



To Effectiveness Of Nursing Intervention Programme On Menopausal Symptoms

Namita Kumari^{1*}, Dr. Reena Thakur²

^{1*}Research Scholar, Malwanchal University, Indore

²Professor, Department of Nursing, Malwanchal University, Indore

ABSTRACT

The study aims to investigate Menopausal Symptoms and Quality of Life of Postmenopausal Women Before Implementation of Nursing Intervention. Experimental study, pretest and posttest design with control group was adopted. The study was conducted among 250 post-menopausal women in rural area of Dholka taluka. Before commencement of the study, ethical approval was obtained from Institutional Ethics / Research committee and official permission was obtained by the concerned authorities. It is interpreted that the most women under study have Average QOL, however in study group the women had enhanced QOL after nursing intervention.

Keywords: Nursing, Menopausal Symptoms, Quality of Life, Health and Women

INTRODUCTION

A greater amount of information and understanding regarding menopause, as well as more awareness, better attitudes, and less influence on mental health, may be achieved via menopause education programs. Mental health issues, such as anxiety and mood swings, may be better managed with the help of education programs that increase awareness and symptom control. Both group and individual education sessions, among others, have proved effective in delivering a variety of instructional methodologies. Information in written form, oral lectures, small-group work, and self-study materials are just a few of the many instructional approaches that have been used.

Evidence from studies on the efficacy of educational interventions suggests that they can improve people's understanding of menopause symptoms including weight gain, increased facial hair, irregular menstrual cycles, dry skin, frequent urination, dysuria, sleeplessness, depression, hot flashes, and overall quality of life in the areas of vasomotor, psychosocial, physical, and sexual health. Plus, when menopausal symptoms do emerge, these sessions may teach participants how to cope with them. Although there was a scoping review that compiled data on healthcare provider education not long ago, no such study has yet compiled research on women's education before, during, and after menopause. Finding out what makes an intervention work in terms of women's educational and clinical results is vital for enabling menopause education programs to be delivered in different settings.

Surgical treatments, including a hysterectomy with bilateral oophorectomy, may trigger menopause. Medications used to treat illnesses such as endometriosis, breast cancer, and other malignancies, such as chemotherapy, might induce menopause. Menopause affects almost 1.35 million American women annually. Usually, it starts at between 51 and 52 years old. On the other hand, early menopause occurs in around 5% of women between the ages of 40 and 45. Furthermore, as a result of sex chromosomal defects linked to persistent ovarian failure, 1% of women have premature menopause before the age of 40. Symptoms associated with estrogen insufficiency will be documented in the history. The most noticeable sign is a shift in the menstrual cycle, which is usually preceded by the end of periods.

Vasomotor symptoms are experienced by around 75% of women. Some of these symptoms may include headaches, palpitations, night sweats, and hot flashes. Hot flashes often occur at irregular intervals and last around three to four minutes. Alcohol, food, mental stress, and physical activity might exacerbate these symptoms. A migraine's strength and severity might fluctuate. More people get migraines without aura than aura-accompanied migraines. Women who smoke or take oral contraceptives are at a higher risk of having a stroke if they suffer from an aura-accompanied migraine. Mood swings may bring on a slew of other headaches, such as tension and cluster headaches.

LITERATURE REVIEW

Ellappan, Varalakshmi. et. Al. (2023). A woman's life goes through several significant phases, one of which is menopause. Some menopause symptoms might be so intense that they interfere with a woman's ability to go about her daily life as usual. The majority of women don't realize that menopause causes certain changes. Most women in metropolitan areas may not know that menopause is a real health issue that requires help. This study intends to measure the level of knowledge middle-aged women have about menopause and its management, as well as to raise awareness about menopausal symptoms among menopausal women and the use of medication-free treatments, such as exercise, which can be used by people of all socioeconomic backgrounds.

Mcfeters, Claire & Pedlow et. Al. (2024) The purpose of this concise review was to synthesize the research on menopause education programs and their components in order to better understand menopause and its symptoms as well as their impact on quality of life. Methods We used the four-database systematic search strategy from the Cochrane quick review protocol. Primary research on adult menopause education programs and studies documenting outcomes linked to menopause were among the criteria for inclusion. Final Product The majority of the 39 papers considered in the evaluation were published during the previous ten years, accounting for 26 out of 39 (66.7%). Advantages like being a supportive atmosphere and shared experiences among participants were facilitated by most therapies being conducted in group settings. Menopause symptoms, treatment/management, and lifestyle variables were the most discussed subjects.

Peter, Lissa & Lucita, Mary. et. Al. (2016). Research using a quasi-experimental design was used, utilizing a post-test control group. One hundred participants were chosen for the study by use of a purposive selection technique. The factors were identified using a questionnaire, and perimenopausal difficulties and distress were assessed using rating scales. Karl Pearson's correlation was used to verify the test-retest reliability and content validity of the instrument. The menopause rating scale had a reliability of 0.924, whereas the distress rating scale had a reliability of 0.833. Data from the pilot research were easily analyzed statistically. From 20-03-14 to 30-06-04, the primary research was carried out. Both groups were given the pretest. The only group that received nursing interventions was the experimental group. After one month, both groups were given a posttest using the same instruments.

Sunny, Sonia & Raman, Alamelu. et. Al. (2019). This research used a pre-posttest design and was carried out in a primary healthcare setting in South India. We utilized a multistage cluster sampling technique to choose 414 women between the ages of 45 and 55. Treatments for menopausal symptoms included classes in relaxation and deep breathing techniques, four yoga postures, and dietary and lifestyle changes. A "home practice log sheet" was sent to each participant for the purpose of tracking their compliance. A systematic interview schedule was used to assess knowledge and reported practice at baseline and four weeks. Irrespective of the characteristics present at the outset, the results show that the NLEP was successful in improving both knowledge and reported practice.

Preeti, & Kumari, Sanjna. et. Al. (2022). This means that symptoms connected to hormones may go undiagnosed and untreated for longer periods of time if women are reluctant to seek help when they feel uncomfortable. The methodology of this pre-experimental research was the use of non-probability purposive selection to identify 60 women who were 45–55 years old and in the menopausal stage. A standardized questionnaire on symptoms experienced after menopause was used to gather the data. Statistical methods for both descriptive and inferential data analysis were used. We utilized SPSS-17 software, and we regarded P values less than 0.05 to be significant. The results showed that most menopausal women had little understanding of postmenopausal syndrome before the test (mean=5.2, SD=.768) and intermediate understanding after the exam (mean=9.12, SD=1.012).

RESEARCH METHODOLOGY

In order to determine the efficacy of the nursing intervention, the research employed an evaluation methodology. The women were recruited from 10 randomly selected villages in Dholka taluka. Using a stratified random sample procedure, 35 women were selected from each hamlet. frequency, percentage, mean, and standard deviation were utilized for descriptive statistics. to determine the efficacy of the nursing intervention, inferential statistics such as analysis of variance and t-test were employed.

DATA ANALYSIS AND RESULTS

Table No: 1 Assessment of posttest menopausal symptoms (MRS) score among women in study and control group

SN	Menopausal symptoms	Study group (N=135)		Control group (N=135)		Mean diff
		Pre test		Pre test		
		Mean	SD	Mean	SD	
1	Somatic symptoms	2.27	2.1	4.15	2.54	1.88
2	Psychological symptoms	2.39	1.49	3.65	2.39	1.26
3	Urogenital symptoms	1.39	1.38	1.74	1.89	0.35
	Overall	6.06	3.24	9.53	5.89	3.47

The area-wise distribution of posttest results is shown in the above table. The study group's total mean score for menopausal symptoms was 6.06±3.24, whereas the control group's score was 9.53±5.89, with a mean difference of 3.47. Results demonstrate that symptom severity was lower in the study group compared to the control group. It follows that nursing assistance helped alleviate menopausal symptoms to a certain extent.

Table No: 2 Assessment of posttest quality of life (WHOQOL) among women in study and control group

SN	Menopausal symptoms	Study group (N=135)		Control group (N=135)		Mean diff
		Pre test		Pre test		
		Mean	SD	Mean	SD	
1	Physical health	22.42	1.89	25.5	2.01	3.08
2	Psychological health	18.13	2.14	20.94	1.79	2.81
3	Social health	9.05	2.11	10.26	1.42	1.21
4	Environment	24.58	3.23	26.08	3.37	1.5
	Overall	80.32	7.14	90.18	7.65	9.86

The posttest quality of life (QOL) data from postmenopausal women is shown in the table above. The average score for the study group was 90.18 ± 7.65 , whereas the control group had an average score of 80.32 ± 7.14 , a mean difference of 9.86. A higher mean score in the study group compared to the control group suggests that the treatments were helpful in enhancing QOL, which is in accordance with other dimensions of QOL. A statistically significant difference in women's quality of life post-test scores were seen between the research and control groups.

Table No: 3 Area wise comparison of pretest, posttest mean, SD of study and control group of post-menopausal women according to MRS

SN	Aspects	Study group (N=135)				Mean Diff	't' Value	Control group (N=135)				
		Pre test		Post test				Pre test		Post test		
		Mean	SD	Mean	SD	Mean	SD	Mean	SD			
1	Somatic symptoms	6.03	2.53	2.27	2.1	3.76	4.78	2.56	4.15	2.54	0.63	15.45*
2	Psychological symptoms	4.39	2.66	2.39	1.49	2	3.82	2.54	3.65	2.39	0.17	9.93*
3	Urogenital symptoms	2.54	2.1	1.39	1.38	1.15	1.57	1.95	1.74	1.89	0.17	5.78*
	Overall	12.96	5.99	6.06	3.24	6.9	10.17	5.91	9.53	5.89	0.64	13.88*

Pre- and post-test comparisons in the study group, the average posttest score was 6.06 ± 3.24 , with a mean difference of 6.9, compared to 9.53 ± 5.89 in the control group, with a mean difference of 0.64, when comparing the two groups of postmenopausal women based on menopause symptoms. It was observed that the study and control groups had different posttest mean scores, with a 't' value of 13.88 and deemed significant at the $p < 0.05$ level. In addition, as shown above, there were substantial differences between the study and control groups in areas such as somatic, psychological, and urogenital complaints. This finding provides further evidence that the breastfeeding intervention helped alleviate menopausal symptoms.

Table No: 4 Area wise distribution of frequency and percentage of pre and posttest MRS scores among women in study and control group

SN	Aspects	Study group (N=135)								Control group (N=135)							
		Pre test				Post test				Pre test				Post test			
		Yes	Mild	Mod	Severe	Yes	Mild	Mod	Severe	Yes	Mild	Mod	Severe	Yes	Mild	Mod	Severe
		F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)	F (%)
I	Somatic symptoms																
	Hot flushes	120 (89)	8 (6)	93 (69)	19 (14)	54 (40)	54 (40)	0	0	92 (68)	38 (28)	50 (37)	4 (3)	86 (64)	54 (40)	30 (22)	3 (2)
2	Heart discomfort	93 (69)	47 (35)	43 (32)	2 (1.6)	62 (46)	62 (46)	0	0	80 (59)	46 (34)	31 (23)	2(1.6)	69 (51)	36 (27)	31 (23)	1 (0.8)
3	Sleeping problem	109 (81)	24 (18)	78 (57)	8 (6)	62 (46)	62 (46)	0	0	96 (71)	32 (24)	59 (44)	4 (3)	94 (70)	49 (36)	40 (30)	5 (4)
4	Joint & muscular problem	107 (79)	19 (14)	62 (46)	26 (19)	103 (76)	78 (58)	24 (18)	0	112 (83)	20 (15)	80 (59)	12(9)	112 (83)	47 (35)	53 (39)	15 (9)

The most common menopausal symptoms as measured by the Menopause Symptom Rating Scale (MRS) before and after the change in treatment. Hot flushes affected 89% of the study group, sleep problems affected 81%, and joint and muscle problems affected 79%. A decrease in these percentages on the posttest suggests that the nursing intervention was successful in alleviating these somatic symptoms. The control group, on the other hand, showed no statistically significant improvement in symptoms between the pre- and post-tests.

Table No: 5 Area wise distribution of Frequency and percentage of pre and posttest MRS scores among women in study and control group

SN	Aspects	Study group (N=135)								Control group (N=135)							
		Pre test				Post test				Pre test				Post test			
		Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)
Somatic symptoms																	
5	Depressive Mood	97 (72)	57 (42)	38 (28)	2 (1.6)	77 (57)	70 (52)	7 (5)	0	88 (65)	40 (30)	62 (46)	1 (0.8)	82 (61)	61 (45)	20 (15)	1 (0.8)
6	Anxiety	94 (70)	46 (34)	42 (31)	7 (5)	84 (62)	80 (59)	5 (3)	0	92 (68)	46 (34)	43 (32)	2 (1.6)	94 (70)	55 (41)	57 (42)	2 (1.6)
7	Irritability	93 (69)	26 (19)	62 (46)	4 (3)	84 (62)	82 (61)	2 (1.6)	0	84 (62)	46 (34)	35 (26)	3 (2)	88 (65)	59 (44)	27 (20)	1 (0.8)
8	Physical & mental exhaustion	103 (76)	51 (38)	46 (34)	2 (1.6)	70 (52)	69 (51)	1 (0.8)	0	90 (67)	40 (30)	49 (36)	1 (0.8)	92 (68)	54 (40)	34 (25)	4 (3)

Nursing interventions were successful in alleviating psychological symptoms, as shown in the following table: 76% of the study group reported physical and mental exhaustion, 72% reported depressed mood, and 70% reported anxiety and irritability. These percentages were significantly lower in the posttest (52%), 57%, and 62%, respectively, indicating that the interventions had a positive impact. In contrast, the control group's pre- and post-test scores showed no statistically significant improvement in symptom severity.

Table No: 6 Area wise distribution of Frequency and percentage of Pre and Post test MRS scores among women in study and control group

SN	Aspects	Study group (N=135)								Control group (N=135)							
		Pre test				Post test				Pre test				Post test			
		Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)	Yes F (%)	Mild F (%)	Mod F (%)	Severe F (%)
III Urogenital symptoms																	
9	Sexual problem	51 (38)	51 (38)	2 (0.8)	0	40 (30)	39 (29)	2 (0.8)	0	61 (36)	27 (20)	22 (16)	0	51 (38)	30 (22)	22 (16)	0
10	Bladder problem	67 (50)	59 (44)	8 (6)	0	65 (48)	62 (46)	2 (1.6)	0	63 (47)	38 (28)	24 (18)	2 (0.8)	73 (54)	46 (34)	27 (20)	0
11	Dryness of vagina	67 (50)	44 (33)	19 (14)	3 (2)	57 (42)	53 (39)	4 (2)	0	42 (31)	26 (19)	15 (11)	2 (0.8)	66 (49)	51 (38)	15 (11)	0

According to the data in the table above, half of the study group experienced bladder problems (50%) and dryness of the vagina (38%) and sexual problems (30%). However, after the intervention, the percentages dropped to 48%, 42%, and 30%, respectively, suggesting that the nursing intervention had a positive impact on these urogenital symptoms. On the other hand, symptoms worsened after the test compared to before in the control group.

Table No: 7 Area wise mean, SD and quality of life of post-menopausal women according to WHOQOL scale.

SN	QOL Domain	Study group (N=135)						Control group (N=135)					
		Pre test		Post test		Mean Diff	Pre test		Post test		Mean Diff	't' Value	
		Mean	S. D	Mean	S. D		Mean	S. D	Mean	S. D			
1	Physical health	21.9	2.17	25.5	2.01	3.6	22.5	2.02	22.42	1.89	0.08	-11.96	
2	Psychological health	17.86	2.005	20.94	1.79	3.08	17.74	2.35	18.13	2.14	0.39	-14.108	
3	Social health	8.99	1.66	10.26	1.42	1.27	9.13	2.02	9.05	2.11	0.08	-7.345	
4	Environment health	24.7	3.44	26.08	3.37	1.38	24.2	3.45	24.58	3.23	0.38	-8.816	
	Overall score	79.4	7.32	90.18	7.65	10.78	79.66	7.64	80.32	7.14	0.64	-15.446	

Table No. 7 shows that the study group's quality of life improved between the pre- and post-tests, whereas the control group's mean scores across quality-of-life areas showed no statistically significant change. Nevertheless, at the p<0.05 level, the disparity was not statistically significant.

CONCLUSION

The study group discovered a statistically significant correlation between menopausal symptoms and certain socio-demographic factors such as occupation (F= 3.03), age of menopause (F= 5.29) and presence of comorbid illness (F=

1.71) at the $p < 0.05$ level. On the other hand, marital status ($F = 6.73$), and age of marriage ($F = 3.04$) were associated with quality of life (QOL) at the 0.05 level. Menopausal symptoms were associated with a decline in quality of life. If postmenopausal women want to enhance their health and quality of life, they must consistently follow the nursing intervention, which mostly consists of yoga methods.

REFERENCES

1. Ellappan, varalakshmi. (2023). Effectiveness of self-structured teaching programme on menopause problem and its management among middle aged women professor, department of medical surgical nursing, hindu mission college of nursing. Chennai, india 1 *corresponding author. 10.15680/ijirset.2023.1203073.
2. Mcfeeters, claire & pedlow, katy & mcginn, deborah & mcconnell, karen. (2024). A rapid review of menopausal education programmes. Archives of women's mental health. 1-9. 10.1007/s00737-024-01476-8.
3. Peter, lissa & lucita, mary. (2016). Effectiveness of nursing interventions on perimenopausal problems of women in a selected community in kerala. Asian journal of nursing education and research. 6. 523. 10.5958/2349-2996.2016.00098.7.
4. Sunny, sonia & raman, alamelu. (2019). Effect of a nurse-led educational programme on knowledge and practice in the management of menopausal problems among rural women. Primary health care. 29. 10.7748/phc.2019.e1448.
5. Preeti, & kumari, sanjna. (2022). Effectiveness of structured teaching programme on knowledge regarding post – menopausal syndrome among menopausal women. International journal of advanced scientific research & development (ijasrd). 6. 803-806.
6. Gangadharan, shobana. (2021). Effectiveness of yoga intervention for menopausal symptoms -a systematic review code no 4 dr.shobana gangadharan paper presentation nrsi south regional web conference.
7. Sunny, sonia & raman, alamelu. (2019). Effect of a nurse-led educational programme on knowledge and practice in the management of menopausal problems among rural women. Primary health care. 29. 10.7748/phc.2019.e1448.
8. Subrahmanyam, namitha & padmaja, a. (2018). Effect of interventional package on quality of life of perimenopausal women residing in a rural community of idukki district, kerala. Open access journal of gynecology and obstetrics. 1. 4-10. 10.22259/2638-5244.0102002.
9. Peter, lissa & lucita, mary. (2016). Effectiveness of nursing interventions on perimenopausal problems of women in a selected community in kerala. Asian journal of nursing education and research. 6. 523. 10.5958/2349-2996.2016.00098.7.
10. Devi, laishram. (2021). Effectiveness of structured teaching programme on knowledge regarding menopausal symptoms among women in premenopausal age.
11. Mcfeeters, claire & pedlow, katy & mcginn, deborah & mcconnell, karen. (2024). A rapid review of menopausal education programmes. Archives of women's mental health. 1-9. 10.1007/s00737-024-01476-8.
12. Ellappan, varalakshmi. (2023). Effectiveness of self-structured teaching programme on menopause problem and its management among middle aged women professor, department of medical surgical nursing, hindu mission college of nursing. Chennai, india 1 *corresponding author. 10.15680/ijirset.2023.1203073.
13. Beura, saswatika & patnaik, lipilekha & sahu, manisha. (2023). Effectiveness of lifestyle related interventions to improve quality of life among postmenopausal women in selected slums of bhubaneswar: a community based quasi experimental study. Journal of education and health promotion. 12. 10.4103/jehp.jehp_599_23.
14. Karmakar n, majumdar s, dasgupta a, das s. Quality of life among menopausal women: a community-based study in a rural area of west bengal. J midlife health. 2017 jan-mar;8(1):21-27. Doi: 10.4103/jmh.jmh_78_16. Pmid: 28458476; pmcid: pmc5367220.
15. Ganapathy, thilagavathy & furaikh, samiasaud. (2018). Health-related quality of life among menopausal women. Archives of medicine and health sciences. 6. 16. 10.4103/amhs.amhs_122_17.