

## **A STUDY TO ASSESS THE KNOWLEDGE REGARDING MENOPAUSAL PROBLEM AMONG WOMEN AT SANNYASIKUPPAM PUDUCHERRY.**

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### **ABSTRACT**

Menopause is an event in life'' not a disease. It is a single event in a women's life her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. The prevalence of premature menopause in this sample of Indian women was 3.7%, out of which 2.1% of women had experienced natural premature menopause, whereas 1.7% had surgical premature menopause. The objectives are to assess the knowledge of menopausal problems among women and to associate the level of knowledge regarding menopausal problems among women with their selected demographic variables. The study was conducted to Women who are residing at Sannyasikuppam, Pondicherry. A sample consists of 30 women's with simple random sampling technique. A self-structured questionnaire knowledge questions regarding menopausal problems and its management was administered to women's. The collected data were computerized and analyzed using SPSS version 22. The results found that Majority of the women (76.7%) had inadequate level of knowledge and (23.3%) had moderately adequate level of knowledge and There was significant association between the levels of knowledge regarding menopausal problems among women and the selected demographic variable family income per month ( $\chi^2 = 8.1$ ) was found at  $p$ -value is 0.05 level. The study concluded that the womens are moderately adequate level of knowledge regarding menopausal problems.

**Keywords:**Menopausal problems, Women, Knowledge, Puducherry.

### **INTRODUCTION**

Menopause is an event in life not a disease. It is a single event in a women's life her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. Menopause can have a significant effect on a women's quality of life. Their health needs changes significantly and it is important that women become aware of the new health risks. The symptoms of menopause that appear before, during and after the onset of menopause vary. India has a large population with 71 million people over 60 years of age and the menopausal women number about 43 million. The number of women in the postmenopausal ages 50-59 years is projected to increase from 36 million in 2000 to 63 million in 2020. Menopause phase of life can bring health challenges and relationship changes that can cause a woman to feel anxious, sad and fearful. It is important to maintain and promote the health of the women for the wellbeing of the people in the society.

Menopause is an event in life'' not a disease. It is a single event in a women's life - her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. Menopause can have a significant effect on a women's quality of life. Their health needs changes significantly and it is important that women become aware of the new health risks. Menopause is an event in life'' not a disease. It is a single event in a women's life - her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. Menopause can have a significant effect on a women's quality of life. Their health needs changes significantly and it is important that women become aware of the new health risks. Menopause is an event in life'' not a disease. It is a single event in a women's life - her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. Menopause can have a significant effect on a women's quality of life. Their health needs changes significantly and it is important that women become aware of the new health risks. Menopause is an event in life'' not a disease. It is a single

event in a women's life - her last menstrual period. Menarche heralds the onset of reproductive function and menopause signals its end. Menopause can have a significant effect on a women's quality of life. Their health needs changes significantly and it is important that women become aware of the new health risks.

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### RESEARCH METHODOLOGY

Research methodology is a way to solve the problem systematically. It considers the logic behind the methods used in the context of research study. This chapter includes the research design, setting of the study, variables, population, sample size, sampling technique, criteria for sample selection, and description of the tool, content validity, reliability, and pilot study, method of data collection and plan for data analysis.

**Research Approach:** A quantitative research approach will be adopted to this present study.

**Research design:** Descriptive research design will be adopted for this present study.

#### Setting

The study was conducted in Sannyasikuppam village, Puducherry.

- Feasibility of conducting the study
- Availability of sample

**Independent variables:** The variables which can be purposely manipulated and controlled in a study.

**Dependent variable:** It refers to the knowledge regarding menopausal problems among women.

**Extraneous variable:** (Demographic variable): Independent variables that are not related to the purpose of the study, but may affect the dependent variable are termed as extraneous variable. In the present study the selected demographic variables include age, religion, occupation, educational background, family income per month, type of family, marital status, type of marriage, age at menarche, menstruation pattern, number of pregnancies and dietary pattern.

**Population:** Population is to aggregate or totality of all the subjects that possess a set of specification. The entire set of individuals having common characteristics. All women who are present during data collection period.

#### Sampling:

Sampling is a process of selecting a group of people, events, behaviour or other elements with which to conduct a study.

**Sample:** The sample study was 30 women in Sannyasikuppam village, Puducherry.

**Sampling Technique:** The Sample technique will be adapted for the study is simple random sampling technique.

**Description of tool.** The tool for the data collection consists of two sections.

**Section A:** Socio-demographic variables. It deals with demographic variables which include age, religion, occupation, educational background, family income per month, type of family, marital status, type of marriage, age at menarche, menstruation pattern, number of pregnancies and dietary pattern.

**Section B:** This section consists of 30 knowledge questions regarding menopausal problems and its management. Each question carry the score of 1 in case of correct answer, in case of wrong answer carry the score of 0, whereby responses will be ranged from inadequate knowledge, moderate knowledge, and adequate knowledge among postnatal mothers.

**Table 1: Frequency and percentage wise distribution of demographic variables among women.  
(n=30)**

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
1	<b>Age (in years)</b>		
	41-45 years	6	20
	46-50 years	12	40
	51-55 years	5	16.7
	56-60 years	7	23.3
2	<b>Religion</b>		
	Hindu	27	90.1
	Christian	1	3.3
	Muslim	1	3.3
	Others	1	3.3

3	<b>Educational status</b>		
	Primary	5	16.7
	Secondary	11	36.7
	Degree and above	6	20
	Illiterate	8	26.6
4	<b>Occupational status</b>		
	Government	3	10
	Private	11	36.7
	Daily wage	4	13.3
	Home maker	12	40
5	<b>Type of family</b>		
	Joint family	5	16.7
	Nuclear family	20	66.6
	Single	5	16.7
6	<b>Family income per month</b>		
	Rs.5000-10000	12	40.1
	Rs.10001-15000	10	33.3
	Rs.15001-20000	4	13.3
	Above Rs.20000	4	13.3
7	<b>Marital status</b>		
	Married	29	96.7
	Unmarried	1	3.3
8	<b>Type of marriage</b>		
	Consanguineous	8	26.7
	Non- Consanguineous	22	73.3
9	<b>Age at menarche</b>		
	<13	7	23.3
	>13	22	73.4

The above table 1 Majority of the women's 12 (40%) of study population were in the age group are 46-50 years. Majority of the women's were followed by Hindu religion 27 (90.1%). Most of the women's were completed secondary level in education 11 (36.7%). Majority of the women's were private job in occupation 11 (36.7%). Majority of the women's were comes under nuclear family 20 (66.6%). Most of the women's were family monthly income is 10 (33.3%) in rupees 10001-15000. Most of the women's were married 29 (96.7%). Most of the women's were comes under non-consanguineous marriage 22 (73.3%). Majority of the women's were age at menarche is >13 years 22 (73.3%). Majority of the women's had regular menstruation pattern 25 (83.3%). Most of the women's were more than 2 pregnancies 19 (63.3%). Most of the women's were non- vegetarian in dietary pattern 28 (93.3%) respectively.

**Table 2: Frequency and percentage wise distribution of level of knowledge regarding menopausal problems among women**

LEVEL OF KNOWLEDGE	FREQUENCY (n)	PERCENTAGE (%)
Inadequate (0-10)	23	76.7
Moderately adequate (11-20)	7	23.3
Adequate (21-30)	0	0
<b>Total</b>	30	100
<b>Mean±Standard deviation</b>	8.60±2.581	

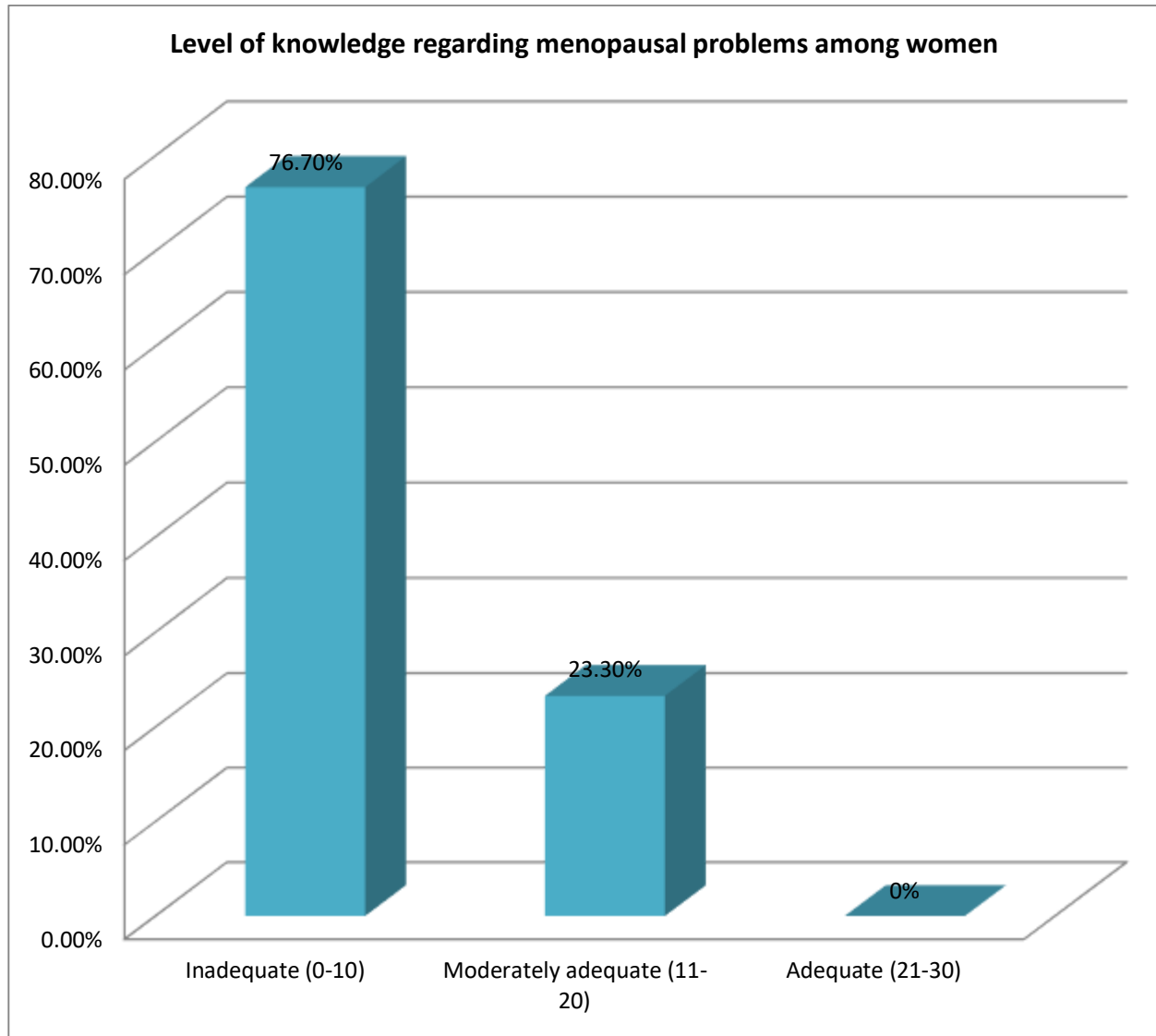
The above table 2 shows that Majority of the women 23 (76.7%) had inadequate level of knowledge and 7 (23.3%) had moderately adequate level of knowledge and the mean and standard deviation of level of knowledge regarding menopausal problems among women is (8.60±2.581) respectively.

**Table 3: Association between the levels of knowledge regarding menopausal problems among women with their selected demographic variables**

S. NO	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE				Chi-square $\chi^2$	df	p-value
		INADEQUATE		MODERTAE				
		N	%	N	%			
<b>1</b>	<b>Age (in years)</b>							
	41-45 years	3	13.1	3	42.9	4.246	3	<b>0.236</b> NS
	46-50 years	9	39.1	3	42.9			
	51-55 years	5	21.7	0	0			
	56-60 years	6	26.1	1	14.2			
<b>2</b>	<b>Religion</b>					1.014	3	<b>0.798</b> NS
	Hindu	20	87.1	7	100			
	Christian	1	4.3	0	0			
	Muslim	1	4.3	0	0			
	Others	1	4.3	0	0			
<b>3</b>	<b>Educational status</b>					1.546	3	<b>0.672</b> NS
	Primary	3	13	2	28.6			
	Secondary	8	34.8	3	42.8			
	Degree and above	5	21.7	1	14.3			
	Illiterate	7	30.5	1	14.3			
<b>4</b>	<b>Occupational status</b>					2.897	3	<b>0.408</b> NS
	Government	3	13	0	0			
	Private	8	34.8	3	42.8			
	Daily wage	2	8.7	2	28.6			
	Home maker	10	43.5	2	28.6			
<b>5</b>	<b>Type of family</b>					2.329	2	<b>0.312</b> NS
	Joint family	5	21.7	0	0			
	Nuclear family	15	65.3	5	71.4			
	Single	3	13	2	28.6			
<b>6</b>	<b>Family income per month</b>					8.106	3	<b>0.044</b> S*
	Rs.5000-10000	7	30.4	5	71.4			
	Rs.10001-15000	10	43.5	0	0			
	Rs.15001-20000	2	8.7	2	28.6			
	Above Rs.20000	4	17.4	0	0			
<b>7</b>	<b>Marital status</b>					3.399	1	<b>0.065</b> NS
	Married	23	100	6	85.7			
	Unmarried	0	0	1	14.3			
<b>8</b>	<b>Type of marriage</b>					1.224	1	<b>0.269</b> NS
	Consanguineous	5	21.7	3	42.9			
	Non- Consanguineous	18	78.3	4	57.1			
<b>9</b>	<b>Age at menarche</b>					2.122	2	<b>0.346</b> NS
	<13	4	17.4	3	42.9			
	>13	18	78.3	4	57.1			

	At 13	1	4.3	0	0			
<b>10</b>	<b>Menstruation pattern</b>					0.037	1	<b>0.847</b> <b>NS</b>
	Regular	19	82.6	6	85.7			
	Irregular	4	17.4	1	14.3			
<b>11</b>	<b>Number of pregnancies</b>					0.981	2	<b>0.612</b> <b>NS</b>
	Nil	0	0	0	0			
	1	3	13	2	28.6			
	2	15	65.3	4	57.1			
	3 and above	5	21.7	1	14.3			
<b>12</b>	<b>Dietary pattern</b>					0.852	1	<b>0.356</b> <b>NS</b>
	Vegetarian	1	4.3	1	14.3			
	Non-vegetarian	22	95.7	6	85.7			

The above table 3 shows that There was significant association between the levels of knowledge regarding menopausal problems among women and the selected demographic variable family income per month ( $\chi^2=8.1$ ) was found at p –value is 0.05 level. There was no significant association between age ( $\chi^2=4.24$ ), religion ( $\chi^2=1.01$ ), occupation ( $\chi^2=2.89$ ), educational background ( $\chi^2=1.54$ ), type of family ( $\chi^2=2.32$ ), marital status ( $\chi^2=3.39$ ), type of marriage ( $\chi^2=1.22$ ), age at menarche ( $\chi^2=2.12$ ), menstruation pattern ( $\chi^2=0.03$ ), number of pregnancies ( $\chi^2=0.98$ ) and dietary pattern ( $\chi^2=0.85$ ).



**Figure 1:Level ofknowledge regarding menopausal problems among women**

**CONCLUSION AND RECOMMENDATION:**This study implies that it helps to improve the level of knowledge regarding menopausal problems among women and to develop knowledge on its management on the basis of results it can be conducted, that the level of knowledge was mostly inadequate regarding menopausal problems among women.

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