

WELL-BEING AMONG POSTMENOPAUSAL WOMEN

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ABSTRACT

The well-being of post-menopausal women is influenced by a variety of physical, psychological, and social factors. Menopause, typically occurring between the ages of 45 and 55, represents a significant life transition for women. The aim of this study was to see the status of well-being among Post menopausal women. Friedman Well-Being Scale Questionnaire was used to collect the data. The total sample size is sixty. The sample consisted of 30 rural and 30 urban Post Menopausal Women and 34 educated and 26 uneducated post menopausal women in and around Kadapa city and its rural area. The obtained data are quantitatively analyzed using descriptive statistics such as Mean, SD and Inferential statistics Such as t-test and correlation. Purposive sampling technique was used. Results revealed that significant differences found among post menopausal women with age group 45-50 and 51-55 and educated and uneducated. This study recommend that there is a need to increase the awareness by Information, Education and Counseling so as to help these women to live their postmenopausal years more healthy and active.

Key words: well-being, post menopausal women, location, age, educational status.

The well-being of post-menopausal women is influenced by a variety of physical, psychological, and social factors. Menopause, typically occurring between the ages of 45 and 55, represents a significant life transition for women. It's important to consider various aspects of well-being during this phase:

Physical Well-Being:

- a) **Menopausal Symptoms:** Common symptoms like hot flashes, night sweats, vaginal dryness, and sleep disturbances can impact physical well-being. Managing these symptoms through lifestyle changes, hormone replacement therapy, or other medical interventions is crucial.
- b) **Bone Health:** Post-menopausal women are at an increased risk of osteoporosis and fractures. Proper nutrition, regular exercise, and adequate calcium and vitamin D intake are essential for maintaining bone health.
- c) **Cardiovascular Health:** Women's risk of cardiovascular disease increases after menopause. Exercise, a heart-healthy diet, regular check-ups, and managing risk factors (e.g., blood pressure, cholesterol) are important for cardiovascular well-being.

Emotional and Psychological Well-Being:

- a) **Mood Changes:** Hormonal shifts during menopause can affect mood. Depression, anxiety, and irritability may become more prevalent. Support from mental health professionals, lifestyle adjustments, and social engagement can mitigate these effects.
- b) **Body Image and Self-esteem:** Physical changes associated with menopause can impact body image and self-esteem. Encouragement to focus on overall health and well-being rather than societal beauty standards is important for mental well-being.
- c) **Stress Management:** Managing stress through relaxation techniques, mindfulness, regular exercise, and hobbies can significantly improve emotional well-being.

Social Well-Being:

- a) **Social Support:** Having a strong social support network, including friends, family, or support groups, can positively impact a post-menopausal woman's well-being. It provides emotional support and a sense of belonging.
- b) **Relationships:** Nurturing relationships with partners, friends, and family can contribute to a sense of fulfillment and overall well-being during this life stage.

Sexual Well-Being:

Sexual Health: Changes in hormone levels can affect sexual desire and function. Open communication with partners, seeking professional guidance if needed, and exploring different forms of intimacy can help maintain sexual well-being.

Vaginal Health: Vaginal dryness and discomfort are common. Discussing concerns with a healthcare provider can lead to appropriate treatments to improve vaginal health and sexual satisfaction.

Lifestyle Choices:

- a) **Healthy Diet and Exercise:** Eating a balanced diet and engaging in regular physical activity are crucial for overall well-being and can help manage menopausal symptoms and associated health risks.
- b) **Sleep:** Adequate sleep is important for physical and emotional well-being. Establishing a regular sleep routine and addressing sleep disturbances are essential. Promoting a holistic approach that encompasses physical, emotional, and social well-being is key to ensuring a good quality of life for post-menopausal women. Individualized care plans that consider a woman's unique circumstances and preferences are essential in enhancing well-being during and after menopause.

It is neither a disease, an illness, pathology, nor a state of being not well but just a normal physiological phenomenon of aging among females from transition of reproductive life to no more ability to reproduce. It has no impact on sexuality of a female.

This transition occurs with some changes in hormones of female endocrine system predominantly estrogen leading to menopausal symptoms. For women, the menopausal period is considered the climacteric, the middle adulthood; a period in life characterized by decreased biological and physiological functioning and may lead to psychosocial disturbance in form of interpersonal relationships.

Menopause represents a change of life and not an end of life” Menopause is a natural biological process and an unique event in women’s life which occurs around the age of 50. Menopause is a transition from potentially reproductive to non — reproductive stage.

Statement of the Problem: An attempt is made in the present investigation to study on well-being among post menopausal women.

Objectives of the Study:

1. To study whether there is any significant difference among the different age groups of postmenopausal women in their well being.
2. To study whether there is any significant difference among the different educational status of postmenopausal women in their well being.
3. To study whether there is any significant differences among location of post menopausal women intheir well being.

In order to realize the above objectives, the following Hypotheses are formulated to be tested in the present investigation..

Hypotheses:

Hypothesis – 1: There would be significant differences between 45-50 and 51-55 age post menopausal women in their well being.

Hypothesis – 2: There would be significant differences between educated and uneducated post menopausalwomen in their well being.

Hypothesis – 3: There would be significant differences between rural and urban post menopausal women in their well being.

Population: In the present sample the data is calculated from the Post Menopausal Women in and around Kadapa city, constituted transmitting the population of the study.

Table – I: Socio-Demographic details of the sample

S.No	Variable		N	Percentage
01	Age	45-50	30	50%
		51-55	30	50%
02	Location	Urban	32	53.3%
		Rural	28	46.7%
03	Educational Status	Educated	34	56.7%
		Uneducated	26	43.3%

Sample of the Study: From the above population, the samples 60 Post Menopausal Women were selected by using purposive sampling technique. The sample consisted of 30 rural and 30 urban Post Menopausal Women. Among this Post Menopausal Women 34 belong to educated and 26 belong uneducated. Similarly 30 post menopausal women belong to 45-50 age group and 30 post menopausal women belongs to 51-55 age group.

Independent Variables: age, location, educational status and employment stats.

Dependent Variable: well-being.

General Well-Being Scale (GWBS): the sample of general well-being was assessed by using General Well-Being Scale was Developed and standardized by Ashok K. Kalia and Anita Deswal (2011). The scale consisted of 55 items grouped into four sub scales viz., Physical well-being, Emotional well-being, Social well-being and college well-being. Each statement carries five alternate responses the scale is combination of both the positive and negative statements. For the positive items; strongly Disagree=1, Disagree=2, Undecided=3, Agree=4, Strongly Agree=5. For the negative items ; Strongly Disagree=5, Disagree=4, Undecided=3, Agree=2, Strongly Agree=1. The reliability of the test was established using the test retest method and it was found to be 0.76.

Procedure: The investigator meets the subjects individually and distributed the questionnaire and explained the significance of the study and to them as to how they should respond to the items. The questionnaire was obtained from 60 samples and the responses are scored accordingly and it constitutes the data for the study.

Statistical Analysis: The obtained data are quantitatively analyzed using descriptive statistics such as Mean, SD and Inferential statistics such as t-test, where ever necessary and the results are presented in the following pages.

Results and Discussion: The obtained data are quantitatively analyzed to test the hypotheses and the results are presented in the following pages.

Hypothesis – I: There would be significant differences between 45-50 and 51-55 age post menopausal women in their well being.

Table – II: Shows the means, SD's and t – value for the sub-variable age regarding well-being.

Sub-Variable		Mean	SD	t-value
Age	45-50	118.93	13.63	2.495**
	51-55	111.43	9.23	
Note: ** indicate significant @ 0.01				

An observation of Table – II clearly indicate that the 45-50 age of post menopausal women have obtained high mean value of 118.93 with SD 13.63, whereas 51-55 age of post menopausal women have obtained lowest mean value of 111.43 with SD 9.23, it is clearly indicate that the 45-50 age of post menopausal women experience good well-being than their

counter parts. From Table – II they obtained t-value 2.495 is greater than the table value, which indicates that significant at 0.01 level. *Hence, the Hypothesis- I i.e. there would be significant difference between 45-50 and 51-55 age post menopausal women in their well being is accepted.*

Hypothesis – II: There would be significant differences between educated and uneducated post menopausal women in their well being.

Table – III: Shows the means, SD's and t – value for the sub-variable educational statuses regarding well- being.

Sub-Variable		Mean	SD	t-value
Educational Status	Educated	120.94	8.31	4.971**
	Uneducated	107.65	12.36	
Note: ** indicate significant @ 0.01				

An observation of Table – III clearly indicate that the educated post menopausal women have obtained high mean value of 120.94 with SD 8.31, whereas uneducated post menopausal women have obtained lowest mean value of 107.65 with SD 12.36, it is clearly indicate that the educated post menopausal women experience good well-being than their counter parts. From Table – III they obtained t-value 4.971 is greater than the table value, which indicates that significant at 0.01 level. *Hence, the Hypothesis- II i.e. there would be significant difference between educated and uneducated post menopausal women in their well being is accepted.*

Hypothesis – III: There would be significant differences between urban and rural post menopausal women in their well being.

Table – IV: Shows the means, SD's and t – value for the sub-variable location regarding well- being.

Sub-Variable		Mean	SD	t-value
Location	Urban	116.84	14.39	1.135@
	Rural	113.28	8.80	
Note: ** indicate significant @ 0.01				

An observation of Table – IV clearly indicate that the urban post menopausal women have obtained high mean value of 116.84 with SD 14.39, whereas rural post menopausal women have obtained lowest mean value of 113.28 with SD 8.80, it is clearly indicate that the urban post menopausal women experience good well-being than their counter parts. From Table – IV they obtained t-value 1.135 is less than the table value, which indicates that not significant at 0.05 level. *Hence, the Hypothesis- III i.e. there would be significant difference between urban and rural postmenopausal women in their well being is rejected.*

Conclusions:

Following conclusions are drawn from the obtained results.

- 1) There is a significant difference between 45-50 and 51-55 age post menopausal women in their well being
- 2) There is a significant difference between educated and uneducated post menopausal women in their well being.
- 3) There is no significant difference between urban and rural post menopausal women in their well being.

Implications:

- To increase the awareness by Information, Education and Counseling so as to help these women to live their postmenopausal years more healthy and active.
- Post menopausal women needs health awareness program to cope with post menopausal problems.

Further Study:

Need to increase the size of the sample for the accuracy of the results. Need to study the different variables that have not been explored and to deepen the understanding how it will impact the general well being in post menopausal women.

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