

Body Image, Health Anxiety, and Perceived Social Support as Predictors of Menopause-Specific Quality of Life among Rural and Urban Women

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Menopause is a natural biological process, resulting in wide variety of physical, biological, socio-emotional changes among middle age women. The present study was carried out to find out the influence of body image, health anxiety, and perceived social support on menopause-specific quality of life among rural and urban women of age 40 to 55 years. Multidimensional Body-Self Relations Questionnaire, Health Anxiety Inventory (HAI), Multidimensional Scale of Perceived Social Support (MSPs), and Menopause Specific Quality of Life questionnaire (MENQOL) were used to assess the variables. The findings revealed that perceived social support and body image are significant predictors of menopause-specific quality of life for middle-aged women in rural areas, while for urban women, it is primarily health anxiety. These outcomes can be utilized as a starting point for increasing awareness about menopause among the general public, which could lead to better management of menopause symptoms among women in midlife and, as a result, enhance their quality of life.

Keywords: Menopause, quality of life, body image, health anxiety, perceived social support, rural, urban, women

The experience of menopause is characterized by hormonal changes that lead to a variety of physical and psychological symptoms, including hot flashes, mood disturbances, and other problematic issues. These symptoms can be categorized into three distinct clusters (Bachmann & Leiblum, 2004). The first group is related to the decrease in estradiol hormone levels and includes physical symptoms such as hot flashes, sleep disturbances, memory problems, body pain, and vaginal dryness. The second group is psychological in nature and often occurs between the ages of 35 and 50, and includes symptoms such as low self-esteem and irrational fear. The third group of symptoms is related to physical changes associated with aging, which can impact factors such as energy levels, body mass index, and other health measures.

The health-related quality of life of middle-aged women is often affected during the menopausal transition period by troublesome vasomotor symptoms, such as hot flashes and night sweats (Ayers & Hunter, 2013). Women in

the middle age reported experiencing significant stressful life events were found to be more susceptible to developing episodes of depression (Brown et al., 2014). The menopausal transition can cause women to experience difficulties in both work and daily life activities. Women who view menopause as a highly stressful and negative experience may be more susceptible to experiencing severe menopausal symptoms that can negatively impact their quality of life (Bauld & Brown, 2009). The quality of life of peri-menopausal and postmenopausal women can be negatively affected by menopause-related symptoms (Poomalar & Arounassalame, 2013), as demonstrated in a study conducted in a rural area of West Bengal. The study found that menopause can lead to both physical and psychological issues and recommended that awareness and appropriate interventions be implemented on both individual and community levels to support menopausal women (Karmakar et al., 2017)..

The period of menopausal transition can bring about various psychological and social

changes that can have significant consequences. These changes include the end of reproductive life, changes in sexual desire and activity, children leaving home, feelings of loneliness, partner attitudes, aging parents, personal aging, physical health problems, and overall well-being issues. Studies (Brown et al., 2014; Maki et al., 2019) have found that menopause can increase the risk of depression in women. This may be due to fluctuating hormonal levels or psychological factors such as the perception of losing femininity or fertility and a sense of aging (Kaulagekar, 2010).

Adjusting to the complex transition phase of menopause involves various aspects, such as dealing with the loss of fertility, health concerns, and body image issues. Menopause brings about significant bodily changes, leading to various health-related anxieties and psychological and physical confusion that can negatively affect a woman's body image. Body image refers to how a person perceives their own body and how satisfied and attractive they feel in terms of their physical appearance (Cash, 2012). A person's body image can be influenced by their beliefs, cultural background, family, society, and past experiences. In recent years, studies have focused on the psychological and cognitive aspects of women's body image (De Moraes et al., 2017). This study aims to examine how physical appearance evaluation during the transition period of menopause affects the quality of life of middle-aged women.

Physical appearance evaluation refers to a person's evaluation and beliefs regarding their satisfaction or dissatisfaction with their appearance (Cash, 1990). Erbil's study (Erbil, 2018) found that women who have a positive attitude towards menopause tend to have a more positive body image. Furthermore, menopausal symptoms and negative appearance evaluation were found to predict poor health-related quality of life among middle-aged women (Chang et al., 2019).

During the menopausal transition, women can experience a range of physical and physiological changes that may make them feel unwell. These changes may trigger an irrational fear of illness, which can lead to serious mental health issues such as hypochondriasis. When

individuals experience such irrational fear, it is known as health anxiety. This condition can impair social functioning and negatively impact quality of life (Girdler, 2014). Studies suggest that health education and health promotion for middle-aged women can help healthcare providers focus on improving the mental health of women in this age group (Chen et al., 2007).

Studies have indicated that having a strong support system can decrease the likelihood of developing mental health issues (Hardy et al., 2018). Social support is a factor that can impact the quality of life of menopausal women (Zeinab Jalambadani, 2020). Social support is defined as "social interactions or relationships that provide individuals with actual assistance or that embed individuals within a social system believed to provide love, caring, or sense of attachment to a valued social group or dyad" (Gregory et al., 2010). The menopausal transition can be challenging and unique for each woman. How women perceive their bodies, their health anxieties, and their level of social support can all influence their quality of life during middle age (McKinlay, 1996).

These studies suggest that during menopause, body image, health anxiety, perceived social support, and socio-cultural factors are associated with the quality of life of women. The physical, psychological, sexual, vasomotor, and somatic symptoms that occur during this period can have a significant impact on a woman's quality of life. Therefore, having a good quality of life is essential for better physical and mental health, especially during middle age.

The Diathesis Stress model is the theoretical framework used to guide this research. Recent studies have shown that hormonal imbalances during menopausal transition can negatively impact the mental health of middle-aged women, and this impact can be amplified by exposure to stressful life events and other psychosocial factors (Alexander et al., 2007). According to the Diathesis Stress model, women who experience higher levels of stress are more susceptible to mental health problems in response to hormonal fluctuations during menopausal transition. Along with hormonal fluctuations, psychosocial factors such as body image, health anxiety, and perceived social support also contribute to the

mental health of middle-aged women, based on previous studies and the model. Physical appearance evaluation, health anxieties, and the level of social support are hypothesized in this study to act as contributing factors towards menopause-specific quality of life

Despite numerous studies on the relationship between menopausal transition and mental health in middle-aged women (Hardy et al., 2018; Maki et al., 2019; Sharma & Gupta, 2019; Zeinab Jalambadani, 2020), there is a lack of research on how rural women perceive and experience menopause. Most of the existing studies are conducted in urban areas, indicating a need to explore the experiences of rural middle-aged women and the impact of psychosocial factors on their quality of life and health.

The aim of this research was to investigate how body image, health anxiety, and perceived social support affect the menopause specific quality of life in both urban and low-income rural women in Kerala. By conducting this study, it is expected to raise awareness about menopause among middle-aged women and their families. The study specifically aimed to examine the impact of body image, health anxiety, and perceived social support on the menopause specific quality of life in both rural and urban women.

Objectives:

- To find out the significant difference in body image, health anxiety, perceived social support and menopause specific quality of life among rural and urban women
- To identify the relationship of body image, health anxiety and perceived social support with menopause specific quality of life of rural and urban women
- To find out the significant predictors of menopause specific quality of life of rural and urban women

Hypotheses:

H1: There would be a significant difference between rural and urban women in terms

of Body Image, Health Anxiety, Perceived social support and menopause-specific quality of life.

H2: Body Image, Health Anxiety and perceived social support would be related to Menopause specific quality of life of Rural and Urban women

Method

In the present study, women of age 40-55 years from rural and urban areas were included. Rural women were selected from two coastal villages in the Malappuram district, Kerala, India. Participants were selected using a purposive sampling method based on the inclusion and exclusion criteria. Inclusion criteria for selection were samples who are married and have children with minimum educational qualification of 10th standard. Participants were excluded if they reported any history of mental illness and had undergone hysterectomy or were not able to fill the forms independently. Informed consent forms were collected from all participants. The estimated sample size for the present study was 120 of which 35 participants' data was found to be incomplete. Hence, the sample comprised of 85 middle aged women, 40 from rural villages and 45 from urban areas. Data were analyzed using descriptive statistics as well as inferential statistics including Karl Pearson's correlation, independent sample t-test and multiple regression.

The tools used in the study were as follows:

Multidimensional Body-Self Relations Questionnaire- Appearance Orientation Sub-scale (MBSRQ-AO)-The MBSRQAO

The Multidimensional Body-Self Relations Questionnaire (MBSRQ) (Cash, 1990) was designed to be a multidimensional assessment of the self-attitudinal body-image construct that takes cognitive, behavioural, and affective components into consideration. Appearance Evaluation, Appearance Orientation, Fitness Evaluation, Fitness Orientation, Health Evaluation, Health Orientation, and Illness Orientation are the instrument's seven components. The appearance evaluation

subscale was chosen for the assessment in the current study. (Cash, 2012).

Health Anxiety Inventory (HAI): The Health Anxiety Inventory is a brief health anxiety assessment tool. Each item is graded on a scale of 0 to 3 (a=0, b=1, c=2, d=3). Salkovskis et al. (2002) reported that the scale was reliable and had a good internal consistency.

Multidimensional Scale of Perceived Social Support (MSPSS): The Multidimensional Scale of Perceived Social Support (Gregory et al., 2010) is a 12-item 5-point Likert scale that evaluates the perceived adequacy of social support from three sources: family, friends, and significant other. The MSPSS exhibited 0.88 coefficient alpha internal consistency.

Menopause Specific Quality of Life questionnaire (MENQOL): The Menopause-Specific Quality of Life Questionnaire (MENQOL) (Hilditch et al., 1996) is comprised up of 29 Likert-scale items. Each item evaluates the impact of one of four categories of menopausal symptoms as experienced in the previous month: vasomotor (items 1-3), psychosocial (items 4-10), physical (items 11-26), and sexual (items 27-29). A lower score suggests a better quality of life throughout menopause.

Tools were translated to Malayalam using a back translation method. A language expert proficient in both English and Malayalam translated the English version of the tools into Malayalam. Another expert then translated the Malayalam version back into a new English version. The expert identified and corrected

any grammatical inaccuracies and linguistic clarity issues in the new English version. The Malayalam version of the tools was then administered to the population.

Results

Descriptive statistics including the mean and standard deviation for the variables chosen in the study are included in Table 1.

Table 1. Descriptive statistics for variables chosen in the study

Variables	Mean	SD
Menopause specific quality of life	71.45	32.3
Body Image	36.15	7.2
Health Anxiety	15.81	6.03
Perceived Social Support	55.13	13.5

In Table 2 the t-values of menopause-specific quality of life, body image and perceived social support indicated that there is a significant difference in these variables between rural and urban women. The rural women have poor menopause-specific quality of life and they perceive low social support and they have low satisfaction with their physical appearance than urban women. The t value for health anxiety did not indicate any significant difference among rural and urban women.

Table 3 shows the relationship between MENQOL, Body Image, Health Anxiety, and perceived social support. The r-value indicated that among rural women, health anxiety is unrelated to the menopause-specific quality

Table 2. Mean, standard deviation, and t- value of Menopause specific quality of life, Body Image, Health Anxiety and Perceived social support among Rural and Urban Women

	Rural / Urban	N	Mean	t	Sig	P
MENQOL	Rural	41	83.71	3.854	.001	<.05
	Urban	45	60.29			
Body Image	Rural	41	32.24	5.591	.000	<.05
	Urban	45	39.71			
Health Anxiety	Rural	41	15.05	1.103	.273	>.05
	Urban	45	16.50			
PSS	Rural	41	49.10	4.333	.000	<.05
	Urban	45	60.62			

of life. However, Body image and Perceived social support were negatively related to the menopause-specific quality of life. This indicates that among rural women if body image and perceived social support are low then the menopause-specific quality of life value is high.

Table 3. Relationship among Menopause specific quality of life, body image, health anxiety and perceived social support of rural and urban women

Rural/ Urban	Variables	MENQOL 'r' value
	Body Image	-.361*
Rural	Health Anxiety	.153
	Perceived Social Support	-.668**
	Body Image	.035
Urban	Health Anxiety	.706**
	Perceived Social Support	-.393*

** . Correlation is significant at the 0.01 level (2-tailed)

*. Correlation is significant at the 0.05 level (2-tailed)

In contrast, among urban women, body image is unrelated to the menopause-specific quality of life. Health anxiety is positively and perceived social support is negatively related to the menopause-specific quality of life. This indicates that urban women have a better quality of life when they have better perceived social support and low health anxiety.

Table 4. Multiple linear regression coefficient, Beta Value and t value

Rural / Urban	Variable	Beta value	T
	Body Image	-.287	-2.55*
	PSS	-.649	-5.886*
Rural	R	.745	
	R2	.554	
	F	15.438	
	Health Anxiety	.645	5.665*
Urban	R	.732	
	R2	.536	
	F	15.423	

*p<0.01

In the multiple linear regression analysis for rural women (Table 4) it is evident that body image and perceived social support emerged as robust predictors of menopause specific quality of life of rural middle-aged women. Thus, the current findings indicate that body image and perceived social support help in boosting menopause specific quality of life of rural middle-aged women.

It is also observed that from the multiple linear regression analysis for the urban sample (table 4) only health anxiety was found to be the significant predictor of menopause-specific quality of life, even though perceived social support was significantly related to menopause specific quality of life.

Discussion

The menopausal transition is a natural and biological process that women experience, and coping with the associated changes can be a significant challenge. Adaptation to this phase involves various aspects such as concerns about physical appearance and health, as well as adjusting to the end of reproductive capacity. There are also other factors that have been identified as relevant to women's adaptation during menopause, such as their level of social support, education, age, socioeconomic status, locality, financial status, and the extent of their symptoms.

This research aimed to explore how body image, health anxiety, and perceived social support impact menopause-specific quality of life among middle-aged women in rural and urban areas. The results showed that, based on the independent sample t-test analysis, rural women had a poorer quality of life related to menopause compared to urban women. Additionally, rural women reported lower levels of perceived social support and less satisfaction with their physical appearance compared to urban women. These results are consistent with previous research that found women from low-income rural areas reported more menopausal symptoms (Poomalar & Arounassalame, 2013).

One possible explanation for this phenomenon could be the existence of multiple stressors that are more prevalent in rural environments. Women who live in rural areas

may have experienced negative socio-economic events throughout their lives, which could contribute to their lower quality of life during menopause. Additionally, family members in rural areas may not be informed about the symptoms associated with menopause, and therefore may not understand the extent to which these symptoms can affect a woman's well-being. There may be an expectation for middle-aged women in rural areas to continue taking care of household duties and family members, despite the profound impact that menopausal symptoms can have on their health. Due to a lack of awareness about menopause, family members may overlook or dismiss a woman's symptoms.

On the other hand, urban women tend to have more knowledge about menopause-related issues as they have greater exposure to information and people. Furthermore, urban areas have more services available which can provide greater comfort to women during this transition. Work and household chores are often outsourced or replaced with available services in urban areas. Hence, the lack of support in rural areas could be a contributing factor to the poorer quality of life among menopausal rural women compared to their urban counterparts.

The study found that there is a negative correlation between body image, perceived social support, and menopause-specific quality of life among rural women. Regression analysis further showed that both body image and perceived social support are significant predictors of MENQOL among rural middle-aged women. These results are consistent with previous research which showed that menopausal symptoms and negative self-image are associated with poor health-related quality of life among women in their middle age (Chang et al., 2019).

Previous studies have also shown that perceived social support can affect how people perceive stress, helping them cope with pressure and reducing the negative effects of stress on both mental and physical health. This supports the results of the current study which found a negative relationship between perceived social support and menopause-specific quality of life in rural women (Gordon, 2022).

The present study's results support the stress diathesis model, which suggests that individuals who experience psychosocial stressors are more susceptible to mental health issues in response to the symptoms of menopause and hormonal fluctuations during this period of transition. The study proposes that menopausal stress, in addition to complex hormonal changes, can lead to a poor quality of life for women. Women may also experience stress related to their body image, health concerns, and the availability of a proper support system during this transition period.

Further analysis showed that among urban women, there is a positive correlation between health anxiety and MENQOL and a negative correlation between perceived social support and MENQOL. In other words, urban women with higher levels of health anxiety tend to have a poorer menopause-specific quality of life, while those who perceive a greater level of social support tend to have a better quality of life during menopause. Additionally, health anxiety was identified as a significant predictor of MENQOL among urban middle-aged women.

The results of this study align with prior research on the association between perceived social support and the quality of life of middle-aged women. Previous studies have suggested that being employed is linked to lower health anxiety (Dotlic et al., 2018). In urban areas, most middle-aged women are employed, and some prior research on urban women supports the current findings. For example, women who had a positive perception of the impact of menopause on their health and attractiveness reported fewer menopausal symptoms (Strauss, 2011).

These results can be explained by the notion that having a strong support system may help individuals to better manage challenging situations. Additionally, having a positive perception of one's physical appearance can improve the quality of life for middle-aged women. Qualitative data collected during the study revealed that rural women place greater emphasis on their physical attributes, with certain feminine characteristics being particularly valued. During the menopausal transition, these women may experience changes that diminish these valued features, such as the loss of fertility, which can negatively impact their satisfaction

with their appearance and, ultimately, their overall quality of life.

In this study, it was found that a majority of women, especially those from rural areas, emphasized the importance of having perceived social support for developing a better quality of life. Many participants reported not receiving adequate support from their families or spouses, who often lacked awareness about the significant transition they were experiencing during middle age. Rural women in particular stressed the need for social support. In contrast, urban women tended to be socially and economically independent and self-sufficient, and their families were more aware of menopausal symptoms. Psychoeducation and increased awareness about the nature, symptoms, and management of menopause were identified as important factors for improving the quality of life of middle-aged women.

Conclusion

The study found that rural women have a lower quality of life, less social support, and less satisfaction with their physical appearance than urban women. Body image and social support were found to predict quality of life in rural women, while health anxiety was the only predictor in urban women. The study suggests the need for counseling and interventions to address menopause-related problems in rural women. One limitation of the study was the small sample size, which made it difficult to collect data from a rural village. Future research could explore other socio-demographic factors such as family size, spouse's education, and socio-economic status. A larger sample size would also help to make the findings more reliable.

The results of this study hold significant importance for researchers and practitioners, as they provide valuable information to create effective psychoeducation and health promotion programs for middle-aged women. It can also aid in the development of support systems for women, and mental health professionals can use these predictors to better care for middle-aged women. Based on the factors like perceived social support and body image, interventions can be designed and provided to enhance the quality of life of the sample.

To manage menopausal symptoms among middle-aged women, having updated and

accurate knowledge is essential. It's important for society to talk openly about menopause and its symptoms, and for families and communities to provide psychological support during this difficult transition period. The government and support groups should also take action to help rural women going through menopause. Based on the findings of this study, it's recommended that greater awareness be raised to develop a strong support system for all middle-aged women during menopause, with particular emphasis on providing psychoeducation in rural areas. The study could also be expanded in collaboration with rural hospitals to improve the management of menopausal symptoms.

References

- Alexander, J. L., Dennerstein, L., Woods, N. F., McEwen, B. S., Halbreich, U., Kotz, K., & Richardson, G. (2007). Role of stressful life events and menopausal stage in wellbeing and health. *Expert Review of Neurotherapeutics*, 7(11 Suppl), S93–S113. <https://doi.org/10.1586/14737175.7.11s.S93>
- Ayers, B., & Hunter, M. S. (2013). Health-related quality of life of women with menopausal hot flashes and night sweats. *Climacteric*, 16(2), 235–239. <https://doi.org/10.3109/13697137.2012.688078>
- Bachmann, G. A., & Leiblum, S. R. (2004). The impact of hormones on menopausal sexuality: A literature review. In *Menopause* (Vol. 11, Issue 1). <https://doi.org/10.1097/01.GME.0000075502.60230.28>
- Bauld, R., & Brown, R. F. (2009). Stress, psychological distress, psychosocial factors, menopause symptoms and physical health in women. *Maturitas*, 62(2). <https://doi.org/10.1016/j.maturitas.2008.12.004>
- Brown, C., Bromberger, J. T., Schott, L. L., Crawford, S., & Matthews, K. A. (2014). Persistence of depression in African American and Caucasian women at midlife: findings from the Study of Women Across the Nation (SWAN). *Archives of Women's Mental Health*, 17(6), 549–557. <https://doi.org/10.1007/s00737-014-0444-5>
- Cash, T. F. (1990). Multidimensional Body-Self Relations Questionnaire (MBSRQ, BSRQ). *APA PsycTests*. <https://doi.org/10.1037/t08755-000>
- Cash, T. F. (2012). Cognitive-behavioral perspectives on body image. In *Encyclopedia of Body Image and Human Appearance* (Vol. 1, Issue 1). Elsevier Inc. <https://doi.org/10.1016/B978-0-12-384925->

- 0.00054-7
- Chang, S. R., Yang, C. F., & Chen, K. H. (2019). Relationships between body image, sexual dysfunction, and health-related quality of life among middle-aged women: A cross-sectional study. *Maturitas*, *126*, 45–50.
- Chen, Y., Lin, S. Q., Wei, Y., Gao, H. L., & Wu, Z. L. (2007). Menopause-specific quality of life satisfaction in community-dwelling menopausal women in China. *Gynecological Endocrinology*, *23*(3), 166–172.
- Dotlic, Jelena, Kurtagic, Ilma, Nurkovic, Selmina, Kovacevic, Nikolina, Radovanovic, S. (2018). Factors associated with general and health-related quality of life in menopausal transition among women from Serbia. *Women and Health*, *58*(3).
- Erbil, N. (2018). Attitudes towards menopause and depression, body image of women during menopause. *Alexandria Journal of Medicine*, *54*(3). <https://doi.org/10.1016/j.ajme.2017.05.012>
- Girdler, J. L. G. & S. S. (2014). Hormone Replacement Therapy in the Treatment of Perimenopausal Depression. *Women's Mental Health*.
- Gordon, J. L. (2022). Editorial: The Psychology of Menopause. *Frontier's in Global Women's Health*.
- Gregory D. Zimet, Nancy W. Dahlem, S. G. Z. & Gordon K. F. (2010). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, *52*(1), 30–41.
- Hardy, C., Thorne, E., Griffiths, A., & Hunter, M. S. (2018). Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Women's Midlife Health*, *4*(1), 1–8. <https://doi.org/10.1186/s40695-018-0036-z>
- Hilditch et al. (1996). The Menopause-specific Quality of Life (MENQOL) Questionnaire. .
- Kaulagekar, A. (2010). Menopause and femininity: Qualitative enquiry into menopause of urban women from Pune, Maharashtra. *Anthropologist*, *12*(1), 23–26. <https://doi.org/10.1080/09720073.2010.11891127>
- Maki, P. M., Kornstein, S. G., Joffe, H., Bromberger, J. T., Freeman, E. W., Athappilly, G., Bobo, W. v., Rubin, L. H., Koleva, H. K., Cohen, L. S., & Soares, C. N. (2019). Guidelines for the evaluation and treatment of perimenopausal depression: Summary and recommendations. *Journal of Women's Health*, *28*(2), 117–134. <https://doi.org/10.1089/jwh.2018.27099.mensocrec>
- Maria Socorro Medeiros de Moraes , Rafaela Andrade do Nascimento , Mariana Carmem Apolinário Vieira , Mayle Andrade Moreira , Saionara Maria Aires da Câmara , Álvaro Campos Cavalcanti Maciel, M. das G. A. (2017). Does body image perception relate to quality of life in middle-aged women? *PLoS One*, *12*(9). <https://doi.org/doi:10.1371/journal.pone.0184031>
- McKinlay, S. M. (1996). The normal menopause transition: An overview. *Maturitas*, *23*(2), 137–145. [https://doi.org/10.1016/0378-5122\(95\)00985-X](https://doi.org/10.1016/0378-5122(95)00985-X)
- Nabarun Karmakar, Somak Majumdar, Aparajita Dasgupta, and S. das. (2017). Quality of life among menopausal women: A community-based study in a rural area of West Bengal. *J Midlife Health*, *8*(1), 21–27.
- Poomalar, G. K., & Arounassalame, B. (2013). The quality of life during and after menopause among rural women. *Journal of Clinical and Diagnostic Research*, *7*(1), 135–139. <https://doi.org/10.7860/JCDR/2012/4910.2688>
- Salkovskis, P. M., Rimes, K. A., Warwick, H. M. C., And, & Clark, D. M. (2002). The Health Anxiety Inventory: development and validation of scales for the measurement of health anxiety and hypochondriasis. Cambridge University Press.
- Sharma, S., & Gupta, S. (2019). Effect of menopausal symptoms severity and self-compassion on psychological well-being among post-menopausal women. *7*(41948), 889–892.
- Strauss, J. R. (2011). Contextual influences on women's health concerns and attitudes toward menopause. *Health and Social Work*, *36*(2), 121–127. <https://doi.org/10.1093/hsw/36.2.121>
- Zeinab Jalambadani, Z. R. & Somayeh M. Z. (2020). Investigating the Relationship between Menopause Specific Quality of Life and Perceived Social Support among Postmenopausal Women in Iran. *Experimental Aging Research*, *46*(4), 359–366.

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