

CHAPTER – I

INTRODUCTION

Menopause is an important time in a women's life. Her body is going through changes that can affect her social life, her feelings about herself and her functioning at work. In the past, menopause was often surrounded by misconceptions and myths. Now it is recognized that menopause is a natural step in the process of aging contrary to the old fashioned view of that life is all downhill. Many women today find that the years after menopause offer new discoveries and fresh challenges. Menopause is a normal physiological event. One can't avoid it but you can delay it. Whether it will be a carefree and happy event or poor and desperate event – much depends on the women.

Menopause is the beginning of new life. The whole body lives this period quite dramatically because women depend not on their husbands and bosses but on their own hormone, estrogen. During these several decades when ovaries carry estrogen carefully by the blood to every cell, body get used to it so much so that it can't imagine itself without it. Now it is not here any more, and womanhood seem to be lost, menopause is not as awful as some women imagine or picture it.

According to the research, women start thinking about menopause as something real after they are thirty or thirty-five. About 15% of women barely notice menopause, 55% have an average discomfort, and only the other 30% really suffer a lot. But the most

important thing to remember is that according to medical observation, the way that a women treats menopause mostly determines her health.

The prime years of a women's life are considered to be between menarche and the menopause (about 35 yrs). As soon as she embarks upon the late middle age the production of several hormones dwindle and their proportions change thus coupled with mental tensions on the home front would make her advancing years more troublesome with the shift in the hormonal proportions. She would require more strength to encounter these problems.

According to recent estimates of the 113 million women in the United States, 32 million women are over the age of 45 years (28%) are age 50 years or older and 11% are 65 years or older. The average life expectancy of women in Western countries is currently 77 years. Thus today a woman who reaches the age 50 years can expect to live another 28 years and to spend one third of her life in post menopausal period. By the year 2035, every fifth possibly every fourth American will be 65 years of age or older.

According to Indian Menopause Society, there are currently 65 million Indian women over the age of 45 years. Also, menopause often strikes Indian women as young as 30-35 years. A total of 130 million Indian women are expected to live beyond the menopause into old age by 2015. In India, the life expectancy of women is 68 years. Thus today a women who reaches age of 45 years can expect to live another 28 years of her life in post menopausal period.

In 1998-99, National Family Health Survey sampled 100,000 women in the age band of 15-50 years, across 26 states. The study revealed that Indian women fair abnormally with regard to their menopausal health. While the percentage of young menopausal women was the highest in Andhra Pradesh at 31.5 percent, Tamil nadu 21.7 percent and Karnataka 20.2 percent and Rajasthan 13.1 percent were just a rung lower. Overall, the percentage of women hit by premature menopause is low. Overall, the percentage of women hit by premature menopause is marginally lower in urban areas (16.1 percent) as against rural (18.3 percent).

In the changing dynamics of the Indian family, women face tremendous physical, emotional and mental strain. Dr Vidhi Chowdhury, obstetrician and gynaecologist, Spring Meadows Hospital, New Delhi, reports that these pressures, coupled with the lack of proper nutrition and education about health, play havoc with female hormones, resulting in a skewed menstrual pattern.

Experiencing menopause is experiencing a transition in life for women. No more periods, no more child bearing, no more milk production capability are but some of the things that immediately hits a woman. There are also changes in appearance and less vaginal secretions that follow. The factors that influence the onset of menopause are the age that a women's mother herself suffered from the condition, and even the environment.

The Transition can be the most traumatic and at times psychologically depressing. This change is a metamorphosis complete change at a cellular level. Each woman's change includes three stages. Premenopause: the reproductive year before the

menopause; Menopause: the period of permanent cessation of menstruation; Postmenopause: the period after the last menstrual period (12 months after cessation of menstruation).

The menopause usually occurs between the ages of 45- 52 years, but it is not uncommon to meet women of 51 or 52 years who are still menstruating regularly. The average age of menopause in Britain is 47, years the average age in USA is 51 years. The average age in India is 45 years. Many women begin having subtle symptoms in the early 40's. The facts are that hormones begin to drop at this time in a woman's life which accounts for irregular cycles throughout the 40+ years. Some women are aware of these changes and others hardly notice a thing until menopause is fully upon them at 51.

Many women experience mild to severe symptoms as their bodies go through the normal process of hormonal changes. Symptoms can vary dramatically from person to person. The facts about menopause continue to establish often traumatic process on a woman's body and emotional well being. In fact, many times hormone related emotional problems can occur simply because estrogen and progesterone are scientifically linked to having effects on the central nervous system and normal brain functions. Women who suffer with unusually difficult symptoms struggle with a sense of emotional well being not from 'something wrong with her mind' but simply because her physical world has been turned upside down. The same phenomenon is common among young mothers who experience severe depression after giving birth. This is commonly called 'the blues', but is really symptomatic of a significant readjustment of hormone levels that occur when the body no longer must support the growth of a pre born infant.

The changes in a women's body during menopause is pretty drastic by all scientific accounts and includes the symptoms such as hot flashes, night sweats, vaginal dryness and painful intercourse, sleep problems, mood and cognitive problems, somatic symptoms, urinary incontinence, bleeding problems, sexual dysfunction, and overall quality of life. Menopausal symptoms vary in combination, intensity, and duration.

Raj K (2005), aimed at finding out the mean age at menopause & physiological problems faced during this period. Samples of 30 married women in the age range of 39 to 52 years were selected through snowball technique from middle socio-economic group of people in Baroda city of Gujarat. Results indicated that the mean age at menopause was 44.59 years. It was found that women reported problems like backache, uneasiness, fatigue increased headache, hot flushes and sleep disturbances during the menopausal period.

About one in five women residing in India are likely to experience menopause by the age of 41, according to a study conducted in Bangalore, India-based Institute for Social and Economic Change, London's Times reports, The onset of menopause usually begins between ages 45 and 55 years, with a worldwide average of 51 years. Premature menopause is the end of menstruation before age 40 years and affects about 1% of women worldwide.

Syamala.T.S. and (M.) Sivakami used data from the National Family Health Survey, conducted in 1988 and 1999, which examined about 90,000 married women aged 15 to 49 years across 26 Indian states. The study found that 3.1% of women living in India

became menopausal between ages 30 and 34, 8% of women experienced menopause by age 39 and 19% of were menopausal by age 41. The average menopausal age in India is 44.3 years. The study found that premature menopause was most common in rural areas, as well as among agricultural workers, women who were illiterate and women who had a low body mass index.

A recent study revealed that Japanese women suffered fewer severe symptoms during perimenopause than their western counterparts, as well as having significantly better long-term health in the years following. It is not known why this particular group showed such differences, but diet is thought to be a strong factor. Many western women incorporate Japanese foods, such as yams and soy, into their diet in the hope that this will ease symptoms.

Major health problems associated with menopause are cardiovascular disease and osteoporosis.

Osteoporosis

Hip fracture are a common injury in women with osteoporosis usually requiring a long recovery period, up to one fourth of those who do recover need a enter a long term care facility and 25 percent die within one year from complications related to the fracture or fracture related cause. Seventy five percent or more of the bone loss that occurs in women the first 15 years of postmenopausal can be attributed to estrogen deficiency rather than aging. Women lose 20% of their bone mass in the first five to seven years after

menopause. Over 25 million US women are at risk for bone fracture associated with low bone mass. Prevention of osteoporosis involves taking adequate levels of dietary calcium Vitamin D and exercise.

Cardio vascular disease

After menopause, women are more likely to have heart disease. Changes in estrogen levels may be part of the cause. Before women turn 50 years, they have three times less risk of heart attacks than men, Ten years after menopause when women turn to 60, the heart attack risks increase to equal men's risks. Leading cause of death among women over age 50 is heart disease. Each year 3,70,000 women in the age group of 33-60 years die from attack disease and nearly 93,000 die from stroke.

Syamala T.S. (2003) of Institute for Social and Economic Change (ISEC), reports that the proportion of premature menopausal Indian women plummets remarkably with a corresponding increase in education. A higher number of illiterate women experience premature menopause as against those who are educated. Among the illiterate women, a substantive 20 percent suffer from premature menopause as against 11.1 percent of women who hold at least a graduate degree. All of this establishes the fact that women from the lower economic status are more vulnerable to premature menopause than the more privileged counterparts.

“Menopause is the most misunderstood biological change that happens to a women” says Dr. Soma Malik, Indian Manopausal society President. The changes can be traumatic and psychologically challenging for women. A well defined multi disciplinary and comprehensive approach is necessary for the care of menopausal women. “Menopause should not be misconstrued as a disease”. After all, it is a naturally occurring biological phenomenon whose transitory effects can be offset by proper medical care, Health educator and nutritional care. One should eliminate tea, coffee, alcohol, caffeine, spicy foods include lots of vegetables, fruits, fibre, whole grains, soya, Vit E and herbal supplementation and regular exercise helps quite a lot.

Health education is the principle by which individuals and groups of people learn to behave in a manner conducive to the promotion maintenance or restoration of health through. Education for health begins with people. It hopes to motivate them with whatever interests they may have in improving their living conditions. Its aim is to develop in them a sense of responsibility for health conditions for themselves as individuals.

Any knowledge that does not change the quality of life is sterile and of questionable value. Health education is about translating health information into new insights and perceptions, which, in turn, bring about new ways of acting and behaving. However, a whole new way of being and becoming that health is basically a matter of 6 choices. The role of education is to promote healthy behaviour. Health education commonly includes an appraisal of what is known by a group of people about a illness, an assessment of habits and attitudes of the people towards the health promotion and motivating them to adopt the healthy habits that will promote, restore, and maintain health.

Health education was chosen as a treatment in order to bring about new insights and perceptions and practice regarding menopause through diet exercise and relaxation therapy. When the right information combines with a favourable attitude, it would result in positive practice, and indeed in health promotion. In this study, health education including Jacobson's Relaxation exercise was aimed to contribute factual information, appropriate practice and reduction in menopausal problems experience by the school teachers.

Too often Indian older women are reluctant to bring up menopausal problem with their health care providers and when they do voice them, they are not always taken seriously, often unrecognized and under treated. But it is very important to help deliver better care to this segment of the population.

The physical and psychological effects accompanying the menopause can be distressing. Some 75-80% of all women develop at least some symptoms due to the sudden withdrawal of estrogen. Because of the many changes, both physical and psychological taking place in women's bodies, it is important that they receive help, advice and freely available information which can contribute towards making the years following menopause as rewarding, fulfilling and purposeful as those preceding it. This will help them to approach the menopausal age with confidence and optimism.

Hunter M (1999), evaluated the long term impact of a health education intervention in primary care for premenopausal women. The intervention included information about menopause, stress management, health behaviours and treatment. Among the 86 women who were randomized into two groups (prepared / control), the prepared group had

significantly greater knowledge of menopause and attributed fewer symptoms to the menopause than the controls.

Cooper.W (1997) collected data from 167 women in the age group of 40-60 years from a general Urban population. 31 were in the group of premenopausal, 52 menopausal and 84 post menopausal. The total knowledge score was 12. The women who had education and who worked had significantly more knowledge than women who were not employed.

Moore & Noonan (1998) described (Six) categories of perimenopausal symptoms: vasomotor changes, urogenital changes, emotional changes, sleep disturbances, muscle and joint pains and paresthesias. Relief of these symptoms, plus prevention of osteoporosis, cardiovascular disease, and other conditions may justify prescribing hormone therapy.

Many feminists and women's health advocates challenge the medicalization of menopause, asserting that menopause is a relatively, natural transition. This may create conflict for women who seek medical attention for problematic symptoms. Viewing the menopause experience as a continuum with diverse and complex scenarios may be the most helpful and realistic way to enable women to cope.

In recent years, interest has been growing in the treatment of menopausal symptoms particularly by means of hormone replacement therapy (HRT). HRT has two principal components, one curative and other preventive. The therapeutic aspects are that

it relieves. The women of hot flushes alleviate vasomotor symptoms, irritability and mood changes in a long term, it benefits the bones and probably the cardiovascular and central nervous system.

Various non-medical therapies are also available to perimenopausal women. "These include nutritional supplementation, exercise, relaxation, herbs and homeopathy. It is easy to educate women who have education.

Shangold-MM and Sherman-C. (1998), Analyzed that exercise may help to control a number of physical and psychological problems and changes associated with menopause and midlife, including depression, weight gain, loss of muscle mass and bone density, the risk of coronary artery disease, and possibly vasomotor symptoms. The basic prescription of aerobic exercise (20 to 60 minutes, 3 to 5 days per week) and strength training (2 to 3 days per week) should be adapted to the patient's medical condition, fitness level, motivation, experience, and preferences. Exercise effects can be supplemented by estrogen therapy, a low-fat diet, and adequate calcium and vitamin D intake.

School teachers are considered to be an enlightened group with regard to general knowledge and those who seek after factual information. Further, teachers are essentially change agents who disseminate information useful to the public. In a country like India teachers are considered to be gurus who guide a novice to truth. It is also a proverb that says "Teach a man, you teach an individual. Teach a woman, you teach a family". Therefore the investigator found it more appropriate to have school teachers as the population for the present study.

It was found that most of the studies related to menopause in the field of medicine and nursing were conducted in abroad. Indian studies regarding menopause were very few in particular. First of all it was necessary to identifying the existing knowledge and the practice, as to how much they manage to cope with the problems of menopause. There were many studies on management of menopause using HRT and problems during menopausal period. No study was located about the knowledge and practice regarding menopause among the school teachers. So the investigator was interested to study about the knowledge and practice including Jacobson's relaxation exercise and reduction in menopausal problems. Since education is considered to be a vehicle to change the behaviour of an individual, the investigator had included the effect of health education on knowledge and practice among the school teachers regarding menopause.

STATEMENT OF THE PROBLEM

A study on knowledge and practice regarding menopause among school teachers before and after health education in schools at Erode town.

OBJECTIVES

1. To evaluate the knowledge regarding menopause before and after health education among school teachers.
2. To evaluate the practice regarding menopause before and after health education among school teachers.
3. To evaluate the menopausal problem before and after health education among school teachers.
4. To correlate knowledge and practice regarding menopause before and after health education among school teachers.
5. To correlate knowledge and menopausal problem before and after health education among school teachers.
6. To correlate practice and menopausal problem before and after health education among school teachers.
7. To findout the association between the knowledge, practice and problems regarding menopause and selected background factors among school teachers.

HYPOTHESIS

- H₁ - There will be a significant difference between the post test and pre test knowledge regarding menopause among school teachers in relation to health education.
- H₂ - There will be a significant difference between the post test and pre test practice regarding menopause among school teachers in relation to health education.
- H₃ - There will be a significant difference between the post test and pre test problem regarding menopause among school teachers in relation to health education.
- H₄ - There will be a significant correlation between knowledge and practice regarding menopause among school teachers before and after health education.
- H₅ - There will be a significant correlation between knowledge and problem regarding menopause among school teachers before and after health education.
- H₆ - There will be a significant correlation between practice and problem regarding menopause among school teachers before and after health education.
- H₇ - There will be a significant association between the mean difference in knowledge regarding menopause and the background factors among school teachers.

- H₈ - There will be a significant association between the mean difference in practice regarding menopause and the background factors among school teachers.
- H₉ - There will be a significant association between the mean difference in problems regarding menopause and the background factors among school teachers.

OPERATIONAL DEFINITION

Knowledge : Refers to the response of school teachers to the items in the self administered questionnaire regarding menopause. They are measured in terms of knowledge scores.

Practice : Practice refers to the experience and actions or steps taken by the school teachers to manage the menopausal problems. They are measured in terms of practice scores in response to the items in the semi-structured self administered questionnaire.

The signs and symptoms experienced, identified by the school teachers were classified as the problem regarding menopause. There were 15 items measuring the problems in a 3 point scale. The problems were measured in terms of problem scores.

School Teachers : Refer to the teachers who were working in Government & Private Higher Secondary School at Erode town.

Health Education: Refers to the systematically developed and organized content regarding menopause designed for the group of school teachers to provide information regarding anatomy and physiology of female reproductive system, menstrual cycle, physiology, signs and symptoms, diagnosis and management of menopause including the Jacobson's relaxation exercise.

Background factors: Refer to those elements or characteristics that are thought to influence the knowledge and practice of school teachers regarding menopause. For the purpose of the study the following factors were included: Age, Marital status, Menstrual status, Duration of menstrual cycle, Time of menopause, Health status, and Mass media.

ASSUMPTIONS

The study had the following assumptions,

1. The response of the school teachers will be the true measure of their knowledge and practice regarding menopause among school teachers.
2. The items in the questionnaire will be adequate to measure the knowledge and practice regarding menopause among school teachers.
3. School teachers will have some knowledge and practice regarding menopause.

DELIMITATIONS

The study was delimited to,

1. School teacher who satisfied sample selection criteria.
2. Knowledge and practice as measured by self administered questionnaire.
3. School teacher in experimental group only.

CONCEPTUAL FRAME WORK

The study aimed at evaluating the knowledge, practice and problems regarding menopause before and after health education. The conceptual framework used was derived from the concepts of Stufflebeam model. The model includes,

- Context
- Input
- Process
- Product

Context

Context highlights the environment in which the proposed programme exists. Describes the plan for decisions and collection of data apart from providing rationale for the determination of objectives.

In this study it referred to the background factors of school teachers such as their age, marital status, menstrual status, duration of menstrual cycle, existing health status and mass media and the setting of the school (Government and Private).

Input

Input serves as a basis for structuring decision. It specifies all the resources, information, energy, material, strategies and designs to meet the goals and objectives of the programme.

In this study it referred to school teachers, health education on menopause, existing knowledge, video package and nurse educator.

Process

Process serves as the means of conducting the programme. Depicts implementing the decisions. Whereby it helps to achieve the goals and objectives.

In this study it referred to the pre evaluation of knowledge and practice on menopause by administering the questionnaire on menopause, conduction of health education programme, interaction between the nurse educator and the school teachers and post evaluation of knowledge and practice on menopause after three weeks of interval..

Product

It refers to the end product or the outcome of the whole programme. It enables recycling of decision as it relates to the goals and objectives the input information and the process information.

In this study it referred to the increase or gain in the knowledge, practice and reduction in problem regarding menopause, as measured by the difference between the pre test and post test.

Feed Back

Refers to the portion of the information given back to the input, process and outcome in order to appraise and appropriate the relevant aspects to bring about the desired results.

In this study, the post test knowledge, practice and problems regarding menopause were associated with background factors to test their influence on the outcome. Thus the effectiveness of the health education on the knowledge, practice and problems regarding menopause could be validated.

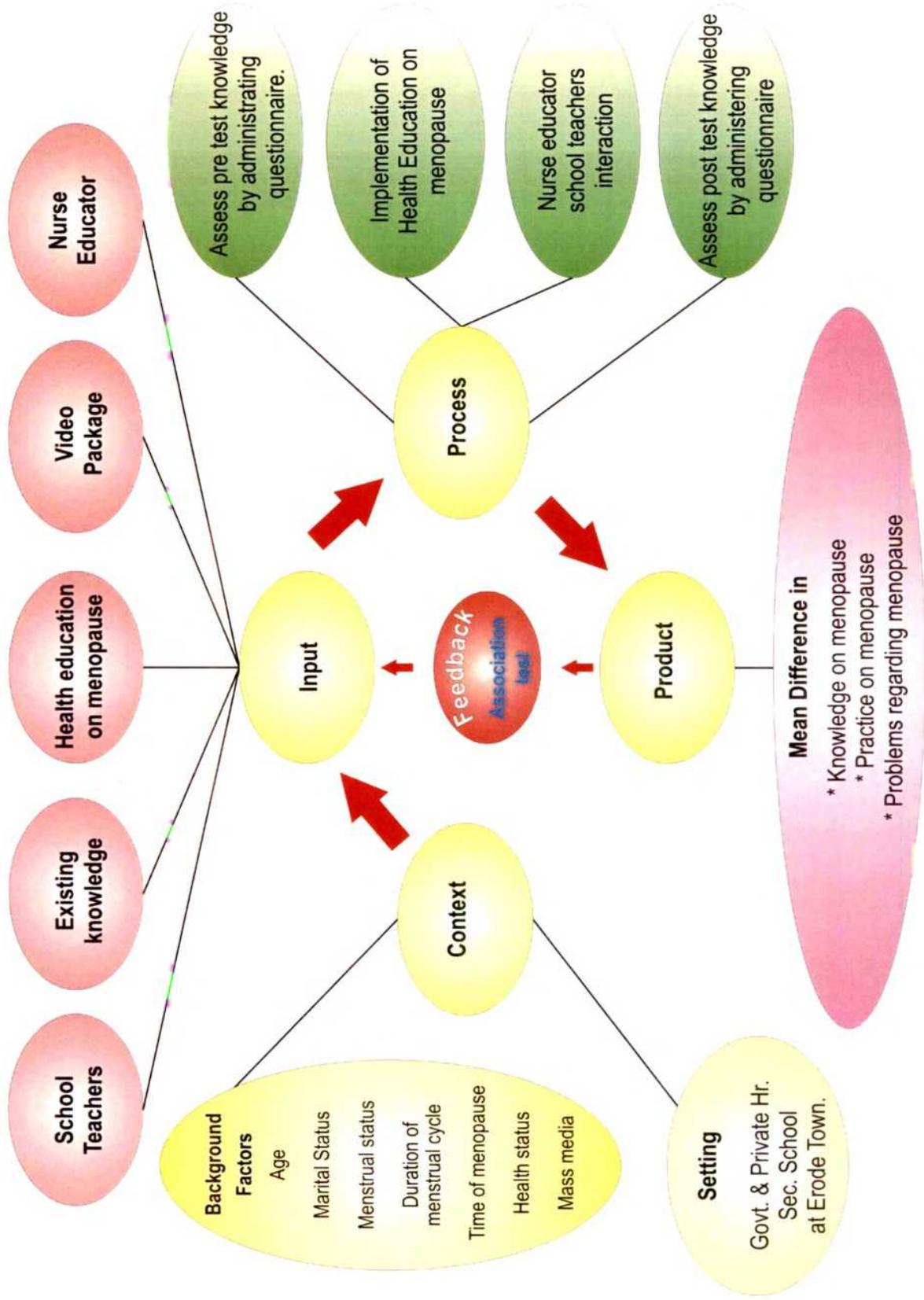


FIG. 1 : CONCEPTUAL FRAME WORK OF THE STUDY, MODIFIED AND DEVELOPED FROM STUFFLEBEAM'S - CIPP MODEL