# "Effect Of Awareness Programme On Knowledge Regarding Prevention Of Physical And Psychosocial Problems Among Menopausal Women In Selected Rural Areas Of Haryana"

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| ARTICLE INFO | ABSTRACT |
|---|---|
| | The present study has been undertaken to assess knowledge score regarding prevention of Physical and Psychosocial Problems among menopausal women by awareness program in Rural area of Gurgaon, Haryana. The research design adopted for the study was pre- experimental in nature. The tool for the study was self-structured knowledge questionnaire which consists of two parts-PART- I consisted questions related to Socio-demographic data, PART-II consisted of self -structured knowledge questionnaire to assess the knowledge score regarding prevention of Physical and Psychosocial Problems among menopausal women. The data was analyzed by using descriptive and inferential statistical methods. The most significant finding was that 28.0% of menopausal women were having average knowledge regarding prevention of Physical and Psychosocial Problems whereas 72.0% had good knowledge after post-test. It was suggested that the nurses must educate menopausal women regarding prevention of Physical and Psychosocial Problems.<br><br>**Keyword-** Effect, awareness program, knowledge and prevention of Physical and Psychosocial Problems. |

## 1.INTRODUCTION

Menopause is a natural biological transition in a woman's life, typically occurring between the ages of 45 and 55, marked by the cessation of menstruation due to declining ovarian function. While it is not a disease, menopause can bring about a range of physical and psychosocial challenges that significantly affect a woman's overall well-being. Physically, women may experience hot flashes, night sweats, osteoporosis, cardiovascular risks, and hormonal imbalances that contribute to weight gain and metabolic changes. Psychosocially, menopause is often associated with mood swings, anxiety, depression, sleep disturbances, and a diminished quality of life, which can impact personal relationships and social interactions.

Preventing and managing these physical and psychosocial problems is crucial to ensuring a smooth transition into postmenopausal life. Lifestyle modifications, including a balanced diet, regular exercise, and stress management techniques, play a key role in maintaining health during this phase. Additionally, counseling, social support, and hormonal or non-hormonal interventions can help women cope with emotional and psychological challenges. Increased awareness, early intervention, and a holistic approach to health care can significantly enhance the quality of life for menopausal women.

This paper aims to explore preventive strategies for mitigating the physical and psychosocial problems associated with menopause, highlighting the importance of education, healthcare support, and lifestyle interventions in promoting healthy aging among women.

## 2.NEED FOR STUDY

Despite the availability of various management strategies, there is a gap in awareness and access to effective preventive measures among menopausal women, particularly in developing countries. Cultural perceptions, lack of health education, and limited healthcare access contribute to the neglect of menopausal health issues (Avis et al., 2019). A comprehensive study on the prevention of physical and psychosocial problems among

menopausal women will help in developing targeted health programs, policy recommendations, and intervention models to enhance their quality of life.

## 3.OBJECTIVE OF THE STUDY
1. To assess the pre-test and post-test Knowledge score regarding prevention of Physical and Psychosocial Problems among menopausal women.
2. To assess the effectiveness of awareness programme on knowledge regarding prevention of Physical and Psychosocial Problems among menopausal women.
3. To find out the association between the pre-test knowledge score regarding prevention of Physical and Psychosocial Problems among menopausal women with their selected demographic variables.

## 4.HYPOTHESES:
$RH_0$: There will be no significant difference between pre test and post-test knowledge score on prevention of Physical and Psychosocial Problems among menopausal women.
$RH_1$: There will be significant difference between pre test and post-test knowledge score on prevention of Physical and Psychosocial Problems among menopausal women.
$RH_2$: There will be significant association between the pre-test score on prevention of Physical and Psychosocial Problems among menopausal women with their selected demographic variables.

## 5.ASSUMPTION
1. Menopausal women may have deficit knowledge regarding prevention of Physical and Psychosocial Problems.
2. Awareness program will improve knowledge of menopausal women regarding prevention of Physical and Psychosocial Problems.

## 6.METHODOLOGY:

An evaluative approach was used and research design pre-experimental one group pre-test post-test research design was used for the study. The samples consisted of 50 menopausal women of preterm selected by Non probability convenient sampling technique. The setting for the study was Rural area of Gurgaon, Haryana. Data was collected with the help of demographic variables and administering a self-structured knowledge questionnaire by the investigator before and after awareness program. Post-test was conducted after 7 days of pretest. Data were analysis using descriptive & inferential statistics.

## 7.ANALYSIS AND INTERPRETATION
**SECTION-I Table -1 Frequency and percentage distribution of samples according to their demographic variables. n = 30**

| S. No | Demographic Variables | Frequency | Percentage |
|---|---|---|---|
| 1 | **Age in Years** | | |
| a. | 46-50 | 11 | 22.0 |
| b. | 51-55 | 11 | 22.0 |
| c. | 56-60 | 13 | 26.0 |
| d. | ≥40 | 15 | 30.0 |
| 2 | **Family monthly income** | | |
| a. | 25000-30000/- | 10 | 20.0 |
| b. | 30001-35000/- | 4 | 8.0 |
| c. | 35001-40000/- | 17 | 34.0 |
| d. | ≥ 40001/- | 19 | 38.0 |
| 3 | **Religion** | | |
| a. | Christian | 8 | 16.0 |
| b | Sikh | 8 | 16.0 |
| c | Muslim | 17 | 34.0 |
| d. | Hindu | 17 | 34.0 |
| 4 | **Sources of previous knowledge** | | |
| a. | Internet | 7 | 14.0 |
| b. | Social media | 8 | 16.0 |
| c. | Peer group | 19 | 38.0 |
| d. | Others | 16 | 32.0 |

**SECTION-II- Table- 2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects:**

| Category and test Score | Frequency (N=50) | Frequency Percentage (%) |
|---|---|---|
| POOR(01-07) | 41 | 82.0 |
| AVERAGE (8-14) | 9 | 18.0 |
| GOOD (15-20) | 0 | 0.0 |
| TOTAL | 50 | 100.0 |

The present table 2.1.1 concerned with the existing knowledge regarding prevention of Physical and Psychosocial Problems among menopausal women was shown by pre-test score and it is observed that most of the menopausal women 41 (82.0%) were poor (01-07) knowledge and some menopausal women have 9(18.0%) average category.
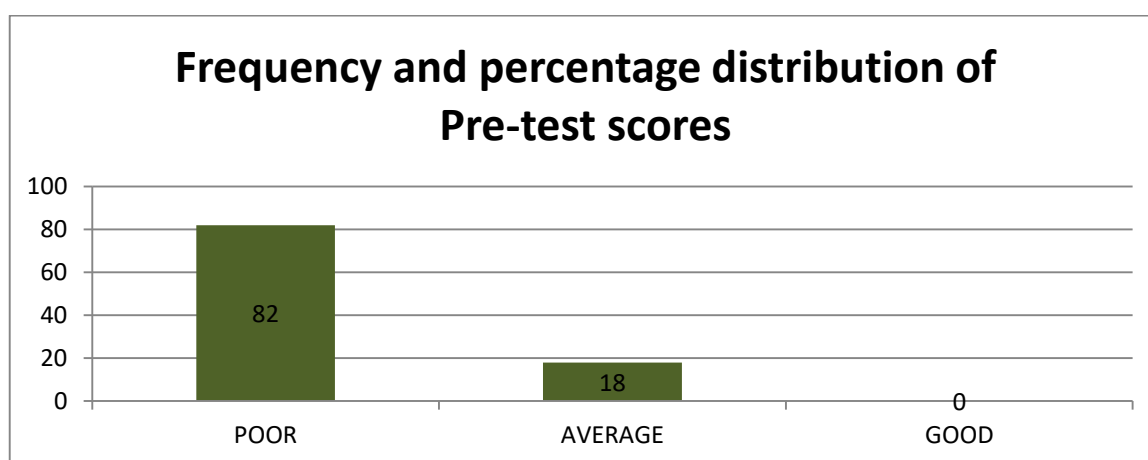


**FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects**

**Table-2.1.2. - Mean ( $\overline{X}$ ) and standard Deviation (s) of knowledge scores:**

| Knowledge Pre –test | Mean ( $\overline{X}$ ) | Std Dev (S) |
|---|---|---|
| Pre-test score | 1.18 | 0.38 |

The information regarding mean, percentage of mean and standard deviation of test scores in shown in table 2.1.2 knowledge in mean pre-test score was 1.18±0.38 while in knowledge regarding prevention of Physical and Psychosocial Problems among menopausal women in Rural area of Gurgaon, Haryana.
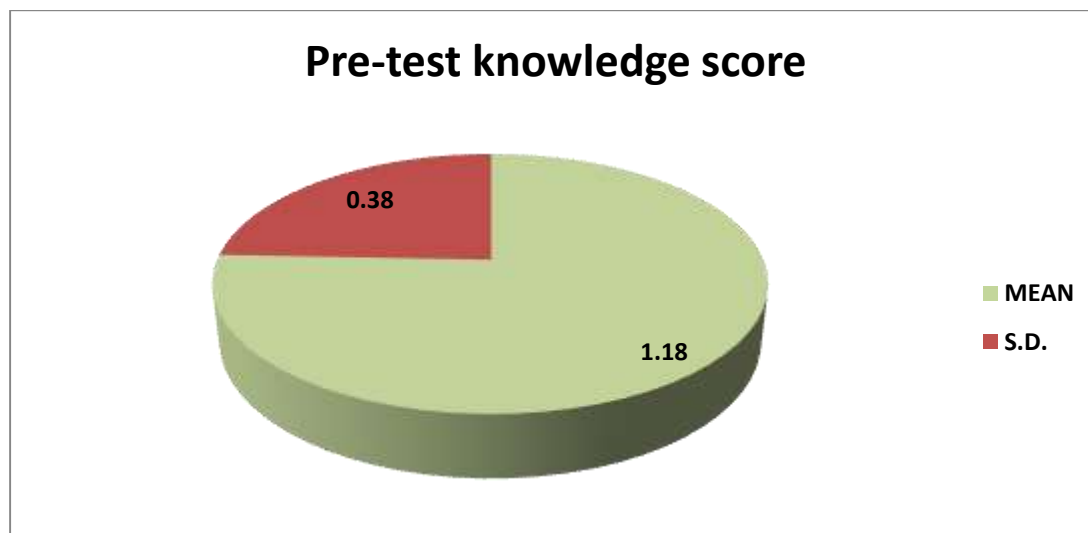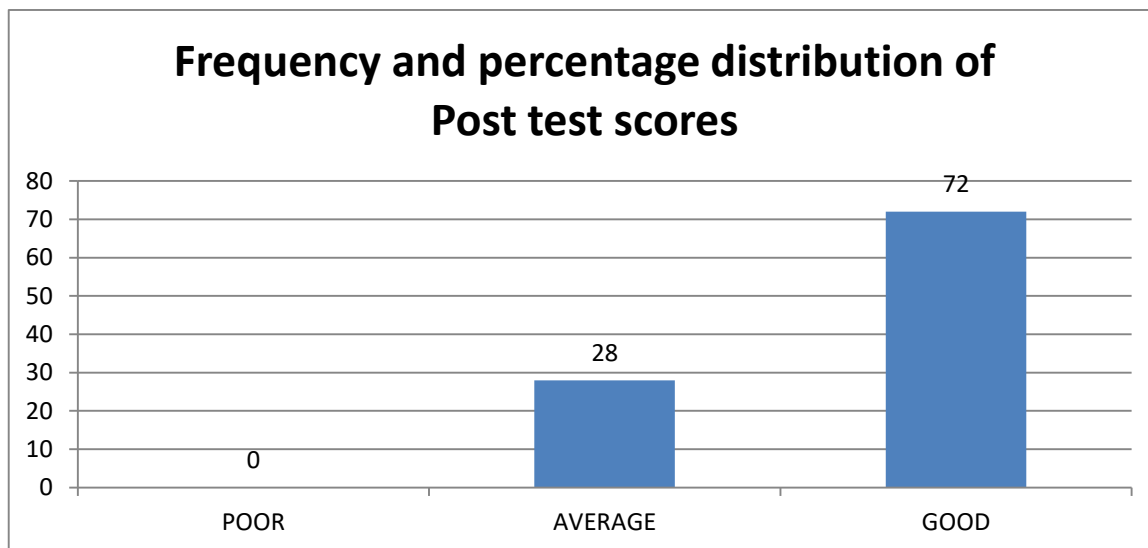


**FIG.-2.1.1. - Mean ( $\overline{X}$ ) and standard Deviation (s) of knowledge scores**

**Table-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects:**

| Category and post-test Score | Frequency (N=50) | Frequency Percentage (%) |
|---|---|---|
| POOR(01-07) | 0 | 0.0 |
| AVERAGE (8-14) | 14 | 28.0 |
| GOOD (15-20) | 36 | 72.0 |
| TOTAL | 50 | 100% |

The present table 2.2.1 concerned with the existing knowledge regarding prevention of Physical and Psychosocial Problems among menopausal women was shown by post test score and it is observed that most of the menopausal women 36(72.0%) were **GOOD** (15-20) knowledge and other menopausal women have 14(28.0%) category which are **AVERAGE** (08-14) post test knowledge score in the present study.



**FIG.-2.2.1- Frequency and percentage distribution of Post test scores of studied subjects**

**Table-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:**

| Knowledge Test | Mean($\overline{X}$) | Std Dev(S) |
|---|---|---|
| Post-test score | 2.72 | 0.45 |

The information regarding mean, percentage of mean and standard deviation of post test scores in shown in table 2.2.2 knowledge in mean post test score was 2.72±0.45 while in knowledge regarding prevention of Physical and Psychosocial Problems among menopausal women in Rural area of Gurgaon, Haryana.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first second objective of the present study.
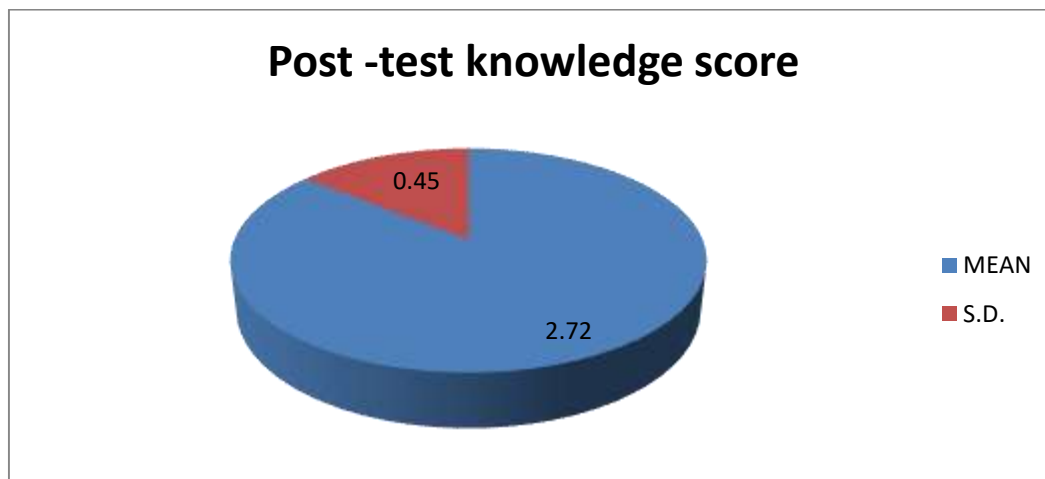


**FIG.-2.2.2. - Mean ($\overline{X}$) and standard Deviation (s) of knowledge scores:**

**TABLE 2.2.3: Effectiveness of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.**

| Knowledge Score of Menopausal women | Mean ($\overline{X}$) | S. D. ($s$) | Std. Error of Mean | D. F. | t-value | Significance |
|---|---|---|---|---|---|---|
| Pre-test | 1.18 | 0.38 | 0.08 | 49 | -18.81 | P<0.0001* |
| Post-test | 2.72 | 0.45 | | | | |

When the mean and SD of pre-test and post-test were compared and 't' test was applied. It can be clearly seen that the 't' value was -18.81 and p value was 0.0001 which clearly show that awareness program was very effective in increasing the knowledge of menopausal women.

## SECTION-III Association of knowledge scores between test and selected demographic variables:

**Table- 3.1 Association of age with pre-test scores:**

| Age (in years) | Test scores | | | Total |
|---|---|---|---|---|
| | POOR (1-5) | AVERAGE (6-10) | GOOD (11-16) | |
| 46-50 | 11 | 0 | 0 | 11 |
| 51-55 | 10 | 1 | 0 | 11 |
| 56-60 | 10 | 3 | 0 | 13 |
| ≥60 | 10 | 5 | 0 | 15 |
| Total | 41 | 9 | 0 | 50 |
| X²=5.62 | | p>0.05(Insignificant) | | |

The association of age with test scores is shown in present table 3.1. The probability value for Chi-Square test is 5.62 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age isn't influenced with the present problem.

**Table- 3.2 Association of family monthly income with pre-test scores:**

| Monthly Income | Test scores | | | Total |
|---|---|---|---|---|
| | POOR (1-5) | AVERAGE (6-10) | GOOD (11-16) | |
| 25000-30000 | 6 | 4 | 0 | 10 |
| 30001-35000 | 4 | 0 | 0 | 4 |
| 35001-40000 | 14 | 3 | 0 | 17 |
| ≥ 40001/- | 17 | 2 | 0 | 19 |
| Total | 41 | 9 | 0 | 50 |
| X²=4.87 | p>0.05 (Insignificant) | | | |

The association of family monthly income with test scores is shown in present table 3.2. The probability value for Chi-Square test is 4.87 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a significant association between family monthly income and test scores.

**Table-3.3. Association of Religion with pre-test scores:**

| Marital status | Test scores | | | Total |
|---|---|---|---|---|
| CLASS | POOR (1-5) | AVERAGE (6-10) | GOOD (11-16) | |
| Christian | 8 | 0 | 0 | 8 |
| Sikh | 7 | 1 | 0 | 8 |
| Muslim | 12 | 5 | 0 | 17 |
| Hindu | 14 | 3 | 0 | 17 |
| Total | 41 | 9 | 0 | 50 |
| X=3.42 | | p>0.05 ( Insignificant) | | |

The association of Religion with test scores is shown in present table 3.3. The probability value for Chi-Square test is 3.42for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that

there is a insignificant association between Religion and test scores. Moreover, it is reflected that Religion isn't influenced with the present problem.

**Table- 3.4 Association of Sources of previous knowledge with pre-test scores:**

| Sources of previous knowledge | Test scores | | | Total |
|---|---|---|---|---|
| CLASS | POOR (1-5) | AVERAGE (6-10) | GOOD (11-16) | |
| Internet | 7 | 0 | 0 | 7 |
| Social media | 5 | 3 | 0 | 8 |
| Peer group | 16 | 3 | 0 | 19 |
| Other | 13 | 3 | 0 | 16 |
| Total | 41 | 9 | 0 | 50 |
| $X^2$=3.66 | p>0.05 (Insignificant) | | | |

The association of Sources of previous knowledge and test scores is shown in present table 3.4. The probability value for Chi-Square test is 3.66 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Moreover, it is reflected that Sources of previous knowledge isn't influenced with the present problem.

## 8. RESULTS

The result of this study indicates that there was a significant increase in the post-test knowledge scores compared to pre-test scores of preventions of Physical and Psychosocial Problems. The mean percentage knowledge score was observed 1.18±0.38 in the pre-test and after implementation of awareness program post-test mean percentage was observed with 2.72±0.45.

## 9. CONCLUSION

Thus after the analysis and interpretation of data we can conclude that the hypothesis RH1 that, there will be significance difference between the pre-test knowledge score with post-test knowledge score at the (P<0.05) is being accepted.
Furthermore, awareness program regarding prevention of Physical and Psychosocial Problems among menopausal women may consider as an effective tool when there is a need in lacking, bridging and modifying the knowledge.

## 10.LIMITATIONS-

- The study was limited to selected rural area, Gurgaon, Haryana.
- The study was limited to 50 samples.

## 11.REFERENCE-

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