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## A descriptive study to assess the bio-psycho-social concerns of post-menopausal women in a selected community, Kannur district

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### Abstract

**Introduction:** Menopause results from a cease in ovarian follicular function and marks the end of menstruation. Clinically, menopause is diagnosed after 12 months of amenorrhea. Menopause occurs either naturally or is surgically or medically induced. Most women experience menopause between the ages of 40 and 58 years. Many of them experience menopausal symptoms in varying degrees and it really affects their quality of life.

**Aim:** The present study aimed to assess the bio-psycho-social concerns of post-menopausal women in a selected community, Kannur district.

**Methods:** A quantitative research survey approach, using modified Menopause Rating Scale was conducted. The sample consisted of 300 post-menopausal women in the age group of 35-60 years, in a selected community, Kannur district, selected through convenient sampling technique. The data were analyzed using both descriptive and inferential statistics on the basis of objectives of the study.

**Results:** The results of the study depicted that the severity of bio-psycho-social concerns among post-menopausal women was 89.7% - mild, 10.3% - moderate and 0% - severe respectively.

**Discussion:** The study conducted among post-menopausal women revealed that there exists presence of difficulties and issues among them. It is the need of the hour to take necessary steps to tackle this problem so as to improve the quality of life of post-menopausal women.

**Keywords:** Bio-psycho-social concerns, post-menopausal women

### Introduction

Menopause is a natural process that every woman experiences due to the age-related gradual decline of primordial ovarian follicles. It is the permanent cessation of menstruation. It is defined as the 12-month amenorrhea after the final menstruation with no other attributable cause. Menopause and related biological changes have a negative impact on the general health and quality of life (QOL) as well as the wellbeing of middle-aged women<sup>[1]</sup>.

A cross sectional study was undertaken in rural practicing area of Sri Venkateshwarra Medical College Hospital and Research Centre, Puducherry, to assess the menopause symptoms and quality of life among post-menopausal women. Simple random sampling was used to select 133 post- menopausal women. Data collection was done using modified MENQOL questionnaire. Body mapping was done by the participants. Analysis of data was done using descriptive and inferential statistics. The results showed that the mean age was 51±2 years. Around 32% of them were suffering from co morbidities like Diabetes and Hypertension. Most (79.2%) of them had joint pain and 2.3% had lower sexual desire. Regarding menopausal symptoms, 48% of them had no symptoms, 26.3% had mild and 15.03% had moderate symptoms. There was significant association found between age of menopause and severity of menopausal symptoms in vasomotor and psychosocial domains. Positive correlation was seen among the domains. Majority (65%) of the women perceived pain in any parts of the body that affected their day to day life. The study concluded that the quality of life of post menopausal women was poor and it needs to be addressed<sup>[2]</sup>.

### Need for the study

A descriptive study was conducted from November 2011 - January 2012 in Father Muller

Medical College Hospital, to assess the bio-psycho-social problems of post-menopausal women and to explore relationship between biological, psychological and social problems. Purposive sampling technique was used to select 50 post-menopausal women. A rating scale was used to collect data and the same was analyzed using SPSS. The results revealed that 39.14% of women had biological, 36.93% had psychological and 29.33% had social problems. There was a correlation between biological and psychological ( $r=0.34$ ), while there was no correlation between biological and social ( $r=-0.228$ ), or psychological and social ( $r=-0.139$ ) problems experienced by the women. There was no significant association between the demographic variables and the bio-psycho-social problems. The study concluded that post-menopausal women experience severe issues and they need to be tackled properly [3].

A community based cross sectional house to house survey was conducted at Anjarakandy, a field practicing area under Kannur Medical College, Anjarakandy, to find the prevalence of menopausal symptoms and perceptions regarding menopause among menopausal women of Kerala from January to October, 2009. Random sampling of houses was done to select 106 post-menopausal women, who were staying in the nearby areas for the last six months. A pre tested questionnaire was used to collect data by a trained social worker. Data were analyzed using SPSS 15. Descriptive and inferential statistics was used for the same. The findings revealed that the mean age of attaining menopause was 48.26 years. It also showed that prevalence of symptoms among women were emotional problems (crying spells, depression, irritability) were experienced by 90.7% of them. Majority (72.9%) of the women had headache, 65.4% had lethargy, 58.9% had dysuria, 57% had forgetfulness, 53.3% had musculo-skeletal problems, 31.8% had sexual problems (decreased libido & dyspareunia), 9.3% had genital problems and 8.3% had voice changes. The study concluded that the women were suffering from one or more number of menopausal symptoms [1].

Menopausal symptoms and their severity vary from person to person due to the effects of confounding factors such as lifestyle, social status, psychological status, body composition etc. Thus, menopausal symptoms, especially the vasomotor and sexual symptoms are associated with impaired QOL in women [1]. Most women experience one or the other symptoms during menopause. Vasomotor symptoms such as night sweats and hot flashes are the only symptoms specifically linked to menopause, affecting 60–80% of menopausal women. The majority of women rate these symptoms as moderate to severe. Factors that can affect the severity of these symptoms include socio-demographic characteristics, lifestyle factors and psychological status. The provision of effective and reliable educational materials can strongly encourage menopausal women to engage in self-care and personally manage or treat their symptoms, improving their health and quality of life. Studies show that most women have a poor understanding of menopause [4].

### Problem statement

A descriptive study to assess the bio-psycho-social concerns of post-menopausal women in a selected community, Kannur district.

### Objectives

#### The objectives of the study were to

- assess the biological concerns of post-menopausal women
- describe the psychological concerns of post-menopausal women
- identify the social concerns of post-menopausal women
- correlate the bio-psycho-social concerns of post-menopausal women
- associate between bio-psycho-social concerns and selected demographic variables

### Hypotheses

To achieve the stated objectives, the hypothesis were tested at 0.05 level of significance.

**H<sub>1</sub>:** There will be significant correlation between bio-psycho-social concerns of post-menopausal women.

**H<sub>2</sub>:** There will be significant association between bio-psycho-social concerns and selected demographic variables.

### Assumptions

#### The study assumed that

- Post-menopausal woman experience severe bio-psycho-social concerns.
- The difficulties faced by post-menopausal women decrease as the years progress.

### Materials and Methods

#### Research Approach

A quantitative research survey approach was adopted for this study to assess the bio-psycho-social concerns of post-menopausal women in a selected community, Taliparamba, Kannur.

#### Research design

A descriptive survey design was used for the study.

#### Setting of study

The present study was carried out at Taliparamba, Kannur District.

#### Variables

In this study, bio-psycho-social concerns of post-menopausal women were the dependent variable, whereas, the extraneous variables were age, religion, marital status, education, occupation, type of family, food pattern, habits, exercise, lifestyle diseases, years after menopause and type of menopause.

#### Sample and sampling technique

In this study, the sample comprised of 300 post-menopausal women, selected using convenient sampling.

#### Inclusion criteria

- women who attained menopause either naturally or artificially
- post-menopausal women in the age group of 35-60
- post-menopausal women were willing to participate in the study
- post-menopausal were available during the period of data collection

#### Exclusion criteria

- Postmenopausal women who were not willing to

- participate in the study.
- Postmenopausal women who were not available of the time of data collection.
- Postmenopausal women who were aged less than 35 years and older than 60 years.

**Description of the tool**

In this study, the investigators used a structured baseline proforma and Modified Menopause Rating scale.

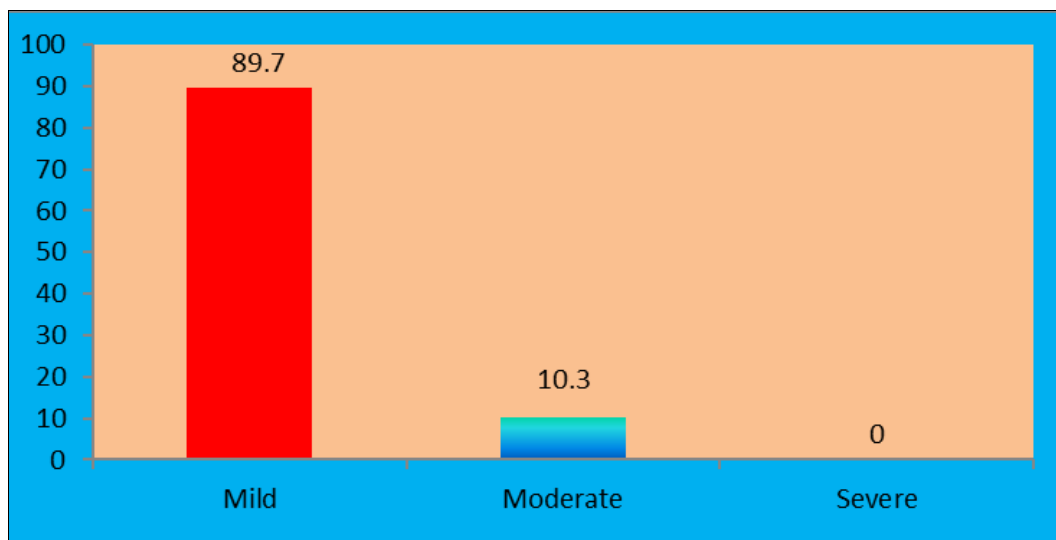
**Part 1:** Baseline characteristics, that consisted of 12 items related to the baseline characteristics of the post-menopausal women, that included age, religion, marital status, education, occupation, type of family, food pattern, habits, exercise pattern, presence of co-morbidities, years after menopause and type of menopause.

**Part 2:** Modified menopause Rating scale that consisted of three aspects- biological, psychological and social that included 12, 9 and 4 items respectively. Each item had three options to be marked - mild, moderate, and severe and the scores were 1, 2 and 3 respectively. The minimum score would be 25 and the maximum being 75.

**Results**

**Table 1:** Description of severity of bio-psychosocial concerns of post -menopausal women, n =300

Grading	range	Severity of bio-psychosocial concerns	
		Frequency	Percentage
Mild	01 – 25	269	89.7
Moderate	26 - 50	31	10.3
Severe	51 - 75	0	0



**Fig 1:** Severity of bio-psychosocial concerns

The data in the above diagram reveal that 89.7% of the women had mild and 10.3% had moderate bio-psychosocial concerns, while none had severe concerns.

**Table 2:** Range, mean, median and Standard Deviation of bio-psychosocial concerns n = 300

Variables	Range	Mean	Median	SD
Biological concerns	0 - 27	8.44	7	5.4
Psychological concerns	0 - 18	3.61	3	3.48
Social concerns	0 - 07	0.573	0	1.11

Max. Score = 75

The data presented in the above table show that the mean median and SD of biological concerns were 8.44, 7 and 5.4 respectively, while the mean, median and SD of psychological concerns were 3.61, 3 and 3.48 respectively. Mean score of social concerns was 0.573 and the median was zero whereas the SD was 1.11.

**Mean correlation “r” value between the bio-psychosocial concern scores of post-menopausal women.**

To test the correlation, an alternative hypothesis was formulated and Karl Pearson’s correlation coefficient test was computed to test the hypothesis.

**Table 3:** H<sub>01</sub>: There is a significant correlation between mean bio-psychosocial concern scores. n = 300

Group	Mean biological concerns	Mean psychological concerns	Mean social concerns	“ r ” value
Post menopausal women	8.44	-	-	1
	-	3.61	-	-1
	-	-	0.573	-1

‘r’, DF = n-2 = 0.308, p<0.05

\* Significant

Karl Pearson’s correlation values were computed at df=n-2 between mean bio-psychosocial concern scores and the ‘r’ value was 1 (biological and psychological) and -1 (psychological and social & biological and social).

There is a positive correlation between mean biological and psychological concern scores and hence the research hypothesis was accepted.

### Association between bio-psychosocial concerns of post-menopausal women and selected demographic variables

To find the association between bio-psychosocial concerns and selected demographic variables, following null hypothesis was stated.

**Table 4:** H<sub>02</sub>: There will be no significant association between bio-psychosocial concerns and selected demographic variables, n = 300

Sl. No.	Variables	X <sup>2</sup> value	DF	Inference
1.	Age	9.103	4	Not significant
2.	Religion	2.03	3	Not significant
3.	Marital status	1.003	3	Not significant
4.	Education	7.912	4	Not significant
5.	Occupation	0.213	4	Not significant
6.	Type of family	0.032	2	Not significant
7.	Dietary pattern	9.341	2	Significant
8.	Habits	3.405	2	Not significant
9.	Exercise pattern	10.005	3	Significant
10.	Co-morbidities	4.873	2	Not significant
11.	Years after menopause	6.683	2	Significant
12.	Type of menopause	5.073	2	Not significant

$p < 0.05$  \*significant

The data in the above table reveal that there was a significant association between dietary patterns, exercise pattern and years after menopause. And there is no significant association between age, religion, marital status, education, occupation, type of family, habits, co-morbidities and type of menopause, and hence the test is statistically significant at  $p < 0.05$  level. So, the null hypothesis was rejected and the research hypothesis was accepted.

### Implications

The results obtained from the study helped the researchers to derive certain implications for nursing profession. The provision of effective and reliable educational materials can strongly encourage menopausal women to engage in self-care and personally manage or treat their symptoms, improving their health and quality of life and this should be emphasized in the education of students. More research can be conducted in this regard to identify the issues of post-menopausal women at the earliest and tackle it properly. Students in nursing and other streams should be given opportunities to learn and help post-menopausal women in overcoming the issues.

### Conclusion

Menopause does not cause any life threatening conditions but it affects the quality of life of women in the middle ages. In Kerala the life expectancy of females at birth is 76.3 years and average age at menopause to be estimated to be 47.95 years or 42.8 years. Given the expectation of life at birth of women in Kerala, approximately 28 years of life will be spent in the post-menopausal period with short time and longtime menopause related morbidity. Menopause is a physiological event but its psychological and physical consequences will prevail throughout these 28 odd years of women. Issues and concerns of women during menopause should be addressed in a holistic manner so that women can have a pleasant and relaxed time before, during and after menopause [5].

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Not available.

### Author's Contribution

Not available.

### Conflict of Interest

Not available.

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Not available.

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