SUMMARY AND CONCLUSIONS

Summary:

The menopause is easily defined as the last menstruation. The reality of mid life is dominated by the climacteric changes and menopause in the female. In recent years menopause is the immense upsurge of interest among the menstrual disorders. The menopause may be considered to be a life stress. There is a relationship between age and the menopause. In other words, menopause represents the natural aging process. At the time of the Roman Empire the average life span of women was 23 years. Women Columbus lost his way looking for India and found America, it was 30 years, and even during the Victorian times it was only 45 years. Since today, the menopause occurs at an average age of 49 years and 9 months. Nowadays 95 percent of women in developed countries can expect to reach the menopause with 50 percent going on to reach the age of 75. Most women live about one third of their lives after the menopause, when they are no longer able to have babies and hormones which regulated their reproductive cycle are produced in smaller amounts. Psychological and social factors have greatly contributed to the menopausal years. They centre largely on the declared
aim of more varied lives for women, with interests and challenges outside as well as inside the home.

The topic of the present study is "A study of self-esteem in relation to self-consciousness and social support among menopausal women". The Introduction chapter contains the concept of definition of the menopause, menopausal status, menopausal symptoms and conceptual framework of the personality variables - self-esteem, self-consciousness and social support. The present study has set the following thirteen research objectives:

1. To determine the relationship between scores on self-esteem and self-consciousness among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

2. To determine the relationship between scores on self-esteem and actual social support among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

3. To determine the relationship between scores on self-esteem and ideal social support among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

4. To determine the relationship between scores on self-consciousness and actual social support among pre-
To determine the relationship between scores on self-consciousness and ideal social support among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- To determine the partial correlations between self-esteem and self-consciousness (when the variable of actual/ideal social support is partialled out) among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- To determine the partial correlations between self-esteem and actual/ideal social support scores (when the variable of self-consciousness is partialled out) among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- To determine the partial correlations between self-consciousness and actual/ideal social support scores (when the variable of self-esteem is partialled out) among the pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- To determine the significance of partial $r$ ($r_{12.3}$, $r_{13.2}$, $r_{23.1}$) at the 0.95 confidence interval among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.
To determine the multiple coefficient of correlations between scores actually earned and scores predicted on the self-esteem from the two variables - self-consciousness and actual/ideal social support scores among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

To determine the significance of multiple R at the 0.95 confidence interval among the pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

To show the relative incidence (in percentages) of hot flushes, night sweats and sleeplessness among pre-menopausal, transitional menopausal, menopausal and post-menopausal women on Section A of menopause symptom checklist.

To determine the differences between pre-menopausal and transitional menopausal, pre-menopausal and menopausal, pre-menopausal and post-menopausal, transitional menopausal and menopausal, transitional menopausal and post-menopausal, and menopausal and post-menopausal women on Section B scores of MSC.

Chapter II has been devoted to "Methodology" which includes sample, tools, procedure, and data analysis. The sample consisted of 200 women - (pre-menopausal = 50,
transitional menopausal = 50, menopausal = 50, post-menopausal = 50) drawn from J.N. Medical College, A.M.U., Aligarh. The age range of all the groups of menopausal women was from 40 to 55 years. The present study employed the Menopausal Symptom Checklist, Self-Rating Scale, Self-consciousness Scale, Significant Others Scale and Personal Data Sheet as the tools to measure the menopausal symptoms, the tendency of self-esteem, self-consciousness, social support and biographical informations for the pre-menopausal, transitional menopausal, menopausal, and post-menopausal women. The menopausal symptom checklist, self-rating scale, self-consciousness scale, significant others scale and personal data sheet were administered individually on each subject in two different sessions. The data were analyzed by means of appropriate statistical techniques such as Pearson product moment correlation coefficient, partial correlation, significance of partial r, multiple correlation, significance of multiple r, t-test and simple percentages.

- Significant positive correlation coefficients were found between scores on self-rating and self-consciousness scale among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- No significant relationship were found to exist between scores on self-rating scale and significant others scale
Among pre-menopausal, transitional menopausal and post-menopausal women.

- Significant correlation coefficients were not found between scores on self-rating scale and significant others scale (ideal) among transitional menopausal, menopausal, and post-menopausal women.

- Scores on self-rating scale and significant others scale (actual) correlated positively and significantly among menopausal women; significant positive relationship existed between self-rating scale and significant others scale (ideal) among pre-menopausal women.

- Self-consciousness correlated positively and significantly with actual social support among pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- Significant positive correlation coefficients were found between self-consciousness and ideal social support among the pre-menopausal, transitional menopausal, menopausal and post-menopausal women.

- The values of partial $r_{12.3}$ and $r_{13.2}$ were found to be significant at the 0.95 confidence interval among pre-menopausal women and partial $r_{23.1}$ were found to be significant among transitional menopausal, menopausal and post-menopausal women.
- The values of multiple R were found to be significant at 0.95 confidence interval among pre-menopausal and transitional menopausal women for the actual social support; pre-menopausal and post-menopausal for the ideal social support.

- Significant differences were not found between pre-menopausal and transitional menopausal, pre-menopausal and post-menopausal, transitional menopausal and menopausal, transitional menopausal and post-menopausal and menopausal and post-menopausal women.

**Conclusions:**

(The work reported here presents a potentially useful research and possibly fruitful areas of approach for clinical investigation.)

The findings of the present study with regard to relationship between self-esteem and self-consciousness, self-esteem and social support, and self-consciousness and social support flourish an areas of research in health and illness.

In future research, the variables of self-esteem should be related to the three dimensions of self-consciousness (i.e. private consciousness, public consciousness and social anxiety) among different menopausal status groups, in
order to confirm or disconfirm the findings of the present study. The findings of the present study are inconsistent with the previous one.

The actual social support available and satisfaction with support perceived to be available to the menopausal women in their natural environment - family (spouse, mother in law), neighbour, friends, and peer groups - needs to be carefully evaluated. This is particularly important for maintaining a healthy personality because the lay public is largely unfamiliar with it.

The client's self-consciousness - private, public - and social anxiety regarding her symptoms and regarding treatment need to be evaluated. Important considerations are self-help attempts, the client's own view of menopause, and major psychological problems that may decrease her ability to successfully cope with the problem. Systematic provision of thorough medical education, early in treatment, is helpful to menopausal women in setting realistic expectations for themselves.

Since the life span of women continues to increase, emphasis should be given on the management of menopause related problems to fulfil the best potential of women's life. Aetiology of aging is not conclusive inspite of
several attractive theories. Attention must be given to maintaining the quality of life, nature of adjustment reactions and enhancing self-esteem in the menopausal women because non-supportive others may undermine their coping.