



Correlation between Menopausal symptoms, Depressive Symptoms and Marital Satisfaction among Menopausal Women

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ABSTRACT

Background: Menopause is one of the developmental phases in women that may affecting psychological status and marital satisfaction among them, Menopausal transition is a stage when women experience irregular menstruation and termination of menstrual cycle. **Aim of the study:** This study designed to examine correlation between Menopausal symptoms, Depressive Symptoms and Marital Satisfaction among Menopausal Women. **Design:** a descriptive correlational design. **Setting:** This research was carried out at administrative and abdominal building of Benha university hospitals. **Sample:** A convenience sample of 100 menopausal women was chosen from the above mentioned settings. **Tools for data collection:** Four tools were used to collect data. (I): Structured Interview Questionnaire to evaluate clinical and socio -demographic characteristics (II): Overall Menopausal Symptoms Scale. (III): Beck Depression Inventory Scale. (IV): Marital Satisfaction Scale. **Results:** according to menopausal symptoms more than three-quarter (77%) of menopausal women complain from Joint pain and stiffness, more than two-third (69%) of them suffer from hair loss and more than half of them suffer from hot flashes, sleep disturbance, near three-quarter (72%) of menopausal women suffer from decrease in sexual desire and more than half (56%) of menopausal women suffer from vaginal dryness, according to depressive symptoms three quarter of the studied menopausal women have depressive symptoms ranged from mild, moderate to severe. Near half of them (44%) suffer moderate depression while 28% of them have severe depression, according to marital satisfaction nearly a quarter of the menopausal women evaluated had low marital satisfaction, according to this result. Only 4% of menopausal women in the study reported excellent marriage satisfaction, whereas nearly three-quarters of the women in this group reported only moderate marital satisfaction. **Conclusion:** there is a highly significant positive correlation between total menopausal symptoms and total depressive symptoms, while there is highly significant negative correlation between total menopausal symptoms and total marital satisfaction. There is highly significant negative correlation between total depressive symptoms and total marital satisfaction. **Recommendations:** All menopausal women should receive stress management, assertiveness training, and social skill training to alleviate their psychological problems and improve their coping skills.

Keywords: Depressive Symptoms, Marital Satisfaction, Menopausal Symptoms, Menopausal women

Introduction

All women experience menopause as one of the developmental stages that come with ageing. During the menopausal transition, women have irregular menstruation and the end of their menstrual cycle. The transition to menopause can take anywhere between three and nine years, usually between the ages of 45 and 55. This phenomenon significantly alters those (Heidari et al., 2017). The menopause signifies the end of the fertile years for women. In actuality, menopause is a common occurrence in women's lives, and every woman will go through it at some point. Ovarian estrogen synthesis ceases with menopause, and vasomotor symptoms decrease.

Symptoms include hot flashes, nocturnal sweats, vaginal and vulva atrophy, dizziness, rapid and irregular heartbeat, bladder irritability, sleep problems, headache, muscular discomfort, and joint pain are also common in women. (Zivdir & Sohbet, 2017).

The symptoms of menopause can influence physical, psychological, and sexual health of women. Additionally, they could have an effect on one's quality of life in terms of their effects on employment, social interactions, mood, relationships, and pleasure of life (QOL). Many women experience loss during the menopause phase, including loss of parenthood, youth, attractiveness, and life (Yoshany et al., 2019). Moreover, psychological and cognitive consequences of menopause can affect their life of women. These include fatigue, impaired short-term memory, difficulty in concentrating and emotional instability, irritability, stress, anxiety, feelings of sadness, anger, and lack of motivation, mood changes and depression. Research shows that depressive symptoms are more common at menopause as between 26 and 33 percent of women have their first depressive episode during this time (Soori et al., 2018).

Marriage contentment is significantly influenced by sex satisfaction. The most prevalent complaints among postmenopausal women are a decline in sexual attraction, sexual desire, and sexual activity, which may be brought on by the post-menopausal period's lower levels of estrogen and androgen hormones (Yoshany et al., 2019). Marital satisfaction is the positive and enjoyable attitude that a couple experience from different aspects of their sexual relationships. Satisfying relationships bring many benefits for couples. One of these benefits includes increasing mental and physical health of women, their husbands and children, as well as improving their flexibility in the pressures of life. Marital satisfaction actually indicates the interest and sympathy of couples toward each other and their positive attitude to being married (Pourmeidani et al., 2016).

Healthy marital relationship is the ideal constitutions in any society, but marital satisfaction is not easily achievable and its maintenance requires the efforts of couples throughout the common life. The changes in the health condition of the women and changes result in menopause stage, which is considered as an effective component in reducing marital satisfaction. Menopause is one of the most challenging events in the women's lived experience in the aging process, which is associated with a variety of challenges in the couple's health and their marital relationships. When women talk to their husbands about their menopausal symptoms' they expect their spouses to understand them and participate in their care process. The men's inability to support and solve their wives' problems or this women avoid talk about this stage with other and isolated all this can lead to a decline in marital satisfaction (Yarelahi et al., 2021).

Women who are adequately informed about menopause symptoms are better able to cope with its side effects and can avoid major and permanent difficulties by receiving the

necessary care. Given the significance of health during menopause, empowering women via knowledge can help them adopt healthier habits and enhance their quality of life (Hashemian et al., 2020). And help them in modifying lifestyle through health education, supporting the services linked with all areas of women's care and finally facilitating a better understanding and potential health implications of a well-managed menopausal women's health among all nurses coming in contact with women (Norton and Tremayne, 2019). And give education to maintain health into longer life, regardless of symptoms by giving general health advice, in relation to reducing the risks through diet, exercise and basic strategies of healthy lifestyle, and should support positive attitudes and have good awareness about preventive programs and risk factors that increase the risk of physical ill health (Lundström et al., 2020).

Significance of the study

In Egypt, the mean age of the menopause is 46.7 years, which is low compared with several countries, but this age has been increasing recently. The incidence of menopause-related symptoms in Egyptian women is higher than in the West, perhaps owing to the diverse 'sociocultural attitudes' regarding the menopause. In our health system, in Middle East countries, women of the reproductive age group are taking more significance. Menopausal women in both the urban and the rural areas are ignored (Mahmoud & Mohammed, 2018).

One of the major issues affecting menopausal women in many societies is psychological issues, particularly depression. According to reports, 43% of menopausal women experience depression, the most common mood disorder (also called "psychological flu"). Some middle-aged women frequently and most frequently

complain of depression. It has a negative impact on a person's capacity for learning and working, and it is a sign of the danger of suicide and self-harm. (Zang et al., 2016).

Almost 40% of menopause-affected women experience marital dissatisfaction. According to studies, the rate of marital dissatisfaction among middle-aged women ranges from 33 to 88%. Two major reasons that simultaneously contribute to marital dysfunction in menopause women are ageing and the menopause process. As women age, their sexual issues worsen and peak between the ages of 45 and 65. (Tavoli et al., 2021).

Aim of the Study

This study aimed to examine the correlation between menopausal symptoms, depressive symptoms and marital satisfaction of menopausal women

Research Question:

- 1- What is the level of menopausal symptoms, depressive symptoms and marital satisfaction among menopausal women?
- 2- Is there a relation between Menopausal symptoms, Depressive symptoms and marital satisfaction among menopausal women?

Subject and Methods

1- Research Design:

A Descriptive correlational design was used to achieve the aim of the study.

Research Setting:

This study was conducted at administrative and abdominal building of Benha university hospitals. It Qalubia Governorate, which is affiliated to the Ministry of High Education, It is the main building of administrative affairs and is composed of 4 floors. These hospitals consist of three building (administrative building, surgery building and abdominal building).

2-Subjects:-

A purposive sample constituted the study subject. The number of menopausal women was around 100 menopausal women who met the following criteria

- 1- Age 45-60 years old
- 2- Free from any obstetric disorders and other psychotic disorder
- 3- Willing to participate in the study
- 4- Married women

Data collection instruments: - The following tools were applied in this research to meet its objectives:

Tool one: A structured Interview Questionnaire which developed by the researchers and it consisted of two parts:

Part 1:- Socio-demographic data: to gather information on the characteristics of menopausal women, such as their age, place of residence, level of education, and monthly income.

Part II: - Obstetric data: It includes the age at "menarche" duration of menopause, duration of marriage, is there a health problem and is there any psychological problems.

Tool two: Overall Menopausal Symptoms Scale. The researchers initially designed this scale to assess menopausal symptoms after reviewing the literature. The researchers translated it into Arabic and tested its reliability and validity. This scale is composed of 22 items in the form rating scale ranging from (1-3). Scores for responses (No - Sometime - Yes). The items are divided into four subscale, 9 items to measure physical symptoms, 5 items to measure psychological symptoms, 3 items to measure sexual symptoms and 5 items to measure Social symptoms.

The scoring system was as follow: Less than 12 mean no menopausal symptoms, 12 – 24 means mild symptoms, 25 – 37 means

moderate symptoms and 38 – 66 means severe symptoms

Tool three: Beck Depression Inventory Scale (BDIS): This scale was originally developed by **Beck, (1966)** to assess depressive symptoms. It was translated into Arabic by the researchers. It included 21 questions in the form of likert scale. Each question ranged from 0-3 grade. Scoring system of depressive symptoms scale was categorized as follows: 0-13: indicate no depression-14-19 indicate mild depression-20-28 : indicate moderate depression - 29 -63 : indicate severe depression

Tool four: Marital Satisfaction Scale

This scale was developed by **Funk & Rogge, (2007)** to measure the degree of marital Satisfaction. This scale is consisted of 32 items but after modified by jury of five experts of psychiatric mental health become composed of 48 items in the form rating scale ranging from (1-3). Scores for responses (Rarely - Sometimes -Most time). This scale contains positive and negative sentences. The items are divided into six subscales, 8 items to measure an economic point of view, 8 items to measure emotional communication, 8 items to measure sexual satisfaction, 8 items to measure the field of family problems, and 8 items to measure the area of spending time and 8 items to measure the scope of tasks and roles.

Scoring system of marital satisfaction scale was classified as follows: <50%: indicate poor satisfaction and >50%-74%: reveal good satisfaction and >74% is high satisfaction

Methods:**The preparatory phase:-**

This included reviewing of relevant literature of different studies related to the topic of research, using textbooks, articles, and magazines, periodicals, and internet search was done to get clear pictures of all the aspects related to the research topic.

Content Validity and Jury:

Content validity of tools was carried by a Jury of five specialists of Psychiatric Mental Health Nursing and Medical field. Two of them were specialized in the Psychiatric Medicine and the others (three) were specialized in the Psychiatric Nursing field to check the relevancy, clarity, comprehensiveness, and applicability of the questions. According to their opinions, modifications were done as, Modification of some words of Arabic form of marital satisfaction scale to give the right meaning of the phrase, Adoption of marital satisfaction Scale to be 48 items rating scale. This modification was done with the objective of its accuracy and consistency, to include all required content.

Reliability of the tool: Test-retest reliability was applied for tool (over all menopausal symptoms scale, Beck Depression Inventory Scale and marital satisfaction Scale). The tools proved to be strongly reliable ($r. = 0.87, 0.92$ and 0.95) respectively

Ethical Consideration:

Before conducting the study an oral consent was obtained from each participant to be involved in the study after explaining the purpose and importance of the study. The subjects who agreed to participate in the study were reassured about confidentiality and anonymity of their obtained information throughout the study. They were informed about their right to refuse to participate in the study and the right to withdraw from the study at any time without giving a reason.

Pilot Study: A pilot study was done on 10% of the individuals prior to data collection (10 menopausal women). It served to estimate the approximate time needed for interviewing the menopausal women as well as to find out any issues that might impede with data collection. Its goals were to test the clarity, applicability, feasibility, and objectivity of the study tools.

Field work: (procedure of -data collection)

Before data collected an official letter was addressed from Faculty of Nursing Benha University to the Director of Benha university hospitals at the above mentioned setting for requesting their permission and cooperation to conduct the study. All of the authorized personnel provided needed information about the purpose and the importance of the study. The menopausal women who met the inclusion and exclusion criteria were approached by the researchers to fill the questionnaire according to the following:-

- 1- The researchers introduced her selves to the menopausal women then explained the aim of the study to each one of them.
- 2- Oral consent was obtained from every participant who fulfills the inclusion criteria
- 3- a brief description about the purpose of the study and the type of questionnaire required for filling was given to each participant
- 4- The researchers visited the selected site to collect data from subjects from administrative and abdominal building of Benha university hospitals.
- 5- An individual interview was conducted for every participant to collect the necessary data using the tools for data collection
- 6- Questionnaire sheets were distributed between menopausal women and they were asked to fill them individually. Each interview lasted from 20to 30 minute
- 7- The period of study were from beginning of August, 2022 till end October, 2022 about two days per week (Saturday-Monday) at 9am to 12am

Statistical analysis:

Analysis of the data was carried out and the collected data were organized, computerized, tabulated and analyzed by using the Statistical

Package for Social Science (SPSS) version 20. Data analysis was accomplished by the use of number, percentage distribution, mean, and standard deviation. And t-test was used to compare two independent means. A significant level value was considered when $p\text{-value} < 0.05$. **Significance levels were considered as follows:** Highly statistical significant $p \leq 0.001^{**}$ but Statistical significant $p \leq 0.05^*$, in while Not significant $p > 0.05$ **Results of study:**

Table (1): Reveals that more than one third (40%) of menopausal women are (45 to less than 50) years old with mean age (49.81 ± 5.23) . Regarding to residence, more than half (62%) of menopausal women live in rural areas. Near to three-quarters (74%) of menopausal women have secondary/diploma education. Moreover, more than half (58%) of menopausal women have enough monthly income

Table (2): Shows that, regarding age of women during first period more than half (52%) of menopausal women start period from age 13 to less 15 years old with mean \pm SD (13.1 ± 1.43) , more than half of menopausal women (58%) have menopause from one to less three years. More than three-quarters (77%) of menopausal women have health problems.

Figure (1): shows that most of study group have health problems such as arthritis & diabetes while most of control group have health problems such as arthritis & hypertensive **Table (3):** This table shows that according to physical symptoms, more than three-quarter (77%) of menopausal women complain from Joint pain and stiffness, two-third (69%) of them suffer from hair loss and more than half of them suffer from hot

flashes, sleep disturbance and urgent urge to urinate (57%, 58%, 52% respectively), regarding to psychological symptoms, near three-quarter (71%) of them suffer from psychological exhaustion and a sense of tension and more than two-third of them suffer from problems with memory and feel nervousness. According sexual symptoms illustrates that near three-quarter (72%) of menopausal women suffer from decrease in sexual desire and more than half (56%) of menopausal women suffer from vaginal dryness, according to social symptoms more than half (58%) of menopausal women suffer from loneliness and escaping from social relationships. **Figure (2)** this figure illustrates that three quarter of the studied menopausal women have depressive symptoms ranged from mild, moderate to severe. Near half of them (44%) suffer moderate depression while 28% of them have severe depression. **Figure (3):** This figure: Shows that near to one-quarter of the studied menopausal women (23%) have poor marital satisfaction. Near to three-quarter (73%) of the studied menopausal women have moderate marital satisfaction and only 4% of menopausal women have high marital satisfaction. **Table (4):** Shows that there is a highly significant positive correlation between total menopausal symptoms and total depressive symptoms, while there is highly significant negative correlation between total menopausal symptoms and total marital satisfaction. There is highly significant negative correlation between total depressive symptoms and total marital satisfaction ($p < .001$).

Table (1): Frequency distribution of Socio demographic characteristics among the studied menopause women (n=100).

Socio demographic characteristics	No	%
Age (years)		
▪ From 45 to less than 50	40	40.0
▪ From 50 to less than 55	37	37.0
▪ From 55 to 60	23	23.0
Mean ±SD	49.81±5.23	
Residence		
▪ Rural	62	62.0
▪ Urban	38	38.0
Level of education		
▪ Primary education	6	6.0
▪ Secondary\ Diploma education	74	74.0
▪ High graduate	20	20.0
Monthly Income		
▪ Enough	58	58.0
▪ Not enough	42	42.0

Figure (1):

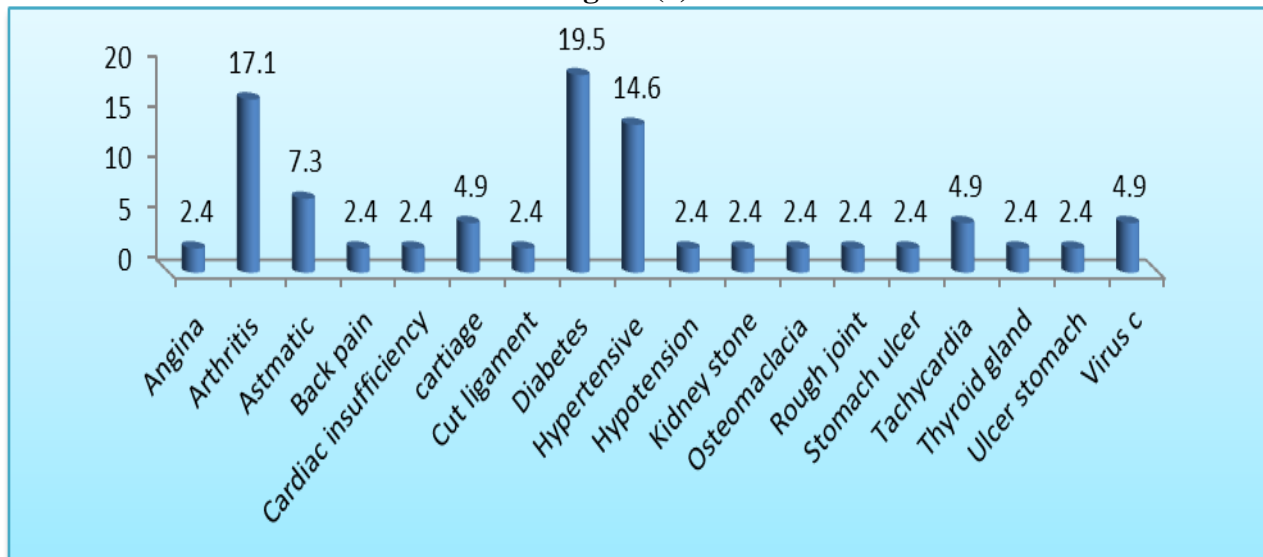


Figure (1): Percentage distribution of health problems among the studied menopause women (n=100).

Table (2): Frequency distribution of clinical characteristics among the studied menopause women (n=100).

Clinical characteristics	No	%
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Age of first period (years)		
▪ From 12to less 13 years	39	39.0
▪ From 13to less15years	52	52.0
▪ 15 years and more	9	9.0
Mean ±SD	13.1 ±1.43	
Duration of menopause (years)		
▪ From one year to less three years	58	58.0
▪ From three years to less 6 years	20	20.0
▪ From 6 years to 10 years	22	22.0
Duration of Marriage (years)		
▪ Less than 25	33	33.0
▪ 25 to less than 30	33	33.0
▪ 30 and more	34	34.0
Min –Max	14-40	
Mean ±SD	26.49±5.47	
Health problems		
▪ Yes	77	77.0
▪ No	23	23.0
Psychological problems		
▪ Yes	17	17.0
▪ No	83	83.0

Table (3): Frequency distribution of menopausal symptoms among the studied menopause women (n=100)

Scores Menopausal symptoms	Yes		Some times		No	
	No	%	No	%	No	%
1-Physical menopausal symptoms						
Feel a high body temperature and hot flashes	57	57.0	28	28.0	15	15.0
Suffer from night sweats constantly	35	35.0	35	35.0	30	30.0
Suffer from sleep disturbance and insomnia	58	58.0	24	24.0	18	18.0
Suffer from skin problems such as dry skin	36	36.0	21	21.0	43	43.0
Suffer from hair loss problem	69	69.0	18	18.0	13	13.0
Suffer from irregular vaginal bleeding	42	42.0	15	15.0	43	43.0
Suffer from an urgent urge to urinate when performing any activity	52	52.0	26	26.0	22	22.0
Feel constant headache	45	45.0	38	38.0	17	17.0
Complain of joint pain and stiffness	77	77.0	15	15.0	8	8.0
2-psychological symptoms						
Suffer from problems with memory and the ability to concentrate and think	68	68.0	21	21.0	11	11.0
Suffer from mood swings	59	59.0	31	31.0	10	10.0
Suffer from psychological exhaustion and a sense of tension	71	71.0	19	19.0	10	10.0
Feel nervousness	69	69.0	19	19.0	12	12.0
Always feel very depressed and cry for no reason	50	50.0	26	26.0	24	24.0
3- Sexual symptoms						
Suffer from a decrease in sexual desire	72	72.0	14	14.0	14	14.0
Suffer from vaginal dryness during that period	56	56.0	22	22.0	22	22.0
Suffer from severe pain during sexual intercourse	48	48.0	24	24.0	28	28.0
4- Social symptoms						
Suffer from loneliness and escaping from social relationships	58	58.0	16	16.0	26	26.0
Unwilling to attend events	51	51.0	25	25.0	24	24.0
Feel that he are not wanted	48	48.0	17	17.0	35	35.0
Feel less confident in himself	42	42.0	26	26.0	32	32.0
Became less concerned with his appearance and elegance	48	48.0	27	27.0	25	25.0

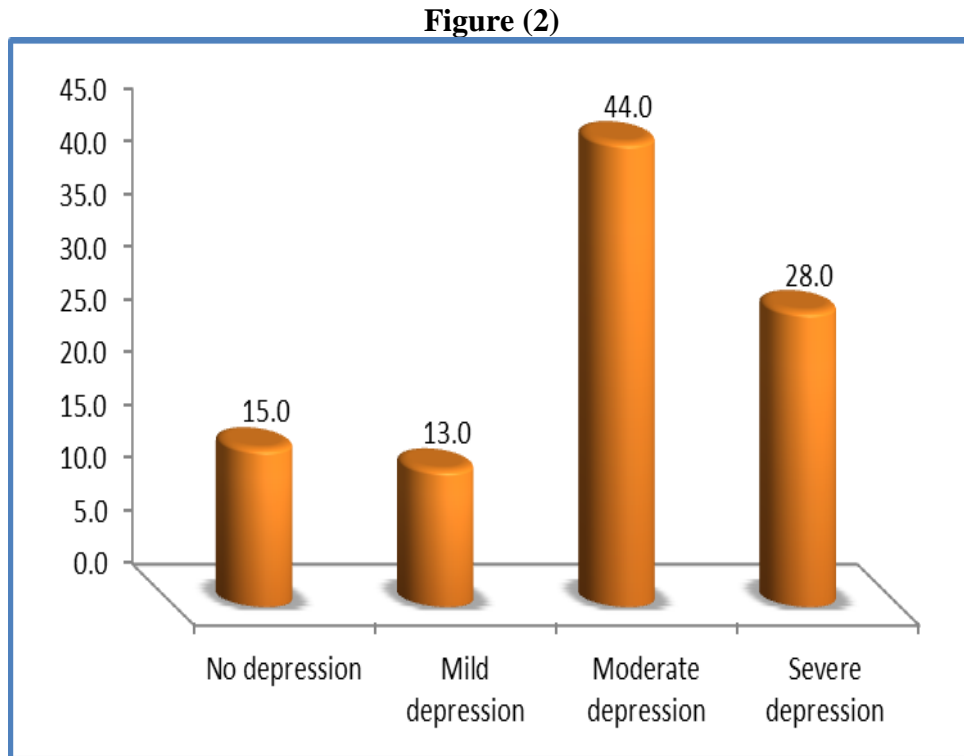


Figure (2): Percentage distribution of depression level among the studied menopause women (n=100).

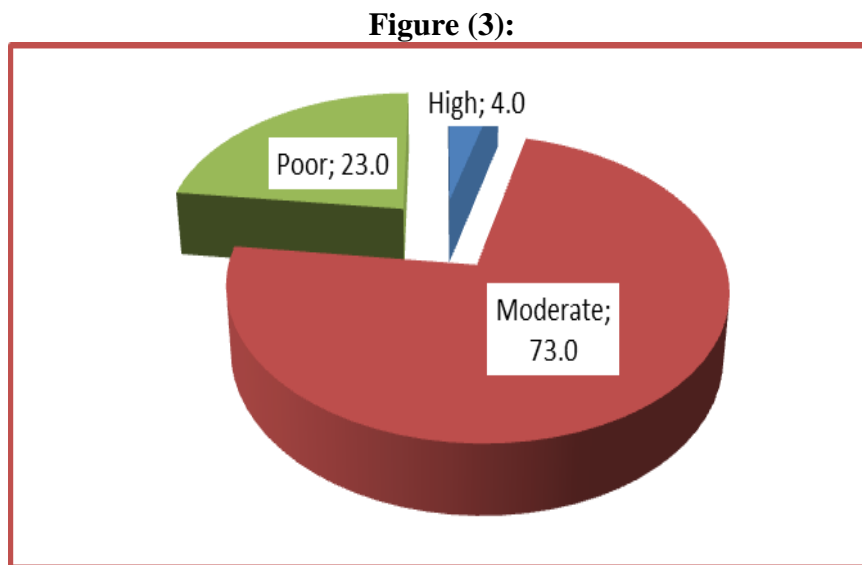


Figure (3): percentage distribution of marital satisfaction level among the studied menopause women (n =100).

Table (4): Correlation matrix between total menopausal symptoms and both of total depressive symptoms, and total marital satisfaction among the studied menopause women (n=100)

Total	Total menopausal symptoms	Total depressive symptoms	Total marital satisfaction
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Total menopausal symptoms	R	1	.506	-.374
	p-value		.000**	.000**
	N	100	100	100
Total depressive symptoms	R	.506	1	-.401
	p-value	.000**		.000**
	N	100	100	100
Total marital satisfaction	R	-.374	-.401	1
	p-value	.000**	.000**	
	N	100	100	100

Discussion

Menopause is a crucial stage of life that involves a variety of physiological and psychosocial changes that call for adjustments to improve health and functioning.

Socio-demographic factors have an effective role on lifestyle of women. Regarding socio-demographic characteristics of the Participants, the results of the current study revealed that more than one-third of menopausal women were at age between (45 to less than 50) years old with mean age (49.81 ± 5.23). From the researcher point of view, these might be due to menopause occurs naturally in most women between ages 45 and 52 years. This result comes in the same line with *Willi et al., (2020)* who studied “Prior depression affects the experience of the menopause findings from the Swiss menopause Study” and concluded that the mean age of menopausal women was 48.6 ± 3.9 years.

Also, this result agrees with *Potdar and Shinde (2018)* who studied “psychological problems and coping strategies adopted by menopausal women” and found that the mean age of menopause 47.7 years. And also, supported by *Delamater and Santoro, (2018)* who studied “Management of the peri menopause” and found that age of the studied women ranges from 45-50 years old.

In addition, the present study results were not similar to *Faraji et al., (2018)* who studied “Could a Midwife Leading Health Behavior Counseling Improve Self-Care of Women during menopause” and found that the age of all participants in the study was (40-51) years with a mean age of 45.50 ± 3.04 years and *Mehaseb et al., (2018)* found that two third of the studied sample between age 49-50 years. Also this result disagrees with *Mahmoud and Mohamed (2018)* who studied “Effect of menopausal symptoms on psychological problems among middle aged women” and found that more than three-quarter of the study participants were in the age group 50 years with means of 53.6 ± 6.3 years.

According to residence and educational level. The present study revealed that, more than half of menopausal women live in rural areas and near to three-quarters of menopausal women had secondary \ diploma education. From the

researcher point of view, these might be due to university hospital near rural places so most employee from rural places and middle educated. This result was consistent with *Faraji et al., (2018)* who reported that more than half of the studied women had secondary education. Also this result is nearly similar to *Gebretatayos et al., (2020)* who studied “Effect of Health Education on Healthy Nutrition and Physical Activity among Female Teachers” and found that more than half of the studied women lived in rural areas and had moderate level of education.

This result was consistent with *Mahmoud and Mohamed (2018)* who studied “Effect of menopausal symptoms on psychological problems among middle aged women” and found that nearly half of studied participants had secondary education. In while this result disagree with *Mehaseb et al., (2018)* reported that in their study that more than two third of the studied sample live in urban area and only one quarter live in rural area and more than one third of the studied sample high education

As regards monthly income, the results of the present study demonstrated that more than half of menopausal women had enough monthly income. From the researcher point of view, these might be due to all sample have salary and had employee husbands and their siblings finish learning and married. This result was not agree with *Gebretatayos et al., (2020)* who reported that more than half of the studied women had moderate level of monthly income. This result also not agrees with *Sis Çelik and Pasinlioğlu (2019)* who found that two thirds of the studied groups had medium income level.

Regarding Age of first period (menarche), the current study revealed that more than half of studied menopausal women start period from age 13 to less 15 years old with mean \pm SD (13.1 ± 1.43). From the researcher point of view, these might be due to menarche start with puberty and puberty age start in female from age 12 to 16 years. This result agree with *Ramraj et al., (2021)* made study on

“study on age of menarche between generations and the factors associated with it” Revealed that the mean age of menarche in adolescent girls is (12.5±1.42) years. And also supported with **Mehaseb et al., (2018)** reported that their study showed that age of menarche 12-14 years old with mean ±SD (13.17 ±1.43).

The result of this study agrees with the study by **Poomalar & Bupathy (2016)** made study about “The Quality of Life During and After Menopause among Rural Women” who stated that the mean age of menarche was 14.58 years. On the same line agree with **Abo el matty et al., (2016)** in study about Effect of Menopausal Symptoms on Women's Quality of Life in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia). Who stated that the age of menarche in Saudi Arabia of study women were experienced menarche before 14 years.

According to duration of menopause, the current study showed that more than half of menopausal women stated that they had menopause from one to less three years. From the researcher point of view, these might be due to most sample had age 45 to 50 years this age consider age of menopause so duration of menopause less three years for these women. This result supported with **Mahmoud and Mohamed (2018)** who studied “Effect of menopausal symptoms on psychological problems among middle aged women” and found that more than two-thirds had menopause from 1-5 years. But this result not agrees with **Potdar and shinde (2018)** who studied “psychological problems and coping strategies adopted by menopausal women” and found that more than one-third of studied participants had attained menopause 10-12years ago.

In relation to duration of marriage, the results of the present study clarified that more than one third of menopausal women was married from about 30 years and more. From the researcher point of view, these might be due to most menopausal sample from rural area and

marriage in this places start in young age so duration of marriage been more thirty years. This result nearly agrees with **Kocak and Beji (2019)** who studied “Effect of Health Promoting Lifestyle Education Program on reducing the menopausal symptoms of women in Turkey” and mentioned that duration of marriage of more than half of the women in the control and intervention group was (33-44 years). It is worth paying attention to the fact that the married women have many opportunities to have a better self-efficacy level and reinforcing factors to follow health-promoting lifestyle.

In relation to presence health problems and psychological problems, the current study showed that more than three-quarters of menopausal women had health problems at menopause stage while most of menopausal women hadn't psychological problems before menopause stage. From the researcher point of view, these might be due to estrogen hormone have necessary functions in our body such as protect cartilage and increase blood flow so with increase age lead to decrease estrogen hormone result in decrease level of protection of cartilage and women suffer from joint pain and suffer from arthritis and suffer from problems in heart function. This result supported with **Mahmoud and Mohamed (2018)** who studied “Effect of menopausal symptoms on psychological problems among middle aged women” and found that more than two-thirds of the study sample had health problems. This result also congruent with **Malik et al., (2018)** who conducted a study on “Health – promoting behaviors and menopausal symptoms” who reported most participants suffer from health problems such as arthritis and diabetes.

While these results were contradict with **Mahmoud and Mohamed (2018)** in the presence of psychiatric problems where they reveals that more than one-third of their studied sample had psychological problems. But this result contradicted with **Potdar and shinde (2018)** who studied “psychological problems and

coping strategies adopted by menopausal women” who reported that majority of studied sample had no diseases before menopause and had no diseases after menopause.

In accordance physical (somatic) menopausal symptoms, the current study showed that more than three-quarter of menopausal women complain from Joint pain and stiffness, more than two-third of them complaint from hair loss and more than half of them suffer from hot flashes, sleep disturbance and urgent urge to urinate. From the researcher point of view, these might be due to decrease estrogen play effect role in this symptoms and majority of menopausal women were not aware about hormonal replacement therapy that can alleviate severity of menopausal symptoms. This result closest to the data reported by **Da Saliva and Andretta Tanaka, (2016) & Joseph et al., (2016)** they stated that the most often occurring symptoms were discomfort with pain of muscles and joints

Also this current study was congruent with **Moustafa et al., (2016) & Yakout et al., (2018)** they stated that more than one third of menopausal women had severe muscle and skeletal problems. In similar line this result agrees with **Studzinska et al., (2017)** who made study on “The influence of selected socio-demographic variables on symptoms occurring during the menopause” reported that most menopausal women suffer from discomfort in joints and muscles and physical & mental fatigue.

Likewise **Ashrafi et al., (2018)** in the study about Symptoms of natural menopause among Iranian women living in Tehran they found that sweats, joint and muscle pain and hot flashes are the most widely recognized indications related with menopause. Also supported with **Mehaseb et al., (2018)** who revealed that more than half of the studied sample suffer severe hot flashes. On the same line with **Yakout et al., (2018)** who specified that the greater part of ladies have extreme level of hot flushes & night sweating in their study about Menopausal Symptoms and

Quality of Life among Saudi Women in Riyadh and Taif

In accordance psychological menopausal symptoms, the current study showed that near to three-quarter of them suffer from psychological exhaustion and a sense of tension and more than two-third of them suffer from problems with memory and feel nervousness. From the researcher point of view, these might be due to decrease estrogen affect serotonin that play important role in mood, the transition to menopause may cause some psychological disorders for some women as the hormone level drop rapidly, and these changes affect chemicals in the brain and thus affect mood.

These results agree with **Mahmoud and Mohamed (2018)** who studied “Effect of menopausal symptoms on psychological problems among middle aged women” and found that more than half of menopausal women had psychological symptoms such as exhaustion and a sense of tension. This agree with **Mehaseb et al., (2018)** who stated that more than half of the studied sample suffer from severe psychological, mental exhaustion and feeling nervous and aggressive, may be due to don't have social support, low self-esteem and Feeling negative about menopause and getting older.

In accordance sexual menopausal symptoms, the current study showed that near three-quarter of menopausal women suffer from decrease in sexual desire and more than half of menopausal women suffer from vaginal dryness. From the researcher point of view, these might be due to bring down levels of estrogen can bring about a drop in blood supply to the vagina that can influence vaginal grease, causing the vagina to be excessively dry. Likewise with **Mehaseb et al., (2018)** revealed that more than two third of his studied sample suffers from severe sexual problems such as change in sexual longing, sexual activity and fulfillment, and burning in the vagina and difficulty With Sexual Intercourse, this may be due to changes in hormones and dryness of the vagina.

On the same line with **Rahman et al., (2018)** underlined that the recurrence of sexual problems, bladder problems and vaginal dryness in their study about assessment of menopausal symptoms using modified Menopause Rating Scale (MRS) among middle age women in Kuching, Sarawak, Malaysia. This agree with **Yakout, et al., (2018)** who said that more than one- half of women have serious sexual problems, in their study about Menopausal Symptoms and Quality of Life among Saudi Women in Riyadh and Taif.

According depressive symptoms, illustrated that three quarter of the menopausal women had depressive symptoms ranged from mild, Moderate to severe. Near half of them suffer moderate depression and more than one quarter of them suffers from severe depression. From the researcher point of view, these might be due to fluctuation in hormonal levels during menopause. Where decrease estrogen level effect on neurotransmitter in central system and cause decrease in serotonin and monoamine oxidase all this contribute to most menopausal women complain from exhaustion and a sense of tension, loneliness, sleep problems, and escaping from social relationships, mood swing and depression.

This result similar with **Bansal et al., (2016)**. Their study about depression and anxiety revealed that the levels of depression represented most of menopausal sample; near half of them suffer moderate depression. Also **Roesch et al., (2021)** made study on “The relationship between menopause and marital satisfaction in adult women” it revealed that there was strong correlation between menopause and the incidence of depression in women.

In the same line, these results agree with **Mahmoud and Mohamed (2018)** who studied “Effect of menopausal symptoms on psychological problems among middle aged women”. His study revealed that more than one-third of studied sample had mild depression whereas more than half of them had moderate depression also this result agree with **Lee (2016)** Who made study on “Relationships between menopausal symptoms, depression, and exercise in middle aged women” reached to there was near two third of menopausal women had depression.

This result disagree with **Mustafa and Sabir (2018)** who reported from his study about “Perception and Experience Regarding Menopause among Menopause Women Attending Teaching Hospitals in Erbil City” that low rate of menopausal women had depressed mood.

According marital satisfaction, the present study showed that near three - quarter of menopausal women had moderate marital satisfaction in while 4% only have high marital satisfaction. From the researcher point of view, these might be due to mood swing and sexual dysfunction during the menopause period create more problems between couples and women faced more challenges in their relationships .this result similar to **Jafarbegloo et al., (2019)** who made their study on “Marital satisfaction in menopausal women with and without sexual dysfunction” revealed that more than three-quarter menopausal suffer from decrease marital satisfaction and had sexual dysfunction.

The result of present study closest to **Roesch et al., (2021)** who made study on “The relationship between menopause and marital satisfaction in adult women” found that women who were not in menopause have higher marital satisfaction scores than women who reported being in menopause. This result contradicted with **Abbasi et al., (2016)** who made study on “Trend analysis of changes in marital satisfaction and related dimensions across family life cycle” found that the marital satisfaction was at its peak in the early years of marriage and also in the menopause period

According correlation between menopausal symptoms and depressive symptoms, the current study showed that there were a highly significant positive correlation between total menopausal symptoms and total depressive symptoms. From the researcher point of view, these might be due to fluctuation in hormone which affect mood and symptoms of menopause change in mood made women

tend to depression. this result congruent with **Zheng et al., (2017)** who made study on “Prediction of risk of depressive symptoms in menopausal women based on hot flash and sweating symptoms” showed that menopausal symptoms especially hot flashes and sweating causing depressive symptoms among menopausal women and showed also depressive symptoms aggravate menopausal symptoms.

Also the result of current study agrees with **Cohen et al., (2016)** who found that developed depressive symptoms on menopausal stage was increased by the appearances of menopausal symptoms. Another study similar to the current study by **Muharam et al., (2018)** who made study on “Depression and its link to other symptoms in menopausal transition” they found that there was statistically significant positive correlation between depression and menopausal symptoms and there were significant increase depression scale followed by increased menopause symptoms score.

Other studies by **Strauss (2015) and Zang et al., (2016)** showed that there was positive relationship between menopausal symptoms especially vasomotor symptoms and depression. It showed that depression was found significantly associated with menopausal symptoms especially vasomotor symptoms and poor sleep. Also the result of current study congruent with **Fu et al., (2020)** who made study on “Associations among menopausal status, menopausal symptoms, and depressive symptoms in midlife women” they Found that there were significant positive association between depression and menopausal symptoms and the increase in depressive symptoms was significantly associated with menopausal symptoms.

Also the current study congruent with **Roesch et al., (2021)** who made study on “The relationship between menopause and marital satisfaction in adult women” It revealed that the menopausal symptoms had a significant impact on

depression. In addition, this result confirmed with **Naworska et al., (2020)** which revealed that there was a statistical relationship between depressive symptoms along with the severity of menopausal symptoms.

According correlation between menopausal symptoms and marital satisfaction, the present study showed that there was a highly significant negative correlation between total menopausal symptoms and total marital satisfaction. From the researcher point of view, these might be due to all physical symptoms that women suffer from it caused by decrease level of estrogen such as hot flashes, dry skin, sleep disturbance, hair loss and all body changes all of this make them feel anxious and afraid that this will be the end of their life, and the problems of vaginal dryness it make them escape from sexual relations. All this problems create marital dissatisfaction and marital problems with husband. This result agrees with **Nazarpour et al., (2018)** that made study on “The relationship between menopausal symptoms and sexual function” discovered in his study there was a significant negative correlation was observed between menopausal symptoms and marital satisfaction.

Also congruent with **Kling et al., (2019)** who made study on “Association between menopausal symptoms and relationship distress” They found that negative correlation between menopausal symptoms and marital relation distress. The current study disagree with **Roesch et al., (2021)** that made study on “The relationship between menopause and marital satisfaction in adult women” showed that the menopausal symptoms had no statistical significant influence on marital satisfaction.

Another study confirm the result of present study by **King, (2016)** Who revealed that the severity of menopause symptoms may also impact a women’s partner and her relationship with her partner lead to low marital satisfaction. Also **Caico (2016)** who made study on “Menopause and menopausal symptoms affect

the marital relationship” revealed that women who had less menopausal symptoms experienced greater marital satisfaction.

This result confirm the result of study made by **Malakooti et al., (2016)** which showed that when menopausal symptoms occur especially sexual symptoms causes marital dissatisfaction among the husband and menopausal women and also **Kurpius et al., (2016)** who made study on “Mood, marriage and menopause” revealed that there were significant negative correlation between marital satisfaction and menopausal symptoms.

According correlation between depressive symptoms and marital satisfaction, the current study showed that there was a highly significant negative correlation between total depressive symptoms and total marital satisfaction. From the researcher point of view, these might be due to in the menopause stage the levels of female hormones decrease until the menstruation stops completely, so that the estrogen hormone drops to its lowest levels, which increases the psychological problems of depression, tension and permanent nervousness all this effect on marital status and cause permanent marital problems and women restore loneliness and escape from relationships with husband so reduce marital satisfaction.

This result agree with **Lee (2016)** who made study on “Relationships between menopausal symptoms, depression, and exercise in middle aged women” reported that there was statistically significant negative correlation between depression and marital satisfaction. Another study support the result of present study by **Caico (2016)** who made study on “Menopause and menopausal symptoms affect the marital relationship” revealed that women, who had experienced greater marital satisfaction, had less depressive symptoms.

Conclusion:

There is a highly significant positive correlation between total menopausal symptoms and total depressive symptoms, while there is highly significant negative correlation between total menopausal symptoms and total marital satisfaction. There is highly significant negative correlation between total depressive symptoms and total marital satisfaction

Recommendations:

-Stress management and assertiveness training program and social skill training program should be given for all menopausal women to relieve their psychological problems and enhance their coping patterns.

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