CHAPTER 5: SUMMARY AND CONCLUSION

Menopause, as part of a woman's aging process, does not warrant the definition of an estrogen deficiency disease against which a full-scale battle needs to be waged for the remainder of her postmenopausal years. Physical problems are usually of minor concern for most women but psychological difficulties due to an inability to come to terms with the aging process are inextricably linked to the socio-cultural environment. While the Filipino society protects against similar experiences in Australian culture an emphasis on remaining young and beautiful places undue pressure on older women to conform and mould themselves according to the popular stereotype.

Given adequate time for reflection and reassessment women generally emerge positive, refreshed, revitalised, happy and proud to have 'managed' their menopause and look forward to the coming years with new projects and hopes. However, it is exactly this situation which needs to be brought to the attention of public health and women's health specialists: menopause is just another passage of life women have to go through.

5.1 Significance of Study

The significance of the study was stands out prominently against the background of the changing role of women in the middle age despite benefitted by the social changes that are in favour of them, at the same time under the pressure of traditional normative expectations from her. The present study intended to investigate psychological distress in menopausal women in relation to life event, social support and physiological symptoms. This study will try to answer couple of question which will be helpful to develop further management in menopausal age group.

Previous Literature

Psycho social research review emphasises toward relationships between life event and psychological and physical symptoms. Employment and stress relationships research increases curiosity toward development of further research in this area.
Psychiatric research also found relationship between depression and social, culture factors and physical symptoms. Medical research mainly looked into causative factor that is hormonal in origin.

Not many investigators have turned to middle age group changes in women in relation to social support, life event and psychological distress Description of the tools and pilot study carried out based on that how the sample selection and collection of data carried out.

All these factors have pulled interest in this topic and researcher had undertaken current study. Three tools viz., menopausal experience scale, Life Events Score and Social Support Score, were decided for the study. Pilot study was carried out. Seven Hypotheses were formulated. The sample of 400 menopausal women was selected randomly and collection of data was carried out.

In this study researcher has found relationship between physiological symptoms and psychological distress and whether in turn this relationship changes as in everybody’s life, positive/ negative life events take place and one receives low or high social support.

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. The status of being employed or unemployed plays significant role in the lives of women.

5.2 Conclusions:

As the hypotheses testing was conducted with the help of statistical analysis, it was seen that findings of study are sometimes align with previous researches and sometimes contrasting.

1. In case of 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.

2. Women, married or unmarried, if receive social support of higher level, their physical distress is reduced.

3. 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.

4. Both Positive as well as negative life events produce the physiological distress in employed and unemployed group.

5. 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.

6. Correlations between physiological symptoms and social support symptom score were not different in employed and unemployed group. Thus the null Hypotheses was rejected. There is no difference found between the employed and unemployed groups.

7. 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 events scorers and two life event scorers are concerned.

5.3 Implication of Current Research

Research to date has the following implications for services and health care providers:

1. It is necessary to look beyond menopausal status, hormone levels and menopausal symptoms to adequately explain depressed mood in women at middle age.

2. A life-course, rather than a cross-sectional, approach is necessary to understand emotional distress in middle age.
3. The “classical” social determinants of depression, as well as the presence of distressing somatic symptoms and decreased sexual functioning and pleasure are likely to contribute to dysphoria and depression.

4. A history of depression and high levels of psychosocial adversity may be more important than menopausal status in explaining current levels of emotional distress, and should be taken into account.

5. It is important to evaluate the sources and impact of stress, and of social support, on women’s emotional well-being. This may include stressful demands from family and friends, who can function as conduits of stress as well as sources of positive social support.

### 5.4 Limitation of current research

Although the menopause has been discussed in medical, biological and social science literature, the experience of menopause for women has been masked in myths and taboos. Separating myth from reality has been difficult.

Present study is a sincere attempt to understand it, but while going through the process, were limitations were also faced with some limitations were also faced with.

1) Menopause has multifactoral association there are personal factors along with psychological, social and biological factor. In this study but personal characteristics could be not much handed or elaborated.

2) Although the tools were selected meticulously limitations that they carried had to be accepted.

3) Being a correlational study the obvious of looking for only association and not the causation had to be accepted

4) Sexual health and intimacy of menopausal women needed to be considered. In a scientific research, these factors need to be controlled.
5) The overall attitude of women towards menopause may decide the level of their physiological as well as psychological distress. However, it was not accessed in the present study.

5.5 Suggestions for Further Research

Further longitudinal studies are needed to explore well-being factors and the menopause. While there is considerable anthropological literature on the cultural construction of menopause in low- and middle-income countries, and on women’s expectations and experiences of it, data on the links between mental health and menopause are more limited. Research on this relationship is needed to provide culturally specific data for decision-making at programme, policy and service-provision levels. In particular, the following questions should be addressed:

1. The psychological situation of climacteric women is determined by social economic and cultural changes. The educational backgrounds and family life are factors to a high degree of life stress, too. Psychosocial analysis and more information’s about the conflicts in this time are preconditions for a successful treatment of menopausal complaints.

2. Are the factors identified in high-income countries as critical to women’s mental life in middle age equally important for the mental health and well-being of women in low- and middle-income countries?

3. if not, what other socioeconomic, cultural or interpersonal factors play a significant role?

4. What sources of assistance do women in low- and middle-income countries have for health problems and physically or psychologically distressing symptoms related to menopause?

5. How satisfied are women with these sources? What additional sources of assistance or services would they like to have? Do they think such services should be integrated in existing reproductive health services or stand alone?

6. Physically active may reduce perceived severity of menopausal symptoms and enhance psychological well-being, and that the relationship between physical
activity and Quality of life (QOL) in mid-life women may be mediated by factors such as physical self-perceptions and menopausal symptoms.

7. The contributions of other health-related and psychosocial factors to Quality of life (QOL) and whether these associations vary by racial/ethnic group needs further research to address this issue.

8. Psychosocial aspects of menopause management require further research, particularly on the experiences of women who enter menopause prematurely.