

Biopsychosocial Problems and Coping Strategies Among Post-Menopausal Women

Dr Jasneet Kaur¹, Dr Sheela Upendra², Ms Shital Barde³

^{1,3} Associate Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune

² Professor, Symbiosis College of Nursing, Symbiosis International (Deemed University), Pune

Abstract

Menopause has long been seen as a significant turning point in a woman's reproductive and emotional lives. Menopause is a natural phase in a woman's life that occurs when the ovarian production of sex hormones like oestrogen, progesterone, and testosterone decreases. Hot flashes, excessive sweating or chills, interrupted sleep, vaginal dryness, decreased libido, decreased energy, mood fluctuations, enhanced irritability, decrease of skin colour, and urine incontinence are some of the most common physical problems. The quality of a woman's life can be significantly impacted by menopause. Their health requirements vary dramatically, and it is critical for women to be aware of the increased health dangers. The study aimed to determine biopsychosocial problems and coping strategies among post menopausal women. The present study is a descriptive study carried out in selected rural areas of Pune among the women of 40-60 years. A 100 postmenopausal women were selected through purposive sampling technique. The results showed that 72% post-menopausal women were having moderate psychosocial problems followed by 15% of postmenopausal women were having mild level of problems and 13% were having severe level of biopsycosocial problems. (66%) of the post- menopausal women using adequate coping strategies and whereas (34%) of them were not adequately coping up with the biopsychosocial problems. The data showed that there is a no significant association of the level of psychosocial problems with the selected demographic variables. The study concluded that As a member of the health care team, the nurse may assist menopausal women by educating them how to cope with the shift.

Introduction

The term "menopause" refers to the end of monthly cycles, . Menopause is derived from the Ancient greek term 'pause,' which means 'cessation,' . As a result of the decrease of ovulatory activity, menopause corresponds to a lifelong cessation of menstruation. Natural menopause is defined as the occurrence of menopause following twelve months of amenorrhea with no other clear pathological or physiological reason. Menopause simply refers to the cessation of menstruation for good. Menopause has long been seen as a significant turning point in a woman's reproductive and emotional lives. Menopause is a natural phase in a woman's life that occurs when the ovarian

production of sex hormones like oestrogen, progesterone, and testosterone decreases.¹

Hormones play a vital role in menstruation, and some hormone levels in the blood drop after menopause. Changes in hormone levels have physical, physiological, psychological, and social consequences. Psychological changes are more obvious in some women, which may have an impact on their mental health and social lives. During the menopausal period, lifestyle changes and coping mechanisms are critical. She may become a victim of both physical and psychological difficulties as a result of her loss of reproductive capacity and transition into later life.²

Hot flashes, excessive sweating or chills, interrupted sleep, vaginal dryness, decreased libido, decreased energy, mood fluctuations, enhanced irritability, decrease of skin colour, and urine incontinence are some of the most common physical problems. Lack of confidence, unhappiness, impatience, amnesia, difficulties focusing, panic disorder, and anxiety are among psychological ailments. They must adapt to these changes and embrace their new place in society and in their families. Menopausal women can manage hot flashes and sweating by increasing water intake, limiting added sugars, coffee, salty meals, alcohol, exposure to hot climates, and layering clothing, according to coping studies. Cardiovascular disease can be prevented by following a healthy diet and exercising regularly. After menopause, genital tract lubricants can help treat vaginal dryness and dyspareunia caused by decreased vaginal production.³Sometime the nutritional aspects are also disturbed and women leads to malnutrition.⁶

Insomnia, memory loss, mood swing anxiety, loss of libido, trouble concentrating, impatience, and sadness are some of the psychological symptoms associated with low oestrogen levels. Menopause causes emotional distress due to decreased serotonin levels. Cardiovascular disease is the primary cause of death in postmenopausal women, with a greater mortality and morbidity rate than males. Osteoporosis is a serious health issue among them, with more than 1.5 million women suffering from fractures as a result of the disease each year, with 44.8 percent of them suffering from hip fractures.⁴ Menopausal women are stressed by these musculoskeletal issues.

The quality of a woman's life can be significantly impacted by menopause. Their health requirements vary dramatically, and it is critical for women to be aware of the increased health dangers. Women can avoid or lessen many of the negative emotional and psychological symptoms of menopause by educating themselves and equipping themselves as they reach this period of life cycle, according to studies. Women may be better able to cope with menopausal changes if they have a better understanding of the process. It has been argued that a lack of

understanding about menopause makes women more fearful when it comes time to cope with it, which has severe consequences for their mental well-being. Changing women's attitudes toward menopause by enhancing their understanding about the condition may result in reduced emotional distress.⁵

In this context the present study tried to determine the biopsychosocial problems and coping strategies among post menopausal women

Objectives

1. To determine biopsychosocial problems among post menopausal women
2. To assess the coping strategies among post menopausal women
3. To find out the association of psychosocial problems and coping strategies with the demographic variables

Methodology

The present study is a descriptive study carried out in selected rural areas of Pune among the women of 40-60 years. A 100 postmenopausal women were selected through purposive sampling technique. The inclusion criteria set of women who had menopause since one year of age and those who consented for the participation. The data was collected through structured questionnaire consisting the questions about sociodemographic characteristics, rating scale on biopsychosocial problems and adopted coping strategies. Prior to the data collection, permission was obtained from the concerned authority for conducting the study.

Results

Section I: Socio demographic characteristics

Section II: level of Biosychosocial problems of postmenopausal women

Section III: level of Coping Strategies among postmenopausal women

Section IV: Association of psychosocial problems with the demographic variables

Table no 1: Socio demographic characteristics

Socio-demographic variables		No. (%)
Marital status	Married	72 (72)
	Widows/ Divorcee	24 (24)
	Unmarried	4 (4)
Religion	Hindu	82 (82)
	Christian	10 (8.0)
	Other	8 (8)
Occupation	Professional	28 (28)
	Business	18 (18)
	Housewife	54 (54)
Educational status	Illiterate	26 (26)
	Up to primary	24 (24)
	Up to secondary	20 (20)
	Graduate & above	30 (30)
Economic status	Upper class	12 (12)
	Middle	52 (52)
	Lower	36 (36)
Type of family	Nuclear family	33 (33)
	Joint Family	62 (41.3)
	Extended family	5 (5)

The table no 1 showed that maximum 72% were married, 82% belonged to Hindu. Maximum

above level (30%). Maximum participant belonged to middle level of economic system. Maximum participant (62%) belonged to joint families

Participants were housewives (54%) and having education status upto graduate and

Table II: Level of Biopsychosocial problems in post menopausal women

S.N.	Scores	Psychosocial problems	Frequency (f)	Percentage (%)
a.	1–20	Mild	15	15
b.	21–40	Moderate	72	72
c.	41–60	Severe	13	13

The Table II showed that 72% post-menopausal women were having moderate psychosocial problems followed by 15% of

postmenopausal women were having mild level of problems and 13% were having severe level of biopsychosocial problems

Table III: Level of coping strategies in menopausal women

S.N.	Score	Coping	Frequency (f)	Percentage (%)
a.	1–20	Inadequate	34	34
B	< 20	Adequate	66	66

The Table III showed that majority (66%) of the post- menopausal women using adequate coping strategies and whereas

(34%) of them were not adequately coping up with the biopsychosocial problems.

Table IV: Association of psychosocial problems with the demographic variables

S.N.	Demographic variables	χ^2	Table value
1	Marital status	2.46	4.88
2	Religion	6.48	4.84
3	Occupation	1.12	4.32
4	Education status	14.86	4.48
5	Economic status	6.11	4.57
6	Types of family	1.24	4.78

The Table IV showed the association of the level of psychosocial problems with the socio demographic variables. Chi square test was applied. The chi square value for marital status was 2.46, for religion 6.48, for occupation. 1.12, for education status 14.86, for economic status it was 6.11 and for type of family it was 1.24. The data showed that there is a no significant association of the level of psychosocial problems with the selected demographic variables.

Discussion

The maximum participants of the study were in the age group of 40 to 60 years . The goal of the study was to determine the psychological difficulties and coping methods of postmenopausal women in Pune's rural districts. The study's findings are examined. In this research, women's biological difficulties were at their highest and most severe, their psychological problems were moderate, and their social problems were at their lowest and most mild. Overall, the biopsychosocial difficulties were moderate , with substantial amount of women reporting severe symptom. The study got to the conclusion that there was no link between biopsychosocial issues and certain demographic factors.

Implication

Nurses employ psychosocial assistance to aid in the formation of therapeutic interactions. These bonds are built via psychological, social, and spiritual support. As a nurse educator, you must be familiar with the numerous health issues that postmenopausal

women face. Nursing professionals should have the knowledge and skills to teach postmenopausal women about psychosocial issues and coping techniques. The current research focuses on coping methods since they are the future informants who will assist to develop the professional body of knowledge, which in turn will serve to encourage the public and minimise psychological disorders.

Conclusion

Emerging research has reshaped our knowledge of women's climacteric experiences; menopausal women face a slew of biopsychosocial issues when their ovarian function declines. As a member of the health care team, the nurse may assist menopausal women by educating them how to cope with the shift. Health professionals can recognise and assist women in understanding and adapting to the numerous changes occurring inside their bodies, allowing them to better cope with the changes and reduce the dangers associated with this potentially disruptive phase. This research has produced a number of implications as well as recommendations for further research. The research's effectiveness was aided by the supervisors' frequent encouragement and instruction, as well as the participants' willingness to engage in the study.

Conflict of Interest: Nil

Ethical Consideration: Nil

References

- [1] Bachmann GA, Freeman EW, Hardy S, et. al. Menopausal symptoms. *International Menopausal Society* May-June; 17(3): 452-3.
- [2] Dutta DC. *A textbook of Gynecology including contraception 4th edition*. Calcutta: Jaypee brothers, 2014
- [3] Siji VM, Tessy T, Linu S. Perceived Psychological Problems and Coping Strategies Adopted by the Post-Menopausal Women Among the Age Group of 45–55 Years. *International Journal of Nursing Education*. 2011; 3:118–120p.
- [4] Pan HA, Wu MH, Hsu CC, Yao BL, Huang KE. The perception of menopause among women in Taiwan. *Maturitas* 2002;41:269-74.
- [5] Sawane, Kalpana & Barde, Sheetal. (2019). Mother's Knowledge on Nutrition and Incidence of Malnutrition. *Indian Journal of Public Health Research & Development*. 10. 32. 10.5958/0976-5506.2019.00008.1.