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DEVELOPMENT OF MODULE ON FAMILY SUPPORT OF MENOPAUSAL WOMEN- A PROTOCOL FOR MIXED METHOD STUDY

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ABSTRACT

Background: Family support and well-being play a major role in menopausal life. Studies are being done on the well-being of menopausal women. There is a drastic improvement in the well-being of menopausal women when we focus on family support in terms of physical, mental, and financial support. This protocol is developed to enhance the evidence that has been performed on family support to improve the well-being of menopausal women. The findings will inculcate the picture of family support of menopausal women as a result of women's well-being [1].

Material and Method

We will conduct the study in three phases. In the first phase, we will interview relevant individuals to identify the challenges they face during menopause. In the second phase, we conduct a scoping review of the literature regarding family support and its impact on the well-being of menopausal women worldwide. The first and second phases are conducted simultaneously, and a new model is derived by

combining their results. In the final phase, using the Delphi technique, the obtained model is verified during Delphi rounds.

Discussion

Menopause is a crucial time in women's life. The severity of symptoms is affecting the quality of life. As a primary researcher, I have observed that family support is one of the important aspects during menopausal age. The support obtained during this period directly affects the well-being of the woman and it depends on how she copes with this crucial time. Family support in terms of physical, emotional, and financial contributes to the well-being of women during menopausal age [2].

Keywords: menopausal life, Menopause, family support

INTRODUCTION

Menopause is a natural phase in a woman's life that is intricately linked to the psychosocial events of midlife and the aging process. Menopause, as defined by the World Health Organization (WHO), is characterized by the permanent cessation of menstrual cycles for a continuous 12-month period. It's important to note that symptoms may occur before the cessation of menses, and the transition from the reproductive period to menopause is called perimenopause [1].

The majority of women undergo menopause without any symptoms, but up to a third will experience them. The symptoms linked to menopause can be highly distressing, significantly affecting different areas of women's lives, including personal, social, and professional aspects. Perimenopause is characterized by a range of major symptoms, encompassing central nervous system (CNS) related issues such as vasomotor symptoms, sleep disturbances, anxiety, depression, migraine, and changes

in cognitive performance. During menopause, women experience significant changes in weight, metabolism, cardiovascular functions, and urogenital symptoms [1]. These symptoms may include vaginal dryness, dyspareunia, vulvar itching and burning, dysuria, increased urinary frequency and urgency, and recurrent lower urinary tract infections. It is also common to experience sexual dysfunction, a decline in sexual desire, and musculoskeletal symptoms such as declining bone health and changes in body composition [2].

The primary cause of menopausal symptoms is reduced estrogen production by the ovaries. However, focusing solely on hormonal changes and viewing menopause through a purely biomedical lens can obscure its broader context, overlooking its significance as a 'change of life' intertwined with multiple other stressors. For example, many women shoulder household responsibilities while holding jobs, handle financial commitments to grown children,

and provide caregiving duties for elderly parents. They describe finding themselves "sandwiched" between these roles, leading to possible conflicts in their public and private lives [3].

Study selection criteria

Table 1: PICO Framework

Population/Participants	Women who attained menopause
Intervention	Interventions which is focused on the well-being of women in terms of physical, emotional financial and family support of women, education modalities, classroom teachings
Comparator	It will not be restricted to any specific kind of intervention, it can comprise, no intervention, usual support or care, epidemiologic component
Outcome	The well-being of the women in terms of physical, emotional, and financial is measured before and after intervention

The type of outcome measure.: The result of analyzing the data search will be validated by using the Soft Ware Impress to be included, to be considered for inclusion, the studies must provide a numerical measure of the impact and must report a quantitative measure of the effect of family support on the well-being of menopausal women [4].

Inclusion criteria: The following is a request for experimental studies conducted on family support and well-being of menopausal women. These studies can be either true-experimental, quasi-experimental, or pre-experimental and can be conducted in any of the following setups: hospital, outpatient department, OBG department, community-based, etc. The studies should address the outcome in terms of the well-being of menopausal women. Rest assured that our intervention will be carried out without any limitations on its

A systematic review that's going to include all sorts of studies. We're going to be looking at interventional and non-randomized control trials, as well as some really cool stuff from the grey literature.

duration or follow-up. This guarantees to provide you with the best possible outcome and ensure your complete satisfaction [5].

Exclusion criteria: Interventions that are not exclusive to menopause and outcome measures related to well-being have been studied using case reports and case series.

Search Strategy

The search strategy and selection of electronic databases were based on previous literature reviews, EBSCO CINHAL, PUBMED, J GATE, AND GOOGLE SCHOLAR are the selected databases. For the search, no geographical restrictions were set. To identify more potentially relevant studies, the list of studies included in this review and those from previous literature reviews on family support and the well-being of menopausal women will be searched.

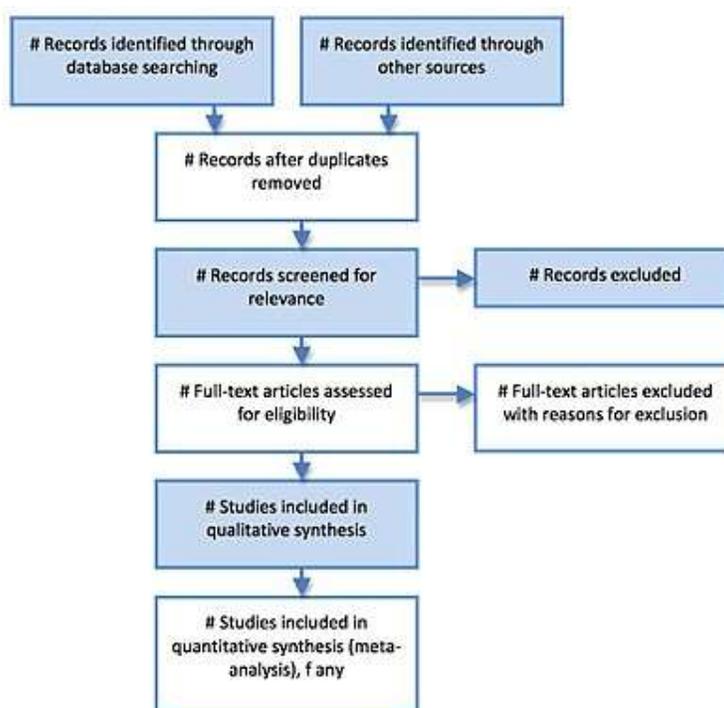
Study Selection

The process of selecting studies will adhere to the guidelines of the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA). Zotero and Mendeley will be used to manage the references, and duplicates will be removed by one reviewer. Next, two reviewers will independently assess each abstract to determine if a full-text review is necessary. If there are any disagreements between the two reviewers, a third reviewer will be consulted to resolve the issue. Finally, the full text of potentially eligible studies will be retrieved, reviewed, and assessed for final inclusion by a third reviewer. The PRISMA guidelines will be followed to create a flow diagram illustrating the selection process [6].

Extraction Process: Two authors will independently conduct data extraction and

disagreements will be resolved as described above. To extract information, a data extraction form based on ‘The Cochrane Group Data collection form for intervention reviews’ will be used. The form will include the following details: study title, author, publication details, location, and language. The study design, method of subject allocation, duration, and outcomes will be extracted for the methods section. The participant demographics, including the setting, inclusion and exclusion criteria, population size, and demographics, will also be extracted. The duration, type, and mode of intervention will be extracted for intervention characteristics. Finally, the well-being of menopausal women will be analysed in terms of physical, emotional, and financial outcomes [7].

Process of Systematic Review based on Prisma Guidelines [6]



Quality check

To assess the quality of the studies, two reviewers will independently use the Effective Public Health Practice Project's quality assessment tool for quantitative studies. This tool is recommended by the Cochrane Public Health Group and is applicable to quasi-experimental study designs. For Interventional studies, the Rayyan software will be used.

Effect Measurement

The study outcomes were divided into two categories: continuous outcomes and categorical outcomes. Continuous outcomes were expressed in standardized mean difference along with a 95% confidence interval as per the Cochrane Handbook for a systematic review of interventions. On the other hand, if the outcome was reported in terms of categorical data, then the risk ratio and its 95% confidence interval were calculated [5].

Heterogeneity and Bias Check

To determine the statistical heterogeneity between different studies, we used the chi-square test. We considered a significant level of p-value greater than 0.10 as indicating significant heterogeneity.

To assess publication bias, we generated funnel plots of the effect estimate against the standard errors using the Review Manager software. An asymmetrical funnel plot indicates a low risk of publication bias, while an asymmetrical funnel plot indicates

a high risk of publication bias. We performed a visual analysis of these funnel plots to determine whether publication bias was likely [6].

Strategy for Data Synthesis

To combine continuous outcomes, we used a random-effect model. We pooled studies that were similar in terms of study designs, population characteristics, and outcomes. Furthermore, we conducted a subgroup analysis based on the availability of data on family support and well-being.

CONCLUSION

To ensure fairness and transparency, we have developed a protocol to guide the systematic To ensure fairness and transparency, we have developed a protocol to guide the systematic review process in evaluating how family support impacts the well-being of menopausal women. As the data we will use have already been collected from previous research studies, we did not require institutional ethics clearance for this project.

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Conflict of Interest: None declared.

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