CHAPTER VI
SUMMARY AND CONCLUSION

6.1 SUMMARY AND CONCLUSION

The present under research title was carried out to explore Bio-Psycho-Social problems, coping strategies and life quality of post-menopausal women of selected rural community in Dharawad District, Karnataka. with the following objectives-

1. To assess the Bio-Psycho-Social problems among post menopausal women of rural community.
2. To identify coping strategies adopted by post menopausal women of rural community.
3. To assess life quality of post menopausal women in rural community.
4. To determine the relationship between Bio-Psycho-Social problems and life quality of post menopausal women in rural community.
5. To find out an association between the life quality of post menopausal women in selected rural community with their selected demographic variables.
6. To find out an association between the levels of coping among post menopausal women of selected rural community with their selected demographic variables.

Hypotheses formulated in this study were,

**H01:** There will be no statistical relationship between Bio-psycho-social problems and life quality of post menopausal women in selected rural community at level of significance. of 0.05

**H02:** There will be no statistical association among the life quality among post menopausal women of selected rural community with their selected demographic variables level of significance of 0.05.

**H03:** There will be no statistical association among the levels of coping among post menopausal women of selected rural community with their selected demographic variables at 0.05 level of significance.

The conceptual framework adopted for under taken problem title was based on the **Rosenstock’s Health Belief Model.** the post menopausal woman should use adequate coping strategies to get rid of Bio-Psycho-Social problems developed as a result of menopause and also develop positive attitude towards life for the Good quality of life,. These coping strategies used...
by women and quality of life of woman will be influenced by the modifying factors (occupation, family income education and dietary pattern), non modifying factors (religion, age, marital status, type of family, years after menopause and type of menopause) and some cues to action i.e., a precipitating force that makes the post menopausal woman feel the need to take action. These factors include previous knowledge regarding post menopausal problems, family history BioPsychoSocial problems after menopause and coping mechanism. The adequate positive attitude and coping strategies towards life will help the individual to perceive that they have good quality of life. Thus, once the woman perceives the threat of bio-psycho-social problems, she will most likely to weigh the perceived benefits of following good coping strategies to get rid of problems of post menopausal stage against perceived barriers viz; inconvenience, inadequate knowledge, costs, presence of chronic disorders and so on. When the perceived benefits outweigh the perceived barriers there is likelihood of taking action i.e., following good coping strategies and leading extremely well life quality by middle age females in postmenopausal phase.

This under taken problem title various literatures was reviewed which includes,

- Literature related to biopsychosocial complaints among middle age females in postmenopausal phase.
- Literature regarding to the coping strategies used by middle age females in postmenopausal phase.
- Literature related to the life quality of middle age females in postmenopausal phase.

The descriptive survey research design selected for this under taken research title to assess bio-psycho-social problems, coping strategies and life quality of middle age females in postmenopausal phase living in rural community in Dharwad district.

Descriptive survey design aims to examine define and record dimensions of a condition as it spontaneously occurs and on few occasions to use as a initiating point for formulation of hypothesis or theoretical frame work.
Some survey research studies are undersigned to explain the pervasiveness of prevalence of a behavior or conditions.

The sample of this study comprised of 500 post menopausal women of rural areas of Dharwad district. The probability cluster sampling (3 stage) technique was used in the present study. Cluster sampling technique comprises successive probabale sampling of units; the first unit is large groupings or clusters. Selecting samples from general population is to sampling successively such administrative units as state, district, talukas, villages and so on. This approach is often called as multistage sampling. The tool developed and used for the data collection was

- **Structured Menopause Rating scale**,  
- **Coping Strategies scale related Menopause and**  
- **Life quality Interview Schedule**.

Eight experts validated the content, validity of the study tool and the tool was found to be reliable and feasible. Reliability of the tools was tested by repeated testing method by using Karl Pearson’s Co-efficient of Correlation formula. The reliability of Menopause Rating scale, structured menopause coping strategies scale and structured quality of life scale were $r = 0.81$, $0.78$ and $0.83$ respectively.

A pilot study was conducted from 01st May 2017 to 15th May 2017 in selected rural areas of Dharwad district after taking administrative approval. The objective of feasibility trial was to pre test the data collection instrument, to find out the practicality for carrying the research title and to conclude upon the trap of statistical illustration. A total of 50 samples were considered through probability random sampling technique. The data was collected by investigator by interview method. The findings of feasible trail denoted tools and study design were found to be feasible.

Data collection was done from 1st June 2017 to 30th June 2017 by investigator and two research assistants. Samples were selected as per the sampling criteria. The ultimate objective was informed and co-operation required from the respondents was explained to them. Confidentiality was assured. Written agreement to involve into the research title was taken from
each sample. The data was collected by interview technique and it took 20-30 minutes to collect data by each sample.

The data gathered were analyzed and interpreted according to objectives. Descriptive statistics like mean, median, mode, range, standard deviation and inferential statistics like Karl Pearson's coefficient of correlation and $\chi^2$-test were included to test the hypothesis at 0.05 levels of significance and the data obtained are presented in the graphical form.

The major findings of undertaken research title are as follows:

6.1.1 Findings Related To Demographic Characteristics of the Subjects

- Majority 253 (50.6%) of subjects were of the age group of 45 - 50 years and remaining 247(49.4%) of subjects were in the age group of 51 – 55 years.
- Majority 452 (90.4%) of subjects were married and remaining 48(9.6%) were staying single.
- Majority 293(58.6%) of subjects were belonged to nuclear family, 193(38.6%) were belonged to joint family and remaining 14(2.8%) were belonged to extended family.
- Majority 402 (80.4%) of the subjects dietary pattern was vegetarian and remaining 98(19.6%) of samples dietary pattern was mixed diet.
- Majority 158(31.6%) of post subjects belonged to category of 3-4 years after menopause, 108(21.6%) belonged to 9-10 years after menopause, 80(16%) belonged to 5-6 years after menopause, 79(15.8%) belonged to 0-2 years after menopause and remaining 75(16%) were belonged to category of 7-8 years after menopause.
- Majority 314(62.4%) of subjects were had below Rs.5000 family income per month, 166(33%) had Rs.5001-10,000 family income per month, 16 (3.2%) were had Rs.10,001 -15,000 income per month and remaining 04(0.8%) were had above Rs. 15000 income per month.
- Majority 417(83.4%) of subjects were not suffering with any chronic disorders and remaining 83(16.6%) were suffering with chronic disorders.
- With regard to type of menopause, majority 449 (89.8%) of subjects menopause was natural and remaining 51(10.2%) woman type of menopause was assisted.

6.1.2 Bio-psycho-social problems
Study result showed that women after the menopause experiences many problems such as hot flashes, discomfort, sleep problems, problems of sexual life, and other problems related to urinary system and reproductive system. Women also had psychological and social problems ranging from depression (16.8%), irritability(41%), anxiety(36%), etc. women felt in this time to be alone( 6.2%), and reduced interest in social role. These all problems are from mild to severe range.

6.1.3 Area wise and total Bio-psycho-social problems

A biological and psychological problem among the human beings are prevalent throughout the world in all the traditions, and is an understanding it is an important feature that distinguished human beings from other species existing on the earth. There is growing concern about biological and psychological problems among the human beings in India, because of the likelihood of further increase in biological and psychological problems and substitution of more other problems in future, due to unavoidable rapid growth, changes in life style, industrialization commercialization and urbanization. An epidemiological research study was carried out to estimate the presence of number and type of pattern of biological and psychological problems in urban population of Madhya Pradesh India in the year 1992-93. Total samples of 5326 were included in the research study and it was found that prevalence rate for problems were 368 per 1000 studied population. In the studied population people who responded were using tobacco, other psychoactive substances, cannabis, opioid drugs, sleeping pills, and painkillers for relieving their symptoms. Most commonly used drug was tobacco , followed by alcoholic beverages, cannabis, opium like drugs, sleeping tablets and painkillers .

A study was conducted by Jagjeet singh et al. to find out the prevalence of menopause related problems among the female population of more than 50 years of age group, in an urban and rural area of Punjab state. Total 851 subjects were included in the study; the result of the study shown that prevalence rate of menopause related problems was 27.51% in urban and 40% in rural area, of district Amritsar of Punjab. Regular occurrence of menopause related problems were of the order of 21.77% and 13.03% in urban and rural area respectively. Among these regular women of having
clinical complaints 34.8% in urban and 32.3% in rural area had their first problem in 46-48 years of age. 63.85% and 76.54% of the studied samples were married. More than three fourth of these in urban (78.5%) and rural (93.2%) area, were experiencing menopause related problems daily.

An epidemiological research study was conducted by the department of obstetrics and gynecology, Government Medical College and attached hospital, Chandigarh to estimate the pattern of menopause related problems and other substance dependence in rural and slum residing people of Chandigarh. In this research study 9.88% individuals of the total population research fulfilled inclusion criteria of the study. Menopause related problems was the primary health related issues for majority of urban slum area residents and rural area residents. Age at first experience of problems was 47 years among rural individuals and 46 years in urban slum residents. Majority of them were said that having health related complications and other problems followed by social problems due to climacteric period.

To find out the rate of presently existing and pattern of menopause related problems at Bandardewa of state Haryana, Hazarika NC and others interviewed a total of 3432 women’s aged 45 years and above. The study findings reveal that 49.8% of the respondents used to have one or other symptoms related to ageing and hormonal changes, with significant difference between different aged women’s. Among biological system related problems 58.2% were only had two to three problems, 56.3% were presented with more problems and 45% of them were having both the psychological and biological related problems. 54.4% among housewives were medicine users. Prevalence of menopause related problems was 43.4% among the respondents of the study. Menopause related problems among female of more than 55 years of age was (42.5%) was slightly higher than their younger ones (38.5%). A significant association of menopause related problems was notified with level of educational status. Among the study population 5.3% was found to be habituated with substance use disorder to relieve menopause related problems. Percentage of taking treatments was found to be 56.28%. A very small number was also found to be addicted to some of the medications.

The problem of biological and psychological related to ageing and change in the physiological system due to stoppage of menstruation whether
it exists in India or not exists has been a topic of great importance. In order to find out an answer a National Committee on who works of the aging people was constituted by the Government of India in 1976 and the committee in its report summarized that there is a lot of women are experiencing most common problems most frequently among these are menopause related problems, hormonal related problems, and age related problems. Further, the problem among the women is more complex and difficult problem most commonly found is muscular skeletal related problem and anxiety. The women used psycho tropics to a greater extent than general population but the use of drugs is markedly limited among them. On the whole, the presence of problem was more among old age women than amongst young age. There are, however, disturbing fact is that the biological and psychological problems may be on the increase in future time to come.

The abuse of medicines like pain killers, over the counter drugs and tranquilizers in the city of Bhopal is widespread. A research study was carried out among 463 families including a population of 3865 and the research study revealed 260 cases of biological and psychological problems and constituting a problems rate of 22.55 per 1000 population. Of the 200 cases, 49 abused over the counter medications to relieve menopause related problems, 2 cases of over the counter drug abuse were noted and 1 case of this being associated with over use of both the type of drugs for menopause related problems.

I. **Bio-psycho-social problem scores**

To determine the factors associated with the prevalence of biological and psychological problems among University in Delhi women, a total of 562 women working in eight colleges of Delhi University were examined. Systematic sampling technique was adopted in the selection of women and data was collected through predesigned self reporting questionnaire. Study revealed that the overall presence of case rate of biological and psychological problems was 45.6%. The most frequently reported problems were found to be menopause related problems and other age related problems, followed by other psychological problems in females and pain killers in are the most used medicines among females. Family income, place of residence, education, and respondent’s working pattern were highly significant factors related to
biological and psychological problems in female women. The initiation of treatment to biological and psychological problems was found to be most common after attaining menopause. Majority of the women were experimental medicine users.

To collect the available knowledge about prevalence and pattern of menopause related problems and medicine abuse a total of 2,865 subjects aged 40 years and above were studied on a schedule based on WHO menopausal rating questionnaire. The study revealed a prevalence rate of 23.78%. 36.98% of problems presents were in the age group of 45-55 years while 89% were literate. 35.98% among daily wage workers were presented with menopause related problems. In terms of age of onset of symptoms, 76.83% respondents had their first experience between the ages of 40-45 years. Most common type of menopause related problems had been psychological related problems. Majority of menopause related problems experienced women that they usually experience with hard work, only in the evening after hard work and night. In family history of 32.32% menopause related problems experienced women, mother was presenting with menopause related problems. 65.43% menopause related problems users seeking medical help. 34.98% also taking alternative therapies while 5.32 had the habit of taking multiple combinations of medicines. 4.34% of menopause related problems experience was taking a kind of drug soolfa also along with other treatments for menopause related problems while the frequency of over use of therapies was 2.1 and 14.3% respectively.

To investigate the type of character and pattern of symptoms and therapy use among long term menopausal experiencing women in an rural area of Australia a cross sectional research study was conducted. The study included 328 long term problem experiencing women who had regularly used therapy for at least 5 years. A structured interview schedule was used to collect information. Findings of study revealed that, mean age of the sample was 49 years. The median length of regular problem experiencing women was 43 years. Most used two or more therapies and some single therapy used daily, with a median of two joint paints day. The most common reasons for seeking treatment is for relaxation or relief of psychological tension and to feel good themselves. The majority experienced menopause related problems
and over two third were practicing some exercises. Most were current or and past having experiences. Overall, more than 75% believed that the benefits of therapies use outweighed the risks of complications, majority felt there was an even balance in life, and some of them said exercise had done them better than harm.

A cross sectional study was conducted on a sample consisting of 320 individuals in the age group of 40 years and above in a rural area of the Goa medical college and hospital. The main aim of the study was to find out the number and pattern of menopause related problems in rural Goa. The results of the study revealed that, prevalence of menopause related problems in the study population was 53%. In that 22.1% of them were experiencing serious problems, 10% mild problems and 8.5% were very mild problems. The proportion of menopause related problems in studies females was nearly 2 times higher as compared to other females. The number of menopause related problems in the old age population was 89%. The proportion of seriousness increased with age and reached peak level at about 60 years.

A research study was conducted in south part of the China to assess the psychological problems due to cessation of menstruation among old aged women and cluster sample was used from this part of nine districts. A total of 1321 were research studied using self report questionnaire. The findings revealed that the recent prevalence’s of regular psychological problems were, anxiety 8.3%, tension 23.4%, menopause related problems 4.2%, concentration problem 0.8%, sleeping disturbances 0.8% and all of the above is 5.3%. Study concluded that many of women were shown psychological problems. The most widely had symptoms were menopause related problems and tension. The rates of these all problems and menopause factors use among females were more among the more aged.

Studying prevalence of psycho social disturbances among Americans 46-60 yrs old, the authors found about 5 in 10 had a history of psychological and social problems, about 3 in 7 had a history of menopause related problems dependence, and about 2 in 15 had a history of overuse of drug. About one third of social problem experienced had developed drug dependence and about 25% of women had become treatment dependent. Among these populations of the other drugs, about 26% had become
II. **Coping strategies adopted**

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problem among the women is more complex and difficult problem most commonly found is muscular skeletal related problem and anxiety. The women used psychotropic to a greater extent than general population but the use of drugs is markedly limited among them. On the whole, the presence of problem was more among old age women than amongst young age. There are, however, disturbing fact is that the biological and psychological problems may be on the increase in future time to come.

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6.1.6 Coping strategies

The mean score of coping strategies scale was 11.36 with Standard deviation of ±1.44, median of 12 and a range was 09 as against range scores 0-16.

6.1.7 Level of coping

A general research population study which involved of more than 5,000 individuals from the state Kerala showed the effects of natural massage therapy and menopause related problems relief among the women who was having incidence of blood related disorder. The prevalence was most significantly more among use of regular therapies and occasional use of therapies than among non users. The numbers were more among muscle related problems in each age group and in each type of therapy used category it clearly shows menopause related problems and natural massage independent effect.

Used upon liver studies related to biopsies from 64 patients who were having menopause related problems from southern part of India, the researcher Shankar et al. reported a normal study of liver in only 23%, while other liver related diseases was present in 37.2%, liver cirrhosis and fat
deposited liver in 15.6%, and enlarged liver in 9.7%. Biochemical studies and analysis showed that menopause related problems had increased values of liver function tests and GGT as compared to other control non problem related population.

6.1.8 Illustrations Related To life quality of Subjects in Rural Community

Mean quality life grades of subjects were 63.37 with Standard deviation of ±9.51, median of 63 and a range of 38-82 as against possible range of 21-105.

6.1.9 Quality life scores

The data presented in shows that the calculated $\chi^2$ values are not significant at the 0.05 level for age, education, religion, occupation, marital status, type of family, history of problems in the family and previous exposure to educational programs where as it is significant for exposure to educational programs in media, indicating that the rural women differed with respect to exposure to educational programs in media.

The data presented shows that the mean knowledge score of Middle aged women related to menopause was 13.35 with Standard deviation of ±3.2, median of 13 and a range of 4-20 as against possible range of 0-30. The mean knowledge score of middle aged women was 13.72 with standard deviation of ±3.4, median of 14.5 and a range of 7-19 and the mean pre test knowledge score of control group was 14.36 with standard deviation of ±4.3, median of 14.5 and a range of 6 – 26 as against the possible range of 0-30.

With regard to attitude of life after menopause the other study shows that the mean pre test attitude score of Middle aged women was 120.94 with Standard deviation of ±19.6, median of 120.5 attitude score of middle aged women II was 124.41 with standard deviation of ±17.31, median of 129.5 and a range of 78-148 and the mean pre test attitude score of Control group was 128.61 with standard deviation of ±13.37, median of 128.5 and a range of 94–154 as against the possible range of 35-175.

In order to compare the pre test knowledge and attitude scores of the two middle aged womens and one Control group, the F ratio (ANOVA) was calculated. The data is presented in the table.

To correlate these findings, no related studies are available. The computed Chi-square value for association between pre-test level of
knowledge of rural people was found to be statistically significant at 0.05 levels for type of family where as it was not found significant for age, gender, education, occupation, marital status, history of substance use in the family, previous exposure to educational programmes and exposure to educational programmes in media at 0.05 levels. Hence it was inferred that rural peoples pretest level of knowledge regarding ill effects of biological and psychological problems was associated with type of family and it was independent with other personal variables. These findings were not consistent with findings of the other study which revealed that a personal variable of rural people seems to have association with coping with problems.

The computed Chi-square value for association between pre-test level of attitude of rural people regarding ill effects of biological and psychological problems was found significant for gender at 0.05 levels, where as it was found not significant for age, education, occupation, marital status, type of family, history of substance use in the family, previous exposure to educational programme and exposure to educational programmes in media. Hence, it inferred that rural peoples pretest level of attitude regarding ill effects of biological and psychological problems was associated with gender and it was independent with other personal variables.

6.1.10 Relationship between Bio Psycho Social Problems and Quality Life

Correlation coefficient value (-0.369) between bio-psycho-social problems and quality life scores of subjects in rural community is found significant at p<0.05 levels. It is inferred that, there is correlation between bio-psycho-social problems and quality of life.

6.1.11 Association between the Quality of Life With Their Selected Demographic Variables

For association between quality of life of subjects of rural community the computed chi square is found to be statistically significant at 0.05 levels for socio demographic variables like suffering with any chronic disorders, type of family and type of menopause where as it is not found significant for socio demographic variables such religion, education, age, occupation, dietary pattern, marital status, years after menopause and family income at 0.05 levels. Therefore, the findings partially support the null hypothesis.
Indicating that post menopausal women quality of life is significantly associated with suffering with any chronic disorders, type of family and type of menopause.

6.1.12 Association between the levels of coping with their selected demographic variables

For the association between levels of coping subjects of rural community the computed chi square value not found to be statistically significant at 0.05 levels for socio demographic variables like dietary pattern, religion and type of menopause at 0.05 levels of significance and is found to be significant at 0.05 levels for the socio baseline elements like age of women, educational status, occupation, marital status, type of family, years after menopause, family income and suffering with any chronic disorders. Therefore, the findings of the chi square values partially support the null hypothesis $H_0$, implicating that post menopausal women levels of coping is significantly associated with educational status, occupation, age of women, marital condition, family type, family income condition, years after menopause, and suffering with any chronic disorders.

Now a day there is welfare of public debate regarding the short term effects of different combination of therapies in minimizing the health related issues among the middle aged women. A study was undertaken to find out the middle aged women’s’ attitudes, value system and their willingness to take different therapies after experiencing the symptoms related to normal changes in health after middle age and their knowledge of the potential risks due to these therapies. A interview for focus group was organized among the women of middle age in their workplace where women of middle age were working to collect the information. Findings of the study were realized that middle aged women appear to be knowledgeable about the different therapies and its associated risks of following it, and hold a value according to their culture that such behavior is normal and may be followed. This is in women’s perception to their readiness to use therapies and have a comfort with poorly developed values and awareness about the danger involved in it.

A study conducted to assess the of co-morbidity prevalence rate in patients with use of different hormonal therapies on the medical disorder classification system developed by world health organization, and compare it
with other multi systems of medical treatments and menopause related problems having patient groups, on the areas like socio-demographic and clinical related variables and to find out the existing relationships between the different simultaneously occurring psychiatric and other health related disorders. A total of 234 subjects were taken for the study and semi structured interview Performa was used to collect sociological and demographic variables and history hormonal use of therapies. Results of the study revealed that prevalence of co existence of other health related disorders was 48.5% of the total people being studied, in that 53% of women were presented with menopause related problems and dependence on medical care and 38.2% in other mode of treatments. Two different types of diagnoses were available within 42.5% and more than two types in 33.5% of the total subjects being studied. The most usual co-morbid disorders on diagnostic manual were psychological disorders, other use of toxic substances, dysfunctions of sexual activity, psychotic and social disorders and anxiety related disorders. 35.8% with other types of disorders of women and 23.1% with menopause related problems had a disorders related to personality.

A prospective study was conducted in Jarkand state of Ranchi population, to assess the existing problems related to of menopause and hormonal changes and co-morbidity and its effect on psychopathology, health and pattern of symptoms and of remission in manic disorder. 300 admitted in-patients with presence of health related problems were included and studied for six months using structured and well developed clinical interview schedule. The present number of menopausal co-morbidity was estimated about 67%. Participants of health related issues were significantly middle aged, had very early age of onset of hormonal change related disorder, married and many of them were unemployed and had more symptomatic and problematic health related issues and all its related problems. Risk factor which were analyzed showed health related issues were present and as being consistently associated with poor outcome with different mode of treatment.

6.2 RECOMMENDATIONS
Based on findings of the study, the following recommendations have to be made:
• Similar study can be replicated on huge number of samples to disseminate the findings.

• For constructive correlation of the facts can be done through experimental research design

• Based on this study done, similar study can be carried out explore the long term efficacy of coping mechanism adopted by middle females in post menopause phase.

• A comparative study can be conducted on same topic by comparing urban and rural samples

• A comparative study can be conducted on multiple setting for better results

The illustrations of under taken study can be adopted in the following areas of nursing profession.

Nursing Practice

• The findings of the study revealed that post menopausal women had various Bio-psycho-social problems related to changes due to menopause and their aging factors. And also review of literature shown that prevalence of bio-psycho-social problems are more among post menopausal women.

• Nurses can play a pivotal role in organizing and executing creative awareness programs for all post menopausal women’s of the society especially for rural areas to improve their knowledge regarding the physiological changes and their effects after menopause and how to manage them and develop positive attitude towards their life.

• According to findings post menopausal women had used many coping strategies to cope with the situation after menopause. As a community health nurses it is our responsibility to support the women to use positive coping mechanisms and helping them to come out with negative coping mechanisms.

• As the nursing practice is based on thorough theoretical basis, various educational methods can be used to educate the post menopausal women in primary settings for prevention of menopause related problems, using positive coping mechanisms and promotion of health.

Nursing Education
• Nursing students should be provided with learning experiences in planning and organizing health education programs on prevention, causes and management Bio-psycho-social problems among post menopausal women.

• As nursing education gives more importance to preventive aspect of disease than curative aspect, each student will be trained thoroughly related to menopause and its impact on the women’s well being.

• Findings of the study can be used as a source for teaching material for the students of the nursing and other health professionals.

• Nursing students (basic as well as post graduate) should be provided with adequate community learning experience in planning, organizing and conducting health education as well as health camps in early detection of high risk groups in the community regarding the management of bio-psycho-social problems.

**Nursing Administration:**

• In this world of ever growing stress, the nurse administrators have a responsibility to provide nurses with staff development opportunities. This would enable the nurse to update their knowledge and apply the acquired skills for managing bio-psycho-social problems and develop a positive attitude and demonstrate holistic care in management of bio psychosocial problems of middle age women in menopause and improve their quality of life.

• Nurse administrator should take active role in organizing and providing adequate guidance and counselling program and arranging personnel for conducting teaching on bio-psycho-social problems reductions methods like yoga, meditation and emotional ventilation. In addition to that she/he can provide necessary suggestions to the higher officials regarding the need for such programs in community area.

**Nursing Research**

• This topic has great importance to the present days as prevalence of bio-psycho-social problems and its impact on health are high. This study helps to estimate the incidence of post menopausal problems in women of post menopause in rural community and their quality life.
• The findings of undertaken research title points out the importance of further researches on post menopausal problems in all areas. Obviously the present study can support future research efforts to emerge with similar results.

6.3 FUTURE SCOPE

This research study is systematic enquiry in nursing discipline. By this research study results we can develop a solid part of knowledge. This research will help in getting knew knowledge related to problems of menopause that will help women in her daily lives. Nurses conduct research study that will benefit the society. Now a day’s nurses are very much engaged in research studies this will benefits the profession as well. Also this will help nursing profession to develop new knowledge regarding issues that are affecting the life of patients and people in the community.

The results of this study will be a proof for developing various strategies in taking care of post menopausal women. Further we can focus on educational methods by that we can prepare professional nurses. If the nursing profession to be grown research studies are very much needed. Now a days nursing is moving very fast and striving to go along with developments in other fields of health care services. There are multiple health problems according to changes in life style of people yet we can find out effectiveness of old methods and modern methods. Now nurses must be ready to face the present day challenges. This is possible only when nursing has new knowledge and refines the old knowledge and practices. Present research study will help nurses to practice in a better way.

By understanding problems of post menopausal women we can strengthen the nursing practices. There are many barriers in practicing but the time has come nurses to take a leadership role and make decisions to provide research based care. This is called evidence based practice which is taking a growing role in nursing. Present community (public) very smart. People will not readily accept what health care providers say but they check out with evidences. In this matter this research will be very much helpful for them. Using the research in nursing practice requires scientifically enquiring mind. In this matter nurse researchers, nurse administrators, will help the practicing
nurses. They make collaborations between nursing education, nursing practice and nursing research. This is combined effort.

6.4 LIMITATIONS OF RESEARCH WORK

- The assessment of bio-psycho-social problems, coping strategies and quality life in women during post menopause is only once.
- Research title included samples of only 500. Smaller number of subjects limits the generalization of the study.
- The tool used for the data collection was not a standardized tool. It was designed by the investigator herself for the purpose of the present study based on the objectives to be met.
- Study in conducted only among post menopausal women of rural community, so it limits the generalization of findings among all post menopausal women.

The focus of this study was assess Bio-Psycho-Social complications, coping mechanism and life quality of post menopausal women in selected rural community in Dharwad District, Karnataka. A descriptive survey design and quantitative approach was implemented for study. The data was collected from 500 samples through probability cluster sampling (3 stage) technique. All post menopausal women in selected rural areas were willingly participated in the study. They gave free and frank responses. The study was formulated on the Rosenstock's Health Belief Model.

Further, the conclusion drawn on the depending upon the findings of the study includes:

Findings of this study it is depicts that post menopausal women had various Bio-psycho-social problems related to changes due to menopause and their factors related to age. And also review of literature clearly implicated that prevalence of bio-psycho-social problems are more among post menopausal women. Nurses can play a very important role in planning, organizing and executing creative awareness / educational programs for all post menopausal women’s of the society especially for rural areas to enhance their knowledge regarding the physiological changes and its effects after the period of menopause and how to handle them and develop positive attitude towards their life.
According to these findings women of post menopause period had used many coping strategies to come out of problems of menopause and cope with the situation at post menopause. As a community health nurses it is our one of vital responsibility to support the women to use positive coping mechanisms and helping them to come out with negative coping strategies. As the practice of nursing is based on thorough theoretical basis, many types of educational methods can be used to educate the post menopausal women in primary level of settings for prevention of menopause related problems, promotion of health and using positive coping mechanisms.

Nursing students should be made available with experiences of learning in planning, organizing and conducting health education programs for prevention, causes and treatment regarding Bio-psycho-social problems among women of post menopausal period. As nursing education give more emphasis to preventive aspect of disease than treatment aspect, every student will be trained and acquainted with thoroughly related to menopause and its problems on the women’s health. The findings of the study can be used as a teaching material for the students of the nursing and other health care professionals as a source materials. Nursing students (undergraduates as well as post graduate) should be equipped with adequate community learning experience in planning, organizing and conducting health education as well as health care related camps in detection of high risk groups in early stage in the community area regarding the management of bio-psycho-social problems.

In this world of ever growing stress and strain, the administrators of nursing profession have a great responsibility to provide and equip nurses with staff development opportunities in all areas. This would enable the professional nurse to update their knowledge and practice and use the acquired skills for treating and caring bio-psycho-social problems and develop a positive attitude, demonstrate holistic care in management of bio-psycho-social problems among women of post menopause period and improve their life’s quality. The nurse administrator can take active role in planning, organizing and providing adequate guidance and counseling program and arranging personnel for conducting teaching on bio-psycho-social problems minimizing methods like meditation, yoga and ventilation of emotions. In addition to that
she/he can provide all necessary suggestions to the top level officials regarding the need for such educational programs in community areas of urban and rural settings. This topic of research has more importance to the present days as incidence and prevalence of bio-psycho-social problems and its direct effects on health of post menopausal women’s are high. This study helps to find out the incidence of post menopausal problems among post menopausal women of rural community and their quality life as experience by them. The findings of under taken research title assist the importance of further researches by nursing professionals on post menopausal problems in all areas. Obviously the present study can support future research efforts to emerge with similar results.

**SUMMARY**

This chapter has dealt with a brief summary of the study. The first section of this chapter summarized the methodology with brief discussion on salient findings of the study. The next section discussed the implications for nursing practice, nursing education, nursing administration, nursing research, the limitations and the recommendations. In all these section it is explained that how these findings can be utilized in future by the nursing administrators, nursing students, nursing research scholars other people who are have their interest in the women’s obstetrical health and the problems arise due to obstetric changes in women during menstruation and menopause. In the earlier section of this chapter briefly described about the nature of the problem, its significance, what is need for the study, methodology followed, conceptual framework and statistics used for the study.

This chapter through the light on the whole process of the research, researcher experience and other aspect of the study.