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The effectiveness of effectiveness of premenopausal empowerment strategies on stress, depression and quality of life among premenopausal women's

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Abstract

Introduction: 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.

Methodology: The research design adopted for this study was pre experimental design and research approach adopted for this was to evaluative the educative approach. The sample size was 100 teachers. Non-probability purposive sampling method was used.

Result: The mean of post-test knowledge scores was 26.6, which is significantly higher than mean of pre-test knowledge scores of 12.4. Standard deviation of post-test score and pre-test score is 9.4 and 13.3 respectively. The computed paired "t" value (18.67, df=99 at the level of $P=0.05$) is greater than table value (1.66) which represents significant gain in knowledge. Hence the hypothesis H_1 is accepted. It is evident from the results that H_2 : There will be significant association between the pre-test knowledge score and selected demographic variables at the level of $P \leq 0.05$. is accepted as there is significant association between pretest knowledge score and selected demographic variables like educational qualification, years of experience, child psychology in syllabus and attended in-service education.

Conclusion: Therefore, the investigator realized that the need to create awareness on menopause among premenopausal women is necessary. Hence this study is planned to investigate the effectiveness of premenopausal empowerment strategies –a combination of educational empowerment and supervised exercise programme on menopause related problems and quality of life of the premenopausal women.

Keywords: UP: Uttar Pradesh H: Hypothesis

Introduction

Background of study

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. 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.

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.

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Need of the study

“Woman is a miracle of divine contradictions”. Nature takes her through a series of transitions from birth to death, which includes menarche, pregnancy, labour, motherhood and menopause. Each of this stage stands for different phases in her life which includes both physical and psychological changes. Menopause is the time in women life, when the functions of the ovaries cease. Perimenopause means “the time around menopause” and often refer to the menopausal transitional period. Menopause currently affects the lives of millions of women globally and will be an issue of increasing concern as the population increases over the next few decades. Menopause is the permanent cessation of menstruation which is retrospectively determined following twelve months of amenorrhea during midlife period and the most identifiable event of the perimenopausal period. The year immediately preceding and the decade afterwards, however, are of far greater clinical significance. The perimenopausal period encompasses the time before, during and after menopause. Symptoms that begin with the menopausal transition usually continue making a compensatory decrease in the post-menopause. The immediate symptoms of menopause are the effects of hormonal changes on many organ system, most extensively the cardiovascular and musculoskeletal system affecting their quality of life. Commonly reported symptoms include hot flushes, night sweats, muscles and joint pains, sleep disturbances, urinary frequency, vaginal dryness, poor memory, anxiety and depression. Menopausal symptoms have been widely studied in women from western societies, but less information is available for women of non-western ethnic groups. There is evidence of differences in the prevalence of symptoms in Asian versus Western women. Further, wide variations have been observed in the sub population studies, including studies in Indian women from selected regions.

The Investigator felt that the menopausal women in the community, were having a lot of problems regarding associated changes after menopause and management, and the menopausal women are unable to cope with the situation.

Objectives of the study

1. To assess the pre-test stress, depression and quality of life among premenopausal women's.
2. To assess the post stress, depression and quality of life among premenopausal women's.
3. To assess the effectiveness of premenopausal empowerment strategies on stress, depression and quality of life among premenopausal women's.
4. To find an association between pre-test with selected demographic variables.

Hypothesis

RH₁: There will be significant difference between pre-test and post-test stress, depression and quality of life among premenopausal women's at the level of $p \leq 0.05$

RH₂: There will be a significant association of post –test stress, depression and quality of life among premenopausal women's with selected socio-demographical variables at the level of $p \leq 0.05$.

Assumption

1. Premenopausal women's may have some stress & depression.

2. Premenopausal empowerment strategies may be effective on stress, depression and quality of life among premenopausal women's.

Methodology

Research Approach

The approach used in the present study was quantitative approach.

Research Design

The research design selected for the study was pre experimental one group pre-test post- test design.

Diagrammatic representation of the design is given below.

O₁-----X-----O₂

O₁: Pre Test

X: Intervention

O₂: Post Test

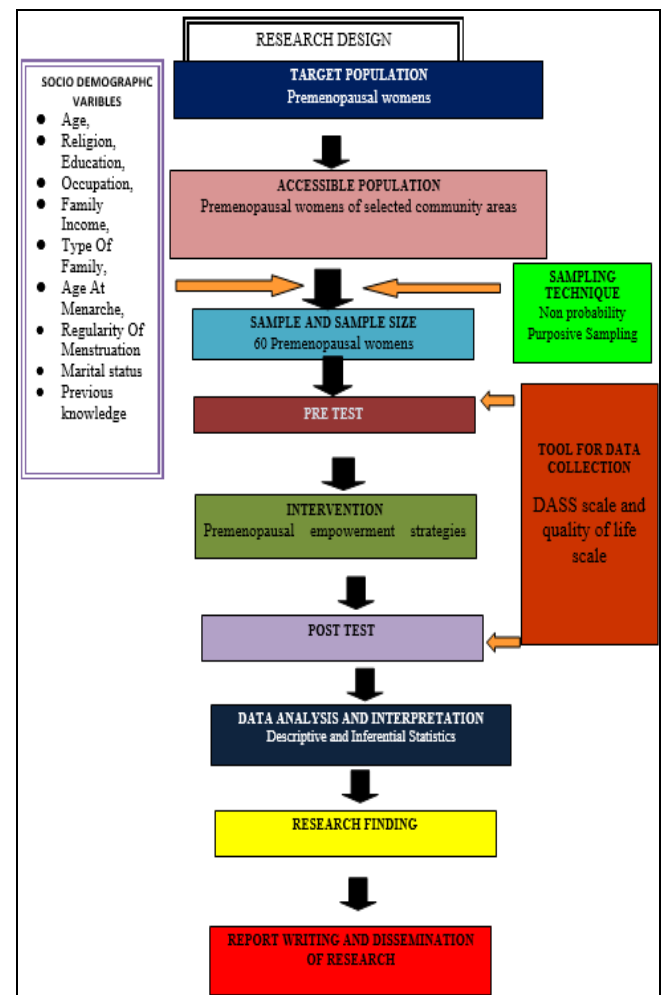


Fig 1: Schematic presentation of research design used for the present

Variables

Independent Variable

In the present study the independent variable is premenopausal empowerment strategies.

Dependent variable

In this present study the dependent variable refers to stress, depression and quality of life among

- premenopausal women's
- **Extraneous Variable**
In the present study it include as Age, Religion, Education, Occupation, Family Income, Type Of Family, Age At Menarche, Regularity Of Menstruation, Marital status, Previous knowledge.

The Setting

The present study is Saharanpur community areas of U.P.

The Population

Target Population: In the present study, the target population consisted of premenopausal women's

Accessible Population: In this present study, the accessible population was premenopausal women's of selected community areas.

Sample and sample size

In the present study the sample comprised of 100 premenopausal women's

Sampling Technique

In the present study non-probability purposive sampling technique was used.

Criteria for the selection of the samples

Inclusion criteria

- Who are between the age group of 45-60 years?
- Who are willing to participate in the study?
- Who had attained menopause naturally.
- Who are able to understand and speak Hindi and English?

Exclusion criteria

- Who are not willing to participate in the study?
- Who had severe sensory or cognitive impairment
- Who are not available at the time of data collection?

Data Collection Procedure

The main study was conducted at Saharanpur UP The investigator obtained written permission from the concerned authority prior to the data collection. The data collection procedure was done for a stipulated period from November 2022

Result

Section I: Frequency and percentage distribution according to socio demographic variables.

Section II: Comparison of pre test and post test depression, anxiety and stress score and quality of life score.

Section III: Effectiveness of interventional package on expression, anxiety and stress score and quality of life score

Section IV: Association between pre-test expression, anxiety and stress score and quality of life score with their selected socio-demographic variable earning Rs.10,000, only According to type of family in both group approximately 46% they are from joint family, 48% the from nuclear family. Regarding age at menarche, majority 36% attained menarche between 12-14 years, 12% attained menarche between 9-11 years. Regarding regularity of menstruation, majority 72% had regular menstruation, 28% had irregular menstruation. In marital status majority is married 92%. In heard about premenopausal syndrome 78% didn't heard about menopause previously and 22% heard about menopause in which majority heard from friends.

Table 1: Frequency and percentage distribution of pre-menopausal women according to their demographic variable N=100

S. No	Demographic Variables	Experimental Group (N=100)		
		f	%	
1.	Age			
	a) 40-44 years	31	31	
	b) 45-49 years	35	35	
	c) 50-54 years	34	24	
	d) 55 years and above	0	0	
2.	Religion			
	a) Hindu	52	52	
	b) Christian	10	10	
	c) Muslim	38	38	
	d) Others	0	0	
3.	Education			
	a) No for male education	14	14	
	b) Primary	36	36	
	c) Secondary	26	26	
	d) Higher secondary	20	20	
	e) Graduates & Postgraduates	4	4	
4.	Occupation			
	a) Homemaker	48	48	
	b) Private	24	24	
	c) Self employed	20	20	
	d) Government job	8	8	
5.	Family income			
	a) Below Rs.10,000	40	40	
	b) b) Rs.10,000-20,000	32	32	
	c) c) Rs.20,001-30,000	22	22	
	d) d) Rs.30,001 and above	6	6	

Type of family			
6.	a) Joint family	46	46
	b) Nuclear family	48	48
	c) Extended family	6	6
Ageatmenarche			
7.	a) 9-11years	12	12
	b) 12-14years	36	36
	c) 15-17years	52	52
Regularity of menstruation			
8.	a) Regular	72	72
	b) Irregular	28	28
Marital status			
9.	a) Married	92	92
	b) Unmarried	8	8
Heard about premenopausal syndrome			
10.	a) No	78	78
	b) Yes,	22	22

Section II: Comparison of pre-test and post-test level depression, anxiety and quality of life.

Table 2: Comparison of Pre-Test and Post-Test depression Score N=100

Level of knowledge	Pre-test		Post-test	
	Frequency	Percentage %	Frequency	Percentage %
Normal. (0-9)	10	10	30	30
Mild (10-12)	22	22	46	46
Moderate (13-20)	40	40	20	20
Severe (21-27)	20	20	4	4
Extremely severe. (35-42)	08	08	0	0
Total	100	100	100	100

The of premenopausal women pre-test depression scores were normal 10%, 22% were having mild, 40% were having moderate and 20% were having severe score and 8% in extremely severe score. Where as premenopausal women

post-test depression scores were normal 30%, 46% were having mild, 20% were having moderate and 4% were having severe score and 0% in extremely severe score.

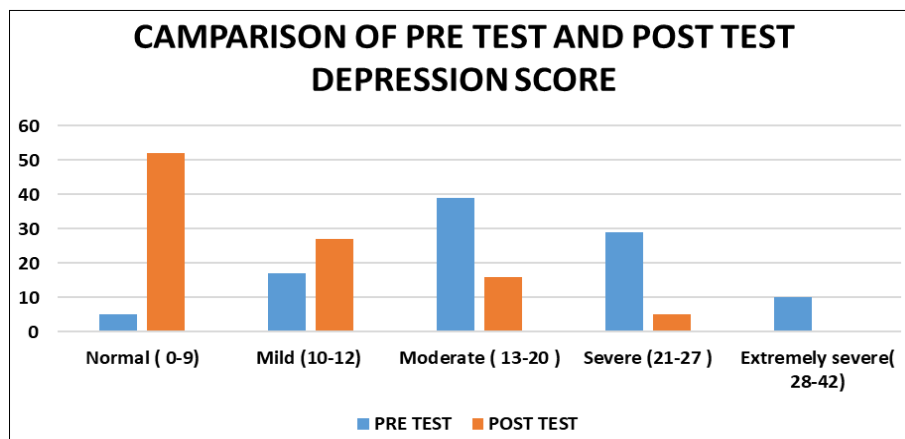


Fig 1: Bar Chart representing the comparison of pre test and post test depression score

Table 3: Comparison of Pre-Test and Post-Test stress Score N=100

Level of knowledge	Pre-test		Post-test	
	Frequency	Percentage %	Frequency	Percentage %
Normal (0-9)	5	5	52	52
Mild (10-12)	17	17	27	27
Moderate (13-20)	39	39	16	16
Severe (21-27)	29	29	5	5
Extremely severe (28-42)	10	10	0	0
Total	100	100	100	100

It is observed that the of premenopausal women pre-test stress scores were normal 5%, 17% were having mild, 39% were having moderate and 29% were having severe score and 10% in extremely severe score. Whereas

premenopausal women post-test stress scores were normal 52%, 27% were having mild, 16% were having moderate and 4% were having severe score and 0% in extremely severe score

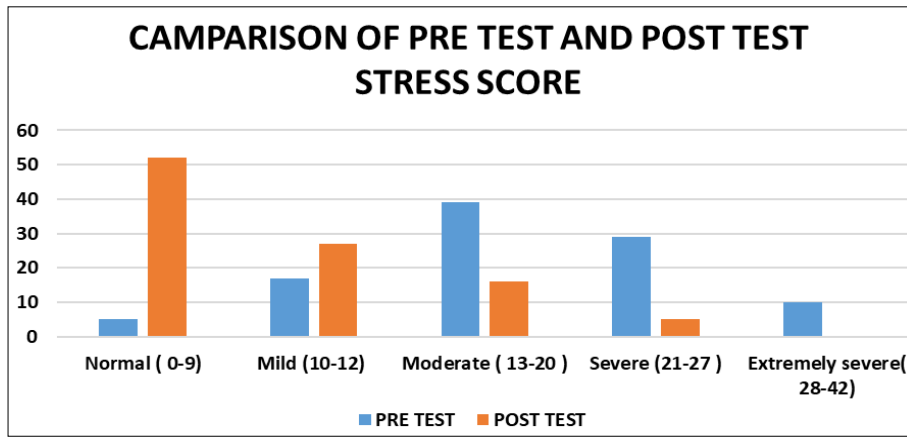


Fig 2: Bar Chart representing the comparison of pre test and post test stress score

Table 4: Comparison of Pre-Test and Post-Test quality of life Score N=100

Level of knowledge	Pre-test		Post-test	
	Frequency	Percentage %	Frequency	Percentage %
Poor quality of life (1-31)	45	45	19	19
Average quality of life (32-63)	39	39	76	76
Good quality of life (64-92)	16	16	5	5
Total	100	100	100	100

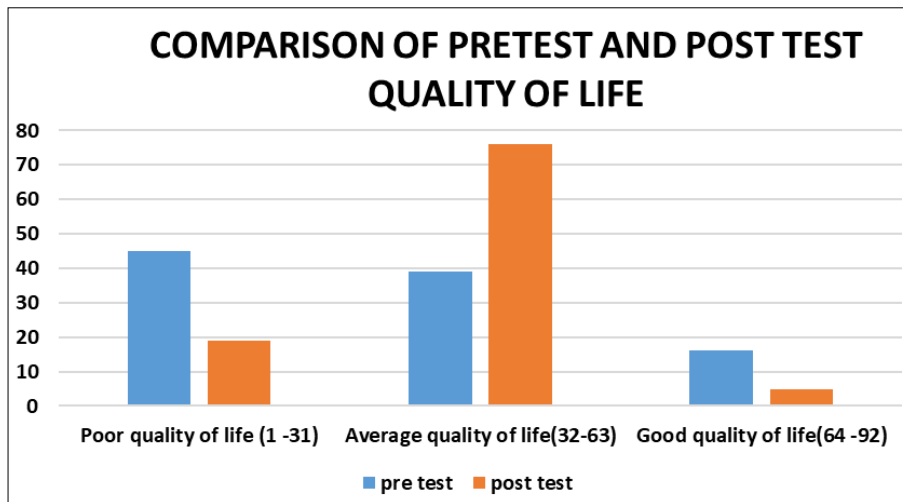


Fig 3: Bar chart representing the comparison of pre-test and post-test quality of life score

It is observed that the of premenopausal women pre-test quality of life scores were Poor quality of life (1-31) 45%, 39% were having Average quality of life (32-63), and 16% in Good quality of life (64-92) score. Whereas post-test quality of life scores were Poor quality of life (1-31) 19%, 76% were having Average quality of life (32-63), and 5% in Good quality of life (64-92) score.

Summary

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.

Conflict of Interest

Not available

Financial Support

Not available

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