



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2017; 3(7): 903-905
www.allresearchjournal.com
Received: 28-05-2017
Accepted: 30-06-2017

Meenaxi R Devangmath
Ph.D. Scholar, J.J.T.
University, Rajasthan, India

Dr. Suresh Ray
Associate Professor, Bharati
Vidyapeeth College of Nursing,
Pune, Maharashtra, India

A study to assess bio-psycho-social problems, coping strategies and quality of life among post menopausal women of selected rural community in Dharwad District, Karnataka

Meenaxi R Devangmath and Dr. Suresh Ray

Abstract

Introduction: Menopause, is also known as the climacteric, is the time in most women's lives when menstrual periods stops permanently. Menopause is usually a natural change. Menopause has been described as a subjective experience, with social and cultural factors playing a prominent role in the way menopause is experienced and perceived.

A descriptive study was conducted to assess knowledge regarding bio-psycho-social problems, coping strategies and quality of life among post menopausal women of selected areas of rural community of Dharwad district, Karnataka, a total of 50 samples were selected by using probability random sampling technique, the data was collected by interview method. the study results revealed that, majority of subjects 35(70%) had sleep problems, 43(86%) of them had joint and muscular discomfort. 28(56%) had depressive mood, 33(66%) had irritability feelings and 39(78%) of subjects experienced physical and mental exhaustion. Among the subjects 44(88%) of them were adopted coping strategies, 10(20%) of subjects had poor quality of life and 21(42%) of them had quite well quality of life, none of the subjects belongs to very poor quality of life and extremely well quality of life. There was no significant co relation between bio-psycho-social problems and quality of life. The study revealed that, association exists between quality of life of subjects and dietary pattern. The study findings conclude that post menopausal women suffers from bio-psycho-social problems therefore IEC activities in this regard are very essential to cope up with situation.

Keywords: post menopausal women, bio-psycho-social, coping strategies, quality of life

Introduction

The continuum of an individual's life can be divided into several life stages with certain features characteristic of each stage. Each stage of life is influenced by specific aspect such as infancy, childhood, adolescent, adult, middle age and old age.

Biologically, life stages of a typical women are divided into infancy, puberty (adolescence), sexual maturation (reproductive age), climacteric period and post climacteric (elderly) years. A woman is said to have reached menopause when no menstruation occurs for 12 consecutive months and this usually occurs in the mid 40s to 50s, the average life expectancy of women has increased rapidly, the incidence of medical diseases specific to post menopausal women have increased. psychiatric symptoms like mood changes may also occur, as well as urinary in continence and migraine. Research has shown that reproductive hormones produced during menopause contribute to mood alterations, such as depression. Insomnia occurs in 40-50% of women during the menopausal transition.

Research shows that a women's attitude toward the menopause may impact her level of distress with the experience, women who show a negative coping style will have a more negative experience of the menopause. Quality of life is an important outcome measure of health care and understanding the impact of menopause on quality of life is a critically important part of the care of symptomatic post menopausal women. The study of quality of life in the post menopausal women has become an essential component in clinical practices.

Correspondence
Meenaxi R Devangmath
Ph.D. Scholar, J.J.T.
University, Rajasthan, India

Objectives: The objectives of the study were,

1. To assess the Bio-Psycho-Social problems among post menopausal women of rural community.
2. To identify coping strategies adopted by post menopausal women of rural community.
3. To assess quality of life among post menopausal women of rural community.
4. To determine the relationship between Bio-Psycho-Social problems and quality of life among post menopausal women of rural community.
5. To find out an association between the quality of life among post menopausal women of rural community with their selected demographic variables.

Methodology

Research approach: Qualitative research approach.

Research design: Descriptive survey design

Sampling technique: Probability random sampling technique

Sample size: 50

Setting of study: selected area of Byahatti PHC, Dharwad district.

Tool used: Menopause rating scale, menopause coping strategies scale and quality of life scale.

Section-I: Socio demographic variables of subjects.

Section-II: Items on bio-psycho-social problems among subjects.

Section-III: Items on coping strategies.

Section-IV: Items on quality of life.

Procedure of data collection

The formal permission was obtained from the medical office of the PHC and local governing body of Byahatti. The participants were selected by probability random sampling technique and a written consent was obtained. Data was collected by using data collection tools. Data collected was then tabulated and analyzed.

Results

The findings related to socio-demographic variables of subjects

The age of sample varied from 45- 55 years. Majority 31 (62%) of samples were in the age group of 45 - 50 years and remaining 19(38%) of samples were in the age group of 51 – 55 years. majority of sample 39 (78%) were Hindus, 07 (14%) were Muslims and 2(4%) of each belonged to Christian and other religions. Majority of samples 22 (4%) were had primary school education, and 4(8%) were education was PUC and above. majority 34 (68%) were occupation was House makers, and 2(4%) of each were had occupation of agriculture and other occupation respectively. Majority 41 (82%) were married and remaining 09(18%) were single. With regards to type of family, majority 28 (56%) were belonged to nuclear family and 05(10%) were belonged to extended family. majority 31 (62%) of the post menopausal woman dietary pattern was vegetarian and remaining 19(38%) were dietary pattern was mixed diet. With regard to years after menopause majority 12(24%) of post menopausal women belonged to category of 0-2 years after menopause and 8(16%) were belonged to category of 3-4 years after menopause. majority 19(38%) of post menopausal women were had 5001-10000 family income per month, and 07(14%) were had above 15000 income per month. Majority 34(68%) of post menopausal women were

not suffering with any chronic disorders and remaining 16(32%) were suffering with chronic disorders. Among 16 post menopausal woman who were suffering with chronic disorders 07 were suffering with diabetes mellitus, 04 were suffering with hypertension and remaining 03 were suffering with heart diseases. With regard to type of menopause majority 42(84%) of post menopausal women menopause was natural and remaining 08(16%) woman type of menopause was assisted.

Bio-Psycho-Social problems of post menopausal women

Item wise scores of bio-psycho-social problems of post menopausal women, majority 43(86%) of women had a problems related to joint and muscular discomfort and least 04(8%) of women had a problem related to sexual problems. Items wise description of problem is as follows-18 (36%) of women experienced episodes of hot flushes and sweating, 12 (24%) of women experienced heart discomfort, 35 (70%) of women experienced Sleep problems, 04 (8%) of women experienced sexual problems, 14 of the respondents had difficulty in passing urine, 7 of them experienced dryness of vagina, 43(86%)of women experienced joint and muscular discomfort, 28(56%) of women experienced depressive mood, 33(66%)of women experienced irritability, 19 (38%) of women experienced anxiety, 39 (78%) of women experienced physical and mental exhaustion, 21 (42%) of women were impatient with other people, 05 (10%) of women felt to be alone, 13 (6%) of women felt no interest in any social activity.

Level of coping by post menopausal women of rural community

In order to find out the level of coping by post menopausal women the scores obtained by the women were tabulated into master sheet and then categorized into 3 levels as poor coping, moderate coping and good coping. Among the subjects majority 44(88%) of post menopausal women were belonged to level of good coping category and remaining 06(2%) were belonged to level of moderate coping category.

Findings related to quality of life

In order to find out the level of quality of life by post menopausal women the scores obtained by the women were tabulated into mater sheet and then categorized into 5 levels as very poor QOL, Poor QOL, Normal QOL, Quite well QOL and extremely well QOL. Results shows that the majority 21(42%) of post menopausal women were having quite well quality of life, 19(38%) were having normal quality of life and remaining 10(20%) were having poor quality of life.

Findings related to relationship between bio-psycho-social problems and quality of life.

In order to, find out the correlation of bio-psycho-social problems scores and quality of life scores of post menopausal women of rural community, a correlation coefficient was computed by using Karl Pearson's Co efficient of correlation. To test the statistical significance following null hypothesis was stated:

H₀₁: There will be no statistical relationship between Bio-psycho-social problems and quality of life among post menopausal women of selected rural community at 0.05 level of significance.

Results shows that the correlation between bio-psycho-social problems and quality of life scores of post menopausal women of rural community is found not significant at $p < 0.05$ levels. Thus the null hypothesis H_{01} is supported and the research hypothesis is rejected, indicating no correlation between bio-psycho-social problems and quality of life.

Findings related to association between the quality of life with selected demographic variables.

Chi-square values between quality of life among post menopausal women of selected rural community and their selected personal variables.

To find out the association between the levels of quality of life and selected personal variables, Chi square was computed and the following null hypothesis is stated.

H₀₂: There will be no statistical association between the quality of life among post menopausal women of selected rural community with their selected demographic variables at 0.05 level of significance Results shows that the computed Chi-square value for association between quality of life of post menopausal women of rural community is found to be statistically significant at 0.05 levels for Dietary pattern where as it is not found significant for age, religion, education, occupation, marital status, type of family, years after menopause, family income, suffering with any chronic disorders and type of menopause at 0.05 levels. Therefore, the findings partially support the null hypothesis H_{08} and the research hypothesis, inferring that post menopausal women's quality of life is significantly associated with dietary pattern.

Conclusion

The study concludes that post menopausal women had sleep problems, joint and muscular problems, depression, irritability feelings and physical and mental exhaustion. 80% of the subjects adopted coping strategies and 42% of them had quite well quality of life. Association exists between quality of life and dietary pattern.

It suggests that menopause is a normal life event where menstruation ceases; it is not associated with the bio-psycho-social morbidity paradigm as prevalent in the West.

References

1. Berga SL, Parry BL. Psychiatry and reproductive medicine. In: Kaplan HI, and Sadock BJ (Eds.). Comprehensive Textbook of Psychiatry, 6th Ed., Baltimore: Williams and Wilkins, 1995.
2. Herrman HS, Saxena S, Moodie R. Promoting Mental Health: Concepts, Emerging Evidence, Practice. A WHO Report in collaboration with the Victoria health Promotion Foundation and the University of Melbourne. Geneva: World Health Organization, 2005.
3. Shoji J. Life stages and mental development, Current information of maternal and child health, 2006; 54:19-23.
4. Yuko Takeda. Understanding the life stages of women to enhance your practice. Journal of the Japan Medical Association. 2010; 53(5):273-278.
5. Howkins J, Bourne G. Perimenopause, menopause, premature menopause and postmenopausal bleeding. Shaw's Textbook of Gynaecology. 14th ed. India: Elsevier, 2008, 37.

6. World Health Organization. Research on the menopause. Report of a W.H.O. scientific group. Technical Report series 670, WHO, Geneva, 1981.
7. Leidy LE. Biological aspect of menopause: across the lifespan. Annual Review of Anthropology. 1994; 93(23):1-53.
8. World Health Organization. Research on the menopause in the 1990 [WHO Technical Report, Series No. 866]. Geneva, 1996.