

Assessing the Effect of Self Instructional Module on Knowledge of Menopause & Hormone Replacement Therapy for Menopausal Women in Moradabad (UP)

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Abstract

Objectives of the study were to identify the problems faced by menopausal women and to find out the remedial measures adopted by them, to assess the knowledge of menopausal women regarding menopause & hormone replacement therapy (HRT) before and after administration of self-instructional module (SIM) and to find out the acceptability and utility of the SIM. An evaluative research approach, with pre-experimental one group pre-test post-test design was adopted. Purposive sampling technique was used to obtain an adequate size of the sample. The sample comprised of 100 menopausal women living in selected community of Moradabad (UP). A knowledge questionnaire and opinionnaire were administered, and SIM on menopause and HRT administered. It was found that there was deficit in knowledge of menopausal women regarding menopause and HRT. Mean post-test knowledge scores were significantly higher than mean pre-test knowledge scores. SIM was found highly acceptable and useful by menopausal women.

Menopause is a perfectly natural process. As family members and friends recognize that this is a normal process and learn about the normal, natural symptoms, they will then treat the woman like she's normal and natural rather than a crazy woman.

- Pamela Boggs

Change is nature's law. Changes are occurring throughout the world, for example, computers. In early times, no one knew about computers. But in today's world, nothing is possible without computers. In this changing world, human life is dynamic and human growth is an ongoing process. In this universe, no process is more wonderful and no mechanism more fantastic than the one by which a tiny spike tissue or human egg transforms into a developed body. There are many changes that take place in woman's life.

According to Sawyer, "A woman is not born as a woman but she becomes one." A newborn female baby undergoes many changes as she enters womanhood starting from menarche, then marriage, motherhood and finally enters in menopause, the end of the reproductive capacity.

The transition phase before menopause is medically referred to as climacteric, but more recently

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has also been called as peri-menopause. Climacteric is derived from the Greek word and means 'critical point in human life'; it indicates the period of time when a woman passes through transition from the reproductive stage of life to post-menopausal years. During this transition time before menopause, the supply of mature eggs in a woman's ovaries diminishes and ovulation becomes irregular. At the same time, the production of estrogen and progesterone decreases. It is the enormous drop in estrogen levels that causes most of the symptoms, commonly associated with menopause.

However, getting menopause does not mean becoming old. In fact, we may look at menopause as a blessing. It is freedom from the ups and downs of the hormonal cycles, the end of menstrual cramps and bloated bellies and the end of sanitary pads. A woman can become more creative, more empowered, wiser and more beautiful by remaining physically and mentally active.

The management of menopause mainly comprises of Hormone Replacement Therapy (HRT) which consists of an estrogen combined with the

progesterin. Along with HRT, disciplined life with proper diet exercise and life style modification has a major role to play to combat menopause and effectively manage menopausal problems.

Review of Literature

Lu Shin-Yi, et al (2009), conducted a study on the prevalence of women's depression during menopause and the relationship between menopause depression and variables including self-concept, menopause attitudes, life-event stresses, climacteric physiological symptoms and demographics. They randomly selected female participants aged 45 - 55 years from southern Taiwan using the cluster method. Analysis of 266 valid questionnaires showed that (a) the prevalence of depression among participants was 31.2 percent; (b) depression was positively associated with life-event stresses and climacteric physiological symptoms ($r = 0.23$ and 0.34 , respectively) and was negatively associated with attitude towards menopause and self-concept ($r = -0.31$ and -0.65 , respectively); and (c) by logistic regression analyses, climacteric physiological symptoms and self-concept were associated with menopause depression. This preliminary survey suggests that low self-concept and increased climacteric physiological symptoms are closely related to depression among menopausal women.

Abrahamsen (2009) examined the effects of low doses of vitamin D with calcium in 68,500 patients aged between 47-107 years (average age 69). Their age, gender and fracture history were taken into account, together with medication such as HRT and bisphosphonates. Patients included were randomised to receive either vitamin D (given alone or with calcium, usually in the form of 1000 mg calcium carbonate daily) or no active treatment. "The real strength of this study was that they were looking at groups and individuals, not just summary statistics. They were able to calculate absolute fracture rates and the time to treatment effects". After about 16 months, the reduction in hip fracture rates by 20 percent was seen in people who took vitamin D (10 µg; 400 IU) and calcium (1000 mg) together, regardless of age, gender and fracture history. Fracture rate in other bones was reduced by 10 percent. "Vitamin D on its own is not very effective, even if the dose is doubled".

Tuomikoski, et al (2009) compared the vascular response to hormone therapy in women with and without hot flushes and effect of hot flushes on vascular function. They randomly assigned 143 healthy, recent post-menopausal women (mean age 52.4 ± 0.2

years, time since menopause 19.5 ± 0.9 months) with intolerable hot flushes (more than 7 moderate / severe episodes per day) or tolerable hot flushes (fewer than three mild episodes per day) to receive 1 mg of transdermal estradiol gel, oral estradiol (2 mg) with and without daily medroxyprogesterone acetate, or placebo for 6 months. Hot flushes did not affect the changes in arterial or aortic stiffness or endothelial function in response to various forms of hormone therapy. However, in women with tolerable hot flushes, oral estradiol caused a decrease of 13.2 percent ($p = 0.028$) in the time to the first systolic peak (dependent on the rapid phase of ventricular ejection) after nitroglycerine. The time to the reflected wave (dependent on pulse wave velocity) after nitroglycerine was decreased by 8.4 percent ($p = 0.018$). These effects were not seen in women with intolerable hot flushes or with the other treatment regimens.

Objectives

The objectives of the study were:

- > To identify the problems faced by menopausal women.
- > To find out the remedial measures adopted by the menopausal women.
- > To assess the knowledge of menopausal women regarding (a) menopause and (b) HRT, before and after administration of SIM.
- > To find out the acceptability and utility of the SIM.

Hypothesis of the study

H1: The mean post-test knowledge scores of menopausal women after the administration of SIM on menopause will be significantly higher (at 0.05 level of significance) than their mean pre-test knowledge scores as evident from a structured knowledge questionnaire.

H2: The mean post-test knowledge scores of menopausal women after the administration of SIM on HRT will be significantly higher (at 0.05 level of significance) than their mean pre-test knowledge scores as evident from a structured knowledge questionnaire.

Methodology

Research approach and design: Evaluative research approach and pre-experimental one group pre-test.

Post-test design was used in this study. The design

Table 1: Mean, median and standard deviation of pre-test & post-test knowledge scores of menopausal women on menopause (n=100)

Knowledge test	Mean	Median	Standard deviation
Pre-test	8.25	8	1.723
Post-test	13.15	13	1.661

Maximum score 17

Table 2: Mean, standard deviation and z-value of pretest and post-test knowledge scores obtained by menopausal women n=100

Knowledge test	Mean	Standard deviation	'Z' value
Pre-test	8.25	1.723	* 20.5
Post-test	13.15	1.661	

z (99) =1.96, p< 0.05 *significance.

adopted for the present study can be represented as:

OK1 – X – OK2

OKI = Knowledge test before administering the SIM.

X = Administration of SIM. OK2 = knowledge test after administering the SIM.

Purposive sampling technique was adopted to select the menopausal women for data collection. The sample was drawn from the selected community of Moradabad (UP).

Independent variables - SIM on menopause and HRT.

Dependent variables - Knowledge scores menopausal women on menopause and HRT. Acceptability and utility scores of the SIM.

Description of the tool : The structured questionnaire consisted of 5 sections:

Section I- with 17 items on demographic data.

Section II - with 17 items for assessing the knowledge of menopausal women regarding menopause.

Section III - with 21 items to identify the problems experienced by menopausal women.

Section IV - with 9 items to find out the remedial measures adopted by menopausal women.

Section V - with 16 items for assessing the knowledge of menopausal women regarding HRT.

Description of the SIM: The SIM titled “Self In-

structional Module on menopause and HRT” had a preface, acknowledgement, table of content, introduction, objectives and content which had two sections and conclusion:

1. *Section I : Menopause*

- Problems faced by menopausal women
- Remedial measures to overcome the problem of menopause

2. *SECTION II : Hormonal Replacement Therapy*

- Criteria for the use of HRT
- Types of HRT
- Forms, benefits, contraindications and side effects of HRT of hormone therapy
- Points to remember while taking HRT
- Places from where you can get information about HRT

Procedure for data collection: After taking formal permission to conduct the study sample subjects were contacted and verbal consent was taken. All the subjects were explained the purpose of the study. Necessary instructions for the completion of tool were provided to the subjects. Confidentiality of their responses was assured. Pre-test was done and Self Instructional Module (SIM) on menopause and HRT was administered. The subjects were more contacted after five days; post-test was conducted and the opinionnaire to find the acceptability and utility of SIM was administered by the investigator. The data was collected from 7 June to 7 July 2010.

Results

Analysis and interpretation of the data were done using descriptive and inferential statistics (Tables 1-4). All items in the tool were coded and transferred to a Master sheet. The findings of the study were analysed in terms of objectives of the study and hypothesis testing presented in following sections

Section I : Sample subjects, sample subjects showed that more number of subjects (40%) were in the age group of 46-50 years, 55 percent were Muslim, 89 percent were married, 67 percent had passed matric, 90 percent were in the age group of 11-15 years when they achieved menarche; 51 percent got married below the age of 20 years; 43 percent had attained their menopause between the age of 41- 45 years; 92 percent experienced natural menopause and none of them used HRT.

Section II : Problems faced by menopausal women

Table 3: Mean, median and standard deviation of pre-test & post-test Knowledge Scores of Menopausal Women on HRT (n=100)

Knowledge test	Mean	Median	Standard deviation
Pre-test	2.53	2	1.11
Post-test	8.30	8	1

Maximum Score= 16

Table 4: Mean, Standard deviation and z-value of pre-test and post-test knowledge scores obtained by menopausal women (n=100)

Knowledge test	Mean	Standard deviation	'Z' value
Pre-test	2.53	1.11	* 39.93
Post-test	8.30	1	

$z(99) = 1.96, p \leq 0.05$ *significance.

- more than half (66%) of the subjects had hair loss, 53 percent had backache, 49 percent had fatigue, 44 percent had anxiety, 43 percent had pain in joints, 40 percent had weight gain, 39 percent had excessive sweating and 34 percent menopausal women had hot flushes.

Section III : Remedial measures adopted by the Menopausal women - majority (82%) of the subjects applied oil or moisturisers for dry skin and 80 percent discussed problems with husband or family members.

Section IV : Was related to evaluation of the effectiveness of SIM in terms of knowledge of menopausal women regarding menopause and HRT.

SECTION V : Findings related to acceptability & utility of the SIM by menopausal women. The mean score (47.51) which was close to the maximum score of 50 and range of score was 42-50. This indicates high level of acceptability and utility of the SIM by menopausal women.

Conclusion

This study concludes that the SIM was effective in enhancing the knowledge of menopausal women regarding menopause and HRT.

Recommendations

Based on the findings of the study, the following recommendations are offered for future research. The study can be replicated on a large sample of menopausal women to validate and generalise its findings, a similar study can be undertaken by using other teaching strategies i.e. computer assisted instructions and video films etc. on menopause and HRT. A longitudinal study can be conducted to evaluate the effectiveness of the SIM at different intervals of time.

References

1. Bennett VR, Brown LK. Myles Textbook for Midwives, 11th edn, 1990. Churchill Livingstone.
2. Bernstein LR, Molloy C. Obstetrics - Gynaecology: A Problem Oriented Approach, CBC, 1988; pp 300-05
3. Best John W, Khan James. Research in education, 6th edn, 1992; New Delhi, Prentice Hall of India
4. Burns N, Grove K Susan. Understanding Nursing Research, Philadelphia, WB Saunders Company 1995
5. Abrahamsen L. Vitamin D and calcium supplements help prevent bone fracture in the elderly. *The Medical News*, May 2009, 38(7): 8-9
6. Acharya. Green tea extract act as cancer prevention agent in oral leukoplakia. *Ayurveda and Yoga Blog-Herbal Remedies*, March 2010; 34(9): 5-8
7. Amrita B. Age and symptomatology of menopause: A case study. *Obs & Gynae Today* 2004; 9(10): 660-65
8. Barnabei VM, et al. Menopausal symptoms in older women and the effects of treatment with hormone therapy. *Obstetrics & Gynaecology* Dec 2002; 100(6): 1209-18
9. Dawn CS. Textbook of Gynaecology and Contraception. Aratidown, 1995; pp 104-10
10. Dickason JE, et al. Maternal Infant Nursing Care, Mosby Company, 1990; pp 48-49
11. Dutta DC. Textbook of Gynaecology, 5th edn, 2006; New Central Book Agency
12. Frank WL, Duff P. Obstetrics & Gynaecology Principles for practice, Intl edn, 2002; Mc-Graw Hill, pp 744-56

हिन्दी रचनाएं आमंत्रित हैं

इस द्वैमासिक पत्रिका में प्रकाशन के लिए हिन्दी रचनाओं का स्वागत है। नर्सिंग व्यवसाय, स्वास्थ्य और सकारात्मक सोच से परिपूर्ण रचनाओं को प्राथमिकता दी जाएगी। आलेख, तथ्यात्मक टिप्पणियां, लघुकथा, कविता, संस्मरण आदि संपादक के नाम भेजे जाने चाहिये।

— संपादक