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A COMPARATIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING PERIMENOPAUSAL SYMPTOMS AMONG WORKING AND HOMEMAKER WOMEN IN KERALA, WITH A VIEW TO DEVELOP INFORMATION BOOKLET

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ABSTRACT
The research project undertaken was "A comparative study to assess the knowledge regarding perimenopausal symptoms among working and homemaker women in Kerala, with a view to develop information booklet". The objectives of the study were to assess the knowledge regarding perimenopause among working and homemaker women, and to find out association between knowledge score with selected demographic variables such as age, marital status, family type, and education. Non experimental survey design was adopted for this study. The study was conducted among 60 sample, 30 each from working and homemaker women. Samples were selected by purposive sampling technique. The tool used for the data collection consisted of demographic proforma and structured knowledge questionnaire. The analysis of the data was based on the objectives of the study using descriptive and inferential statistics. The findings of the present study revealed that among working women there is association between knowledge and demographic variable marital status, there is no association among homemaker women. Based on the findings the investigator has drawn implications which were of vital concerns in the field of nursing practice, nursing administration, nursing pattern, nursing education for future development.

KEYWORDS: Assess, structured questionnaire, perimenopausal symptoms.

INTRODUCTION
Menopause is the process of cessation of menstruation. It is a normal aspect of life and is considered not as a disease condition. When a woman permanently stops having menstrual period, she has reached the stage of life called menopause. Menopause is said to be complete when menstrual periods have ceased for one continuous year.

Before menopause the supply of mature eggs in women's ovaries diminishes and ovulation becomes irregular. At the same time, the production of estrogen and progesterone decreases. It is the big drop in estrogen levels that causes most of the symptoms of menopause (premenopausal symptoms). Menopause typically occurs between 45 to 55 years. Symptoms may occur years before women's final menstruation. Some women may experience symptoms for months or years afterward.[1]

Menopause is the permanent cessation of the primary functions of the human ovaries, the ripening and release of ova and hormones that causes the creation and shedding of the uterine lining.

Menopause can be officially declared, when there has been amenorrhea, for one complete year .The average length of perimenopause is 4 years, but for some women, this stage may last only a few months or for 10 years. However, there are many signs and effects that lead up to this point many of which may extent well beyond it too. These includes flashes, breast tenderness, worse premenstrual syndrome, lower sex drive, fatigue, irregular periods, vaginal dryness, urine leakage when coughing or sneezing, urinary urgency, mood swings, and trouble sleeping.[2]

A Study was conducted to assess the level of knowledge regarding menopause among menopausal women. In this study 100 menopausal women were drawn by convenient sampling technique. The tool consists of demographic proforma, to assess the knowledge of menopause among menopausal women. The finding revealed that 5% of the total subjects had good knowledge, 94% had average knowledge, and 1% had poor knowledge.

Another study conducted to assess knowledge and attitude regarding menopause among menopausal women showed that majority of women have a negative outlook

towards menopause considering it as a loss of youth and higher susceptibility towards health problems. This highlighted that the awareness towards menopause should be increased by some modes of education, so as to help these women to live their post-menopausal years more healthy and active.[3]

STATEMENT OF THE PROBLEM

A comparative study to assess the knowledge regarding perimenopausal symptoms among working and homemaker women in Kerala, with a view to develop information booklet.

OBJECTIVES

- To assess knowledge regarding perimenopausal symptoms among working women.
- To assess the knowledge regarding perimenopausal symptoms among homemaker women.
- To find out the association between knowledge scores and selected demographic variables among working women.
- To find out the association between knowledge scores and selected demographic variables among homemaker women.
- To develop an information booklet regarding symptoms, causes, remedial measures, exercise related to menopause.

OPERATIONAL DEFINITIONS

Assess: In this study, it refers to determining the knowledge regarding perimenopausal symptoms among working and homemaker women.

Knowledge: In this study, it refers to the scores obtained by respondents to the items in the structured questionnaire regarding perimenopausal symptoms.

Perimenopausal symptoms: In this study, it refers to the symptoms like hot flashes, night sweat, irregular periods, and vaginal discomfort.

Working women: In this study, it refers to women who earn a salary, wage or other income through employment outside the home.

Home maker women: In this study, it refers to women who manage home, who are not employed outside the home.

Information booklet: In this study, it refers to a book containing information about perimenopausal symptoms, causes, and remedial measures.

RESEARCH METHODOLOGY

Research approach	: Quantitative research
Research design	**:** Non-Experimental research design
Variables	**Dependent variable:** knowledge of working and homemaker women regarding perimenopausal symptoms. **Demographic variables:** age, marital status, type of family and education among working and homemaker women of age group 35-45 in Kerala.
Setting of the study	: Virtual setting through Google form.
Population	: Working and homemaker women in Kerala, who are in the age group of 35-45 and has email id and internet accessibility.
Sample	: Working and homemaker women of age group 35-45 in Kerala.
Sample Size	: 30 working and 30 homemaker women between the age group of 35 to 45 years.
Sampling Technique	: Convenience sampling technique

RESULTS AND DISCUSSION

1. **Section A: knowledge of regarding perimenopausal symptoms among working and homemaker women of age group 35-45.**

- 21-30 :- Good knowledge
- 11-20:- Moderate
- <10. :- Poor knowledge

Demographic data of working women

- In the case of age, the chi-square value 1.734 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between age and knowledge of working women regarding perimenopausal symptoms.
- In the case of marital status, the chi-square value 9.23 is greater than the table value 3.84 at 0.5 level of significance. There is significant association between marital status and knowledge of working women regarding perimenopausal symptoms.
- In the case of family, the chi-square value 1.2 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between family and knowledge of working women regarding perimenopausal symptoms.
- In the case of education, the chi-square value 2.082 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between education and knowledge of working women regarding perimenopausal symptoms.

Table 1: Age.

Sl no	Age	Knowledge level		
		Good	Average	Poor
1.	35-39	0	8	1
2.	40-45	3	16	2

- Table 1 shows that among 35-39, no one had good knowledge, 8 had average knowledge and 1 had poor knowledge. Among 40-45 39, 3 had good

knowledge, 16 had average knowledge and 2 had poor knowledge.

Table 2: Marital Status.

Sl No	Marital status	Knowledge level		
		Good	Average	Poor
1.	Single	0	0	1
2.	Married	3	24	2

- Table 2 shows that among single women, only one had poor knowledge and no one had good and average knowledge. Among married women3 had good knowledge 24 had average knowledge and 2 had poor knowledge.

Table 3: Family.

Sl.no	Family	Knowledge Level		
		Good	Average	Poor
1.	Nuclear	2	20	3
2.	Joint	1	4	0

- Table 3 shows that among nuclear family, 2 had good knowledge, 20 had average and 3 had poor knowledge. Among joint family 1 had good knowledge, 4 had average knowledge and no one had poor knowledge.

Table 4: Education.

Sl.no	Education	Knowledge Level		
		Good	Average	Poor
1.	Primary	0	0	0
2.	High school	1	4	0
3.	Higher secondary	1	5	0
4.	Graduate	2	15	3

- Table 4 shows that in high school 2 had good knowledge, 4 had average and no one had poor knowledge. Among higher secondary 1 had good knowledge, 5had average knowledge and no one had poor knowledge. Among graduate 2 had good knowledge, 15 had average knowledge and 3 had poor knowledge.

Demographic data of homemaker women

- In the case of age, the chi-square value 0.123 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between age and knowledge of homemaker women regarding perimenopausal symptoms.
- In the case of marital status, the chi-square value 0 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between marital status and knowledge of homemaker women regarding perimenopausal symptoms.
- In the case of family, the chi-square value 0.826 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between family and knowledge of homemaker women regarding perimenopausal symptoms.
- In the case of education, the chi-square 0.803 is less than the table value 3.84 at 0.5 level of significance. There is no significant association between education and knowledge of homemaker women regarding perimenopausal symptoms.

Table 5: Age.

Sl no	Age	Knowledge level		
		Good	Average	Poor
1.	35-39	0	10	3
2.	40-45	0	14	3

- Table 5 shows that among 35-39,no one had good knowledge, 10 had average knowledge and 3 had poor knowledge. Among 40-45 39, no one had good knowledge, 14 had average knowledge and 3 had poor knowledge.

Table 6: Marital Status.

Sl No	Marital Status	Knowledge Level		
		Good	Average	Poor
1.	Single	0	0	0
2.	Married	0	24	6

- Table 6 shows that among married women no one had good knowledge, 24 had average knowledge and 6 had poor knowledge. There is no single women among homemaker women.

- **Table 7: Family.**

Sl.no	Family	Knowledge level		
		Good	Average	Poor
1.	Nuclear	2	20	3
2.	Joint	1	4	0

- Table 7 shows that among nuclear family, 2 had good knowledge, 20 had average and 3 had poor knowledge. Among joint family 1 had good knowledge, 4 had average knowledge and no one had poor knowledge.

- **Table 8: Education.**

Sl.no	Education	Knowledge level		
		Good	Average	Poor
1.	Primary	0	0	0
2.	High school	0	13	2
3.	Higher secondary	0	4	2
4.	Graduate	0	7	2

- Table 8 shows that in high school no one had good knowledge, 13 had average and 2 had poor knowledge. Among higher secondary no one had good knowledge, 4 had average knowledge and 2 had poor knowledge. Among graduate no one had good knowledge, 7 had average knowledge and 2 had poor knowledge.

Table 9: Association between knowledge and selected demographic variables of working women.

N=60

Sl no	Variables	Knowledge Level			Df	Chi square value	Table value	Level of significance
		Good	Average	Poor				
1.	**AGE**							
	35-39	0	8	1	2	1.734	3.84	NS
	40-45	3	16	2				
2.	**MARITAL STATUS**							
	Single	0	0	1	2	9.23	3.84	S*
	Married	3	24	2				
3.	**FAMILY**							
	Nuclear	2	20	3	2	1.2	3.84	NS
	Joint	1	4	0				
4.	**EDUCATION**							
	Primary	0	0	0	6	2.082	3.84	NS
	High school	1	4	0				
	Higher secondary	1	5	0				
	Graduate	2	15	3				

0.05 level of significance
NS- non-significant
S* - Significant

Table 9 shows that among working women there is significant association between knowledge and demographic variable marital status and there is no significant association between knowledge and selected demographic variables age, family and education.

Table 10: Association between knowledge score and selected demographic variables of homemaker women.

N=60

Sl no	Variables	Knowledge Level			df	Chi square value	Table value	Level of significance
		Good	Average	Poor				
1.	**AGE**							
	35-39	0	10	3	2	0.124	3.84	NS
	40-45	0	14	3				
2.	**MRITAL STATUS**							
	Single	0	0	0	2	0	3.84	NS
	Married	0	24	6				
3.	**FAMILY**							
	Nuclear	0	21	6	2	0.826	3.84	NS
	Joint	0	3	0				
4.	**EDUCATION**							
	Primary	0	0	0	6	0.803	3.84	NS
	High school	0	13	2				
	Higher secondary	0	4	2				
	Graduate	0	7	2				

0.05 level of significance
NS- non-significant
S* - Significant

Table 10 shows that among homemakers there is no significant association between knowledge and selected demographic variables such as age, marital status, family and education.

DISCUSSION

The present study was conducted to assess the knowledge regarding perimenopausal symptoms among working and homemaker women in selected areas at Kerala. In order to achieve the objectives of the study non experimental survey method was adopted. Subjects were selected by non probability purposive sampling. The sample consisted of 60 (30 working and 30 homemaker) women who were at the age group of 35-45 years. The findings of the study had been discussed in relation to objectives and with other similar studies.

Discussion of findings with other studies based on objectives

- **To assess the knowledge regarding perimenopausal symptoms among working women**

The present study revealed that in working women a vast majority (86.7%) of the sample had average knowledge,

10 %had good knowledge and very low (3.3%) of sample had poor knowledge.

The above finding is supported by a cross-sectional study conducted to assess knowledge, attitude, symptoms and management regarding menopause among employed women. A total of 231 perimenopausal and menopausal women aged from 40 to 59 years old were included in the study. The subjects participated in the study were professional or non-professional women working in university hospitals in Seoul and Gyeonggi region. The study revealed that between two groups there were no statistical differences in menopause knowledge according to menopause management. The poor meal magement group have higher menopausal knowledge than the group with good meal management (P < .01). There is no significant differences found in sexual life, self-regulation and professional management. The two groups have statistical differences in menopausal attitude. Group with better management in meal and sexual life have good menopause attitude than the group with poor management (P <.05). The difference was significant in the group with better sexual life management than the group with poor sexual life management (P < .01). The group with better performance in meal and sexual life management had more positive attitudes toward menopause. No significant differences were seen in self-regulating and professional management. No significant difference was found in menopause symptoms according to menopause management. Group with poor performance in meal, sexual life and professional management have higher menopausal symptoms. Menopause symptoms score was higher in the group with better self-regulating management.[4]

- **To assess the knowledge regarding perimenopausal symptoms among homemaker women**.

The present study revealed that among homemaker women, majority (80%) of sample had average knowledge and (20%) of sample had poor knowledge and no one had good knowledge

The above finding is supported by a cross sectional study to assess the knowledge and awareness about menopause among middle aged women from Western Odisha conducted by Monika Satpathy, from October 2014 to December 2014 in the Jharsuguda district, Odisha. 100 women in the age group 40 to 60 years old were randomly selected. Predesigned, pretested questionnaire was used to interview 100 participants. The data revealed that, 97% were married, while only 3% were single or widow or divorced. About 92% women were literate and 9% of women had induced menopause i.e. they had undergone hysterectomy, while 38% of women had history of natural menopause. The results showed that out of 100 total sample, 6.6%had good knowledge, 60%had average knowledge, 24%had poor knowledge and 9.4%had very poor knowledge.[5]

- **To find out the association between knowledge score with selected demographic variables**

The association was computed by using chi square test. Among working women it was inferred that the present study showed significant association between knowledge and demographic variable marital status and there was no significant association between knowledge and demographic variables like age, family, and education. Regarding age, the calculated value 1.734 is less than the table value 3.84 at 0.5 level of significance. Regarding marital status, the calculated value 9.23 is greater than the table value 3.84 at 0.5 level of significance. Regarding family, the calculated value 1.2 is less than the table value 3.84 at 0.5 level of significance. Regarding education, the calculated value 2.082 is less than the table value 3.84 at 0.5 level of significance.

Among homemaker women it was inferred that the present study showed no significant association between knowledge and demographic variables like age, marital status family, and education. Regarding age, the calculated value 0.123 is lesser than the table value 3.84 at 0.5 level of significance. Regarding marital status, the calculated value 0 is less than the table value 3.84 at 0.5 level of significance. Regarding family, the calculated value 0.826 is less than the table value 3.84 at 0.5 level of significance. Regarding education, the calculated value 0.803 is less than the table value 3.84 at 0.5 level of significance.

The above findings are supported by a comparative study to assess the knowledge regarding perimenopausal symptoms and its management among women aged between 40-50 years in selected urban and rural areas of Namakkal district. 30 urban and 30 rural women's are selected for the study.Semi structured question interview method was used for data collection. The study revealed that the educational status and occupational status was significant at 5%level and other variables such as age, religion, marital status, monthly income of the family and source of knowledge was not significant at 5%level.[6]

CONCLUSION

The present study was aimed to assess the knowledge regarding perimenopausal symptoms among working and homemaker women in selected communities in Kerala with a few to develop an information booklet. The study revealed that among working women there is significant association between knowledge and demographic variable marital status and there is no significant association between knowledge and selected demographic variables age, family and education. And among homemakers there is no significant association between knowledge and selected demographic variables such as age, marital status, family and education.

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