

A Descriptive study to assess the Bio-psychosocial well-being and family support among menopausal women.

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Abstract

Introduction: Menopause is an inevitable reproductive phase between 45-55 years of age when various physical and mental changes impair the life of women. The objective of the study was, to assess the bio-psychosocial well-being and family support among menopausal women.

Methods: A descriptive survey design was used to conduct the study among 300 menopausal women by using purposive sampling technique. An Interview Session was conducted and Bio-psychosocial well-being and family support was assessed by using structured bio-psychosocial well-being and family support assessment scale. Data were analyzed by SPSS software ver.13 via statistical test such as correlation coefficient and chi-square test.

Results: Overall, more than half (56%) of the menopausal women have good bio-psychosocial well-being and majority (92%) of the menopausal women have good family support.

Key words: Bio-psychosocial well-being, Family support and Menopausal women.

Introduction

Change is an unavoidable part of life that everyone must accept. Everyone experiences changes, some of them undergo gradual process that moves along slowly that is not noticeable to everyone.¹

Menstruation is periodic discharge of blood and other materials from reproductive organs of women. Menstrual blood flows from uterus through small opening in cervix and pass out of body through vagina. In most women menstrual period lasts from 3-5 days.¹

Menopause is natural phenomenon in the women's lifetime, it is also known as climacteric i.e., a transition phase from reproductive stage of life.² Middle age is one of the turning points in women's life as it brings along many changes. Women experiences broad array of physical, psychological and social problems due to hormonal changes. Psychological problems affect more to everyday life and are most often ignored as well.³

The exact age of menopause varies from population to population but generally the age range for its occurrence is somewhat between 45 to 55 years.⁴ During this period women can experience many symptoms including hot flashes, night sweats, sleep and mood disorders, impaired memory, lack of concentration, nervousness, depression, insomnia, bone and joint complaints, and reduction of muscle mass. The duration, severity and impact of these symptoms vary extremely from person to person and population to population. Some women have severe symptoms that greatly affect the quality of life. Vasomotor symptoms are common physical conditions experienced by midlife women in the transition through menopause. Menopausal women are often found to be suffering from various mental illnesses some of the most common are depression and anxiety disorders.⁵

Lack of social support, unemployed, surgical menopause, poor overall health status, abuse or physical torture or domestic violence, low educational status, low socioeconomic status, the feeling of worthlessness could be contributing factors that lead to peri-menopausal depression.⁵

Menopause can also trigger variety of social changes that includes change in social behaviour or social relations, like anxiety while interacting with others and sharing their feelings, irritable while listening to others and women may have inability to handle stress, have to deal with "Empty nest syndrome" when older children leave home and sense of loss related to end of fertility.⁶

Apart from these there are some psychological effects encountered which includes mood changes, lack of interest in daily activities, feeling impatient, easily becoming upset and panic, inability in decision making, forgetting things easily, feeling fear for no reason etc.⁷

Methods and Materials

This is a descriptive study was done in Mullana, Adhoya, Dosarka, Duliana of Ambala, Haryana. The necessary permits were obtained from the relevant authorities and we obtained written consent from all the participants. Moreover, the participants were free to leave the study at any stage, and they were assured that their information would remain confidential.

The sample size was 300 menopausal women. the sampling method was purposive sampling method.

Data were collected through interviews with each participant. Inclusion criteria were age between 45-60 years, willing to participate and no history of surgical menopause.

Data collection tools included a demographic questionnaire (Age in years, educational status, Religion, Occupation, Type of family, Total family income (monthly in Rs), Dietary habits, Marital status, obstetric score, Staying with children, Age at menarche, Attainment of menopause, history of any gynaecological surgery, type of menopause); the structured bio-psychosocial

well-being assessment scale and family support assessment scale. Total 5 experts confirmed the content validity and face validity of the tools. The structured bio-psychosocial wellbeing assessment scale includes 38 items in three dimensions (biological:17 items, psychological: 11 items and social: 10 items). the Likert scale is ranked with five to one for positive statements (Always:5, Most of the time:4, sometimes:3, Rarely:2, Never:1) for negative statements (Always:1, Most of the time:2, sometimes:3, Rarely:4, Never:5). The minimum score is 38 and maximum score is 190. The range 145-190 is considered as good,96-144 average and <95 poor. Cronbach's α was 0.70.The tool was found to be reliable.

The family support assessment scale includes 11 items. The Likert scale is ranked with five to one with answers (Always:5, Most of the time:4, sometimes:3, Rarely:2, Never:1) The minimum score is 11 and maximum score is 55. The range 42-55 is considered as good, 28-41 average and <27 poor. Cronbach's α was 0.82, shows that the tool was reliable.

The data were analysed by SPSS software ver.13. Descriptive data were described as frequency, mean and standard deviation. Data were analysed using chi-square and Pearson correlation coefficients ($p \leq 0.05$).

Results

The demographic features of the study participants are represented in [Table 1](#)

Out of total 55% of the menopausal women belongs to 45-50 of age group and 22% of the menopausal women belongs to 51-55 of age group. Less than half (42%) of the menopausal women were non- literate and few (5%) menopausal women were graduate and above. Most (91%) of the menopausal women were belongs to Hindu religion and the few (1%) menopausal women were Muslim. Majority (94%) of the menopausal women were homemaker and only 2% of the menopausal women had government employment. More than half (65%) of the menopausal were belongs to nuclear family and less than half (35%) of the menopausal women were belongs to joint family. Less than half (44%) of the menopausal women had monthly income in between of Rs. 18,497-46,128 and least (5%) were having family monthly income in between of Rs. 46,129-63,181. Majority (86%) of the menopausal women were vegetarian and few (6%) menopausal women were eggetarian. Most (82%) of the menopausal women were married and only 14% of the menopausal women were widowed. Majority (91%) of the menopausal women had more than and equal to 2 gravida, only 1% of the menopausal women had never conceived, most (90%) of the menopausal women had more than and equal to 2 parity and only 1 % of the menopausal women had never delivered, maximum number (89%) of the menopausal women had more than 2 living child and the few (1%) menopausal women had no living children, only 2% of the menopausal women had more than and equal to 2 abortion and majority (94%) of the menopausal women had no abortion. Maximum number (89%) of the menopausal women were staying with their children and only some (11%) of the menopausal women were not staying with their children. Less than half (37%) of the menopausal women age of menarche were 14 years and only 9% of the menopausal women age of menarche were more than and equal to 16 years. More than half (58%) of menopausal women attained menopause ≥ 3 years back and less than half (24%) of women attained menopause one year back. Most (86%) of the menopausal women had history of any gynaecological surgery and some (14%) of the menopausal women had not any history of any gynaecological surgery. Majority (90%) of the menopausal women had natural menopause and a few (10%) menopausal women had premature menopause.

More than half (56%) of the menopausal women have good bio-psychosocial well-being and less than half (44%) menopausal women have average bio-psychosocial well-being.

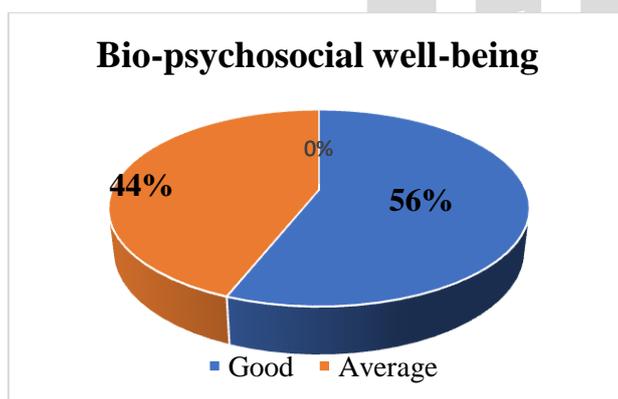


Figure 1 percentage distribution of level of bi-psychosocial well-being of menopausal women

Majority (92%) of the menopausal women have good family support, some (6%) have average family support and only (2%) menopausal women have poor family support.

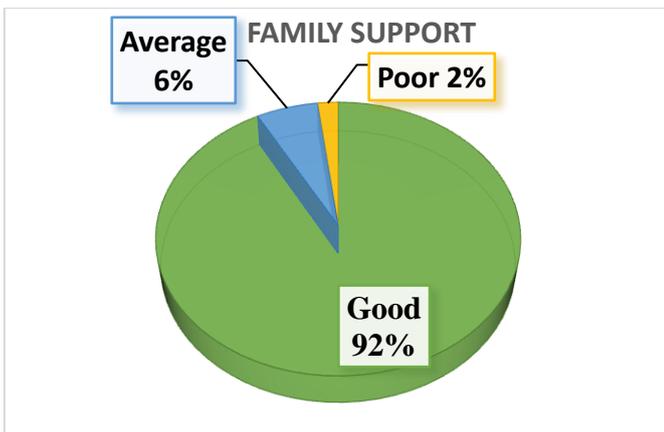


Figure 2 percentage distribution of level of family support of menopausal women

The mean and standard deviation of biopsychosocial well-being score is 147 and 17.24 respectively. the mean of family support score and standard deviation of family support score is 49.04 and 7.27 respectively.

The results of Pearson's correlation showed that there was weak positive correlation between bio-psychosocial well-being and family support among menopausal women because p value (<0.05) (table 2).

The findings of chi-square showed that There was significant association of bio-psychosocial well-being with age (p value 0.03), type of family (p value 0.02), monthly income (p value 0.00), marital status (p value 0.05), abortion (p value 0.01), staying with children (p value 0.00) and type of menopause (p value 0.01) and

There was significant association of family support with marital status (p value 0.02), gravida (p value 0.00), parity (p value 0.00), live children (p value 0.00), staying with children (p value 0.00) and type of menopause (p value 0.03).

Table 1. Frequency and percentage distribution of demographic characteristics among menopausal women (N=300)

Demographic characteristics	No. (%)
Age (in years)	
45-50	166(55)
51-55	65(22)
56-60	69(23)
Education	
Graduate and above	16(5)
Intermediate or diploma	05(2)
High school certificate	14(5)
Middle school certificate	51(17)
Primary school certificate	87(29)
Non literate	127(42)
Religion	
Hindu	273(91)
Sikh	23(8)
Muslim	04(1)
Occupation	
Home maker	281(94)
Self employed	09(3)
Private	04(1)
Government	06(2)
Type of family	
Nuclear	196(65)
Joint family	104(35)
Monthly family income (in Rs)	
46,129-63,181	15(5)
18,497-46,128	133(44)
6,175-18,496	129(43)
<6,175	23(8)
Dietary pattern	
Vegetarian	258(86)
Non vegetarian	25(8)
Eggetarian	17(6)
Marital status	
Married	246(82)

Separated/divorced	11(04)
Widowed	43(14)
Obstetric score	
Gravida	
0	01(1)
1	25(08)
≥2	274(91)
Parity	
0	01(01)
1	27(09)
≥2	272(90)
Abortion	
0	281(94)
1	12(04)
≥2	07(02)
Live	
0	01(01)
1	31(10)
≥2	268(89)
Staying with children	
Yes	267(89)
No	33(11)
Age of menarche	
<13	57(19)
14	110(37)
15	106(35)
≥16	27(09)
Attainment of menopause	
1 years back	71(24)
2 years back	53(18)
≥3 years back	176(58)
History of any gynaecological surgery	
Yes	41(14)
No	259(86)
Type of menopause	
Natural	269(90)
Premature	31(10)

Table 2 Correlation between the Bio-psychosocial well-being score and family support score among menopausal women. N=300

Correlation	Family support r (p value)
Bio-psychosocial well-being	0.30 (0.00)*

*Statistically significant

Discussion

Findings of the present study revealed that 166 (55%) of menopausal women belongs to 45 to 50 years of age group, 69 (23%) belongs to 56 to 60 years of age, and 65 (22%) of menopausal women belongs to age group of 51 to 55 years. These findings are supported by study done by **Sushmitha R, Judith AN in 2011** which also showed that 52% of menopausal women belongs to 51 to 58 years and 48% menopausal women belongs to 45 to 50 years of age.⁸

Findings of the present study revealed that 56% of menopausal women have good bio-psychosocial well-being and 44% have average bio-psychosocial well-being. These findings are not supported by a study conducted by **Snehal Dhobe, Manjusha Mahakalkar, Dr. Manoj Patil in 2018** which showed that 24% of 100 menopausal women had high bio-psychosocial well-being, 75% moderate well-being and 1 % had poor well-being.⁹

Findings of the present study indicates that majority (92%) of menopausal women have good family support, 6% have average family support and only 2 % have poor family support. These findings are in contrast with a study conducted by **Snehal Dhobe, Manjusha Mahakalkar, Dr. Manoj Patil in 2018** which showed that strong family care was given to 50% of respondents. According to them family support has not played any role in menopausal women's Bio-psychosocial well-being but marital status does.⁹

A statistically significant weak positive correlation between Bio-psychosocial well-being and family support among menopausal women. These findings are in contrast with a study done by **Sushmita RK, Judith AN in 2011**, which showed that there was no significant correlation between bio-psychosocial well-being and family support among menopausal women.⁸

Findings of present study reported that there were significant association of bio-psychosocial well-being with age, type of family, monthly income, marital status, abortion, staying with children and type of menopause and there were no significant association with religion, education, attainment of menopause, history of any gynaecological surgery, age of menarche, occupation, dietary pattern, gravida, parity and live children. These findings are supported by a study done by **Anupama K, Kiran Preet Kaur in 2019**, results showed that there was significant association of the level of psychological problems with the selected demographic variables like educational status, monthly income, religion, and duration of menopause. There was no significant association of the level of psychosocial problems with the selected demographic characteristics like age, marital status, occupation, type of family, member of any social groups, parity and age of attainment of menopause.¹⁰

Findings of present study reported that, there were significant association of bio-psychosocial well-being with age, type of family, monthly income, marital status, abortion, staying with children and type of menopause and there was no significant association with religion, education, attainment of menopause, history of any gynaecological surgery, age of menarche, occupation, dietary pattern, gravida, parity and live children. These findings are supported by a study done by **Hoda Mohamed, Saharlamadah, Luma Al Zamel in 2014** which showed that there was no association between level of education and menopausal symptoms.¹¹

Findings of the present study shows that there were no significant association of psychosocial problems with religion, education, attainment of menopause, history of any gynaecological surgery, age of menarche, occupation, dietary pattern, gravida, parity and live children. Which resembles with the findings of study done by **Nutan Potdar, Mahadeo B Shinde in 2014** which shows that there were no significant association of psychosocial problems with education, occupation, marital status and monthly family income.¹²

The findings of present study reported that there were significant association of family support with marital status, gravida, parity, live children, staying with children and type of menopause and there was no significant association of family support with age, religion, education, occupation, family monthly income, type of family, dietary pattern, abortion, age at menarche, any gynaecological surgery, attainment of menopause. These findings are supported by a study done by **Sushmitha RK, Judith AN in 2011** which showed that there was significant association of family support with marital status.⁸

Conclusion

Out of total (56%) of the menopausal women have good bio-psychosocial well-being and less than half 44% have average bio-psychosocial well-being. Majority (92%) of the menopausal women have good family support, some (6%) have average family support and few (2%) have poor family support. There was weak positive correlation between bio-psychosocial well-being and family support among menopausal women. There was significant association of bio-psychosocial well-being with age, type of family, monthly income, marital status, abortion, staying with children, and type of menopause. There was significant association of family support with marital status, gravida, parity, live children, staying with children and type of menopause.

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