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The effect of self instruction module on knowledge and attitude regarding premenopausal symptoms of women between the age 34-45 Years

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ABSTRACT

Background of The Study: Menopause is a normal occurrence in the life of every woman. It is the period in woman's life when reproductive functions cease. "Menopause means permanent cessation of menstruation attend of reproductive life due to loss of ovarian follicular activity". The clinical diagnosis is confirm following stoppage of menses for six consecutive month. Even though samples had heard and received information on menopause through various sources their level of knowledge was not adequate. All the women felt that information provided in the booklet was beneficial and practical use for them. The study will be help to reveal the existing knowledge of the women regarding premenopausal symptoms.

Materials and Methods: Research Design - Pre-experimental one-group pre-test post-test research design , Research Setting- The physical location and conditions in which the data collection takes place in a study is the setting. Settings are the more specific places. The settings for the present study area were: Mayur Hospital and Research Centre Indore & Life Line Hospital Indore The Sample- In this study the samples were 60 premenopausal women of selected hospitals of Indore, who fulfilled the inclusion criteria.

Result: Data shows, 21 (35.0%) of the subjects has poor knowledge score, 37 (61.7%) of the subjects belongs to average knowledge and 2 (3.3%) of the subjects has good knowledge. that attitude of premenopausal women in pre-test was, 514 (42.8%) were disagree, 393 (21.8%) were agree, 212(35.3%) were strongly agree. But after post-test 954 (53%) of women were strongly agree, 404 (33.67%) were agree and 80(13.3%) were disagree. knowledge level in premenopausal women was 10.45 and mean score of post-test was 16.33. Mean difference in between pre-test and post-test knowledge was 0.69 and SD was 4.85 for pre-test and for post-test was 1.67. Computed 't' value (t = 8.59) and 'p' value (p = 0.55) shows that there was significant difference between pre-test and post-test score at the level of p<0.05.

Conclusion: The main aim of this pre-experimental study was to assess the knowledge and attitude of premenopausal women. 60 samples were selected by purposive sampling technique, women to change their knowledge and attitude. Thus the intervention SIM that is found to Increase knowledge.

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1. Introduction

Women constitute half of the population of the world, yet, for centuries their contribution to society, arts, literature and the sciences, amongst other arenas, has gone largely unnoticed. However, over the past century this has been redressed to an extent. With the advent of early feminist

movements such as the women's suffrage movement, women's attributes and contributions to society have been duly recognised, although it can be debated as to what extent women are now treated as equals to their male counterparts.¹⁻⁵

Premenstrual Dysphoric Disorder (PDD) which should not be confused with their earlier creation, the Late Luteal Phase Disorder (LLPD). Physicians have always viewed

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women as more vulnerable to mental disorders than men and have attributed it to the instability of their reproductive systems. Premenstrual Dysphoric Disorder (PDD) consists of a well defined set of symptoms and 30-60% of women experiences premenopausal symptoms and only 3-5% of women meet the standards for PDD.⁹

1.1. Need for the study

The investigator interviewed few women to know their knowledge regarding care during premenopausal and found that many complained of discomforts but considered these as natural. Women, in the middle ages are in the midst of ground up children and other pushing family priorities and therefore, their health needs become automatically secondary and not much thought is given to enhance the quality interacted with the health officers at health centers and community health nurses stated that women above the age of 30yrs report with body aches, hot flushes, night sweating, insomnia, high blood.⁶⁻¹¹

If the women are given information on premenopausal symptoms and how to manage these symptoms it will help to make informed health care decisions, clear of the confusion they may be experiencing about premenopause and menopause to promote their health, the nurses is the primary sources of information to the patients. She is there with them in all phases like prevention, care and rehabilitation.

An information booklet can be an effective and economical teaching aid. Women can refer to it whenever they require. Moreover the information booklet can be available at all times within easy reach. Considering all the above aspects the investigator felt the need to distribute the prepared information booklet on “premenopausal syndrome” to women and study to its effect on the knowledge and attitude of women regarding premenopausal syndrome.¹²⁻¹⁸

The study would highlight the importance of information Booklet in imparting knowledge on a large scale. The information booklet will aid as a ready reference for the women regarding premenopausal symptoms. The information booklet may encourage & enhance self-care activities and may lead to healthy life style practices during premenopause. The Booklet teaching helps to spread information regarding premenopausal symptoms in the selected community urban. The effect of information Booklet would serve as such intervention to provide health related information. The findings of the study can be used as reference material for further studies. Knowledge of the samples can be measured by using a interview schedule.¹⁹⁻²¹

1.2. Statement of the problem

“A study to assess the effect of self instruction module on knowledge and attitude regarding premenopausal symptoms of women between the age 34-45 years in selected hospitals of Indore M.P.”

2. Objectives

1. To assess the knowledge of women regarding premenopausal symptoms before giving an information booklet.
2. To assess the attitude of women regarding premenopausal symptoms before giving information booklet.
3. To assess the knowledge of women regarding premenopausal symptoms after giving an information booklet.
4. To assess the attitude of women regarding premenopausal symptoms after giving an information booklet.
5. To find the association between knowledge and attitude with the selected demographic variables.
6. To determine the effectiveness of self instruction module.

3. Hypothesis

1. H₁: There will be significant association between knowledge and attitude score with selected demographic variables at the level of p<0.05.
2. H₂: There will be significant difference between pre and post-test knowledge score at the level of p<0.05.

4. Assumption

1. The subjects may have some knowledge regarding premenopausal symptoms.
2. Information booklet is a useful strategy for learning to enhance relevant knowledge.

5. Research Methodology

5.1. Research design

Pre-experimental one-group pre-test post-test research design

The design can be presented as:



1. O₁ – pre-test of knowledge & attitude of women regarding premenopausal symptom.
2. X - intervention Eg. Self Instruction module (Booklet)
3. O₂ - post test of knowledge & attitude of women regarding premenopausal symptom.

6. Research Setting

The physical location and conditions in which the data collection takes place in a study is the setting. Settings are the more specific places. The settings for the present study area were : Mayur Hospital and Research Centre Indore & Life Line Hospital Indore.

7. The Sample

In this study the samples were 60 premenopausal women of selected hospitals of Indore, who fulfilled the inclusion criteria.

8. Sampling Technique

Purposive sampling is a type of non – probability sampling method in which the researcher selects participants for the study on the basis of personal judgement about those who will be more representative or productive also referred to as judgement sampling.

9. Sample Selection Criteria

The sampling frame structured by the investigator included the following criteria:

9.1. Inclusion criteria

- Women, who can understand speak and read English or Hindi.
- Women in the age of 34-45 years.
- Women who are willing to participate in the study.

9.2. Exclusion criteria

- Women less than 34 and more than 45 years of the age.
- Women who are having menopause.
- Women who has illiterate.

9.3. Development and description of tools

Data collection tools are the instruments, i.e. structured questionnaire and attitude scale were used by the researcher to measure the variables.

9.4. Procedures for data collection

Formal administrative permission was taken from the Administrator, Mayur hospital and research centre Indore and Life line hospital Indore. Data was collected from gynaecological ward, female ward and obstetrical and gynaecological OPD Mayur Hospital & Research Centre and Life Line Hospital Indore (M.P.). Samples are selected by purposive sampling technique. Consent was taken from premenopausal women of gynaecological ward, female ward, obstetrical and gynaecological after explaining the

purposes. The average time taken to complete the pre-test was 25 minutes, information booklet was 45 minutes and post-test was 15-20 minutes. Attitude assessment was done by using Attitude scale (Likert scale). Intervention was given in the form of self instruction module (booklet). Assessment of knowledge and attitude was done after the implementation with the help of structure questionnaire and modified three point Likert scale. Post test was obtained on 7th day after the pre-test by administrating the same question. The confidentiality of the respondents was maintained.

9.5. Plan for data analysis

Data analysis is the systematic organization and synthesis of research data and the testing of research hypothesis using these data. The analysis will be made on the basis of objectives. The data obtained from 60 premenopausal women would be analyzed included descriptive and inferential statistics. As per the advice of expert data analysis will be done by following methods- Organizing data in master sheet. For the analysis of demographic data by frequency & percentage will be calculated. Mean and standard deviation of knowledge and attitude of premenopausal women before & after administering self-instruction module (booklet). “Z” value to determine the effectiveness of self-instruction module (booklet). Chi-square analysis to determine the association of between knowledge and attitude with the selected demographic variables. Data will be expressed in tables and figures for better clarification.

9.6. Data analysis & interpretation

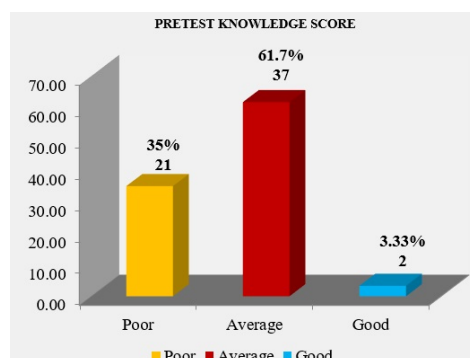


Fig. 1: Bar diagram showing the pre-test knowledge score poor, average and good.D

Most of the subjects, 25 subjects (41.7%) were in the age group of 35-38 years. Fewer subjects 18 (30%) were

Table 1: Description of socio demographic variables in frequency and percentage. n=60

S.No.	Demographic variables	Frequency	Percentage
1.	Age (in years) :		
	(a) 31-34 years	0	0%
	(b) 35-38 years	25	41.7%
	(c) 39-42 years	17	28.3%
	(d) 43-46 years	18	30%
2.	Age of menopause of her mother:		
	(a) 41-45 years	5	8.33%
	(b) 46-50 years	12	20%
	(c) 51-55 years	28	46.6%
	(d) 56-60 years	15	25%
3.	Religion		
	(a) Hindu	42	70%
	(b) Muslim	18	30%
	(c) Christian	0	0%
	(d) Others	0	0%
4.	Education		
	a) Primary education	19	31.66%
	b) Middle school	16	26.66%
	c) Higher secondary education	9	15%
	d) Graduation	7	11.66%
	e) Post graduation	9	15%
5.	Number of children		
	(a) No child	16	26.6%
	(b) 1	27	45%
	(c) 2	11	18.3%
	(d) >2	6	10%
6.	Occupation		
	(a) House wife	20	33.3%
	(b) Govt. Job	20	33.3%
	(c) Pvt. Job	20	33.3%
7.	Types of family		
	(a) Nuclear family	27	45%
	(b) Joint family	25	41.7%
	(c) Extended family	8	12.7%
8.	Previous knowledge through mass media (a)	22	36.66%
	Health personnel		
	(b) Neighbours	22	36.66%
	(c) Friends	16	26.66%

Table 2: Frequency and percentage distribution of pre-test knowledge grading. (N = 60)

S.No.	Grading Knowledge	Rating	Frequency	Percentage
1.	Poor	0 - 8	21	35.0%
2.	Average	9 - 17	37	61.7%
3.	Good	18 - 26	2	3.3%

Data depicted in Table 2 shows, 21 (35.0%) of the subjects has poor knowledge score, 37 (61.7%) of the subjects belongs to average knowledge and 2 (3.3%) of the subjects has good knowledge.

Table 3: Frequency and percentage distribution of post-test knowledge grading.

S. No.	Grading Knowledge	Rating	Frequency	Percentage
1.	Poor	0 - 8	0	0%
2.	Average	9 - 17	12	20%
3.	Good	18 - 26	48	80%

Data depicted in Table 3 shows, 48 (80%) of the subjects has knowledge level and 12 (20%) subjects has good knowledge level.

Table 4: Frequency and percentage distribution of pre-test and post-test attitude. N= 60

S. NO.	Attitude Scaling	Pre-test		Post-test	
		frequency	percentage	frequency	percentage
1.	Disagree(1)	514	42.8%	80	13.33%
2.	Agree(2)	393	21.8%	404	33.67%
3.	Strongly Agree(3)	212	35.3%	954	53%

Table 5: Association of pre-test knowledge and the demographic variables. N=60

S.No	Selected demographic variables	Poor	Average	Good	F	%	df	c ² Value
1	Age (in years) :							
	A) 31-34 years	0	0	0	0	0		
	B) 35-38 years	11	13	1	25	41.67%	4	10.4 S
	C) 39-42 years	6	10	1	17	28.33%		
	D) 43-46 years	4	14	0	18	30%		
2	Age of the menopause of her mother :							
	A) 41-45 years	2	3	0	5	8.3%	6	15.8 S
	B) 46-50 years	2	9	1	12	20%		
	C) 51-55 years	14	14	0	28	46.67%		
	D) 56-60 years	3	11	1	15	25%		
3	Religion							
	A) Hindu	18	23	1	42	70%	2	3.9 NS
	B) Muslim	3	14	1	18	30%		
	C) Christian	0	0	0	0	0		
	D) Others	0	0	0	0	0		
4	Education							
	A) Primary education	3	15	1	19	31.67%	2	9.6 S
	B) Middle school	8	8	0	16	26.67%		
	C) Higher secondary education	4	4	1	9	15%		
	D) Graduation	4	3	0	7	11.67%		
	E) Post graduation	2	7	0	9	15%		
5	Number of children							
	A) No child	8	8	0	16	26.7%	6	4.9 NS
	B) 1	7	19	1	27	45%		
	C) 2	3	7	1	11	18.4%		
	D) >2	3	3	0	6	10%		
6	Occupation							
	A) House wife	10	10	0	20	33.3%	4	12.4 S
	B) Govt. Job	7	11	2	20	33.3%		
	C) Pvt. Job	4	16	0	20	33.3%		
7	Types of family							
	E) Nuclear family	11	16	0	27	45%	6	18.25 S
	F) Joint family	8	16	1	25	41.67%		
	G) Extended family	1	5	1	7	11.67%		
8	Previous knowledge through mass media							
	H) Health personnel	7	14	1	22	36.7%	4	12.6 S
	I) Neighbours	7	14	1	22	36.7%		
	J) Friends	7	9	0	16	26.67%		

NS- Not significant S- Significant P< 0.05

Table 6: Association between pre-test attitude and demographic variables.

S.NO.	Questions	Selected Demographic variables	Disagree	Agree	Strongly Agree	F	%	df	c2 value
1.	Herbal remedies are better than allopathic medicine for delaying premenopausal symptoms.	Occupation:							
		• A)	2	12	6	20	33.3%	4	0.17
		• B)	0	14	6	20	33.3%		
• C)	1	10	9	20	33.3%				
2.	Premenopause is natural and should accept it without any treatment.	Occupation:							
		• A)	1	16	13	20	33.3%	4	0.17
		• B)	1	14	5	20	33.3%		
• C)	2	10	8	20	33.3%				
3.	Menopause or premenopausal symptom makes women depressed.	Occupation:							
		• A)	8	8	4	20	33.3%	4	0.17
		• B)	4	11	5	20	33.3%		
• C)	8	8	4	20	33.3%				
4.	It is really important to educate women regarding premenopausal symptoms and management.	Occupation:							
		• A)	7	10	3	20	33.3%	4	0.17
		• B)	8	8	4	20	33.3%		
• C)	10	7	3	20	33.3%				
5.	Women often go through menopause at about the same age as their mothers.	Occupation:							
		• A)	8	10	2	20	33.3%	4	0.17
		• B)	6	6	8	20	33.3%		
• C)	7	8	5	20	33.3%				
6.	Menopause brings certain mood changes like nervousness, irritability & decrease in desire to have sex.	Occupation:							
		• A)	6	7	7	20	33.3%	4	0.17
		• B)	9	9	2	20	33.3%		
• C)	7	9	4	20	33.3%				
7.	Some menopausal symptoms appear in premenopausal state.	Occupation:							
		• A)	7	10	3	20	33.3%	4	0.27
		• B)	8	8	4	20	33.3%		
• C)	10	7	3	20	33.3%				
8.	Menopause means end of women life.	Occupation:							
		• A)	8	8	4	20	33.3%	4	0.27
		• B)	6	8	6	20	33.3%		
• C)	8	7	5	20	33.3%				
9.	Menopause is an important aspect (landmark) in a woman's life.	Occupation:							
		• A)	8	7	5	20	33.3%	4	0.27
		• B)	8	8	4	20	33.3%		
• C)	9	8	3	20	33.3%				
10.	Music helps in reducing stress level.	Occupation:							
		• A)	7	10	3	20	33.3%	4	0.27
		• B)	6	9	5	20	33.3%		
• C)	13	5	2	20	33.3%				
11.	Herbal remedies are better than allopathic medicine for delaying premenopausal symptoms.	Types of family:							
		• A)	0	15	12	27	45%	6	0.403
		• B)	3	15	7	25	41.7%		
• C)	0	5	2	7	11.7%				
12.	It is really important to educate women regarding premenopausal symptoms and management.	Types of family:							
		• A)	12	8	7	27	45%	6	0.403
		• B)	9	13	3	25	41.7%		
• C)	4	3	0	7	11.7%				
13.	Menopause brings certain mood changes like nervousness, irritability & decrease in desire to have sex.	Types of family:							
		• A)	9	9	9	27	45%	6	0.403
		• B)	8	14	3	25	41.7%		
• C)	4	2	1	7	11.7%				
14.	Menopause means end of women life.	Types of family:							
		• A)	12	9	6	27	45%	6	0.403
		• B)	7	9	9	25	41.7%		
• C)	3	4	0	7	11.7%				

Table 6 Cont...

		Education							
15.	Herbal remedies are better than allopathic medicine for delaying premenopausal symptoms.	• A)	0	23	12	35	58.3%	2	7.28
		• B)	0	0	0	0	0%		
		• C)	3	13	9	25	41.7%		
		• D)	0	0	0	0	0%		
		• E)	0	0	0	0	0%		
16.	Menopause or premenopausal symptom makes women depressed.	Education							
		• A)	8	19	8	35	58.3%	2	9 S
		• B)	0	0	0	0	0%		
		• C)	12	8	5	25	41.7%		
		• D)	0	0	0	0	0%		
• E)	0	0	0	0	0%				
17.	Women often go through menopause at about the same age as their mothers.	Education							
		• A)	12	11	12	35	58.3%	2	6.80
		• B)	0	0	0	0	0%		
		• C)	9	13	3	25	41.7%		
		• D)	0	0	0	0	0%		
		• E)	0	0	0	0	0%		

Table 7: Comparison between pre-test and post-test knowledge mean score, mean difference, SD, t value, p value of premenopausal women.

Knowledge score	Mean score	Mean difference	SD	df	T- value	P -value
Pre-test	10.45	0.69	4.85	59	8.59	0.55
Post-test	16.33		1.67			

NS- Not significant SD- Standard deviation P< 0.05

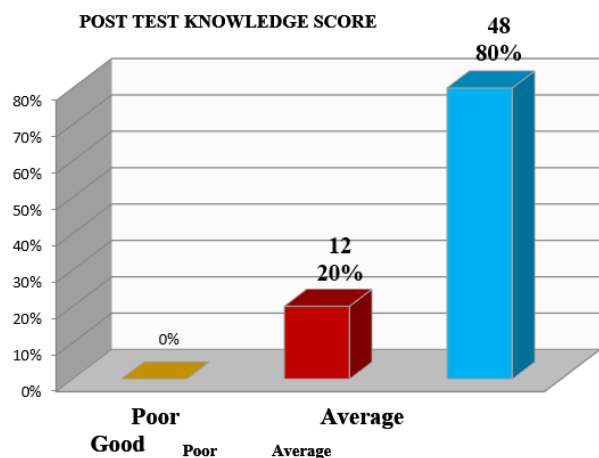


Fig. 2: Bar diagram showing post-test knowledge score poor, average and good.

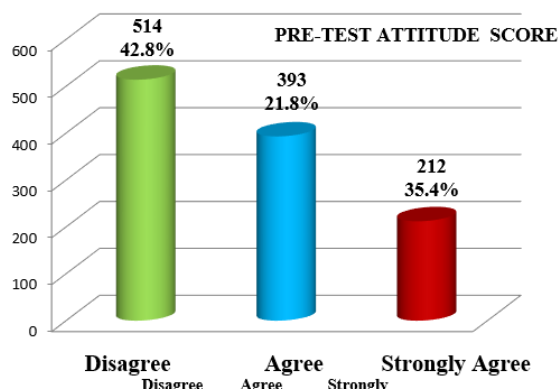


Fig. 3: Bar diagram showing pre-test attitude score disagree, agree strongly agree.

in the age group of 43-46 years and remaining 17(28.3%) subjects belongs to 39-42 years. In the study the age of menopause of their mothers 28 (46.6%) were in the age group of 51-55 years, 15(25%) were in the age group of 56-60 years, 12 (20%) were in the age group of 41-45 years. Most of the subjects 42 (70%) belongs to Hindu religion and

remaining 18 (30%) subjects were Muslims. In the study most of the subjects 19 (31.66%) have primary education, 16 (26.66%) of the subjects have middle education, 9 (15%) of the subjects have higher secondary education, 9 (15%) had their post graduation and rest 7 (11.66%) of the subjects were graduate. Majority of the subjects 27 (45%) were having one child, 16 (26.6%) of the subjects were not having any children, 11 (18.3%) of the subjects were having two children and remaining 6 (10%) were having more than two

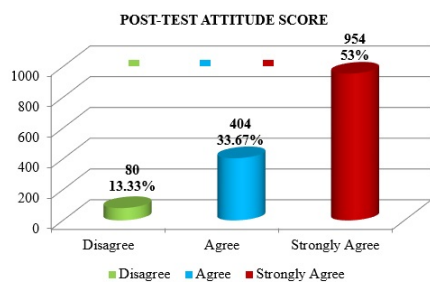


Fig. 4: Bar diagram showing post-test attitude score disagree, agree, strongly agree.

children. 20 (33.3%) of the subjects were housewife, 20 (33.3%) of the subjects were in Govt. Job and remaining 20 (33.3%) were in private job. Most of the subjects 27 (45%) were having nuclear family 25 (41.7%) of the subjects were in joint family and rest 8 (12.7%) were in extended family. Majority of the subjects 22 (36.66%) of the subjects were having knowledge through neighbours, health personnel and remaining 16 (26.6%) were gaining knowledge through friends.

Data depicted in table no.4 shows that attitude of premenopausal women in pre-test was, 514 (42.8%) were disagree, 393 (21.8%) were agree, 212(35.3%) were strongly agree. But after post-test 954(53%) of women were strongly agree, 404 (33.67%) were agree and 80(13.3%) were disagree. This result shows that in pre-test women have negative attitude towards premenopausal symptoms but after post-test women have positive attitude towards premenopausal symptoms.

The computed chi-square value between the pre-test knowledge grading and the socio demographic variables like age, age of the menopause of their mothers, types of family, no. of children and previous knowledge through mass media are equal or more than ($p < 0.05$) than the tabled p - value. In this the religion and no. of children was not affect the knowledge level of women. But age, age of the menopause of their mothers, occupation, education, type of family and previous knowledge through mass media was affect the knowledge level of women. That means there was significant association in knowledge of women and age, age of the menopause of their mothers, occupation, education, type of family and previous knowledge through mass media.

The computed chi-squares values between the pre-test attitude scores and the socio-demographic variables like education, types of family and occupation are equal or more than ($p < 0.05$) than the tabled p value. In this the age of women, religion and education found no significant that means occupation and types of family was not affect the attitude of women. But education of women was significant. That means education affected attitude of women.

Data depicted shows that knowledge level in premenopausal women was 10.45 and mean score of post-test was 16.33. Mean difference in between pre-test and post-test knowledge was 0.69 and SD was 4.85 for pre-test and for post-test was 1.67. Computed 't' value ($t = 8.59$) and 'p' value ($p = 0.55$) shows that there was significant difference between pre-test and post-test score at the level of $p < 0.05$. So it shows that after booklet teaching women have increased knowledge regarding premenopause. Therefore H₂ earlier stated (There will be significant difference between pre and post-test knowledge score at the level of $p < 0.05$.) by the researcher was accepted.

10. Conclusion

The main aim of this pre-experimental study was to assess the knowledge and attitude of premenopausal women. 60 samples were selected by purposive sampling technique, women to change their knowledge and attitude. Thus the intervention SIM that is found to Increase knowledge.

11. Summary

As the premenopausal health demand priority in Indian scenario both in urban or rural areas due to increase in life expectancy and growing population of menopausal women. Large efforts are required to educate and make the women aware of menopausal symptoms including rural women. This will help in early recognition of symptoms, reduction of discomfort and enable them to seek appropriate treatment.

Women have less knowledge regarding premenopause or menopausal symptoms and they have also negative attitude towards menopausal symptoms. Some women have little knowledge about menopause or premenopause and also some have forgot about symptoms. So the investigator selects self-instruction module (booklet), for premenopausal women if they found any symptom, they can read booklet and accept that its menopausal symptoms and it is natural.

12. Source of Funding

None.

13. Conflict of Interest

None.

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