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 criteria 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...
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 per-
cent were married, majoritly (41%) belonged
to joint family. 28 percent had last menstrua-
tion one year back and 43 percent had it be-
fore three years. Majority (60%) of them, were
from low socio-economic status and three
percent belonged to high socio economic sta-
tus.
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 per-
cent 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-psycho-
social 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 Spearman’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 rela-
tion between age and biopsychosocial well-being
and Cramer’s V to find correlation between mar-
tial status, number of children, type of family and
socio-economic status and biopsychosocial well-
being. It was revealed that there was no signifi-
cant 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 re-
ported 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 sig-
nificant correlation between biopsychosocial well-
being 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 cur-
rent mental and physical health and history of

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

*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 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 wellbeing in different periods of menopause.

c. A comparative study can be done to determine wellbeing among patients receiving hormonal replacement therapy and women who are not receiving.

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<table>
<thead>
<tr>
<th>Variables</th>
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<th>p value</th>
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</thead>
<tbody>
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<td>Type of family</td>
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<td>0.108</td>
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Table 2: Correlation coefficient computed between family support and Biopsychosocial wellbeing

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

**Acknowledgements**
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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 Harman 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).