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Effect of customized awareness programme on knowledge regarding prevention of migraine headache among working women in selecte Durban are as of B hopal''

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Abstract

The purpose of this study is to evaluate the knowledge of working women in the Sarvdharm community area of Bhopal on migraine prevention using a customized awareness program. The study used a pre-experimental research strategy. Self-structured Knowledge Questionnaire (SQQ) was used in the study, which had two components. A self-structured knowledge questionnaire was used to examine the knowledge level of working women on the prevention of migraine headaches in the first part of the study. Analyses of the data were conducted using descriptive and inferential statistical techniques. Significantly, 28.0% of working women had average knowledge on migraine headache avoidance, but following the post-test, 72.0% had good knowledge. The idea was floated that nurses may play a role in educating office workers on how to avoid migraines.

Keyword-Efficacy of a personalized awareness program, knowledge of migraine headaches, and preventive.

1. INTRODUCTION

One of the most prevalent physical ailments that people experience is headaches, and it's easy to see why. It is the most prevalent ailment that people seek medical help for. Migraine is the most common type of headache. The term "migraine" is sometimes used interchangeably with "severe headache," although a migraine is the result of certain physiologic changes that take place in the brain

and cause a migraine to occur. Apart from the pain, migraine sufferers often characterize their symptoms as "sick headaches." Thousands of years ago, Hippocrates used the Greek term "hemicranias," which means "half skull," to describe the ailment, which he referred to as "migraine." In Ayurvedic literature, the term "kodinji" (meaning "migraine") appears prominently.

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With physical exertion, migraines can worsen the pain, which is commonly described as throbbing or pounding. Patients with migraines may have an aura, which is a series of pre-headache symptoms, prior to the commencement of the headache itself. Flashing lights, a blind spot in one eye, and numbness or weakness on one side of the body are all examples of warning symptoms. When the head pain begins, the aura may stay for a few minutes before dissipating, or it may last until the headache is completely relieved. If a patient has never had an aura before, the symptoms can be scary and mimic those of a stroke for those who have. A brief blind spot that covers a portion of the range of vision is a common description of the aura. There have also been reports of flashing lights around a blind spot in one or both eyes. Other symptoms, such as numbness or paralysis on one side, or speech problems, are extremely infrequent.

2. NEEDFORSTUDY

World Health Organisation (2016) conducted a poll on the most common form of migraine headache. An international study finds that a small percentage of persons with headache disorders are correctly diagnosed. Over the years, headache has been underappreciated, underrecognized, and undertreated. The prevalence of present headache disorder (symptomatic at least once in the past year) among people is believed to be over 50% worldwide.

In the last year, half to three-quarters of adults aged 18 to 65 reported having a headache, and of those, 30% or more reported having migraine. 1.7–4 percent of the adult population around the world suffers from headaches at least 15 days a month. People from many walks of life are affected by headache disorders, regardless of their age, ethnicity, income, or location. Migraine is the sixth leading cause of disability worldwide, according to a study (YLD). The majority of migraine sufferers are between the ages of 35 and 45. As a result of hormonal changes in women, it is more common than in men.

Some 3 billion people were projected to suffer from migraine or tension-type headache in 2016 (95 percent uncertainty interval [UI] 1•89 billion with tension-type and 1•04 billion (95 percent UI) with migraine), according to Lj Stovner (2018). headaches (from 1.00–1.09). There were 45•1 million migraines (95 percent UI 29•0–62•8) and only 7–2 million tension type headaches (95 percent UI) in the United States in 2013. As of 2016, there were 4•6–10•5 YLDs worldwide. In women between the ages of 15 and 49, migraine caused 20•3 million (95 percent UI) headaches. Tension-type headache (12•9–28•5) 2•9 million people (95 percent of them are unemployed) A total of 1•8–4•2) YLDs (11•2 percent of all YLDs in this age group and sex) were diagnosed with YLDs in 2016. The DALYs adjusted for age for each category of headache showed a little rise as SDI rose.

3. OBJECTIVEOFTHESTUDY

1. One objective of this study was to evaluate the pre and post-test Knowledge score of migraine prevention among working women.
2. To evaluate the impact of a customized awareness program on the knowledge of working women on migraine prevention and its prevention.
3. When it comes to migraine prevention, working women's pre-test knowledge of the topic is correlated with their demographic factors.

4. HYPOTHESES:

Pre-test and post-test knowledge scores on migraine prevention among working women will not alter significantly.

Among working women, there will be a substantial difference in knowledge scores on prevention of migraine headaches before and after the test.

RH2: There will be a statistically significant correlation between the pre-test score on migraine prevention among working women and their demographic characteristics.

5. ASSUMPTION

1. Working women may lack understanding about migraine headache prevention.

2. A tailored education program aimed at increasing working women's awareness of migraine headache prevention will be implemented.

6.METHODOLOGY:

Pre-experimental one group pre-test post-test research design was utilized in the study. The evaluation approach was applied. The study

7.ANALYSISANDINTERPRETATION

SECTION-I Table -1 Frequency and percentage distribution of samples according to their demographic variables.n =30

S.No	Demographic Variables	Frequency	Percentage
1	Age in Years		
a.	22-27	11	22.0
b.	28-33	11	22.0
c.	34-39	13	26.0
d.	≥40	15	30.0
2	Monthly income		
a.	4000-8000/-	10	20.0
b.	9000-13000/-	4	8.0
c.	14000-18000/-	17	34.0
d.	≥19000/-	19	38.0
3	Marital status		
a.	Married	8	16.0
b.	Single	8	16.0
c.	Widow	17	34.0
d.	Divorce	17	34.0
4	Occupation		
a.	Shopkeeper	7	14.0
b.	Businesswomen	8	16.0
c.	Teacher	19	38.0
d.	Officeworker	16	32.0
5	History of Migraine		
a.	1	11	22.0
b.	2	10	20.0
c.	3	14	28.0
d.	No history	15	30.0

used a non-probability convenient sampling technique to identify 50 preterm working women as its participants. The Sarvdharm neighborhood of Bhopal served as the backdrop for the study. Prior to and following a personalized awareness program, demographic characteristics and a self-structured knowledge questionnaire were used to collect data. Seven days following the pre-test, we conducted the post-test. Inferential and descriptive statistics were used to examine the data.

SECTION-II-Table-2.1.1-Frequency and percentage distribution of Pre-test scores of studied subjects:

Category and test Score	Frequency (N=50)	Frequency Percentage(%)
POOR(01-07)	41	82.0
AVERAGE(8-14)	9	18.0
GOOD(15-20)	0	0.0
TOTAL	50	100.0

The present table 2.1.1 concerned with the existing knowledge regarding prevention of migraine headache among working women was shown by pre-test score and it is observed that most of the working women 41 (82.0%) were poor (01-07) knowledge and some working women have 9 (18.0%) average category.

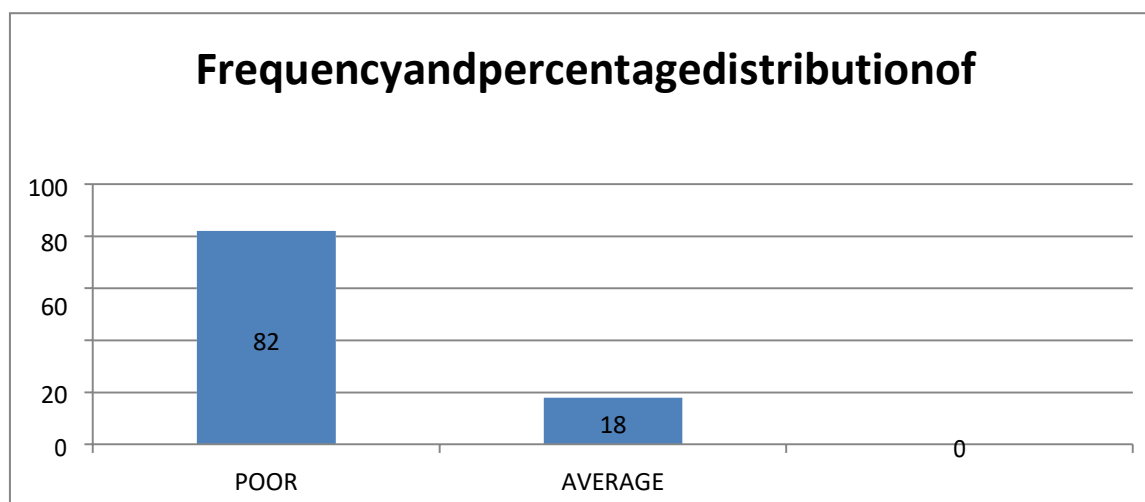


FIG.-2.1.1- Frequency and percentage distribution of Pre-test scores of studied subjects Table-2.1.2.- Mean(X) and standard Deviation (s) of knowledge scores

Knowledge Pre-test	Mean (X)	StdDev(S)
Pre-test score	1.18	0.38

The information regarding mean, percentage of mean and standard deviation of test scores is shown in table 2.1.2. Knowledge in mean pre-test score was 1.18 ± 0.38 while in knowledge regarding prevention of migraine headache among working women in Sarvdharm community area of Bhopal.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first and second objective of the present study.

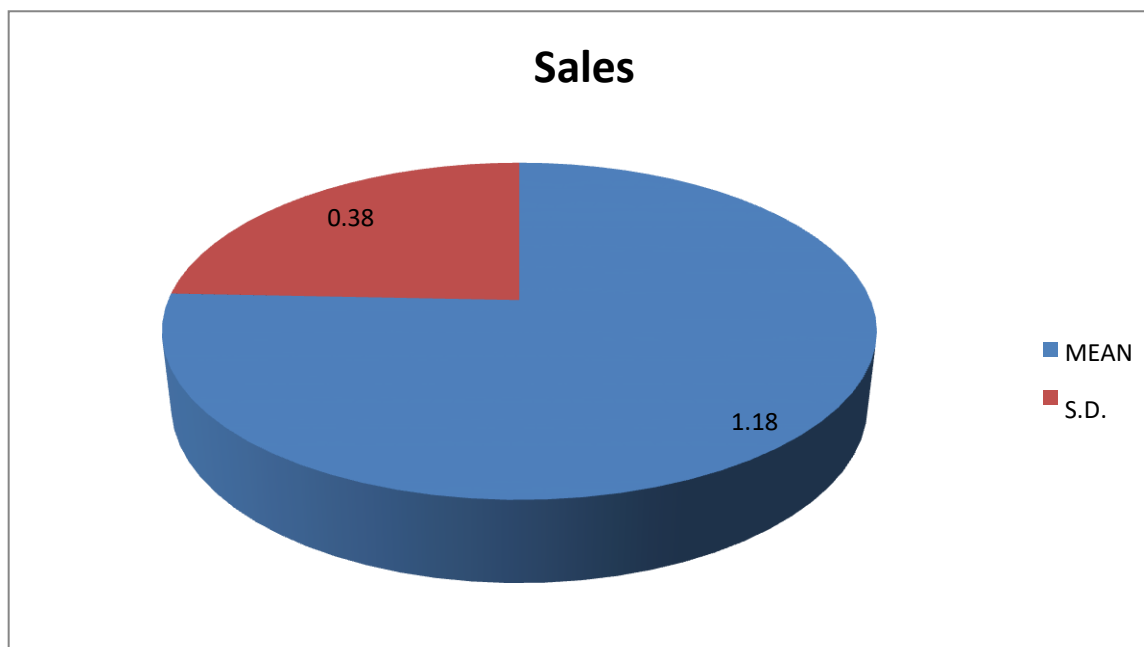


FIG.-2.1.1.-Mean(X)and standardDeviation(s)ofknowledgescores

Table-2.2.1-FrequencyandpercentagedistributionofPosttestscoresofstudiedsubjects

Categoryandpost-test Score	Frequency (N=50)	Frequency Percentage(%)
POOR(01-07)	0	0.0
AVERAGE(8-14)	14	28.0
GOOD(15-20)	36	72.0
TOTAL	50	100%

The present table 2.2.1 concerned with the existing knowledge regarding prevention of migraine headache among workingwomen was shown by post test score and it is observed that most of the working women 36(72.0%) were GOOD (15-20)knowledge and other working women have 14(28.0%) category which are AVERAGE (08-14) post test knowledge scoreinthe presentstudy

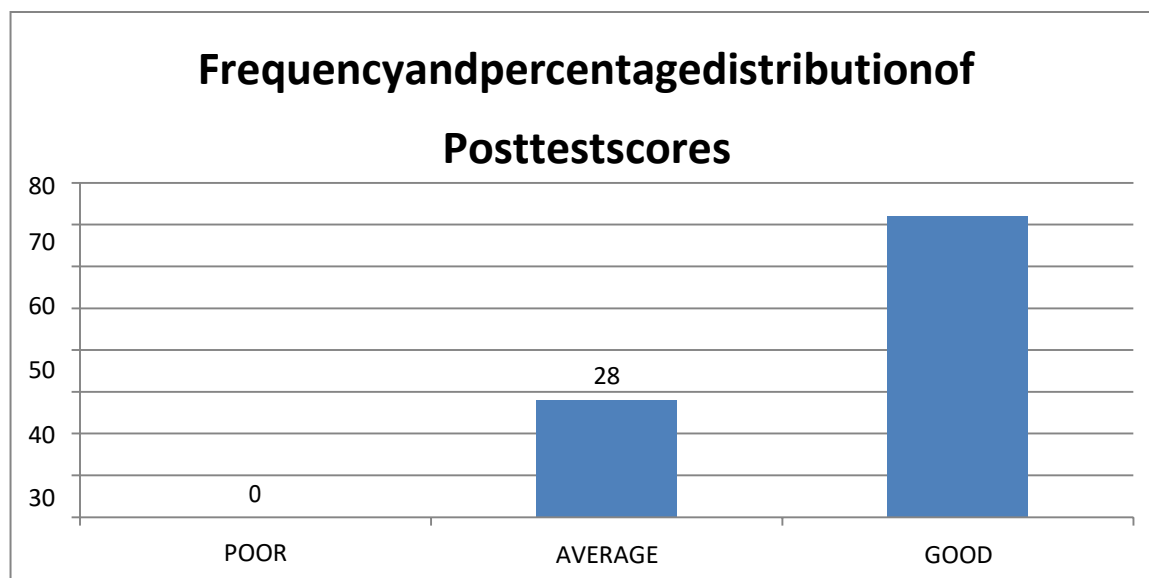


FIG.-2.2.1-Frequency and percentage distribution of Posttest scores of studied subjects

Table-2.2.2.-Mean (X) and standard Deviation (s) of knowledge scores

Knowledge Test	Mean (\bar{X})	StdDev (S)
Post-test score	2.72	0.45

The information regarding mean, percentage of mean and standard deviation of post test scores is shown in table 2.2.2. Knowledge in mean post test score was 2.72 ± 0.45 while in knowledge regarding prevention of migraine headache among working women in Sarvdharm community area of Bhopal.

Hence, it is confirmed from the tables of section-II that there is a significant difference in mean of test scores which partially fulfill the first/second objective of the present study.

FIG.-2.2.2.-Mean (X) and standard Deviation (s) of knowledge scores:

TABLE 2.2.3: Effectiveness of awareness package by calculating Mean, SD, Mean Difference and 't' Value of Pre-test and Post-test knowledge.

Knowledge Score of Working women	Mean (\bar{X})	S. D. (s)	Std. Error of Mean	D. F.	t-value	Significance
Pre-test	1.18	0.38	0.08	49	-18.81	P<0.0001*
Post-test	2.72	0.45				

When the mean and SD of pre-test and post-test were compared and „t“ test was applied. It can be clearly seen that the „t“ value was -18.81 and p value was 0.0001 which clearly show that customized awareness program was very effective in increasing the knowledge of working women.

SECTION-III Association of knowledge scores between test and selected demographic variables:

Table-3.1 Association of age with pre-test scores:

Age (in years)	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
22-27	11	0	0	11
28-33	10	1	0	11
34-39	10	3	0	13
≥40	10	5	0	15
Total	41	9	0	50
X=5.62 p>0.05 (Insignificant)				

The association of age test scores is shown in present table 3.1. The probability value for Chi-Square test is 5.62 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between age and test scores. Moreover, it is reflected that age is influenced with the present problem.

Table-3.2 Association of monthly income with pre-test scores

Monthly Income	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
4000-8000	6	4	0	10
9000-13000	4	0	0	4
14000-18000	14	3	0	17
≥ 19000/-	17	2	0	19
Total	41	9	0	50
X=4.87 p>0.05 (Insignificant)				

The association of monthly income and test scores is shown in present table 3.2. The probability value for Chi-Square test is 4.87 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a significant association between monthly income and test scores.

Marital status	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
Married	8	0	0	8

Single	7	1	0	8
Widow	12	5	0	17
Divorce	14	3	0	17
Total	41	9	0	50
X=3.42		p>0.05(Insignificant)		

Table-3.3.Associationofmarital statuswithpre-testscores

The association of marital status test scores is shown in present table 3.3. The probability value for Chi-Square test is 3.42 for 3 degrees of freedom which indicated a insignificant value (p>0.05). Hence, it is identified that there is a insignificant association between marital status and test scores. Moreover, it is reflected that marital status isn't influenced with the present problem.

Table-3.4 Association of occupation with pre-test scores

Occupation	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
Shopkeeper	7	0	0	7
Business-women	5	3	0	8
Teacher	16	3	0	19
Office-worker	13	3	0	16
Total	41	9	0	50
X=3.66		p>0.05(Insignificant)		

The association of age test scores is shown in present table 3.4. The probability value for Chi-Square test is 3.66 for 3 degrees of freedom which indicated occupation and test scores. Moreover, it is reflected that occupation age isn't influenced with the present problem

Table-3.5 Association of history of Migraine with pre-test scores:

History of Migraine	Test scores			Total
	POOR (1-5)	AVERAGE (6-10)	GOOD (11-16)	
1	7	4	0	11
2	9	1	0	10
3	13	1	0	14
No history	12	3	0	15
Total	41	9	0	50
X=4.10		p>0.05(Insignificant)		

Table 3.5 shows the correlation between ages and test scores. Three degrees of freedom Chi-Square probability value 4.10 indicates a migraine history and test results. Furthermore, it is shown that the Migraine era's history is unaffected by the current issue.

8. RESULTS

According to the findings of this study, post-test knowledge scores on migraine prevention increased significantly when compared to pre-test knowledge scores. The pre-test mean percentage knowledge score was 1.180.38 and the post-test mean percentage was 2.720.45 following the execution of a customized awareness program.

9. CONCLUSION

Accordingly, when the data have been thoroughly analyzed and interpreted, we can say that hypothesis RH1 has been accepted, which states that there would be a significant difference between the pre-test and post-test knowledge scores (P<0.05).

Customized programs for educating working women on migraine headache avoidance may also be a useful strategy for filling knowledge gaps, bridging gaps, and altering existing knowledge.

LIMITATIONS-

- The study was limited to selected urban area of Bhopal.
- The study was limited to 50 samples.

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