

## **TO ASSESS THE KNOWLEDGE REGARDING BIOPSYCHOSOCIAL WELL-BEING AND FAMILY SUPPORT AMONG MENOPAUSAL WOMEN**

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### **Abstract:**

**Background-** The most striking characteristic is the absence of menstruation known as menopause, during the transition phase from the reproductive stage of life. Women can experience a broad array of physical, psychological and social problems due to hormonal changes. Psychological problems do more harm to everyday life, and are most often ignored as well. adapting to changes in orientation induced by hormonal shifts. One of the studies also evaluated the knowledge in Udai Wellbeing using the Biopsychosocial Wellbeing Family Support Scale and Rating Scale. 24% of 100 menopausal women had high biopsychosocial well-being, 75% moderate well-being and 1% Bad well-being and strong family care was given to 50 per cent of respondents. The study concluded that family support has not played any role in menopausal women's biopsychosocial well-being but marital status does.

**Objectives –** 1) To assess the knowledge regarding biopsychosocial wellbeing among menopausal women. 2) Assess the knowledge regarding family support among menopausal women. 3) To associate between the biopsychosocial and family support among menopausal women with selected demographic variables.

**Methodology –** The research design will be descriptive cross sectional designed. Research approach will be survey approach and the sample for the study is menopausal women. The samples will be collected using non-probably convenient sampling technique and 100 menopausal women will have the sample size for the study . The setting of

the study will be selected from community areas of Wardha. Ethical approval was obtained from IEC, DMIMS(DMIMS(DU)/IEC/Dec-21/2018/7741).

**Expected Results:** This study is planned to assess the knowledge regarding biopsychosocial wellbeing and family support among menopausal women. Hence, it is expected to spread wide assessment and should people know regarding menopause and also family supports the women who is suffering through some symptoms of menopause which is exhausting and disturbing her life phase from normal living.

**Keywords** – Assess, knowledge, biopsychosocial wellbeing, family support and menopausal women.

## **Introduction**

Menopause is the time when ovaries Cease to work in a women's body. The ovary or female gonad, is one of a pair of female reproductive gland. The menopause process does not take place. Immediately but instead is a gradual process. This time of so-called perimenopausal transition is a different experience for every woman. Menopause initiation median Age is 51 years. There is no single way of determining when a woman experiences menopause.<sup>1</sup> The universe's continuity is based on the female species. Her position continues to shift, she's a daughter, then wife, mom and so on. She leads the family unit while mother, and decides the course of it. She has the greatest possible impact on the family. This frequent shift in roles changed her usual physics. The supportive family affects the women's mental and physical development.<sup>2</sup> Most females undergo menopause within the ages of 45 and 55, and about 1% Women experience menopause before age 40 Women in menopause may experience a range of debilitating symptoms that may be psychological, i.e. anxiety and/or depression.<sup>3</sup> The different medications available for menopausal symptoms include hormone replacement therapy, holistic medicine, and complementary therapies of which hormone replacement therapy has been found to have multiple side effects whereas other natural therapies and supplemental therapies have no side effects. Normal modern menopause medical care relies on hormone replacement therapy.<sup>4</sup>

Menopause usually happens in midlife females, as this discussion of the transformation phase before. This transition takes place over a period of year, which is a normal result of ageing, and the associated symptoms and consequences that can arise during the transformative phase of menopause will greatly affect their everyday lives and sense of well-being. That involves erratic menses, dysfunctional vasomotors. Hot flashes and night sweats, genitourinary tissue atrophy, elevated pain, tenderness of the breast, vaginal dryness, forgetfulness, mood changes and in some cases, osteoporosis and/or heart failure. Such symptoms are due to hormonal shifts in the female body, which influence each person to a specific degree.<sup>5</sup> India has a large population, according to the Indian menopause society, that has already crossed the 1 billion mark people over 60yrs of age and around 43 million menopausal women. The menopausal population in India is projected as. The average age of menopausal Indian women is 47.5 years and in southern Karnataka the mean age of female menopause is 48.7 years.<sup>6</sup>

## **Background of the Study**

The most notable characteristic is the absence of menstruation known as menopause, during the transition phase from the reproductive stage of life. Women can experience a broad array of physical, psychological and social problems due to hormonal changes. Issues related to their fertility and diminished reproductive capacities make them feel less articulate in society. Psychological problems do more harm to daily life, and are most often ignored as well. Transitions due to stress include adjusting to the changing self and adapting to changes in sexuality induced by hormonal shifts.<sup>7</sup> Wellbeing was measured using the Biopsychosocial Wellbeing scale and ranking system for family support. Of 100 menopausal women, 24% had high biopsychosocial well-being, 75% average well-being and 1% low well-being, and 50% had strong family support, 42% got moderate support. Just 8 per cent of respondents received weak assistance from the family. The mean and normal biopsychosocial variance women. Biological well-being was 75.5 per cent, psychological 69.2 per cent and social well-being 76.9 per cent.

Results from the study showed that family support did not play a role in menopausal women's health ( $r = 0.095$ ). The results showed a strong positive association between family support and social well-being ( $r = 0.57.2$ ).<sup>8</sup>

## **Need of the Study**

The need of the study is to know that how much knowledge they are having about the menopausal conditions. They should know what kind of health issues will come after the menopause. There need to know after menopause changes in behaviour of women comes is accepted by the family or not. Do she have all the family support or she is phasing any kind of problems in the family. Women go through different stages of menopause including cycles of perimenopause, menopause, and post menopause. The normal cyclical cycle of menstruation is disrupted, during the perimenopausal phase, and menstruation is sporadic. This process will last from six months to a year, wherever. Oestrogen development is decreased during the premenopausal phase, and gradually ceases.<sup>9</sup> Throughout my research in this field, I thought and found that there is a significant change in menopausal women's full wellbeing when the years go by as they encounter a number of physically and mentally crippling symptoms. Among the treatments accessible it is known that diversion or complementary therapy will boost their health condition and living conditions.<sup>10,11</sup>

### **Methodology:**

The research design was descriptive cross sectional designed. Research approach was survey approach and the sample for the study is menopausal women. The samples will be collected by sampling technique that is not probable and the sample size for the study was 100 . The setting of the study was selected from community areas of Wardha. Ethical approval was obtained from IEC,DMIMS(DMIMS(DU)/IEC/Dec-21/2018/7741).

### **Inclusion Criteria:**

- The menopausal women whose age group is 45-55yrs
- The menopausal women who are willing to participate
- The menopausal women who are available at the time of data collection
- The menopausal women who can read and write Marathi, Hindi, and English .

### **Exclusion criteria:**

- Those menopausal women who have attended similar type of this study.

**Randomization:** All the women will be assigned randomly by sequentially numbered system.

**Interventions:** for assessment of knowledge of the women through interview by using structured questionnaire.

### **Outcome measures –**

The outcome of the study is based on assessing the knowledge regarding biopsychosocial wellbeing and assessing family support among menopausal women in selected areas and the association between biopsychosocial wellbeing and family support.

**Data management and monitoring:** Section 1: Structured response sheet for Demographic data, which gives baseline information such as Age, Gender, Occupation. Section 2: Structured knowledge questionnaire for assessing family support.

On the basis of this tools the data monitoring will be done as providing knowledge questionnaire and the knowledge will be assessed.

**Expected Outcomes/Results:** This study is planned to assess the knowledge regarding biopsychosocial wellbeing and family support among menopausal women . Hence, it is expected to spread wide assessment and should people know regarding menopause and also family supports the women who is suffering through some symptoms of menopause which is exhausting and disturbing her life phase from normal living.

**Statistical Analysis:** Statistical analysis was undertaken using SPSS software version 17.0 and graph pad prism version 5.0 and  $p < 0.05$  is the level of significance. The data will be analyzed using ANOVA test (variance analysis), student unpaired t-test.

**Ethics and Dissemination:** This research study is approved by the Institutional Ethics Committee of IEC, DMIMS(DMIMS(DU)/IEC/Dec-21/2018/7741). All participants will be asked to read and sign the informed consent.

### Discussion:

The findings of this study will be discussed in this section with reference to the objectives set out in the synopsis and with the findings of the other studies. The present research was undertaken to 'review awareness among menopausal women concerning bio-psychosocial well-being and family help.' It is not shocking that studies demonstrated sufficient awareness among menopausal women in the context of widely recognized information of biopsychosocial health and family care. A cross-sectional analysis conducted in Selected District Hospitals of Udupi, Karnataka, to Assess Menopausal Women's Bio-psychosocial Health and Family Help at Selected District Hospitals of Udupi, the research aims to determine the biopsychosocial health and family support of menopausal people. Biopsychosocial wellbeing was assessed using the and ra Biopsychosocial Health Program & system of ordering Family Treatment. Recent results indicate that 24% of 100 menopausal people had high biopsychosocial well-being, 75% normal well-being and 1% weak well-being, and 50 % of respondents provided supportive family support, 42% provided medium treatment. Just eight per cent of respondents received poor family support. 75.5 per cent had biological well-being among 100 participants in the menopause, 69.2 per cent had psychological well-being and 76.9 per cent had relational well-being, the mean and normal variation among biopsychosocial well-being and family support indicates. The study results revealed that help for the family has not played a part in the reception of menopausal women. Daga et al conducted ultrasound evaluation of uterine leiomyoma in perimenopausal females<sup>12</sup>. Aryal et al assessed the impact of spousal migration on the mental health of Nepali women<sup>13</sup>. Some related studies were reported by Papalkar et al<sup>14</sup> and Khan et al<sup>15</sup>.

**Conclusion:** The statistical review should make inference.

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