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Effect of Menopausal Changes on Women's Quality of Life in Tanta/ Egypt

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Abstract Natural menopause is a universal experience for women during midlife regardless of race, education, religion or wealth. Menopause is the permanent cessation of menstruation because of loss of ovarian functions, whether naturally or after surgery. Menopause, an event often accompanied by symptoms that can have a significant impact on a woman's quality of life. Therefore, the aim of this study is to identify the effect of menopausal changes on women's quality of life among a sample of menopausal women in Tanta/ Egypt. A random sample of 150 generally healthy women, who experience natural menopause and free from major medical conditions were included in this study from Tanta university hospital and El-Menshawy hospital in Tanta city. The tool used is Utian Quality of Life Scale (UQOL). This tool is a five point likert-like scale to gain information from women about menopause-related quality of life. The result of this study showed that the majority of menopausal women suffer from vasomotor symptoms, which affect their quality of life. No one of menopausal women received medical help for menopausal symptoms or used hormone replacement therapy (HRT). Menopausal women consider these symptoms as natural and transient, and they wait for the symptoms to pass. The study recommended that menopausal women mainly need counseling about menopause and its symptoms as well as elements of a healthy lifestyle.

INTRODUCTION:

Menopause is a unique experience for every woman, it is a natural process that occurs in women's lives as part of normal aging; it is a universal experience for women during midlife regardless of race, education, religion or wealth[1]. Menopause is a permanent cessation of menstruation resulting from loss of ovarian functions, whether naturally or after surgery [2].

In the early 1900's, most women did not live beyond the age of 50; therefore menopausal health was not a great concern [3]. Today, women live at least one third of their lives past menopause. By the

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year 2020, the United States will achieve a demographic milestone; for the first time there will be as many post menopausal women as there are women of childbearing years [5]. In Egypt 2008 18.9% of the total Egyptian female population were aged 45 years and more with life expectancy of 74.52 years [6, 7].

Egyptian studies revealed that women's health needs are often neglected, poorly understood, usually misinterpreted, and seldom discussed. Menopausal symptoms were widely experienced by women and the majority of them used traditional practices like take a bath at bedtime, dress in light, go bed in regular times, and use of herb to overcome this symptoms rather than seeking medical help [8, 9, 10]. The frequency and intensity of symptom varies among women. Furthermore, menopause does place women at greater risk for the development of many conditions of aging such as postmenopausal cardiovascular disease and osteoporosis. Therefore, they would have to cope with the post menopausal syndrome and face the consequences [11].

Women can expect to spend a significant portion of their lives after menopause. This period should be a highly productive time for women, and maintaining functional ability and a good (QOL) is of extreme importance. Neglected menopausal changes can have a significant negative impact on overall quality of life (QOL) for a large number of women [12].

Quality of life is a multidimensional concept incorporating the individual's perception of several aspects of life (. Quality of life (QOL) can be defined as one's own subjective view of their physical health, psychosomatic status, and personal life. Healthy women perception of QOL can be significantly affected during menopause [13].

Reproductive health needs of the older woman should be an area of concern. Menopause should be better understood

and more openly discussed than ever before. Nurses can play a significant role in encouraging, supporting, and teaching menopausal women. The information obtained from this study will contribute to the growing body of knowledge on determining the effectiveness of menopausal changes on menopausal women quality of life.

Aim

The aim of this study is to identify the effect of menopausal changes on women quality of life among a sample of menopausal women in Tanta/ Egypt.

Material and Methods

A non-experimental descriptive design was used to examine the association among the variable of interest. A random sample of 150 generally healthy women, who experience natural menopause and free from major medical condition included in this study. The study sample selected from the outpatient gynecological clinic of Tanta Maternity University Hospital and El-Menshawy hospital in Tanta city. There ages ranged from 45to 60 years. All women who have the needed criteria were invited to participate in the study in randomly selected three days of the week for five months.

Tools

Two tools were used to collect the necessary information for this study. The first one was structured interview sheet which includes sociodemographic and personal data sheet, women physiological and psychological symptoms, and their source of information.

The second tool was Utian Quality of Life Scale (UQOL) used to quantify the perception of quality of life in postmenopausal women. The UQOL is the first pure QOL measure of this new generation of instruments that can be applied to a menopausal population. The UQOL scale consists of twenty three questions to be answered on a five point Likert-like scale with a stable factor

structure that demonstrates four separate, intercorrelated domains: occupational QOL seven items such as “I feel challenged by my work”; health QOL seven items such as “My diet is not nutritionally sound”; emotional QOL six items such as “My mood is generally depressed”); and sexual QOL three items such as “I am content with my romantic life” [14]. Reported alpha reliabilities coefficient for UQOL scales is r= 0.75[15]. For this study sample, alpha reliability coefficients were estimated to be *r* = 0.74.

Methods

UQOL tool was translated from English to Arabic by the researcher and back translated from Arabic to English blindly by another bilingual expert to ensure the equivalent translation that convey the same concepts.

Women who met the sample criteria (generally healthy women, who experience natural menopause and free from major medical condition) were invited to participate in the study. All potential subjects who were approached to participate were informed orally by the purpose of the study, confidentiality of information, benefits and risks, and right to withdraw from the study at anytime if desired. Subjects who agreed to participate in the study were requested to give their consent orally. Using face to face interviews, the researcher interviewed each subject one once. It took about 15 to 20 minutes to complete each interview.

The researcher used the Statistical Package for Social Science (SPSS version 13) software and personal computer to revise, compute, recode, and analyze the data. Descriptive statistics were used to describe the entire sample. Analysis of variance (ANOVA) was used to test the differences among the two groups. A “p” value of less than 0.05 was considered to be significant.

Results

Table 1 shows the demographic

characteristic of the study sample. Participants in this study were women aged 45-60 years old with mean age 54.42 years ±4.39. Frequencies and percentages were used to describe the sample. 60.7 % were from urban area, the majority of study sample (88.7 %) were currently married, and one third of them (33.3 %) were illiterates/read and write. Only (14 %) of the subject had attended secondary school/diploma, while (44.7%) were college graduates. The majority of the subjects (63.3 %) were workers. Almost two-thirds of the subjects had monthly family income enough for basic needs (64.0%).

Table 1: Demographic characteristics of the study sample

Demographic Characteristics	N= 150		Demographic Characteristics	N= 150	
	No.	%		No.	%
Age (years)			Family income		
45-	17	11.3	Not enough	21	14.0
50-	63	42.0			
55-60	70	46.7	Enough (basic need)	96	64.0
Mean ± S.D 54.42 ± 4.39			Enough with some saving	33	22.0
Residence			Marital Status		
Urban	91	0.7	Married	133	88.7
Rural	59	39.3	Widow	17	11.3
Education			Occupation		
Illiterate/ R & W	50	33.3	House wife	55	36.7
Primary/Prep	12	8.0	worker	95	63.3
Secondary school	21	14.0			
College graduate	67	44.7			

Table 2 shows the obstetric characteristics of the study sample. It was noticed that the majority of the study sample (64.0%) reported their age at menarche between 13-15 years with Mean ± S.D (13.00 ± 1.70 years), (62.0%) mentioned that menopause symptoms started between age of 45-50 with Mean ± S.D 47.15 ± 3.06, and around half of the study sample (52%) had their menopause complete (no menstruation for one year) between age 40-55 with Mean ± S.D 49.14 ± 3.28.

Table 2: Obstetric characteristics of the study sample:

Obstetric Characteristics	N= 150		Obstetric characteristics	N= 150	
	No.	%		No.	%
Gravidity			Parity		
0	2	1.3	0	6	4.0
1-<3	36	24.0	1-<3	38	25.3
3<5	50	33.3	3<5	53	35.3
5+	62	41.3	5+	53	35.4
No of children			Age at menarche		
0	7	4.6	<10	10	6.7
1-<3	43	28.7	10-12	38	25.3
3<5	55	36.7	13-15	96	64.0
5<7	45	30.0	16-18	6	4.0
			Mean ± S.D 13.00 ± 1.70		
Start of menopause			Menopause complete		
40-	29	19.3	40-	12	8.0
45-	93	62.0	45-	52	34.7
50-	24	16.0	50-	78	52.0
55-	4	2.7	55-	8	5.3
Mean ± S.D 47.15 ± 3.06			Mean ± S.D 49.14 ± 3.28		

Table 3 shows the distribution of the study sample according to the vasomotor and psychological symptoms they suffered from during menopause. Regarding the physiological symptoms the majority of the study sample complained from feeling fatigue (79.3%), headache (78.0%), insomnia (69.3%), palpitation (68.7%), and night hot flushes 67.3%). Concerning the psychological symptoms, the majority of

the study sample suffered from mood changes (67.0%), loss of libido (66.0%), anxiety (65.3%), and poor memory (64.0%).

Table 3: Vasomtor symptoms and psychological symptoms

Vasomotor symptoms	No.	%	Psychological symptoms	No.	%
Feeling fatigue	119	79.3	Mood change	101	67.3
Headache	117	78.0	Loss of libido	99	66.0
Insomnia	104	69.3	Anxiety	98	65.3
Palpitation	103	68.7	Poor memory	96	64.0
Night hot flushes	101	67.3	Difficulty in concentration	87	58.0
Stress incontinence	93	62.0	pessimistic	48	32.0
Vaginal dryness	89	59.3	Loss of husband love	31	20.7
Constipation	86	57.3			
Flatulence	78	52.0			
Loss of appetite	77	51.3			
Night sweating	68	45.3			
Dyspareunia	66	44.0			

Table 4 shows the distribution of the study sample according to the measures they used to overcome menopausal symptoms. The majority of the menopausal women used to read holly Quran and pray, wear cotton clothes, avoid hard work, take time for rest, increase fruit and vegetable and fluid in general to overcome menopausal symptoms. The table also revealed that no one of the entire study sample never received medical help, used hormonal therapy, or estrogen containing creams to overcome these symptoms.

Table 4: Measure to overcome menopausal symptoms

Measure to overcome menopausal symptoms	No.	%
Wearing cotton clothes	117	78.0
Read holly Quran and pray	114	76.0
Avoid hard work	105	70.0
Take a time for rest	98	65.3
Increase fruit and vegetables	91	60.0
Wearing light clothes at night	87	58.0
Avoid source of tension	85	56.7
Increase fluid in general	84	56.0
Use of herb	72	48.0
Avoid food producing gases	71	47.3
Use analgesic	57	38.0
Cold drinks	54	36.0
Cold showers	47	31.3
Decrease coffee and tea	46	104
Occupy spare time by reading book or magazine	36	24.0
Take laxative	28	18.7
Relaxation and breathing exercise	27	18.0
Use vaginal douche	22	14.7
Register tasks in a notebook	21	14.0
Take sedative	17	11.3
Use medication to overcome menopausal symptoms	6	4.0
Receive medical help	00	00.0
Use of hormonal replacement therapy	00	00.0
Use estrogen containing creams	00	00.0

Table 5 shows the primary source of information for menopausal women. The table revealed that around one third of the study sample (30.7%) reported that no one gave them any information about menopause. The minority of the study sample got the information they wanted from health care provider (physician 21.3%, and nurses 6.0%).

Table 5: Primary source of information about menopause

Primary source of information	No	%
No one	46	30.7
Physician	32	21.3
Friends	24	16.0
Mothers	18	12.0
Magazine	10	6.7
Relative	9	6.0
Nurses	9	6.0
Internet	2	1.3
Total	150	100.0

Table 6 shows the comparison between the UQOL scale mean score and sample mean score. It is noticed that the sample mean score was lower than scale mean score in; occupational QOL (25.00: 21.46), health QOL (21.00:19.78), emotional QOL(20.00: 18.99), and total QOL(74.00: 68.90) which indicate poor quality of life.

Table 6: Mean and standard deviations of total UQOL scale and subscale

UQOL	N= 150			
	Scale Mean	Sample Mean	Sample SD	Sample Range
Occupational QoL	25	21.46	±6.40	7-32
Health QoL	21	19.78	±3.70	9-29
Emotional QoL	20	18.99	±4.09	8-30
Sexual QoL	8	8.67	±2.44	3-15
Total QoL	74	68.90	±10.99	41-89

Table 7 displays the ANOVA for menopausal women's quality of life (five variables) with selected some socioeconomic and sociodemographic variables (family income, education, employment, and residence). The table illustrates that there were significant differences between the three income groups in their health and emotional quality of life (P =.001* in both of them). Women with not enough income had the lowest mean quality of life (17.00 and 16.05).

Regarding women education the table revealed that there were significant differences between educated and non educated women in their occupation and total quality of life (P = .000 & .014) . Educated women had a higher mean than non educated women (23.22: 18.97 &70.75: 66.27). The table also showed that there were significant differences between working and house wife menopausal women in their occupation and health quality of life (p = .000 &.017). Working women had a higher mean than house wife (22.89: 18.98), while the house wife had a higher mean than working women in their health quality of life (20.73: 19.23).

Table 7: Differences in demographic variables among menopausal women's quality of life.

UQOL		Demographic variables						
		Income			Education		Employment	
		enough N=96	Not enough N=21	Enough with Saving N=33	Educated N= 88	Un-educated N=62	working N=95	House wife N=55
Occupation QoL	M	21.83	23.00	19.39	23.22	18.97	22.89	18.98
	SD	5.79	5.08	8.31	5.61	6.66	6.07	6.23
	F	2.54			17.82		14.16	
	P	.082			.000*		.000*	
Health QoL	M	20.22	17.00	20.27	19.39	20.32	19.23	20.73
	SD	3.23	4.57	3.76	4.00	3.19	3.76	3.43
	F	7.46			2.28		5.86	
	P	.001*			.133		.017*	
Emotional QoL	M	19.46	16.05	19.52	19.42	18.39	19.01	18.96
	SD	4.28	4.04	2.09	4.09	4.05	4.35	3.60
	F	6.83			2.34		.005	
	P	.001*			.128		.946	
Sexual QoL	M	8.84	8.48	8.27	8.72	8.60	8.70	8.60
	SD	2.50	1.60	2.71	2.42	3.50	2.20	2.83
	F	.742			.08		.064	
	P	.478			.770		.800	
Total QoL	M	70.35	64.52	67.45	70.75	66.27	69.84	67.27
	SD	10.95	6.57	12.58	10.78	10.84	10.74	11.33
	F	2.86			6.24		1.92	
	P	.060			.014*		.168	

Table 8 (A & B) shows the most common symptom was that mentioned by150 menopausal women who participated in this study. The symptoms in consequence included feeling fatigue (119), headache (117), insomnia (104), hot flushes (101), vaginal dryness (89), constipation (86), and dyspareunia (66). All women do experience some of the symptoms of menopause. In further analysis, table 6(A & B) also revealed that some menopausal symptoms significantly decrease quality of life. Feeling fatigue significantly decrease emotional quality of life ((P =.001*), headache significantly decrease sexual QOL (P = .023*), insomnia, vaginal dryness, and dyspareunia significantly decrease emotional QOL (P = .023 *, P = .019 *, P =.002).

Table 8.A: Comparison between menopausal women who suffered or not from vasomotor symptoms and the effect on their quality of life.

UQOL		Vasomotor symptoms							
		feeling fatigue		headache		Insomnia		Hot flushes	
		Yes	no	Yes	no	Yes	No	Yes	No
		119	31	117	33	104	46	101	49
Occupation QoL	M	21.59	20.96	24.64	21.46	21.43	21.52	20.81	22.79
	SD	6.45	6.31	4.41	6.40	6.64	5.89	5.85	7.29
	F	.230		11.12		.006		3.21	
	P	.632		.001*		.938		.075	
Health QoL	M	20.153	18.35	19.61	20.39	20.20	18.83	20.61	18.06
	SD	.56	3.59	3.89	2.96	3.61	3.79	3.59	3.37
	F	5.97		1.162		4.49		17.36	
	P	.016*		.283		.036*		.000*	
Emotional QoL	M	18.43	21.16	18.73	19.94	18.49	20.13	19.08	18.79
	SD	4.07	3.44	3.89	4.39	4.27	3.44	3.81	4.09
	F	11.77		2.28		5.27		.169	
	P	.001*		.133		.023*		.682	
Sexual QoL	M	8.69	8.55	8.43	9.52	8.43	9.21	8.74	8.51
	SD	2.42	2.57	2.53	1.89	2.37	2.54	2.58	2.23
	F	.091		5.25		3.15		.297	
	P	.763		.023*		.078		.587	
Total QoL	M	68.87	69.03	67.32	74.85	68.56	69.67	69.26	68.16
	SD	11.13	10.60	11.06	8.71	11.19	10.58	10.06	12.77
	F	.006		11.71		.327		.325	
	P	.940		.001*		.568		.569	

Table 8.B

UQOL		Vasomotor symptoms					
		Vaginal Dryness		constipation		Dyspareunia	
		Yes	no	Yes	no	yes	No
		89	61	86	64	66	84
Occupation QoL	M	21.36	21.61	20.53	22.70	21.09	21.75
	SD	6.11	6.86	6.86	5.53	6.41	6.41
	F	.054		4.30		.390	
	P	.817		.040*		.533	
Health QoL	M	20.06	19.37	20.33	19.05	19.94	19.65
	SD	3.94	3.32	3.85	3.41	4.36	3.13
	F	1.22		4.47		.217	
	P	.272		.036*		.642	
Emotional QoL	M	18.35	19.93	18.86	19.17	17.82	19.92
	SD	3.94	4.15	3.43	4.86	3.66	4.19
	F	5.61		.212		10.34	
	P	.019*		.646		.002*	
Sexual QoL	M	8.81	8.49	8.66	8.67	8.58	8.74
	SD	2.25	2.69	2.40	2.51	2.61	2.31
	F	.741		.001		.162	
	P	.391		.982		.688	
Total QoL	M	68.57	69.38	68.38	69.59	67.42	70.06
	SD	10.55	11.68	10.48	11.69	11.32	10.65
	F	.193		.443		2.14	
	P	.661		.507		.146	

Table 9 shows that menopausal women suffer from more than one of the psychological symptoms, such as mood change (101), loss of libido (99), anxiety (98), poor memory (96) , difficult in concentration (87), and pessimistic 48). The table also reveals that some of the psychological symptoms significantly decrease menopausal women quality of life. It was noticed that mood change, anxiety, poor memory, difficult in concentration and pessimistic significantly decrease occupational QoL (P = .010*, .000*, .012*, .029*, and.000*) consequently. Pessimistic significantly decrease health QoL (P = .000*). Loss of libido, anxiety, difficult in concentration and pessimistic significantly decrease

emotional QoL (P = .000*, .001*, .002*, and .000*consequently. Lastly; anxiety, difficult in concentration and pessimistic significantly decreased the total QoL (P =.000*, .001*, and .000*).

Table 9: Comparison between menopausal women who suffered or not from psychological symptoms and the effect on their quality of life.

UQOL		Psychological symptoms											
		Mood change		Loss of Libido		Anxiety		Poor memory		Difficult in concentration		Pessimistic	
		Yes	no	Yes	no	Yes	No	Yes	no	Yes	no	Yes	no
		101	49	99	51	98	52	96	54	87	63	48	102
Occupation QoL	M	20.52	23.39	21.38	21.38	19.99	24.23	20.48	23.20	20.49	22.79	19.48	22.39
	SD	6.81	5.01	6.34	6.58	6.61	4.99	6.84	5.16	6.86	5.49	7.78	5.44
	F	6.86		.041		16.45		6.49		4.83		7.031	
	P	.010*		.840		.000*		.012*		.029*		.000*	
Health QoL	M	19.85	19.63	19.57	20.21	19.78	20.35	19.96	19.46	19.37	20.35	18.04	20.59
	SD	4.04	4.19	3.97	3.11	4.13	2.69	3.97	3.21	4.00	3.19	3.97	3.29
	F	.114		.973		1.87		.615		2.59		17.21	
	P	.736		.325		.174		.434		.110		.000*	
Emotional QoL	M	19.03	18.91	18.04	20.84	18.19	20.35	18.63	19.65	18.14	20.17	16.63	20.12
	SD	4.03	4.25	4.14	3.32	4.12	3.62	4.25	3.74	4.14	3.74	4.23	3.53
	F	.024		17.56		11.56		2.18		9.58		27.94	
	P	.876		.000*		.001*		.142		.002*		.000*	
Sexual QoL	M	8.55	8.91	8.69	8.63	8.44	9.09	8.85	8.33	8.49	8.90	8.29	8.84
	SD	2.61	2.06	2.57	2.19	2.37	2.55	2.49	2.35	2.17	2.77	2.31	2.49
	F	.651		.020		2.48		1.58		1.03		1.67	
	P	.421		.888		.117		.211		.311		.198	
Total QoL	M	67.96	70.84	67.67	71.27	66.10	74.17	67.92	70.65	66.49	72.22	62.44	71.94
	SD	11.82	8.83	11.34	9.97	11.24	8.33	11.38	10.13	11.03	10.10	11.08	9.59
	F	2.27		3.67		20.74		2.15		10.56		28.98	
	P	.133		.057		.000*		.145		.001*		.000*	

Table 10 provides the result for the ANOVA for each of five QoL variables and the number of physiological and Psychological symptoms the menopausal women had. The number of physiological and psychological symptoms the menopausal women had significantly decreased menopausal women quality of life.

Table 10: effect of the number of menopausal symptoms the women suffers reflects best the profile of quality-of-life dimensions.

UQOL		No of Physiological symptoms				No of Psychological symptoms			
		1-3 N=14	4-6 N=31	7-9 N=31	≤10 N=74	0 N=4	1-2 N=40	3-4 N=50	≤5 N=56
Occupation QoL	M	21.64	22.16	22.35	20.76	25.75	23.13	22.46	19.07
	SD	6.51	5.57	6.52	6.69	2.22	5.34	6.08	6.89
	F	.623				4.86			
	P	.602				.003*			
Health QoL	M	19.71	18.29	19.48	20.54	18.75	20.30	20.20	19.11
	SD	1.98	3.81	4.08	3.60	.500	3.17	3.64	4.17
	F	2.88				1.19			
	P	.038*				.312			
Emotional QoL	M	22.57	18.90	19.42	18.18	21.00	21.300	18.30	17.82
	SD	2.95	3.94	4.43	3.87	1.83	3.63	3.67	4.17
	F	5.06				7.42			
	P	.002*				.000*			
Sexual QoL	M	9.57	8.71	8.48	8.55	7.25	8.93	9.16	8.95
	SD	3.20	2.28	2.42	2.37	.500	2.64	2.18	2.49
	F	.750				2.19			
	P	.524				.092			
Total QoL	M	73.50	68.06	69.74	68.03	72.75	73.65	70.12	64.14
	SD	10.98	10.23	12.74	10.48	4.65	9.56	10.35	11.13
	F	1.09				7.14			
	P	.352				.000*			

Discussion

Menopause is part of a gradual and natural process in which the ovaries produce less of estrogen and progesterone hormones, and menstrual periods gradually disappear. The average age women complete menopause is around 50[16, 17]. Menopause is called “change of life”. This stage of life can be viewed negatively by those suffering with severe symptoms and for those who regard loss of fertility as the loss of youth, while others view this stage as a new chapter of life when one is more wise and free to enjoy Life [18].

Menopause presents unique preventive

health problem and quality-of-life challenges for women. Quality of life is a multidimensional concept incorporating the individual's perception of several aspects of life. It is not equal to the terms health status, mental statuses, and well-being [19, 20, 21]. The number of women in the menopausal age group is increasing and represents a significant portion of the population. Care of the menopausal women can be challenging for the caregiver [22].

Each woman experiences menopause differently. Changing hormone levels can cause a variety of both physiological and psychological symptoms

Although many women suffer from menopausal changes, for most women these changes are mild and infrequent [23]. The menopausal literature documents that 10 to 15% of women are experiencing symptoms severe enough to cause them to consult a physician and receive medical help including hormone replacement therapy (HRT) [24, 25].

The result of this study revealed that all women choose not to receive medical help, use hormonal replacement therapy, or even estrogen containing cream at all, and they used only some simple measures to overcome some of this symptoms (table 4). This result is quite expected in the Egyptian culture that regardless of their residence, education or occupation, women see menopause as a natural event which requires no professional supervision, and they wait until their complains disappeared naturally. According to WHO, in developing countries, including Egypt, women are poorer; less educated, and have limited access to health care. These factors have serious effects on postmenopausal women [26]. They did not receive. proper medical help for their need

Regarding the primary source of information about the menopause, around one third of the study sample revealed that they didn't get any information about

menopause; and the minority of the study sample gets their information from the physicians. There is a strong need for more information and more education on this subject [27].

This finding is in accordance with the finding with several authors, who stated that women in general do not prepare for menopausal years so many arrive at this stage with little or no information and women are more likely to turn to their friends or to the popular media include television, books, and magazines than to their physicians for their menopausal questions and answers [28, 29, 30].

Demographic characteristics of women may shape their quality of life. One important characteristic is the level of education attained by women. The present work indicated that education was a significant factor related QOL. The result indicated the higher the education level is the higher quality of life score. Income and occupation is another feature that can be related to higher quality of life score. Women with enough family income and working had higher quality of life score.

When women were asked about menopause symptoms, the result revealed that different menopausal symptoms were widely present (table 3). Most studies indicated that vasomotor symptoms were the most common symptom experienced during menopause [31, 32, 33], but compared to published studies on hot flashes the findings of this research was relatively lower. Interestingly, vasomotor symptoms were not first in the list of symptoms found, but more of the women reported feeling fatigue, headache, insomnia, and palpation.

More psychosomatic symptoms were en countered as opposed to vasomotor symptoms. Psychological symptoms of mood change, loss of libido, anxiety, poor memory, and difficult in concentration were high in the study population (table 3). In accordance with the study result, the

menopausal literature documents psychological symptoms such as anxiety, depression, mood swings, decreased libido, nervousness, and insomnia. Forgetfulness and inability to concentrate are the most common cognitive concerns [34, 35].

Less attention has been paid to the menopausal symptoms that can impair the quality of life of menopausal women; the present study showed that, the majority of post menopausal women suffer from vasomotor symptoms. The factors most often associated with reduced QOL in post menopausal women include feeling fatigue, headache, insomnia, hot flushes, vaginal dryness, constipation, and dyspareunia which affect negatively their quality of life (QOL). Relevant studies indicated that quality of life may be severely compromised in women with menopausal symptoms [37-42]. In another study, it argued that sleep quality is an important determinant of health status and quality of life for women during and beyond menopause[43].

Menopause is accompanied also by many psychological changes that affect QOL. The psychological factors that most often associated with reduced QOL in post menopausal women include mood change, loss of libido, anxiety, poor memory, difficult in concentration, and pessimistic. Further analysis of the results reveals that the more the number of symptoms the women had the more the negative impact on their perceived quality of life (QOL). This funding are in line with Daly; Gray et.al. (1993), who stated that quality of life may be severely compromised in women with menopausal symptoms [38].

Menopause does not mean that women have to suffer hot flashes, night sweats, sleeplessness, irritability, dryness, confusion and memory loss. Menopausal symptoms that interfere with daily living should not be considered un- avoidable consequences of the aging process. There

are many alternative for menopausal women including hormonal and non hormonal therapy that demonstrated promising effects for many of these women, and with individualized therapy, much of the adverse symptomatology can be reduced, reversed, or avoided.

Conclusion

- The majority of menopausal women suffer from vasomotor symptoms, such as feeling fatigue, headache, insomnia, hot flushes and sweating, which impact negatively on their quality of life.
- Women do not have enough information about menopause. None of studied menopausal women received medical help for menopausal symptoms or used hormone replacement therapy (HRT).
- Menopausal women considered these symptoms as natural and transient, and they waited for the symptoms to pass.
- Menopause often accompanied by symptoms that have a significant impact on a woman's quality of life.

Recommendations

- There is a need to upgrade the health care system to provide health care of menopausal women within the reproductive health care system, which already serve women during their childbearing years, this system is well positioned for caring for women as they approach menopause and beyond.
- Nurses should be well prepared and trained to give care for menopausal women in light of tradition, and culture values.
- Pre-menopausal women should have enough information about this period of life. They should understand that menopause is a physiological period of her life making a natural end of her reproduction and part of aging with some discomfort

- Menopausal woman has the right to the highest possible standard of care to improve her quality of life and remain active, fit and happy throughout post menopausal years.
- Women need to participate more in religious activities such as praying, reading holy Quran, and visiting the sacred places to overcome psychological changes of menopause.

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