Biopsychosocial Wellbeing and Family Support for Menopausal Women in Karnataka

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Menopause is defined as the absence of menses. "It is a natural process involving the gradual depletion of ovarian follicle that occurs with advancing age" (Moore & Noon, 1999). Because oestrogen is produced primarily in the follicle, responsiveness to follicle stimulating hormone (FSH) results in reduction of circulating oestrogen. As production of oestrogen declines production of FSH increases, initially causing rapid follicular development leading to shortened menstrual cycles (Moore & Noon, 1999).

Physiologically the ovaries begin to produce fewer follicles, oestrogen level declines and menopausal symptoms appear. Women also experience an alteration in their psychological state. The primary changes resulting from loss of oestrogen fall into four categories; vaginal, vasomotor, neurological and psychosexual changes. The alterations in physiological and psychological state may lead to negative attitude towards menopause by women (Hurlock, 1982).

Objective

The purpose of this study is: (a) to investigate biological, psychological and social wellbeing of women in menopause, and (b) to find correlation between biopsychosocial wellbeing and selected variables like age, marital status, type of family, number of children, socio economic status.

The findings of the study would help nurses to identify the patients who are at risk of experiencing difficulty in managing the changes taking place in their lifestyle and assist them to adapt to these changes and help menopausal women attain positive biopsychosocial wellbeing.

In any society menopausal phenomenon is inevitably intervened with other aspects of middle age. This is usually the time when children quit home after being independent and women facing an "empty nest syndrome". Spouse may retire, aged parents may die, social circle get constricted, marital discord due to altered sexual interest, general health declines and woman fears widowhood, economic dependency and death (Baruch, 1984).

Even though there is a cultural difference in the experience of menopause, the nurse should be in a position to identify the biological, psychological and social problems experienced by the menopausal women. In Indian context family support plays a vital role in overcoming many problems. Hence the investigator felt to identify the biopsychosocial problems of the menopausal women.

Materials and Methods

A cross sectional descriptive design was used in this study to determine the bio-psychosocial wellbeing and family support of menopausal women. The study was conducted at TMA Pai Hospital and District Hospital, Udupi district, (Karnataka). The study population consisted of 100 menopausal women aged 45- 58 years from Udupi district who met the inclusion criteria and were selected by the non- probability convenience sampling.

The eligibility criterion was menopausal women who were present during the time of data collection, ability to read and write Kannada, and who attained natural menopause. Four tools used in this study (which has been developed by the investigator), were : Demographic Proforma, Modified Srivastava Socio economic Status scale, Family Support Scale, Rating Scale on Bio-psychosocial well-being of menopausal women.

The data collected was analysed using the descriptive and inferential statistics with the help of SPSS 11.5.

The demographic variables and responses to the rating scale on biopsychosocial wellbeing were summarised and the mean, median and standard deviation were found using the descriptive statistics. Correlation between family support, bio-psychosocial wellbeing and selected variables were computed using Pearson correlation and Cramer's V correlation at 0.05 alpha levels.

Results and Discussion

Table 1 shows the distribution

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Table 1: Demographic Characteristics of Menopausal Women (Frequency and Percentage)

N=100

Characteristics	Frequency (F)	Percentage (%)
Age		
45- 50 years	48	48
51-58 years	52	52
Marital status		
Married	75	75
Divorced	9	9
Separated	2	2
Widow	14	14
Number of children		
No	9	9
One	18	18
Two	36	36
Three	21	21
More than three	16	16
Type of family		
Nuclear	36	36
Joint	41	41
Extended	23	23
Attainment of menopause		
One year back	28	28
Two year back	18	18
Three year back	11	11
More than three years	43	43
Socio-economic status		
Low	60	60
Moderate	37	37
High	3	3

of the subjects by study characteristics like age, marital status, number of children, type of family, last menstruation, socio economic status and are described in terms of frequency and percentage. The study characteristics shows that 48 percent of respondents were in the age group of 45 - 50 years and 52 percent were in the age group of 51- 58 years. 75 percent were married, majority (41%) belonged to joint family. 28 percent had last menstruation one year back and 43 percent had it before three years. Majority (60%) of them, were from low socio-economic status and three percent belonged to high socio economic status.

Rating Scale on Biopsycho-social Wellbeing was assessed. Individual scores were calculated based upon the responses to each item. Majority of women (75%) had moderate wellbeing, 24 percent had high wellbeing and 1 percent had poor wellbeing.

Further analysis done in each area of the Biopsychosocial Wellbeing Scores was scored separately and mean percentage and standard deviation were calculated. Variability of Bio-psychosocial Wellbeing score was maximum in the area of psychological wellbeing (SD ± 8.46) and lowest among social wellbeing (SD± 5.409).

Table 2 shows that Spearmen's correlation was used to address how the family support and biopsychosocial wellbeing were related and reveals that family support did not play a role in the biopsychosocial wellbeing of menopausal women (r= 0.095).

Table 3 shows how the selected variables were related to biopsychosocial well-being using Pearson's correlation. It also points to the relation between age and biopsychosocial well-being and Cramer's V to find correlation between marital status, number of children, type of family and socio- economic status and biopsychosocial well-being. It was revealed that there was no significant relationship between biopsychosocial well-being and selected demographic variables but there exists relationship between biopsychosocial well-being and marital status.

Discussion

In the present study, age of menopause ranged from 48-54 (51.16± 3.17) years. Similar findings are reported by Al-qutob (2001) and result was mean age of menopause was 49 years and women were found to be suffering from variety of health problems (Groveneveled, 1996). Reshmi (1988) stated that as women age, their health is influenced by many factors which affect their wellbeing.

The present study showed that there is significant correlation between biopsychosocial wellbeing and marital status. A similar study by Conigrave & Haber (2005) in New York reported that married women generally have a later mean age at menopause. Married and widowed women report a later mean age at natural menopause compared to single and divorced women ($p<0.05$). Castello (1991) studied relationship between current mental and physical health and history of

Table 2: Correlation coefficient computed between family support and Biopsychosocial wellbeing

Variables	Mean	SD	r	p value
Family support	44.6	10.49	-0.095	0.166
Biopsychosocial wellbeing	116.4	16.49		

education, marital status, child rearing and employment among 541 women of 42- 50 years. Employment did not affect the risk of psychological symptoms for the college educated women were married and had children. Lack of employment doubled the risk of psychological well-being, irrespective of the educational status (Hurlock, 1998).

Implications

Middle age years are now much active, because of increasing life span and greater survival through reductions in infant and child mortality. So the findings of this study have implications for nursing practice, nursing education, nursing administration and nursing research.

Nursing practice: The need for nursing is universal, nurse's work at all levels of health care and all levels of prevention. However, the practice of nursing care must be evaluated from the scientific merit, which requires strong and sound evidence base. With responsibility for patient care and increasing accountability nursing students and staff need to be given adequate knowledge regarding care of menopausal women. A systemic and continuous assessment of patients can be done. Up to date knowledge of menopause will promote rendering safe and high level care to the recipients of nursing.

Nursing education: The study shows that women had moderate bio-psychosocial wellbeing. Nurses must devise highly innovative strategies to increase wellness. Nurse educators could use these study findings as an input for more assistance of new graduates. Besides these could help in planning and delivering individual patient, group of patients and public health education.

Nursing research: The ultimate goal of nursing research is improving patient care. Being nurses of the 21st century the competence of nursing as a profession must be backed up by scientific body of knowledge through research. The present study can serve as a baseline for further nursing and community-based researches. So more researches are needed to examine various factors (physical, psychological, social and cultural) relating to menopause. This would provide valuable information to plan health promotion programme for menopausal women.

Table 3: Correlation coefficient between biopsychosocial well-being and selected variables

Variables	r	p value
Age	-0.07	0.246
Marital status	0.998	0.021
Number of children	0.492	0.498
Type of family	0.296	0.720
Socio- economic status	0.518	0.108

Nursing administration: Nurse managers need to know the public felt need on which they have to base their plan to address their services. Using the findings of the study they can facilitate in-service education for the staff those who in turn will coordinate awareness programme to public. This study will also help the nurse managers to prioritise their community-based plans. The study will initiate nurse administrators to support for and reward activities to base nursing care on researches. Using this study, the administrator could influence the institution/ agency to support and integrate research application in policy of patient care.

Recommendations

a. Replication of the same study on a large sample may help draw conclusions that are more definite and generalisable to a larger population.
b. A longitudinal study may be undertaken to identify perceived biopsychosocial problems and well-being in different periods of menopause.
c. A comparative study can to be done to determine wellbeing among patients receiving hormonal replacement therapy and women who are not receiving.

d. A study may be undertaken to evaluate the effectiveness of wellbeing education among menopausal women.

Conclusion

All menopausal women were experiencing problems during this period. Majority belonged to age group of 51- 58 years and majority belonged to middle class. Majority of them were from nuclear family with two children. There was significant correlation between biological, psychological and social factors hence it is concluded that they are dependent. Further, there was significant correlation between marital status and biopsychosocial wellbeing of menopausal women. No correlation was revealed between family support, biopsychosocial wellbeing and other selected variables. Majority of the menopausal women had good family support and hence there was biopsychosocial wellbeing.

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Gian Sagar College of Nursing, Patiala (Punjab): International Nurses Week was celebrated from 9-12 May 2011. On valedictory function on 12 May, chief guest was Dr Sukhwinder Singh, Vice Chairman, Guest of Honour, S Harnam Singh ji, President and Dr AS Sekhon, Dean Colleges of GSECT emphasised the important role of nurses. The event was marked by cake cutting ceremony, cultural activities and presentation of SNA Annual Report. The Nurses Week was inaugurated on 9 May 2011 by Dr JP Singh, Director GSECT. Dr Ms Surinder Jaspal, Principal of the college, unfolded the Nurses Week Theme - 'Closing the Gap : Increasing Access & Equity'. Students presented the play portraying the life history of Florence Nightingale and a panel discussion on the theme. On 9&10 May, poster exhibition-cum-health talks on antenatal care by MSc (N) 1st year students and another on female feticide was organised by GNM 1st year students in Urban Health Centre, Rajpura. On 11 May 2011, all students and clinical instructors participated in cleanliness programme in the college and hostel. A rally on environmental sanitation was also organised by GNM 3rd year students in rural community area (Manakpur).