Effect of Menopausal Symptoms on Women's Quality of Life in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia)

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Abstract

Objective: This research aims to study the Effect of menopausal symptoms (M.S) on women's Quality of life (QOL) in Benha city (Egypt) and Arar city (Kingdom of Saudi Arabia), this aim achieved through:

• Investigate the severity of menopausal associated with menopausal status.
• Determine the quality of life of menopausal women from two country in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia).

Material and Methods: This research is a descriptive study conducted in Egypt & Saudi Arabia, Hyderabad division from November 2009 to Jule 2010. Among 220 menopausal women.

Study Design: Descriptive study design, sample type, convenient sample, 120 menopausal women from Benha in Egypt & 100 menopausal women from Arar in Saudi Arabia, attending to eight primary health care units for different reasons within the age range of 35-54 years.

Result: The mean age at Menopause was 46.35 ± 4.8 years; in Egypt and the mean age in Saudi Arabia was 49.9 ± 2.23. About one third of the sample (32.4%) experience menopausal symptoms between 50-54 years while (13.3%) of the sample reached menopause before 40 years old in study sample (Egypt) no finding any result in Saudi Arabia reached meno-pause before 40 years old in study sample. The prevalence rate of M.S was (95%) among menopausal women and half of them suffered of moderated M.S.

Most menopausal women tend to seek medical care for physical symptoms only and neglect other symptoms especially sexual symptoms. Statistical significant relation was found between M.S and level of education, occupation, marital status and family income and between QOL and level of education, marital status and family income. While non statistical significant relationships were detected between M.S and QOL and between coping mechanism and level of education, occupation and QOL.

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Conclusion: This study revealed that M.S negatively affected women's QOL and recommended that developing and disseminating education material to raise community’s awareness about menopausal needs (especially psychological needs and nutrition), and possibility of symptomatic treatment. The best of our knowledge this is the first attempt to provide data on menopause and quality of life of women in both country. The severity of menopausal decrease the quality of life in every day of these women.

Key Words: Menopause – Severity of symptoms – Quality of life.

Introduction

MODERN medicine has significantly increase the life expectancy of women thought out the word [1]. The word population of women aged over 60 years was below 250 millions in 1960 and it is estimated that in 2030 1.2 billion women will be per or postmenopausal and this will increase by 4.7 millions a year [2].

Menopause is a physiological event in the women's life. It is caused by aging of ovaries which leads to decline in production of ovarian Gonadotrophins Estrogen and Progesterone. The deficiency of these hormones elicits various somatic, vasomotor, sexual and psychological symptoms that impair the overall quality of life of women [3,4].

Menopausal unpleasant symptoms as experienced by women were; hot flashes, sweating, mood changes, irritability, insomnia, headache, lack of energy, palpitation, muscle and joint pain, dispa-ronia and loss of sexual desire [5,6,7].

It has been reported that the experience of menopausal symptoms involves not only a complex interaction between socio cultural, psychological and environmental factors but also the biological...
changes related to the altered ovarian hormonal status or deficiency [3,8,9].

The health organization defines QOL as an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectation, standard and concern [10].

Quality of life (QOL) is an important outcome that reflects the way a person (women) feel and function. Assessing the impact of condition on QOL is particularly relevant in symptomatic condition such as the menopause [11,12].

Host of the study have been conducted to measure the QOL of menopausal women from Arabic world with different socio cultural realities which may influence not only the perception of QOL but also the experience of menopausal at different status of menopause. Very little information exists about QOL of menopausal women in developing countries [13,14].

Postmenopausal women have been neglected by the medical community. Today with prolonged life expectancy women may spend as much as one third of their lives in menopause. There is an increasing need for better quality of live and in particular psychological well being [12,15,16]. Menopause is linked to a variety of uncomfortable symptoms which are varied in intensity from mild to severe symptoms. These symptoms have marked impact on menopausal women's quality of life [16,17,18]. Although it seems reasonable to suggest that most women experience significant changes in their quality of life during the menopausal period, few researchers have quantified these change [19-22]. Assessing the impact of menopause on quality is particularly relevant to menopausal symptoms [23]. Measures of quality of life for menopausal women is an attempt to gauge the effects of menopause and its symptoms on physical, social and spiritual dimension [24,25]. The community health nurses focuses on helping women to understand the physical changes that occur and the psychological responses to decrease unpleasant symptoms. Nurses are often the primary sources of information about alternative measures that mitigate symptoms and helping women to anticipate and deal positively with psychological and physical changes.

The aim of this study is:

To study the effect of menopausal symptoms on women's quality of life in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia), this aim achieved through:

- Investigate the severity of menopausal associated with menopausal status.
- Determine the quality of life of menopausal women from two country in Benha City (Egypt) and Arar City (Kingdom of Saudi Arabia).

Subjects and Methods

Study design: Descriptive design was utilized in this study.

Sample type: Convenient sample.

Research question:

1- What is the severity of menopausal symptoms associated with menopausal status?

2- Are there difference between the impacts of menopausal symptoms on women's quality of life of menopausal women in Egypt and Saudi Arabia.

Setting:

This study was conducted at the different centers in Egypt and Saudi Arabia and they named as Benha City, Kaluba Government in (Egypt).

- New Gamgara health care center.
- Old Gamgara health care center.
- Kafer Saied Center care.
- Warwera health care center. In Arar (Kingdom of Saudi Arabia).
- Elmesaidea health care center.
- Elmohamedia health care center. (Saudi Arabia).
- Elazezea health care center. (Saudi Arabia).
- Elsalhea health care center. (Saudi Arabia).

These setting were chosen because it affiliated to the educational setting and the flow rates to these setting are more.

Samples size:

The study sample included 220 menopausal women 120 from Egypt and 100 from Saudi Arabia; they recruited from different gynecologic centers in both Egypt and Saudi Arabia, this number equal 20% of a total number of menopausal women who admitted to the previous mentioned centers during November 2009 to July 2010 in both setting. Also they chosen according to the following criteria, their age ranged from 35-55 years, attending primary health care centers for different reasons in Benha and Arar City.
Tool of data collection:

A structured questionnaire sheet was prepared by the researchers after exclusive review of literature, including 4 parts.

First part: To collect data about:
- Demographic and socioeconomic data.
- Body mass index (BMI) measured by (weight/height) standardized according to checklist.
- Menstrual, obstetrical and gynecological history.
- Medical and surgical history.

Second part:

Modified vision of green climacteric scale [22] and menopausal symptoms list [14] done by the researchers to assess the menopausal symptoms and severity.

This part contained 62 items categorized under four areas (spheres) which were:
- Physical symptoms, it included 41 items.
- Vasomotor symptoms, it include 4 items.
- Psychological symptoms, it includes 12 items.
- Sexual symptoms, it included 5 items.

Scoring system:

Each items was scored along 4 points according to the following scores:
- None symptoms took 0 point.
- Mild symptoms took 1 point.
- Moderate symptoms took 2 point.
- Severe symptoms took 3 points.

The results total score in each area were between zero and 100. Those who obtained scores <25 were considered to have no symptoms, <50 were considered to have mild symptoms <75 were considered to have moderate symptoms and ≥75 were considered to have severe symptoms.

Third part:

Practical assessment sheet was developed for the purpose of assessing the different practice used by the menopausal women to relieve menopausal symptoms and their efficiency in relieving such symptoms. This part included 5 items.

The Scoring system was included three levels:
- 0 point for never, 1 point for sometimes, 2 point for always.

Fourth part:

The Manchester health questionnaire was developed by Bugg & Hosker [24] and modified by the researcher for the purpose of assessing the quality of life for menopausal women. It contained 34 items categorized under seven major areas.

A separate 5-point scale ranging from never (0) to always (4 point) was used for the measurement of each items. Total score in each domain were ranged between zero and 100, the higher score indicating a good QOL, lower score indicating a poor QOL. Those who obtained scores from 0 to 33.3% were considered to have high effect of M.S on QOL (poor QOL), more than 33.3% to 66.7% were having moderate effect of M.S on QOL (average QOL) and more than 66.7% were considered to have mild effect of M.S. on QOL (good QOL). Also those obtained score 0 to 33.3% were considered to have poor coping. More than 33.3% to 66.7 were considered to have moderate coping and more than 66.7 were considered to have good coping.

Operational design:

It included pilot study and field work.

Pilot study:

A pilot study was carried out with 22 subjects. Some modifications in the questionnaire sheet were made based on the results of the pilot study. Those subjects in the pilot study were excluded from the final study sample.

Filed work:

- Data collection tool were developed by the researchers after reviewing the related literature and it was revised for content validity by 8 experts in the field from Egypt and 4 from Saudi Arabia.
- The researcher were attended at the previous mentioned setting 4 days/weeks from 9 am to 2 pm, till the end of the predetermined number was completed, study sample was selected every one third and also according to the previous criteria. The researcher was meet individually with 1-3 women/day.

Aim of the study was explained to studied women then their consent was obtained.

The study was conducted during the period from beginning of December 2009 till the end of May 2010 firstly data was collected through 3 month from Egypt centers, and after then other 3 months were used for collection from Saudi Arabia.

Menopausal symptoms and Quality of life and impact menopausal symptoms on Quality of life
were assessed by using the previous mentioned tool.

**Ethical consideration:**

The aim of the study was explained to all participants in the study before interviewing to gain their confidence and the trust. Verbal consent was obtained from all participants. Confidentiality and Privacy was considered during interviewing for all participants, interviewing questioner sheet it's were burned after obtaining the data for statistics, the topic of this study did not touch the ethical, moral traditional and cultural and religious issue of all participants. All women have the right withdrawal at any time.

**Statistical analysis:**

The obtained data collected was coded manually by the researchers and presented in a descriptive form. The necessary tables were prepared and statistical formula was used as percentage, mean, standard deviation, chi-square test, \( p \)-value and test of significant at 5%.

**Validity and reliability:**

- **Validity:** Questionnaire sheet it revised by professional in nursing.
- **Alpha reliability:** Has been equal (0.87).

**Limitation of the study:**

10 women refused to be interviewed due to long waiting time in health care center because they are Complain from back ache, arthritis, they were replaced another 10 women.

**Results**

This study was done in order to assess the effect of menopausal symptoms on women's quality of life and assess the practice of relief measures used by menopausal women regarding most common menopausal symptoms. Data shows that, the mean age of the study sample in Egypt was 46.35±4.8 years while in Saudi Arabia the mean age was 49.9±2.23. As regard education in Egypt about one third (32.5%) were having secondary school education and (16.7%) were illiterate while in Saudi Arabia about more than one third (37%) were illiterate, about one quarter (27%) were having secondary school. Regarding the occupation in Egypt more than two thirds of study sample, (67.5%) were working while in Saudi Arabia the majority of the study sample were house wives (89%). Concerning marital status, in Egypt more than two thirds (64.2%) were married while in Saudi Arabia about three third (85%) were married.

Concerning to family size in Egypt (66.7%) were living in families consisting of more than 4 person while in Saudi Arabia all the sample living in families consists of more 4 person.

Regarding menstrual history of women in two settings, Table (1) shows that, the age of menarche ranged between 10 to 17 years, 67.5% in Egypt & 69% in Saudi Arabia of study women were experienced menarche before 14 years, most of the study sample (79.2% in Egypt, 81% in Saudi Arabia) had bleeding days from 4 to less than 8 days, while 6.6% in Egypt and 12% in Saudi Arabia had bleeding for 8 days or more. Also the majority of study sample 81.7% in Egypt, 88% Saudi Arabia reported regular rhythm of menstruation and more than half of the sample (56.6% in Egypt, 63% in Saudi Arabia) reported normal amount of menstrual blood loss. As regard the age of cessation of menstruation it ranged between 35 to 54 years in Egypt, 40 to 54 in Saudi Arabia about 54.2% in Egypt & 43.0% in Saudi Arabia of study sample experience cessation of menstruation between 40 to 49 while 13.3% in Egypt & no find any result (zero%) in Saudi Arabia were between 35 to 39 years.

A menopausal symptom among women in the two settings, Table (2) shows that different menopausal symptoms are arranged according to health dimension. It indicates that most frequent physical symptoms (muscles weakness 95% in Egypt, 90% in Saudi Arabia and backache 90.0% in both Egypt & 85.0% in Saudi Arabia followed by cardiovascular symptoms & functional arrhythmia 88.3% in Egypt 85% in Saudi Arabia and palpation 85.8% in Egypt & 84% in Saudi Arabia) and as regard respiratory symptoms (breathing difficult 82.7% in Egypt & 81% in Saudi Arabia) regarding psychological symptoms 92.3% in Egypt and 90% in Saudi Arabia, the difficult in concentration and headache were equal in both Egypt & Saudi Arabia 90% the most sexual symptoms were loss of sexual desire/libido and decrease of sexual response were equal in both Egypt & Saudi Arabia 94.9% & 94% respectively. The most vasomotor symptoms were hot flush 85.7% in Egypt & 88.0% in Saudi Arabia.

Table (3) shows the practice of relive measurers used by menopausal women’s in the two setting toward most common menopausal symptoms. It illustrate that, for headache, 42.6 of study population consult a health provider, while 6.0% only in Saudi Arabia were consulting health provider, for insomnia (45.0% in Egypt & 38.0% in Saudi Arabia) used home remedies (herbs) and worm fluid. Regarding mood changes, irritability & depression 69.4% in Egypt & 37% in Saudi Arabia pay atten-
tion for other things (watch TV, talk with friends or reading), breathing difficulties and palpation 78.1% in Egypt & 67% in Saudi Arabia consulted a health provider. Regarding dizziness and fainting 75.65% in Egypt & 67% in Saudi Arabia rest and sleep. For hot flushes/sweating 86.1% in Egypt & 57% in Saudi Arabia washed their faces with cold water while 12.5 in Egypt & 16.0% in Saudi Arabia consulted with health provider. As regarding, muscle and joint pain, 54.9% in Egypt 52.5% in Saudi Arabia consulted with health provider. For vaginal dryness inflammation; 88.5% in Egypt 52.0% in Saudi Arabia used cotton under wear. Concerning urinary problem 63.9% in Egypt & 33% in Saudi Arabia used perinea care/douches and sexual problems; 68.2% in Egypt & 52% in Saudi Arabia didn’t use anything while 14.3% in Egypt & 6 in Saudi Arabia didn’t use anything while 37.3% in Egypt & 49% in Saudi Arabia used regular diet and keep on weight.

Table (1): Distribution of the study population according to menstrual history.

<table>
<thead>
<tr>
<th>Items of menstrual history</th>
<th>Study sample in Egypt</th>
<th>Study sample in Saudi Arabia</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Age at menarche:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10-14)</td>
<td>81</td>
<td>67.5</td>
<td>69</td>
</tr>
<tr>
<td>(14-17)</td>
<td>39</td>
<td>32.5</td>
<td>31</td>
</tr>
<tr>
<td>Duration of menstrual cycle/day:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>17</td>
<td>14.2</td>
<td>7</td>
</tr>
<tr>
<td>-4</td>
<td>95</td>
<td>79.2</td>
<td>81</td>
</tr>
<tr>
<td>-8</td>
<td>8</td>
<td>6.6</td>
<td>12</td>
</tr>
<tr>
<td>Interval of menstrual cycle/day:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20 – days</td>
<td>11</td>
<td>9.2</td>
<td>24</td>
</tr>
<tr>
<td>30% days</td>
<td>102</td>
<td>85</td>
<td>50</td>
</tr>
<tr>
<td>30&lt; days</td>
<td>7</td>
<td>5.8</td>
<td>26</td>
</tr>
<tr>
<td>Rhythm of menstruation:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regular</td>
<td>98</td>
<td>81.7</td>
<td>88</td>
</tr>
<tr>
<td>Irregular</td>
<td>22</td>
<td>18.3</td>
<td>14</td>
</tr>
<tr>
<td>Amount of menstrual blood loss:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scanty</td>
<td>5</td>
<td>4.2</td>
<td>11</td>
</tr>
<tr>
<td>Normal</td>
<td>68</td>
<td>56.6</td>
<td>63</td>
</tr>
<tr>
<td>Excessive</td>
<td>47</td>
<td>39.2</td>
<td>26</td>
</tr>
<tr>
<td>Age cessation of menses/years:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-39 years</td>
<td>16</td>
<td>13.3</td>
<td>0</td>
</tr>
<tr>
<td>40-49 years</td>
<td>65</td>
<td>54.2</td>
<td>43</td>
</tr>
<tr>
<td>50-54 years</td>
<td>39</td>
<td>32.4</td>
<td>57</td>
</tr>
</tbody>
</table>

Table (2): Distribution of menopausal women according to their common menopausal symptoms.

<table>
<thead>
<tr>
<th>Menopausal symptoms</th>
<th>Egypt</th>
<th>Saudi Arabia</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Loss of orgasm</td>
<td>114</td>
<td>95.00</td>
<td>72</td>
</tr>
<tr>
<td>Decrease of sexual response</td>
<td>113</td>
<td>94.17</td>
<td>94</td>
</tr>
<tr>
<td>3-Hot flushes</td>
<td>103</td>
<td>85.83</td>
<td>88</td>
</tr>
<tr>
<td>Feeling unhappy or depressed</td>
<td>94</td>
<td>78.33</td>
<td>90</td>
</tr>
<tr>
<td>5-Insomnia</td>
<td>92</td>
<td>76.67</td>
<td>75</td>
</tr>
<tr>
<td>Difficulty in concentration</td>
<td>109</td>
<td>90.83</td>
<td>91</td>
</tr>
<tr>
<td>Headache</td>
<td>109</td>
<td>90.83</td>
<td>91</td>
</tr>
<tr>
<td>Feeling tense or nervous</td>
<td>111</td>
<td>92.50</td>
<td>90</td>
</tr>
<tr>
<td>9-Irritability</td>
<td>101</td>
<td>84.17</td>
<td>80</td>
</tr>
<tr>
<td>Breathing difficulties</td>
<td>99</td>
<td>82.50</td>
<td>81</td>
</tr>
<tr>
<td>Palpation</td>
<td>103</td>
<td>85.83</td>
<td>84</td>
</tr>
<tr>
<td>Functional arrhythmias</td>
<td>106</td>
<td>88.33</td>
<td>85</td>
</tr>
<tr>
<td>Joint stiffness</td>
<td>101</td>
<td>84.17</td>
<td>80</td>
</tr>
<tr>
<td>Backache</td>
<td>108</td>
<td>90.00</td>
<td>85</td>
</tr>
<tr>
<td>Joint pain</td>
<td>99</td>
<td>82.50</td>
<td>70</td>
</tr>
<tr>
<td>Muscles weakness</td>
<td>114</td>
<td>95.00</td>
<td>90</td>
</tr>
<tr>
<td>Vaginal dryness</td>
<td>66</td>
<td>55.00</td>
<td>50</td>
</tr>
<tr>
<td>Dizziness</td>
<td>36</td>
<td>30.00</td>
<td>33</td>
</tr>
</tbody>
</table>
In relation to effectiveness of practice of reliefs’ measures used by menopausal women toward most common menopausal symptoms. Table (4) showed that the symptoms were relieved in 27.3% & 29.1% in Egypt & Saudi Arabia respectively related to weight gain while 72.7% in Egypt & 70.9% in Saudi Arabia wasn’t relieved. As regard sexual problem 87.5% & 85.5% in Egypt & Saudi Arabia respectively wasn’t relieved about 63.5% & 64.5% of study population who had urinary inflammation was relieved. As regard vaginal inflammation 42.3% & 40 Egypt & Saudi Arabia respectively wasn’t relieved. As regard muscles/joint pain about 66.7% & 56.7% in Egypt & Saudi Arabia respectively wasn’t relieved while 77.6% & 78.0% in Egypt & Saudi Arabia respectively as regard dizzy was relieved and also 72% & 73% Egypt & Saudi Arabia respectively as regard headache was relieved.

### Table (4): Effect of practice used by menopausal women to relieve the most common menopausal symptoms in the two setting.

<table>
<thead>
<tr>
<th>Menopausal symptoms</th>
<th>Effect of practice</th>
<th>Egypt</th>
<th>Saudi Arabia</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Not relieved</td>
<td>Relieved</td>
<td>Not relieved</td>
</tr>
<tr>
<td>Weight gain</td>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Sexual symptoms</td>
<td></td>
<td>35</td>
<td>29.10</td>
<td>85</td>
</tr>
<tr>
<td>Urinary symptoms</td>
<td></td>
<td>17</td>
<td>14.50</td>
<td>103</td>
</tr>
<tr>
<td>Vaginal dryness/inflammation</td>
<td></td>
<td>77</td>
<td>64.50</td>
<td>43</td>
</tr>
<tr>
<td>Muscle/joint pain</td>
<td></td>
<td>72</td>
<td>60.00</td>
<td>48</td>
</tr>
<tr>
<td>Hot flushes/sweating</td>
<td></td>
<td>52</td>
<td>43.30</td>
<td>68</td>
</tr>
<tr>
<td>Dizzy/faint</td>
<td></td>
<td>65</td>
<td>54.00</td>
<td>67</td>
</tr>
<tr>
<td>Palpation/breathing difficulties</td>
<td></td>
<td>94</td>
<td>78.00</td>
<td>26</td>
</tr>
<tr>
<td>Mood change/irritability/ depression</td>
<td></td>
<td>94</td>
<td>78.50</td>
<td>26</td>
</tr>
<tr>
<td>Insomnia</td>
<td></td>
<td>48</td>
<td>40.00</td>
<td>72</td>
</tr>
<tr>
<td>Headache</td>
<td></td>
<td>81</td>
<td>67.60</td>
<td>75</td>
</tr>
</tbody>
</table>

Table (5) represented distribution of the study sample according to the effect of menopausal symptoms on QOL. It shows that the relation between the level of education, coping mechanisms, and over all symptoms (physical, psychological, vasomotor & other).
Table (5): Distribution of the study sample according to degree of effect of menopausal symptoms on the quality of life domain in the two settings.

<table>
<thead>
<tr>
<th>Quality of life</th>
<th>Degree of menopausal symptoms</th>
<th>Egypt</th>
<th>Saudi Arabia</th>
<th>Chi-square</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td>Moderate</td>
<td>Mild</td>
<td>High</td>
</tr>
<tr>
<td>Physical</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>60.80</td>
<td>32</td>
<td>26.70</td>
</tr>
<tr>
<td>Role limitation</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>60.00</td>
<td>37</td>
<td>30.80</td>
</tr>
<tr>
<td>Social limitation</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>44</td>
<td>36.70</td>
<td>41</td>
<td>34.20</td>
</tr>
<tr>
<td>Psychological limitation</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>66</td>
<td>55.00</td>
<td>46</td>
<td>38.30</td>
</tr>
<tr>
<td>Sleep/energy limitation</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>78</td>
<td>65.00</td>
<td>34</td>
<td>28.30</td>
</tr>
<tr>
<td>Over all QOL</td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>64</td>
<td>53.30</td>
<td>44</td>
<td>36.70</td>
</tr>
</tbody>
</table>

Table (6) shows the relationship between women’s occupation and menopausal symptoms, quality of life and coping mechanisms. It was found that menopausal symptoms had affect housewives higher than working woman in both Egypt & Saudi Arabia and working woman’s in the area related to psychological limitation and coping mechanism.

Table (7) represents the relation between marital status and menopausal coping mechanisms. It illustrate that, there were statistical significant relation between the marital status & M.S. in the area related to psychological, sexual and vasomotor symptoms (p-value = 0.013, 0.037 and 0.012) respectively. And shows a statistical significant relation between marital status and psychological / emotion (p-value = 0.023) and role limitation (p-value = 0.031).

Table (8) it shows the relation between level of education & menopausal symptoms, over QOL, role limitation and coping mechanism. There was statistically significant relation between coping mechanism, QOL, role limitation, social limitation, psychosocial, and over all QOL and level of education (p-value = 0.001, 0.003, 0.0004, 0.001, 0.0014 and 0.001) respectively.
Menopause is a normal development period experienced by women in midlife, when she has permanent cessation of menses for more than one year, and the period of fertility ends [11,26]. Post menopause is recognized as a time of decreased hormonal production with associated symptoms and problems that reduce the quality of life for large number of women [18,27]. The result of this study indicated that the age of cassation of menstruation (age of menopause) ranged between 35 to 54 years old years in Egypt with mean age of 46.35±4.8 years this result similar with [1,2,4,28] in Alexandria and Assuite cities respectively, [3,8,29,30]. While in Saudi Arabia the age of cessation of menstruation ranged between 40 to 54 years old years with the mean age 49.9±2.23. This result was in line with [31,32] he study on menopausal symptoms and he found that the mean age at natural menopause among the Saudi Arabian women was 48.06 years and the median age was 49 years and similar with [31,33,34] they are reported that the mean age of menopause was 48.5±3.9 years in Cairo City and [4] found that 49.0±2.23 years in all Egyptian.

Other studies show variations in reported age at menopause: 50.9 years among Norwegian women [13], 49.3 years in Greene County, New York [21], and 44.3 years among Mayan women.

On the other hand, 13.3% in Egypt, 0% in Saudi Arabian of the study sample, experiences natural premature menopause before the age of 40 years (Table 1). This finding in Egypt was higher than that reported in [24]. Study which were 8% among Alexandria women. Result of these two studies were higher than the world finding, which was 1.4% among American and African women and 0.5% among Chinese women [18]. This was attributed to the differences in socioeconomic and nutrition status [24]. The result on Saudi Arabian was congruent with [15,35] he reported that the Premature menopause or premature ovarian failure refers to women whose menstruation ceases at age 40 or earlier [18]. Reported that, higher BME, smoking, and none contraceptive hormonal use are associated with natural premature menopause, the current result agreed with SWAN, 2004 in the area of BMI and also Several studies have established a significant association between age at natural menopause and BMI.

Regarding the menopausal symptoms the current study revealed that the majority 95% of menopausal women in both countries suffered from menopausal symptoms with variation of intensity, more than half of women suffered from moderate symptoms (Table 2) [5,36]. Reported that prevalence of menopausal symptoms was 80% in Egyptian women & less than 43.4% had mild symptoms.

The present study revealed that, the sexual symptoms were the most common symptoms followed by psychological, vasomotor symptoms and ended by physical symptoms on both countries (Tables 2). On the contrary [25,37,38] they are reported that vasomotor symptoms were the most common symptoms among Egyptian women as well as among American and British women [27,32,39]. This result may be due to women may feel freely to talk with female nurses about their feeling and private matters rather than with male staff. On the other hand, the researcher observed that women were obese. Obesity proved to protect against vasomotor symptoms [6,26,37] which may explain the high prevalence of sexual symptoms than vasomotor symptoms. The findings also show that the muscles aches and joint pain, backache, weight gain, loss of sexual desire and libido, feeling tense, headache, irritability, insomnia, hot flushes and sweating were the most common symptoms among menopausal women (Table 2). This result were congruent with the result found by [1,3,10] among united Arab emirates (UAE) wom-
en's and morocco's women respectively. And also congruent with others who [40] reported that symptoms among Saudi women's such as hot flashes followed by a flashing of the skin, vasodilatation followed by vasoconstriction were usually associated with night sweats, which were in turn, associated with insomnia and headaches [37]. Because of sleep disturbance due to the incidence of hot flashes at night, women tend to be more fatigued and irritable.

Schneider [14] found that the most reported menopausal symptoms were the following: Hot flushes (72%), mood changes (69%), irritability (63%), sweating (58%), and depression. On the otherhand, almost one-third of the women in her study reported that around 55% & 50% in Egypt and Saudi Arabian reported vaginal dryness [8]. investigation among Pakistani women showed that hot flushes and anxiety (40%) followed by irritability (32%) and night sweats (28%) were the most frequently reported symptoms among postmenopausal women.

Concerning practice of relief measures in Egypt & Saudi Arabia (Table 3), most of menopausal women consulted with health provider only for physical symptoms, (headache, breathing difficulties, palpation and urinary problems) while they used remedies (herbs) or warm fluid for insomnia. They used cotton underwear and vaginal douches for vaginal symptoms. Concerning sexual symptoms and weight gain most of them didn’t use anything or ever given any concern for such symptoms. These results could be attributed to lack of knowledge for these women regarding menopausal symptoms and the availability of medication for alleviating or reducing such symptoms. On the other hand most Saudi Arabian women in this study preferred to cope with menopausal symptoms naturally in their lives and to get used to them by ignoring them, rather than using medications to alleviate their symptoms. This is due to the belief in Muslim culture that menopause is a natural event and it is God’s will for every woman to experience. The difference among the menopausal symptoms that the women reported might be due to the number of children the women have, their age at menarche, health status, a family tragedy, and use of oral contraceptives. Concerning the effectiveness of practice of relief measures, done by menopausal women, toward most common menopausal symptoms (Table 4). They mentioned high efficiency in relieving physical symptoms (e.g. headache, breathing difficulties, palpation, dizziness and fainting, vaginal and urinary problems). Failure in relieving psychological symptoms (e.g. insomnia, mood change, irritability and depression), vasomotor symptoms (e.g. hot flushes and sweating), and sexual symptoms and in reducing weight. This may be due to most of them were seeking medical advice for physical symptoms only, which provide suitable care that helps in relieving these symptoms.

Regarding perception of menopausal women about the effect of menopausal symptoms on QOL (Table 5). The majority reported that there was an effect of these menopausal symptoms on QOL, slightly more than one third of them reported a low effect of menopausal symptoms on QOL. Slightly more than one third of them reported a low effect of menopausal symptoms on their QOL and about half of them described their own QOL as poor. The discrepancy of these result could be attributed to the tendency of Egyptian women for adaptation and decreased tendency to express suffering. Concerning the relation between menopausal symptoms and QOL and different factors tested in this study. There was a positive statistical significant relation between women age, age of menopause and sexual symptoms. This result is congruent with [17,18,41] who reported that decrease of sexual function was associated with menopause and aging period [11,15,19,36]. They are reported that there was a relation between menopausal symptoms and sexual function in Massachusetts USA. This result was explained, previously, by hormonal changes associated with menopause and aging period. In the present study, more than two third of studied sample were working women in Egypt & housewives in Saudi Arabia housewives in both country suffered from all component of M.S higher than working women. Positive statistical significant relation was detected between housewives and working women among physical, psychological and overall M.S. And no statistical significant relation among sexual vasomotor symptoms [5,21,36]. This finding agreed with [2,4,8,29] except for sexual and vasomotor symptoms as they reported that their was a statistical significant relation among all M.S and on the both contrary [20,21,42], they are reported that working women experience more symptoms and disordered than housewives among UAE women also, it was found that working women had coping mechanisms better than housewife, there was, a positive statistical relation between coping mechanism and occupation [12,32,43]. This may be due to the working women had more responsibility than housewives, so they try to cope with their QOL limitation. Meanwhile, results of present study was contrast with [26,38,44], they are found that British working women reported more frequent menopausal symptoms, such as hot flushes, cold sweats, and vaginal...
dryness, difficulty with intercourse, anxiety, and depression, compared to women with other employment statuses. According to the authors, these findings might be caused genetic differences than to demographic factors \[21,22,23\]. The authors attributed these differences in the age at menopause could be due more work stress; employed women tended to be less tolerant of vasomotor and somatic symptoms and felt embarrassed when incidences of hot flashes occurred at work. On the other hand \[3,4,8,19,30\], research illustrated that women with part-time employment status reported more menopausal symptoms such as heart pounding, forgetfulness, and difficulty sleeping compared to housewives and women with full-time employment status. Concerning the relation between marital status and menopausal symptoms \[14,22,23\] they are found, that the separated menopausal women (widow and divorced), on both countries had higher symptoms than married women and there was positive statistical significant relation between marital status and psychological, sexual and vasomotor symptoms, this agrees with \[24,25,37,41\] in all menopausal symptoms except for physical symptoms, while these results are contradicting with \[18,43,44,45\] they are reported that there was statistical significant relation between marital status and menopausal symptoms. The current study found that in both contrary the separated menopausal women have poor QOL than married ones and there were positive statistical significant relation between marital status and role psychological limitation. This result is on line with \[9,31,33\] except other QOL domain. According to \[17,40,43,46\] married women practicing sexual relation, had better physical, psychological emotion, mental relaxation and well-being, due to regular ovarian function and hormonal secretion. The current study is line with previous researchers proposed that age at natural menopause can be determined by women’s marital status due to the sexual activity that causes a fluctuation in their endocrinology by increasing the level of estrogen circulating that can either accelerate or slow down the rate of follicular artesian \[12,16,35,47\]. Table (1) assumes that the significant association between respondents’ marital status and age at menopause in my study might be due to bicultural factors. Since in Egypt & Saudi Arabia is a conservative society and Islam prohibits any sexual relationship between men and women before marriage. Only married women use birth control methods, experience miscarriages, and become pregnant; thus, age at menopause might be significantly associated with women’s reproductive history in my study. Unlike the findings in my study, indicated no association between marital status and age at natural menopause. Finally, the present study revealed that there were positive statistically significant relation between menopausal symptoms and level of education, occupation, marital status and age of menopause. There were negative statistically significant relation between menopausal symptoms and women’s age, family income, age at last labor and duration of contraceptive use.

**Conclusion:**

From the present study, it can be concluded that:

- Age of menopause ranged between 35 to 54 years old and the mean age was 46.35 ±4.8 years in Egypt was lower in Egypt than in Saudi Arabia and while the age of cessation of menstruation ranged between 40 to 54 years old years with the mean age 49.9 ±2.23 in Saudi. About one third of the sample (32.4%) experience menopausal between 50-54 years while (13.3%) of the sample reached to menopause before 40 years old in study sample (Egypt) while no finding any result in Saudi Arabian none of them reached to menopause before 40 years old in study sample. The prevalence rate of M.S was 95% for menopausal women and half of them suffered of moderated M.S in both countries.

- Sexual symptoms were the most common symptoms (94.3%), (94.0%) followed by psychological symptoms (92.3%), (90%) respectively on both countries.

- Most menopausal women consulted a health care provider only for physical symptoms and they didn’t recognize that other symptoms could be treated.

Although there were limitations on women’s QOL as reported by sample, menopausal women tend to accept and able to cope with these limitations.

- There were positive statistical significant relations between M.S and level of education, occupation, marital status, and age of menopause.

- There were positive statistical significant relations between QOL, and level of education, occupation, marital status, medical and surgical history, and family income.

- There were positive statistical significant relations between coping mechanism and level of education, occupation, and QOL.

- There were negative statistical significant relations between M.S and women age, family income, age at last labor and duration of contraceptive uses.
There were negative statistical significant relations between QOL and duration of contraceptive uses.  

Menopausal affect women's QOL, negatively.

**Recommendations:**

- Developing and dissemination of educational material to raise community awareness about menopausal causes, needs, especially nutritional, psychological and emotional needs and possibility of symptomatic treatment.
- Conducting mass media campaigns within P.H.C and M.C.H which motivate menopausal women to seek treatment from professional resources.
- Because sexuality is seldom considered counseling of midlife and aging women and they may need help to adapting sexual practices, health care providers should encourage women to express their feeling about their sexual problems.
- Health care provider’s need to consider individual women's differences, needs and believes, when developing the treatment plans for menopausal women.
- Advice menopausal women; that they should conduct periodical physical examination for early detection of diseases (e.g. hypertension and cancer).
- Training of nurses to be informative person, a supportive listener, able to encourage women for realistic cooping methods and increasing their efficiency in helping menopausal women.
- Establishing special clinics to provide care for menopausal women.
- More researches are needed to assess women's knowledge about need and problems during menopausal period and the way of overcoming menopausal problems to improve QOL.
- More studies are needed to investigate other factors and their association with menopausal symptoms.
- It is important to observe the relationship between respondents reproductive history factors and the onset of menopause among Egypt women & Saudi women.

**References**

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