

## Factors Affecting Quality Of Life among Woman with Menopausal Symptoms

Heba Ali Shabaan<sup>1</sup> Shadia Hamido Mohasib<sup>2</sup>, Ekbalabd-Elraheem Emam<sup>3</sup>

1. MSN, Maternity & Child Health Nursing, Faculty Of Nursing, Banha University

2. Professor Of Maternity & Newborn Nursing, Faculty Of Nursing- Ain Shams University.

3. Assistant Professor Of Maternity & Child Health Nursing, Faculty Of Nursing, Minia University

Corresponding Author: Heba Ali Shabaan

**Abstract: Background** Menopause Symptoms Are Closely Related To Quality Of Life (QOL) Of Women During Menopausal Period And Can Influence On Women Physiologically, Psychologically, And Socially. **Aim Of This Study** Was To Assess Factors Associated With Quality Of Life Among Women With Menopausal Symptoms. **Design:** A Descriptive Research Design Was Used In This Study. **Setting:** This Study Was Conducted In Obstetrics And Gynecology Hospital At Minia University Hospital. **Sample:** A Total 100 Of Menopausal Woman Were Included In This Study **Tools:** Demographic, Medical Data And Menopause Specific Quality Of Life Questionnaire (MENQOL). **Results:** More Than Half Of Studied Sample Had Symptoms Of Menopause And The Menopausal Symptoms Affect Moderately On Mobility, Psychological, Physical And Sexual Condition Of Studied Sample. Also There Was A Statistical Inverse Correlation Of The Quality Of Life In Menopausal Women With Their Age, Marital And Occupational Status. **Conclusion & Recommendations:** Attitude, Perceived Social Support, And Enabling Factors Are Associated With Quality Of Life In Menopausal Women. So, Attention To These Issues Is Essential To Women's Health Planning. Increase Level Of Awareness Among Women Regarding Issues Of Menopausal Symptoms. Development And Implement Different Nursing Educational Program For Improve And Enhance Quality Of Life For Menopausal Women's Symptoms. **Keywords:** Factors, Quality Of Life, Woman, Menopause, Symptoms

Date of Submission: 20-04-2018

Date of acceptance: 05-05-2018

### I Introduction

Menopause Is A Natural And Normal Event—Not A Disease Or Disorder. Yet Menopause Symptoms May Significantly Affect Quality Of Life. This Time In A Woman's Life Can Be Challenging. What's More, Certain Health Issues (Such As Breast Cancer Risk And Breast Cancer Treatments) May Complicate The Menopause Experience. Women May Be Confused About Menopause And Seek Guidance About The Changes They're Experiencing. You Can Help Improve Their Quality Of Life By Providing Education And Counseling On Menopause Symptom Management, Bleeding, And Other Problems That May Arise During This Period. By Increasing Your Menopause Knowledge Base, You Can Better Address Patients' Concerns And Questions (Manson 2012).

Menopause, Strictly Speaking, Is The Moment In Time When A Woman Has Had Her Last Menstrual Period And Is No Longer Fertile, Which Is Confirmed After She Has Not Had A Period For 12 Months. More Accurately, There Is A Time Leading Up To Menopause, Called Perimenopause, During Which A Woman's Hormone Levels Begin To Decrease, And Then There Is Life Following Menopause, Or Post-Menopause. Though It Is A Natural Biological Process, And Certainly Not An Illness, Menopause Can Cause Physical And Emotional Symptoms Of Varying Severity That Can Be Disruptive To Sleep, Energy, And Emotional Health, And Which Can Be Treated (Mayoclinic 2010).

Menopause Symptoms Are Closely Related To QOL Of Women During Menopausal Period And Can Influence QOL Of Women Both Physiologically, Psychologically And Socially (Catherine Et Al., 2012).

Studies Indicate That Women Who Smoke May Reach Menopause 1 To 2 Years Earlier Than Those Who Do Not Smoke. Women Who Have A Greater Number Of Children Tend To Have A Later Menopause. In The U.S., African American And Hispanic Women Tend To Go Through Menopause 2 Years Earlier Than Caucasian Women. Studies Also Suggest That The Timing Of Menopause May Be Hereditary. By Age 58, 97% Of Women Have Gone Through Menopause. Ovarian Failure From Cancer Treatments, Such As Chemotherapy Or Radiation (North American Menopause Society, 2013).

Quality Of Life Is A Broad, Multidimensional Concept That Lacks A Precise Definition In The Medical Literature. The World Health Organization Has Defined Quality Of Life As Individuals' Perception Of

Their Position In Life In The Context Of The Culture And Value Systems In Which They Live And In Relation To Their Goals, Expectations, Standards, And Concerns (**Yazdkhasti 2012**).

Quality Of Life Is Used In Healthcare To Refer To An Individual's Emotional, Social, And Physical Well-Being, Including Their Ability To Function In The Ordinary Tasks Of Living .It Is A Term Used Most Frequently In The Context Of Medicine And Healthcare, Whether The Impact Of The Disease May Reduce HRQOL. HRQOL Is Defined As The Impact Of An Injury Or Illness Has On The QOL Including The Perception Of His Or Her Injury Or Illness Or It Is The 'Value Assigned To The Duration Of Life Modified By Impairments, Considering The Individual Own Sense Of Well-Being And Not The Health Care Provider's One (**National Health Service UK. 2014**).

As Collaborative Health Professionals, Nurses Can Help Women Navigate Their Menopausal Transition And Make Appropriate Healthcare Decisions Based On Their Individual Needs And Preferences. When Meeting With A Patient For An Initial Visit, Using A Comprehensive Health History Form Such As The North American Menopause Society Menopause Health Questionnaire Can Help Facilitate A Discussion About Menopausal Symptoms, As Well As Emphasize Any General Health Concerns (**Wikipedia 2010** ).Many Women Are Not Aware Of The Full Spectrum Of Symptoms Associated With Menopause. Symptoms Can And Often Do Start Several Years Before Menstrual Periods End. Some Of The Most Common Symptoms Women Experience: Hot Flashes And/Or Night Sweats, Diminished Sexual Desire, Vaginal Dryness, Irritability, Mood Swings, Depression And/Or Anxiety, Insomnia Or Restless Sleep, Fuzzy Thinking (Difficulty Concentrating, Memory Problems) ,Weight Gain, Especially Around The Middle, Stiffness And Joint Pain (**Wikipedia 2010**).

## **II Significance Of The Study:**

More Than One Third Of A Woman's Life Is Spent In Menopause, Which Cause Many Of Physical And Psychological Changes In Women (**Ibrahim, Et Al., 2015**). Menopause Symptoms Are Closely Related To QOL Of Women During Menopausal Period And Can Influence QOL Of Women Both Physiologically, Psychologically, And Socially (**Yazdkhasti Et Al.,2012**).

Nurses Have A Vital Role To Play In Helping Women To Cope During And After The Menopause, Offering Individual Assessment, Education And Support. All Those Involved In Counseling Such Women Must Ensure That They Know Where To Get Up-To-Date Information And Where To Direct Clients Who Are In Need Of Further Information (**Cohen Et Al., 2013**). This Study Will Shed Light On Menopause Symptoms And Related Quality Of Life For The Possibility Of Finding A Method To Relieve Symptoms And Then Find A Way To Relieve Those Symptoms.

### **Aim Of The Study**

The Aim Of This Study Was To Assess The Factors Associated With Quality Of Life Among Women With Menopausal Symptoms.

## **III Subjects And Method**

### **Research Design:**

A Descriptive Research Design Was Used To Evaluate Factors Affecting Quality Of Life Among Women With Menopausal Symptoms.

### **Study Setting:**

This Study Was Conducted In Obstetrics And Gynecology Department At Minia University Hospital.

### **Study Sample: Convenient Sample Technique**

All Available 100 Women Attended The Selected Setting Were Included In The Study With The Following Inclusion Criteria : Oriented, Read And Write, Free From Medical Comorbidity Disease, No Previous Hysterectomy Or Receiving Chemo Or Radiotherapy And Accepted To Participate In The Study.

### **Ethical Considerations:**

Each Participant Woman In The Study Was Informed That Her Rights Would Be Secured, Informed About The Nature, Process, And Expected Outcomes Of The Study, Reassured That The Study Procedures Would Be Harmless, Reassured That All Data Would Be Confidential And Would Be Used Only For The Research Purposes, And Informed About Her Rights To Withdraw At Any Time Throughout The Study.

### **Tool Of Data Collection:**

A Self-Administered Questionnaire Sheet Was Used To Collect Data In This Study And Including The Following Parts:

**Part I:** Demographic Data Includes, Age, Occupation, Marital Status, Level Of Education.

**Part II:** Obstetric History Of The Women Includes, History Of Menstrual Cycle (Date Of First Menarche, Irregularity), Family Planning Method....

**Part III: Menopause Specific Quality Of Life Questionnaire (MENQOL.** Developed By ( Hilditch Et Al., 1996). The MENQOL Is Self-Administered And Consists Of A Total Of 29 Items In A Likert-Scale Format. Each Item Assesses The Impact Of One Of Four Domains Of Menopausal Symptoms, As Experienced Over The Last Month: Vasomotor (Items 1–3), Psychosocial (Items 4–10), Physical (Items 11–26), And Sexual (Items 27–29). Items Pertaining To A Specific Symptom Are Rated As Present Or Not Present, And If Present, How Bothersome On A Zero (Not Bothersome) To Six (Extremely Bothersome) Scale. Means Are Computed For Each Subscale By Dividing The Sum Of The Domain’s Items By The Number Of Items Within That Domain.2 Non-Endorsement Of An Item Is Scored A “1” And Endorsement A “2,” Plus The Number Of The Particular Rating, So That The Possible Score On Any Item Ranges From One To Eight.

**Pilot Study:**

A Pilot Study Was Carried Out During Three Weeks On 10 Women With Menopausal Symptoms. It Was Done To Test Study Process And To Evaluate Of The Applicability And Clarity Of The Tools, Assessment Of Feasibility Of Fieldwork, Identification Of A Suitable Place For Interviewing Women, And To Detect Any Possible Obstacles That Might Face The Researcher, And Interfere With Data Collection. Necessary Modifications Were Done Based On The Pilot Study Findings. The Sample Of Women Included In The Pilot Study Was Not Included In The Main Study Sample.

**Fieldwork Description:**

Data Collection For This Study Is Carried Out During March 2016 To December 2016, During Morning Shifts. The Researcher Attended The Outpatient Unit From 9:00 Am To 2:00 Pm, 3 Days Per Week. Oral Consent For Participation In The Study Was Obtained From Every Woman For Ethical Issues. The Researcher Introduced Herself To The Woman In Out- Patient Unit, And Explained The Purpose Of The Study Was To Obtain Her Consent For Participation. Complete Personal Data Was Taken, Then The Effect Of Menopausal Symptoms On Health Status (Medical History) , It Assess The Knowledge Of Women About Menopausal Symptoms.

Researcher Also Collects The Effect Of Menopausal Symptoms On The Quality Of Life.

**Limitations Of The Study:**

Some Women Refused To Cooperate; Another Woman's Didn't Want To Speak About Sexuality.

**Statistical Design:**

The Collected Data Were Organized, Tabulated And Analyzed Using Statistical Package Of Social Science (SPSS) 17.0 Programs. The Data Was Presented In Numbers And Percentages. Mean And Stander Deviation Were Calculated For Quantitative Data. Chi-Square (X<sup>2</sup>) Test Was Used For Qualitative Data And Both (T-Test And Correlation Coefficient) Were Used For Quantitative Data ,P Value Equal Or Less Than .05 Considered Significant Value.

**Result:**

**Table (1): Distribution Of The Studied Women According To Their Demographic Characteristic. (N=100)**

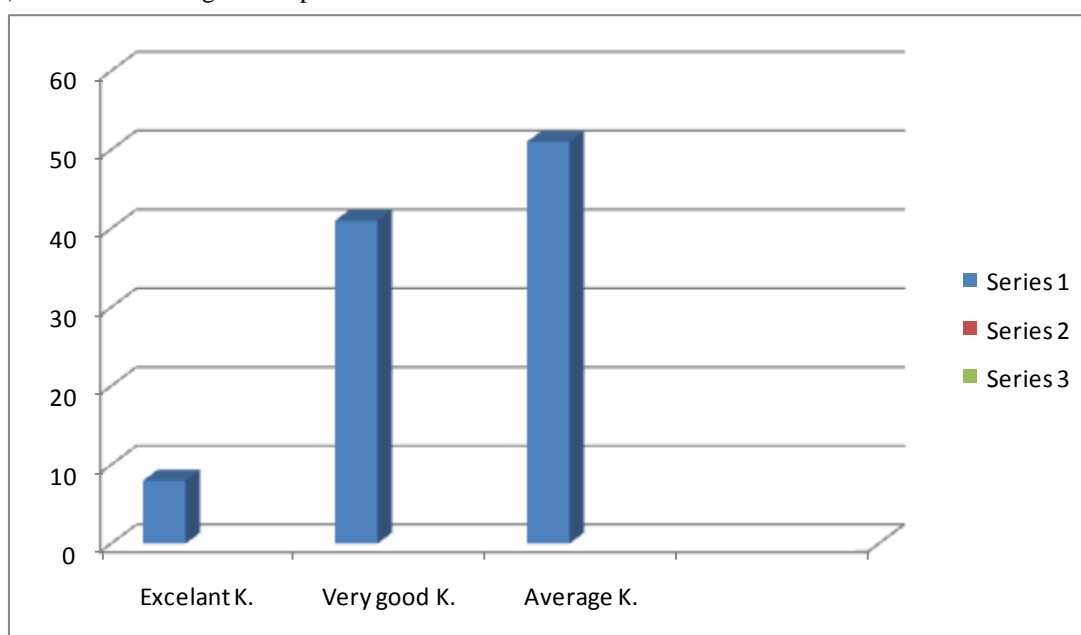
Items	No	%
1-Age		
45 – 49	27	27
50 – 54	32	32
55 – 59	25	25
60 – 65	16	16
Mean ± SD	53.6±5.3	
2-Marital Status:		
Single	7	7
Married	54	54
Divorce	5	5
Widow	34	34
3-Occupation:		
House Wife	76	76
Work	17	17
Pensioner	6	6
Handicapped	1	1
4-Education:		
Illiterate	4	4
Read , Wright	68	68
Diploma	20	20
Above Average	8	8
University	0	0

Table (1) Illustrates That, The Study Included 100 Menopausal Women Aged 45–65 Years With A Mean Age Of 53.6±5.3 Years. Most Women Were Married (54%); 4% Illiterate And 68% Were Read, Wright ; 76% Housewives.

**Table (2): Distribution Of The Studied Women According To Their Personal Habits.**

Items	No	%
1-Body Health		
-Excellent	10	10
-Good	69	69
Poor-	21	21
2-Follow Up The Special Diet	88	88
-Low Fat	61	61
- Low Carbohydrate	15	15
-High Protein	8	8
-Vegetables	4	4
3- Stress Or Life Change		
None 1	35	35
Mild 2	60	60
Moderate 3	4	4
Sever 4	1	1
4-Dealing With Anxiety		
-Excellent	13	13
-Good	63	63
Poor-	24	24
5-Your Opinion In Menstrual Cessation		
+ Ve	78	78
- Ve	22	22
6 What Concerns You About Menopaus		
-Work/ Children	42	42
-None	58	58
7-Source Of Information About Menopause:		
-Books	8	8
-Internet	3	3
-Magazine	3	3
-Friends	22	22
-TV	64	64

Table (2) Describes Personal Habits Of Menopausal Women : It Shows That Less/Or More Than Two Thirds Had Good Body Health (69% ), 61 % Preferred Low Fat Diet, Also 60 % Of Them Had Stress And 63 % Had Good Dealing With Anxiety. As Well As, It Clears That Slightly Less Than One Quarter (22%)Of Them Had Negative Opinion About Menstrual Cessation.



**Figure( 1 ): Evaluation Of Menopausal Women Knowledge About Menstruation .**

**Table (3): Effect Of Menopausal Symptoms On Mobility As A Quality Of Life Of The Studied Women In ( N=100).**

Quality Of Life	None	Mild	Moderate	Sever	X ± SD
	%	%	%	%	
1)- Mobility:					
1- Hot Flushes	1	11	32	56	2.43±0.9
2-Night Sweating	11	15	33	41	2.07±1.0
3- Sweating	10	13	25	52	2.2 ±1.0

Table (4) Describe The Effect Of Menopausal Symptoms On Mobility Condition Of The Menopausal Women. It Shows That Sever Hot Flushes And Sweating Were Presented In More Than Half( 56% & 52% ) Of Menopausal Women . Also Night Sweating Was Presented In Less Than Half( 41% ) Of Menopausal Women.

**Table (4): Effect Of Menopausal Symptoms On Psychological Condition As A Quality Of Life Of The Studied Women In ( N=100).**

Quality Of Life	None	Mild	Moderate	Sever	X ± SD
	%	%	%	%	
2)-Psychological:	14.6	27.4	36.9	21.1	
1- Dissatisfaction With Personal Life	14	34	40	12	1.5±0.9
2- Feeling Anxious Or Nervous	8	28	47	17	1.7±0.8
3- Experiencing Poor Memory	7	27	40	26	1.9 ±0.9
4- Accomplishing Less Than I Used To Do	13	29	35	23	1.68±0.9
5- Feeling Depressed, Down Or Blue	18	22	30	30	1.72±1.1
6- Impatience With Other People	21	25	30	24	1.6 ±1.1
7- Willing To Be Alone	21	27	36	16	1.5±1.0

Table (4) Describe The Effect Of Menopausal Symptoms On Psychological Condition Of Menopausal Women. It Reveals That "Unsatisfied With Their Personal Life, Anxiety, Irritability, No Concentration, Low Achievement And Loneness" Were The Most Common Psychological Condition . Also These Problems Were Moderate And Were Presented In Less Than Half Of Women

**Table (5): Effect Of Menopausal Symptoms On Physical Condition As A Quality Of Life Of The Studied Women In ( N=100).**

Quality Of Life	None	Mild	Moderate	Sever	X ± SD
	%	%	%	%	
3)Physical:	29.8	25.4	26.4	18.4	
1- Gas Pains	21	19	38	22	1.6 ±1.1
2- Aching In Muscles And Joints	19	17	30	34	1.8 ±1.1
3- Feeling Tired	21	23	28	28	1.63±1.1
4- Difficulty I Sleeping	24	27	25	24	1.58±0.9
5- Aches In Back Of Neck Or Head	23	26	27	24	1.59±0.9
6- Decrease In Physical Strength	23	30	25	22	1.55±0.9
7- Decrease In Stamina	25	29	31	15	1.36±0.7
8- Feeling Lack Of Energy	25	33	24	18	1.43±0.8
9- Drying Skin	28	30	28	14	1.35±0.7
10- Facial Hair	36	27	20	17	1.40±0.8
11- Weight Gain	38	29	20	13	1.34±0.7
12- Changes In Appearance, Texture Or Tone Of Skin	37	24	27	12	1.33±0.7
13- Feeling Bloating	35	29	25	11	1.32±0.7
14- Low Backache	35	23	26	16	1.39±0.7
15- Frequent Urination	42	21	23	14	1.35±0.7
16- Involuntary Urination When Laughing Or Coughing	44	19	25	12	1.33±0.7

Table (5) : Describe The Effect Of Menopausal Symptoms On Physical Condition Of Menopausal Women. It Clears That " Pain In Each Of Muscles, Joint , Back, Neck – Fatigue, Skin Change, Weight Gain Face Hair And Urination Problems " Were The Most Common Physical Condition . Also These Problems Were Ranged Between Moderate, Sever And Were Presented In Less Than One Third Of Women.

**Table (6): Effect Of Menopausal Symptoms On Sexual Condition As A Quality Of Life Of The Studied Women In ( N=100).**

Quality Of Life	None	Mild	Moderate	Sever	X ± SD
	%	%	%	%	
4)Sexual:	38	20.7	27.7	13.6	
1-Changes In Sexual Desire	36	19	29	16	1.3 ±1.1
2-Vaginal Dryness During Intercourse	41	22	25	12	1.08±1.1
3-Avoiding Intercourse	37	21	29	13	1.18±1.1

Table (6) : Describe The Effect Of Menopausal Symptoms On Sexual Condition Of Menopausal Women. It Was Found That "Changes In Sexual Desire, Vaginal Dryness During Intercourse And Avoiding Intercourse" Were The Most Common Sexual Condition. Also The Same Table Clears That Mild Sexual Complains Were Less Than One Quarter In Women And Moderate Sexual Complains Were More Than One Quarter Mean As Comp Aired To One Eight Of Them Had Never Complains.

**Table (7): Effect Of Menopausal Symptoms On Total Level Of Quality Of Life Of The Studied Women In ( N=100).**

Quality Of Life	None	Mild	Moderate	Sever	X ± SD
	%	%	%	%	
1)- Mobility:	7.3	13.0	30.0	49.7	2.22±0.9
2) Psychological:	14.6	27.4	36.9	21.1	1.65±0.9
3)Physical:	29.8	25.4	26.4	18.4	1.49±1.0
4)Sexual:	38.0	20.7	27.7	13.6	1.17±1.1

Table (7) Describe The Effect Of Menopausal Symptoms On Total QOL (Mobility, Psychological, Physical , Sexual Conditions) Of Menopausal Women . It Was Found That The Highest Mean Score Was Related To Women Mobility(2.22±0.9), As Compared To The Lowest Mean Score Were Related To Women (Psychological 1.65±0.91, Physical 1.49±1.0 , And Sexual 1.49±1.0 Respectively ).

**Table (8):Distribution Of The Studied Women According To Their Daily Menopausal Complains As A Quality Of Life In ( N=100).**

Quality Of Life	None	Disagree	Agree	Strong Agree	X±SD
	%	%	%	%	
- Daily Menopausal Complains L:	23±8.7	58.4±13.6	13.1±5.8	4.6±3.2	1.35± 1.4
1-Abling Control	6	78	16	0	
2-Feeling Challenge	8	80	11	1	
3-Belive My Benefits To Society	13	74	12	1	
4-Not Content With My Sexual Life	17	65	16	2	
5-Content With My Romantic Life	16	65	13	6	
6-Gotten A Lot Of Recognition In My Community	11	71	16	2	
7-Unhappy With My Appearance	15	63	15	7	
8-Diet Is Not Nutritionally Sound	23	45	25	7	
9-Control My Eating Behavior	26	44	22	8	
10-Engage In Exercise	24	55	16	5	
11-Mood Depressed	26	42	26	6	
12-Experince Anxiety	24	41	24	11	
13-Things Out Of Control	33	37	19	11	
14-Content With Partner	29	44	20	7	
15-Pain During Sexual Activity	36	41	17	6	
16-No Control My Health	37	46	12	5	
17-Proud Of My Occupational	34	51	10	5	
18-My Life Stimulating	33	58	6	3	

19-Personal Goal	25	63	7	5	
20-Good Things Will Happen	24	68	4	4	
21-Feel Physically Well	21	71	7	1	
22- Feel Physically Fit	24	71	5	0	
23-Set Professional Goal	24	71	3	2	
Total X±SD	17.3 ± 0.7				

Table (8) Describe Daily Women Menopausal Complains As A Quality Of Life. This Table Illustrates That Slightly More Than One Quarters (17.7 %) Of Women Reported That They Had Agree Or Strong Agree Regarding Daily Menopausal Complains.

**Table (9): Correlation Between The Quality Of Life Of The Studied Women And Some Demographic Variables. (N=100)**

Some Demographic Variables	Quality Of Life				Total No	R –Test
	Average N=45	Poor N=29	Very Poor N=26			
1-Age						
45 – 49	7	10	10		27	
50 – 54	14	10	8		32	-0.310
55 – 59	15	4	6		25	
60 – 65	9	5	2		16	
2-Marital Status:						
Single	2	3	2		7	P < 0.01
Married	33	9	12		54	
Divorce	1	2	2		5	
Widow	9	15	10		34	
3-Occupation:						
House Wife	36	21	19		76	
Work	8	6	3		17	0.329
Pensioner	1	2	3		6	P < 0.01
Handicapped	0	0	1		1	
4-Education:						
Illiterate	0	1	3		4	0.324
Read , Wright	31	17	19		68	
Diploma	10	7	3		20	P < 0.01
Above Average	4	3	1		8	
University	0	0	0		0	

Concerning The Relationship Between The Quality Of Life And Some Demographic Variables. Table (9 ) Revealed A Statistical Inverse Correlation Of The Quality Of Life In Menopausal Women With Their Age (P < 0.01 And R = -0.310). Also The Same Table Cleared That The Quality Of Life In Menopausal Women Varied According To Their Marital And Occupational Status (P < 0.01). As Well As It Showed That The Quality Of Life In Menopausal Women Had Significant Statistical Correlation With Their Educational Level (P < 0.01 And R = 0.324).

**Table(10): Correlation Between The Quality Of Life Of The Studied Women And Their Level Of Menopausal Symptoms. (N=100).**

Level Of Menopausal Symptoms	Quality Of Life				Total No	R –Test
	Average N=45	Poor N=29	Very Poor N=26			
Mild	34	14	2		50	0.863
Moderate	10	13	18		41	P < 0.001
Sever	1	2	6		9	

Table (10 ) Clears That There Were A Strong Association Between Severity Of Menopausal Symptoms As "Vasomotor, Somatic, , Psychosomatic, Urogenital Symptoms" And Lower Level Of QOL During The Menopausal Period.

**Table(11): Correlation Between The Quality Of Life Of The Studied Women And Their Level Of Body Activities. (N=100).**

Level Of Body Activities	Quality Of Life				R –Test
	Average N=45	Poor N=29	Very Poor N=26	Total No	
Mild	31	15	22	68	0.821
Moderate	9	12	3	24	<i>P</i> < 0.001
High	5	2	1	8	

Table (11 ) Illustrates That There Was A Positive Association Between Decrease The Level Of Of Body Activities With Their Low Level Of QOL

#### IV Discussion

In Current Century, Population Aging Phenomenon Is Occurred Due To A Decrease In Mortality Rate, Advances In Medical Sciences, Health Education And Increase In Life Expectancy. Although Women And Men Have Common Health Issues, Women Face Specific Issues Arising From Their Physiological Conditions. One Of These Issues Is Menopause Transition Period That Is Associated With Complications **American College Of Obstetricians And Gynecologists (2011)**. The Current Study Revealed That Aged Of Woman's Ranged From 45–65 Years With A Mean Age Of 53.6±5.3 Years. Also Study Done By **(Gehad Et Al.,2010)** Indicated Menopause Was 46.35 +\_ 4.8 Years In Egypt And Mean Age In Saudi Arabia Was 49.9 +\_ 2.23 . So The Present Study Falls Between The Normal Ranges Of Menopausal Age.

As Regards To The Educational Level, It Was Found That, More Than Half Of The Women Had Read And Write This Is Reflected Upon Women Cooperation. To Read Guideline And Use It Correctly In Relation To Occupation 76% Of The Women Were Housewives This Result Dis Agreed With The Results For The Study Carried Out By **(El-Sabagh And Abd Allah 2012)** They Indicated That Less Than Two Thirds (58.3%) Of Them Were House Wife And The Rest Of Them Were Worker. The Present Study Confused With That Due To Worker Woman Has Less Symptoms So We Found More Common House Wife.

#### As Regards To The Severity Level Of Menopausal Symptoms

In The Current Study Observed That Sever Hot Flushes And Sweating Were Presented In More Than Half( 56% & 52% ) Of Menopausal Women . These Results Is Accordance With The Results Of Previous Studies Showed That Night Sweats, Joint And Muscle Pain And Hot Flushes Are The Most Common Symptoms Associated With Menopause In Iranian Women **(Ashrafi Et AL., 2010)** This May Be Due To Hot Flushes The More Common Symptom's Due To Hormonal Change.

The Present Study Revealed That "Unsatisfied With Their Personal Life, Anxiety, Irritability, No Concentration, Low Achievement And Loneness" Were The Most Common Psychological Condition Respectively Clears That " Pain In Each Of Muscles, Joint , Back, Neck – Fatigue, Skin Change, Weight Gain Face Hair And Urination Problems " Were The Most Common Physical Condition Also Medical History Complain It Observed That Most Common Complain That Chest And Back Pain (45%), Muscles And Joint Pain (44%), Then Less Common Complain Frequent Nausea And Infertility. **These Agreement** With Previous Study Said That Menopausal Changes Will Occur In Various Aspects Of Women's Health, Including Genital Symptoms (Dryness, Burning, And Irritation), And Sexual Symptoms (Lack Of Lubrication, Discomfort Or Pain, And Impaired Function, But Also Urinary Symptoms (Urgency, Dysuria, And Recurrent Urinary Tract Infections) And A Variety Of Diseases **(Kim Et AL., 2015)**.

In The Current Study Found That "Changes In Sexual Desire, Vaginal Dryness During Intercourse And Avoiding Intercourse" Were The Most Common Sexual Condition. Also Present Study Clears That Mild Sexual Complains Were Less Than One Quarter In Women And Moderate Sexual Complains Were More Than One Quarter Mean As Comp Aired To One Eight Of Them Had Never Complains .Previous Study **(Al-Olayet 2010)** Stated That The Prevalence Of ‘Change In Sexual Desire’ Was Approximately 30.7% This Could Be Explained As Sociocultural Level And Habits For Menopausal Woman.

The Current Study Found That The Highest Mean Score Was Related To Women Mobility(2.22±0.9), As Compared To The Lowest Mean Score Were Related To Women (Psychological 1.65±0.91 , Physical 1.49±1.0 , And Sexual 1.49±1.0 Respectively This Mean That The Most Common Symptoms That Sever Hot Flushes And Sweating Were Presented In More Than Half( 56% & 52% ) Of Menopausal Women This May Correlates With Decrease Levels Of Estrogen In The Blood From Premenopausal To Postmenopausal Period These Result Agreed With **(Greenblum Et AL., 2012)** Indicated That The Most Commonly Experienced Symptom Was Hot Flushes, With73.2% Of Women Currently Experiencing That Symptom.

Also Previous Study Stated That Menopause Symptoms Are Closely Related To QOL Of Women During Menopausal Period And Can Influence QOL Of Women Both Physiologically, Psychologically, And Socially. Previous Studies In Iran And Other Countries Suggested Negative Effect Of Menopause On QOL In Menopausal Women **(Abdi And Solhi 2014)** In The Current Study, Hot Flushes, Anxiety And Dyspareunia Were Of The Most Likely Symptoms To Be Reported By The Participating Women. In



Consistence With Our Findings, It Is Estimated That About 75% Of Women Experience Acute Symptoms After Menopause Including Irregular Bleeding, Hot Flushes, Arthralgia, Sexual Dysfunction, Skin And Urinary Signs And Psychological Signs. These Result Agreed (**Randha & Sidhu, 2014**). Indicated That Menopause Causes A Wide Range Of Symptoms, Such As Hot Flushes, Night Sweats, Aching In Muscles And Joints, Sleeping Problems, Short Breath, Weight Gain, Increased Facial Hair, Depression, Irritability, Anxiety, Sexual Problems, Vaginal Dryness, And Urinary Symptoms Such As Urine Leakage While Laughing And Coughing.

The Most Common Symptom In Previous Study By (**Falahzadeh Et Al., 2011**) In Iran Was Hot Flash, In The Study By (**Fairclough 2014**) The Most Common Symptom Was Feeling Lack Of Energy. This Difference May Have Been Due To Genetic Or Socio-Cultural Diversity And Also Differences In Diet, Especially The Consumption Of Phytoestrogen Foods.

Current Study Reveals That Was A Positive Association Between Severity Of Chronic Disease And Lower Level Of QOL During The Menopausal Period (**Shyu 2012**) Reported That The Presence Of Menopausal Symptoms Increases The Likelihood Of Poor Health-Related QOL And Health Care Resource Utilization (**Norozi Et Al., 2011**).

The Current Study Assessed The Association Between Some Socio-Demographic Characteristics And QOL. For Instance, Age, Level Of Education And Marital Status Were Found To Be Associated With QOL.

Current Study Revealed A Statistical Inverse Correlation Of The Quality Of Life In Menopausal Women With Their Age Also Present Some Resistance For Improve Quality Of Life Due To Increase Age For Woman But Quality Of Life Gradually Improve After Used Guide Line Alike, A Study By (**Fairclough 2014**) Investigated The Relation Between Many Demographic Factors And Severity Of QOL And Concluded That Age, Marital Status, Employment Status, And Education Levels Were Affecting The QOL In Postmenopausal Women.

Previous Study Showed That Demographic Characteristics And Menopausal Symptoms Experienced By Women Influenced Their QOL In Menopausal Period. With Increased Life Expectancy And Life Time, The QOL Become An Important Issue (**Barati Et Al., 2016**) The Results Of The Current Study Indicate That Married Women Had A Better QOL Than Widows. The Marital Status Is Considered One Of The Most Important Reinforcing Factors That Help Women Bypass The Negative Impacts Of Menopause, Depending On The Social Support Provided By The Spouse. This Study Showed The Positive Impact Of Having A Husband On Mitigating The Symptomatology Of Menopause. These Result Agreed With The Study By Alipur Et Al., Investigated The Role Of Social Support In The QOL Of The Elderly And Showed That The QOL In Men Was Higher Than Women, And Social, Emotional, Functional, And Structural Support Had An Important Role In Improving QOL. The Results Of The Study By Dickson Et Al, Showed That Self-Care Programs, Exercise, And Work To Increase The QOL. (**Alipur Et Al., 2010 And Barati Et Al., 2016**).The Educational Level Also Was A Factor Affecting The QOL In Postmenopausal Women Due To Educated Woman Easily Use Guideline **This On Line With (Aloumanis Et Al., 2011)** Stated High QOL And Expressed That Women With High Education Level Had Higher QOL Compared To Other Women. Perhaps, Having Higher Life Facilities, Higher Awareness, And Educational Level Were Related To Higher QOL In These Women.

This Agreed With Study Done By (**Kalahroudi Et Al., 2012**) Reported That Menopausal Symptoms Had Significant Association With Working Status Educational Level, Exercise Activity, Exercise Frequency And Duration Of Menopause. Several Studies Have Shown That Women Who Had Longer Education, Reported Milder Menopausal Symptoms.

Most Indian Women Remain Oblivious To Menopausal Problems Due To Lack Of Awareness And Unavailability Or Ever-Increasing Cost Of The Medical And Social Support Systems (**Ray 2010**) . However, Some Recent Studies On This Subcontinent Showed That Working Status, Higher Economic Condition, Higher Educational Attainment, Occupational Status Of Spouse And Urban Living May Develop A Positive Attitude Towards Menopause And Improve Menopause-Specific Quality Of Life Of Middle-Aged Women (**Dasgupta 2013**).

Promoting The Health And Providing Wellbeing In Women's Life Period Bring About Better QOL Of Them And It Will Have Useful Outcomes For The Society. In Recent Years, Medical Professionals Have Been Focusing On Training And Informing Programs For Improving Health Status In Women (**Stanhope & Lancaster 2015**).

## **V Conclusion & Recommendations:**

Based On The Present Study, More Than Half Of Studied Sample Had Symptoms Of Menopause And The Menopausal Symptoms Affect Moderately On Mobility, Psychological, Physical And Sexual Condition Of Studied Sample.

So, Attention To These Issues Is Essential To Menopausal Women .Attention Of Health Service Providers To The Problems Associated With Menopause And Holding Training And Consulting Classes About Menopausal Problems, In Addition To Increasing Women's Knowledge, Positive Attitude Toward Menopause And Their

Empowerment To Attend Their Health Issues On Time Should Be Taken Into Account. Development And Implement Different Nursing Educational Program For Improve And Enhance Quality Of Life For Menopausal Women's Symptoms Is Essential.

### References:

- [1]. **Abdi N, Solhi M. (2014)** Quality Of Life In Postmenopausal Women In Tehran. Iran J Health Educ Health Promot; 2: 87- 96.
- [2]. **Alipur F, Sajjadi H, Foruzan A, Biglarian A. (2010)** Role Of Social Quiet On Elder's Quality Of Life. Soc Welfare Quart.;4:147-165
- [3]. **Al-Olayet AY, (2010)** Al-Qahtani IF, Al-Essa DI, Al-Saleek FH, Al-Moutary Al-Mudimeglm . Severity Of Menopausal Symptoms, And Knowledge Attitude And Practicestowards Menopause Among Saudi Women. Sci Res Essays, 2010, 24 (5): 4077-9.
- [4]. **Aloumanis K, Karras D, Drossinos V, Korelis E, Polydorakis A. (2011)** :Fracture Incidence, Quality Of Life, And Back Pain During 18-Months Treatment With Teriparatide In Greek Postmenopausal Women With Osteoporosis: Results From The European Forsteo Observational Study. J Osteoporos 2011: 510398
- [5]. **American College Of Obstetricians And Gynecologists(2011)** Midlife Transitions: Perimenopause To Menopause. Accessed August 07, 2011
- [6]. **Annpietrangelo(2014)** [Http://www.healthline.com/health/menopause/facts-statistics-infographic#1](http://www.healthline.com/health/menopause/facts-statistics-infographic#1)
- [7]. **Ashrafi M, Ashtiani SK, Malekzadeh F, Amirchaghmaghi E, Kashfi F, Eshrafi B(2010)** Symptoms Of Natural Menopause Among Iranian Women Living In Tehran, Iran. Int J Of Reproductive Medicine, , 1 (8): 29-32.
- [8]. **Barati M, Ahmadpanah M, Shirahmadi S, Bashirian S, Parsa P, Holsboer-Trachslers E, Et Al(2016)**. Differential Impact Of Sociodemographic Variables On The Quality Of Life Of Menopausal Iranian Women. Avicenna J Neuro Psych Physiol; 3: E39026
- [9]. **Catherine A, Meredith A., Donna F. And Jesse S.** Midlife Women: Symptoms Associated With Menopausal Transition And Early Postmenopausal And Quality Of Life. Menopause, 2012, 20 (1).
- [10]. **Cohen S, Rousseau M And Carey BL (2013)** Can Acupuncture Ease The Symptoms Of Menopause? Holistic Nurse Practitioner, 17(6), Pp.295-299.
- [11]. **Dasgupta D , Ray S .(2013)** Attitude Toward Menopause And Aging: A study On Postmenopausal Women Of West Bengal . J Women
- [12]. **Dickson VV, Howe A, Deal J, Mccarthy MM.(2012)** The Relationship Of Work, Self-Care, And Quality Of Life In A Sample Of Older Working Adults With Cardiovascular Disease. Heart Lung;41:5-14
- [13]. **Elsabagh E And Abd Allah ES. (2012)**; Menopausal Symptoms And The Quality Of Life Among Pre/Post-Menopausal Women From Rural Area In Zagazig City. Life Science Journal, 2 (9).
- [14]. **Fairclough, D. (2014)**: Design And Analysis Of Quality Of Life Studies In Clinical Trials, 2nd Ed, Chapman And Hall Co, USA, P: 2-3 .
- [15]. **Falahzadeh H, Dehghani Tafti A, Dehghani Tafti MH, Hosseini FA, Hosseini H.(2011)** Factors Affecting Quality Of Life After Menopause In Women, Yazd. J Shahid Sadoughi Univ Med Sci Health Serv; 18: 552-8.
- [16]. **Gehad M, Samia A And Galila S. ., 2010** Effect Of Menopausal Symptoms On Women's Quality Of Life In Benha City (Egypt) And Arar City (Kingdom Of Saudi Arabia). Med. J. Cairo Univ, 78 (1): 319- 330
- [17]. **Greenblum, CA., Meredith A. Rowe, Neffdf., And Greenblum, GS 2012.,** Midlife Women: Symptoms Associated With Menopausal Transition And Early Post Menopause And Quality Of Life. Journal Of The North American Menopause Society, , 20, 1.
- [18]. **Hilditch JR, Lewis J, Peter A, Van Maris B, Ross A, Franssen E, Et Al. A Menopause-Specific Quality Of Life Questionnaire: Development And Psychometric Properties.** Maturitas. 1996;24(3):161-175.
- [19]. **Ibrahim, Z. M., Ahmed, W. A. S., & El-Hamid, S. A. (2015).** Prevalence Of Menopausal Related Symptoms And Their Impact On Quality Of Life Among Egyptian Women. Clinical And Experimental Obstetrics & Gynecology, 2(1), 161-167.
- [20]. **Kalahroudim A., Mahboubeh T., Sadat Z., Saberi F3, And Karimian 2012 Z.,** Prevalence And Severity Of Menopausal Symptoms And Related Factors Among Women 40-60Years In Kashan, Iran, Nurse Midwifery Stud.: 1 (2); 88-93. DOI:10.5812/Nms.8358
- [21]. **Kim HK, Kang SY, Chung YJ, Kim JH, Kim MR.( 2015)** The Recent Review Of The Genitourinary Syndrome Of Menopause. J Menopausal Med.;21:65-71.
- [22]. **Manson JE, Bassuk SS.** NAMS Practice Pearl: Calcium Supplements: Do They Help Or Harm? September 6, 2012. [www.menopause.org/docs/professional/pp\\_calcium.pdf](http://www.menopause.org/docs/professional/pp_calcium.pdf). Accessed November 12, 2013.
- [23]. **-Mayoclinic.Com.** Menopause: Definition. Accessed August 2, 2010. Available At [www.mayoclinic.com/health/menopause/DS00119](http://www.mayoclinic.com/health/menopause/DS00119).
- [24]. **Monshipour SM, Mokhtari-Lakeh N, Rafat F, Kazemnejad- Leili E. (2016)** Related Factors To Menopausal Women's Quality Of Life In Rasht. J Holist Nurs Midwifery; 26: 80-8.
- [25]. **National Health Service UK. (2014).** Sex After The Menopause. Retrieved April 8, 2016, From [Http://www.nhs.uk/livewell/women4060/pages/sex-after-the-menopause.aspx](http://www.nhs.uk/livewell/women4060/pages/sex-after-the-menopause.aspx)
- [26]. **Norozi E, Mostafavi F, Hasanzadeh A, Moodi M, Sharifirad G. (2011)** Factors Affecting Quality Of Life In Postmenopausal Women, Isfahan, J Edu Health Promot 2013;2:58
- [27]. **-North American Menopause Society, 2013** Symptomatic Vulvovaginal Atrophy Advisory Panel. Management Of Symptomatic Vulvovaginal Atrophy: 2013 Position Statement Of The North American Menopause Society. Menopause. 2013;20(9):888-902.
- [28]. **Randhaw, R., & Sidhu, S. (2014).** Age At Natural Menopause And Menopausal Symptoms Among Rural Women Of Amritsar (Punjab). Medical Science, 7(24), 48-55.
- [29]. **Ray S .(2010)** Is Menopause A Health Risk For Bengali Women? Openanthropol J 2010 ; 3 : 161 – 7.
- [30]. **Shyu YK, Pan CH, Liu WM, Hsueh JY, Hsu CS, Tsai PS. (2012)** Health-Related Quality Of Life And Healthcare Resource Utilization In Taiwanese Women With Menopausal Symptoms: A Nation-Wide Survey. J Nurs Res.;20:208-218

- [31]. **Stanhope M, Lancaster J(2015)**. Public Health Nursing. 9th Ed. St. Louis, MO: Mosby.
- [32]. **Wikipedia: The Free Encyclopedia. (2010)**: Qol (Health Care), Available At [Http:// En. Wikipedia. Org/ Wiki Qol \(Health Care\)](http://en.wikipedia.org/wiki/Qol_(Health_Care)).
- [33]. **Yazdkhasti M, Keshavarz M, Merghati Khoei E, Hosseini AF.2012** : The Effect Of Structured Educational Program By Support Group On Menopause Women's Quality Of Life. Iran J Med Edu . 11: 986-94.

Heba Ali Shabaan "Factors Affecting Quality Of Life among Woman with Menopausal Symptoms "IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 7, no.2 , 2018, pp. 81-91