

## QUALITY OF LIFE AMONG POST-MENOPAUSAL WOMEN IN BENI SUEF UNIVERSITY HOSPITAL

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### ABSTRACT

**Background:** Women can now spend more than a third of their lives after menopause. During menopause and menopausal symptoms, women's physical well-being may be affected. **The aim of study:** To assess the quality of life among postmenopausal women attending gynecological outpatient clinics at Beni Suef University Hospital. **Setting:** The study conducted in gynecological outpatient clinics at Beni Suef University Hospital. **Subjects and method:Design:** using a descriptive design. **Subjects:** A purposive sample of a total of 128 post-menopausal women. **Tools:** A structured interviewing questionnaire was developed by the researchers in the Arabic language consists of 3 parts; **Part I** included sociodemographic characteristics of the studied women, **Part II:** to assess the women reported symptoms related to menopausal symptoms, and **Part III:** to assess quality of life of menopausal women. **Results:** The most frequently reported symptoms of the studied women were hotness 78.1%, followed by muscular and joint pain 56.2% and fatigue 53.1%. The mean reported postmenopausal symptoms score was  $10.31 \pm 2.31$ , and the mean QOL score was  $11.28 \pm 2.46$ . **Conclusion:** The results of current study concluded that the QOL of postmenopausal women did not affected by their postmenopausal symptoms. **Recommendations:** Since it is recommended to raise health awareness of females of different reproductive ages and of various educational backgrounds about the impact of a healthy lifestyle in the prevention of serious health problems associated with menopause.

**Keywords:** Postmenopausal; Women; Quality of Life

## INTRODUCTION

Women are the most essential members of society and are regarded as the backbone of promoting healthy family behavior. During her lifespan, a normal healthy female goes through various physiological and hormonal changes, including puberty between the ages of 10 and 16, as well as the onset of menstruation, which lasts until the age of 45 (Malik, Hussain, & Hashmi (2021). The onset of aging in women is known as menopause. Natural menopause is defined as the cessation of menstruation for a period of 12 months following the last menstrual cycle (Ibrahim, Ghoneim, Madny, Kishk, Lotfy, Bahaa, et al., (2020) and Elbahrawe, Fahim, and Abdou (2020). In Egypt the average age of menopause is 46.7 years, according to the World Health Organization, however women may experience menopause-related symptoms many years earlier (**Ibrahim et al., 2020**).

Even though menopause is a normal process, some women undergo physiological changes that can make it difficult for them to cope with their new psychological and social status, lowering their quality of life (Ibrahim et al., 2020 and Sánchez-Rodríguez, Castrejón-Delgado, Zacarías-Flores, Arronte-Rosales, & Mendoza-Núñez (2017). Menopause produces a variety of symptoms and problems in women, including the loss of reproductive ability and the full cessation of ovarian function, due to a reduction in estrogen levels in the blood (Ayenew, Yechale, Nigussie, & Ayalew (2021) and Barati, Akbari-Heidari, Samadi-Yaghin, Jenabi, Jormand, & Kamyari (2021).

Menopause is associated with several symptoms that range in severity from mild to severe. These symptoms include motor symptoms such as hot flashes, night sweats, anxiety, depressive mood, irritability, and genital symptoms such as dysuria, dyspareunia, recurrent urinary tract infection, vaginal dryness, joint pain, and loss of sexual desire (Abo Ali, & Oka (2021); Kang, Kaur, & Dhiman (2021); Karma, Saini, & Singh (2018); Surendar, Durgapriya, Arthi, & Srikanth (2019). In addition, sleep disturbances are frequent among women going through menopause. Sleeplessness, which affects 28 percent to 63 percent of women after menopause, is characterized by difficulties falling asleep and/or sustaining sleep, resulting in daytime sleepiness and tiredness (Ballot, Ivers, & Morin (2021); Cintron, Lipford, Larrea-Mantilla, Spencer-Bonilla, Lloyd, and Gionfriddo, et al., (2017); Jin, & Hyun, (2021); Malik et al., 2021; Zolfaghari, Yao, Thompson, Gosselin, Desautels, and Dang-Vu, et al., 2020).

Postmenopausal women had substantially more menopausal symptoms than premenopausal women (Abdel-Salam, Mohamed, Alruwaili, Alhablani, Aldaghmi, and ALghassab, et al., (2021). Women in menopause should be familiar with and aware of

aspects of a healthy lifestyle, and they should be encouraged to utilize health-promoting activities to manage menopausal symptoms and side effects (Abo Ali, & Oka, (2021).

The World Health Organization defines quality of life (QoL) as “individuals’ perception of their place in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and interests”. Quality of life is “a large-scale phenomenon that is influenced in a complex way by an individual’s physical health, psychological state, level of independence, social relationships, and personal beliefs, along with their relationship to salient features of their environment” (Dumuid, Olds, Lewis, Martin-Fernández, Katzmarzyk, and Barreira, et al., (2017); Nazarpour, Simbar, Ramezani Tehrani, & Alavi Majd, et al., (2020).

The most significant elements impacting the menopause quality of life include low self-efficacy, substantial cultural conflicts, socioeconomic disparities, beliefs, gender inequalities, understanding of the menopausal process, and stresses (Ayenew et al., 2021; Barati et al., 2021). According to Vision 2030, life expectancy would exceed 75 years; as a result, healthcare professionals must plan to improve their abilities in caring for postmenopausal women, as well as minimize the comorbidities and expenses associated with it (Alenezi, Almutrafi, Alruwaili, Alanazi, FSZ., and Hammad (2021). Early recognition of symptoms can aid in the decrease of women's discomfort and anxiety, thereby improving their quality of life during menopause and beyond (Asiri, Al shahrani, Alamer, Alkhursan, Alhashem, and Alshashaa et al., 2018).

Nurses, who are constantly with most women during different periods of their lives, have played a key role in imparting information and treating the effects of menopause regarding the importance of a woman's level of awareness of menopause in her mental, psychological and physical health. Understanding the effects of menopause on quality of life is crucial in the treatment of symptomatic postmenopausal women. We can get a more accurate picture of people's emotions and areas of difficulties in comprehending their requirements and health-care distribution by evaluating QOL (Thapa, & Thebe, 2021). Therefore, the current study was conducted to assess the quality of life among post-menopausal women.

### **Significance of study:**

Menopause is a critical period in the life of every woman, during which women usually suffer from various physical, vasomotor, psychological, and sexual problems (AlDughaiter, AlMutairy & AlAteeq (2015). According to the World Health

Organization, postmenopausal women are those who have not had menstrual bleeding for at least 12 months. The average age of menopause in Egypt is 46.7 years (Moustafa , Ali & Taha (2015), however women may experience symptoms related to menopause several years earlier (Ibrahim, Sayed Ahmed & El-Hamid (2015). Quality of life is seen as a key health component, especially for postmenopausal women, and it has become a primary research topic widely discussed in the literature (WHO, 2019). Educating women about menopause, managing it, and using menopausal hormone therapy (MHT) may be an important step toward treating postmenopausal symptoms (Trueau, Ainscough, Trant, Starker, and Cousineau (2011), and thus improving QOL for postmenopausal women. According to a recent study, women's level of awareness and knowledge is directly proportional to their ability to control their symptoms (Santoro, Epperson, and Mathews (2015).

## **AIM OF THE STUDY**

The study aimed to assess the quality of life among postmenopausal women attending in gynecological outpatient clinics at Beni Suef University Hospital.

## **SUBJECTS AND METHOD**

### **Design:**

A descriptive design was used to accomplish this study.

### **Setting:**

This study was conducted in the Gynecological outpatient clinics at Beni-Suef University Hospital.

### **Subjects:**

Participants were recruited using a purposive sampling technique at the Gynecological Clinics in Beni-Suef University Hospital., in Beni-Suef Governorate, Egypt. A total of 128 post-menopausal women were recruited in the study.

The inclusion criteria included:

- Women 45-60 years old, with natural onset of menopausal disorder.
- Complain from one or three menopausal symptoms.
- Free from medical and gynecological disorders.

**Tools of data collection**

**Tool I:** A structured interview questionnaire was developed by researchers in the Arabic language used for data collected. It consists of three parts as the following:

**Part 1:** included sociodemographic characteristics of the studied women such as age, residence, educational level, working status, and marital status.

**Part 2:** to assess the women's reported symptoms related to menopausal symptoms. It consists of 8 items to assess menopausal symptoms which ranged in 3 subscales: Yes, Sometimes, and No. The scoring is based on a three-point Likert scale varying between (2) for Yes, (1) for Sometimes, and (0) for No. The total score for each sub-scale is the sum of the points of the items in that sub-scale. The higher the score, the higher knowledge.

**Part 3:** to assess quality of life of menopausal women concerning 4 domains nutrition, physical, psychological, social, and sleep/energy. It consists of 11 items (diet system, feeling fear, feeling depression, feeling anxious, affect concentration, decrease physical activity, entertainment activities, effect on work, family members' relations, social relations, and sleep and comfort) assessing quality of life of menopausal women which are divided into 3 subscales Yes, Sometimes, and No. The scoring is based on a three-point Likert scale varying between (2) for Yes, (1) for Sometimes, and (0) for No. The total score of each subscale is the sum of item scores contained that subscale. The higher the score, the worse the QOL.

**Pilot study:**

A pilot study was carried out with a sample of 10% recruited women who attend the Gynecological Clinic in Beni-Suef University Hospital. It carried out before data collection to evaluate the feasibility, time, cost, adverse events, and improve upon the study design before the performance of a full-scale research study. The necessary modifications were accordingly done. women's who participated in the pilot study were excluded from the sample.

**Administrative design:**

An official letter was issued from the faculty of Nursing, Beni-Suef University to the appropriate authorities in the selected setting Beni-Suef University Hospital, (BSUH) to take permission for carrying out the study. Oral permissions to conduct the study were obtained from the head of Gynecological Clinics in a previously mentioned setting after explaining the purpose of the study.

**Ethical consideration:**

The official permission from the Research Ethics Committee of the Faculty of Nursing, Beni-Suef University was obtained to conduct the study. Written informed consent was obtained from the participants' women after explaining the aim of the study, purpose, and nature. Oral informed consent was obtained from those who could not read and write. The women were informed that their participation was voluntary and that they were free to withdraw it at any time. Anonymity and data confidentiality are emphasized.

**Operational Design:**

This phase included a literature review, developing the tool, as well as testing the validity and reliability of the study developed tool. Review the relevant previous and current literature and studies, using available books, periodicals, journals and articles to learn about different aspects of the study's research problems. The developed tool was tested for their reliability by using Cronbach's alpha coefficient test in SPSS program version 24 by a statistician. It was carried out on 10% of studied women and the results were Cronbach's  $\alpha = 0.856$

The validity of the tools content was assessed by asking two experts of the Faculty of Nursing, Zagazig University (one community health nursing and one obstetrics and gynecology nursing) who reviewed the tools for application, clarity, comprehensiveness, relevance, comprehension and ease of implementation. They made sure the face and content of the tools were correct. Their recommendations and suggestions have been taken into consideration.

**Field work:**

The researchers attended the gynecology clinics at the studied setting two days a week, from 9 a.m. to 2 p.m. Data collection extended over a period of 3 months period from the 1<sup>st</sup> of March 2020 to the end of May 2020. Initial screening was carried out for all women having the inclusion criteria. The researchers started by introducing herself to women and explaining the aim of the study. All women were informed that participation is voluntary. Written and oral consent of women were obtained to participate in the study. Data was collected through interviews with women. The time spent per interview ranges from 20 to 25 minutes with each woman using the previously mentioned tool. The researchers collected data on sociodemographic data, menstrual status, menopausal symptoms, and QOL.

## Statistical Analysis

Data were analyzed using a compatible personal computer using the Statistical Package for the Social Sciences (version 24; IBM Corp., Armonk, NY, USA). The normality of data was first tested using the one-sample Kolmogorov–Smirnov test. Qualitative data were described using numbers and percentages. Continuous variables were presented as means  $\pm$  standard deviation. The *t*-test was used to compare two means and F-test. Meanwhile, the analysis of variance test was used to compare more than two means. The results were considered significant when the probability of error is less than 5% ( $p < 0.05$ ) and highly significant when the probability of error is less than 0.1% ( $p < 0.001$ ).

## RESULTS:

**Table (1):** Shows the socio-demographic profile of the studied women. Their age ranged from 47 to 57 years with average  $52.31 \pm 2.78$  years. More than half of them 53.1% were working, 34.4% university educated, 59.4% married, one quarter 25.0% widow and nearly half 53.1%, and 46.9% were rural and urban resident, respectively.

**Table (2):** Shows the reported symptoms associated with menopause among studied women. The most common symptoms reported by the studied women were hotness 78.1%, followed by muscular and joint pain 56.2% and fatigue 53.1%.

**Table (3):** Reveals that 53.1% of the studied women reported that diet system was not affected by menopausal symptoms. The most reported psychological effects were decreasing concentration 43.8% and feeling fear 25.0. While 68.8% of the studied women reported that menopausal symptoms decreased their physical activity and their entertainment activities (56.2%) and related to Social effects were affected in 40.6% of them. Sleep pattern was affected in 59.4% of the studied women.

**Table (4):** illustrate that the total reported symptoms and quality of life among studied women, total symptoms score ranged from 5.0 to 15.0 with average  $10.31 \pm 2.31$ . while quality of life score ranged from 6,0- 16.0 with average  $11.28 \pm 2.46$ .

**Table (5):** Shows that the average total symptoms' score differed with age being higher significantly among older age, housewives, secondary educated women, and married women, while it **statistical insignificantly** different (  $t=0.799$ ,  $P =0.426$ ) in relation to residence. The average total quality of life score differed with age being significantly higher (worse) among younger age, low and highly educated women respectively and among those who were married, while it was **statistical insignificantly** different (  $t=0.637$ ,  $P=0.525$  ) neither in relation to working status nor residence.

**Figure (1)** shows that there insignificant correlation between symptoms and quality of life scores ( $r=+0.129$ ,  $P=0.148$ ).

**Table (1):** Socio-demographic Characteristics of the Studied women (n = 128)

Characteristics	Items	No	%
Age (years)	45-	28	21.9
	50-	60	46.9
	55-57	40	31.2
<i>Range: 47.0 – 57.0 years, Mean <math>\pm</math> SD= 52.31 <math>\pm</math> 2.78 years</i>			
Working status	Working	68	53.1
	Housewife	60	46.9
Education	Read / write	28	21.9
	Preparatory	16	12.5
	Secondary	36	28.1
	University	44	34.4
	Post	4	3.1
Social status	Married	76	59.4
	Single	4	3.1
	Widow	32	25.0
	Divorced	16	12.5
Residence	Rural	68	53.1
	Urban	60	46.9

**Table (2):** Reported symptoms associated with menopause among the studied women (n=128).

Table Reported symptoms	Yes (2)	Sometimes (1)	No (0)
	%	%	%
Hotness	78.1	18.8	3.1
Fatigue	53.1	46.9	0.0
Palpitation	46.9	31.2	21.9
Anxiety	40.6	53.1	6.2
Depression	43.8	31.2	25.0
Insomnia	12.5	40.6	46.9
Muscular/Joint pain	56.2	25.0	18.8
Urination problems	34.4	53.1	12.5



**Table (3):** Reported symptoms effect on quality of life for studied women (n =128).

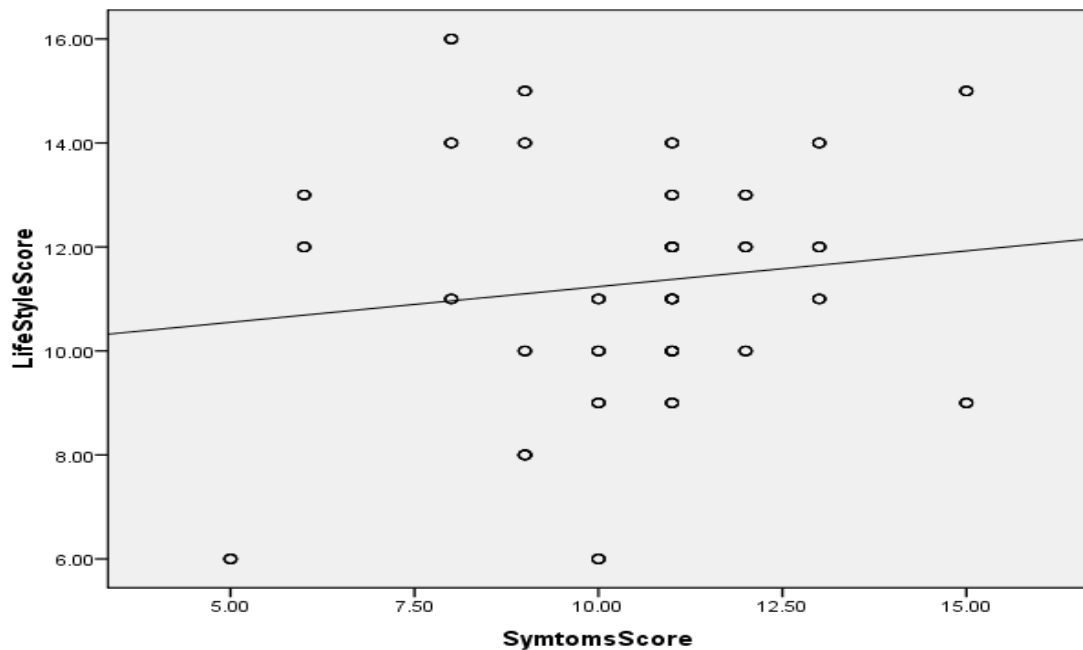
Life Quality	Items	Yes (2)		Sometimes (1)		No (0)	
		No	%	No	%	No	%
<b>Nutrition</b>	Diet system	20	15.6	40	31.2	68	53.1
<b>Psychological effects</b>	Feeling fear	32	25.0	28	21.9	68	53.1
	Feeling depression	16	12.5	52	40.6	60	46.9
	Feeling anxious	16	12.5	68	53.1	44	34.4
	Affect concentration	56	43.8	60	46.9	12	9.4
<b>Physical effects</b>	Decrease physical activity	88	68.8	40	31.2	0	0.0
	Entertainment activities	72	56.2	44	34.4	12	9.4
<b>Social effects</b>	Effect on work	52	40.6	52	40.6	20	15.6
	Family members' relations	4	3.1	88	68.8	36	28.1
	Social relations	0	0.0	56	43.8	72	56.2
<b>Sleep</b>	Sleep and comfort	76	59.4	48	37.5	4	3.1

**Table (4):** Average Scores of Total Reported Symptoms and Quality of Life among Studied Women (n=128)

Items	Total Symptoms Score	Quality of Life Score
<b>Range</b>	5.0 – 15.0	6.0 – 16.0
<b>Mean ± SD</b>	10.31 ± 2.31	11.28 ± 2.46

**Table (5):** Relationship Between Average Symptoms and quality of Life Scores of the Studied Women and their Characteristics

Characteristics	Items	No	Symptoms,	QOL score
			score	
			Mean $\pm$ SD	Mean $\pm$ SD
<b>Age (years)</b>	45-	28	8.57 $\pm$ 1.45	12.43 $\pm$ 2.66
	50-	60	10.47 $\pm$ 1.98	11.40 $\pm$ 2.38
	55-57	40	11.30 $\pm$ 2.60	10.30 $\pm$ 2.08
<i>Significance test</i>			F=14.235, P=0.000	F=6.867, P=0.001
<b>Working status</b>	Working	68	9.82 $\pm$ 2.25	11.41 $\pm$ 2.66
	Housewife	60	10.87 $\pm$ 2.27	11.13 $\pm$ 2.24
<i>Significance test</i>			t=2.611, P=0.010	t=0.637, P=0.525
<b>Education</b>	Basic	44	10.54 $\pm$ 2.57	11.73 $\pm$ 1.78
	Secondary	36	11.00 $\pm$ 1.91	10.22 $\pm$ 2.69
	University & post	48	9.58 $\pm$ 2.64	11.67 $\pm$ 2.62
<i>Significance test</i>			F=4.553, P=0.014	F=4.927, P=0.009
<b>Social status</b>	Married	76	10.63 $\pm$ 2.09	13.00 $\pm$ 1.93
	Single	4	10.10 $\pm$ 1.01	10.79 $\pm$ 2.50
	Widow	32	10.42 $\pm$ 2.41	12.00 $\pm$ 1.21
	Divorced	16	10.25 $\pm$ 1.43	11.50 $\pm$ 2.39
<i>Significance test</i>			F=5.433, P=0.039	F=4.085, P=0.008
<b>Residence</b>	Rural	68	10.12 $\pm$ 2.42	11.12 $\pm$ 2.15
	Urban	60	10.53 $\pm$ 2.17	11.47 $\pm$ 2.78
<i>Significance test</i>			t=1.018, P=0.311	t=0.799, P=0.426



**Figure (1): Correlation between total symptoms score and QOL score of the studied women**

## DISCUSSION

Menopause, perimenopause, and post menopause are the stage in a woman's life when her period stops. This is the end of a woman's childbearing years. Perimenopause is the first stage in this process and can begin eight to ten years before menopause. Menopause is the point at which a woman stops menstruating for at least 12 months. Post-menopause is the post-menopausal phase (Website; <https://my.clevelandclinic.org/health/diseases/21837-postmenopause>, (2021). Menopause is an important experience that changes aspects of a woman's life (Smail, Jassim, & Shakil (2020). Therefore, quality of life of post-menopausal women is important to assess.

The current study revealed that regarding the socio-demographic profile of the studied women, about half of them aged ranged from 50 to >55 years with average  $52.31 \pm 2.78$  years. More than half of studied women were working, and one third of them university educated. Furthermore, more than half of them were married, and lived in rural residents. The most common menopausal symptoms mentioned by the studied sample were hotness, followed by muscular and joint pain and fatigue. A similar finding founded in a cross-sectional study of 70 Emirati women using stratified multistage random

sampling entitled; Menopause-specific quality of life among Emirati Women by Smail et al. (2020), aimed to investigate the quality of life (QOL) of Emirati postmenopausal women aged 40-64 years, revealed that the mean age with ( $\pm$ SD) was ( $53.4 \pm 7.8$ ) years, with a range of 40 to 64 years. The average age was 55 years, more than one-quarter of them were university educated. Moreover, most of them were employment, more than two-thirds were married. Contradictory to a study in Egypt entitled "Quality of life among postmenopausal women in rural Minia, Egypt" carried by Kamal and Seedhom (2017), included 1100 Postmenopausal women aged 45-60 years had a mean age of 50.2 (SD 2.6) years. Most of the women were married, more than half were illiterate, majority of them were housewives and had children. From view of the researchers, these results may be due to applied in two different countries.

However, contrary to the current study findings in Emirates (UAE) by Smail et al. (2020) who reported that the most common symptom was 'muscle and joint pain' with more than three quarters, and the least reported symptom was 'dissatisfaction with my personal life' with about one third.

This current study finding was contradictory on what has been reported by Waheed, Khanum, Butt, Ejaz, & Randhawa (2016) entitled 'Quality of Life after Menopause in Pakistani Women' that regarding Pakistani women who reported that the most common symptoms were lower back pain and vaginal dryness. Furthermore, most reported symptoms in the study by Kamal and Seedhom (2017) in rural Minia, Egypt" They were joint and muscle pain, physical and about two third mental exhaustion, hot flashes and nearly half sweating.

Moreover, regarding Abo Ali and Oka (2021) who study the relationship between health promoting lifestyle behaviors and menopausal symptoms among Egyptian women. They revealed that the studied menopausal women reported severity of symptoms of Menopause Rating Scale (MRS) Score of ( $17.94 \pm 3.90$ ). Additionally, in relation to Menopause Rating Scale (MRS) subscales ranking, it was observed that the first rank was for somatic-vegetative symptoms ( $1.96 \pm 0.55$ ) followed by psychological symptoms ( $1.45 \pm 0.63$ ), and urogenital symptoms ( $1.44 \pm 0.70$ ), respectively. As regard the postmenopausal women's QOL, our study revealed that more than half of the studied women reported that their Diet system of life did not affect by menopausal symptoms. From view of the researchers, these results may be due to most of women in this study educated. Concerning psychological effects, about half of them reported decreasing concentration, one-quarter of them reported feeling fear. While more than two-thirds of

the studied women reported that menopausal symptoms decreased their physical activity, and their entertainment activities in more than half respectively and work was affected in more than one-third of them,. Significantly, sleep pattern was affected in more than half of the participants.

Prominently, as regard to an Egyptian study entitled "Quality of Life among Postmenopausal Egyptian Women: A Cross-Sectional Study" carried by Elbahrawe et al. (2020) revealed that on assessment of quality of life by menopause score showed that nearly half of them had good vasomotor assessment, about two thirds had good psychological assessment, less than half had good physical assessment and more than half had good sexual assessment.

In comparison with the study in India entitled "Quality of Life of Postmenopausal Women in Urban and Rural Communities" of Paulose and Kamath (2018) which revealed that the QOL score for physical domains was 71.5% in urban and 74.7% in rural with a difference of 2.8, in sexual domain 71.0% in urban 72.0% among rural women with a difference of 1.0%, in vasomotor domain 45.2% in rural and urban 43.0% with a difference of 2.2, in psychological field 41.8% in rural and urban 42.6% with a difference of 0. Moreover, in Egypt study entitled " The effect of menopausal symptoms on the quality of life among postmenopausal Egyptian women, the sexual domain imposed the greatest impact on quality of life, followed by physical, psychological, and vasomotor domains as mentioned by Ibrahim et al. (2020).

A study finding of Karma, Saini & Singh. (2018), in Ludhiana India entitled "Quality of life among post-menopausal women in rural area of Punjab, illustrated that the mean total QOL score obtained for each domain was 3.11 + 1.1 in the vasomotor domain, 2.89 + 1.3 in the psychosocial domain, 2.75 + 1.5 in the physical domain and 2.05 + 1.7 in the sexual domain. Our findings showed that postmenopausal women had worse vasomotor and psychomotor QOL. With study the association between the study variables, the present study reported that age, education, social status, and job were significantly associated with post-menopausal symptom scores. Moreover, Age, education, and social status were significantly associated with post-menopausal QOL scores. Lastly, there insignificant correlation between symptoms and quality of life scores ( $r=+0.129$ ,  $P=0.148$ ).

Obviously, health promoting behavior correlated negatively with menopausal symptoms, and significant negative statistical correlation was found between health-promoting lifestyle behaviors scores (total and subscales), and menopausal symptoms,

was demonstrated in Egypt study entitled "the relationship between health promoting lifestyle behaviors and menopausal symptoms among Egyptian women by Abo Ali and Oka (2021). In the same line of our study findings in Aljouf, Saudi Arabia "Postmenopausal Symptoms and Their Correlates among Saudi Women Attending Different Primary Health Centers" by Abdel-Salam et al. (2021) found a significant association of the subscales of menopausal symptoms and sociodemographic characteristics such as age, marital status, educational level, and occupation.

In addition to the relationship between the severity of menopausal symptoms and sociodemographic characteristics in the study carried out in Makkah Al Mukkaramah, Saudi Arabia entitled "Quality of life among menopausal women" by Mohamed, Lamadah, & Zamil, (2014) showed that there was a statistically significant difference between menopausal symptom severity and current age at  $P = 0.03$ . However, there were no significant differences between, the severity of menopausal symptoms and level of education and occupation. Moreover, the study in India "An Assessment on Quality of Life Among Peri and Postmenopausal Women in Semi Urban Area of Tamil Nadu: A Community based Cross-Sectional Study" Mirudhubashini, Nisha, Mendez, & Jain (2020) demonstrated that age and menopausal status of women was significantly  $p$  value  $<0.05$ .

## CONCLUSIONS

In light of the results of the current study, it can be concluded that, the most frequently reported postmenopausal symptoms of the studied women were hotness, followed by muscular and joint pain, and fatigue. Total postmenopausal symptoms score ranged from 5.0 to 15.0 with average  $10.31 \pm 2.31$ . While quality of life score ranged from 6.0- 16.0 with average  $11.28 \pm 2.46$ . You should concluded that the QOL of postmenopausal women did not affected by their postmenopausal symptoms.

## RECOMMENDATIONS

*Based on the results of the current study, the following recommendations are suggested:*

- Continuous assessment of the needs of postmenopausal women.
- Implementing appropriate health education programs for women about menopause to understand the physiological changes associated with menopause and how to adapt to the new physiological status and avoid adverse effects on their psychological health.

- Guidelines and brochures must be designed to enhance the postmenopausal women healthy quality of life, to be distributed to all postmenopausal at the gynecological clinics.
- Improving sleep and joint problems will have good impact on postmenopausal women's QoL.
- Multicenter studies involving Egyptian women with a larger sample population and different geographic locations are recommended to have more complete data on postmenopausal symptoms and quality of life.

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## جودة الحياة بين السيدات بعد سن اليأس بمستشفى بني سويف الجامعي

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### الخلاصة

يمكن للمرأة الآن أن تقضي أكثر من ثلث حياتها بعد انقطاع الطمث. أثناء انقطاع الطمث وأعراضه ، قد تتأثر صحة المرأة الجسدية. الهدف من الدراسة: تقييم جودة حياة بين السيدات بعد سن اليأس اللواتي يترددن على العيادات الخارجية لأمراض النساء بمستشفى بني سويف الجامعي. الإعداد: أجريت الدراسة في العيادات الخارجية لأمراض النساء بمستشفى جامعة بني سويف. الموضوعات والطريقة: التصميم: استخدام التصميم الوصفي. المواضيع: عينة هادفة من إجمالي 128 امرأة بعد سن اليأس. الأدوات: تم تطوير استبيان المقابلات من قبل الباحثين باللغة العربية ويتكون من 3 أجزاء. تضمن الجزء الأول الخصائص الاجتماعية والديموغرافية للنساء المدروسات ، والجزء الثاني: لتقييم النساء اللائي أبلغن عن أعراض تتعلق بأعراض انقطاع الطمث ، والجزء الثالث: لتقييم نوعية حياة النساء في فترة انقطاع الطمث. النتائج: كانت الأعراض الأكثر شيوعاً عند النساء الخاضعات للدراسة هي ارتفاع درجة الحرارة بنسبة 78.1% ، تليها آلام العضلات والمفاصل بنسبة 56.2% والإرهاق بنسبة 53.1%. كان متوسط درجة أعراض ما بعد انقطاع الطمث المبلغ عنها  $10.31 \pm 2.31$  ، وكان متوسط درجة QOL  $11.28 \pm 2.46$ . الخلاصة: خلصت نتائج الدراسة الحالية إلى أن QOL للنساء بعد سن اليأس لم تتأثر بأعراض ما بعد انقطاع الطمث. التوصيات: حيث يوصى برفع الوعي الصحي للإناث من مختلف الأعمار الإيجابية والخلفيات التعليمية المختلفة حول تأثير أسلوب الحياة الصحي في الوقاية من المشاكل الصحية الخطيرة المرتبطة بانقطاع الطمث.

الكلمات المرشدة: السيدات بعد سن اليأس. ؛ جودة الحياة