

Efficacy of Planned Education Programme on Knowledge Related to Hormonal Replacement Therapy among Menopausal Women at Selected Rural Areas in Mysuru

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Abstract:-

➤ *Aims and Objectives:*

The research project aims to evaluate the efficacy of a planned education program on menopausal women's awareness of hormone replacement treatment.

➤ *Methods:*

Pre-experimental one group pre-test post-test design was used to assess the efficacy planned education programme on knowledge regarding hormonal replacement therapy among menopausal women at selected rural areas in Mysore.

The research was conducted using a non-probability convenient sampling strategy in the Mysore villages of Hanchaya and Rammanahalli, with the participation of sixty menopausal women. To get the necessary information, a structured knowledge questionnaire was used. Inferential and descriptive statistics were used to analyze the data.

➤ *Result:*

In the knowledge assessment, the average score before the test was 7.43, while the average score after the test was 16.30. There was an 8.87 standard deviation in the pre-test and post-test scores. At the 5% significance level, the computed Paired 't' value was 18.25. This demonstrated the effectiveness of STP on menopausal women's awareness of hormone replacement treatment. Consequently, the study hypothesis (H1)—that is, the mean knowledge score from the pre- and post-tests differs significantly—is accepted.

➤ *Interpretation and Conclusion:*

This study demonstrated the efficacy of planned education programme on hormonal replacement treatment in women going through menopause.

Keywords:- STP; Knowledge; Hormones, Medications, Regimen.

I. INTRODUCTION

An essential determinant of women's reproductive health is their menstrual cycle. The regular flow of blood and mucous tissue from the inner lining of the uterus via the vagina is known as menstruation. Menarche occurs in girls between the ages of 11 and 16 at varying times. For most people, the menstrual cycle lasts between 28 and 35 days. The preservation of a regular menstrual cycle appears to be aided by the hormone leptin when an individual is between the ages of 15 and 45.

Throughout their lives, women encounter a number of pivotal moments. Development or a transitional stage could apply. Menopause is one significant and inevitable life cycle transition that every woman will encounter in her middle years. This is known as midlife. The ovaries begin to generate less estrogen and begin to deteriorate in function beyond 45 years of age, which causes a stage of menopause. A special stage of the female reproductive life cycle where the reproductive to non-reproductive stages are transitioned is called menopause. Menopause is most commonly characterized by hot flashes, somatic, joint, sadness, irritability, and nocturnal sweats. Menopause-related sudden drops in estrogen levels can lead to a number of complications, including increased weight gain, dementia, endometrial cancer, heart disease, osteoporosis, fractures, and metabolic disorders.

There is a known knowledge gap between industrialized and underdeveloped nations on how menopausal women handle their symptoms. Women in undeveloped nations do not know how to gracefully enter old age by displaying their menopausal symptoms. Treatments such as dietary changes, exercise, calcium and vitamin D supplements, hormone replacement therapy, and a healthy diet are necessary to

control and avoid menopause symptoms and complications. Menopausal symptoms are treated with hormone replacement therapy (HRT). Women who experience gonadal dysgenesis, premature menopause, cardiovascular illnesses, osteoporosis, stroke, colon cancer, or an estrogen shortage must take it. Tibolone, raloxifene, bisphosphonates, soy, androgen are among the medications used in hormone replacement therapy (HRT). The uterus can still be present when using the combination Progestogen added to estrogen regimens. HRT stands for Hormonal replacement therapy

HRT's mild side effects include fatigue, nausea, bloating, breast soreness, break-through bleeding, fluid retention, and mood swings. Breast cancer, coronary heart disease, and endometrial cancer are risks associated with HRT. Hypertriglyceridemia, thromboembolic condition, history of breast cancer, porphyria, and severe active liver disease are contraindications to hormone replacement therapy.

Women who undergo total hysterectomy and those who have menopausal symptoms that last longer than four to six weeks should begin taking hormone replacement therapy. For a minimum of five years, HRT should begin at the lowest effective dose. HRT will provide both immediate symptom alleviation and long-term benefits, such as decreased risk of arterial embolism, increased bone density, and protection against chronic disease, if it is begun within ten years of the onset of menopause. Women beyond the age of 60 see fewer benefits. The degree of symptoms, risks, advantages, and length of therapy all play a role in when to stop using HRT.

II. NEED FOR THE STUDY

The Indian National Family Health Survey, conducted in 2005–2006, found that approximately 18% of married women in the 30-49 age range had experienced an early menopause. Early or premature menopause can occur naturally or as a result of external intervention. Premature (before age 40) or early (between ages 40 and 45) menopausal women are more likely to die from heart disease, stroke, neurological disorders, psychological disorders, osteoporosis, and other related conditions. It has been estimated that 5% of women between the ages of 40 and 45 experience an early and spontaneous menopause.

In the coming decades, there will probably be a significant increase in both the percentage and total number of Indian women who are above 45. India's 2011 census found that there were approximately 96 million women in the country who were 45 years of age or older; by 2026, this figure is predicted to rise to 401 million. Given that the average life expectancy in India is thirty years, postmenopausal women may anticipate to spend about thirty years of their lives in this stage. Since there is a risk of osteoporosis, heart disease, hypertension, and a general decline in quality of life in the postmenopausal years.

The WHO states that the natural menopause occurs in women worldwide between the ages of 45 and 55. It is well acknowledged that in industrialized nations, the average age at menopause is approximately 51 years old. However, in developing nations, it falls between 43 and 49 years.

It is crucial to cultivate a positive mindset regarding the menopause, which is a normal stage of life for women and brings with it biological, psychological, and social changes. Most women experience postmenopause for about one-third of their lives. It is becoming more and more crucial to support them as they adjust to menopause. Menopausal hormone therapy falls under this category as well. The existing paradigms of menopausal health and disease prevention need to be reevaluated in light of the growing body of contradictory research regarding HT. To treat different symptoms in different age groups, different combinations of hormones at different levels are needed. Particular focus should be given to when HRT should be started, ideally between the ages of 45 and 55 years old symptomatic menopause women.

➤ Objectives:

- To assess the pre-test knowledge related hormonal replacement therapy among menopausal women at selected rural area in Mysore.
- To assess the efficacy of planned education programme on knowledge related to hormonal replacement therapy among menopausal women at selected rural area in Mysore.
- To find the association between the pre-test knowledge score and the selected demographic variables related to hormonal replacement therapy among menopausal women.

➤ Hypothesis :

- H1- There will be a significant difference between the mean pre-test and post-test knowledge related to need for hormonal replacement therapy among Menopausal women.
- H2- There will be significant association between pre-test knowledge related to need for hormonal replacement therapy among Menopausal women with their particular population characteristics.

III. MATERIALS AND TECHNIQUES APPLIED

❖ Sources of Information

Menopausal women in the Mysuruu villages of Hanchaya and Rammanahalli participated in the study.

➤ **Demographic Variables:** The menopausal women in the study's demographic factors were age, marital status, type of marriage, number of children, dietary pattern, type of family, religion, family income, educational status, previous knowledge on hormonal replacement therapy among menopausal women and source of information.

➤ **Research Design:** Pre-experimental research techniques were used in this investigation. Pre-post test design for a single group

➤ **Study Environment:** Research was carried out for menopausal women at Hanchaya and Rammanahalli Villages in Mysuru

➤ *Population:*

The target population selected for this study is menopausal women

• *Sampling:*

• *Sample Size:* Sample size consists of 60 menopausal women in rural area at Mysore district.

• *Sampling Technique:* Non probability, purposive sampling technique was used to collect the data

• *Inclusion criteria:* The study includes:

• Menopausal women who are aged between 45-55 years.

• Menopausal women who can understand Kannada.

• Women who willing to participate to the study

➤ *Exclusion criteria:*

The study excludes:

➤ Menopausal women who have been previously sensitized with same or similar interventions.

➤ Menopausal women who are not available at the time of

data collection

➤ Premenopausal women

✓ **The tool's description is as follows:**

✓ **Section 1: Demographic variables**

✓ **Section 2: Questionnaire on Structured Knowledge,**

✓ **Section 3: Establishment of Planned education programme**

✓ *The arrangement of the results: The data analysis was arranged and shown as follows:*

✓ *Section A provides an overview of demographic characteristics, whereas*

✓ *Section B assesses knowledge of menopausal women related to hormonal replacement therapy among menopausal women.*

✓ *Section C: The efficiency of a planned education program on knowledge related to hormonal*

Replacement therapy among menopausal women at selected rural area in Mysore

✓ *Section D: The association between pre-test knowledge scores and selected demographic variables.*

Section A: Provides an overview of demographic characteristics

Table2: Frequency and percentage distribution study of demographic characteristics n=60

Features	Category	Respondents	
		Frequency	Percent % (100)
Age at menopause (years)	45-49	21	35.0
	50-54	39	65.0
Marital status	Married	40	66.7
	widow	20	33.3
Educational status	No formal education	40	66.7
	SSLC and below	10	16.7
	PUC	10	16.7
Type of Marriage	Consanguineous	10	16.7
	Non- Consanguineous	50	83.3
Number of Children	Two	40	66.7
	More than two	20	33.3
Dietary Pattern	Vegetarian	33	55.0
	Mixed	27	45.0
Type of family	Nuclear	35	58.4
	Joint	17	28.3
	Living Single	8	13.3
Religion	Hindu	50	83.3
	Christian	10	16.7
Family Income/month	<Rs.10.000	44	73.3
	Rs.10001-20000	10	16.7
	Rs.20001-30000	6	10.6
Previous Information on Hormonal replacement therapy	Yes	6	10.0
	No	54	90.0
Source of Information	Social media	3	5.0
	Friends & Relatives	3	5.0
	No	54	90.0

Table 2 reveals that 65% of participants were between the ages of 50 and 54, 66.7% were married, 83.3% of women had non-consanguineous marriages, 66.7% had two children, and 55% of participants were vegetarians. 58.4% of participants are from nuclear families, while 83.3% of participants identify as Hindu. 73.3% of participants earn less than \$10,000 a month. Ten percent of participants knew anything about the subject previously, five percent got their information from social media, and five percent got it from friends and family.

Section B: Knowledge of Menopausal women related to Hormonal Replacement Therapy

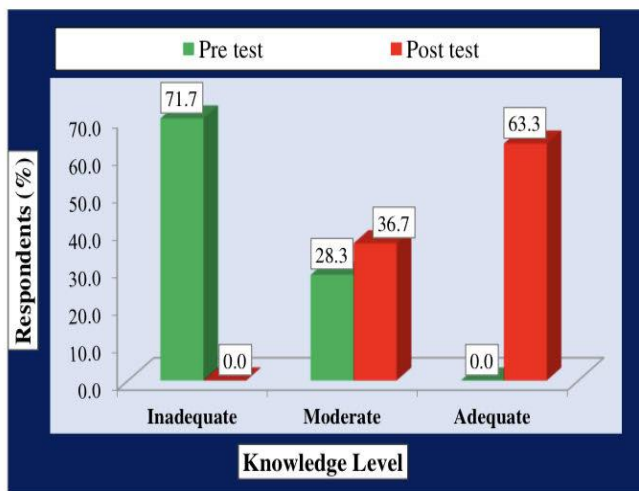


Fig: 3 Distribution of Menopausal women related to Hormonal Replacement Therapy based on the degree of knowledge score from the pre- and post-tests

Table – 3 Over all Pre- test and Post- test Mean Knowledge scores on Hormonal Replacement Therapy n=60

Aspects	Max score	Knowledge score				Paired ‘t’ test
		Mean	SD	Mean %	SD%	
Pre test	20	7.43	3.22	37.2	16.1	18.25*
Post test	20	16.30	1.91	81.5	9.5	
Enhancement	20	8.87	3.76	44.3	18.8	

Table 3 presents data indicating that the average knowledge score after the test (16.30) exceeded the average knowledge score before the test (7.43). The research hypothesis H1 was approved since test with paired "t" knowledge rating of "t"=18.25 is substantial at the 0.05 percent mark and the mean difference between the pretest and

According to data from the above figure, none of the participants had adequate awareness about hormone replacement therapy among menopausal women, while 71.7% of participants had inadequate information, and 28.3% had moderate understanding. Following the test, 63.3% of individuals possessed sufficient knowledge, 36.7% had moderate knowledge, and 0% possessed inadequate understanding

Section C: The efficacy of a planned education program on knowledge related to hormonal replacement therapy among menopausal women at selected rural area in Mysore

The paired ‘t’ value was computed to determine the effectiveness of structured teaching programme on knowledge regarding hormonal replacement therapy. The following research hypothesis was stated.

H1: There is significant difference between mean pre-test and mean post-test knowledge score

Table: 3: The efficacy of a planned education programme on knowledge related to hormonal replacement therapy among menopausal women at selected rural area in Mysore

post test scores was 8.87. This suggests that the STP was statistically 5% significant in raising menopausal women's awareness of hormone replacement treatment.

Section D: The association between pre-test knowledge scores and selected demographic characteristics.

Table 4: Association between pre-test knowledge scores and selected demographic characteristics

Demographic characteristics	category	Sample	Knowledge level				χ^2 Value	df	P value	Remarks
			Adequate	%	Moderately adequate	%				
Age in menopause	45-49 years	21	11	52.4	10	47.6	5.92*	1	P<0.05 (3.841)	S
	50-54 years	39	32	82.1	7	17.9				
Marital status	Married	40	14	70.0	11	30.0	0.04 NS	1	p>0.05 (3.841)	NS
	Widow	020	31	77.5	6	22.5				
Educational status	Non formal education	40	31	77.5	9	22.5	6.95* (5.991)	2	p<0.05 S	
	SSLC and below	10	8	86.0	2	20.0				
	PUC	10	4	40.0	6	60.				
Type of marriage	Consanguineous	10	7	70.0	3	30.0	0.02 NS (3.841)	1	P>0.05 NS	
	Non consanguineous	50	36	72.0	14	28.0				
Number of children	Two	40	25	62.5	15	37.2	4.97* (3.841)	1	P<0.05 S	
	More than two	20	18	90.0	2	10				
Dietary pattern	Vegetarian	33	28	84.8	5	15.2	6.28* (3.841)	1	P<0.05 S	
	Mixed	27	15	55.6	12	44.4				
Religion	Hindu	50	39	78.0	11	22.0	5.93* (3.841)	1	P<0.05 S	
	Christian	10	4	40.0	6	60.0				
Family Income	<Rs10000	44	30	68.2	14	31.8	1.99 (5.991)	2	P>0.05 (5.991)	NS
	Rs 10001-20000	10	9	90.0	1	10.0				
	Rs 20001-30000	6	4	66.7	2	33.3				
Previous information	Yes	6	4	66.7	2	33.3	0.08 (3.841)	2	P>0.05 NS	
	No	54	39	72.2	15	27.8				
Source of information	Social media	3	1	33.3	2	66.7	3.32 (5.991)	2	P>0.05 NS	
	Relatives and friends	3	3	100.0	0	00				

S-Significant at 5% level

Ns-Non significant

Table 4 makes clear that there was a statistically significant correlation between the pre-test knowledge level and the following variables: age at menopause ($\chi^2=5.92$), menopausal educational status ($\chi^2=6.95$), number of children ($\chi^2=4.97$), dietary pattern ($\chi^2=6.28$), and religion ($\chi^2=5.93$). In contrast, there was no statistically significant correlation found between the pre-test knowledge score and the following factors: married status ($\chi^2=0.04$), marital type ($\chi^2=0.02$), family type ($\chi^2=2.81$), family income ($\chi^2=1.99$), prior knowledge ($\chi^2=0.08$), and information source ($\chi^2=3.36$). Therefore, the research hypothesis H2 was approved for menopause women's age, their educational level, the number of children they had, their dietary habits, and their religion; however, H2 was rejected for married women's age, their marital status, their family type, their income, their prior education, and their information source.

IV. CONCLUSION

The goal of the current study was to evaluate the efficacy of a planned education program on hormone replacement treatment knowledge among menopausal women in the Mysuru villages of Hanchya and Rammanahalli. The study's findings served as the foundation for the following conclusions. It also highlighted some of the study's shortcomings.

- Menopausal women's pre-test knowledge of hormonal replacement therapy was found to be deficient, but their post-test knowledge level shown a noteworthy rise.
- An efficient structured education campaign was implemented to educate menopausal women about hormone replacement treatment. Based on an examination of the mean and standard deviation of the knowledge

scores in the pre- and post-test, the mean pre-test knowledge score was 7.43 and the mean post-test knowledge score was 16.30. The success of the planned education program was demonstrated by the Paired 't' test result of 18.25, which indicated a significant improvement in knowledge throughout the post test.

- This research demonstrated a relationship between the age at menopause and the pre-test knowledge score., educational status, number of children, dietary pattern, religion was statistically significant, whereas the association between the level of pretest knowledge score with marital status, type of marriage, type of family, family income, previous information and source of information was statistically not significant.

RECOMMENDATIONS

On the basis of findings of the study the following recommendations were made.

- A bigger sample with distinct demographic characteristics can be used to conduct a similar study.
- Alternative research methods, such as SIM, booklets, and pamphlets, could be used to perform a similar study.
- Premenopausal women could be the subject of a comparable study.
- A comparative study can be conducted to assess the knowledge regarding hormonal replacement therapy among menopausal women between rural and urban.
- 5..Resuming health promotion education and determining how well menopausal women retain information can be the subjects of a follow-up study

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