Evaluation of Women's Experience and Perception of Menopause

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1.ABSTRACT

Menopause is a complex biopsychosocial phenomenon, influenced by many factors. Physical changes interact with changes in life phases and roles to create a transition that, while experienced by all women who reach the appropriate age, differs widely from woman to woman. . **Aim**: The present study aimed to evaluate women's perception and experience of menopause. **Subjects and Methods**: A descriptive study design was used in this study. A purposive sample of 77 menopausal women at Gynecological department and outpatient clinic at Mansoura University Hospital. Data collected by menopause rating scale. **Results**: The mean age of menopause in this study is 49 years. More than half of the studied women was classified as suffering from severe menopausal symptoms and had bad perceptions. Conclusion: The majority of women had negative experiences towards menopause. **Recommendations**: Implementing proper health educational session about the menopausal age and how to deal with common health complains associated with menopausal age.

 Keywords: Menopause, Menopause rating scale, Amenorrhea, Women perception

2.Introduction:

Menopause is a composite biopsychosocial marvel, subjective by many factors. Physical variations interrelate with changes in life stages and roles to create a transition that, while experienced by all women who reach the proper age, varies widely from woman to woman. Conventional views of menopause paint it as an very negative time in a woman's life, obvious by mood swings and warm flashes, but women's lived experiences rarely resemble with this vision **(Zhang et al., 2020).**

Menopause is characterized as the super durable discontinuance of period coming about because of the deficiency of ovarian follicular action (Mohta and Halder, 2020). Normal menopause is considered to have happened following 12 successive long stretches of amenorrhea – the shortfall of period – for which there could be no other clear obsessive or physiological reason **(Goyal, Mishra and Dwivedi, 2017).**

Menopause happens with the Final Menstrual Period (FMP), which is known with assurance just a year or more after the occasion (Kumar and Gautam, 2016). The age for the beginning of menopause ranges somewhere in the range of 50 and

51 years, with extensive changeability in various nations (**Matsuura, Matsuzaki and Yasui, 2020**).

The mean time of menopause in Egypt is 46.7, which is early appeared differently in relation to various nations, yet this age has been rising as of late **(Rot**, **Wassersug and Walker, 2016).** The rate of menopause-related side effects in Egyptians is higher than in the west, in view of sociocultural perspectives with 84% commonness of menopausal indications among Egyptians   **(Mahmoud, 2016**). Along these lines, increment future from 54 to 71 years lead to ladies encountering menopausal wellbeing gripes for quite a while **(Al-Musa et al., 2017). Park, et al (2019)** guarantee the progress adjustments changes as nearby is sign that in certain circumstance the FSH level varies among ordinary generative stage stages and in different cases, raises to levels predictable during a menopausal lady. FSH level of 30 IU/I is estimated to be postmenopausal whereby it changes round the menopause time accordingly influencing hormonal changeability. it's at now where the woman is at great threat of wretchedness on account of indications like state of mind swipes, hot flushes and nonattendance of rest additionally perceived as a sleeping disorder .

Perception is awareness, comprehension or an understanding of menopause.

Therefore,understanding women's experiences & attitude during menopause will affect the quality of health care provided for the during that serious long period of women's life also, it will shape the potential of health awareness activities as a successful strategy to promote emancipatory and therapeutic processes towards menopause, through raising their awareness and autonomy regarding attitudes towards women's health. **According to Halima (2019),** it has been noted that the important component of nursing is based around health promotion. It is somehow understood to people that the relationship between lifestyle and illness develop through health promotion habits.

It is also argued that health promotion habits are getting enough exercise, rest and relaxation, maintaining good nutrition and controlling the use of tobacco and other drugs. When nurses understand the concept of individuality, holism, homeostasis and human needs, the assessing and planning of the individual client is enhanced

Aim of the study:

This study aimed to evaluate women's perception and experience of menopause.

Research questions:

▪ What was the women's perception of menopause?

▪ What was the women's experience of menopause?

3. Methods:

Study design: Descriptive design was used in this study.

Study setting:

The study was conducted in the Gynecological department and outpatient clinic at Mansoura University Hospital. Outpatient clinic receives about 400 women per week and provides care to patient include diagnosis and treatment.

Study subject:

A purposive sample of 77 menopausal women who were attended for the Gynecological department and outpatient clinic at Mansoura University Hospital, according to their age 45 years and more. Inclusion criteria :Women who had natural menopause, excluded women who had hysterectomy, exposed to chemotherapy and radiotherapy .

Study sample:

Based on data from literature **(Louthy et al., 2006),** to calculate the sample size with precision/absolute error of 5% and type 1 error of 5% the sample size will calculated according to the following formula n= [(Z1-α/2)2.P(1-P)]/d2.

W   here,

$Z_{1-\alpha/2}$ = is the standard normal variate, at 5% type 1 error (p<0.05) it is 1.96.

P = the expected proportion in population based on previous studies.

d = absolute error or precision.

So, Sample size = $[(1.96)^2.(0.89).(1-0.89)]/(0.05)^2 = 76.8$

Based on the above formula, the sample size required for the study is 77.

Tools of Data Collection: The data was collected by one tool:

Part I: It was concerned with Socio-demographic and health data including age, marital status, educational level, current or previous job.

Part II: The Menopause Rating Scale (MRS), It was adopted from **Heinemann et al, (2004)**. This scale was designed and standardized as a self-administered scale. It was translated into Arabic to assess women perception and experience of menopause and to assess symptoms/complaints of aging women under different conditions. The MRS consists of a list of 11 items assessing menopausal symptoms, divided into three subscales. **A) Somatic:** Hot flushes, heart discomfort, sleep problem and muscles and joint problems**. B) Psychological:** depression, irritability, anxiety and physical and mental exhaustion. **C) Urogenital:** Sexual problems, bladder problems and dryness of vagina. Each Item can be graded from 0-4, (0= not present), (1=mild), (2=moderate), (3=severe), (4=very severe).

Part III: Perception Level of Women's Menopause, it was developed by the researcher to assess women's perception of menopause .It starts from agree scored 0, agree up to a point scored 1, disagee scored 2.

Validity of the study tools:

Before conducting the current study, content validity of the study tool was determined after reviewing the literature minor modification were done and the final form was used for data collection after translated into Arabic.

Reliability of the tools:

The reliability of the Arabic version of the tool was assessed in the current study showing high reliability respectively for using Menopause Rating scale questionnaire.

Pilot study:

The pilot study was conducted on 8 women (10% from the sample size) who attended to Gynecological department and outpatient clinic at Mansoura University Hospital to evaluate the

clarity and applicability of the tool that was used in the study before the start of data collection as well as to estimate the time needed for answer. Sample size of pilot study excluded from the total sample size.

Field work

- The researche attended the Gynecological department and outpatient clinic at Mansoura University Hospital for 3 days per week from 9 A.M to 1 P.M until the calculated sample size is obtained.

- The researcher introduced herself to the women and a full explanation of the aim and methods of the study was done to obtain their formal written consent.

- Pilot study was conducted on 10% of the total sample to evaluate the clarity and applicability of the tools that was used in the study for data collection and will not be included in the sample size. According to the data analysis of pilot results modifications of the tool was done.

The researcher collected socio-demographic data, characteristics such as age, education level, occupation, menopausal stage and symptoms that affect women who attend the Gynecological department and outpatient clinic at Mansoura University Hospital.

Statistical analysis:

Data was sorted, organized, categorized and then transferred into especially designed formats. The statistical analysis of data was done by using SPSS program (Statistical package for the social sciences) version 20.

Ethical Considerations:

- An official permission was taken from the Ethics Committee of the Faculty of Nursing, Mansoura University.

- An official permission was taken from the head of MCH units, to conduct the study after explaining the aim of the study.

- Prior to the study, a written formal consent was obtained from all participants after explaining the nature and purpose of the study.

- Participation in the study is voluntary and each participant had the right to withdraw from the study at any time.

- Anonymity, privacy, safety and confidentiality was absolutely assured throughout the whole study.

- The result was used as a component of the necessary research for Master study as well as for publication and education.

4. Results:

Collected data for measuring perception of menopause among 77 menopausal women will be presented in the following tables and figures.

Table (1) shows the characteristics of the studied women. Out of 77 studied menopausal women; 39% aged 45- < 55 years, 42.9% aged 55-<65 and 18.2 aged 65 years and above. Most of them (63.6%) were married; low level of education (42.9%) and house waives (61%). Rural place of residence was more prevalent (58.4%).

Table (2) shows the frequency of menopausal symptoms at menopausal rating scale to the studied women. Most of women reported high frequency of mild and moderate degree of most symptoms. For example, 98.7% of them reported mild and moderate degree of "Hot flashes, sweating", 93.5% reported mild and moderate degree of "Heart discomfort", 94.2 mild and moderate degrees of "Sleep problems", 88.3% reported mild and moderate degree of Depression, feeling sad and crying and so on. Severe degree of symptoms was reported as "Pain in the joints and muscles" among 62.3% of the studied women.

Figure (1) show the menopause rating scale levels among studied women. More than half (57.1%) of the studied women was classified as suffering from severe menopausal symptoms, 37.7% moderate, 5.2 mild and no one had no or little menopausal symptoms.

Table (3) shows menopausal perception of the studied women. Most of them reported negative or bad perception for example: 64.9% of them reported agree to the item "Feeling of hopelessness and demoralization", 67.5% of them reported agree to the item "Feeling of neglect and disinterest in others" and so on.

Figure (2) show menopausal perception levels among studied women. Bad perception (≤ 10 total score) was reported in 68.8% of the studied women. While, 31.2% reported good perception (> 10 total score).

Table (4) shows the relationship between characteristics of the studied women and their average scores of MRS and menopausal perception. The average score of MRS was not significantly (P>0.05) differ by age, marital status, occupation or place or residence, although it was slightly higher among those aged 45-55 years, married women, working and those living in rural area. While, MRS average score was significantly (P=0.013) differ among different educational level being high among those having secondary and university education. Average perception score was not

significantly (P>0.05) differ by marital status, educational level and place of residence. But the average perception score was significantly (P<0.05) differ by age and working condition being significantly lower among those aged 55-65 year and working women.

Table (5) shows the relationship between reproductive history of the studied women and their average scores of MRS and menopausal perception. The average score of MRS was not significantly (P>0.05) differ by all items of reproductive history, being slightly higher among those with longer duration of menses, with abundant bleeding, age of menopause 50-53 years, those reported abortions and women with higher parities. Also, average

perception score was not significantly (P>0.05) differ by all items of reproductive history. But the average perception score was slightly higher among those with late age of menarche (13-15 years), those with irregular menses, with low quantity of bleeding, age of menopause 47-49 years, those reported abortions and women with higher parities.

Table (6) shows that the average menopausal perception score among studied women was slightly lower among women suffered from moderate symptoms than those suffering from mild or severe symptoms. But the difference was no not significantly (P>0.0) differ

Table (1): General Characteristics of the studied women (n=77)

Characteristic	Items	No	%
Age (years)	45-	30	39.0
	55-	33	42.9
	65+	14	18.2
Marital status	Married	49	63.6
	Divorced	6	7.8
	Widow	22	28.8
Educational level	Illiterate	19	24.7
	Read / write	14	18.2
	Secondary	26	33.8
	University	18	23.4
Occupation	House wife	47	61.0
	Working	30	39.0
Place of residence	Urban	32	41.6
	Rural	45	58.4

Table (2): Menopause rating scale

| Statements	Mild (1)		Moderate (2)		Severe (3)	
	No	%	No	%	No	%
1- Hot flashes, sweating	52	67.5	24	31.2	1	1.3
2- Heart discomfort (rapid heartbeat - chest tightness)	42	54.5	30	39.0	5	6.5
3- Sleep problems	43	55.8	30	39.0	4	5.2
4- Depression, feeling sad and crying.	38	49.4	30	39.0	9	11.7
5- Tension and feeling aggressive	38	49.4	36	46.8	3	3.9
6- Anxiety and panic	38	49.4	32	41.6	7	9.1
7- Physical & mental fatigue (general decrease in performance - poor memory – forget fullness)	37	48.1	28	36.4	12	15.6
8- Sexual problems	39	50.6	26	33.8	12	15.6
9- Bladder problems (difficulty urinating - increased need to urinate incontinence).	34	44.2	35	45.5	8	10.4
10 - Vaginal dryness (a feeling of dryness and heartburn).	32	41.6	17	22.1	28	36.4
11- Pain in the joints and muscles	18	23.4	11	14.3	48	62.3
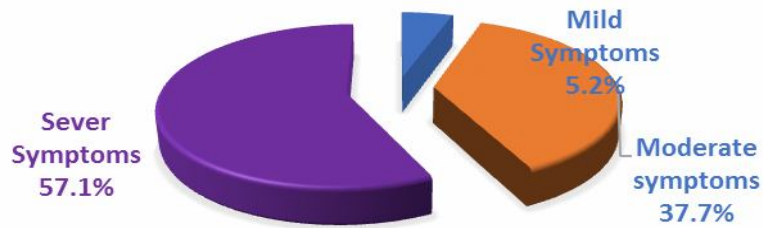
Figure (1): Menopause rating scale levels among studied women

Table (3): Measuring women's perception of menopause

| Statements	Agree (0)		Somewhat agree (1)		Not Agree (2)	
	No	%	No	%	No	%
1- Feeling of hopelessness and demoralization	50	64.9	13	16.9	14	18.2
2- Feeling of neglect and disinterest in others	52	67.5	15	19.5	10	13.0
3- Losing the ability to focus and forgetting constantly	42	54.5	22	28.6	13	16.9
4- A state of constant discontent	35	45.5	28	36.4	14	18.2
5- Menopause is a loss for youth	30	39.0	37	48.1	10	13.0
6- Menopause means the end of sexual life	27	35.1	35	45.5	15	19.5
7- Menopause is evidence of maturity	41	53.2	35	45.5	1	1.3
8 - The absence of menstruation is comfortable	0	0.0	19	24.7	58	75.3
9- Mood swings and increase in intensity and nervousness	38	49.4	33	42.9	6	7.8
10- Lack of understanding and lack of language for dialogue between spouses.	20	26.0	31	40.3	26	33.8

Reversed score
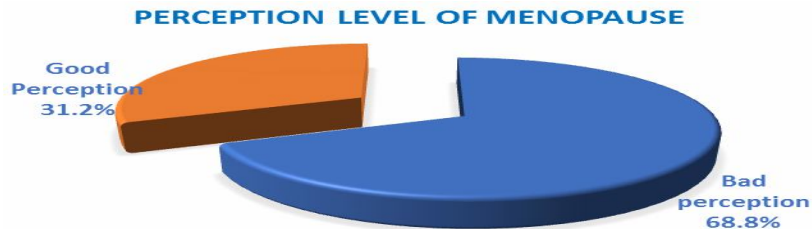
Figure (2): Menopause Perception levels among studied women

Table (4): Relationship between characteristics of the studied women and their average scores of MRS and menopausal perception

Characteristic	Items	No	MRS score	Perception score
			Mean ± SD	Mean ± SD
Age (years)	45-	30	17.35 ± 5.69	9.73 ± 3.26
	55-	33	16.97 ± 4.80	7.73 ± 3.28
	65+	14	16.43 ± 4.80	9.64 ± 3.54
Significance test			F=0.137, P0.872	F=3.348, P0.041
Marital status	Married	49	17.86 ± 4.93	8.76 ± 3.46
	Divorced	6	14.50 ± 7.56	11.33 ± 4.41
	Widow	22	15.77 ± 4.49	8.41 ± 2.89
Significance test			F=2.104, P0.129	F=1.821, P0.169
Educational level	Illiterate	19	15.26 ± 5.01	9.16 ± 3.76
	Read / write	14	14.93 ± 5.34	10.5 ± 3.25
	Secondary	26	17.38 ± 4.56	8.42 ± 3.29
	University	18	19.89 ± 4.65	7.89 ± 3.12

			F=3.862, P0.013	F=1.801, P0.155
Significance test			F=3.862, P0.013	F=1.801, P0.155
Occupation	House wife	47	16.55 ± 5.03	9.47 ± 3.39
	Working	30	17.70 ± 5.23	7.90 ± 3.29
Significance test			t=0.960, P0.340	t=2.013, P0.048
Place of residence	City (urban)	32	16.69 ± 5.23	8.75 ± 3.64
	Country side (rural)	45	17.22 ± 5.06	8.93 ± 3.29
Significance test			t=0.450, P0.654	t=0.230, P0.818

Table (5): Relationship between reproductive history of the studied women and their average scores of MRS and menopausal perception

Characteristic	Items	No	MRS score Mean ± SD	Perception score Mean ± SD
Age of menarche (years	10 -12	57	17.00 ± 5.19	8.61 ± 3.67
	13-15	20	17.00 ± 4.98	9.55 ± 2.54
Significance test			t=0000, P1.0	t=1.053, P0.295
Duration of menses (days)	2-4	48	16.083± 5.25	9.06 ± 3.13
	5-7	29	17.28 ± 4.93	8.52 ± 3.89
Significance test			t=0.366, P0.715	t=0.675, P0.502
Regularity of the sessions	Regular	40	17.00 ± 5.09	8.15 ± 3.90
	Irregular	37	17.00 ± 5.20	9.62 ± 2.66
Significance test			t=0000, P0.1	t=1.919, P0.059
Quantity of the course (amount of bleeding)	Low	12	16.67 ± 5.67	9.42 ± 3.23
	Medium	46	16.96 ± 5.42	8.85 ± 3.48
	Abundant	19	17.32 ± 4.12	8.53 ± 3.52
Significance test			F=0.062, P0.940	F=0.245, P0.784
Age of menopause (years)	47-49	51	16.86 ± 4.57	9.27 ± 3.71
	50-53	26	17.27 ± 6.11	8.04 ± 2.65
Significance test			t=0.328, P0.744	t=1.512, P0.135
Gravidity	0	3	13.00 ± 3.64	6.00 ± 1.00
	1-3	61	17.18 ± 5.31	8.04 ± 2.65
	4-6	13	17.08 ± 4.25	8.93 ± 3.21
Significance test			F=0.959, P0.388	F=1.114, P0.334
Number of abortions	0	55	16.80 ± 5.28	8.74 ± 3.26
	1	20	17.25 ± 4.73	9.40 ± 3.95
	2	2	20.00 ± 5.66	6.50 ± 0.71
Significance test			F=0.405, P0.669	F=0.751, P0.475
Number of births (parities)	0	3	13.00 ± 3.64	6.00 ± 1.00
	1-2	39	16.95 ± 5.73	8.74 ± 2.69
	3-4	35	17.40 ± 4.40	9.23 ± 4.14
Significance test			F=1.030, P0.362	F=1.284, P0.283

Table (6): Relationship between level of symptoms according to MRS in the studied women and their average menopausal perception score

level of symptoms according to MRS	No	average menopausal perception score
Mild symptoms	4	9.25 ± 2.63
Moderate symptoms	29	8.17 ± 3.48
Severe symptoms	44	9.27 ± 3.44

5. Discussion:

Women's health has been a global concern for many decades, with a recent shift in research focus to postmenopausal women (**Shorey, & Ng, 2019**). Menopause is a transitional process experienced by over 500 million women between the ages of 45 and 55 years each year worldwide. This number is expected to increase to 1200 million women by the year 2030 (**Smail, Jassim, & Shakil, 2020**). With increase in life expectancy throughout the world most of the women will live through menopause (**Khan et al., 2020**).

Menopause may result many alterations in women's physiological functioning and cause anxiety. It is important that women during menopausal period should have adequate knowledge and positive perception regarding menopausal transition that may help them to cope up with the changes in their life and improves the quality of life (**Alshogran, Mahmoud, & Alkhatatbeh, 2020**).

Since menopause is an inevitable period in every woman's life and to understand experiences with menopause

holistically, it has been crucial in the scientific community to investigate the various aspects of this important period and their impact on

women's health and quality of life (**Shorey, &Ng, 2019).**

Beginning with the characteristics of the studied women, 42.9% of them aged between 55-65. On the same direction, **Yeganeh, Boyle, Gibson-Helm, Teede, & Vincent, (2020)** who studied women's perspectives of menopause which found the mean age of studied group was 54.3 ± 10.7 years. Similarly, **Ezeome, Ezugworie, & Nwankwo, (2019),** the mean age of the respondents at menopause was 48.4 (±5.2) years within the range of 33-58 years.

Most of women in the study (63.6%) were married. On the same line, **Smail, Jassim, Al-Shboul, & Hattawi, (2019)** who studied Emirati women's attitudes towards menopause, which found 74.3% of studied group were married.

According to women's occupation, the current study clarified that 61% of them were house wives. On the same line, **Alirezaei, Safaei, & Rajabzadeh, (2020)** who studied the relationship between sexual performance and attitude toward meno-pause in postmenopausal women which found that 89% of women were housewives.

Regarding the duration of menstruation, the present study reported that 91% of studied women had menstruation ranged 3-5 days and the median duration was 4 days. While **Najmabadi et al., (2020)** who studied menstrual bleeding, cycle length, and follicular and luteal phase lengths in women illustrated that the mean duration of menstrual flow was 6.2 (1.5) days, median 6 days.

According to the number of gravidities, the current study illustrated that 76.7% of studied women had 2-3 times of pregnancy. On the other hand, **Kang, Kim, Yu, & Kang, (2020)** reported that only 33,2% of studied women had 2-3 times of pregnancy.

The current study clarified that 28.6% of studied women had abortion. In the same line, **Thapa, Yang, & Bekemeier, (2019)** who studied menopausal symptoms and associated factors in women in Cambodia reported that 38.5% of women had abortion. There are three types of menopause such as natural, premature and surgical menopause (**Patil, Tyagi, & Prasad, 2020**). The studied women experienced natural menopause while all of them were not reported removal of uterus or ovaries.

Regarding menopausal symptoms at menopausal rating scale, 98.7% of studied women reported mild and moderate degree of "Hot flashes. While **Kong et al., (2019)** reported that 17.5% of

studied women had sever, very severe symptoms of hot flashes.

The study by **Thapa, & Yang, (2019)** mentioned that age, socio-demographic characteristics, chronic health conditions, psychosocial and lifestyle factors, and menopausal status are important determinants of the prevalence and severity of menopause symptoms

The current study revealed that perception score was not significantly (P>0.05) differ by marital status, educational level and place of residence. But the average perception score was significantly (P<0.05) differ by age and working condition being significantly lower among those aged 55-65 year and working women. While **Goodman, (2020)** showed a significantly better perception for women living in urban areas, having more education, having full-time employment with economic independence and women in a long-lasting relationship. Supported by **SAR, Brohi, & Awi, (2020)** who mentioned that women with higher education level have a more positive perception towards menopause.

Moreover, the average score of MRS of studied women was not significantly differ by all items of reproductive history, being slightly higher among those with longer duration of menses, with abundant bleeding, age of menopause 50-53 years, those reported abortions and women with higher parities. On the other hand, **Chung et al., (2020)** showed that early menarche was associated with increasing frequency of menopausal symptoms.

6. Conclusion:

In the light of the present study findings, it can be concluded that most of women had high frequency of mild (5.2%) and moderate (37.7%) degree of most symptoms of menopause. More than half (57.1%) of studied women was classified as suffering from severe symptoms as "Pain in the joints and muscles". Most of women reported negative or bad perception, (64.9%) reported agree to feeling of hopelessness and demoralization, (67.5%) reported agree to feeling of neglect and disinterest.

7. Recommendations:

On the basis of the most important findings of the study, the following can be recommended.

There is a definite need for dissemination of information about menopausal symptoms and healthy practices related to menopause, especially through radio, television and general practitioners.

Women and their husbands should be educated and counselled about the changes that

occurred during menopause. They can thus be a moral and mutual support to each other.

Lifestyle, dietary modification should be recommended.

9.Conflicts of Interest:

The authors observe that there is no dispute with respect to this research.

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