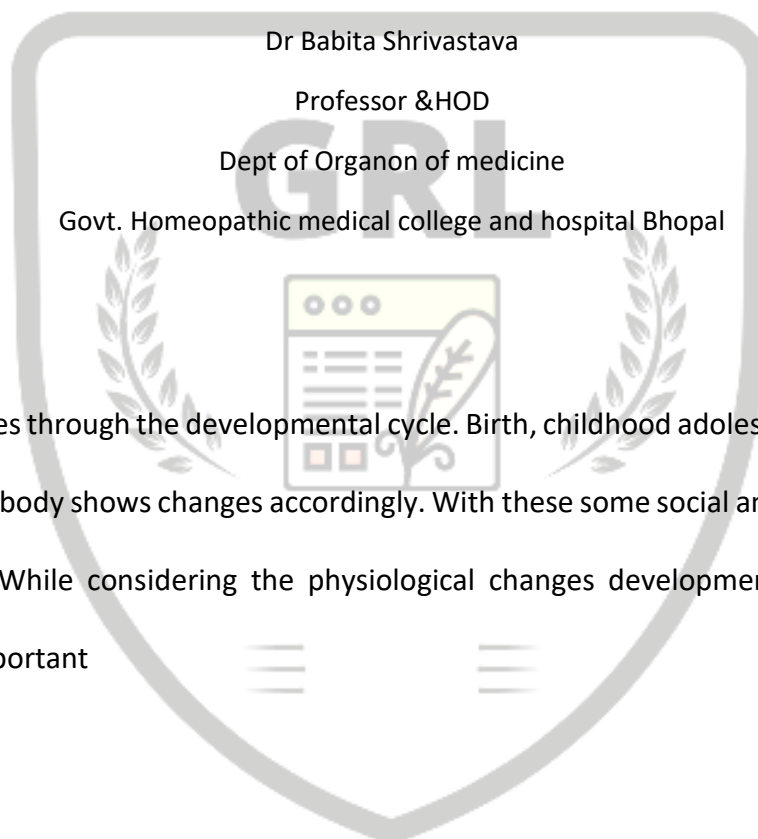


“AN ANALYTICAL STUDY OF PSYCHOLOGICAL DISTRESS IN MENOPAUSAL  
MARRIED AND UNMARRIED WOMEN:  
A CORRELATIONAL STUDY IN BHOPAL,  
MADHYA PRADESH”  
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Dr Babita Shrivastava

Professor &HOD

Dept of Organon of medicine

Govt. Homeopathic medical college and hospital Bhopal

Human body goes through the developmental cycle. Birth, childhood adolescence, adulthood, elderliness. Our body shows changes accordingly. With these some social and mental changes do take place. While considering the physiological changes development of gonads (sex glands) is an important stage.

Menarche: Sexual maturation in girls is manifested explicitly by menarche, is the scientific name for first menstruation. Menarche typically happens around 10-12 years universally. But the age range is wide.

Menopause is the other end of the menstrual life of women. It is the last menstruation. Menopause is a major turning point in a woman's life. Approaching menopause involves a

process of change- and every woman experiences that this transition is unique and in individual ways. The mean age at menopause is 51, but some women are in their 30s and others in their 60s. Most are 40 to 58. Average age at menopause hasn't changed for several centuries, despite increasing life expectancy. Menopause is a significant biological event in women's life. It is the gradual process of hormonal changes at which the monthly periods stop. It occurs in most women somewhere around age 50. Before and after the end of menstruation, the body is working to establish a new hormonal balance. Though menopause is not a disease that needs to be cured, but a natural life-stage transition, this can be an extremely difficult time for many women. The word "menopause" literally means the "end of monthly cycles" from the Greek word *pauses* (cessation) and the root *men-* (month), because the word "menopause" was created to describe this change in human females, where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruation or menses. Researches conducted on relationships between menopause and psychological distress in middle age. It is considered that factors identified as playing a significant role in women's emotional health and well-being at menopause. These factors are associated with increased rates of depression.

The review of Psychological research indicates that Psychological symptoms, social factors, culture factors are contributing towards mental health during menopause. Psychiatric research also contributed to the same. Psycho social research review emphasizes relationships between life events and psychological and physical symptoms. Employment and stress relationships research increases curiosity toward development of further research in this area. Psychiatric research also found a relationship between depression and social, cultural factors and physical symptoms. Medical research mainly looked into causative factors that are hormonal in origin. But the biopsychosocial model has criticized menopausal state as

an illness. The national research also highlighted the social and cultural factors in presenting menopausal symptoms. All these factors have increased interest in this topic and researcher has developed current study. Objectives of the Study:

1. To understand distress in menopausal married and unmarried women.
2. To assess social support of menopausal women.
3. To assess socio-demographic data of women in the age group of 36-55 years.
4. To assess physiological changes in menopausal married and unmarried women.
5. To know life events of menopausal married and unmarried women.
6. To study correlation between life events, social support and physiological changes with psychological distress in married and unmarried women.

Tool Used for Data Collection:

The following tools will be used for the present study:

- Life Event Scale (LES) developed by Dr. Shejwal.
- Menopausal Experience Scale, (MES)
- Social Support Questionnaire, (SSQ) developed by Irwin Sarason and Barbara Sarason.
- Socio Demographic Data, (SDD) developed by investigator. Study samples were selected from colleges, hospitals, and various offices & housewives of nearby localities. All authorities were contacted by writing formal letters and getting their permission to have contact with study samples. Formal consent letter explained with information about study and their willingness to take part. The respondents in the present study were contacted individually.

Before giving the booklet of the scales and that of the answer-sheets to the respondent, it was confirmed that the respondent was fulfilling the criteria of age, work and marital status, set for the sample selection. A preliminary introduction of the topic for the research was given to each respondent to solicit her cooperation. The booklet consisting of the scales MES, LES and SSQ was accompanied by a bio data sheet requesting information regarding the respondents age, education, marital status, income and Religion.

Statistical Analysis: Collected data was coded, entered and analyzed by using the Statistical Package for Social Sciences (SPSS). In this proposed study, various statistical tools and techniques were used according to the requirement of the study. Pearson's product-moment correlation ( $r$ ) method was used to study the relationship between dependent variables and independent variables of the study. As well as correlations among dependent variables would be computed. As per the hypotheses, correlation analyses would be carried out. Testing of hypotheses would be carried out by converting  $r$  to  $z$  and computing the  $t$  value, to elicit the significant differences between two groups. Two groups were compared for their differences. Acceptance or rejection of null hypotheses was confirmed. The scores for three dependent variables i.e. Social support, Life events and Menopausal symptoms were computed. While computing it was realized that Life events are of two types –positive and negative. Menopausal symptoms were also of two types –psychological and physiological.

Psychological distress was manifested by the psychological symptoms and physiological distress was manifested by the physiological symptoms. Hence both the scores were subdivided into two sub scores and finally there were 5 dependent variable scores. Viz., Psychological symptom score, Physiological Symptom score, Negative life events score, Positive life events score and Social Support Score. The coefficients of correlations were

computed among all the five scores of Married as well as unmarried group. Pearson Product moment method was used for computation and 2 –tailed significance was tested for all the correlations. The results are as follows:- in the married group eight out of ten correlation coefficients were found highly significant only and only two correlations were not found significant. The correlations between physiological symptom and positive life event score, as well as between negative and positive life events score, were not found significant. This clearly means that physiological distress of a woman may be present irrespective of the positive life events in her life. Similarly there may not be any relationship between positive and negative life events that take place in her life.

In the unmarried group nine pairs were showing significant correlations. The only non significant correlation was found between positive life event score and social support score. This non significant correlation clearly indicates that in case of positive life events occurring in unmarried women's life, the woman may or may not receive social support. They may be appreciated for positive life events or they may not be. It seems that married women do not show physiological distress in case; positive life events take place more. They show distress only in case of negative life events. However, the unmarried women show more physiological distress in case of either of life events. Thus marital status does play some role in symptomatology of menopausal distress. Marital status doesn't show any difference but social support can play an important role in reduction of psychological distress and physiological distress in menopausal women. This has been observed in previous research as well. Similarly researchers also found that employment status does not contribute but positive and negative life events play some role on physiological and psychological symptoms of menopause. It is felt that this relationship of high and low social support and life events will produce some difference.

### Conclusions:

As the hypothesis testing was conducted with the help of statistical analysis, it was seen that findings of study are sometimes aligned with previous research and sometimes contrasting.

In case of a relationship between positive life events score and physiological distress it is rejected and in case of relationship between negative life score and physiological distress, it is accepted. In short, it seems that married women do not show physiological distress in case; positive life events take place more. They show distress only in case of negative life events. However, the unmarried women show more physiological distress in case of either of life events. Women, married or unmarried, if receive social support of higher level, their physical distress is reduced.

Similar to relationship between social support and physiological symptoms, in case of relationship between social support and psychological symptoms also, the correlations were found negatively related in both the groups separately, resulting in no significant difference between the two groups.

Both Positive as well as negative life events produce physiological distress in employed and unemployed groups.

No significant difference was found between employed and unemployed women so far as the relationship between life events scale and physiological symptoms scale is concerned.

Correlations between physiological symptoms and social support symptom scores were not different in the employed and unemployed group. Thus the null Hypothesis was rejected.

There was no difference found between the employed and unemployed groups.

No significant difference was found between the groups of high social support scorers and low social support scorers so far as the relationship between two menopausal symptoms scores and two life event scorers and two life event scorers are concerned.

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