers community health nurses a wealth of knowledge and inspires them to plan health awareness campaigns.

Keywords: Education, Perimenopause, Women's Health.

Introduction

The final years of a woman's reproductive life are surrounded by an ill-defined period known as the perimenopause. The final menstrual period (FMP) is defined as starting with the first indication of monthly irregularity and ending after one year of amenorrhea [1, 2]. As women reach reproductive senescence, a period of physiological changes is marked by the menopausal transition. The transition is clinically important for many women, as evidence suggests. It is a time of short-term changes in health and quality of life (e.g., vasomotor symptoms, depression, sleep disturbances), as well as longer-term changes in

a number of health outcomes (e.g., urogenital symptoms, bone, lipids) that may affect women's quality of life and chances of healthy aging [3, 4]. The menopausal transition, also known as the perimenopause, is the time leading up to a woman's final menstrual period (FMP), marked by physiological changes [5, 6]. This stage lasts from the start of irregular menstruation until a woman enters menopause, which happens a year following amenorrhea [7-9]. Most women have hot flashes, which are a classic menopausal symptom that affects roughly one-third of them moderately to severely [10]. Hot flashes affect most women for a year or two at most, but others endure for ten years or longer, and a small percentage of

women never fully recover from them. In addition to being linked to the menopausal transition, perimenopausal women get poorer sleep as they age [11]. As women approach the later phases of the menopausal transition and have extended periods of amenorrhea, the prevalence of depressive mood and heightened anxiety also rises during this time [12, 13]. The experience, intensity, and dynamics of menopausal symptoms provide a very complex set of issues. Research has indicated that these symptoms differ amongst people based on a variety of characteristics, including geographic location, ethnicity, and menopausal stage [14]. The Menopause Rating Scale (MRS) is a useful instrument for determining how severe these symptoms are [15, 16].

Methodology

The thirty women, who ranged in age from 45 to 55, participated in the quantitative study, which was carried out in Mappedu village. The sample strategy employed was convenience sampling [17]. The individuals who took part in the study ranged in age from 45 to 55. The study did not include patients with mental health issues or those who were not available at the time the data was gathered [18]. The survey instrument was intended to self-organize in order to collect the demographic and clinical data. Participants who were between the ages of forty and forty-five had their preliminary training and knowledge assessed. The participants received an explanation of the

study's objectives, methods, benefits, and dangers [19]. They were also given the choice to discontinue participation at any time without facing any consequences. SPSS was used to examine the data 16 using the mean standard deviation and descriptive statistics [20].

Results

Description of Demographic Variables of the Study Participants

The age group of 54–55 years old comprises 36.6% of the study population. Indians made about 70% of the study's participants. There are 26.7% of the subjects who have finished their Higher Secondary schooling. Home Makers accounted for 66.7% of the respondents. A family's monthly income ranged from RS. 10001 to RS. 20000 for 46.7% of research participants. In the 9–11 age range, 56.7% of the participants reached menarche. The menstrual cycle was regular for 73.3% of the individuals. Married individuals made up 63.3% of the group [Table 1]. A joint family accounted for 60% of the respondents. One child was owned by 33.3% of the participants. Ordinary vaginal birth accounts for 56.7% of research participants. A healthcare practitioner previously provided this information to 40% of the study participants.

Description of Post-Test Knowledge Level about Identification and Prevention of Premenopausal Syndrome

Table 1. Overall wise Mean, SD and Mean % in Knowledge Post-Test 55 Years

Level of knowledge	Post test				
	Max. score	Range	Mean	SD	Mean%
Knowledge on Premenopausal	5	5-1	3.1	1.27	62.0
Physiological symptoms of premenopausal	9	9-2	5.67	2.02	63.0
Psychological symptoms of premenopausal	7	7-2	4.96	1.22	70.9
Prevention of premenopausal symptoms	9	9-4	6.37	1.37	70.8
OVERALL	30	27-12	20.1	3.61	67.0

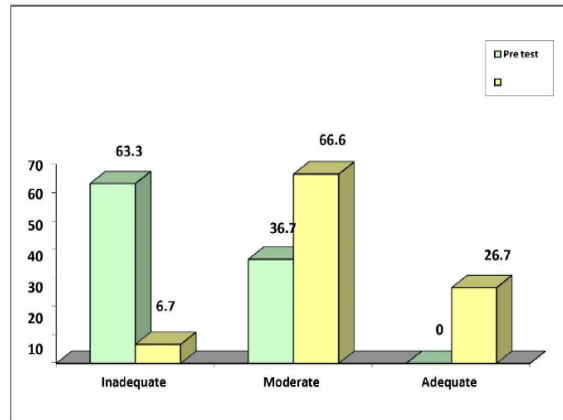


Figure 1. Overall wise Mean, SD and Mean % in Knowledge Post-test 55 Years

Description of Posttest Practice Level About Identification and Prevention of Premenopausal Syndrome

Table 2. Overall, mean, SD and mean% in Practice Post-Test

Level of practice	Post test				
	Max.score	Range	Mean	SD	Mean%
Overall	10	9-6	7.2	1.09	72

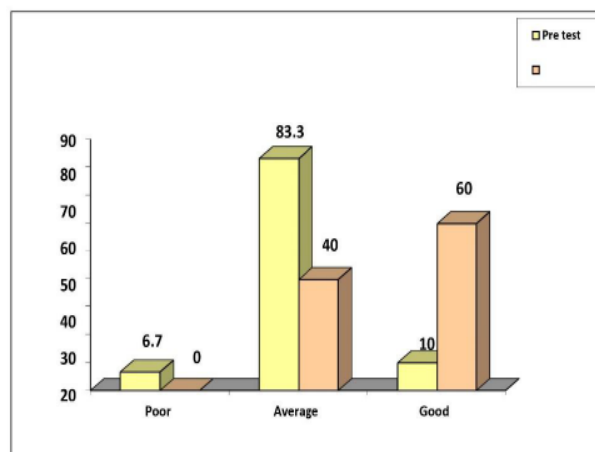


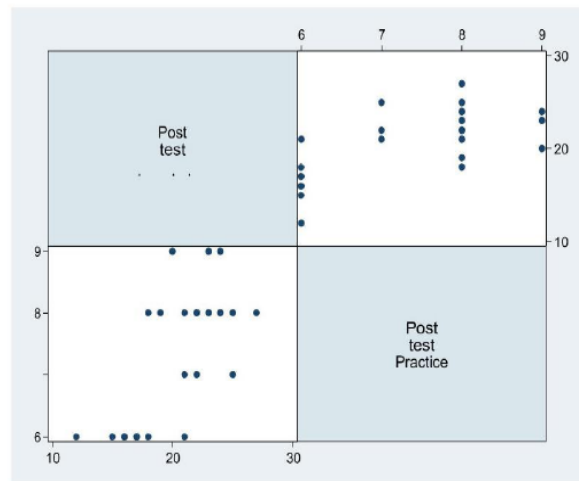
Figure 2. Overall wise Mean, SD and Mean % in Practice Post-Test

Table 3. Overall wise Mean, SD and Mean% between Practice Pre and Post- Test

Level of practice	Max. score	Pre test			Post test			Difference in mean %
		Mean	SD	Mean%	Mean	SD	Mean%	
Overall	10	5.13	1.47	51	7.2	1.09	72	21

Table 4. Correlation among Selected Knowledge and Practice

	Pre test		Post test	
	„r“ value	p-value	„r“ value	p-value
Knowledge -practice	-0.091	0.631(NS)	0.726	P<0.001*** (HS)

**Figure 3.** Correlation among Selected Knowledge and Practice.

Discussion

The primary conclusions of the research showed that 63.3% of women had insufficient knowledge, 36.7% had intermediate knowledge, and 0% had adequate knowledge. The study participants' overall pre-test knowledge percentage score was 49.7%, with a mean score of 14.9 and a standard deviation of 2.96 [Table 2]. The mean score for the pre-test practice was 5.13, with a standard deviation of 1.47, and an overall score of 51%. Following the implementation of the Structured Instructional Module, the post-test results showed that approximately 6.7% of the women had an inadequate level of knowledge, 66.6% had a moderate level of knowledge, and 26.7% had an adequate level of knowledge [15]. The study participants' overall post-test percentage of knowledge score is 67.0%. Overall pre-test mean value was 14.9, with a standard deviation of 2.96, and post-test mean value was 20.1, with a standard deviation of 3.61. The mean of the

enhanced knowledge score was 17.3%. The mean score was 7.2 with a standard deviation of 1.09, and the overall post-test practice percentage score was 72%. The mean value of the improved practice score was 21% [Table 3]. The student's overall knowledge score on the paired "t" exam was 9.88. Both values are extremely highly significant at $P < 0.001$, with the practice score being 7.09. Chi-square analysis revealed a correlation between sources of information and understanding of the females. There is a noteworthy correlation between the age at menarche and the practices of women in the 45–55 age range [Table 4]. The remaining sociodemographic factors—such as age, marital status, religion, education, occupation, family type, monthly income, regularity of menstruation, number of children, and occupation—have no discernible relationship to women's knowledge of the premenopausal syndrome [16]. The selected knowledge and practice have a highly

significant correlation (p-value of $P < 0.001$) [18].

Conclusion

The results of the study showed that women between the ages of 45 and 55 had significantly improved knowledge after participating in a structured instructional module on the detection and prevention of premenopausal syndrome [19]. It offers community health nurses a wealth of knowledge, inspires them to plan health awareness campaigns, and helps to enhance premenopausal women's quality of life [20].

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Conflict of Interest

There is no conflict of interest.

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