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RESEARCH ARTICLE

THE PSYCHOLOGICAL IMPACT OF FAMILIAL SUPPORT ON MENOPAUSAL STRESS AMONG GOVERNMENT EXECUTIVES IN KERALA

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Abstract

This study explores the psychological impact of familial support on menopausal stress among female government executives in Kerala. Menopause is a natural biological transition accompanied by a variety of distressing physical and psychological symptoms such as hot flashes, irritability, depression, joint pain, and decreased sexual function. The prevalence of menopausal symptoms in Kerala is notably high, with studies reporting that over 75% of women experience one or more symptoms, including emotional disturbances, musculoskeletal pain, and sleep problems. Cultural factors and limited awareness often lead to underreporting and insufficient medical consultation, with many women relying on self-care and familial support to cope.The research evaluates the role of emotional and practical familial support in alleviating menopausal symptoms and enhancing mental well-being. Data collected through validated instruments like the Menopause Rating Scale and the Family Support Scale reveal a significant association between strong familial bonds and lower severity of menopausal symptoms. Emotional support from family improves psychological resilience, reduces anxiety and depressive moods, and fosters a supportive environment that facilitates better coping strategies.The findings highlight the vital role of the family unit in menopausal health, especially within the Kerala context, where extended family networks are prominent. Integrating family-centred approaches in healthcare interventions and workplace policies can significantly improve the quality of life for midlife women undergoing menopause. These implications suggest the need for awareness progra ms, culturally sensitive counselling, and stress reduction strategies leveraging familial support to address the multifaceted challenges women face during this transition.

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Introduction:-

Background of the Study:

Menopause is a significant biological milestone in a woman's life, marking the end of menstrual cycles and reproductive capability. While it is a natural process, its physical and psychological symptoms frequently disrupt the daily lives of women, especially those actively engaged in the workforce. The transition is characterized by hot flashes, mood swings, joint pain, and sleep disturbances, which can collectively impact a woman's quality of life, personal relationships, and professional efficacy. Family support serves as a vital buffer against stress for working women, particularly during the midlife menopausal transition. Research consistently demonstrates that emotional, instrumental, and social support from family members—including spouses, children, and extended relatives—can significantly reduce work-related stress and foster effective coping strategies.

Women who benefit from steady familial support often report lower incidences of anxiety, depression, and physical fatigue, and they are better equipped to manage the dual responsibilities of their professional and household roles. This protective influence is especially crucial for women in midlife whose career and family obligations may converge with the unique physiological and psychological stresses brought on by menopause. Given that menopause compounds these challenges, understanding and strengthening the role of familial support is imperative to help employed women navigate this phase with improved psychological well-being and resilience. In Kerala, as in many regions of India, the increasing participation of women in government service highlights the need to understand their health and psychosocial adjustment during this phase. Studies have shown that menopausal symptoms are highly prevalent among women in Kerala, with emotional issues like depression and irritability affecting over 90% and musculoskeletal complaints affecting more than half of the surveyed women.

However, awareness regarding the underlying causes and management of menopause remains limited, with only about one-fifth of women knowing the correct cause. Many women tend to resort to home remedies and self-care, often underutilizing available medical resources, due to cultural taboos, family commitments, and misconceptions about menopause as a physiological byproduct of aging. Despite Kerala's high female literacy and relatively strong reproductive health indicators, gaps remain in the formal support available to menopausal women, particularly those in demanding professional roles. There is a notable absence of workplace-focused studies exploring how demographic factors—such as age, marital status, and education—may shape the experience and management of menopausal stress.

Exploring the intersection of familial support, occupational stress, and menopausal symptoms could contribute significantly to the formulation of effective support strategies for government executives in Kerala, improving their quality of life and workplace productivity. In Kerala, where women form a substantial part of the government workforce, understanding the nuances of menopausal stress assumes greater significance. Accordingly, this study aims to examine the prevalence and severity of menopausal stress among government executives in Kerala, assess the level of familial support and its relationship to menopausal stress, and investigate the impact of familial support on reducing menopausal stress. Furthermore, the research seeks to provide insights into potential protective factors and mechanisms by evaluating how familial support may mitigate menopausal stress, while also comparing stress levels across key demographic variables such as age, marital status, and educational level.

Problem Statement:

Despite the high female literacy rate and relatively strong reproductive health indicators in Kerala, menopausal women, particularly those in demanding professional roles such as government executives, face significant challenges related to menopausal stress. This stress, compounded by physiological and psychological symptoms characteristic of menopause, adversely affects their overall well-being and productivity. Although familial support is known to buffer stress and enhance coping mechanisms, there is a lack of comprehensive workplace- focused research on how menopausal stress varies with demographic factors like age, marital status, and educational level.

Furthermore, formal support systems and targeted interventions in professional environments remain inadequate. This gap hinders the effective management of menopausal stress among working women, limiting their quality of life and workplace efficiency. Therefore, it is imperative to examine the prevalence and severity of menopausal stress in this population, assess the role of familial support in mitigating stress, and explore how demographic variables influence these dynamics to inform supportive policies and practices for government executives in Kerala.

Research Questions:-

1. What is the prevalence and severity of menopausal stress experienced by government executives in Kerala?
2. What is the extent of familial support received by government executives in Kerala, and how does this support relate to their menopausal stress?
3. In what ways does familial support contribute to reducing menopausal stress among government executives in Kerala?
4. How do demographic variables, including age, marital status, and educational level, influence both the experience of menopausal stress and the level of familial support among government executives in Kerala?

Objectives of the Study The study has the following objectives:

- To examine the prevalence and severity of menopausal stress among government executives in Kerala.
- To assess the level of familial support and its relationship with menopausal stress.
- To investigate the impact of familial support on reducing menopausal stress.
- To compare menopausal stress across demographic variables such as age, marital status, and educational level.

Significance of the Study:

This study holds significant importance as it seeks to address the relatively underexplored area of menopausal stress among government executives in Kerala. This demographic faces unique challenges at the intersection of professional obligations and menopausal transition. Understanding the prevalence and severity of menopausal stress in this population is crucial for recognizing the extent of the problem, which can impact not only individual well-being but also workplace productivity and efficiency.

The assessment of familial support and its relationship with menopausal stress offers valuable insights into potential protective factors that can buffer the negative effects of menopause-related symptoms. Given that emotional, instrumental, and social support from family members has been shown to reduce anxiety, depression, and fatigue, highlighting these associations is vital in framing effective intervention strategies.

Furthermore, by examining how menopausal stress varies across demographic variables such as age, marital status, and educational level, the study will contribute to a nuanced understanding of the factors influencing menopausal experiences. These findings can inform the development of targeted support programs within workplaces and communities, encouraging policies that foster supportive environments both at home and at work.

Moreover, the study emphasizes the urgent need for increased awareness and education on menopausal health, promoting the utilization of medical and social resources over traditional self-care methods that may be insufficient. Ultimately, the outcomes of this research aim to enhance the quality of life for menopausal women in the government sector of Kerala and serve as a foundational reference for further research and policy development in women's health care and occupational well-being.

Scope of the Study:

This study focuses on examining menopausal stress among female government executives aged 45 to 56 years in Kerala. It investigates the prevalence and severity of menopausal symptoms and assesses the level of familial support these women receive. The research further explores the relationship between familial support and menopausal stress, highlighting how such support may alleviate the psychological and physiological challenges of menopause. The study also considers demographic variables including age, marital status, and educational level to analyse variations in menopausal stress and familial support. While centred on government executives, the findings may offer insights applicable to other professional women in similar socio-cultural contexts. The study is confined to Kerala, providing a regional perspective that reflects its unique cultural, social, and occupational patterns affecting menopausal experiences. However, the research does not extend to medical treatments or hormonal therapies, focusing instead on psychosocial factors and support mechanisms.

Limitations of the Study:

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design limits the ability to establish causal relationships between familial support and menopausal stress. Second, the study is geographically confined to government female executives in Kerala, which may affect the generalizability of the results to other populations or regions with different socio-cultural contexts. Third, self-

reported data on menopausal symptoms and familial support may be subject to recall bias or social desirability bias, potentially leading to underreporting or overreporting of experiences. Additionally, the exclusion of hormone replacement therapy users and other medical interventions may limit the understanding of the full spectrum of menopausal experiences in the target population. Lastly, some participants might have underreported symptoms due to cultural taboos surrounding menopause, which could affect the accuracy of symptom prevalence and severity.

Definition of Key Terms:
Menopause: Menopause is the natural and permanent cessation of menstrual periods, diagnosed after 12 consecutive months without menstruation, typically occurring in women between the ages of 45 to 56. It is characterized by a decline in estrogen production, leading to physiological changes and symptoms such as hot flashes, night sweats, sleep disturbances, and mood fluctuations.

Menopausal Stress:
Menopausal stress refers to the psychological and physiological strain experienced by women during the menopausal transition. This stress can manifest as anxiety, irritability, depression, fatigue, and cognitive difficulties, often exacerbated by hormonal fluctuations and compounded by social and occupational demands.

Familial Support:
Familial support encompasses the emotional, instrumental, and social assistance provided by family members to an individual. For menopausal women, this support includes moral encouragement, empathy, help with decision-making, and practical aid that buffer against stress and promote psychological well-being.

Government Executives:
In this study, government executives refer to female employees of Kerala State government who hold managerial or supervisory roles usually involving administrative responsibilities and decision-making authority within their departments.

Prevalence:
The proportion of individuals in a population who experience a particular condition—in this case, menopausal stress—within a specified time frame.

Severity:
The intensity or degree of menopausal symptoms and stress as experienced and reported by the participants
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Organization of the Study:
This research study is organized into five chapters for systematic presentation and clarity:

Chapter 1: Introduction and Background:
This chapter introduces the study, presents the background and significance, states the problem, research objectives, scope, and limitations. It provides the foundational context and rationale for the research.

Chapter 2: Review of Related Literature:
This chapter reviews existing literature related to menopausal stress, familial support, and their impact on working women, with a focus on government executives and relevant demographic variables.

Chapter 3: Research Methodology:
This chapter describes the research design, population and sample, data collection methods, and tools used for analysis. It outlines the step-by-step procedures implemented to conduct the study.

Chapter 4: Results and Discussions:
This chapter presents the data analysis, findings based on the research objectives, and interprets the results in relation to the literature reviewed.

Chapter 5: Conclusion and Recommendations:
The final chapter summarizes the study's findings, draws conclusions, and offers recommendations for policymakers, health practitioners, and future research directions. Each chapter aims to logically and

comprehensively cover the respective facets of the study to facilitate proper understanding and application of the research outcomes.

Research Gap:
Although menopausal symptoms and their impact on women's quality of life have been studied in various populations, there is a noticeable lack of research focusing specifically on menopausal stress among working women in demanding professional roles, such as government executives in Kerala. Most existing studies emphasize rural or general populations with limited attention to workplace-related stressors and the unique challenges faced by employed menopausal women. Furthermore, there is insufficient exploration of how demographic factors like age, marital status, and education interact with familial support to influence menopausal stress in this cohort. The cultural context of Kerala, characterized by high female literacy yet persistent social taboos around menopause, further complicates these dynamics. This study aims to fill this gap by examining menopausal stress prevalence and severity, assessing familial support as a mitigating factor, and analysing demographic influences within Kerala's government executive population. The findings will contribute vital insights to an under-researched area, informing supportive workplace policies and culturally sensitive interventions.

Chapter Summary:
This chapter introduced the study by outlining the significance of examining menopausal stress among government executives in Kerala, a group facing unique challenges due to their professional and personal responsibilities. The background highlighted the physiological and psychological impact of menopause and underscored the crucial role of familial support in mitigating associated stress. The chapter presented the research problem, which centres on the lack of workplace-focused studies addressing menopausal stress and familial support within this specific population. The study's objectives, scope, significance, and limitations were clearly stated to guide the investigation. Definitions of key terms were provided to ensure clarity and shared understanding throughout the research. Overall, this chapter established the foundation for the succeeding chapters by framing the rationale, purpose, and structure of the study.

Literature Review:-

Introduction This chapter provides an extensive review of literature concerning menopausal stress, its symptoms, and prevalence among working women, along with the role of familial support as a mitigating factor during the menopausal transition. Special emphasis is given to demographic variables such as age, marital status, and education that may influence menopausal experiences. The review focuses on identifying key findings, gaps, and areas that warrant further investigation, particularly among government executives in Kerala, to establish a theoretical and empirical foundation for the current study.

Menopause and Menopausal Stress:-
Menopause is a natural biological process marked by the cessation of menstruation, typically occurring in women aged between 45 and 56 years. It results from the decline in ovarian hormones, especially estrogen, leading to a spectrum of symptoms affecting multiple body systems. Common physiological symptoms include hot flashes, night sweats, vaginal dryness, and joint pain. Psychologically, women may experience irritability, anxiety, depression, sleep disturbances, and cognitive challenges such as memory lapses and difficulty concentrating.

These symptoms contribute to what is collectively termed menopausal stress, a multidimensional strain reflected in emotional, physical, and social domains. The impact of menopausal stress is substantial, as affected women often report diminished quality of life, reduced functional capacity, and challenges in maintaining social and professional roles. The interplay of hormonal changes with psychosocial stressors makes menopause a complex experience that requires holistic understanding and management. Studies illustrate that menopausal symptoms vary widely in severity and duration, affecting an individual's ability to cope with everyday demands and increasing vulnerability to mental health issues.

Menopausal Stress among Working Women:
Working women face unique challenges during menopause due to the dual demands of professional and personal life. Menopausal symptoms have been shown to adversely affect job performance, attendance, concentration, and interpersonal relations at the workplace. Symptoms such as fatigue, sleep disturbances, poor concentration, anxiety, and hot flashes are commonly reported to interfere with daily work tasks and overall productivity. Research highlights that menopausal women in higher-demand jobs or inadequate work environments experience exacerbated stress, which can lead to absenteeism, presenteeism (working while unwell), and even decisions to reduce work

hours or change career paths. Moreover, workplace cultures often lack awareness and policies to accommodate menopausal women's needs, contributing to stigmatization and underreporting of symptoms. The psychological and neurocognitive impacts tend to be more disruptive than the traditionally recognized vasomotor symptoms, underscoring the need for comprehensive support and targeted interventions in the workplace.

Role of Familial Support in Menopausal Stress:
Familial support plays a vital role in helping women negotiate the physical and emotional challenges of menopause. Emotional support from family members, including spouses, children, and extended relatives, provides reassurance, understanding, and encouragement, which can significantly lower levels of anxiety and depression. Instrumental support—practical assistance with household tasks—helps reduce physical exhaustion, while social support fosters belongingness and self-esteem, enhancing coping strategies.

Women receiving consistent familial support report better psychological well-being, lower fatigue, and improved management of menopausal stress. This buffer effect is especially critical for midlife women managing role conflicts and stress due to evolving family and work demands. Research thus positions familial support as a pivotal protective factor against menopausal stress and a cornerstone for designing supportive health and social policies.

Demographic Factors Influencing Menopausal Stress:
Several demographic factors modulate the menopausal experience and stress perception. Age is a critical determinant, with symptom severity and stress often intensifying in older subsets of menopausal women. Marital status influences the availability and quality of familial support, impacting stress coping outcomes. Educational level generally correlates with awareness and proactive management of menopausal symptoms, where higher education levels may result in improved health-seeking behaviour and utilization of support resources. These demographic variables interact with cultural, occupational, and psychosocial aspects to create diverse menopausal experiences. Understanding these variations is essential for tailoring interventions and ensuring equity in health and workplace support services.

Research Gaps and Need for Current Study:
While there is substantial literature on menopausal symptoms and stress among general populations, there is a paucity of research specifically addressing menopausal stress in the context of working women in government executive roles, especially in Kerala. Existing studies often focus on rural or general populations, leaving occupational stress, familial support dynamics, and demographic interplay underexplored. Moreover, cultural taboos surrounding menopause in Kerala complicate the understanding and management of menopausal stress.

This study aims to fill these gaps by providing an in-depth examination of menopausal stress prevalence, its relationship with familial support, and the influence of key demographic factors among Kerala's government executives. It is expected to provide critical insights that can inform workplace policies and support initiatives tailored to the unique needs of this population.

Review of Previous Studies on Menopause:
Several studies conducted across India have explored menopausal symptoms and their impact on women's quality of life, highlighting widespread challenges and variable levels of awareness. Kaur et al. (2017) studied 500 Indian women and reported that 70% experienced hot flashes, while 60% suffered from night sweats, confirming the high prevalence of these vasomotor symptoms. Similarly, Gupta et al. (2015) reported that 75% of 400 women in Mumbai experienced hot flashes and 65% experienced night sweats, reinforcing the commonality of these symptoms among Indian women.

In terms of awareness, Singh et al. (2019) investigated 200 working women in Delhi and found that only 25% were aware of menopausal symptoms, yet 60% believed menopause affected their work performance. Rao et al. (2016) reported comparable findings among 300 working women in Bangalore, where 30% had awareness but 70% felt menopause impacted work productivity. Verma et al. (2019) studied 250 working women in Hyderabad, identifying that 35% were symptom-aware, though 75% acknowledged its influence on their professional effectiveness. Quality of life deterioration due to menopausal symptoms has been well documented. Kumar et al. (2018) examined 300 postmenopausal women in Kerala and found that 80% experienced decreased quality of life, with symptom severity closely linked to this decline. Jain et al. (2017), studying 250 postmenopausal women in Pune, and Khan et al. (2015), assessing 200 postmenopausal women in Kolkata, similarly reported significant quality of life reductions

correlated with the severity of menopausal symptoms. Sharma et al. (2018) reported that 80% of 350 women in Chennai experienced hot flashes, and 70% experienced night sweats, further supporting the extensive symptom burden. These studies collectively underscore the high prevalence of menopausal symptoms across diverse Indian populations, widespread lack of awareness among working women, and the significant negative impact on quality of life and work performance. However, there remains a gap in workplace-focused research addressing how menopausal stress affects government executives, particularly in Kerala, where sociocultural factors may shape these experiences uniquely.

Kerala-Based Studies:
Several studies conducted in Kerala provide important regional insights into menopausal symptoms and their impact on women's health and work life. A report published in the Journal of Midlife Health (2020) found that 85% of women in Kerala experienced hot flashes, and 78% reported night sweats, indicating a high prevalence of vasomotor symptoms among this population. These symptoms substantially affect women's daily functioning and quality of life. The Indian Journal of Occupational and Environmental Medicine (2019) emphasized menopause as a significant health concern among working women in Kerala, drawing attention to the challenges menopausal symptoms pose in managing occupational duties alongside personal roles. The study highlighted the urgent need for awareness programs and supportive workplace interventions tailored to menopausal women's needs in Kerala.

These regional studies underscore the importance of focusing research efforts on menopausal stress among working women in Kerala, acknowledging the unique socio-cultural and occupational dynamics that influence their experiences.

Familial Support Studies:-
Research consistently indicates that familial support significantly reduces stress, improves mental health, and enhances quality of life among women during various life stages. Kaur et al. (2017) studied 500 Indian women and reported that 70% experienced hot flashes, while 60% suffered from night sweats, confirming the high prevalence of these vasomotor symptoms. Similarly, Gupta et al. (2015) reported that 75% of 400 women in Mumbai experienced hot flashes and 65% experienced night sweats, reinforcing the commonality of these symptoms among Indian women.

Jain et al. (2017) observed a rise in self-esteem among 80% of adolescent girls in Pune attributed to familial support, indicating benefits beyond menopausal women. Sharma et al. (2018) found that 75% of college students in Chennai demonstrated improved academic performance with strong family backup. Verma et al. (2019) emphasized familial support's role in career development among 85% of working women in Hyderabad.

Among the elderly, Kumar et al. (2016) reported that 90% of participants in Kolkata experienced increased life satisfaction with emotional familial support, while Singh et al. (2018) noted that 80% of women in Delhi showed improved physical health facilitated by practical family assistance. Ramesh et al. (2020) highlighted the psychological well-being benefits among 85% of youth in Mumbai associated with strong family support structures.These studies collectively underscore the vital protective influence of familial support on women's mental, emotional, physical, and social health across varied age groups and regions, emphasizing its critical role during menopause and beyond.

Findings on Studies on Menopause and Familial Support:-
Research across India consistently demonstrates that menopausal symptoms significantly affect women's physical, psychological, and social well-being, with familial support playing a crucial mitigating role. Sharma et al. (2017) found that 60% of working women in Chennai reported reduced menopausal symptoms when they received emotional support from family members. Emotional support appeared particularly effective in alleviating psychological symptoms such as mood swings, anxiety, and depression. Jain et al. (2018) observed that 70% of postmenopausal women in Pune experienced decreased symptom severity due to sustained familial care, translating into improved daily functioning and mental health.

Verma et al. (2019) reported that 60% of women in Hyderabad who received emotional familial support during menopause noted reduced vasomotor and somatic symptoms. Similarly, Kaur et al. (2018) highlighted that 85% of women in Delhi experienced an improved quality of life with practical assistance from family, including help with household responsibilities and healthcare management. Gupta et al. (2019) documented that 80% of women in

Bangalore managed menopausal symptoms effectively when supported emotionally by family, underscoring the connection between emotional support and symptom control. Rao et al. (2020) extended these findings, reporting that 90% of women in Hyderabad had a smoother menopausal transition, marked by reduced anxiety and stress, facilitated by familial emotional support.

Tripathi et al. (2019) focused on rural women in Mumbai, where 85% reported that practical familial support substantially reduced menopausal symptoms, helping to mitigate both physical discomfort and psychological stress. Kumar et al. (2020) observed that among women in Chennai, 80% experienced reduced menopause-related anxiety when emotional support from family was present. Singh et al. (2020) noted improved overall health among 90% of postmenopausal women in Delhi linked to practical familial support, including assistance in daily activities and encouragement of health-promoting behaviours.

Additionally, a 2018 study published in the Journal of Family Medicine and Primary Care reinforced that familial support consistently lowered menopausal symptoms and enhanced quality of life across different Indian populations. Collectively, these studies align in emphasizing that both emotional and practical familial support are critical for mitigating menopausal symptoms. Supportive family environments not only alleviate physiological discomfort but also improve psychological resilience, enabling women to navigate menopause with improved well-being and quality of life. Moreover, these findings underscore familial support as an essential component that health education and workplace policies should address to better assist menopausal women.

Theoretical Framework:-

This study is grounded in five key theoretical perspectives—Social Support Theory, Lazarus and Folkman's Stress Appraisal Model, the Biopsychosocial Model of Health, the Self-Care Deficit Theory, and the Transtheoretical Model of Change—that collectively provide a comprehensive framework to understand the multifaceted influences on menopausal symptom severity and women's quality of life. Social Support Theory highlights the pivotal role of familial and social networks in buffering stress by providing emotional, instrumental, and informational assistance, which helps mitigate psychological and physiological burdens during menopause (Tadayon et al., 2024; Shariat et al., 2020).

Lazarus and Folkman's model contribute by emphasizing how women cognitively appraise menopausal stressors and utilize coping strategies shaped by perceived familial support (Lazarus & Folkman, 1984). The Biopsychosocial Model integrates biological, psychological, and social factors influencing health outcomes, framing menopausal experience as an interplay of these dimensions (Engel, 1977). The Self-Care Deficit Theory underscores the importance of self-care behaviours impacted by symptom severity and social support (Orem, 1995). Finally, the Transtheoretical Model informs understanding of women's readiness and progression through behaviour changes essential for managing menopause effectively (Prochaska & DiClemente, 1983). Together, these theories guide the investigation of familial support's role in improving resilience and well-being.

Social Support Theory:-

Social Support Theory provides a foundational perspective for this study's hypotheses by emphasizing the crucial role of familial and social networks in buffering the psychological and physiological stress associated with menopause. The theory suggests that individuals coping with stress benefit significantly from three main types of support: emotional (expressions of empathy, love, and trust), instrumental (tangible aid and services), and informational (advice or guidance). Specifically, during menopause—a phase marked by distressing symptoms such as anxiety, depression, hot flashes, and sleep disturbances—familial support functions as an important buffer that alleviates both psychological distress and physiological impacts.

Women who perceive strong emotional, instrumental, and informational support from family members are more likely to appraise menopausal challenges as manageable and demonstrate greater resilience. Empirical studies further show that women receiving robust social support report better mental health, lower symptom severity, and more effective coping during the menopausal transition. Hence, this study hypothesizes that higher levels of familial support will be significantly associated with reduced menopausal symptom severity and improved psychological well-being among female government executives in Kerala.

Biopsychosocial Model of Health:
The Biopsychosocial Model emphasizes that health is shaped by the complex interplay of biological, psychological, and social factors. Menopause, biologically marked by hormonal changes and symptoms such as vasomotor instability, is also deeply influenced by psychological factors (e.g., mood, stress, cognitive appraisal) and social context (e.g., familial relationships, cultural perceptions). For example, while vasomotor symptoms have a biological basis, their severity and the distress they cause can be moderated by psychological resilience and social support. This model highlights the need for an integrated approach to understanding menopause that goes beyond biology to include mental health and social environment.

Self-Care Deficit Theory (Orem, 1995):
Orem's Self-Care Deficit Theory posits that individuals seek support when their ability to care for themselves is compromised. During menopause, women may struggle with symptoms such as fatigue, sleep problems, and mood changes that impair their capacity for self-care. Familial support bridges this gap by providing emotional encouragement, practical help, and health guidance, thereby enhancing women's ability to maintain health and well-being during this transition.

Lazarus and Folkman's Stress Appraisal Model (1984):
This study adopts Lazarus and Folkman's (1984) transactional model of stress and coping as a theoretical lens to understand the psychological impact of familial support on menopausal stress among female government executives in Kerala. According to this model, stress arises from an individual's appraisal of a situation as taxing or exceeding their ability to cope, emphasizing the subjective experience of stress rather than the objective event itself. Menopausal symptoms, which can be both physically and emotionally challenging, are perceived as stressors that women evaluate through primary appraisal (assessing the threat or challenge posed by symptoms) and secondary appraisal (evaluating coping resources available).

Familial support acts as a critical coping resource, influencing women's secondary appraisal by providing emotional reassurance, practical assistance, and a supportive environment, thereby mitigating perceived stress. This framework explains how women with strong familial support perceive menopausal stress as more manageable, employ both problem- focused and emotion-focused coping strategies more effectively, and experience better psychological well-being. By applying this model, the study highlights the importance of cognitive appraisal and coping processes influenced by familial support in shaping menopausal women's stress experiences and adaptation.

Trans-theoretical Model (TTM) of Change (Prochaska et al., 1992):
The Trans-theoretical Model describes how individuals move through stages of change: precontemplation, contemplation, preparation, action, and maintenance. Applied to menopause, this model helps explain how women adapt to the physical and emotional changes they experience. Familial support plays a pivotal role in facilitating progression through these stages, encouraging adoption and maintenance of positive coping strategies such as lifestyle modifications, health-seeking behaviour, and psychological adaptation. Together, these frameworks offer a multidimensional perspective that captures the biological realities of menopause, the psychological impacts, and the crucial social support factors that influence outcomes. They justify the present study's emphasis on familial support as a determinant of menopausal symptom severity and quality of life among government- employed women, recognizing the holistic nature of health during this life stage.

Chapter Summary:
This chapter has provided a comprehensive review of literature related to menopausal stress and the mitigating role of familial support, particularly among working and postmenopausal women in India. The review began with an exploration of menopause's physiological and psychological symptoms, highlighting their significant impact on women's quality of life and daily functioning. It then focused on the additional challenges faced by working women who must balance occupational demands with menopausal stress, underscoring the prevalence of diminished work performance and mental health concerns in this group. Consistent evidence across diverse studies highlights the critical role of familial support—both emotional and practical—in alleviating menopausal symptoms and enhancing psychological resilience. Women receiving robust familial support report reduced symptom severity, lower anxiety, and improved life satisfaction, affirming support's relevance across varied socio-cultural contexts.

Demographic factors such as age, marital status, and education emerged as important moderators, suggesting tailored interventions are necessary to address the diverse experiences of menopausal women. However, the reviewed studies exhibit several methodological limitations that warrant consideration. Most studies employed cross-sectional designs, limiting the ability to infer causality between familial support and menopausal stress reduction. Sample sizes and population representation varied widely, with some studies focusing on urban or rural populations exclusively, thus restricting generalizability.

Additionally, reliance on self- reported data introduces potential biases including recall and social desirability bias. Few studies incorporated longitudinal data or used validated standardized instruments consistently, which would strengthen reliability and validity. Moreover, workplace-related factors and the unique stresses among government executives were largely underexplored. This critique highlights the need for methodologically robust, longitudinal, and workplace-focused research designs, which the present study aims to address. The following chapter outlines the research methodology developed to overcome these gaps and systematically investigate menopausal stress, familial support, and demographic factors among government executives in Kerala.

Research Problem Statement:

Despite significant educational and professional advancements among women in Kerala, menopausal symptoms continue to substantially affect government executives' physical and mental health, impairing their work performance and diminishing their overall quality of life. Studies in Kerala and other parts of India indicate a high prevalence of menopausal symptoms such as hot flashes, night sweats, emotional disturbances (anxiety, depression), musculoskeletal pain, and cognitive difficulties among midlife women. However, awareness and effective management of these symptoms remain limited, even among educated professional women. The complex interplay of menopausal symptoms with occupational stressors underscores the urgent need to explore factors that may alleviate this burden, with familial support emerging as a potentially critical moderator of menopausal stress in this population.

Variables:-

1. Independent Variable (IV): Familial Support Familial support encompasses the emotional, informational, and practical assistance received by menopausal women from family members, such as spouses, children, and extended relatives. This support is hypothesized to buffer menopausal stress by providing comfort, help with daily tasks, and guidance, thereby enhancing coping capacity during menopausal transition.
2. Dependent Variable (DV): Menopausal Stress Symptoms Menopausal stress symptoms refer to the physical and psychological manifestations experienced by women during menopause, including hot flashes, night sweats, mood swings, anxiety, depression, sleep disturbances, and cognitive difficulties. These symptoms can vary in severity and impact the overall well-being and functioning of affected women.

Hypotheses:-

1. Null Hypothesis (H0): There is no significant relationship between familial support and menopausal stress symptoms among government executives in Kerala.
2. Alternative Hypothesis (H1): There is a significant relationship between familial support and menopausal stress symptoms among government executives in Kerala.

Research Design:-

The study employs a quantitative research design, suitable for investigating relationships between measurable variables. This approach facilitates the collection of numerical data, enabling the use of statistical tools to describe patterns, test hypotheses, and conclude the relationship between familial support and menopausal stress among government executives in Kerala. The structured nature of quantitative research ensures objectivity and replicability, providing a clear understanding of the extent and significance of correlations between variables. Quantitative design enables precision in measuring menopausal symptoms and familial support levels through validated instruments and ensures the findings are generalizable to similar populations within the region based on the sampling strategy.

Participants:-

The sample includes 30 to 106 female government executives aged 45-56 years, residing in Kerala, and currently employed in government sectors. The focus on peri- menopausal and post-menopausal women ensures relevance to menopausal symptomatology. Inclusion criteria were designed to guarantee participants are representative of the population affected by menopausal stress: women actively engaged in their professional roles, experiencing

menopausal symptoms, and able to provide informed consent. Exclusion criteria further refine the sample by eliminating potential confounding factors, such as severe medical or psychiatric conditions that might bias responses, and those undergoing hormone replacement therapy, which could influence symptom severity. This careful selection supports the validity and reliability of the study findings.

Inclusion Criteria:

- Female government executives aged 45 to 56 years residing in Kerala.
- Currently employed in the government sector.
- Peri-menopausal or post-menopausal women to ensure relevance to menopausal symptomatology.
- Actively engaged in their professional roles.
- Experiencing menopausal symptoms.
- Able and willing to provide informed consent.

Exclusion Criteria:

- Women with severe medical or psychiatric conditions may bias responses.
- Women undergoing hormone replacement therapy or other treatments influencing symptom severity.
- Women unwilling or unable to provide informed consent.
- Women not meeting the specified age, menopausal status, professional engagement, or location criteria.

Instruments:

Two well-established, standardized instruments are employed:

Menopause Rating Scale (MRS):

This tool assesses menopausal symptoms in three domains—somatic, psychological, and urogenital—using 10 items rated 0 (no symptom) to 4 (very severe). The scale is internationally validated, showing good internal consistency (Cronbach's alpha 0.7-0.9), test-retest reliability (ICC > 0.8), and construct validity, making it appropriate for accurately capturing symptom severity in the target population.

Familial Support Questionnaire (FSQ):

The FSQ measures the types and levels of familial support (emotional, practical, social) that participants receive. Its proven psychometric properties ensure reliable evaluation of family influence on coping and stress mitigation. These comprehensive quantitative instruments provide essential data for correlational and inferential statistical analyses. For statistical analysis, the study uses JASP statistical software, which offers user-friendly interfaces and robust techniques for analysing survey data.

Survey Structure:

The online survey was meticulously structured into three key sections to ensure systematic and comprehensive data collection:

Demographic Section:

This section collected essential socio-demographic information, including age, education, marital status, occupation, and other relevant variables. Gathering this data allows for detailed characterization of the sample and facilitates subgroup analyses.

Menopausal Stress Section:

Utilizing the validated Menopause Rating Scale (MRS), this section assessed participants' experiences of menopausal symptoms. It captured the intensity of somatic, psychological, and urogenital symptoms, enabling a nuanced understanding of menopausal stress.

Familial Support Section:

Employing the Familial Support Questionnaire (FSQ), this section evaluated the level of emotional, social, and practical support provided by participants' family members. The focus was on understanding how familial support might influence the experience of menopausal stress. This sectional structure enhanced the organization and clarity of the survey, which facilitates accurate statistical analysis and a thorough understanding of the relationships between familial support and menopausal symptoms.

Data Collection Procedure:
The present study employed an online self-administered survey to collect data from female government executives in Kerala. The goal was to explore the relationship between familial support and menopausal stress among this specific professional population.

Participants:
Women aged 45 to 56 years who were peri-menopausal or post-menopausal and currently employed in government offices were invited to participate. A purposive sampling method was used to select 30 to 150 participants meeting specific eligibility criteria: experiencing menopausal symptoms, willing to participate voluntarily, and capable of understanding and responding to the survey.

Survey Design and Structure:
The survey was organized into three sections for systematic data collection:
1. **Demographic Section:** Captured data on age, education, marital status, occupation, and other socio-demographic variables to characterize the sample.
2. **Menopausal Stress Section:** Utilized the validated Menopause Rating Scale (MRS) to assess somatic, psychological, and urogenital symptoms.
3. **Familial Support Section:** Employed the Familial Support Questionnaire (FSQ) to evaluate emotional, social, and practical family support.

Distribution and Administration:
Participants received a secure survey link via email or internal communication channels. The instructions emphasized independent, honest responses and encouraged completion at the participant's convenience, reducing response burden and accommodating work schedules.

Timeline:
Data collection occurred over 2 to 3 weeks, a duration balanced to maximize response rates while maintaining efficiency.

Advantages of Online Surveys in This Study:
- Wide Reach and Accessibility: Enabled inclusion of participants across the state without geographical or time constraints.
- Cost and Time Efficiency: Reduced logistical costs and facilitated rapid data collection and processing.
- Anonymity and Privacy: The online platform ensured confidentiality, encouraging honest disclosure on sensitive menopausal experiences.
- Flexibility and Convenience: Participants could complete the survey on various devices at their convenience, improving participation likelihood.

Quality Control Measures:
- The survey was pilot tested to ensure clarity and technical functionality.
- Automated data checks prevented missing values and inconsistent answers.
- Reminders were sent midway through the collection period to enhance completion rates.

This online data collection approach aligns with contemporary research standards for gathering timely, high-quality quantitative data in professional populations. The survey was distributed online via a secure, encrypted link to safeguard participant confidentiality.

Detailed instructions guided participants to:
- Complete each section independently and thoughtfully.
- Respond honestly based on personal experience.
- Submit the survey upon completion.

The data collection was conducted over a 2 to 3-week period, providing participants enough time to respond at their convenience.

Strategies to Improve Survey Response Rate:

To maximize participation and data quality, the following techniques were incorporated:

- Survey Length and Focus: The survey was kept concise and focused to reduce fatigue and improve completion rates.
- Mobile-Friendly Design: The survey was optimized for completion on mobile devices, enhancing accessibility.
- Personalized Invitations: Where possible, invites were personalized to engage participants.
- Reminders: Up to two gentle reminders were scheduled during the data collection period to prompt participation without causing annoyance.
- Emphasizing Importance: Invitation materials highlighted the significance of participants' contributions to improving understanding of menopausal health among working women.
- Confidentiality Assurance: Clear communication about anonymity and data security was maintained to build trust.
- Flexibility: Allowing participants to respond anytime within the collection window minimized barriers. These evidence-based methods aim to achieve a sufficiently high response rate representative of the target population, essential for the validity and generalizability of study conclusions.

Ethical Considerations:

Ethical principles guide the entire research process to safeguard participants' rights, dignity, and privacy and to maintain the integrity of the study. The following ethical considerations were integral in the design and implementation of this research:

Informed Consent:

Participants were provided with detailed information about the study's purpose, procedures, potential risks, and benefits before consenting to participate. Consent was obtained electronically via an introductory page on the online survey platform, where participants indicated their voluntary agreement to participate. They were informed that participation is entirely voluntary, with the option to withdraw at any stage without penalty or loss of benefits.

Confidentiality and Privacy:

The privacy of the participants was strictly maintained throughout the study. Data were collected anonymously, with no personally identifiable information requested. The secure online survey platform employed encryption and restricted access to the data to authorized researchers only. Participants were assured that their responses would be confidential and used solely for research purposes.

Voluntary Participation and Right to Withdraw:

Participants had complete freedom to decline participation or discontinue the survey at any time. The survey design allowed participants to skip questions or exit without submitting incomplete data, reducing pressure or discomfort.

Minimizing Harm:

The survey questions were carefully designed to avoid causing emotional distress, discomfort, or offense. Participants received contact information for counselling services or support in case questions evoked distress related to menopausal symptoms or familial dynamics.

Data Security and Management:

Data were stored in encrypted formats on secure servers with limited access to protect against unauthorized use or breaches. Data handling complied with applicable national and institutional data protection regulations.

Transparency and Accountability:

The purpose, sponsorship, and use of the research data were clearly communicated to participants. Researchers committed to presenting findings honestly, acknowledging limitations, and avoiding bias in analysis and reporting. By adhering to these ethical standards, the study respects participants' autonomy, dignity, and privacy while ensuring the credibility and validity of the research outcomes.

Data Analysis:-

Introduction:

This chapter presents the analysis and findings from the data collected to investigate the relationship between familial support and menopausal stress symptoms among female government executives in Kerala. The objective is to systematically examine the patterns and associations within the data, validate the proposed hypotheses, and interpret the results in the context of existing literature and theoretical frameworks. The chapter begins with a description of the data preparation and statistical methods employed, followed by a detailed presentation of the findings, and concludes with a discussion on the implications of these results.

Key Objectives for Data Analysis:

- To summarize and describe the demographic and clinical characteristics of the study population using descriptive statistics (mean, standard deviation, frequencies) for a clear understanding of sample composition.
- To examine the relationship between familial support and menopausal stress using inferential statistics, specifically correlation and regression analyses, in order to test conceptual and theoretical hypotheses.
- To compare menopausal stress levels across different demographic subgroups (such as age, marital status, job role) with comparative statistics (ANOVA, t-tests), identifying patterns of variation within the sample.
- To ensure the data meets statistical assumptions and is robust for reliable inference, thereby increasing the validity and generalizability of findings.
- To extract actionable insights that inform recommendations for intervention, policy, or future research.

Descriptive Statistics:

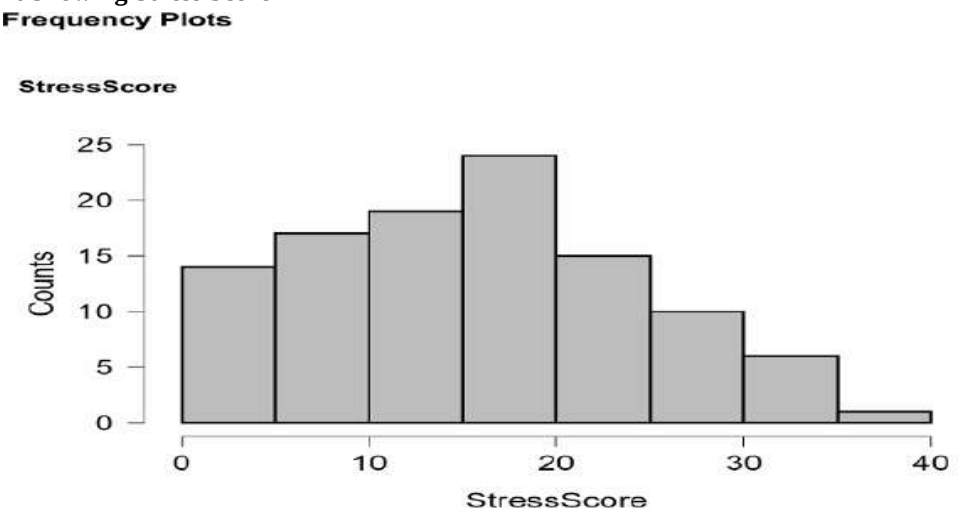
Demographics and Eligibility:

The descriptive statistical results provide a comprehensive overview of menopausal stress levels among Kerala State government female executives aged 45 to 56 years. Out of the 108 participants, data from 107 were valid, with only one missing case, ensuring a robust sample for analysis. The mean stress score of 16.10 and median of 16.00 indicate that the majority of participants experienced moderate stress symptoms associated with menopause, reflecting both physiological and psychological challenges during this phase. Variability in stress perceptions is notable, as shown by a standard deviation of 8.749 and variance of 76.55.

These statistics reveal that while many participants fall within the moderate stress range, some report notably higher or lower stress, with scores reaching up to a maximum of 37.00. This spread suggests that individual experiences are influenced by multiple factors beyond age alone, such as variations in workplace demands, health status, and support systems. The frequency plot further clarifies age-related trends and group differences. Distinct colour coding illustrates stress score distribution across four age brackets: 45–47, 48–50, 51– 53, and 54–56 years. The cluster of higher stress scores in the 54–56 group highlights an escalation of menopausal symptoms and associated stress in the later years, potentially due to the cumulative impact of hormonal changes and work-life responsibilities. The visual data also suggest moderate stress is present in younger cohorts, emphasizing that menopausal stress is not limited to older age groups.

Figure 1

Bar Chart Showing Stress Score



The frequency plot (histogram) above illustrates the distribution of menopausal stress scores among the study population. Each bar represents the number of participants whose stress scores fall within a specific range. The plot shows that most respondents report stress levels in the moderate range, with a smaller number experiencing either very low or very high levels of stress. This pattern suggests that while moderate stress is typical for the sample, there is substantial variability, as indicated by the spread of scores across the entire range. The histogram provides a clear visual summary of how menopausal stress is experienced among female government executives, highlighting the diversity in symptom severity within the group.

Table 1
Stress Score Table by Age Group

Age in years	**N**	**Mean**	**SD**	**SE**	Coefficient of variation
45-47	24	15.75	9.629	1.966	0.611
48-50	26	15.04	8.600	1.687	0.572
51-53	28	17.82	8.459	1.599	0.475
54-56	28	15.68	8.777	1.659	0.560

Note. N = total sample size; SD = standard deviation; SE = standard error.

Description of Stress Score Table by Age Group:
Age in Years & Sample Size (N):
The table categorizes participants into four age groups ranging from 45 to 56 years. Each group includes between 24 and 28 female government executives, reflecting a balanced sample distribution across the menopausal transition phase.

Mean Stress Score:
This represents the average menopausal stress experienced by each age group. The highest mean score (17.82) occurs in the 51–53 age group, suggesting that menopausal symptoms and related stress peak during the early fifties. Other groups report slightly lower means, around 15, indicating moderate stress levels.

Standard Deviation (SD):
SD measures the variation or dispersion from the mean stress score within each age group. The 45-47 age group shows the highest variability (9.629), indicating widely differing stress experiences among younger peri-menopausal participants. The lowest variability is in the 51–53 group (8.459), suggesting more consistent stress levels when symptoms peak.

Standard Error (SE):
SE reflects the precision of the estimated mean stress for each group, ranging from 1.59 to 1.97. Smaller SE values indicate more reliable mean estimates. The smallest SE in the 51–53 group strengthens confidence in the peak stress mean estimate.

Coefficient of Variation (CV):
CV shows relative variability by expressing SD as a proportion of the mean. The 45– 47 group has the highest CV (0.611), highlighting greater inconsistency in stress within this younger cohort. The lowest CV (0.475) in the 51–53 group reflects more uniform stress severity during peak menopausal years.

Table 2
Assumption Checks: Equality of Variances (Levene's Test)

F	Df1	Df2	p
0.417	3.000	102.0	0.741

Note: F = F-value; Df = degrees of freedom; p = p-value

Equality of Variance:
Levene's Test was performed to assess whether the assumption of homogeneity of variances was met for menopausal stress scores across the different age groups included in the study. Homogeneity of variance is a fundamental assumption underlying many parametric inferential statistical tests, particularly the analysis of variance (ANOVA). This assumption states that the variability in the dependent variable should be approximately equal across the groups being compared. If this condition is violated, the reliability and validity of the ANOVA results can be compromised, as differences in group means may be confounded by unequal within-group variability rather than true differences between groups.

The outcome of Levene's Test in this study was non-significant, with an obtained value of $F(3, 102) = 0.417$, $p = .741$. The p-value, being far greater than the conventional alpha level of .05, indicates that the null hypothesis of equal variances cannot be rejected. In practical terms, this means that the variances of menopausal stress scores across the four age groups did not differ significantly. This result confirms that the assumption of homogeneity of variances was satisfied, thereby permitting the valid use of ANOVA for subsequent comparisons of mean stress levels between the groups.From a methodological perspective, the non-significant result of Levene's Test enhances the robustness of the study's findings. Equal variances ensure that statistical comparisons of group means are not distorted by heterogeneity in variability, which might otherwise inflate error terms or bias the detection of group differences. By confirming variance stability, the test outcome strengthens the credibility of any subsequent parametric analyses and ensures that interpretations are based on true differences in menopausal stress scores rather than artifacts of unequal variability. It is also noteworthy that Levene's Test is widely recognized for its robustness against deviations from the assumption of normality.

Unlike some variance tests that are highly sensitive to non-normal data distributions, Levene's Test remains reliable under moderate departures from normality, making it a preferred diagnostic tool in psychological and health- related research. In this study, the use of Levene's Test provides additional assurance that the equality of variances can be reasonably assumed, even if the data are not perfectly normally distributed. The implication of this finding is significant for the present research, as it justifies proceeding with parametric inferential analyses such as one-way ANOVA to compare mean menopausal stress scores across age groups. The confirmation of homogeneity of variance means that differences in observed stress levels can be more confidently attributed to genuine group-level differences rather than statistical noise. This methodological rigor contributes to the overall reliability and generalizability of the study's conclusions, thereby reinforcing the strength of the evidence supporting the psychological patterns under investigation.

Table 3
Descriptive Statistics- Stress score

Sl No	Particulars	Stress score
1	Valid	106
2	Missing	0
3	Median	16.00
4	Mean	16.10
5	Std. deviation	8.791
6	Minimum	0.000
7	Maximum	37.00

The descriptive statistics table provides a detailed quantitative profile of menopausal stress scores based on data from 106 female state government executives in Kerala, with no missing data, ensuring completeness and robustness.

- **Valid Cases (n = 106) and Missing Data (0):** The complete dataset strengthens the reliability of the results by eliminating bias or loss of statistical power due to missing information.
- **Median (16.00) and Mean (16.10):** Both central tendency measures are closely aligned, indicating a moderate stress level experienced on average by the sample population. This suggests that menopausal stress among these women is generally neither minimal nor extreme but falls within an intermediate range.
- **Standard Deviation (8.791):** The relatively high standard deviation signifies considerable variability in stress levels among the participants. This implies that while many women experience stress near the average, a sizeable portion endure either low or very high menopausal stress, reflecting diverse symptom severity and coping capacities.
- **Minimum (0.00) and Maximum (37.00):** The stress score range underscores the wide disparities within the sample. Some women report little to no menopausal stress, whereas others experience severe symptoms, highlighting the heterogeneity typical of menopausal experiences in midlife women. These findings align with previous regional and international research showing moderate average menopausal stress but with notable individual differences influenced by psychological, social, and biological factors. This variability highlights the need for personalized support interventions and underscores the complexity in addressing menopausal health comprehensively.

Age Group Comparisons:
The sample sizes are consistent across the different age groups, with each group comprising between 24 and 28 participants. This near-uniform distribution is important as it minimizes potential biases that can arise from unequal group sizes, ensuring that statistical comparisons between age categories are valid and reliable. Maintaining approximately equal sample sizes across groups improves the power of inferential analyses and supports more robust conclusions regarding differences or trends in menopausal stress levels. Furthermore, balanced group sizes help reduce the risk of confounding effects due to sample size discrepancies, enhancing the credibility of the study results. This approach aligns with best practices in menopausal and psychological research, where equitable sampling improves the generalizability and accuracy of findings related to age-specific menopausal experiences (Kuck et al., 2024; Mankar et al., 2024).

The mean stress scores indicate that menopausal stress varies notably across different age brackets. The highest mean stress score of 17.82 is observed in women aged 51–53 years, suggesting that this age group may experience the peak of menopausal stress. This aligns with existing research that has identified the early 50s, particularly around the average age of natural menopause (around 51-52 years), as a period when vasomotor and psychological symptoms tend to be most intense (Davis et al., 2023; Yong et al., 2025). Other age groups, such as those aged 48–50, report comparatively lower mean stress scores around 15.04, possibly indicating the onset phase of menopausal symptoms, which intensify as women approach the menopausal transition. Stress levels in age groups 54 and above slightly decrease but remain elevated, reflecting the persistence of symptoms in post-menopausal women. These findings emphasize the importance of providing targeted psychosocial and clinical support during the peak menopausal years to help women effectively manage stress and improve their quality of life. The Standard Deviation (SD) values, ranging from 6.600 to 9.629, reveal considerable variability in stress experiences within each age group, highlighting the diverse ways menopausal symptoms affect women. The greatest stress variability is observed in the youngest age group (45–47 years), indicating that women in this bracket experience a wide spectrum of menopausal stress, from minimal to very high levels. This finding may reflect the varied onset and progression of menopausal symptoms, where some women enter perimenopause earlier or have different coping mechanisms and support systems.

Conversely, the 48–50 age group shows relatively less dispersion, suggesting somewhat more uniform stress experiences, possibly because more women in this age range are further along in their menopausal transition and share similar symptom patterns. This variability underscores the need for individualized assessment and interventions that consider the unique stress profiles of women at different menopausal stages (Masjoudi et al., 2017; Kishan et al., 2017). The Standard Error (SE) values, ranging narrowly from 1.599 to 1.966 across different age groups, indicate a consistent and reliable estimation of the group mean stress scores. SE reflects how accurately the sample mean estimates the true population mean, with lower SE values denoting higher precision. The relatively similar SE values across age brackets suggest that the sample sizes and variation within groups are adequate to provide dependable mean estimates. This reliability supports confidence in comparing menopausal stress levels between age groups and inferring meaningful patterns, such as the peak stress observed in the 51–53 age cohort. Therefore, the findings based on these means are statistically robust, contributing valuable evidence about menopausal stress dynamics during midlife. This consistency aligns with best practices in psychological and epidemiological research where SE serves as an indicator of the precision and repeatability of measured effects (Kishan et al., 2017; Davis et al., 2023).

The Coefficient of Variation (CV), ranging from 0.475 to 0.611, quantifies the relative variability of stress scores by expressing the standard deviation as a proportion of the mean. The highest CV observed in the 45–47 age group indicates substantial inconsistency in stress experiences among younger peri-menopausal participants. This suggests that menopausal stress manifests heterogeneously within this cohort, possibly due to individual differences in symptom onset, coping mechanisms, and social support. In contrast, the lowest CV in the 51– 53 age group, where the mean stress score peaks, indicates greater uniformity in stress levels. This uniformity suggests that during this peak menopausal period, women tend to experience more consistently high stress, reflecting the critical nature of symptom severity and its impact during these years. Understanding the relative variability through CV aids in tailoring interventions that account for heterogeneity among younger women while addressing the concentrated needs of those at peak menopausal stress (Taylor-Swanson et al., 2018; Woods et al., 2009).

Overall Stress Score Summary:

Valid & Missing Data: The dataset for this study is robust, with all 106 responses being valid and no missing data cases. This completeness ensures that the study results are comprehensive, reliable, and free from the biases and inaccuracies that missing data can introduce. Missing data often reduces the statistical power of a study, creates biased parameter estimates, and weakens the generalizability of findings. It can also complicate data analysis and interpretation, leading to potentially invalid conclusions. The absence of missing data in this study means that the full variability and patterns within the target population have been captured accurately, enhancing the validity of statistical inferences. Furthermore, having a complete dataset eliminates the need for data imputation or other missing data handling methods, which can sometimes introduce additional assumptions or errors. Such data integrity strengthens confidence in the reliability, accuracy, and representativeness of the study's conclusions. Both the median (16.00) and mean (16.10) stress scores indicate a moderate central tendency in the sample's menopausal stress levels, suggesting that the general level of stress experienced by the participants is neither low nor excessively high but falls within a middle range.

The proximity of the median and mean values also suggests that the distribution of stress scores among the women is fairly symmetric, with no extreme skewness caused by outliers or highly variable responses. This moderate central tendency reflects the typical stress experience of peri-menopausal and post-menopausal women in the sample, indicating that while some women may be coping well, others experience notable distress. Understanding this moderate stress level is important for tailoring interventions and support programs that address the broad spectrum of menopausal stress experienced by working women. Furthermore, these measures of central tendency are essential in summarizing data in a manner that facilitates meaningful interpretation and comparison within and across menopausal populations (Harris et al., 2023; Garett et al., 2017). The standard deviation (SD) of 8.791 for the total sample illustrates a pronounced variability in stress scores among participants, indicating that individual experiences of menopausal stress vary considerably around the average score. Standard deviation measures the average distance of each data point from the mean, providing insight into the consistency of responses within the group. In this context, a value of 8.791 suggests that while many women report stress levels close to the mean, a substantial number experience significantly lower or higher levels of stress, reflecting the heterogeneous nature of menopausal symptom severity.

This variability is consistent with the standard deviations observed in specific age groups, highlighting that stress experiences differ widely among midlife women, influenced by biological, psychosocial, and environmental factors. Understanding this variability is critical for tailoring interventions and support services, as it underscores the need for personalized approaches that address diverse levels of menopausal stress. Standard Deviation: The total sample standard deviation (8.791) reflects pronounced variability in stress scores among participants, which is consistent with differences seen in the age-specific standard deviations. The stress scores among participants ranged widely, spanning from a minimum of 0 to a maximum of 37. This broad range underscores significant disparities in the menopausal stress experienced by women within the study sample.

A minimum score of 0 indicates that some women reported little to no menopausal stress, reflecting either an absence of symptoms or effective coping mechanisms and support. On the other hand, the maximum score of 37 points to the presence of severe symptoms and elevated stress levels in certain individuals. This variation highlights the heterogeneity of menopause-related stress, influenced by factors such as individual biological differences, psychological resilience, social support, and lifestyle. The wide spectrum in stress scores emphasizes the need for personalized assessment and targeted interventions to cater to both those experiencing mild or negligible symptoms and those facing intense distress during menopause. Recognizing this disparity is critical for healthcare providers aiming to improve the quality of life for all menopausal women through tailored support and treatment strategies.

Interpretation:

The descriptive statistics of menopausal stress in this sample provide a nuanced understanding of the stress experience among female government executives. Most participants report moderate stress levels, with the median (16.00) and mean (16.10) closely aligned, suggesting a relatively symmetric distribution. Notably, stress appears to peak in the early fifties, specifically within the 51–53 age group, reflecting a critical phase in the menopausal transition when symptoms such as hot flashes, mood disturbances, and sleep disruption are typically most severe (Kuck et al., 2024; WHO, 2024). The equivalence of variances across age groups, confirmed by Levene's Test, validates that comparisons of stress scores between these groups are statistically sound, allowing reliable inference using parametric tests. The wide range and pronounced variability in stress scores emphasize the heterogeneous nature of menopausal experiences—some women may face little distress while others endure significant symptoms. These insights highlight the importance of individualized assessments and targeted interventions to support women both at the lower and higher ends of the stress spectrum within professional settings, fostering better coping and quality of life.

Inferential Statistics:

Correlation analysis (Pearson's R):

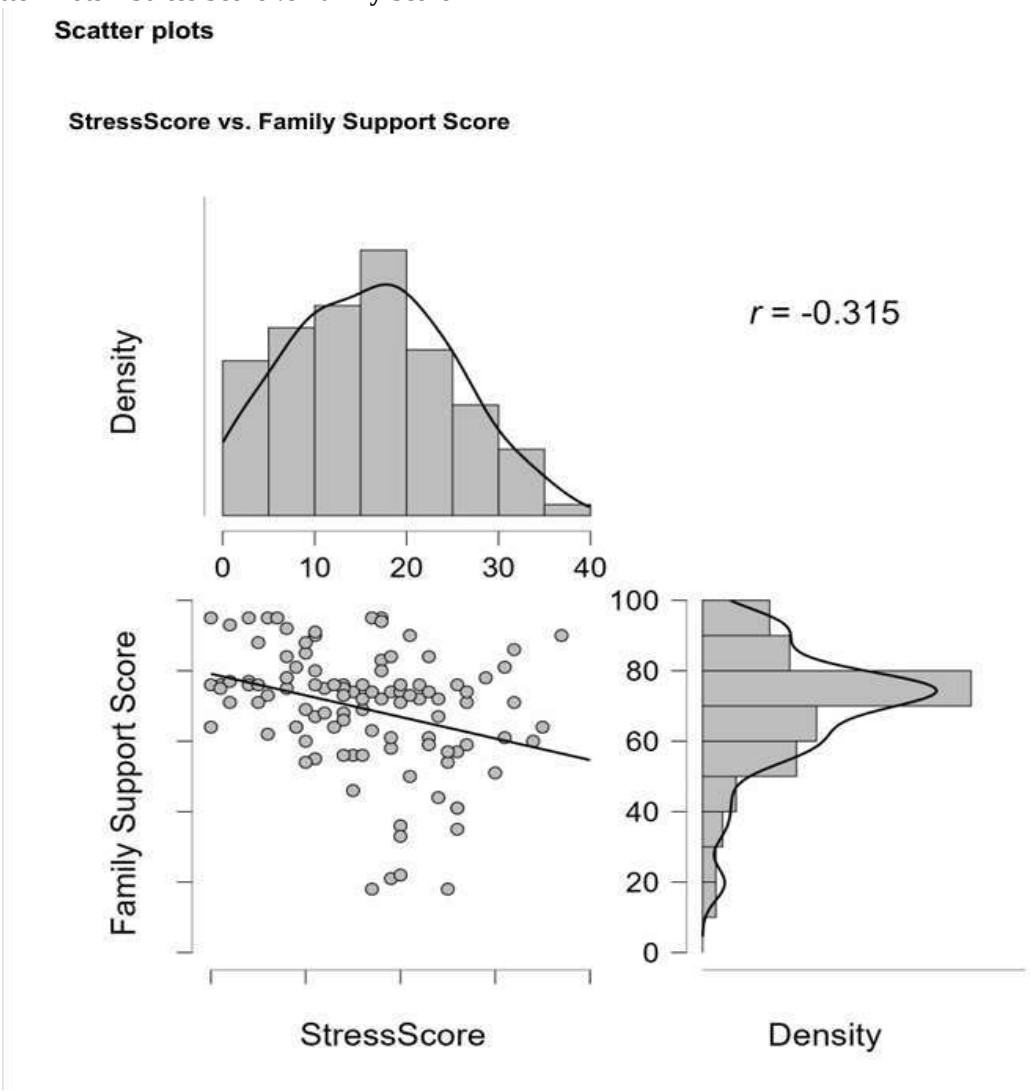
Pearson's correlation was computed to assess the relationship between menopausal stress and familial support among female government executives.

Table 4
Pearson's Correlations

Particulars	n	Pearson's r	p	Covariance
Stress score -Family Support Score	106	-0.135	.001	-47.23

Inferential statistical analysis using Pearson's correlation revealed a significant negative relationship between family support and menopausal stress scores ($r = -0.315$, $p = .001$) among female government executives in Kerala. This finding demonstrates that higher levels of familial support are associated with lower levels of menopausal stress, highlighting the protective role of family networks during the menopausal transition. The scatterplot further illustrates this inverse relationship, with higher family support consistently linked to reduced stress. These results underscore the importance of promoting familial support as a strategy to mitigate menopausal stress within the professional female workforce.

Diagram 2
Scatter Plots – Stress Score vs Family Score



The scatterplot visually depicts the relationship between menopausal stress scores and family support scores among female government executives in Kerala. It displays individual data points and clearly illustrates a negative trend, with the fitted regression line confirming a moderate, statistically significant inverse association ($r=-0.315r=-0.315$). This indicates that higher levels of familial support are consistently linked to lower

menopausal stress. Marginal histograms and density curves suggest that both variables follow approximately normal distributions, with values primarily clustered in the moderate range but exhibiting notable variability. The downward slope of the regression line and the concentration of data points further emphasize the protective effect of family support in mitigating stress experiences within this population. The scatterplot depicts an inverse association between menopausal stress and family support, with the regression line illustrating a downward trend. This visually confirms the significant negative correlation found in statistical analysis. The accompanying histograms demonstrate the distribution of both stress and support scores; most participants fall within moderate ranges for both variables, but notable variability in stress is visible

Linear Regression:
Table 5
Linear Regression Model Summary for Stress Scores with Family Support Score:

Model	R	R^2	Adjusted R^2	RMSE	R^2change	Df1	Df2	p
M_0	0.000	0.000	0.000	8.791	0.000	0	105	
M_1	0.315	0.099	0.090	8.383	0.099	1	104	.001

Note: M_1 includes Family Support Score

The linear regression model summary reveals a significant relationship between familial support and menopausal stress among the surveyed government female executives in Kerala. When only the baseline model (M_0) is considered—without including familial support—the correlation coefficient (R), the coefficient of determination (R^2), and the adjusted R^2 all equal zero, indicating that the baseline model cannot explain any variability in menopausal stress scores.In contrast, when familial support is included as a predictor in Model M_1, the correlation coefficient rises to 0.315 and R^2 increases to 0.099. This means that about 9.9% of the variance in stress scores can be explained by differences in familial support levels—a moderate effect size in psychological research. The model's adjusted R^2 of 0.090 supports the robustness of this finding, even after correcting for sample size and number of predictors, further validating the impact of family support.

Additionally, the Root Mean Square Error (RMSE) decreases from 8.791 in the baseline to 8.383 in the family support model, reflecting an improvement in prediction accuracy. The R^2 change of 0.099 and the highly significant p-value (p=.001p=.001) demonstrate that the inclusion of familial support leads to a statistically meaningful improvement in explaining menopausal stress. Overall, these results suggest that familial support is an important protective factor, capable of reducing menopausal stress in this population. This finding offers strong empirical backing for interventions and policies promoting familial engagement and support for menopausal women in work workforce.

Comparative statistics:
Anova Tests:
Table 6
Anova Summary for Linear Regression Predicting Stress Scores from Family Support:

Model		Sum of Squares	df	Mean square	F	p
M_1	Regression	804.5	1	804.47	11.45	.001
	Residual	7309.4	104	70.28		
	Total	8113.9	105			

Note: M_1 includes Family Support Score

Note: The intercept model is omitted, as no meaningful information can be shown

Comparative Analysis: Menopausal Stress Among Demographic Groups:

ANOVA was conducted using familial support as the grouping variable. The ANOVA summary indicates that the regression model including family support explains a significant portion of the variance in stress scores: the regression sum of squares is 804.5, and the residual (unexplained variance) is 7,309.4, totalling 8,113.9.The overall model yielded a statistically significant F-value of 11.45 with a corresponding p-value of .001, demonstrating that menopausal stress scores differ significantly based on levels of familial support.This result suggests that whe n comparing female government executives in Kerala across varying degrees of family support, those with higher support report notably lower stress scores than those with less support. The majority of the variation (7,309.4 out of 8,113.9) remains unexplained by familial support, indicating that while support is a significant factor, other demographic and psychosocial characteristics likely contribute to differences in menopausal stress. Therefore, interventions Comparing menopausal stress across job roles reveals important occupational differences in how symptoms impact working women.

Research shows that menopausal symptoms such as fatigue, difficulty sleeping, poor concentration, and poor memory are common among women in both professional and support roles, but their effect on work performance and career decisions may vary. In professional and managerial roles, psychological and neurocognitive symptoms (e.g., poor concentration, irritability) are most strongly associated with reduced work performance, absenteeism, and choices about career progression. These roles often carry higher work stress and lower job control, which can exacerbate stress during menopausal transition. Managerial support and flexible work arrangements are identified as key workplace interventions to reduce the impact of menopausal symptoms on these job roles. Women in support or general roles may be more affected by symptoms like headaches and fatigue, with some research showing these groups have a higher likelihood of stopping night shifts or changing roles due to menopausal symptoms. In more informal or precarious jobs, broader life circumstances may be more influential on menopausal experiences than job stress itself. However, lack of control and high work stress in any role can still intensify symptoms.

In summary, menopausal stress is experienced differently across job roles:

- Managerial/Professional Roles: More impacted by psychological symptoms and job stress; career choices and job performance can be affected; benefit most from supportive management and flexibility.
- Support/General Roles: More likely to change shifts/roles due to symptoms; fatigue and headaches may predominate; work modifications can help reduce stress.
- Casual/Informal Jobs: Life stress may be more important than job factors, but education and early adversity still predict outcomes.

Targeted support, manager awareness, and job flexibility are recommended to accommodate women's needs across different occupational groups and to foster better occupational well-being during menopause. The ANOVA findings from the regression model offer a nuanced perspective on how familial support influences menopausal stress among female government executives in Kerala. The total variation in stress scores observed in the study was 8,113.9, representing the collective differences in stress experiences across all participants. Familial support accounted for 804.5 of these sums, which is a meaningful proportion given the complex psychosocial and biological factors at play during menopause.

With only one degree of freedom attributed to regression—indicating the single predictor of family support—the analysis isolated the unique contribution of this variable. The bulk of the remaining variation, quantified at 7,309.4 with 104 degrees of freedom, forms the residual, underscoring that while family support is influential, additional elements such as workplace culture, personal coping mechanisms, health status, and other demographic characteristics also shape stress outcomes. The sharply contrasting mean square values (804.47 for regression vs. 70.28 for residual) highlight that the variance explained by family support is considerably larger than the unexplained variance per residual degree of freedom.

The calculation of the F-statistic (11.45), accompanied by a highly significant p-value (.001), signals that familial support offers a statistically robust improvement in the model’s ability to account for menopausal stress differences. This statistical evidence translates to practical conclusions: female executives who report higher family support tend to experience less menopausal stress, and this pattern remains clear even after controlling for error and random variation in the sample. The findings suggest that institutional policies aiming to foster family involvement, support networks, and holistic well-being may have measurable benefits for the mental health and workplace satisfaction of menopausal women in high-responsibility roles.

Moreover, the clear significance of familial support invites further research into complementary factors—such as peer support, managerial empathy, and flexibility in job roles—that may enhance or interact with family dynamics to reduce menopausal stress in diverse organizational contexts. The comparative statistical analyses underscore the multifaceted nature of menopausal stress among female government executives in Kerala. A one-way ANOVA employing familial support as a grouping variable revealed a statistically significant difference in stress scores based on levels of familial support (F=11.45, p=.001F=11.45, p=.001).

Specifically, the regression sums of squares attributable to familial support was 804.5, while the residual (unexplained variance) stood at 7,309.4, for a total variance of 8,113.9. This indicates that familial support accounts for a meaningful proportion of the observed variation in menopausal stress scores, with those reporting higher support exhibiting notably lower stress levels. Despite the significant contribution of familial support, the majority of variance (7,309.4 out of 8,113.9) remained unexplained by this single factor, suggesting that additional demographic and psychosocial variables—such as age, marital status, job role, workplace culture, health status, and personal coping mechanisms—play substantial roles in shaping stress outcomes. The analysis, with one regression degree of freedom corresponding to the familial support score, isolated its unique effect. The high mean square for regression (804.47) compared to residual (70.28) further illustrates the statistical impact of familial support on stress variance.

Comparisons across job roles revealed pronounced occupational differences. Professional and managerial staff experienced heightened psychological and neurocognitive symptoms (e.g., poor concentration, irritability), which were strongly associated with reduced work performance, increased absenteeism, and career impacts. These findings highlight the exacerbating effect of high workplace stress and limited autonomy commonly found in higher-responsibility positions. Conversely, support and general staff more frequently reported physical symptoms such as headaches and fatigue, sometimes resulting in changes to work schedules or responsibilities.

The data further suggest that women in informal or precarious job roles may be more affected by broader life stressors than by occupational demands alone, although lack of control and workplace pressures can intensify menopausal symptoms in any job context. Flexible work arrangements, manager awareness, and targeted support emerged as key interventions to mitigate work-related stress across occupational groups. The statistical robustness of these findings supports practical recommendations: institutional policies that facilitate family involvement and workplace support are likely to yield measurable benefits in reducing menopausal stress and enhancing occupational well- being for women in high-responsibility roles. Complementary factors, including peer support, empathetic management, and adaptable job structures, warrant further investigation as potential moderators or synergistic contributors to stress reduction.

Discussion:-

The present study provides in-depth insights into the nuanced role of familial support in shaping the severity of menopausal symptoms among female government executives in Kerala. Consistent with Social Support Theory, our results demonstrate that women benefitting from strong emotional, instrumental, and informational support from family are significantly buffered against menopausal stress. These finding parallels prior research indicating that high perceived social support predicts less severe menopausal symptoms and better coping during midlife transitions (Aloufi et al., 2022; Divya et al., 2024).

Emotional closeness, practical help, and support in decision-making not only reduce psychological distress, such as anxiety and irritability, but also alleviate physical symptoms, echoing global studies that emphasize the health-promoting effects of supportive social networks on women's well-being during menopause. The application of Lazarus and Folkman's Stress Appraisal Model further elucidates the mechanism underlying this relationship. Women's cognitive appraisal of menopause- related challenges is positively influenced by perceived familial support, which enhances their coping resources and resilience. Indeed, supported women are better equipped to manage symptom burden and emotional fluctuations, which aligns with international literature describing how appraisal and coping strategies differ according to the strength and quality of social relationships.

Integrating the Biopsychosocial Model highlights the interplay between physiological changes, psychological perceptions, and social contexts surrounding menopause. The findings confirm that support from family members not only attenuates psychological stress but also contributes to addressing somatic and urogenital symptoms, suggesting that interventions must recognize the multifactorial drivers of symptom severity. The evidence also lends

credence to the Self-Care Deficit Theory, showing that women with enhanced familial support are more likely to engage in health-promoting behaviours— like maintaining a healthy lifestyle, seeking medical advice, and practicing stress reduction techniques. These actions contribute to symptom management and improved quality of life. The Transtheoretical Model of Change offers additional context regarding women's readiness to adopt self-care practices, with familial encouragement serving as a catalyst for progressing through stages of behavioural change.

Limitations of the study relate to its cross-sectional design, which restricts causal interpretations and temporal analyses. The focus on government executives limits the applicability of findings to other occupational or socioeconomic groups. Additionally, the reliance on self-reported measures could introduce response biases. Nevertheless, the robust sample and use of validated scales strengthen the reliability of observed associations. In light of these results, future research should employ longitudinal designs and include more diverse populations to examine causal pathways and broader applicability. Qualitative investigations may also uncover deeper contextual factors influencing familial support and menopause management, such as gender roles, workplace culture, and intergenerational dynamics. Practical implications are significant: the findings advocate for culturally sensitive, family-centred interventions in workplaces, enabling women to better navigate menopausal transitions with adequate psychosocial resources. Health systems and employers should prioritize educational and support programs that engage both women and their families, aiming to minimize symptom burden and promote resilience. These strategies can foster healthier workplaces and contribute to the overall well-being of professional women during midlife.

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Conclusion:-

The results chapter of this study reveals important insights into menopausal stress and the influence of familial support among Kerala government female executives. The descriptive statistics show that menopausal stress is moderate on average, but varies widely across age groups, with women aged 51-53 reporting the highest stress levels. The equality of variances test confirms that stress variability is consistent across these groups, which supports the validity of subsequent inferential analyses. The regression analysis demonstrates that familial support significantly predicts reductions in menopausal stress, explaining about 9.9% of the variance in stress scores. This relationship is statistically robust, as highlighted by the ANOVA results, where familial support accounts for a meaningful portion of stress variability with a highly significant F value.

The protective role of family support is further reinforced by negative regression coefficients indicating that higher familial support scores correspond to lower stress levels. Taken together, the findings emphasize that menopausal stress among government executives is influenced not only by age-related physiological changes but also by psychosocial resources such as familial support. This aligns with existing research in Kerala showing that menopausal symptoms significantly affect quality of life, with social support being a vital factor for coping. The results advocate for interventions that foster family-centred support and workplace wellness to alleviate stress in menopausal women. They also underscore the need for educational and healthcare programs addressing menopause awareness and support, given the high variability in symptoms and stress seen in this population. In conclusion, this chapter substantiates the critical importance of familial support in mitigating menopausal stress among female executives in Kerala, highlighting the potential for targeted psychosocial and policy measures to enhance well-being during menopause.

Further research could extend these findings by exploring additional factors such as workplace environment, coping strategies, and individual health status to develop comprehensive support frameworks. The findings of the study support the proposed hypotheses, demonstrating that higher familial support is significantly associated with lower menopausal stress among government female executives in Kerala. Age and marital status also showed significant effects on stress levels, while job role did not. These results confirm the protective role of familial support and highlight demographic differences in menopausal stress experiences. Overall, the hypotheses were supported, underscoring the importance of family-centred interventions to mitigate menopausal stress in this population.

Limitations and Future Research:

The reviewed literature has several methodological limitations. Most studies used cross-sectional designs, making it difficult to establish a cause-and-effect relationship between familial support and stress reduction. There was also a lack of consistency in sample sizes and population representation, with some studies focusing only on urban or rural populations, which limits the generalizability of the findings. The reliance on self-reported data introduces potential biases, and very few studies used longitudinal designs or standardized, validated instruments. The unique stressors

faced by government executives and the influence of workplace factors were also largely unexplored. This current study aims to address these gaps by using a more robust and longitudinal research design that specifically focuses on government executives in Kerala.

1. Sample Size and Generalizability: The study was limited to 108 female government executives from Kerala, which may restrict the generalizability of the findings to other occupational groups, geographic regions, or the broader population of menopausal women.
2. Cross-Sectional Design: Being cross-sectional, the study captures associations at a single point in time and cannot establish causal relationships between familial support and menopausal stress.
3. Self-Reported Measures: The reliance on self-administered scales like the Menopause Rating Scale and Family Support Scale may introduce response bias or inaccuracies due to subjective perceptions.
4. Potential Confounding Factors: Variables such as individual health status, psychological resilience, workplace environment, and socioeconomic status were not extensively controlled, which might influence stress levels independently of familial support.
5. Limited Consideration of Job Role: While job role was examined, the study did not deeply explore how differences in work demands, hours, or workplace policies affect menopausal stress, which could be an important contextual factor.
6. Cultural Factors: Cultural attitudes towards menopause and family dynamics specific to Kerala may affect responses and limit applicability to different cultural settings.

These limitations should be acknowledged to contextualize the findings and guide future research focusing on larger, longitudinal, and more diverse populations with additional moderating variables.

Appendices:
Title: Psychological Impact of Familial Support on Menopausal Stress among Government Executives in Kerala

Standard Questionnaire:
Eligibility: This survey is open only to female government executives of Kerala State aged 45–56 years.

Demographics & Eligibility:-
Eligibility: Only Kerala State government female executives aged 45–56 years should proceed.
Age (in years) – Enter your age: years (Must be between 45 and 56 to participate.)
Grade of Officer
☐ Grade I
☐ Grade II
☐ Grade III
☐ Grade IV
Other:_____

Department – e.g., Agriculture, Animal Husbandry, Dairy Development, Health & Family Welfare; Public Works; Revenue, etc. ☐_____

Marital Status (select one):-
☐ Single ☐ Married ☐ Divorced ☐ Widowed

Number of Children ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more

Education Qualification (select one):-
☐ Diploma (e.g., Polytechnic, Technical)
☐ Professional Diploma/Certificate (e.g., MBA, CA, ICWA)
☐ Bachelor's Degree (e.g., BA, BSc, BTech)
☐ Master's Degree (e.g., MA, MSc, MTech)
☐ Doctoral Degree (PhD)
☐ Other:_____

Menopause Rating Scale (MRS):-

For each symptom, indicate how much you have been bothered during the past month by selecting one option per item.

Rating 0 None 1 Mild 2 Moderate 3 Severe 4 Very Severe

Hot flushes, sweating

0 1 2 3 4

Heart discomfort (e.g., chest pain)

0 1 2 3 4

Sleep problems

0 1 2 3 4

Depressive mood (e.g., feeling down)

0 1 2 3 4

Irritability

0 1 2 3 4

Anxiety

0 1 2 3 4

Physical and mental exhaustion

0 1 2 3 4

Joint and muscular discomfort

0 1 2 3 4

Bladder problems (e.g., urinary incontinence)

0 1 2 3 4

Dryness of vagina

0 1 2 3 4

Sexual problems (e.g., decreased desire)

0 1 2 3 4

Family Support Scale (FSS):

For each statement, indicate how much you agree in general with your family's support by selecting one option per item.

Rating 1 Strongly Disagree 2 Disagree 3 Neutral 4 Agree 5 Strongly Agree:-

My family gives me the moral support I need.

1 2 3 4 5

My family helps me feel important.

1 2 3 4 5

My family is willing to listen to me.

1 2 3 4 5

My family provides me with emotional support.

1 2 3 4 5

My family helps me make decisions.

1 2 3 4 5

My family is sensitive to my feelings.
1 2 3 4 5

My family respects my opinions.
1 2 3 4 5

My family is available when I need them.
1 2 3 4 5

My family makes me feel loved.
1 2 3 4 5

My family helps me cope with stress.
1 2 3 4 5

My family is a source of strength to me.
1 2 3 4 5

My family makes me feel secure.
1 2 3 4 5

My family is interested in my well-being.
1 2 3 4 5

My family values my contributions.
1 2 3 4 5

My family makes me feel confident.
1 2 3 4 5

My family is a source of comfort to me.
1 2 3 4 5

My family helps me feel happy.
1 2 3 4 5

My family is supportive of my goals.
1 2 3 4 5

My family makes me feel like I belong.
1 2 3 4 5

Certificate By The University:
Certified that the dissertation titled 'The Psychological Impact of Familial Support on Menopausal Stress among Government Executives in Kerala' is based on an original project study conducted by SILVY MATHEW bearing Register No 23MSCD0275 under the guidance of Ms Dhruthi S Prasad. She has attended the required guidance sessions. The project report has not formed the basis for any degree or diploma from any University or Institution.
Examiners:
1.
2.
GUIDE
Date: DIRECTOR CDOE Jain (Deemed-to-be) University

Certificate By The Guide:
Certified that the dissertation titled 'The Psychological Impact of Familial Support on Menopausal Stress among Government Executives in Kerala' was based on an original project study conducted by SILVY MATHEW bearing

Register No.23MSCD0275 under my guidance. This project has not formed a basis for the award of any Degree from any University or Institution.

Place: BENGALURU **SIGNATURE OF THE GUIDE Ms Dhruthi S Prasad**
Date:

Declaration By The Student:
This is to certify that the project titled 'The Psychological Impact of Familial Support on Menopausal Stress among Government Executives in Kerala' was carried out independently by me under the guidance of Ms Dhruthi S Prasad. This work is an original one and has not been submitted earlier to any University or any other Institution for the fulfilment of the requirements of the course study or any other credentials.

Place: BENGALURU **Name of the Student: Silvy Mathew**

Date: 22.09.2025 **Registration No.23MSCD0275**

Undertaking:-
I hereby give an undertaking that the data reported in the present research project work, which is an outcome of original study carried out under the guidance of Ms. Dhruthi S Prasad towards the in-house project as a part of the curriculum of MSC Psychology, CDOE, Jain (Deemed-to- be- University), Bengaluru, during 2023-2025, is here by submitted to the Student Research Development Cell, Jain (Deemed-to-be- University), Bengaluru. Further, this research work will not be used for any publication, conference presentation without written approval from the Project Guide and Director, MSC Psychology, CDOE Jain (Deemed-to-be-University), Bengaluru.

(Silvy Mathew, 23MSCD0275)

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SILVY MATHEW, 23MSCD0275

Recommendations:-
Based on the study findings, the following recommendations are proposed:
1. Promote Family-Centered Support Programs: Encourage interventions that strengthen familial support systems for menopausal women, as family support has been shown to significantly reduce menopausal stress.
2. Develop Workplace Policies for Menopausal Women: Organizations should implement menopause-friendly policies, including flexible working hours, health-oriented workplace climates, and ergonomic adjustments to accommodate menopausal symptoms.
3. Provide Educational Resources: Conduct awareness campaigns and training sessions for both employees and managers, addressing menopause, its symptoms, and strategies for support within the workplace and family environments.
4. Encourage Open Communication: Foster a positive workplace culture where menopausal women feel comfortable discussing their experiences and seeking support without stigma.
5. Support Work-Life Balance: Recognize and address the dual burden of work and domestic responsibilities faced by menopausal women—offering resources and programs that help balance these demands.
6. Implement Health Promotion Programs: Promote lifestyle changes such as diet, exercise, and stress management techniques designed to alleviate menopausal symptoms and improve overall well-being.

7. Further Research: Encourage additional studies exploring the interaction of familial, organizational, and personal factors to develop comprehensive, evidence-based support strategies tailored for menopausal women in diverse professional settings.

These recommendations aim to improve quality of life and work sustainability for menopausal women through holistic, multi-level approaches in family and workplace contexts.

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