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Effectiveness of Menopausal Empowerment Strategies on Awareness Regarding Health-promoting Lifestyle Modifications among Post-menopausal Women

Pratibha Chandekar, Asha Sreenivasan* and Vitthalrao Vikhe Patil

Department of Nursing, Bombay Hospital College of Nursing, Mumbai, Maharashtra, India

Abstract

Back ground: Menopause is a unique event in women's life which occurs around the age of 50 and is a stage that all women would experience. Life expectancy has risen among women in the world and women spend about one-third of their lives during menopause period. This period of life includes physical as well as psychological difficulties that changes the lifestyle of women in multiple ways. Empowerment during this stage can contribute to improving the perception on importance of self-care.

Objective: The present study aims to observe the effectiveness of menopausal empowerment strategies on awareness regarding health promoting Lifestyle modification among postmenopausal women and the current experiment also focus to find out the association of post-test awareness score with chosen socio demographic variables. In this research the researcher also focusses on to find out the post- menopausal health problems among the ladies following their fertile period.

Methodology: A pre-experimental one group pre-test post-test research design was used to achieve the objectives of the study. The researchers done the data collection from 303 postmenopausal women from two different setting. The sample is accomplished with a convenient sampling technique.

Results and Conclusion: The present day observe was in burn up to be able to examine the efficiency of a menopausal empowerment strategies on health promotion lifestyle modification amongst postmenopausal women. The educational kit was effective as denoted by t value of 67.05 in awareness scores at P<0.05.

Keywords: Menopausal empowerment strategies • Awareness • Health-promoting lifestyle modifications • Post-menopausal women

Introduction

One of the key aspects of reproductive health is focused on physical, psychological and social health in menopause. The WHO has estimated the number of postmenopausal women to reach 1.2 billion worldwide by 2030. Menopausal health demands priority in Indian scenario due to growing population of menopausal women. The menopausal transition is the most complicated time wherein the female is at a high threat of despair due hormonal modifications, temper swings, hot flushes and sleep disturbance. Signs and symptoms may be experienced for plenty months or years main to the menopause [1-5].

Need of the study

As per WHO, the age at which natural menopausal period occurs in between the ages of 40-55 for women worldwide. In 2000, 25 million women worldwide reached the menopause; this number is expected to double by late 2020. According to the American College of Obstetricians and Gynecologists, at least 85% of menstruating women have at least one post menopause

*Address for Correspondence: Asha Sreenivasan, Department of Nursing, Bombay Hospital College of Nursing, Mumbai, Maharashtra, India, Tel: +917972627806; Email: ashasreeni1984@gmail.com

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symptom. As per National Family Health Survey 2016-2017 18% of women age 30-49 years are menopausal. According to Indian Menopause Society research (2017) there are about 65 million Indian women over the age of 45 affected with menopause associated health signs. Due to the increasing population of 45 to 60-year-old women it become essential to increase women's awareness and adaptation to menopause, using empowerment programs.

Hypothesis (At 0.05 level of significance)

H01: There will be no significant difference between mean pre-test and post-test awareness regarding Health-Promoting Lifestyle modifications among Postmenopausal women in selected Primary Health Centre of Indore

H02: There will be no significant association of the post-test awareness score regarding Health-Promoting Lifestyle modifications among Postmenopausal Women with their selected socio demographic variables

Review of Literature

Total: 144 (Books: 17; Published research articles:121; Newsletter / Magazines:6) Organized under following heading:

- Studies related to the prevalence of menopausal problems among middle aged women (26 studies).
- Knowledge attitude and practices regarding menopausal health issues and management (40 studies).
- Perceptions and experience of menopausal women regarding menopausal issues (23 studies).
- Coping & empowerment strategies during menopausal issues (23 studies).

Chandekar P, et al. J Nurs Care, Volume 11:4, 2022

· Effectiveness of educational programs (32 studies).

Priyanka (2019) did a qualitative Study on Perception of Menopause among Indian Women. The result shows that women are unaware of symptoms during middle age and this effect can be due to lack of knowledge about the menopausal symptoms and hence they were struggling to cope with the biopsychosocial changes and problems.

Research Methodology

Research approach

Quantitative research approach

Research design

Pre experimental one group pre-test post-test design sampling technique: Convenient sampling technique.

Sampling criteria

Inclusion criteria:

- 1. The individuals who will take an interest in the investigation
- 2. Those who are in the age group of 45-60 years.
- Those women with the history of natural menstrual cessation for at least 12 months.
- The individuals who are accessible during the time of information assortment.
- 5. Those who are able to understand and speak Hindi or English.

Exclusion criteria:

- 1. Those postmenopausal women who had undergone hysterectomy.
- 2. Those post-menopausal women who are terminally ill.

Methods of data collection

Phase I: 198 houses (184 samples) were surveyed in Kanadia Primary health center and 189 (168 samples) houses surveyed in Bicholi Hapsi Primary health centre for pre-test.

Phase II: The information assortment is accomplished for each sample through personal interview. On the first day assessed the base line data includes Socio-demographic data, Behavioural pattern, and Morbidity profile by used a structured questionnaire. The data were collected using Socio-demographic Performa of post-menopausal women, Behavioural pattern assessment Check list, and morbidity profile assessment Check list. Then the investigator applied the post-menopausal health problems assessment tool to find the menopausal health problems among selected study samples and finally Health-promoting lifestyle modification awareness assessment tool was administered to assess the health promoting life style modification adopted by postmenopausal women (Figures 1 and 2).

Phase III: On the same day educational intervention on menopausal empowerment strategies was delivered for postmenopausal women. The educational session is having specified educational content including proper nutrition, importance of exercise, Interpersonal relationships, stress management, spiritual growth and health responsibility. Additionally, an educational tool kit was provided to the sample.

Phase IV: After 7 days investigator completed the post test.

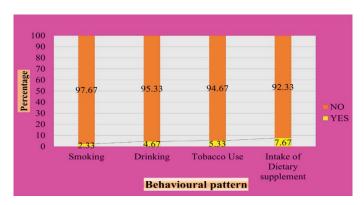
Results

The hypothesis exhibits that the demographic factors like Religion, type of family, marital status, educational status, employment status (previous / current), family monthly income rupees, Source of information the calculated value is higher than the table value at 0.05 level of significance so the null

hypothesis stating "There will be no significant association of the post-test awareness score regarding health-promoting lifestyle modifications among postmenopausal women with their selected socio demographic variables" is rejected. But the other socio demographic variables like Age (in years) Age at menopause, parity the calculate chi square value was much lesser than the table value at 0.05 level of significance so, the investigator forced to retained the null hypothesis stating "H02: There will be no significant association of the post-test awareness score regarding health-promoting lifestyle modifications among postmenopausal women with their selected socio demographic variables" (Tables 1-3).

Limitations

- The study is limited to two selected primary health centres at Indore.
- The study samples are selected by non-probability convenient sampling technique.
- The present study is limited to postmenopausal women in 45-60 years only.
- The study is limited to the awareness regarding health-promoting lifestyle modifications among postmenopausal women.



 $\textbf{Figure 1.} \ \ \textbf{Behavioral pattern of postmenopausal women.}$

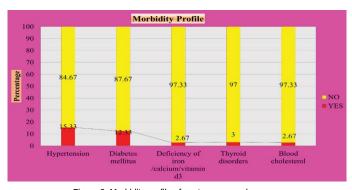


Figure 2. Morbidity profile of postmenopausal women.

 Table 1. Distribution of socio-demographic variables.

S. No	Socio-demographic variables	F	%
1	Age (in years): 51-55	123	41
2	Age at menopause: 45-50 years	168	56
3	Religion: Hindu	248	81.67
4	Type of family: Joint	283	94.33
5	Marital status: Married	270	89
6	Parity: >3	159	53
7	Educational status: Primary	122	40.67
8	Employment status (Previous /Current): Home	222	74
9	Family monthly income in rupees: 5001-10000	151	50.33
10	Source of Information: Health care provider	191	63.67

Chandekar P, et al. J Nurs Care, Volume 11:4, 2022

Table 2 Existing asychologica	I somato vegetative and	l urogenital health nroh	lems among postmenopausal wome	ın

Assessed of Assessed	M	ild	Mod	erate	Se	vere	V	ery	Mean SD	
Aspects of Awareness	F	%	F	%	F	%	F	%		
Psychological	9	2	242	80.67	52	17.33	0	0	17.7	2.5
Somato vegetative	23	6.67	109	36.33	167	55.67	4	1.33	10.9	3.07
Urogenital	30	9	96	32	126	42	51	17	8.01	3.4
Overall	0	0	86	27.67	208	69.33	9	3	36.53	4.73

Table 3. To determine the effectiveness of menopausal empowerment strategies.

Accepta	Pre-Test		Post -Test		Manu	Daine d A
Aspects	Mean	SD	Mean	SD	Mean	Paired t-
Introduction	0.84	0.52	2.59	0.74	1.75	37.1070*
Long term and short	0.64	0.61	2.76	1.06	2.12	29.9769*
Health Responsibility	0.51	0.54	2.46	0.76	1.95	35.8632*
Nutrition	1.27	0.86	4.34	1.54	3.07	30.0912*
Exercise and physical	0.38	0.48	1.7	0.53	1.32	31.7690*
Interpersonal Relations	0.46	0.52	1.63	0.53	1.17	27.2596*
Stress Management	0.24	0.44	1.6	0.58	1.36	32.5641*
Spiritual Growth	0.44	0.6	1.7	0.55	1.26	26.8355*
Overall	4.77	1.54	18.77	3.27	14	67.05*

- Awareness of postmenopausal women will be assessed using structured questionnaire only.
- Other methods like observation, attitude scale and checklist were not used.
- Since the participants are only 303, the findings cannot be generalized to all the postmenopausal women.
- The study incorporates only postmenopausal women who can understand Hindi or English.
- · The study is limited to one group pre-test and post-test design.

Conclusion

Menopausal women require more information about their physical and psychosocial needs. Health education intervention strategy is one of the alternative strategies for improving women's attitudes and coping with menopause and post-menopausal symptoms. Empowerment of menopausal women will guarantee their health during the last third of their life. The results of the present study can pave the way for future research about women's health promotion and empowerment. Through participating in these kinds of

empowerment strategies, women become equipped to take informed decisions about their health care and attain a sense of responsibility for the same. In order to ensure lasting results the intervention need to be tailored to the daily activities on regular basis.

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