

“A Descriptive Study to assess the knowledge regarding importance of Pranayama among Pre-Menopausal women in selected urban area, Kanpur, Uttar Pradesh”.

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ABSTRACT

Pranayama is a Sanskrit word meaning “restraint of the prana or breath”, which is often translated as breath control. Pranayama techniques are beneficial in treating a wide range of stress disorders, symptoms of heat, mood swings, and irritation. The word “Menopause” can check any of the symptoms or changes a female goes through either just before or after she stops menstruating. Pranayama helps to alleviate from menopausal symptoms. The study was conducted to assess the Knowledge regarding importance of Pranayama among Pre-Menopausal women. The study was descriptive in nature. The sample size for the study was 100 Pre-Menopausal women in selected urban area of Kanpur, Uttar Pradesh. By using non probability convenient sampling technique and with the help of structured Knowledge questionnaire the data was collected. The study result showed that out of one hundred samples majority of fifty two samples had inadequate Knowledge, thirty second had moderately adequate Knowledge and only 16% had adequate Knowledge. There is significant association of Knowledge and selected demographic variables such as Occupation ($X^2=22.392$), Source of information ($X^2=20.875$), Education ($X^2=16.565$), No. of deliveries ($X^2=13.173$), and Religion ($X^2=9.105$) on the Knowledge score of Pre-Menopausal women as the calculated value is more than tabulated value at 0.05 level of significance. The impact of Age at menarche ($X^2=6.665$), Type of family ($X^2=3.753$), Age in years ($X^2=0.555$), Mode of delivery ($X^2=0.221$) and monthly income per capita ($X^2=1.134$) on the Knowledge score of Pre-Menopausal women found to be non significant as the calculated value is less than tabulated value at 0.05 level of significance. It is concluded that importance of Pranayama is an important milestone for Pre-Menopausal women. So there is a need to explain correctly about Pranayama...

Keywords: Knowledge, Pranayama, Pre-Menopausal Women, Urban.

1 Introduction

“There is no other gift greater than the gift of health. Medical attendant ought to seek to foster the inside and out physical, mental, social and profound wellbeing”.

Menopause is a change stage from the conceptive to the non reproductive stage in a female's life. It is nature's defensive peculiarity against conceptive dreariness and mortality in the maturing populace. It makes way for maturing and speeds up the course of non communicable problems. Menopause progress or per menopause starts on a normal 4 years before the FMP and is described by sporadic monthly cycles, endocrine changes, and side effects like hot blazes. It could be considered as an organic marker for persistent sickness. The science and symptomatology of menopause are obscured because of its relationship to the fundamental maturing process.

Long haul impacts on bone and heart have been connected with estrogen lack. In order to consider the World Menopause Day on October 18th /2014, IMS launched a new campaign with the theme that the prevention of diseases after menopause. [1, 2] Modern medicine has significantly prolonged women lifespan.[3] All females who live lengthy enough will make change to menopause.[4] In the current situation with the higher accessibility of health services the lifetime has raised, and as result the females are a lot of possible to pay a big a part of their life throughout this part of climacteric. [5]

The clinical outcome of menopause is because of estrogen lack. This is related with hot flushes, perspiring and vaginal dryness. Numerous different sign and symptoms like fretful legs, muscle and joint agony, palpitation, carelessness, discouraged mind-set, osteoporosis and dyslipidaemia are related with menopause albeit these may not all be straightforwardly connected with estrogen need. These can be gathered into vasomotor, physical, mental or sexual protests. Some of menopausal side effects experienced by these females can be adequately extreme to influence their ordinary way

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of life. Tragically, greater parts of these females don't know about the progressions achieved by menopause. [6] It is irrefutable that menopausal sign and symptoms experienced by females influence their personal satisfaction. [7]

Untimely menopause is on the ascent in India because of a mix of ecological and hereditary elements. Observational investigations suggest that as numerous as 75% of females experience hot blazes after menopause. Left untreated, most females will have unconstrained end of hot glimmers in the span of 5 years, albeit a few females keep on encountering upsetting sign and symptoms for a long time or more. Indian women living in rural and urban areas report urogenital symptoms, including urinary frequency, urgency, incontinence and dryness, and general body aches and pains. Females in Urban regions whine more about having hot blazes, state of mind swings, mental issues, and sexual issues. The beginning of menopause proclaims a period of decreased estrogen openness, which might meaningfully affect wellbeing and personal satisfaction. [8, 9] Therapies for menopause centre around alleviating sign and symptoms and forestalling any ongoing condition might happen during the postmenopausal years, like coronary illness and osteoporosis. [10] Pranayama is an old comprehensive craft of living that incorporates physical, mental, moral, and profound aspects. Yoga has been concentrated as a technique to assist with peopling adapt to various medical issue, including menopause. [11, 12]

2 Statement of the problem

“A descriptive study to assess the Knowledge regarding importance of Pranayama among Pre-Menopausal women in selected urban area, Kanpur, Uttar Pradesh”

3 Objectives

- To assess the level of Knowledge regarding importance of Pranayama among Pre-Menopausal women
- To associate the Knowledge score with their selected demographic variables

4 Hypothesis

- **Null Hypothesis (H_{01}):** There is no significant association between Knowledge score of Pre-Menopausal women and selected demographic variables.
- **Positive Hypothesis (H_1):** There is significant association between Knowledge score of Pre-Menopausal women and selected demographic variables.

5 Material and Methods

Research approach: A Quantitative research approach was considered for the study.

Research design- A descriptive research design was selected for this study.

6 Variables

Research variables

Demographic variables: In this study, the selected demographic variables were the age, religion, education, age at menarche, occupation, type of family, monthly income per capita, mode of delivery, no. of deliveries and source of information.

Setting: The research was done at selected urban area (Awasth Vikas), Kalyanpur Kanpur, Uttar Pradesh.

7 Population

Target Population: All the Pre-Menopausal women

Accessible Population: Pre-Menopausal women at Awasth Vikas, Kalyanpur, Kanpur

Sample & Sample Size: 100 Pre-Menopausal women were selected at urban area Kanpur, Uttar Pradesh.

Sampling Technique: Non probability convenient sampling technique was used to select the samples

8 Sampling Criteria

Inclusion criteria

Pre- Menopausal women

- Who were above 35 years age group at the time of data collection
- Who were not willing to participate
- Who were in normal physiological process
- Who were available at the time of data collection
- Who gave consent to participate in this study

Exclusion criteria

Pre- Menopausal women who were not cooperative

9 Development of Tools

The tools consist of two sections.

Section A: Questionnaire to collect demographic data of Pre-Menopausal women-

Demographic data such as age, religion, education, age of menarche, occupation, type of family, monthly income per capita, mode of delivery, no. of deliveries & source of information.

Section B: Structured Knowledge questionnaire to assess the Knowledge of premenopausal women regarding importance of Pranayama It consists of 20 multiple choice questions related to Pranayama The maximum score was 20.

Score 0-7 indicates inadequate Knowledge.

Score 8-14 indicates moderately adequate Knowledge.

Score 15-20 indicates adequate Knowledge.

10 Data Collection Procedure

Data collection was done at Awas Vikas, Kalyanpur, Kanpur. Convenient sampling technique was used to select a sample of 100 premenopausal women.

A written consent was obtained from the respondents by assuring confidentiality of information after explaining the purpose of the study.

The structured Knowledge questionnaire was distributed to the sample to assess the Knowledge regarding importance of Pranayama.

Moderately adequate Knowledge	32	32%
Adequate Knowledge	16	16%

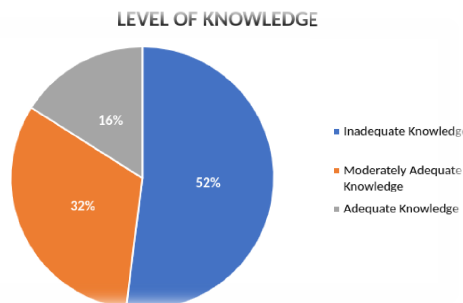


Figure 1: Pie diagram shows that out of one hundred samples majority of fifty second samples had inadequate Knowledge, thirty two had moderately adequate Knowledge and only 16% had adequate Knowledge regarding importance of Pranayama.

11 Results

SECTION I

Table 1: Frequency and Percentage Distribution of Premenopausal Women According to Level of Knowledge Regarding Importance of Pranayama N= 100

Level of Knowledge scores	Frequency	Percentage
Inadequate Knowledge	52	52%

SECTION II

Table 2: Association between Knowledge of Pre-Menopausal women regarding importance of Pranayama & selected demographic variables N= 100

Sr. No	Demographic Variables	<M	>M	X ²	df	Sig
1.	Age in years			X ² = 0.555 P= 0.05 T= 3.83	1	NS
a)	35-40 years	26	22			
b)	41-45 years	32	20			
2.	Religion			X ² = 9.105 P= 0.05 T= 7.81	3	S
a)	Hindu	38	20			
b)	Muslim	18	06			
c)	Christian	02	04			
d)	Others	00	04			
3.	Educational status			X ² = 16.565 P= 0.05 T=7.81	3	S
a)	Primary education	02	02			
b)	Middle school education	12	08			
c)	Higher secondary education	30	20			
d)	Graduate	14	12			
4.	Age at menarche			X ² = 6.665 P= 0.05 T=7.81	3	NS
a)	Below 12 years	02	02			
b)	13 years	18	08			
c)	14 years	28	20			
d)	Above 14 years	10	12			
5.	Type of family			X ² = 3.753 P= 0.05	2	NS
a)	Nuclear family	38	34			
b)	Joint family	18	06			

c)	Extended family	02	02	T= 5.99		
6.	Occupation					
a)	Home maker	40	12	X ² = 22.392 P= 0.05 T= 7.81	3	S
b)	Self employed	08	08			
c)	Private job	04	18			
d)	Government job	06	04			
7.	Monthly income per capita					
a)	Below Rs.5000 per month	00	00	X ² = 1.134 P= 0.05 T= 7.81	3	NS
b)	Rs. 10000- 20000 per month	16	10			
c)	Rs. 20000- 30000 per month	30	26			
d)	Above Rs.3000 per month	12	06			
8.	Mode of delivery					
a)	Vaginal delivery	22	14	X ² = 0.221 P= 0.05 T=3.84	1	NS
b)	Cesarean section	36	28			
9.	Number of deliveries					
a)	1	02	00	X ² = 13.173 P= 0.05 T= 7.81	3	S
b)	2	30	22			
c)	3	20	20			
d)	More than three	06	00			
10.	Source of information					
a)	Neighbours	02	00	X ² = 20.875 P= 0.05 T= 7.81	3	S
b)	Relatives	04	00			
c)	Television	48	24			
d)	Health workers	04	18			

Table 2: shows that association of Knowledge score of Pre-Menopausal women in selected urban area, chi square test depict the significant impact of occupation, source of information, education, no. of deliveries, and religion on the Knowledge score of Pre-Menopausal women as the calculated value is more than tabulated value at 0.05 level of significance. The impact of age at menarche, type of family, age in years, mode of delivery and monthly income per capita on the Knowledge score of Pre-Menopausal women found to be non significant as the calculated value is less than tabulated value at 0.05 level of significance. Hence the formulated hypothesis H₀₁ is rejected and H₁ is accepted.

12 Discussion

The first objective was to assess the level of Knowledge regarding importance of Pranayama among Pre-Menopausal women

Out of one hundred samples majority fifty second of samples had inadequate Knowledge, thirty two had moderately adequate Knowledge and only 16% had adequate Knowledge regarding importance of Pranayama. The study findings were supported by Devi Akoijam Mamata & Yadav Ritu conducted a Descriptive Study to Assess the Level of Knowledge and Attitude Regarding Menopause among Menopausal Women in Selected Rural Areas in Faridabad. The findings reveal that 5% of the total subjects had good Knowledge, 94% had average Knowledge, and 1% had poor Knowledge. 98% of the total subjects had positive attitude, 2% had neutral attitude. 0% had negative attitude. [13]

The second objective was to associate the Knowledge score with their selected demographic variables

The significant impact of occupation, source of information, education, no. of deliveries, and religion on the Knowledge score of Pre-Menopausal women as the calculated value is more than tabulated value at 0.05 level of significance. The impact of age at menarche, type of family, age in years, mode of delivery and monthly income per capita on the Knowledge score of Pre-Menopausal women found to be non significant as the calculated value is less than tabulated value at 0.05 level of significance. Hence the formulated hypothesis H₀₁ is rejected and H₁ is accepted.

The study findings were supported by Dr. Ramesh Kumari conducted a descriptive study to assess the Knowledge regarding menopause among premenopausal women in selected village of Tarn-Taran, Punjab. The result reveals that there is

significant association of Knowledge and selected demographic variables such as qualification ($\chi^2=22.622$), occupation ($\chi^2=22.178$) and family income ($\chi^2=16.385$) on the Knowledge score of premenopausal women regarding menopause in selected village because the calculated value is over tabulated value at 0.05 level of significance. The impact of age ($\chi^2=12.148$), religion ($\chi^2=0.354$), type of family ($\chi^2=4.532$), source of information ($\chi^2=3.133$) and dietary pattern ($\chi^2=0.300$) on Knowledge score of premenopausal women regarding menopause in selected village found to be non significant as the determined worth is not exactly organized esteem at 0.05 degree of importance.[14]

13 Nursing Implication

Nursing Education- By mass health education and through innovative measures, Nurse Educator can encourage nurses and midwives to educate regarding Pranayama among Pre-Menopausal and menopausal females.

Nursing Practice- The proper information regarding Pranayama must be implicated in clinical area to improve the Knowledge level.

Nursing Administration- Nurse administer can support the researcher to conduct the research on Pranayama.

Nursing Research- The study may be issued for further references

Further study can be conducted on a large scale in different settings

14 Conclusion

The majority of premenopausal women were interested in learning more about what is happening to them during the period of pre-menopause & menopause. They want to know about the physiologic changes taking place in their bodies, as well as the emotional changes. They want to know what they can expect after menopause. They want to be prepared to take care for themselves during their menopausal & post menopausal life. While the majority of women were interested in learning about Pranayama. It is concluded that importance of Pranayama is an important milestone for Pre-Menopausal women. So there is a need to explain about Pranayama.

15 Recommendation

The replication of the present study can be conducted with large sample.

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