

**COUNSELLING: A BOOST TO CHANGE PERCEPTION IN PERIMENOPAUSAL
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ABSTRACT

Background: Menopause is defined as the permanent cessation of menstruation resulting in the loss of ovarian follicular activity. The term 'perimenopause' should include the period immediately prior to menopause (when the endocrinological, biological and clinical features of approaching menopause commence). Hormone replacement therapy (HRT) is the most common preferred treatment option for the management of post-menopausal symptoms but with HRT, there is significant increased risk in cardiovascular disease, deep venous thrombosis, breast cancer, etc. As a result, growing interest in alternative therapies Simple counselling can help to minimize symptoms of menopause. Thus, on this basis a need was felt to take up perimenopausal women. **Objective:** To determine the effect of counselling to change the perception in perimenopausal women. **Method:** One hundred perimenopausal women between the age of thirty-five to fifty-five years who could read & understand Hindi & English from Gynae& Family Planing OPD at MajeediaHospital JamiaHamdard N D SIM based on role of diet, exercise and some basic knowledge regarding perimenopausal phase given. Focus group discussion done frequently **Results:** There was a significant difference in the perception scores of the subject Before & after intervention as revealed by the Wilcoxon signed Ranks test ($p < 0.001$) **Conclusion:** Comparison of perception scores of sample subjects before & after intervention was done. There was a significant difference in the perception score of the subjects before & after intervention as revealed by the Wilcoxon Signed Ranks Test ($P < 0.001$).

KEYWORDS: Perimenopause, Counselling, Diet, Exercise.**INTRODUCTION**

In our society menopause tends to be seen as a negative event. It is the end of the childbearing age with children growing up and becoming independent. Women with no children may regret their inability to conceive because menopause has set in. Women may regret all the opportunities they have missed or they think they have not achieved anything and feel frustrated.

Many changes both physiological and psychological take place in women's body at this time. It is important that such women receive help, advice and freely available information which can contribute towards making the years following menopause as rewarding, fulfilling and purposeful. Naturally, woman will experience an emotional reaction towards these physical and psychological changes. A number of women at this suffer from feeling of loss of control over their bodies and their own lives which may further be aggravated by other events occurring independently.

Menopause is a time of life, not a disease. It is a transition from reproductive and rearing responsibilities

to mature years with new opportunities to learn, explore and share. Each woman experiences her own variation of typical symptoms of menopause. Some researches show that these differences may depend upon diet and lifestyle and proper counselling. Symptoms of menopause arise when estrogen level starts changing in a woman's body. Several other kinds of changes also occur in the woman's body at the same time.

Hormone therapy remains the recommended treatment for menopausal symptoms but counselling, exercise and dietaries soy for menopausal symptoms has grown dramatically. Regular counselling and exercise prevents the onset of high BP. Exercise makes bones stronger, helps to achieve or maintain a healthy weight by burning extra calories and improves sleep.

Self-instructional module was developed validated by experts based on role of proper counselling to minimize symptoms of menopause including exercise that may reduce osteoporosis.

MATERIAL AND METHOD

One hundred perimenopausal women between the age of 34-50 years from Gynae and family planning OPD at Majeedia Hospital, Jamia Hamdard, and New Delhi were taken for the study.

Inclusion Criteria

1. Perimenopausal women (35-50yrs)
2. Willingness to participate
3. Women who could read and understand English/Hindi

Exclusion Criteria

1. Post-menopausal women
2. Women not willing to participate in the study
3. Women having HRT.
4. Women undergoing hysterectomy.

Research Design

1. Population – Perimenopausal women (35-50 years) from Gynae and family planning OPD.
2. Setting of study – Majeedia Hospital, JamiaHamdard, New Delhi.
3. Sampling technique – Purpose of sampling technique.
4. Data collection technique – Interview schedule, self-instructional module, focus group discussion.

5. Data collection tool – Interviewed on the first day contact (pre-test of knowledge) after informed consent, distribution of self-instructional module on the same day, focus group discussion done every third day and recording was done. Post-test of knowledge done after one month.

Informed Consent- Eligible subjects fulfilling the inclusion criteria were briefed in this study. Upon their volition, written consent was taken from each of the subjects.

Ethical Consideration

Precaution was taken to safe guard, right and welfare of the study subjects.

To conduct this study, the researcher established the rapport with them.

Role of women in the study was discussed to obtain free and frank responses. They were assured of confidentiality of their identity and responses.

Analysis and Interpretation Of Data

Using descriptive and inferential statistics.

Distribution of Sample Subjects by Their Perception Scores before and After Intervention

| Perception score | Before intervention | | After intervention | |
|-----------------------------|---------------------|------------|--------------------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| No perception (0) | 24 | 24.0 | 0 | 0.0 |
| Very poor perception (1-5) | 25 | 25.0 | 6 | 6.0 |
| Poor perception (6-10) | 13 | 13.0 | 23 | 23.0 |
| Average perception(11-15) | 16 | 16.0 | 18 | 18.0 |
| Good perception(16-20) | 22 | 22.0 | 52 | 52.0 |
| Excellent perception (> 20) | 0 | 0.0 | 1 | 1.0 |
| Total | 100 | 100.0 | 100 | 100.0 |

n=100

While 24% of the sample subjects had a perception score of zero before intervention, none of them had a zero perception score after intervention. Forty-nine percent of the subjects had a perception score between 0 and 5 before intervention; after intervention only six percent

had a perception score between 0 and 5. For higher perception grades, poor perception and above, the percentage of subjects was more after intervention as compared to before intervention as can be seen from.

Distribution of Sample Subjects by Their Perception Scores before & After Intervention.

| | | | Perception after intervention | | | | | Total |
|--------------------------------|----------------------------|------------|-------------------------------|------------------------|----------------------------|-------------------------|-----------------------------|--------|
| | | | Very poor perception (1-5) | Poor perception (6-10) | Average perception (11-15) | Good perception (16-20) | Excellent Perception (> 20) | |
| Perception before intervention | No perception | Frequency | 5 | 15 | 2 | 1 | 1 | 24 |
| | | Percentage | 20.8% | 62.5% | 8.3% | 4.2% | 4.2% | 100.0% |
| | Very poor perception (1-5) | Frequency | 1 | 8 | 9 | 7 | 0 | 25 |
| | | Percentage | 4.0% | 32.0% | 36.0% | 28.0% | 0.0% | 100.0% |
| | Poor perception(6-10) | Frequency | 0 | 0 | 4 | 9 | 0 | 13 |
| | | Percentage | 0.0% | 0.0% | 30.8% | 69.2% | 0.0% | 100.0% |
| | Average perception (11-15) | Frequency | 0 | 0 | 3 | 13 | 0 | 16 |
| | | Percentage | 0.0% | 0.0% | 18.8% | 81.3% | 0.0% | 100.0% |
| | Good perception (16-20) | Frequency | 0 | 0 | 0 | 22 | 0 | 22 |
| | | Percentage | 0.0% | 0.0% | 0.0% | 100.0% | 0.0% | 100.0% |
| | TOTAL | Frequency | 6 | 23 | 18 | 52 | 1 | 100 |
| | | Percentage | 6.0% | 23.0% | 18.0% | 52.0% | 1.0% | 100.0% |

The perception scores of all the 24 subjects with 'no perception' before intervention increased after intervention. In most of them (62.5%) the perception score increased to 'poor perception' after intervention. In one (4%) of the 25 subjects with 'very poor perception' before intervention, the perception remained the same after intervention. In most of them however, the perception scores increased after intervention; eight (32%), nine (36%) and seven (28%) of them had a 'poor', 'average' and 'good' perception after intervention,

respectively. Nine (69.2%) of the thirteen subjects with a 'poor perception score' before intervention increased their perception scores to 'good perception' after intervention. Most (81.3%) of those with an 'average perception' before intervention, a total of 16 subjects, had a 'good perception' after intervention. After intervention, the perception scores did not improve in any of the 22 subjects with a 'good perception' before intervention

Perception Regarding Perimenopause Phase Before and After Intervention.

| Perception | Before intervention Percentage | After intervention Percentage |
|---|--------------------------------|-------------------------------|
| Hot flushes | 40% | 60% |
| Risk of cardiac problem | 23% | 58% |
| Dryness of skin | 38% | 62% |
| Joint pain and body ache | 48% | 62% |
| Heavier/Scanty period | 52% | 70% |
| Vaginal dryness | 26% | 81% |
| Diet has no role in menopause | 70% | 74% |
| Calcium and high protein diet minimized | 32% | 99% |
| Exercise has a role in menopause | 34% | 99% |

99% of study subjects understood the role of counselling in menopause which was 34% before intervention.

Quality of Perception Regarding Perimenopause Phase Before and After Intervention.

| S. no. | Perception score | Before intervention | | After intervention | |
|--------|----------------------------|---------------------|------------|--------------------|------------|
| | | Frequency | percentage | frequency | Percentage |
| 1. | No perception (0) | 24 | 24.0 | 0 | 0.0 |
| 2. | V. poor(1-5) | 25 | 25.0 | 6 | 6.0 |
| 3. | Poor perception (6-10) | 13 | 13.0 | 23 | 23.0 |
| 4. | Average perception (11-15) | 16 | 16.0 | 18 | 18.0 |
| 5. | Good perception (16-20) | 22 | 22.0 | 52 | 52.0 |
| | Total | 100 | 100 | 100 | 100.0 |

While 24% of the sample subjects had a perception score zero before intervention, more of them had a zero

perception score after intervention. 49% of the subjects had a perception score between 0 and 5 before

intervention; after intervention only six had a perception score between 0 and 5. For higher perception grades, poor perception and above, the percentage of subjects

was more after intervention as compared to before intervention as can be seen from table.

Comparison of perception score of sample subjects before and after intervention.

| | 25 th Percentile | Median | 75 th Percentile | P value |
|---------------------------------------|-----------------------------|--------|-----------------------------|---------|
| Perception scores before intervention | 1.00 | 6.00 | 15.00 | <0.001 |
| Perception scores after intervention | 10.00 | 16.00 | 24.00 | <0.001 |

Wilcoxon signed ranks test – There was a significant difference in the perception scores of the subjects of the subjects before and after intervention as revealed by the Wilcoxon Signed Ranks Test (P<0.001)

DISCUSSION

The present study is to determine the perception of premenopausal women regarding role of counselling in premenopausal phase and to evaluate knowledge of perception through self-instructional module.

More than half 55 (55%) of women were housewives; 13 (13%) were teachers; 24 (24%) were paramedical and 8 (8%) were clerks. Majority of the study subjects 92 (92%) were married; 6 (6%) were widowed; 1 (1%) was married and 1 (1%) was divorced.

Comparison of perception scores of sample subjects before and after intervention was done using Wilcoxon Signed Ranks test. There was a significant difference in the perception scores of the subjects before and after intervention as revealed by the Wilcoxon Signed Ranks test. There was a significant difference in the perception scores of the subjects before and after intervention as revealed by Wilcoxon Signed Ranks test (P<0.001).

CONCLUSION

The study showed that educational level was strongly associated with perception. Results revealed that a literate woman had better perception as compared to an illiterate woman. Proper counselling was found to be very effective in changing the perception of premenopausal women regarding premenopausal phase and management of menopausal syndrome.

RECOMMENDATIONS

On the basis of observation, discussion and conclusion the following recommendations are made: -

- 1) A larger sample size study may be conducted to reach conclusions that can be extrapolated to the larger population.
- 2) Co-relation studies can be done to compare the perception and coping capabilities among urban and rural women.
- 3) Further experimental studies can be conducted on diet, iron and calcium supplements could be given and their efficacy in reducing premenopausal symptoms may be evaluated.

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