The Influence Of Menopausal Indicators And Family Support On The Well-Being Of Women With Menopause

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Abstract

Objective: The focus of the study was to ascertain the relationship between menopausal women's physical and mental well-being, the intensity of their menopausal symptoms, and their family support. The study also aimed to find the impact of menopausal symptoms and family support on the well-being of women during menopausal age.

Methods: A cross-sectional design of 450 menopausal women participated in the study. The standardized menopausal symptom rating scale the well-being assessment instrument was used. The duration of the study was from October 2020 to December 2021. A systematic family support questionnaire was used to evaluate family support. The SPSS software version 16 was utilized for the data analysis.

Results: The average age of women was 49.8 years with an 8.6 standard deviation. A significant portion of women reported challenges, with 51% experiencing sleep disturbances, including trouble sleeping and early waking. Other symptoms included confusion (32%), muscle and joint pain (30%), restlessness (22%), sadness (45%), urinary issues (7%), reduced sexual desire (20%), and joint discomfort (30%). Additionally, 51.3% of participants reported inadequate familial support, while 32.6% indicated poor mental well-being. In contrast, 32.5% of women were moderately satisfied with family support.

The study revealed a strong positive correlation between family support and well-being, with an r-value of 0.625 and a statistically significant p-value of 0.012 (p < 0.05). An ANOVA test showed that familial support significantly affects symptom severity associated with menopause, with an F-value of 1.8 and p ≤ 0.001. Furthermore, a strong association was found between women's well-being and certain demographic factors, notably family income, with a p-value of 0.02, indicating statistical significance.

Conclusion: The investigation has determined that a large number of women in rural areas struggle with menopausal symptoms that affect their physiologic and psychological processes as they age. Family support is the major component that will affect women's life as they are in menopause.

Keywords: Menopause, family support, symptoms, wellbeing.

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Introduction

The aging process begins when a woman stops being fertile or menstruating, which is a normal part of life. Menopause is a natural occurrence

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in women's bodies, but it can lead to severe symptoms and significant physical and mental changes. These symptoms can hurt a woman's overall well-being. Symptoms may persist for months or years for some women. Before and during menopause, many people experience physical and emotional changes that affect their psychological well-being[1].

During menopause, many women face a range of health issues, from mild to severe, if symptoms are not recognized early. There are a lot of taboos and misconceptions surrounding this time of life. Early symptom detection might ease a woman's anxiety and discomfort. Health and welfare organizations, along with NGOs, col-

laborate to support women experiencing emotional challenges during menopause[2].

In India, 65 million women experience menopause; their average age is between 45 and 50 years old. The age at which women reach menopause can vary between 35 and 40, depending on their lifestyle and physical conditions[3].

Physical changes during menopause can lead to mood changes. Anxiety may increase due to hot flashes causing sleep deprivation. According to the researcher's review, over 60% of women are experiencing psychological problems, while 20% are facing serious issues. Attitudes, sociocultural beliefs, and cultural ethos influence women's perceptions, affecting their well-being. Myths about menopause lead to women practicing unhygienic health behaviors. During these critical periods, maintaining healthy habits plays a significant role in managing menopausal symptoms[4].

Accepting menopause as a normal stage of life for women is freeing and powerful. Reproductive health is significantly impacted by this critical time, which is marked by a range of physical and psychological changes.

Estrogen deficiency during menopause leads to significant consequences, such as impaired cognitive function, urogenital atrophy, osteoporosis, cardiovascular disease, malignancy, and vasomotor symptoms[5]. Menopausal women commonly experience negative emotions such as fear of aging, loss of libido, and vasomotor symptoms. Additionally, anger, anxiety, and irritability are among the most frequently reported complaints. Anxiety can definitely lead to health anxiety, a cognitive disorder that arises from false perceptions of symptoms and physical changes based on beliefs about illness or health[6]. Individuals with diagnosed disorders, anxiety, mood, and other psychological factors are more likely to experience sexual dysfunction. Menopausal women commonly experience feelings of aging, changes in the mental image of their appearance, a sense of the end of femininity, feelings of helplessness and despair, along with depression and anxiety. These factors can significan-

tly impact their sexual performance[7.] The attitude of women towards menopause significantly impacts the creation or resolution of associated problems. Many women confidently perceive this stage as the end of their liberation period, no longer fearing pregnancy and feeling more comfortable than before menopause. This newfound freedom confidently leads to increased activity levels, alongside a sense of deprivation from their childbearing years[8,9]. For some, this stage of life is preoccupied with the visible signs of aging and the perceived decline in their allure[10].

The study aimed to find the relationship between menopausal women's physical and mental well-being, the intensity of their menopausal symptoms, and also the influence of family support on women during menopausal age. The study also aimed to find the impact of menopausal symptoms and family support on the well-being of women during menopausal age The study's justification is that menopausal health is impacted by factors other than the severity of symptoms.

Methodology

A cross-sectional research design selected 450 menopausal women in a rural area. The study was conducted in a rural community area at Vamanjuru Mangalore, with a purposive sampling technique. The study duration was from October 2020 to December 2021.

The sample calculation is done by using a statistical formula

$$n = \frac{Z\acute{a}^2 \acute{o}^2}{d^2}$$

At a Confidence Interval of 95% Zá was 1.96, and the margin of error (d) was calculated as Zá x standard error. The standard error was determined by ó/"N where N was the sample size of the previous study. With an attrition rate of 10%, the original sample size (N=106) and ó²=2.57 the ca-lculated sample size for this study was 450.

This sample size was justified by its capacity to achieve the study objectives, accurately estimating symptom prevalence, relationship between menopausal women's physical and mental well-being, the intensity of their menopausal symptoms, and also the influence of family support and exploring associations between familial support and well-being outcomes. The margin of error was chosen to ensure precise estimates for these parameters, which are critical for guiding potential interventions in rural community health.

Every research participant gave their informed consent, and the study is registered with the institutional ethics committee. The study utilized the Baseline proforma, standardized menopausal symptom rating scale, standardized well-being assessment tool, and family support assessment scale. The menopausal symptom rating scale comprises 27 items covering physical, psychological, somatic, sexual, and genitourinary symptoms. Menopausal symptoms were classified and assessed according to different domains. The SPSS software version 16 was utilized for the data analysis. The normality of the data was assessed to maintain homogeneity across study groups, ensuring that comparisons and statistical analyses were valid. The Shapiro-Wilk test was applied due to its reliability for moderate sample sizes, alongside visual inspection of Q-Q plots. A p-value greater than 0.05 in the Shapiro-Wilk test indicated that data did not significantly deviate from a normal distribution, allowing for the use of parametric tests. An analysis employing Cronbach's alpha obtained a reliability score of 0.98 for the menopausal rating scale. The well-being assessment tool for menopausal symptoms showed a reliability of 0.92. The well-being assessment tool comprised three main domains: physical, social, and emotional. The family support scale consisted of 15 components. On average, it took 30 to 45 minutes to complete the questionnaire. Using this Standardized well-being scale women were categorized into poor, moderate, and good well-being. By using the family support scale, the subject was categorized into having poor, moderate, and good family support.

The trial was presented before the NITTE central ethics committee NITTE is Deemed to be a university and obtained the ethical clearance (NU/CEC/2020/0333).Descriptive statistics were used to analyze the baseline variable. Pearson Correlation Coefficient, the formula for correlation detection, was used to identify the correlation between the demographic variable and well-being and family support. The inferential statistics were tested at a 0.05 level of significance. An ANOVA test was employed to check the impact of menopausal symptoms on women's well-being and family support.The Chi-square test was used to check the association among the variablesThe SPSS software version 16 was utilized for the data analysis.

Results

Of the 450 **m**enopausal women approached for the study, 420 completed the survey, resulting in a response rate of 93.3%. The women's menopause mean age was 49.8 ± 8.6 standard deviation. Nearly half of the subjects had graduated with diplomas in hand.

The majority of women 315 (70%) reported sweating and sudden warmth in the body. Most women 230 (51%) expressed having disturbed sleeping patterns as they get up very early in the morning. Many women expressed having physical symptoms (Fig1)
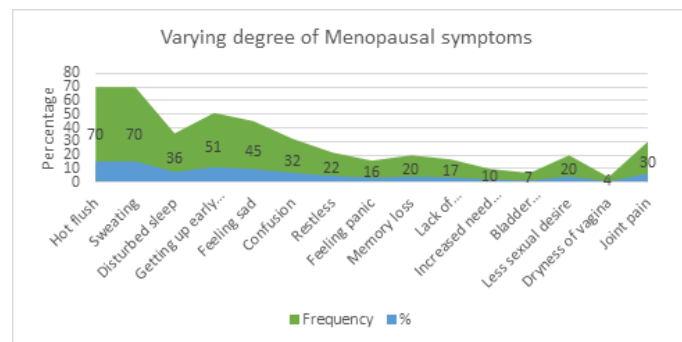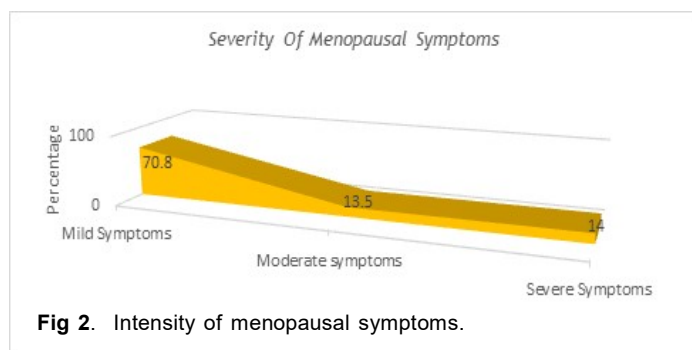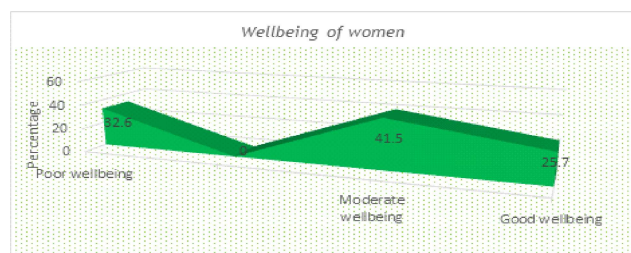

Fig 1. Menopausal symptoms expressed by the women.

Fig 2. Intensity of menopausal symptoms.

The study revealed that 14% of women experienced severe menopausal symptoms, while nearly all of the subjects (70.8%) had mild symptoms. (Fig2)

Fig 3. Well-being assessment of menopausal women.

The graph shows that the majority of women (41.5%) have moderate well-being. 25.7% of the women had good well-being and 32.6% of the women were living with poor well-being (Fig 3).

Table 1. Frequency distribution of Demographic variable (n=450)

Age	Frequency	%
Mean age 49.8 ± 8.6		
45-50	93	21
51-55	156	34.4
56-60	110	24.4
61-65	91	20.2
Religion		
Hindu	158	34.9
Christian	77	17.0
Islam	215	47.5
Education		
No education	187	41.3
Primary	242	53.4
High school	21	4.6
Occupation		
Housewife	334	73.7
self-employed	116	25.6
Type of family		
Nuclear family	386	85.2
Joint family	63	13.9
Monthly Income		
5000-10000	287	63.4
10001-20000	107	23.6
20001-30000	56	12.4

Number of children		
2	28	6.2
3	224	49.4
above 3	198	43.7
Age of Menopause		
45-48	174	38.6
49-51	117	26.2
52-54	82	18.2
55-58	58	12.8
59-62	19	4.2
Marital status		
Married	381	84.1
Unmarried	30	6.6
single parent	39	8.6

Table 1 depicts the demographic details. Data are expressed in frequency and percentage.% indicates the percentage.

The majority of the females are in the age range of 51 to 55. The response rate of the study subjects was 80%. 386(85.2%) of the women were from nuclear families.

Most of 56 women(12.4%) income was 30,000 a month. Two hundred and fourty two (53.4%) were had primary school education (Table 1).

Table 2. Satisfaction of women towards family (n=450)

Satisfaction level by the family support	Frequency	Percentage
Very Happy	50	11.0
Moderately Happy	118	26.0
Satisfied	147	32.5
Not satisfied	135	29.8
Type of expectation from the family members		
Physical Support	55	12.1
Social Support	44	9.7
Financial Support	103	22.7
Emotional Support	132	29.1

Table 2 depicts the satisfaction details. Data are expressed in frequency and percentage.% indicates the percentage.

The result also illustrates how the majority of women (51.3%) experience poor familial support from family, whereas 118 (26%) of women have moderate family support (Table 3)

Table 3. Correlation between Well-being and family support

Variables	Mean + SD	r	P -Value
Wellbeing	23 + -8	0.62	0.012*
Family Support	28.3 + 2.2		

The table shows the correlation between well-being and family support.'r represents a correlation that is significant where *P<0.05.

The study intended to find the influence of family support on well-being. The two factors showed a strong positive association, according to the data. This demonstrates the significant relationship between family support and well-being and how it affects life quality overall. (Table 4)

Table 4. Impact of menopausal symptoms and family support on wellbeing

Variables	Mean + SD	F	P- Value
Wellbeing	23 + 8	1.8	0.012*
Family Support	28.3 + 2.2		

The impact is checked by using the ANOVA test which is represented in value F, which is found significant where P*<0.05.

Menopausal symptoms were examined for their impact using an ANOVA test. ANOVA also assumes that the variances of the groups are equal (homogeneity). If this assumption is met, the ANOVA will be robust enough to compare the group means effectively. The findings demonstrated that the intensity of these symptoms were significantly influenced by family support, with an F-value of 1.8 and a significance level p which was 0.012. (Table 4)

Table 5. Association between Well-being and Family Support

Variables	Frequency	Percentage	X^2	P value
Religion			0.19	0.28
Hindu	158	34.9		
Christian	77	17.0		
Islam	215	47.5		
Education				
No education	187	41.3	0.12	0.30
Primary	242	53.4		
High school	21	4.6		
Occupation				
Housewife	334	73.7	0.26	0.11
self-employed	116	25.6		
Income				
5000-10000	287	63.4	0.68	0.02*
10001-20000	107	23.6		
20001-30000	56	12.4		
Marital status				
Married	381	84.1	0.33	0.14
Unmarried	30	6.6		
single parent	39	8.6		

The table depicts the association between the variables where the Chi-square statistical test was used which is shown in the symbol X^2, and significance is indicated by the P*<0.05.

The result shows that there is more likely to have an association between women's well-being and their income. There is less likely to be have an association between well-being on education, occupation, and marital status where p values were not found significant for these areas.

Discussion

The study brought out new insight on women that many rural women suffer from menopausal issues which are altering their physiologic and psychological functions[11]. But these women refrained from the available health facilities[12]. It is also found that there is a myth among these women that these symptoms are common as they are nearer to aging and try to live with them[13-15]. The study also focussed on getting the details of family support where this factor indirectly affects the women's lives[16]. It is been observed that there is an association between the family support of women with their demographical background[17]. It is necessary to recognize early and get to know the management as early as possible to avoid a worsened situation[18]. The study is limited to identifying the well-being of menopausal women, interventions are required to improve their quality of life[19,20]. Systematic reviews are further needed to know the menopausal issues in different areas of the state, as some of the symptoms are climacteric[21].

The findings of the study results were supported by another study conducted for another study by Bairy et al. (2009) that involved 352 post-menopausal women who were admitted to a tertiary

care hospital in South India corroborated the study results. Menopausal responders reported a significant prevalence of symptoms, including bloating (55.1%), difficulties sleeping (51.7%), impaired memory (60.5%), lower backache (58.8%), muscle and joint aches (67.7%), and weariness (64.8%). This may also be consistent with current study results indicating varying degrees of severity and a minor increase in prevalence[22].

Agarwal et al. (2019) examined 150 women, of whom 34 (22.7%) were before menopause, 59 (39.3%) were nearing menopause, and 59 (38.0%) were postmenopausal. The menopausal age ranged from 43 to 57 years, with a mean of 49.8 years (±4.9). Joint and muscular pain (70.6%), physical and mental tiredness (61.3%), difficulty sleeping (59.3%), anxiety (48.6%), irritability (45.3%), hot flashes and sweating (38.6%), dry vagina (37.9%), and depressed mood (38.0%) were the most often reported symptoms. This was also associated with the exceptionally high level of physiological and somatic symptoms, as well as the current study's assessment. Support from family members has a good correlation with menopausal women's well-being[23].

Another study carried out in China provides additional evidence for this one. Between March 2015 and March 2017, 732 perimenopausal women were recruited as a convenience sample from three communities in Jinan City, Shandong Province. Menopausal symptoms were experienced by 76.4% of the perimenopausal women surveyed. The perimenopausal substages showed significant differences in the prevalence and severity of menopausal symptoms (all $P < 0.001$). The Menopause Rating Scale's total and subscale scores were negatively correlated with family support (â = "0.169 to "0.240, $P < 0.001$) and resilience (â = "0.140 to "0.202, $P < 0.001$), according to multivariable-adjusted linear regression. Additionally, women with higher levels of resilience and family support reported fewer menopausal symptoms. Moreover, there was a strong correlation found between greater family support

and resilience and a lower incidence of menopausal symptoms. This finding may aid healthcare professionals in recognizing these symptoms and pursuing suitable preventive action[8].

Conclusion

The investigation has determined that a large number of women in rural areas struggle with menopausal symptoms that affect their physiologic and psychological processes as they age. Family support is the major component that will affect women's lives as they are in menopause. The results show that family support and symptoms affect the well-being of women. The study suggests that further interventional projects have to be undertaken focusing on this group to improve women's quality of life, especially on this age group.

The study backs up the theory that women going through menopause may experience a variety of bodily changes and symptoms, issues that are both mental and physical. Their everyday lives and general well-being are also impacted. This is to let us know that the majority of menopausal women have inadequate support from their spouses and other family members. In order to enhance lifestyle, it is imperative to increase awareness of menopausal symptoms and to identify and treat them early.

Improving family support can have a positive impact on the well-being of women. This paper aims to inform all family members about the challenges women face during aging. By being aware of these problems, we can collaborate to find solutions and raise women's standard of living in general.

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