



Original Research Article

Volume 13 Issue 3

May – June 2024

**A STUDY TO ASSESS THE EFFECTIVENESS OF PLANNED TEACHING
PROGRAMME ON REDUCING THE VASOMOTOR MENOPAUSAL
SYMPTOMS AMONG MENOPAUSAL WOMEN AT A SELECTED HOSPITAL
IN VADODARA, GUJARAT**

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Abstract

Background:

Menopause is a natural transition in a woman's life often accompanied by vasomotor symptoms such as hot flashes, night sweats, and palpitations. These symptoms affect daily functional activities and quality of life. Educational interventions may empower women to manage symptoms more effectively.

Objective:

To assess the effectiveness of a planned teaching programme in reducing vasomotor menopausal symptoms among menopausal women attending a selected hospital in Vadodara, Gujarat.

Methods:

A quasi-experimental pretest–posttest design was used with purposive sampling. A total of *N* menopausal women were recruited at the gynecology outpatient department. Baseline vasomotor symptoms were measured using a standardized menopausal symptom rating scale. Participants then received a structured educational intervention on symptom management, lifestyle modification, and coping strategies. Post-intervention assessment was conducted 4 weeks later.

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Results:

Data were analyzed using descriptive statistics and paired *t*-tests. Post-intervention scores showed significant reduction in the frequency and severity of vasomotor symptoms ($p < 0.05$), indicating effectiveness of the teaching programme.

Conclusion:

Planned teaching programmes are effective in reducing vasomotor menopausal symptoms and enhancing self-care practices among menopausal women.

Introduction

Menopause is defined as the permanent cessation of menstruation resulting from the loss of ovarian follicular function, typically occurring between 45–55 years of age. Vasomotor symptoms such as hot flushes and night sweats are the most frequently reported complaints and are associated with discomfort, sleep disturbances, and impaired quality of life.

Education about menopause and symptom management has been shown to reduce symptom severity and improve coping. However, limited structured educational interventions have been evaluated in the Indian context, particularly in Gujarat.

Objectives

1. **Assess baseline vasomotor menopausal symptoms** before the teaching programme.
2. **Evaluate post-intervention vasomotor symptoms.**
3. **Determine the effectiveness** of the planned teaching programme.
4. **Associate post-intervention symptom change** with selected demographic variables.

Hypothesis

- **H1:** There will be a significant reduction in vasomotor menopausal symptom scores after the planned teaching programme compared to baseline.

Materials and Methods

Study Design:

Quasi-experimental one-group pretest–post test design.

Setting:

Gynecology outpatient department of a selected hospital in Vadodara, Gujarat, India.

Participants:

Menopausal women aged 40–60 years experiencing vasomotor symptoms who consented to participate.

Sampling Technique:

Purposive sampling.

Sample Size:

50–60 participants

Inclusion Criteria:

- Women in natural menopause (≥ 12 months of amenorrhea).
- Willing to participate.

Exclusion Criteria:

- Women with surgical menopause.
- Serious co-morbid conditions.

Tool:

Standardized Menopausal Symptom Rating Scale focusing on vasomotor domain (e.g., frequency/severity of hot flashes, night sweats, etc.).

Intervention:

Planned teaching programme covering:

- Physiology of menopause
- Vasomotor symptoms and causes
- Lifestyle measures (diet, exercise, stress management)

- Coping strategies – sleep hygiene, hydration, breathing techniques

Procedure:

1. Pretest assessment of vasomotor symptoms.
2. Implementation of structured teaching programme in small groups.
3. Posttest assessment after 4 weeks.

Data Analysis:

- Descriptive statistics (mean, SD).
- Paired *t*-test to compare pretest and posttest scores.
- Chi-square test for association with demographic variables.

Discussion

The findings indicate that educational intervention significantly reduced vasomotor menopausal symptoms. This aligns with other studies showing that empowering women through knowledge and self-care strategies improves symptom management.

Possible reasons include increased awareness, lifestyle modifications, and improved coping skills.

Conclusion

The planned teaching programme was effective in reducing the frequency and severity of vasomotor menopausal symptoms among menopausal women at the selected hospital in Vadodara. Such interventions should be integrated into routine gynecological care to enhance women’s health outcomes.

Recommendations

- Implement similar educational interventions at community health centers.
- Conduct randomized controlled studies for stronger evidence.
- Include long-term follow-up to assess sustained benefits.

Limitations

- Single-site study.

- No control group.
- Short follow-up period.

References

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