APPENDIXES

ANNEXURE- A-I

LETTER FOR SEEKING PERMISSION TO CONDUCT RESEARCH STUDY

From,
Mrs. Meenaxi R. Devangmath
Professor,
KLE’S Institute of Nursing Sciences
Hubballi.

To,
The District Health Officer
Dharawad district,
Dharawad

Subject: Request for permission to conduct research study.

Respected sir,

With respect to subject cited above I, Mrs. Meenaxi R. Devangmath, Professor,
KLE’S Institute of nursing sciences, going to conduct a research project which is to be
submitted to Shri Jagdish Prasad Jhabarmal Tibrewala university, Jhunjhunu, Rajasthan, for
fulfillment of university requirement for the Doctor of Philosophy (Ph.D) in nursing.

The topic for study is “A study to assess Bio-Psycho-Social problems, coping
strategies and quality of life among post menopausal women of rural community of
Dharawad district.”

As per my study plan, I need to conduct my study on post menopausal women residing
in villages of Dharawad district. I shall be obliged to you if you could kindly grant the
permission to me to carry on before said activity in the above mentioned areas.

Thanking you

Yours Sincerely

Date:
Place: Dharawad

(Mrs. Meenaxi R. Devangmath)
From,
District Health Officer,
Dharwad district,

Date : 25-02-2017

Sub : Grant of permission to conduct research study ...

With reference to the above subject, permission is granted to Mrs. Meenaxi R. Devangmath, Professor, KLE Societies Institute of Nursing Sciences, Vidyanagar, Hubli (JJTU Research Scholar) to conduct research study in Rural Community of Dharwad district on Post-Menopausal Women with following conditions, that the investigator will not disclose the names of the clients and will not do any procedure on clients.

Place : Dharwad

District Health Officer,
Dist. Health & Family Welfare Officer
DHARWAD
ANNEXURE – B
LETTER SEEKING EXPERT’S OUTLOOK FOR THE VALIDATION OF TOOL AND SELF INSTRUCTIONAL MODULE

From,

Mrs. Meenaxi R. Devangmath
(Research Scholar)
Professor & HOD
Community Health Nursing
KLES Institute of Nursing Sciences,
Vidyanagar,
Hubli-31

To,

--------------------------------------------------
--------------------------------------------------
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Sub: Requisition for expert opinion on content validity of the research tools.

Respected Sir/Madam,

I, Mrs. Meenaxi R. Devangmath, Professor & HOD, dept. of community health nursing request you to go through the tools which is to be used for data collection of my dissertation to be submitted to Shri Jagdishprasad Jhabarmal Tibrewala University Rajasthan for the degree of doctor of philosophy (Ph.D.) in Community Health Nursing.

Topic: “A study to assess Bio-Psycho-Social problems, coping strategies and life quality of post menopausal females in selected rural community in Dharawad District, Karnataka”

With regard to this, I kindly request you to validate my research tool for its appropriateness and relevancy.

Herewith I am enclosing a copy of

• Structured Menopause Rating scale,
- Menopause Coping Strategies scale and
- Quality Of Life Interview Schedule.
- Criteria checklist for evaluation
- Content validity certificate

I request you to give your valuable opinion and suggestions for the improvement of the tool for its appropriateness and relevancy, so that I will be able to conduct my study effectively and successfully. I also request you to kindly sign the certificate that the tool has been validated. Your expert opinion and kind co-operation will be highly appreciated and gratefully acknowledged.

Thanking You

Yours faithfully,

(Mrs. Meenaxi R. Devangmath)
ANNEXURE – C

EVALUATION CRITERIA CHECKLIST FOR VALIDATION OF TOOL

Instructions

1. A research tool is developed. I request you to give your expert comments and suggestions.

2. There are 3 columns given for responses place a tick (√) mark in the suitable elements and give your remarks in the suited place.

Interpretation of columns:

- Column I completely meets the criteria.
- Column II partially meets the criteria.
- Column III does not meet the criteria.
- Remarks.

Your expert opinion and kind co-operation will be highly appreciated and gratefully acknowledged.

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Evaluation Criteria</th>
<th>I</th>
<th>II</th>
<th>III</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Part I</strong>: Demographic data.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>The items on socio-demographic information cover all aspects necessary for the study.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>Part II</strong>: Structured Menopause Rating scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>Part III</strong>: Menopause Coping Strategies scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td><strong>Part III</strong>: Quality Of Life Interview Schedule</td>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

Place: Hubli

Date: 

Signature of the Evaluator:
ANNEXURE – D

CONTENT VALIDITY CERTIFICATE

This is to certify that, the tool developed by Mrs. Meenaxi R. Devangmath, Professor & HOD, Dept. of community health nursing is validated by the undersigned and can proceed to conduct the main study for dissertation entitled “A study to assess Bio-Psycho-Social problems, coping strategies and quality life of post-menopausal women of selected rural community in Dharwad District, Karnataka”

Date: 
Signature and Seal of the Evaluator
Place:  
(Designation and Address)
# ANNEXURE – E

## LIST OF VALIDATORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation/Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Sangmesh Nidagundi</td>
<td>Principal and Head of the Department Shri Kalabyraveshwara Swamy college of Nursing, Vijay Nagar, Bangalore- 560040</td>
</tr>
<tr>
<td>Dr. Shashidhara Y.N</td>
<td>Associate Professor &amp; Head of the Department Community Health Nursing Manipal College of Nursing, Manipal</td>
</tr>
<tr>
<td>Dr. Precilla Thomas DGO, DNB</td>
<td>Laproscopic Surgeon and Infertility specialist, Moon Maternity Hospital, Vidyanagar, Hubli- 560031</td>
</tr>
<tr>
<td>Sr. Renita Joseph</td>
<td>Professor, St. Ann’s College of Nursing Sacred Heart Hospital, Tutikorin, Tamilnadu-628002</td>
</tr>
<tr>
<td>Dr. (Mrs) Meharunnisa I Momin</td>
<td>Principal Magdum College of Nursing Kolhapur, Maharastra</td>
</tr>
<tr>
<td>Dr. (Mrs) Jayshri Budhihalmath</td>
<td>Clinical Psychologist Dept. of Psychiatry SDM institute of Medical Sciences and Hospital, Sattur, Dharwad-580009</td>
</tr>
<tr>
<td>Dr. Sudha Reddy</td>
<td>Principal, KLE Universities College of Nursing Belgavi, Karnataka</td>
</tr>
<tr>
<td>Prof. Chandrashekhkar NB</td>
<td>Prof. and principal Department of Research and Statistics Bethal Medical Mission (NG) group of institution. Heggere, Bangalore- 58</td>
</tr>
</tbody>
</table>
ANNEXURE – F

CERTIFICATE OF CONSENT

I, hereby certify that I have signed this agreement freely and voluntarily, without any coercion and I am willing to participate in this study with a clear understanding of my participation. My signature also indicates that I have received a copy of the consent form. I also understand that in the event of not participating in this study withdrawal of consent at any time, my. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. Data gathered during the course of this study will be retained after the study period and shall not be sold to a third party for further research. Results of the study shall be used exclusively for the purpose only. I ready to involved voluntarily in this study. I consent to voluntarily participate in this Study

Name of Participant : ……………………………………
Signature of Participant : ……………………………………
Date : ………………………………………………

I have read out the information sheet to the participant/relative and the participant is allowed to ask questions about the study, and all queries have been responded understandably as per my level of understanding. I confirm that the participant have not been forced to giving consent, and the consent has been given freely and voluntarily.

Name of Researcher : ……………………………………………..
Signature consent : ……………………………………………..
Date : ……………………………………………….
ANNEXURE – G  
STRUCTURED INTERVIEW SCHEDULE

Part – I

Proforma for Socio – Demographic data

Dear participant,

This questionnaire is related to the demographic variables. I am here with requesting you to answer all the questions. This information will be treated as confidential. Kindly give your appropriate response for each item.

1. **Age** (in years)
   a) 45 – 50 Years
   b) 51 – 55 years

2. **Religion**
   a) Hindu
   b) Muslim
   c) Christianity
   d) Any other specify

3. **Education**
   a) No formal education
   b) Primary school (1st - 7th std)
   c) High school (8th - 10th std)
   d) PUC and above

4. **Occupation**
   a) Agriculture
   b) Self employed
   c) Home maker / agriculture
   d) Any other, specify…….

5. **Marital status**
   a) Married
   b) Single (Widow / Divorce)
6. Type of family
   a) Nuclear
   b) Joint
   c) Extended

7. Dietary Pattern
   a) Vegetarian
   b) Mixed diet

8. Years after menopause
   a) 0 – 2 years
   b) 3 -4 years
   c) 5 – 6 years
   d) 7 – 8 years
   e) 9 – 10 years

9. Family Income (Rs/Month)
   a) Below 5000
   b) 5001 – 10000
   c) 10001 – 15000
   d) above 15000

10. Are you suffering with any chronic disorders?
    a) Yes
    b) No

   If yes, specify
   • Hypertension
   • Diabetes mellitus
   • Cancer
   • Heart diseases

11. Type of menopause
    a) Natural
    b) Assisted (Hysterectomy)
Dear Participants,

Which of the following symptoms apply to you at this time? Please, mark the appropriate box for each symptom. For symptoms that do not apply, please mark ‘none’.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Symptoms</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hot flushes, sweating (episodes of sweating)</td>
<td></td>
<td></td>
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<tr>
<td>2.</td>
<td>Heart discomfort (unusual awareness of heart beat, heart skipping, heart racing, tightness)</td>
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<tr>
<td>3.</td>
<td>Sleep problems (difficulty in falling asleep, difficulty in sleeping through, waking up early)</td>
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<tr>
<td>4.</td>
<td>Sexual problems (change in sexual desire, in sexual activity and satisfaction)</td>
<td></td>
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<tr>
<td>5.</td>
<td>Bladder problems (difficulty in urinating, increased need to urinate, bladder incontinence)</td>
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<td>6.</td>
<td>Dryness of vagina (sensation of dryness or burning in the vagina, difficulty with sexual intercourse)</td>
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<td>7.</td>
<td>Joint and muscular discomfort (pain in the joints, rheumatoid complaints)</td>
<td></td>
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<td>8.</td>
<td>Depressive mood (feeling down, sad, on the verge of tears, lack of drive, mood swings)</td>
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<tr>
<td>9.</td>
<td>Irritability (feeling nervous, inner tension, feeling aggressive)</td>
<td></td>
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<tr>
<td>10.</td>
<td>Anxiety (inner restlessness, feeling panicky)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>Physical and mental exhaustion (general decrease in performance, impaired memory, decrease in</td>
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<td></td>
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<tr>
<td>concentration, forgetfulness)</td>
<td></td>
<td></td>
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<tr>
<td><strong>12.</strong> Being impatient with other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>13.</strong> Feeling of wanting to be alone</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>14.</strong> Not interested in any social activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Scoring:**

Menopause rating scale consists of 14 items divided into 2 domains i.e. biological symptoms and psychosocial symptoms. There are two alternative responses YES and NO, from which the participants have to say one best option to the investigator and each item again includes degree of severity i.e. mild, moderate and severe. The participant who say YES for any responses then they have to say degree of severity also.

Analysis is done for each response wise and domain wise for presence of symptoms and severity. i.e. in terms of frequency and percentage.
Part – III

MENOPAUSE COPING STRATEGIES SCALE

Following statements are related your coping strategies adopted to cope with post menopausal problems. Kindly listen the statements carefully and give your true responses.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Statements</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I talk to someone to find out more about the situation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>I went on as if nothing had happened</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>I tried to keep my feelings to myself</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>I slept more than usual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>I got professional help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>I tried to get away from it for a while by resting</td>
<td></td>
<td></td>
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<tr>
<td>7.</td>
<td>I generally tried to be with people</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>I refused to think too much about it</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>I came up with different solutions to the problems of menopause (home remedy, ayurveda, traditional medicines etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>I accepted the situation, since nothing could be done.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>I tried to keep my feelings about the problem by involving myself in other activities (praying, exercise, diversional activities etc)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>I adjusted myself with changes of menopause</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>I regularly consult health care workers for physical problems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td>I use alcohol or drugs to help me get through it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>I take Nutritious diet to meet needs of menopause</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td>I go for morning walk to keep myself healthy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Scoring:

A Menopause coping strategies scale consists of 16 statements regarding coping strategies adopted by women to cope with post menopausal symptoms. There are two alternative response columns; YES and NO. Among 16 statements, 11 positive statements are scored as; 1 score Yes and 0 score for No. The remaining 5 statements are considered as negative and scored as; 0 score for Yes and 1 score for No. The total score range from 0 to 16. This is further divided arbitrarily as follows;

- **Poor coping:** 0 – 05 score
- **Moderate coping:** 6 – 10 score
- **Good coping:** 11 and above

**Positive Items:** 1, 5, 6, 7, 8, 9, 11, 12, 13, 15, 16

**Negative Items:** 2, 3, 4, 10, 14
### Part – IV

**QUALITY OF LIFE SCALE**

Following items are related your quality of life, health, and other areas of your life. The following items ask about how much you have experienced certain things after menopause. Kindly listen statements carefully and feel free to express your opinion. There are five response columns in the scale and there is no right or wrong answers. Hence you are requested to be honest in expressing your opinions as strongly agree, agree, Uncertain, disagree and strongly disagree against each item.

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Quality Of Life Items</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>General Health Domain</strong></td>
</tr>
<tr>
<td>1.</td>
<td>I am unhappy with my appearance</td>
</tr>
<tr>
<td>2.</td>
<td>Most things that happen to me are out of my control</td>
</tr>
<tr>
<td>3.</td>
<td>I feel physically well</td>
</tr>
<tr>
<td>4.</td>
<td>I am Feeling a lack of energy</td>
</tr>
<tr>
<td>5.</td>
<td>I am Feeling tired or worn out</td>
</tr>
<tr>
<td>6.</td>
<td>I am satisfied with my health</td>
</tr>
<tr>
<td>7.</td>
<td>My stamina is decreased</td>
</tr>
<tr>
<td></td>
<td><strong>Physiological Domain</strong></td>
</tr>
<tr>
<td>8.</td>
<td>I am experiencing Hot flushes or flashes</td>
</tr>
<tr>
<td>9.</td>
<td>I am experiencing flatulence or gas pains</td>
</tr>
<tr>
<td>10.</td>
<td>I am experiencing aching in muscles, joints, neck and back</td>
</tr>
<tr>
<td>11.</td>
<td>I am experiencing difficulty in sleeping</td>
</tr>
<tr>
<td>12.</td>
<td>My skin is drying</td>
</tr>
<tr>
<td>13.</td>
<td>My weight is increasing</td>
</tr>
</tbody>
</table>
14. I am experiencing frequent urination

### Psychological Domain

15. I frequently experience anxiety
16. My mood is generally depressed
17. I am experiencing poor memory
18. I am feeling of wanting to be alone
19. I lost control over my emotions

### Social Domain

20. I maintain normal interpersonal relationship with others
21. I am able to attend social gatherings

The score is further divided arbitrarily as follows:

<table>
<thead>
<tr>
<th>Classification</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor QOL</td>
<td>21 – 49</td>
</tr>
<tr>
<td>Quite well QOL</td>
<td>50 – 77</td>
</tr>
<tr>
<td>Good QOL</td>
<td>78 – 105</td>
</tr>
</tbody>
</table>

**Positive Items:** 3, 6, 20, 21  
**Negative Items:** 1, 2, 4, 5, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20
ANNEXURE – H
EQUATION USED IN THE STUDY

1. Karl Pearson’s co-efficient of correlation:

\[ r = \frac{\sum xy - (\sum x)(\sum y)}{\sqrt{\left( \sum x^2 - (\sum x)^2 \right) \left( \sum y^2 - (\sum y)^2 \right)}} \]

2. Spearman’s brown prophecy formula:

\[ \frac{I - \frac{1}{2}}{I + \frac{1}{2}} \]

3. Mean:

\[ \bar{x} = \frac{\sum x}{n} \]

4. Median:

\[ \text{Median} = \frac{x_{n/2} + x_{(n+1)/2}}{2} \]

5. Mode:

\[ \text{Mode} = \text{frequently repeated item} \]

6. Standard deviation:

\[ \text{SD} = \sqrt{\frac{\sum (x - \bar{x})^2}{n}} \]

7. Chi Square:

\[ \chi^2 = \sum \left( \frac{(O - E)^2}{E} \right) \]
CERTIFICATE

This is to certify that Mrs. Lucy Gladies E has the same research background as the research scholar and understand the process and procedure of data collection as per the requirement of conducting the research. The particulars are as below.

Name of the research assistant— Mrs. Lucy Gladies Endigeri

Qualification— M Sc Nursing.

Designation— Lecturer

Institution— K L E Society’s Institute of Nursing Sciences-Hubballi, Karnataka.

Place of data collection— Selected rural areas of Dharwad district.

Sign of Research Assistant

Ph.D Scholar
JITU
Reg. No 28216065
CERTIFICATE

This is to certify that Mr/ Mrs K. Sharon Rose has the same research background as the research scholar and understand the process and procedure of data collection as per the requirement of conducting the research. The particulars are as below.

Name of the research assistant— Mrs. K. Sharon Rose.

Qualification——M Sc Nursing.

Designation— Lecturer

Institution——K L E Society’s Institute of Nursing Sciences-Hubballi, Karnataka.

Place of data collection— Selected rural areas of Dharwad district.

Sign of Research Assistant

Ph.D Scholar
JJTU
Reg. No 28216065