

## Coping Strategies with Menopausal Symptom among Palestinian Women

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### Abstract

The **aim** of the study was to assess the coping strategies with menopausal symptom among Palestinian women. **Design:** A descriptive study design used to achieve the aim of the study. **Setting:** This study will be conducted at the governmental secondary schools west Bank-Palestine, **Sample Type:** Multi-stage random sampling design was used to choose the study schools and purposive sample to select the studied women. **Tools:** **First tool:** Self-structured interviewing questionnaire sheet, **second tool:** The menopause symptoms' severity, **third tool:** The coping with menopause symptoms questionnaire, **Results:** The age of studied women varied between 45 years and more than 55 years, with mean age  $52.833 \pm 3.614$  years. The age at menopause of two thirds of studied women was between 45 and 50 years old. Concerning cause of menopause, most of the studied women referred menopause to normal causes, nearly most of studied women had information about menopause symptoms, related to severity of physical menopausal symptoms less than one quarter of them highly suffered from lower back pain While, related to severity of psychological menopausal symptoms more than one quarter of them highly suffered from wanting to be alone. **Conclusion:** 21.3% of studied women usually occupy themselves to forget menopause, 29.3% of them usually do control the emotions, 22.7% of them usually learned from the mistakes as positive coping strategy related to menopausal symptom on the other hand 25.3% of studied women usually take too many painkillers, 29.3% of them usually stop chasing dreams, 29.3% of them usually live as an elderly woman as negative menopause coping strategies. **Recommendations:** In the light of the results of this study, the following recommendations were suggested: develop of self-care module for menopausal women in different health settings to reduce severity of menopausal symptom and improve the coping strategies.

**Keywords.** Coping Strategies, Menopausal Symptom, Palestinian Women.

### Introduction

Menopause literally means the "end of monthly cycles" (the end of monthly periods or menstruation), from the Greek word *pausis* ("pause") and *mēn* ("month"). Menopause is described as cessation of menses for 12 sequential months after the last period. It is a universal physiological condition that annually affects more than 500 million women aged 42 to 55 years with an average age of onset of 51 years. It is characterized by a massive drop of estrogen levels (the main feminine sex hormone), ovarian failure, and menstrual irregularities. The hormonal changes accompany with the onset of menopause trigger to the development of several physical, sexual,

vasomotor, and psychological symptoms (*Ali, Ahmed & Smail, 2020*).

Menopause is an important period affecting women's lives due to physical, endocrinological, and psychological changes. Different symptoms and diseases may develop depending on a woman's genetic disposition, lifestyle, socio-cultural environment, medical or surgical history, and healthcare during this period (*Bildircin et al., 2020*).

Menopause may result in extremely unpleasant physical symptoms such as atrophy of vaginal mucosa leading to vaginitis, pruritus, dyspareunia, and stenosis; genitourinary atrophy leading to urethritis, dysuria, urinary

incontinence, urinary frequency; recurrent urinary tract infections; and vasomotor symptoms such as hot flushes and night sweats. Besides gynecological health-related problems due to reduced estrogen levels, the menopausal woman has to deal with fatigue, weight gain, and emotional changes such as anxiety, sorrow, fear of illness, hypersensitivity, and irritability (*Ilankoon, Samarasinghe & Elgán, 2021*).

Coping is defined as the thoughts and behaviors mobilized to manage the internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defense mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress. Coping strategies can contribute to the nature and impact of psychological responses in stressful circumstances and can have protective or damaging effects on mental health (*Budimir, Probst & Pieh 2021*).

Coping strategies are classified as either healthy or unhealthy depending on their likelihood of additional unwanted adverse consequences. Coping strategies are further categorized on the coping continuum from low intensity to high intensity or high risk for adverse consequences (*Stallman et al., 2021*).

The health care of women during this stage requires special attention to the identification of their health needs in order to provide competent care. However, the achievements made in terms of longevity stand diminished owing to the lack of specialized health care that addresses the health needs of the aged. These facts illustrate the need to assess the menopausal symptoms of midlife women accurately and to develop successful culturally focused preventive and control strategies for menopausal problems to have an easy and smooth midlife transition and to improve their quality of life (*Lalo & Kamberi, Peto, 2017*).

The responsibilities of the nurse in menopause could encompass; development of

pathways for women with specialist needs in menopause. This includes working with the multidisciplinary team and with other specialties on their initial visit to the service, women could be seen by the nurse specialist and a holistic history elicited to include a full review of symptoms including history, medical, menstrual and sexual history, where investigations are incomplete or additional ones are needed these can be performed or booked. detailed literature about treatments and likely next steps discussed, medications and treatment/therapies history, a risk assessment for cardiovascular disease, bone/osteoporosis and cancer risk, agree a plan of management with the woman, including prescribing and initiate treatment, if appropriate (*National Institute for health and Care Excellent (NICE), 2019*).

#### **Magnitude of the problem**

Approximately 1.2 billion women worldwide will be menopausal or postmenopausal by the year 2030, with 47 million new entrants each year (*Johnson, Roberts & Elkins, 2019*).

Most women in developed countries will spend a third of their lives after menopause, the increase is substantially faster in developing countries than in industrialized one, where about 76% of women older than 50 years (*Kandeel, 2020*).

Menopausal women in Palestine may suffer in silence, not knowing what to do and how to seek appropriate help. As in southern countries, Palestinian women play an important role in ensuring the health and wellbeing of their families, yet, all too often, their own health needs are neglected. Owing to the current life circumstances of the under privileged and mid age to elderly women in Palestine, particularly widowed women, many live in unfavorable economic. Because there are deficiencies in conducting studies about this important period in the women's life cycle. Only one study done at Birzeit University, a cross-sectional study among Palestinian women between 45 and 65 years in order to investigate the symptoms

experienced by women around the time of menopause (*Nassar et al., 2019*).

Palestinian health-care services are directed towards prenatal care and childbirth, marginalizing women of different ages, especially in the menopausal period.

### Patients and Methods

The Present study was aimed to assess the coping strategies with menopausal symptom among Palestinian women

**This aim was achieved through:** assess women knowledge about menopausal symptoms, Measure the severity of menopausal symptoms among the menopausal women in west Bank-Palestine and Assess Palestinian menopausal women coping strategies with menopausal symptom

**Research Question:** What are the coping strategies with menopausal symptom among Palestinian Women?

**Subjects and methods for this study were portrayed under for main designs:**

- I. Technical design,
- II. Operational design,
- III. Administrative design and IV. Statistical designs.

#### I. Technical Design:

The technical design for this study included a description of the research design, setting of the study, subjects of the study, and tools used for data collection.

**Research design:** A descriptive design used to achieve the aim of the study.

**Study Setting:** This study was conducted at twenty governmental secondary schools at Nablus city in west Bank-Palestine. The reason for selecting this setting was that all teachers are females in addition to they have another important role on guidance of students' mothers and others in the society because of their nature in the field of education.

**Sample Type, size, and technique:** 75 menopausal women working at governmental secondary schools were selected though using of a purposive sampling technique based on the following criteria; already attained menopause, free from gynecological disorders as (uterine prolapsed, ovarian cyst and uterine fibroid) and free from psychiatric illnesses. While, multi-stage random sampling design was used to choose the study schools. West Bank-Palestine area was divided in to thirteen cities. First researcher selects one of these cities randomly (Nablus city). Nablus city was divided in to three district "western, central, and eastern" these districts include primary and secondary schools researcher select secondary schools randomly.

**Tools of data collection:** Data was collected by using the following tools:

**First tool: self-Structured interviewing questionnaire sheet (Appendix I):** This tool was developed by the researcher and written in simple Arabic language based on a scientific literature review. It includes 19 questions (open, closed, multiple choice questions) divided into 4 parts: **Part (I):** concerned with socio- general Characteristics of The Studied Women such as age, address, marital status, occupation and level of education, etc. **Part 2:** concerned with Menopause History of Studied Women with menopausal symptoms such as Age at menopause and Cause of menopause etc. **Part 3:** concerned with Studied Women's Knowledge Regarding Menopause.

**Second tool: The Menopause Symptoms' Severity Inventory-38 (MSSI-38) (5 points Likert-scale) (Appendix II):** This tool adapted by researcher based on scientific literature (*Pimenta et al., 2012*). It was translated into simple Arabic language to assess the intensity of each symptom of the studied women with menopausal symptoms under two subscales which contain: **Physical symptoms:** It contains 15 items such as hot flushes, night and excessive sweating & feeling tired or with lack of energy, etc. **Psychological symptoms:** It

contains 9 items such as Tension and pressure and Panic attacks etc.

#### ❖ Scoring system:

Responses of the questions organized on a five-points Likert-type scale (ranging from 0 to 4) for intensity of menopausal symptoms "never" response got 0 points, "not intense" response got 1 point, "minimum" response got 2 points, "moderate" response got 3 point, and finally "high" response got 4 point.

**Third tool: The “coping with menopause symptoms” questionnaire (4 points Likert-scale) (Appendix III):** This tool was adapted from (*Greanblum, 2010*). It was translated into simple Arabic language to be easily answered by the studied women, it used to assess how the studied women coping with menopause. Under two subscales which contain: **Positive coping strategies:** It contains 11 items; such as occupy yourself to forget menopause and Consult women override menopause, etc. **Negative coping strategies:** It contains 8 items; such as Neglect menopause consequences and Feel fail as a woman, etc.

#### ❖ Scoring system:

The coping with menopausal symptoms consists of 19 items that have five-point Likert-type scale (ranging from 0 to 4). 0 = I usually don't do this at all, 1 = I usually do this a little bit, 2 = I usually do this a medium amount, 3 = I usually do this a lot, and 4 I usually do this at all usually do this a lot.

## II. Operation design:

The operational design for this study consisted of three phases, namely the preparatory phase, pilot study and fieldwork.

**Preparatory phase:** Review of the current, past local and international related literature and theoretical knowledge of various aspect of the study using books, articles, internet and magazines. This review helped the researcher to be acquainted with magnitude and

incidence of the problem and guided the researcher to prepare data collection tools.

**Content Validity & Reliability:** Tool was reviewed by Jury panel, comprised of 5 expertise in Obstetric–Gynecological nursing at faculty of nursing Ain-Shams University to test content validity and maintain the international necessary modification was done as rephrasing the statement of the tools.

**Reliability:** Test–retest reliability: these were found to be 0.9415, 0.6546 for the Menopause Symptoms’ Severity Inventory-38 (MSSI-38) and the “coping with menopause symptoms” questionnaire respectively.

**Pilot study:** The pilot was done to evaluate the clarity and content validity of the tools used for data collection. Also, it is used to evaluate time needed for women to fill tools of the study. The pilot study facilitates finding the possible obstacles and problems that might face researcher and interfere with data collection. Women include in the pilot study was excluded from the total sample. Pilot study involved 7 women (10% of total sample size) working at governmental secondary schools west Bank-Palestine.

**Field work:** Data collection of the study was started at the beginning of February 2020, and completed by the end of November 2020. The researcher took a random sample from governmental secondary schools in Nablus city, and their number was 20 schools, three days/week from 9am to 2pm. The researcher introduced herself to women, explained the aim of the study and its implications, and ensures their cooperation. Then oral consent of women was obtained.

The researcher used tools to collect initial data (the interviewing questionnaire sheet, the menopause symptoms’ severity inventory tool, the “coping with menopause symptoms” questionnaire. It was filled by studied women’s in a time ranged from 25-30 minutes.

#### -Limitation

There was delaying for study sample collection due to Corona pandemic (COVID 19) as a result of closure of the study setting for five months.

### III. Administrative Design:

An official approval with written letter clarifying the title, purpose and setting of the study was obtained from dean of faculty of nursing at Ain-Shams University to education directorate. Another letter was sent to directors of the governmental secondary schools at west-Bank, Palestine; in Nablus city as an approval for data collection to conduct this study.

Ethical consideration: Prior to the study, ethical approval was obtained from the scientific research and ethics committee at the Faculty of Nursing, Ain-Shams University. Also, official permission was obtained from education directorate. The aim of this study was explained to all study participants and their verbal informed consent to participate was taken. The studied women included in the study were assured about confidentiality of the information gathered and it was used only for the purpose of the study and scientific research and they were informed about their rights to refuse or to withdraw at any time. The proposal review and approve by the faculty ethics committee.

### IV. Statistical Design:

**Statistical analysis:** The collected data was coded organized, categorized and tabulated. Data was analyzed by inferential statistics and used appropriate statistical method as mean, range, standard deviation, t-test and chi-square test. Statistical significance was considered at P-value <0.05, highly significant difference obtained at P< 0.001.

### Results:

**Table (1):** Shows that the age of studied women varied between 45 years and more than 55 years, with mean age  $52.833 \pm 3.614$  years. Concerning residence, 72.0% of studied women were from urban areas. Regarding marital status, most of the studied women (73.33%) were

married. Related occupation 80.0% of the studied women were teachers. As regard educational level of the studied women, 58.67% were university graduated

**Table (2):** Shows that, the age at menopause of 60.0% of studied women was between 45 and 50 years old. Accordingly, the average age was  $48.83 \pm 4.055$ . Concerning cause of menopause, most of the studied women (97.33%) referred menopause to normal causes, also the table shows that duration of menopause was between one and two years for (56.0%) of the studied women.

**Table (3):** Shows that, 78.67% of studied women had information about menopause symptoms, 49.33 % of them their knowledge were Weight gain, 41.33% their knowledge were mood changes and 32.00% of them their knowledge were hot flashes as menopausal symptoms.

**Figure (1):** 61% of studied women their source of knowledge about menopausal symptom were health care providers

**Table (4):** Related to severity of physical menopausal symptoms this table shows that, 21.3% of studied women highly suffering from Pain in the muscles, also 22.7% of them highly suffered from changes in appearance of skin, 24.0% of them highly suffered from Lower back pain

**Table (5):** Related to severity of psychological menopausal symptoms it was showed that, 21.3 % of the studied women highly suffered from decrease in performance capacity, 26.7% of them highly suffered from wanting to be alone

**Table (6):** Shows that, 21.3% of studied women usually occupy themselves to forget menopause, 29.3% of them usually doing control the emotions, 22.7% of them usually learned from the mistakes as positive coping strategy related to menopausal symptom

**Table (7):** Shows that, 25.3% of studied women usually take too many painkiller, 29.3% of them usually stop chasing dreams, 29.3% of them usually Live as an elderly woman as negative menopause coping strategies.

**Table (1):** Distribution of the studied women regarding their general characteristics (N = 75).

Item	No.	%
<b>Age</b>		
45 - < 50 years old	17	22.67
50 - < 55 years old	36	<b>48.00</b>
≥ 55 years old	22	29.33
<b><math>\bar{X}</math> (Mean) ± <math>\sigma</math> (Standard deviation)</b>		<b>52.833 ± 3.614</b>
<b>Residence</b>		
Camp	9	12.00
Rural	12	16.00
Urban	54	<b>72.00</b>
<b>Marital Status</b>		
Widow	6	8.00
Divorced	7	9.33
Single	7	9.33
Married	55	<b>73.33</b>
<b>Occupation</b>		
Cleaner	7	9.33
Social Adviser	8	10.67
Teacher	60	<b>80.00</b>
<b>Educational level</b>		
Read & write	3	4.00
Primary/ intermediate	28	37.33
University degree	44	<b>58.67</b>

**Table (2):** Menopause history of the studied women (N=75).

Items	No.	%
<b>Age at menopause</b>		
< 45 years old	9	12.00
45 – < 50 years old	45	<b>60.00</b>
50 – < 55 years old	13	17.33
≥ 55 years old	8	10.67
<b><math>\bar{X}</math> (Mean) ± SD(Standard deviation)</b>		<b>48.833 ± 4.055</b>
<b>Cause of menopause</b>		
Normal	73	<b>97.33</b>
Surgical	2	2.67
<b>Duration of menopause</b>		
1-2 years	42	<b>56.00</b>
3-4 years	20	26.67
>5 y years	13	17.33
<b><math>\bar{X}</math> (Mean) ± SD (Standard deviation)</b>		<b>2.6400 ± 1.3842</b>

**Table (3):** Knowledge of studied women about menopausal symptoms (N=75).

Items	N=75	
	No.	%
<b>Having information about menopause symptoms</b>		
No	16	21.33
Yes	59	<b>78.67</b>
<b>Menopause symptoms knowledge</b>		
Weight gain	37	<b>49.33</b>
Mood changes	31	<b>41.33</b>
Hot flashes	24	<b>32.00</b>
Headache	9	12.00
Thinning hair and dry skin	8	10.67

Sleep problems	6	8.00
Back pain	6	8.00
Night sweats	2	2.67
Osteoporosis	2	2.67
Vaginal dryness	1	1.33

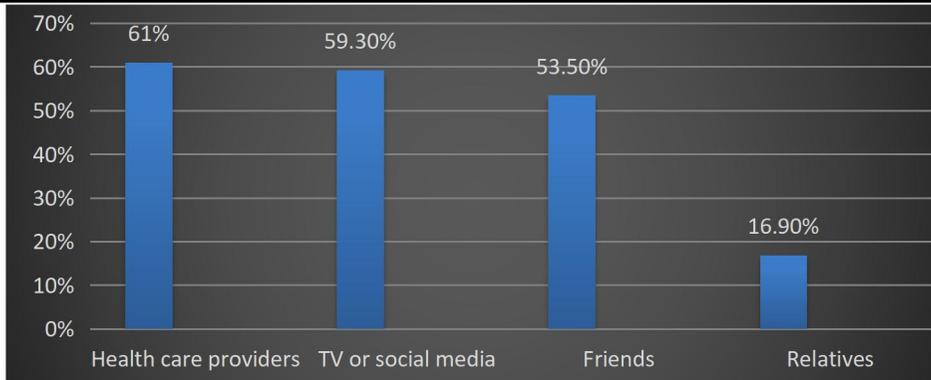


Figure (1): Studied women source of knowledge about menopausal symptoms.

Table (4): Severity of Physical menopausal symptoms of studied women.

Physical symptoms	N=75			
	Not intense e	Minimum	Moderate	High
Hot flushes	28.0	32.0	21.3	18.7
Night and Excessive sweating	26.7	32.0	26.7	14.7
Feeling tired or lack of energy	24.0	38.7	20.0	17.3
Feeling dizzy or fainting	48.0	22.7	16.0	13.3
Headache	48.0	18.7	21.3	12.0
Pain in the muscles and joints	28.0	28.0	22.7	21.3
Difficulty in breathing	54.7	17.3	16.0	12.0
Weight gain	42.7	20.0	20.0	17.3
Changes in appearance of skin	36.0	18.7	22.7	22.7
Lower back pain	30.7	29.3	16.0	24.0
Urine loss when laughing or coughing	52.0	22.7	12.0	13.3
Hair problems	54.7	18.7	13.3	13.3
Mouth and teeth problems	54.7	17.3	16.0	12.0
Difficulties in concentrating	41.3	18.7	24.0	16.0
Vaginal dryness	33.3	25.3	24.0	17.3

\$ Never wasn't found among women responses thus 'Never' category have been omitted from the table

Table (5): Severity of Psychological menopausal symptoms of studied women

Psychological symptoms	N=75			
	Not intense e	Minimum	Moderate	High
Tension and pressure	24.0	25.3	32.0	18.7
Panic attacks	29.3	33.3	25.3	12.0
Depression & sadness	36.0	24.0	21.3	18.7
Unhappy with personal life	38.7	24.0	20.0	17.3
Decrease in performance capacity	41.3	18.7	18.7	21.3
Loss of interest in most things	32.0	22.7	28.0	17.3
Crying spells	37.3	21.3	26.7	14.7
Insomnia	33.3	20.0	32.0	14.7
Wanting to be alone	32.0	20.0	21.3	26.7

**Table (6):** Positive menopause coping strategies of studied women

Positive coping strategy	N=75			
	Don't do	Do little bit	Do more frequently	Usually do
Occupy yourself to forget menopause	8.0	34.7	36.0	<b>21.3</b>
Consult women override menopause	12.0	28.0	41.3	18.7
Control your emotions	10.7	17.3	42.7	<b>29.3</b>
Be more socialized (friends, family, relatives)	26.7	26.7	28.0	18.7
Consider positive aspects of menopause	40.0	24.0	24.0	12.0
Focus on the problems	24.0	32.0	26.7	17.3
Apply approved method for menopause problem	26.7	25.3	34.7	13.3
Taking positive actions	9.3	36.0	40.0	14.7
Seek comfort in religious	12.0	25.3	42.7	20.0
Direct efforts to solve the problems	9.3	20.0	50.7	20.0
Learned from your mistakes	6.7	18.7	52.0	<b>22.7</b>

**Table (7):** Negative menopause coping strategies of studied women

Negative coping strategy	N=75			
	Don't do	Do little bit	Do more frequently	Usually do
Neglect menopause consequences	17.3	24.0	34.7	24.0
Feel fail as a woman	22.7	29.3	34.7	13.3
Can't do anything with menopause	68.0	10.7	10.7	10.7
Take too many painkiller	22.7	30.7	21.3	<b>25.3</b>
Stop chasing dreams.	38.7	17.3	14.7	<b>29.3</b>
Sleep long time	30.7	33.3	18.7	17.3
Can't sleep without sleeping pills	80.0	5.3	8.0	6.7
Live as an elderly woman	8.0	22.7	40.0	<b>29.3</b>

### Discussion:

Menopause is one of the most critical periods in a woman's life. The symptoms that women experience during this stage are among the most important health care challenges. To minimize these symptoms, efforts should be made to promote menopausal women's health. Health education is one of the many ways that can be employed on the improvement of women's knowledge and self-care practices towards menopause. Moreover, this can empower women to cope with own lives (**Mohamed, 2021**). In concern to the previous concept researchers conducted the present study which was aimed to assess the coping strategies with menopausal symptom among Palestinian women in west Bank-Palestine.

Regarding to general characteristics of studied women the present study result showed that, the age of women varied between 45 years and more than 55 years with mean age ( $52.833 \pm 3.614$ ) years. In addition, less than three quarters of studied women were from urban areas. Concerning to marital status, less than three quarters of studied women were married. Moreover, most of the studied women were teachers. Furthermore, less than two thirds of the studied women were university graduated. The present study finding was matching with (**Gebretatayos et al., 2020**) who conduct study aimed to assessing the effect of health education on knowledge and attitude of menopause among middle-aged teachers in elementary, junior, and secondary schools of Asmara, Eritrea. They found that the mean age of the study participants was 48.97 (SD=5.47) years and 77.8% of the respondents were married. Regarding the educational status of the

respondents, (80.8%) of the respondents had a university certificate degree. From the researcher's point of view the similarity between two studied was due to both subject were middle-aged teachers at secondary schools

While, disagree with **Ahmad, Mahmoud, Ahmad, (2019)** who conducted study entitled Women Knowledge, Attitude and Proposed Preventive Health Practices towards Menopausal Symptoms, and mentioned that, their age were between 35-40 years with a mean age  $37.21 \pm 6.11$ . Regarding level of education, it was noticed that one third of them (30.0%) read and write followed by more than one third (37%) & one fifth of them (20 %) had primary and secondary level of education respectively. According to women' occupation, majority of them (94%) were housewives, majority of them (88.5%) were married, and most of them (86%) were living in rural areas.

Regarding to residence the present study mentioned that, less than three quarters of studied women (72%) from urban areas. the present study result disagree with **(Ramadan, Eldesokey, Hassan, 2020)** who conducted study entitled Effect of an Educational Package on Knowledge, Practices, and Attitude of Premenopausal Women and reported that, (52.5%) more than half of the studied sample from Urban area, while accordance with **(Essa, Hafez, Kandeel, 2020)** who conducted study entitled Association between Severity of menopausal symptoms and Quality Of Life among Menopausal Women in Egypt, and mentioned that (20%) less than one fifth of the studied women from rural area

Concerning to marital status the current study showed that, less than three quarters of studied women were married (73.33%), The present study agree with **İkişik et al. (2019)** who conducted study entitled awareness of menopause and strategies to cope with menopausal symptoms and reported that three quarters of studied women were married(75.2%), while the current study disagree with **Smal, Ghufra and Shakil, (2020)** who conducted study entitled

Menopause-Specific Quality of Life among Emirati Women and mentioned that, less than one fifth of studied women were single (16.1%).

Regarding to occupation the present study result showed that, most of the studied women was teacher (80%), the present study disagree with **Ramadan, Eldesokey, Hassan (2020)** who reported that more than half of studied women housewives(52.6%) While, the current study in the same line with (Gebretatayos et al.,2020) who conducted study entitled Effect of health education knowledge and attitude of menopause among middle age teachers and illustrated that, (82.8%) most of the study women were working in elementary schools.

Regarding to educational level the present study mentioned that, less than two thirds of the studied women were university graduated (85.67%), the present study result disagree with **İkişik et al. (2019)** who reported that more than one third of studied women were university graduated (38%) also disagree with **(Ramadan, Eldesokey, Hassan 2020)** who mentioned that, one third of studied women were university education (22.5%) while the present study agree with **(Gebretatayos et al., 2020)** who reported that, no one of the study sample illiterate.

Concerning history of menopause for studied women the present study displayed that, nearly two thirds of studied women their age at menopause was between 45 and 50 years old. Also, majority of the studied women referred menopause to normal causes, more than half of them started their menopause form 1-2 years ago. The present study findings was in harmony with **Elnaggar et al. (2016)** who conducted the study entitled health education effect on knowledge and attitude of peri-menopausal and menopausal women toward menopause in Suez Governorate and mentioned that, nearly two thirds (57%) of the studied sample their age at menopause was between 45 and 50 years old and less than half of them duration of menopause from 1-2 years.

Regarding to knowledge of studied women about menopausal symptoms the present

study mentioned that, nearly most of studied women had knowledge about menopause symptoms, less than half of them had knowledge related to Weight gain, more than two fifth of them had knowledge related to mood changes and one third of them had knowledge related to hot flashes as menopausal symptoms.

Regarding to knowledge of studied women about menopausal symptoms the present study mentioned that, nearly most of studied women had knowledge about menopause symptoms, less than half of them had knowledge related to Weight gain, more than two fifth of them had knowledge related to mood changes and one third of them had knowledge related to hot flashes as menopausal symptoms.

The present study contrast with **Alenezi et al. (2021)** who conducted study entitled menopause knowledge, attitude and severity of symptoms among women in, Saudi Arabia and reported that, Less than three quarters of the studied women had knowledge about menopause, more than two thirds of them had knowledge about Hot flashes as a symptom of menopause, more than one third of them had knowledge about mood change as a symptom of menopause. Also disagree with **Amitha et al. (2020)** who conducted study entitled knowledge and perception regarding menopause among married women and reported that, more than half of the studied women don't had any knowledge related to menopause. This difference could be due to increased access to health care services and receive counseling to manage menopausal symptom or due to increase access to social media that increase their knowledge.

The present study agree with **Kadhim & Khudiar, (2017)** who conducted study entitled Women's Knowledge Regarding Symptoms of Menopause in Al-Najaf City and mentioned that, more than two fifth of the studied women had knowledge about weight gain as a symptom of menopause. Also matching with **Agarwa et al. (2018)** who conducted study entitled A study of

assessment menopausal symptoms and coping strategies among middle age women of North Central India and reported that, less than one third of postmenopausal women had knowledge for hot flashes as a symptom of menopause, less than two fifth of them had knowledge for mood change as a symptom of menopause the similarity between studied sample may be due to present knowledge access related to menopausal symptoms

Regarding to source of knowledge about menopausal symptoms the present study reported that, less than two thirds of the studied women received their knowledge from health care providers, also obtained their knowledge from TV or social media, more than half of them from friends and less than one fifth of them obtained from relatives. It may be due to more educated women might have the interest to ask, read, listen and watch any information source related to their wellbeing as well as use more health care services and have more access to databases

The present study matching with **Sultan, Sharma & Jain, (2017)** who conducted study entitled Knowledge, attitude and practices about menopause and menopausal symptoms among midlife school teachers, and reported that around three quarters of them obtained their knowledge from friends and relatives. While contrast with **Aynew et al. (2021)** who conducted study entitled Women's Knowledge of Concept of Menopause Severity, and Climacteric Stage Among Women in Middle Age in Ethiopia and reported that, more than two fifth of them obtained their knowledge from friends, more than one eighth of them from relatives, 10% from health care professionals, more than one third their knowledge from TV and Radio. This difference may be due to difference in social culture and difference knowledge access related to menopausal symptoms.

Regarding to severity of physical menopausal symptoms of studied women the present study mentioned that, more than one fifth of the studied women of studied women

highly suffering from Pain in the muscles, also more than one fifth of them highly suffered from changes in skin appearance, less than one quarter of them highly suffered from lower back pain as Physical Menopausal Symptoms. The present study result disagree with **Hassan et al. (2021)** who conducted study entitled Menopause knowledge, attitude and severity of symptoms among women in Saudi Arabia and reported that, one third of studied women reported hot flushes and sweating are moderate symptoms, more than one third of them reported mild irritability, more than two fifth of them reported moderate anxiety, and more than two fifth of them reported mild vaginal dryness. This difference may be due to differences in lifestyle, social status, and physical condition of individuals.

The present study in the same line with **Rathnayake et al. (2019)** who conducted study entitled Prevalence and Severity of Menopausal Symptoms and the Quality of Life in middle-aged women in SriLanka and mentioned that, less than one third of the studied women suffered from severe Joint and muscular discomfort, one quarter of them suffered from severe lower back pain. Also in the same line with **Ali et al. (2016)** who conducted study entitled Impact of menopausal symptoms on quality of life among women's in Qena City and reported that, less than one fifth of the studied women (17.9%) reported sever joints and muscles problems

Regarding to severity of psycho-logical menopausal symptoms of studied women the present study mentioned that, more than one fifth of the studied women highly suffered from Decrease in performance capacity, more than one quarter of them highly suffered from high wanting to be alone.

The present study in the same line with **Zivdir & Sohbet, (2017)** who conducted entitled Effect of Feelings of Guilt and shame on Life Quality of Women in Menopause and reported that, less than one quarter of the studied women highly suffered from wanting to

be alone while this result in contrast with **Heidari et al. (2017)** who conducted study entitled prediction of marital satisfaction based on emotional intelligence in postmenopausal women and reported that more than one third of the studied sample suffered from high decrease in performance capacity. The Israeli occupation has caused many psychological harms to Palestinian menopausal women that increase their psychological problems

Regarding to positive menopause coping strategies of studied women the present study demonstrated that, more than one fifth of studied women usually occupy themselves to forget menopause symptoms either, less than one third of them usually doing Control the emotions, more than one fifth of them usually doing Learned from the mistakes as positive coping strategy related to menopausal symptom the present study matching with **Olowokere et al. (2020)** who conducted study entitled Lifestyle practices and menopause-related symptoms among women in rural communities in Nigeria and reported that less than one fifth of the studied women Usually doing to occupy to forget menopause.

The present study contrast with **Olowokere et al. (2021)** who reported that, 9.6% of studied women usually doing Control the emotions .this difference may be due to difference between studied sample or may be due to differences in economic status, source of information, and educational level

Regarding to Negative Menopause Coping Strategies Of Studied Women the present study mentioned that, one quarter of the studied women usually Take too many painkiller, less than one third of them usually Stop chasing dreams, another one third of them usually Live as an elderly woman as negative menopause coping strategies. The present study disagree with **Agarwal et al. (2019)** who conducted study entitled A Cross Sectional Study for Assessment of Menopausal Symptoms and Coping Strategies among the Women of 40-60 Years Age Group Attending Outpatient Clinic of Gynaecology and reported

that more than two fifth of the studied sample (42%) take medical medication, most of them (83%) maintains social relationships while matching with **Mahmoud, Moustafa & Mohamed, (2016)** who conducted study entitled Coping Strategies to the Problems Associated with the Post-menopausal Women and reported that, More than one quarter of the studied women (56%) take too many painkiller.

### Conclusion:

21.3% of studied women Usually Occupy themselves to forget menopause, 29.3% of them usually doing Control the emotions, 22.7% of them usually Learned from the mistakes as positive Coping Strategy related to menopausal symptom On the another hand 25.3% of studied women usually Take too many painkiller, 29.3% of them usually Stop chasing dreams, 29.3% of them usually Live as an elderly woman as Negative Menopause Coping Strategies.

### Recommendations:

In the light of the results of this study, the following recommendations were suggested: develop of self-care module for menopausal women in different health setting to reduce severity of menopausal symptom and improve the coping strategies.

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