A STUDY TO ASSESS THE EFFECTIVENESS OF EMPOWERMENT STRATEGIES ON STRESS, DEPRESSION AND QUALITY OF LIFE AMONG PERI MENOPAUSAL WOMEN IN SELECTED COMMUNITY AREA AT PUDUCHERRY.

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ABSTRACT:

Introduction: Menopause is the time when your menstrual periods stop permanently, marking the end of reproduction1. Perimenopause is the transitional time around menopause. Changes in the menstrual cycle and other physical and emotional symptoms mark it. **Objectives of the study**: The main objective of the study to assess the level of stress, depression, and quality of life among perimenopausal women and to evaluate the effectiveness of empowerment strategies on stress, depression, and quality of life among perimenopausal women. **Methodology:** A quantitative research approach and quasi-experimental one-group pre and post-test research design was selected for the present study. The present study was conducted at Sri Manakula Vinayagar Medical College and Hospital., Puducherry. Using a non-probability purposive sampling technique 52 perimenopausal women in a selected community area at Thirubhuvanai, Puducherry. **Results:** The finding shows that, in pre-level mean score for the level of depression was 46.60 with the SD 6.288 and the post-level mean score for the level of stress was 26.02 with the SD 4.816. The calculated 't' value was 16.741, and the p-value is <0.05. Hence it is highly significant. **Conclusion:** The present study assessed the effectiveness of empowerment strategies on stress, depression and quality of life among peri menopausal women in selected community area at Puducherry. The study findings concluded that there is a significant difference in the pre and post-level of stress, depression, and quality of life among perimenopausal women.

INTRODUCTION:

Menopause is the end of reproduction, marked by the cessation of menstrual periods. The transition period is characterized by changes in the menstrual cycle and physical and emotional symptoms. Perimenopause begins around eight to 10 years before menopause, typically starting in mid-40 years of age. It is divided into early perimenopause, when women miss periods for 2 months or less, and late perimenopause, when women miss periods for 2 to 12 months. Post-menopause refers to the time when women have not had a period for 12 months or more, lasting the rest of their lives.

The global population of postmenopausal women is growing, with women aged 50 and over accounting for 26% of all women and girls globally in 2021. Women are living longer, with an average life expectancy of 21 years. Menopause can offer an opportunity to reassess one's health, lifestyle, and goals.

During perimenopause, women experience hormonal changes, such as irregular periods, hot flashes, vaginal dryness, sleep problems, and mood swings due to changes in hormone levels. Low oestrogen levels can lead to frequent infections, incontinence, and psychiatric problems. Bone density also decreases, increasing the risk of osteoporosis.

Approximately 15% to 50% of perimenopausal and postmenopausal women may experience psychological and emotional symptoms, such as anxiety, depression, insomnia, and forgetfulness. A meta-analysis found that depression prevalence in perimenopausal women in India is 42.47%, while in postmenopausal women it is 97.7%.

Perimenopausal care plays a crucial role in promoting healthy aging and quality of life. Hormone imbalance impacts women's bone and joint health, and managing post-menopause can involve hormone therapy, nutrition management, counseling, and communication skills. Understanding menopause empowerment strategies can help reduce stress and anxiety and improve the quality of life for perimenopausal women.

NEED FOR THE STUDY

Menopause is a significant issue affecting millions of women worldwide, with the World Health Organization estimating that by 2025, the number of postmenopausal women will increase to 1.1 billion. In the United States, approximately 1.3 million women become menopausal each year, with 5% experiencing early menopause between the ages of 40 and 45. Premature menopause is also common, with 1% experiencing premature menopause before age 40 due to permanent ovarian failure.

In developed countries, natural menopause typically occurs around the age of 50 years, with most women experiencing it between the ages of 45 and 55 years. However, in developing countries like India, there has been a trend in the advancement of age at menopause, leading to more women living longer after menopause.

Symptoms associated with menopause include fatigue, hot flashes, cold sweats, backaches, arthritis, hypertension, and diabetes. The most common symptoms are joint and muscular discomfort, depressive mood, heart discomfort, physical and mental exhaustion, sleep problems, and hot flushes.

Perceived stress among postmenopausal women is high, with 26.0% of participants reporting stress. Back pain, a global health problem, affects over 200 million people worldwide, with 80% being menopausal women in India. Perimenopausal women face challenges in coping with stress, depression, and daily activities, impacting their quality of life. To address this issue, empowerment strategies are being assessed to improve stress, depression, and quality of life among perimenopausal women in selected community areas.

STATEMENT OF THE PROBLEM

A study to assess the effectiveness of empowerment strategies on stress, depression and quality of life among peri menopausal women in selected community area at Puducherry.

OBJECTIVES OF THE STUDY

1. To assess the level of stress, depression, and quality of life among perimenopausal women
2. To evaluate the effectiveness of empowerment strategies on stress, depression, and quality of life among perimenopausal women.

RESEARCH METHODOLOGY:

A quantitative research approach and quasi-experimental one-group pre and post-test research design was selected for the present study. The present study was conducted at Sri Manakula Vinayagar Medical College and Hospital., Puducherry. Using a non-probability purposive sampling technique 52 perimenopausal women in a selected community area at Thirubhuvanai, Puducherry. The tool consists of demographic data, Perceived Stress Scale (PSS), WHO- quality of life scale and Beck Depression Inventory. The outcome of the study was evaluated by using descriptive and inferential statistics.

Inclusion criteria:

Perimenopausal women

• who are between the age group of 45-60 years.

• who are willing to participate in the study.

• who are at perimenopause age.

• who are able to understand and speak Tamil and English.

Exclusion criteria:

Menopausal women

• who are not willing to participate in the study.

• who had severe sensory or cognitive impairment

• who are not available at the time of data collection.

RESULTS

Table 1: Frequency and Percentage-Wise Distribution of Demographic Variable of perimenopausal women.   **N = 52**

S.No	Demographic variables	Frequency	Percentage
1	**Age in years**		
	a) 40-44	13	25%
	b) 45-49	32	61.5%
	c) 50-54	7	13.5%
	d) 55 and above	0	0%
2.	**Religion**		
	a) Hindu	32	61.5%
	b) Christian	17	32.7%
	c) Muslim	3	5.8%
	d) others	0	0%
3.	**Education**		
	a) No formal education	5	9.5%
	b) Primary	26	50%
	c) Secondary	17	32.7%
	d) Higher secondary	4	7.7%
	e) Graduates	0	0%
4.	**Occupation**		

|			
	a) Home maker	28	53.8%
	b) Coolie	19	36.5%
	c) Professional	4	7.7%
	d) Business	1	1.9%
5.	**Family income in Rs.**		
	a) Below 10,000	12	23.1%
	b) 10,000-20,000	21	40.4%
	c) 20,001-30,000	16	30.8%
	d) 30,001 and above 122	3	5.8%
6.	**Type of family**		
	a) Joint family	23	44.2%
	b) Nuclear family	29	55.8%
	c) Extended family	0	0%

The above table shows frequency and percentage-wise distribution of demographic variable of perimenopausal women. Regarding the age groups, the majority 32 (61.5%) were in the age group of 45-49 years, 13(25%) were above the age group of 40-44 years and 7(13.5%) were above the age group of 50-44 years . In the aspect of religion, the data shows majority 32 (61.5%) were hindu. Regarding educational, 26 (50%) completed only primary education, 17 (32.7%) were comply secondary education. In the aspect of occupation status majority, 28 (53.8%) were homemaker. With regards to family income majority, 21 (40.4%) belong to an income of Rs. 10,000 -20,000. With regards to type of family, the data shows that the majority 29 (44.2%) were joint family and 29 (55.8%) were nuclear family.
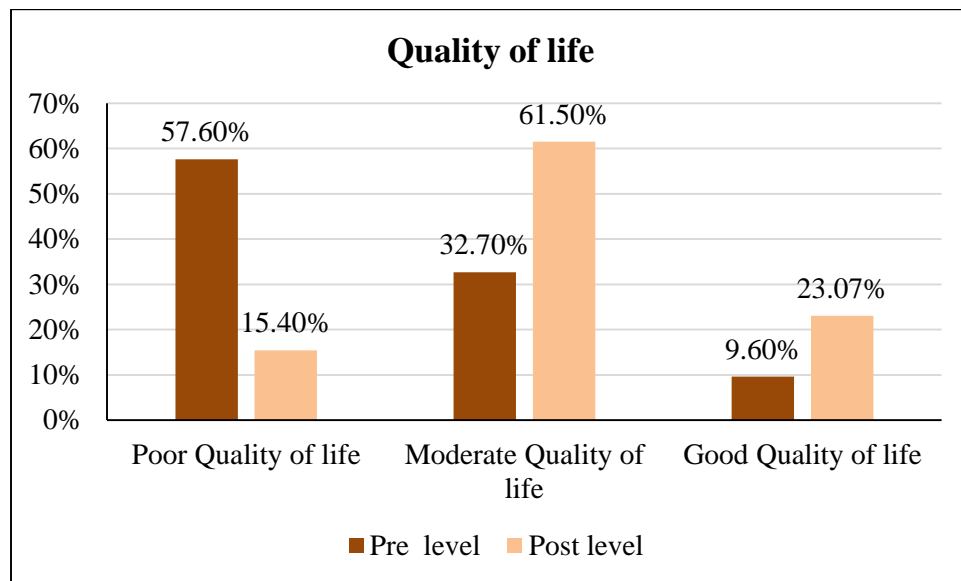
Table 2: Frequency and percentage-wise distribution of clinical variable of perimenopausal women.

N = 52

S.No	Clinical variables	Frequency	Percentage
1.	**Age at menarche**		
	a) 9-11	1	1.9%
	b) 12-14	32	61.5%
	c) 15-17	19	36.5%
2.	**Regularity of menstruation**		
	a) Regular	20	38.5%
	b) Irregular	22	61.5%
3.	**Underwent any medical treatment**		
	a) yes	10	19.2%
	b) No	42	80.8%

The above table shows the frequency and percentage-wise distribution clinical variables of perimenopausal women. The result shows that out of 52 clients, the majority 32 (61.4%) were attained menarche at the age of 12-14 years, 19 (36.5%) attained menarche at the age of 15-17 years. With regards to regularity of menstruation, 32 (61.5%) had regular menstruation and 20 (38.5%) had irregular menstruation. Regarding any medical treatment, 10 (19.2%) had medical treatment and 42 (80.8%) had no medical treatment.

Figure 1: Percentage wise distribution of the level of stress of life among perimenopausal women
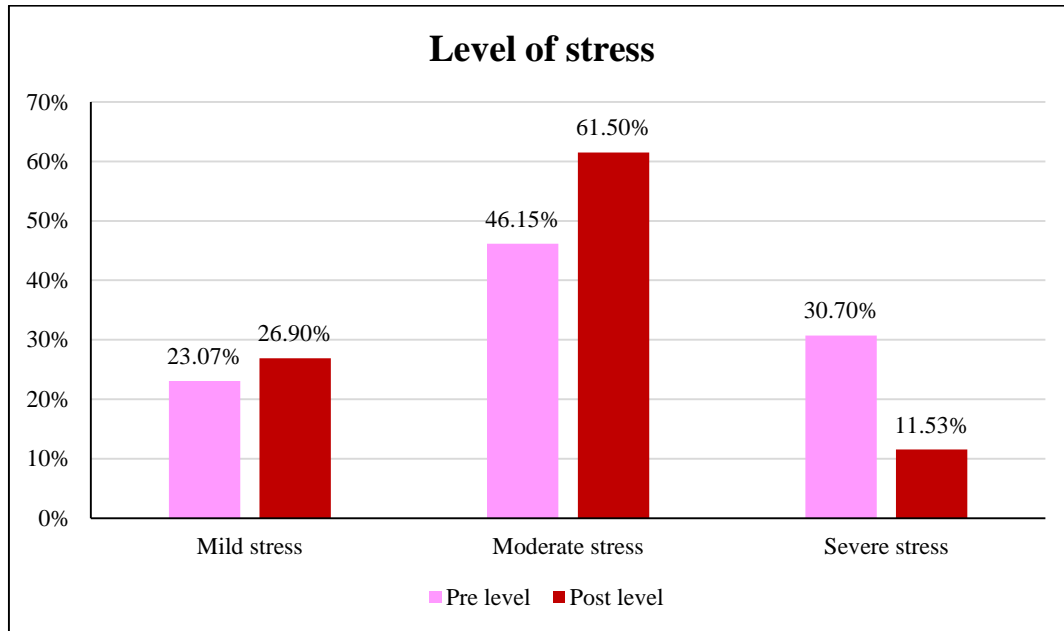
Figure 2: Percentage wise distribution of the level of depression of life among perimenopausal women
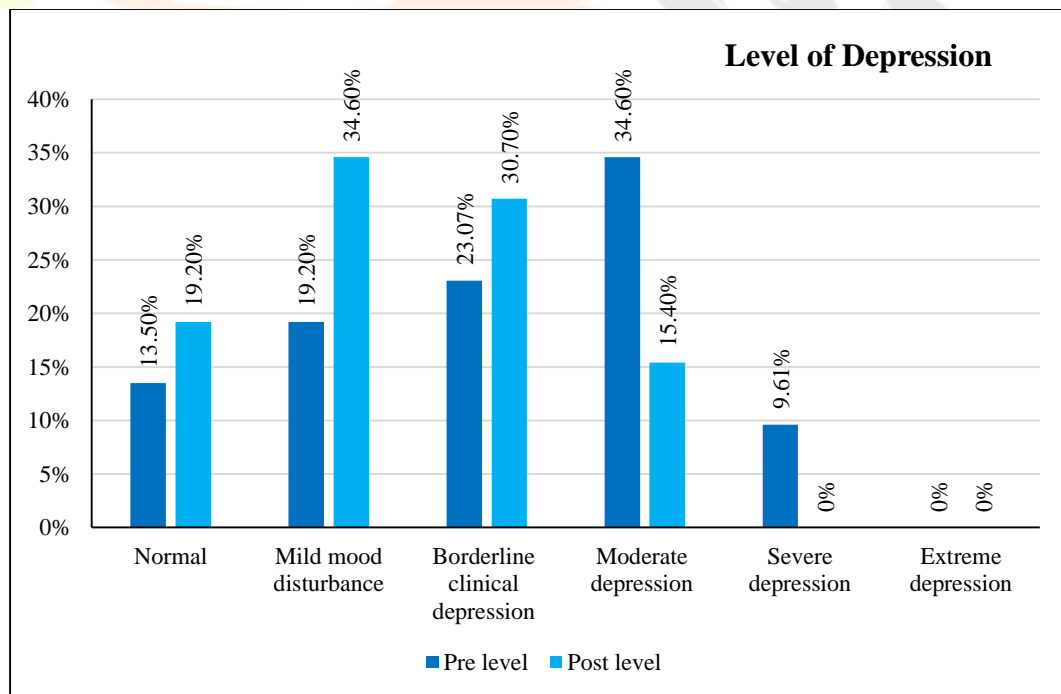
Figure 3: Percentage wise distribution of the level of depression of life among perimenopausal women

Quality of life

(Pre level, Post level) — Poor Quality of life: 57.60% / 15.40%; Moderate Quality of life: 32.70% / 61.50%; Good Quality of life: 9.60% / 23.07%

Table 3: Comparison of pre and post score of level of stress among perimenopausal women

N = 52

S.NO	Level of stress	Mean	SD	Paired 't' value
1.	PRE-LEVEL	31.87	2.505	t = 26.515
2.	POST-LEVEL	19.27	2.152	p = 0.000* (S)

*p<0.05 - Significant; p<0.01 - Highly Significant

The above table shows that the pre-level mean score for the level of stress was 31.87 with the SD 2.505 and the post-level mean score for the level of stress was 19.27 with the SD 2.152. The calculated 't' value was 26.515, and the p-value is <0.05. Hence it is highly significant. This clearly shows that there is a significant difference between pre and post score of level of stress among perimenopausal women.

DISCUSSION

The study assessed the effectiveness of empowerment strategies on stress, depression and quality of life among peri menopausal women. The findings demonstrated a significant decrease in stress and depression levels and an enhancement in overall quality of life after the intervention. Prior to the intervention, 46.15% of participants reported having moderate stress, 23.07% had mild stress, and 30.7% had severe stress. After the intervention, the percentage of participants experiencing moderate stress remained the same at 46.15%, while the percentage experiencing mild stress increased to 53.8% and the percentage experiencing severe stress decreased significantly to only 11.53%. The pre-intervention data revealed that 34.6% of individuals experienced severe depression and 9.61% experienced extreme depression.

In contrast, the post-intervention data showed that 34.6% experienced mild mood disturbance and 19.2% were considered normal. The intervention resulted in an improvement in the quality of life, as the percentage of individuals reporting poor quality decreased from 57.6% before the intervention to 61.5% reporting moderate quality after the intervention. The substantial increases in average scores for stress (t = 26.515, p < 0.05), depression (t = 16.741, p < 0.05), and quality of life (t = 23.889, p < 0.05) demonstrate the efficacy of the applied measures.

These findings are consistent with the results of Karanvir Kaur et al. (2023), who similarly observed notable enhancements in quality of life after implementing similar interventions. Furthermore, the research discovered notable correlations between stress, depression, and quality of life with demographic factors such as religion, family income, and occupation. This provides evidence to support the notion that these variables had an impact on the results.

MAJOR FINDING OF THE STUDY

In frequency and percentage-wise distribution of demographic variables, the study reveals that in aspect of the age groups, the majority 32 (61.5%) were in the age group of 45-49 years, 13(25%) were above the age group of 40-44 years and 7(13.5%) were above the age group of 50-44 years . In the aspect of religion, the data shows majority 32 (61.5%) were hindu. Regarding educational, 26 (50%) completed only primary education, 17 (32.7%) were comply secondary education. In the aspect of occupation status majority, 28 (53.8%) were homemaker. With regards to family income majority, 21 (40.4%) belong to an income of Rs. 10,000 -20,000. With regards to type of family, the data shows that the majority 29 (44.2%) were joint family and 29 (55.8%) were nuclear family

The frequency and percentage wise distribution clinical variables of perimenopausal women result shows that out of 52 clients, the majority 32 (61.4%) were attained menarche at the age of 12- 14 years, 19 (36.5%) attained menarche at the age of 15-17 years. With regards to regularity of menstruation, 32 (61.5%) had regular menstruation and 20 (38.5%) had irregular menstruation. Regarding any medical treatment, 10 (19.2%) had medical treatment and 42 (80.8%) had no medical treatment.

When comparing the pre-level mean score for the level of stress was 31.87 with the SD 2.505 and the post-level mean score for the level of stress was 19.27 with the SD 2.152. The calculated 't' value was 26.515, and the p-value is <0.05. Hence it is highly significant. This clearly shows that there is a significant difference between pre and post score of level of stress among perimenopausal women.

In pre-level mean score for the level of depression was 46.60 with the SD 6.288 and the post-level mean score for the level of stress was 26.02 with the SD 4.816. The calculated 't' value was 16.741, and the p-value is <0.05. Hence it is highly significant. This clearly shows that there is a significant difference between pre and post score of level of depression among perimenopausal women. In pre-level mean score for overall quality of life

was 67.58 with the SD 8.503 and the post-level mean score for overall quality of life was 103.4 with the SD 12.010. The calculated 't' value was 23.889, and the p-value is <0.05. Hence it is highly significant. This clearly shows that there is a significant difference between pre and post score of overall quality of life among perimenopausal women.

CONCLUSION

The present study assessed the effectiveness of empowerment strategies on stress, depression and quality of life among peri menopausal women in selected community area at Puducherry. The study findings concluded that there is a significant difference in the pre and post-level of stress, depression, and quality of life among perimenopausal women.

RECOMMENDATIONS:

1. The researcher will recommend the selected nursing interventions to be practiced on stress, depression and quality of life among peri menopausal women.
2. A comparative study can be conducted between peri menopausal women in urban and rural areas.

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