



International Journal of Pharma and Bio Sciences

ISSN
0975-6299

**TO EVALUATE EFFECTIVENESS OF COPING STRATEGIES OF
MENOPAUSE AMONG MENOPAUSAL WOMEN**

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ABSTRACT

A evaluative study on effectiveness of coping strategies of menopause among menopausal women at Pondicherry. 500 sample were selected by stratified random sampling technique. The findings shows high significant in the coping strategies among menopausal women after implementing coping strategies.

KEYWORDS: menopause, coping strategies



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INTRODUCTION

Menopause is a significant life event affected millions women globally. Nurses are uniquely situated to provide comprehensive women's health care and must employ innovative strategies to provide support to women living in rural & urban communities to enhance both health and well-being. An important goal of Nursing Research in women health is to develop knowledge and identify interventions that strive to promote, maintain, and enhance well-being for women. A new emphasis on the quality of life, health promotion, and cost effective delivery modes has opened the door to non-traditional approaches for myriad of disease conditions. As women look to their health care providers for information regarding treatment for uncomfortable menopausal symptomatology, inclusive contradictory information has added to the confusion concerning .A women who has declined traditional treatments for menopausal symptomatology may resort to alternative therapy to meet her health care needs .As alternative therapies can be wide- ranging, the women may seek information from healthcare providers regarding therapies. Sensitivity to the woman's expressed concerns and knowledge of various traditional and alternative treatment modalities is essential in providing individualized holistic care.

Need for the study

The government of India, in national health programme (RCH) challenges reaching the unreached; older women and RCH programme in India. The challenges reveal that the woman during childbearing age brings higher risk of maternal mortality. But even after child bearing, menopausal period women faces more problems.30% of women above40 years suffer from some reproductive problems and this figure in only marginally higher for women in younger ages (iips and orc macro 1998) RCH programme (2008) reveals major challenge ahead for India is to provide both maternity and menopause related services simultaneously as many women in there forties reach menopause. They need help in managing the symptom associated with the hormonal change and menopausal transition.

During this period the health care providers be able to provide the necessary advice to these women to help them in coping up with the discomfort they face. The experience of investigator supports the view that women lack the necessary information and awareness regarding menopause, its related problems and their coping strategies. The factors like education, occupation, and income may have influence on knowledge on coping of the menopausal women The above supported study and the experiences of the researcher influenced the investigator to develop coping strategies to overcome problem due to menopause.

Statement of the Problem

Effectiveness of coping strategies for menopause among menopausal women in selected area of puducherry.

Objectives

- To evaluate effectiveness of coping strategies of menopause among menopausal women.
- To associate the effectiveness of coping strategies with demographic data

Operational definition

- **Menopause** –the permanent cessation of menstruation, resulting from a lose of ovarian activity.
- **Coping** –the ways postmenopausal women have of adjusting to changes brought about by menopause.
- **Evaluation**--it is the proceeds to assess or to find out the result of coping strategies on Menopausal women.
- **Effectiveness**- it means a condition or result produced by coping strategies on menopausal women.

Hypothesis

1. There will be significance in coping strategies in pre and post test.
2. There will be association between knowledge and coping strategies pre and posttest.
3. There will be an association between demographic variables and coping strategies

Methodology

Research approach & design

Quantitative research approach and quasi-experimental design (ONE GROUP PRE&POST TEST DESIGN) was selected to achieve the objectives of the study

Variables

Independent variable was the coping strategies of menopausal problems. The dependent variable was the knowledge of the menopausal women regarding, definition, age, factors influencing, symptom, problems, coping strategies—in general, nutritional, exercise, and psychological support.

Settings

The study was conducted in Pondicherry union territory. The area covered for the study was selected by a stratified sampling method. The selected areas were Kalapet, Laws pet, Gorimedu, muthialpet, murungapakkam, thattanchavadi, saram and Pondicherry, comprising of both rural and urban areas. This ensures the coverage of samples from different socioeconomic background.

Population of study

The study population comprises of all menopausal women in urban and rural of Pondicherry

Selection of criteria

The inclusion criteria

which was considered for selecting the present study samples, are as follows. Women aged between 40—55 years, Married, with or without children, Menstruation stopped for about one year and above and Only those who volunteered to participated in the study.

The exclusion criteria

The women below 40 and above 55 years and Women with menopause due to gynecology surgery.

Determination of sample size

For initial survey 500 menopausal women were selected by means of stratified random sampling method.

Sampling technique

The method of sampling the investigator employed was probability sampling and the technique used is the stratified random sampling. The population is divided into sections (strata) sample is drawn independently from each stratum by simple random sampling method.

Development of tools for data collection

The tool consists of a questionnaire to assess knowledge of menopausal women in the age group of 40-55 years in Pondicherry regarding coping strategies of menopausal problems. The questionnaire consists of 60 closed ended questions.

Format of tools

Section 1

Demographic data, which includes age, education, marital status, religion, income, occupation, type of family, spouse occupation

Section II

The schedule consists of 29 closed ended questions on coping strategies—general, nutrition, exercise, and mental support. Coping strategies were developed by an extensive review of literature, taking opinion from experts, and also on the experience of her own experience, in the field of health education. Questions were translated in Tamil and strategies were demonstrated.

Scoring key

Scoring key for the tool was done for section-I, II.

Section I

Consists of 8 demographic variables, and were coded to assess the background of the menopausal women for statistical analysis.

Section II

Which is consisting of 29 closed ended questions, one mark was awarded for the correct answer and no mark was awarded for the wrong answers. The total score under this part is 29.

The range of scoring was given as follows

0-50 --inadequate
51-75 -Moderately adequate
76-100--adequate.

Reliability of tool

The reliability of the tool to assess the effectiveness of coping strategies on menopause by inters rater reliability method and reliability. r-value = 1.00. The r- value indicated highly positive correlation; hence the tool is considered reliable.

Pilot study

The refined tools were used for pilot study at gorimedu to test the reliability, feasibility, and practicability. Formal administrative approach was obtained from the head of the institution and the pilot study was conducted three months before to the actual study with fifty samples who were excluded from the actual study. Findings of the pilot study revealed that the tool was feasible to conduct the study and the answer was appropriate for the proper assessment of menopausal women.

Data collection procedure

The study was done for one year. Time schedule for the study was programmed. After identifying the menopausal woman the selected respondents were contacted at the residence over a period of six months, several visits were made to build good rapport. The purpose of the study was explained to them and verbal consent was taken. They were assured of confidentiality. The interview schedule was conducted for the selected 500 samples of menopausal women between January to June, 2007 and it took about 45 minutes for each respondent for its completion .In order to collect appropriate data from the samples, each and every question were posed to interviewees and their responses were recorded simultaneously for making the data more reliable. The investigator planned to conduct five to six per day at their residence. Some time the investigator could not meet the menopausal woman as per the schedule due to various reasons like busy schedule, journey to some places, attending functions, etc. So the investigator did not fix a time schedule to meet menopausal woman .the investigator planned the time schedule according to the presence of the subject in their place On the first day of meeting the subjects, self introduction to the menopausal woman was given and explained of the study, and after which pre test was given to the

subjects on the first day itself .The second day after meeting the subjects the coping strategies were demonstrated lively with the help of video, chart, and demonstration. After seventh day posttest was conducted to assess the knowledge, after three months follow-up assessment was done.

Plan for data analysis

The scoring was done for pre &post test The data obtained were analyzed using both descriptive and inferential statistics (I e) mean, standard deviation, paired t test, chi square, ANOVA test.

Plan for data analysis as follows

- Frequency and percentage distribution of sample for demographic variables.
- Mean, standard deviation, mean difference, and pre and post test score.
- Level of pre-test and post test score by using paired 't' test
- Chi- Square to find out the association between posttest score with the demographic variables.
- ANOVA test to know the value through df.

RESULTS AND DISCUSSION

The first objective

The first objective was to assess knowledge related coping strategies of menopause among menopausal women. - mean score was 0.16and S.D 0.37 thus mean percentage was 2.It shows poor knowledge in coping strategies on

The second objective is to evaluate the effectiveness of coping strategies from the posttest score. The mean score obtained as a pre test by the study group 38%whereas the mean score in the post test is 87% . The mean difference between pre& post test is 49%. That there is significance different in the post test after imparting coping strategies. After demonstration of coping strategies to the menopause women, obtained in the post test the mean score under menopause94%, general problem related tomenopause87%, psychological problems 89%, coping strategies like medication 73%, nutrition 81%, physical therapy 92%, psychological support89%.it shows high significance between

pre and post test in the study group with the live demonstration of coping strategies. The effectiveness of coping strategies to the menopausal women was evident by t' –value at 1%level of significance, in the posttest is evident under various variables. There is high significance in the variables of introduction (55.32), problem related to menopause (39.77), psychological problem (22.99), medication (118.32), nutrition therapy (98.92), physical therapy (82.37), psychological support (86.42), and the grand total is (201.72). It shows that there is high significance in the posttest scoring in all areas. **The third objective** association between demographic variables and coping strategies of menopausal women. Used chi-square test and ANOVA test was administered. Demographic variables were taken as age, religion, education, marital status, and type of

family, occupation, spouse occupation, and income. The finding from Chi- Square & ANOVA test at 5%level of significance revealed that there was significant (5.15) between age and menopause. Whereas in religion (0.01), education (2.04), marital status (0.13), type of family (0.45), occupation (0.08), spouse occupation (0.61), and income (0.05) revealed that there is no significant with menopausal women. ANOVA test result of demographic variables – the age value between groups is sum of square is 33.514, df is 2, mean square 16.757, yielded F=3.846. it reveals that there is significant at 5% level. Within groups, sum of square is 2165.286, df 497. There is an association between age of menopause and coping strategies. Whereas religion, education, marital status, type of family, occupation and income, there is no association.

Table 1
Effectiveness of coping strategies among menopausal women

Area	t- value	Level of significance
Introduction	55.32	Highly significant
Problem related to menopause	39.77	Highly significant
Psychological problem	22.99	Highly significant
Medication	118.32	Highly significant
Nutrition therapy	98.92	Highly significant
Physical therapy	82.37	Highly significant
Psychological support	86.42	Highly significant
Grand Total	201.72	Highly significant

(df=499, table value= 2.576 at 1% level of significance, (p<0.01))

From the above table 21 t –value in the post test is evident under various variables. There is high significance in the variables of introduction (55.32), problem related to menopause (39.77), psychological problem (22.99), medication

(118.32), nutrition therapy (98.92), physical therapy (82.37), psychological support (86.42), and the grand total is (201.72). It shows that there is high significance in the post test scoring.

Table 2
Association between coping strategies and demographic variables

Demographic variable	Chi-square value	Level of significance
Age	5.15	Significant
Religion	0.01	Not Significant
Education	2.04	Not Significant
Marital status	0.13	Not Significant
Types of family	0.45	Not Significant
Occupation	0.08	Not Significant
Husband occupation	0.61	Not Significant
Income	0.05	Not Significant

(df=1, table value=3.84 at 5% level of significance, (p<0.05, significant & p>0.05, not significant))

From the above table 2 shows the association between demographic variables with coping strategies of menopausal women for the purpose of chi-square test demographic variables were taken as age, religion, education, marital status, type of family, occupation, spouse occupation, and income. The finding from chi-square test reveals that there is significant (5.15) between age and menopause. Whereas in religion (0.01), education (2.04), marital status (0.13), type of family (0.45), occupation (0.08), spouse occupation (0.61), and income (0.05) reveals that there was no significant with menopausal women.

CONCLUSION

The study revealed that the scoring on coping strategies in pre test was inadequate but there was adequate scoring in definition of menopause, problems due to menopause, symptoms of menopause. In posttest, scoring was adequate in all aspects, especially in coping strategies to the menopausal problems

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