

## Impact of Psychological and Social Climacteric Changes upon Quality of Life of Middle Age Women in Baghdad City

اثر التغيرات النفسية والاجتماعية لسن ما بعد الإنجاب على جودة حياة النساء متوسطات العمر في مدينة بغداد

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**الهدف:** لتقييم اثر التغيرات النفسية والاجتماعية لسن ما بعد الإنجاب على نوعية حياة النساء متوسطات العمر في مدينة بغداد

**المنهجية :** دراسة وصفية تحليلية لدراسة نوعية الحياة بين النساء متوسطات العمر نتيجة لأثر التغيرات النفسية والاجتماعية لسن ما بعد الإنجاب للفترة من شباط ٢٠١٣- تموز ٢٠١٣. اختيرت عينة غرضيه شملت (٣٠٠) امرأة متوسطة العمر ٤٠- ٦٥ سنة من المراكز الصحية التابعة لقطاعي الرصافة والكرخ تم جمع البيانات من خلال استخدام أسلوب المقابلة استمارة استبيان مكونة من جزئين الجزء الأول يتألف من الخصائص الديموغرافية الاجتماعية والجزء الثاني يتألف من مقياس نوعية الحياة ويشمل المحور (الجانب النفسي والاجتماعي) . تم تحديد ثبات الاستبانة من خلال دراسة تجريبية (استطلاعية) وصحتها من خلال لجنة مكونة من (١٨) خبيراً . استخدمت إجراءات التحليل الإحصائي الوصفي وإجراءات التحليل الاستنتاجي لتحليل البيانات وبمستوى دلالة ٥% أو اقل .

**النتائج :** أظهرت النتائج أن أثر التغيرات لسن ما بعد الإنجاب للجانب ( النفسي) على نوعية الحياة قد سجلت أن أكثر من نصف عينة الدراسة كان التقييم متوسط بينما كان التقييم للجانب (الاجتماعي) جيد .

**التوصيات:** أوصت الدراسة ببذل الجهود من قبل مقدمي الرعاية الصحية بأجراء بحوث فيما يخص نوعية الحياة للنساء متوسطات العمر ، كما وأوصت بضرورة تنفيذ برامج تثقيفية للنساء حول فترة سن ما بعد الإنجاب وكيفية اجتياز هذه المرحلة بأمان .

### Abstract

**Objective:** to assess the impact of psychological and social climacteric changes on quality of life among middle age women in Baghdad city

**Methodology:** : A descriptive analytic study was conducted to study the quality of life among middle age women due to psychological and social climacteric changes from February 2013- July 2013. A purposive sample consisted of three hundred (300) women aged (40-65) years who were attending health centers in two sectors in Baghdad / AL- Russafa and AL- karhk . The data were collected through using interview technique , and questionnaire format , which comprises two parts, first part consist (socio-demographic characteristic , the second part quality of life domains (psychological and social domains) .. The reliability of the questionnaire was determined through a pilot study and, the validity through a panel of (18) experts. Descriptive and inferential statistical analysis procedures were employed for data analysis; all the statistical procedures were tested at  $P < 0.05$  or less .

**Results:** The results show that the climacteric changes for ( psychological domain ) was reported by more than half of study sample which assessed as ( moderate) impact on quality of life .while the assess of social domain ( good).

**Recommendation:** The study recommends for more effort from health care providers to do further researches about the quality of life of middle age women. Moreover, the health care provider should implement an educational program for women about the climacteric changes and how to pass it safely

**Key words :** Climacteric changes , Middle age women .Psychological symptoms , Quality of Life

### *Introduction*

**C**limacteric is used to refer to the wide variety of physiological, psychological, and social changes occurring in the years immediately surrounding menopause<sup>(1)</sup>. Climacteric is a transitional phase that is immediately prior to and after menopause, when clinical, biological, and endocrinological symptoms of menstrual cessation commence, it occurring universally in all women who reach midlife. The timing of menopause as well as women's experience of menopausal symptoms varies between populations and within populations<sup>(2)</sup>. The incidence of menopausal symptoms is influenced by socio-demographic/ sociocultural factors, economical stresses, general health status, and individual perception of menopause, genetic and racial differences and reproductive parameters like parity<sup>(3)</sup>.

Menopause is also associated with a number of physical, psychological and social changes. Many studies have found that the menopause is associated with deteriorating quality of life (QOL)<sup>(4)</sup>. Key event is the hormonal conversion, especially the lack of estrogens, leads to moderate or severe menopausal symptoms in two thirds of women. These menopausal symptoms are not life-threatening, but may reduce quality of life considerably<sup>(5)</sup>.

For middle-aged women, this loss of reproductive capability is a critical issue that represents the end of fertility and the onset of the aging process<sup>(6)</sup>.

### *Methodology*

A descriptive analytic study was conducted to study the quality of life among middle age women due to climacteric changes. ( Non probable ) a purposive sample consisted of three hundred (300) women aged (40-65) years who were attending health centers in two sectors in Baghdad / AL- Russafa and AL- karhk. Data was collected by using Menopause Rating Scale (MRS) by Heinemann et al ,2003 and Quality of Life Brief (WHOQOL Brief ,1995) after such modification had been carried on self-reporting approach was used to collect the data and using a constructed study instrument which comprises two parts, first part consist (Socio-demographic characteristics which consist ( age , education level , occupation , marital status , family type , residency , socioeconomic status , and sector ) , the second part Quality of life scale it consists psychological and social domains. The validity of the questionnaire determined through a panel of (18) experts. The reliability of the questionnaire determined through a pilot study . The data was analyzed through the application of descriptive & inferential statistic approaches . All the statistical procedures were tested at  $p \leq 0.05$ .

## Results :

Table (1): Distribution of Socio-Demographical Characteristics of study sample

Variables		F.	Percentage	Cum. Percent	C.S. (*) [P-value]
Age Groups Years	40 -44	88	29.3	29.3	$\chi^2= 65.767$ P=0.000 HS
	45 -94	88	29.3	58.7	
	50 -54	71	23.7	82.3	
	55 -95	29	9.7	92	
	60 - 65	24	8	100	
Educational level	Illiterate	43	14.3	14.3	$\chi^2= 143.053$ P=0.000 HS
	Reads and writes	15	5	19.3	
	Primary school graduate	28	9.3	28.7	
	Intermediate school graduate	32	10.7	39.3	
	Secondary school graduate	72	24	63.3	
	High institute graduate	99	33	36.7	
Occupation –	House wife	149	49.7	49.7	$\chi^2= 247.813$ P=0.000 HS
	Government employed	137	45.7	95.3	
	Self-employee	4	1.3	96.7	
	Retired	10	3.3	100	
Marital Status	Married	150	50	50	$\chi^2= 193.633$ P=0.000 HS
	Single	40	13.3	63.3	
	Widowed	55	18.3	81.6	
	Separated / divorce	48	16	97.6	
	Others(prisoner of war,missing )	7	2.4	100	
Family type	Nuclear	230	76.7	76.7	Binomial P=0.000 ; HS
	Extended	70	23.3	100	
Residency	Urban	297	99	99	Binomial P=0.000 ; HS
	Rural	3	1	100	
Socioeconomic Status	Low	86	28.7	28.7	$\chi^2= 10.160$ P=0.006 HS
	Moderate	126	42	70.7	
	High	88	29.3	100	
Sector	AL – Rusafa	150	50	50	Binomial P=0.954 ; NS
	AL –Karkh	150	50	100	

P= level of probability ;  $\chi^2$ = Chi –Square Test; F= Frequency ; C.S = Comparisons Significant  
 (\*)HS: Highly Sig. at P<0.01;NS= None Significant; C.P =Cumulative Percentage

Table (1) show the observed frequencies, percents of the studied Demographical Characteristics variables with their comparison significant, the results has indicated that there has been a highly significant at P<0.01 among different levels of all variables except of "Sector" which was represented a non-significant different at P>0.05 between "Al – Rusafa" and " Al - Karkh ". - The subjects, **age** ,

the majority (58.6%) were reported at the middle age ranged (40 – 49) yrs., **level of education**, the highest percentage (63.3%) illustrated low levels of education, such as illiterate, read and write, primary, intermediate and secondary schools., **occupation**, most of them (49.7%) were house wives., **marital status**, the vast majority (86.7%) were married while the minority (13.3%) were single, **“Family type”**, the highest percentage (76.7%) were **Nuclear**, while the leftover (23.3%) were **“Extended”**, **Residency** was **“Urban”** for the majority which accounted (99.0%), **socioeconomic status**, most of them (42%) were from moderate status, while high & low status were reported (29.3%) & (28.7%) respectively

**Table ( 2): Distribution of Psychological Domain among study sample**

Questionnaire's Items	No.	M.S.	S.D.	R.S.	Ass.
<b>Psychological Domain (1)</b>					
<b>1-Mental state</b>					
Feel a depressed mood	300	2.15	0.67	71.7	Failure
Feel sad for no reason	300	1.81	0.75	60.3	Pass
Have a desire to cry	300	1.99	0.71	66.3	Pass
<b>2-Mood Acuity</b>					
Feel more nervous than usual	300	2.09	0.73	69.7	Failure
Feel nervous traction internally	300	2.09	0.67	69.7	Failure
<b>3-Anxiety</b>					
Feel uncomfortable internally	300	2.16	0.77	72.0	Failure
Feel I am more concerned than usual	300	2.23	0.74	74.3	Failure
Feel instability	300	2.05	0.80	68.3	Failure
<b>4- Mental exhaustion</b>					
Suffer from difficulty concentrating	300	1.95	0.76	65.0	Pass
Suffer from forgetfulness	300	2.02	0.76	67.3	Failure
Feel a headache	300	1.97	0.74	65.7	Pass
Cannot continue to talk with others clearly	300	1.59	0.64	53.0	Pass
Do not remember previous events in my life	300	1.45	0.67	48.3	Pass
<b>5- General Appearance and Body Shape</b>					
Feel that my appearance is not good	300	1.61	0.72	53.7	Pass
Feel uninterested with my appearance	300	1.59	0.69	53.0	Pass
Feel I'm not attractive	300	1.57	0.71	52.3	Pass
Do not like others to see me in this way	300	1.55	0.72	51.7	Pass
Suffer from the change in body and shape	300	1.79	0.81	59.7	Pass
<b>6-Positive Feelings</b>					
Feel that my life normal	300	2.44	0.75	81.3	Pass
Put new plans for my next life	300	2.35	0.84	78.3	Pass
Expect that good things will happen in my life	300	2.26	0.81	75.3	Pass
Accept progressive age positively	300	2.18	0.73	72.7	Pass
<b>7-Negative Feelings</b>					
Do not feel happy	300	1.84	0.71	61.3	Pass
Feel despair	300	1.31	0.59	43.7	Pass
Feel difficulty for adaption the new lifestyle	300	1.75	0.70	58.3	Pass
Scared of the future	300	2.07	0.69	69.0	Failure
Feel uninterested in anything	300	1.81	0.61	60.3	Pass

Continues

Table 2. continues

8- self –esteem					
Feel I am able to accomplish my duties	300	2.40	0.67	80.0	Pass
Satisfied my duty with my family	300	2.70	0.57	90.0	Pass
Have important role in the community	300	2.58	0.63	86.0	Pass
Feel good about health status	300	2.37	0.74	79.0	Pass
9-Thinking					
Thinking about the future of my health when I became in this age	300	2.39	0.69	79.7	Failure
Thinking for who will be take care for me in the future	300	2.49	0.69	83.0	Failure
10-Spiritual Beliefs					
What I facing taught me to be patient	300	2.83	0.41	94.3	Pass
Faiths in God gives me strength to face difficulties	300	2.79	0.45	93.0	Pass
Feel relieved when I participate in religious events	300	2.72	0.50	90.7	Pass
Feel relieved when praying and reading scriptures	300	2.65	0.57	88.3	Pass
Helped me to understand the difficulties of life and how to deal with	300	2.60	0.50	86.7	Pass
Overall assessment Psychological Domain	300	1.749	0.2522	58.23	Mod

No=Number ; M.S =Mean of Score ;S.D= Standard Deviation ; R.S – Relative Sufficiency; Ass=Assessment

Table ( 2) shows the summarizes of the subjects responding at the item's responses that are done by using the observed frequencies for the initial responding of Questionnaire's items, mean of score (MS), standard deviation (SD), relative sufficiency (RS), and finally the two dichotomous responding were Failure ( Negative) and Pass ( positive ) assessment due to the responding of answered.

"Mental state", assessment the first item which accounted (33.3%) show Failure (negative ), their relative sufficiency was upper cutoff point (66.67%) for negative scale scoring , while the second & third items assessment as Pass (Positive ) , their relative sufficiency were under cutoff point (66.67%) which accounted (66.7%)

"Mood Acuity", variable responses for the two items show Failure (Negative ) assessment, since their relative sufficiency were upper cutoff point (66.67%) for negative scale scoring and they are accounted (100.0%)

"Anxiety", variable responses the all items show Failure (Negative) assessment, since their relative sufficiency were upper cutoff point (66.67%) for negative scale scoring and they accounted (100.0%)

"Mental Exhaustion", assessment for the second item(20.0%) show Failure (Negative ) , their relative sufficiency were upper cutoff point (66.67%) for negative scale scoring , while the other four items , first , third, fourth , fifth assessed as Pass (Positive ) ,their relative sufficiency were under cutoff point (66.67%) which accounted (80.0%)

"General Appearance and Body Shape", variable responses for all items show Pass (Positive )assessment, since their relative sufficiency were under cutoff point (66.67%) for positive scale scoring and they accounted (100.0%)

"Positive Feelings", variable responses for all items ( 4 items) show Pass (Positive ) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

"Negative Feelings" assessment for fourth item(20.0%), shows Failure (Negative), since their relative sufficiency was upper cutoff point (66.67%) for negative scale scoring, while the other items first, second, third, fifth were reported Pass (Positive) assessment, their relative sufficiency were under cutoff point (66.67%) which accounted (80.0%)

"Self-esteem", variable responses for all items (4 items) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

"Thinking", variable responses for all items (2 items) show Failure (Negative) assessment, since their relative sufficiency were upper cutoff point (66.67%) for negative scale scoring and they accounted (100%)

"Spiritual Beliefs", variable responses for all items (5 items) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

Overall assessment of psychological domain was moderate assessment (positive)

**Table (3): Distribution of Personal & Social Relationship Domain among study sample**

Personal & Social Relationship Domain (2)					
a- Personal Relationship					
Questionnaire's Items	No.	M.S.	S.D.	R.S.	Ass.
• Positive					
Get support from my family and friends	300	2.54	0.68	84.7	Pass
Feel good to help my family and friends	300	2.78	0.51	92.7	Pass
Feel best to stay at home with the family permanently	300	2.42	0.75	80.7	Pass
• Negative					
Feel lack of interest in home affairs	300	1.54	0.62	51.3	Pass
Feel less interest for my family	300	1.38	0.55	46.0	Pass
Feel my relationship with my family prevails an atmosphere of tension	300	1.74	0.72	58.0	Pass
Feel disturbed for no reason	300	1.70	0.75	56.7	Pass
b- Social Relationship					
• Positive					
Like to participate in the conversations	300	2.56	0.65	85.3	Pass
Like to visiting friends and family	300	2.61	0.61	87.0	Pass
Love to participate in family social and events	300	2.59	0.63	86.3	Pass
• Negative					
Feel isolation and away from the community	300	1.67	0.75	55.7	Pass
Feel no patience in dealing with others	300	1.76	0.73	58.7	Pass
Do not accept jokes from others	300	1.82	0.80	60.7	Pass
<b>Overall assessment Social Domain</b>	<b>300</b>	<b>1.5292</b>	<b>0.3131</b>	<b>50.97</b>	<b>Good</b>

No=Number ; M.S =Mean of Score ;S.D= Standard Deviation ; R.S – Relative Sufficiency; Ass=Assessment

Table (3) shows the summarizes of the subjects responding at the item's responses that are done by using the observed frequencies for the initial responding of Questionnaire's items, mean of score (MS), standard deviation (SD), relative sufficiency (RS), and finally the two dichotomous responding were Failure (Negative) and Pass (positive) assessment due to the responding of answered.

"Personal Relationship", variable responses for all "Positive" items (3 items ) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

"Personal Relationship", variable responses for all "Negative" items(4 items ) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

"Social Relationship", variable responses for all "Positive" items (3 items ) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%)

"Social Relationship", variable responses for all "Negative" items( 3 items ) show Pass (Positive) assessment, since their relative sufficiency were upper cutoff point (66.67%) for positive scale scoring and they accounted (100%).

### Discussions :

Table (1) the finding of this table indicate that the highest percentage (58.7%) of study sample were at **age rang** (40-49) years old with mean age & standard deviation (48.68± 6.3). This finding agrees with a study had done by Al-Sejari (2005) who reported that the mean age at menopause among Saudi women was 48.06 years and the median age was 49 years<sup>(7)</sup>. While this result is less near to those studies had done by in Iraq / Erbil city (2012) which was (47.44±4.35) years with median age of 48<sup>(8)</sup> and in Baghdad city (2009) which was (47.96 + 4.2) years and the median age was 48 years<sup>(9)</sup>. **Educational level** for (63.3%) of the study sample was low this finding is consist with a study in Zagazing city / Egypt (2012) which reported that more than one third (27.3%) of women wear non educated and poor quality of life compared to educated women that had good quality of life, there was no statistical significance differences between quality of life and education<sup>(10)</sup>. The highest percentage (49.7%) of study sample were **house wives**, the finding of this study is in line with study done by Nisar & Sohoowere (2009) who reported that the highest percentage (75.6%) of the study was house wives<sup>(11)</sup>. Half of the study sample (50%) were **married**, this data in the line with study conducted by Nisar & Soho (2009) which reported that the highest percentage (76.9%) of the study was married<sup>(11)</sup>. The highest percentage (76.7%) was **nuclear family** and (99%) was **urban residency**. This study agree with the study in Alexandria / Egypt (2006) which reported that the highest percentage (66.4) was urban residency<sup>(12)</sup>, the highest percentage (42%) of study sample were from moderate level of **socioeconomic status**. This study was disagree with two studies in Egypt (2012) and in Pakistan (2010) which reported poor socioeconomic status for most of the study samples<sup>(3,10)</sup>.

Table (2) the finding of this table showed that the highest mean score (2.15) in item number 1 (I feel that depressed moods) related to the **mental state**, women experience sever emotional disorder at the time of the menopause with depression and anxiety status<sup>(13)</sup>.

**Mood acuity** the similar mean score (2.09) in two items 1 (I feel more nervous than usual), 2 (I feel nervous traction internally), the women in midlife may experience

hormonal – related mood changes (irritability, lethargy, forgetfulness, nervousness, insomnia, and depression<sup>(14)</sup>).

**Anxiety** the highest mean score (2.23) in item 2 (I feel I am more concerned than usual), many women report increase level of anxiety and irritability during the perimenopausal period and have become a prominent part of what sometime is termed as climacteric syndrome<sup>(15)</sup>.

**Mental exhaustion** the highest mean score (2.02) in item 2 (I suffer from forgetfulness), the cognitive symptoms (forgetfulness, difficulty concentration) have long been considered an aspect of menopause<sup>(16)</sup>.

Cognitive decline is unusual in a women during menopausal transition but common complaint of forgetfulness scattered thinking may be part of the normal aging process<sup>(17)</sup>.

**General appearance and body shape** the highest mean score (1.79) in item 5 (I suffer from the changes in body and shape), other psychological challenges can include believes about no longer being useful, distorted body image, fear of death, insomnia, feeling 'unemployable', low self worth, and of course, the physical symptoms of the menopause itself<sup>(18)</sup>.

**Positive and negative feeling** the highest mean score (2.44) in item 1 (I feel that my life normal) related to the positive feeling, and the highest mean score (2.07) in item 4 (I am scared of the future) related to the negative feeling.

Women views menopause reflect her personal, culture, and social perspectives. In some culture and for some women, menopause represents freedom – freedom from pregnancy, freedom to express wisdom, freedom to redefine themselves and their lives. Many women may have shared their positive views of this change of life<sup>(14)</sup>.

Over half of the women who responded to a poll conducted by the North American Menopause Society viewed the menopausal transition as a positive phase in their lives<sup>(19)</sup>.

In other cultures and for other women, menopause is represents loss of youth, loss of attractiveness, loss of possibility. These women may be ill prepared to handle the physiologic and accompanying psychological changes of peri--menopausal<sup>(14)</sup>.

In the United States, youth and beauty are embraced and the aging process is viewed negatively<sup>(20)</sup>.

Attitude to menopause has been reported to be associated with the reporting of menopausal symptoms and its severity. It has been shown that women with a negative attitude to menopause have associations with more frequently reported symptoms compared to women with a positive attitude<sup>(6)</sup>.

**Self – esteem** the highest mean score (2.70) in item 2 (satisfied of my duty with my family), the women who experience low or unstable self-esteem often experience feeling of anxiety, depressive symptoms become more severe, and reported more negative attitudes to menopause<sup>(6)</sup>.

The relationship between self-esteem and menopausal symptoms has been studied. It was noted that the higher the self-esteem, the lower the perceived severity of menopausal symptoms. High self-esteem is associated with high satisfaction with one's own body<sup>(6)</sup>.

**Thinking** the highest mean score (2.49) in item 2 (thinking for who will be looking after me in the future).

WHO reported that the women remain free of the health concerns that often accompany ageing until well into their 70s and 80s<sup>(21)</sup>.

Regarding **spiritual beliefs** the highest mean score (2.83) in item 1 (what I facing taught me to be patient).

Spirituality as a belief in and relationship with a higher power or anything considered to be transcendent, expressed in a nontraditional or eclectic way. Spirituality as the essence, or spirit of a person, expressed as the person's total functioning and way of being in the world. The mental health is supported by religious orientation. Religious women tend to score lower on depression than their counterparts who are not religious<sup>(22)</sup>.

prayer and faith as a way to cope with losses associated with ageing. For many older people, spirituality and/or religion provides much of this meaning<sup>(21)</sup>.

Traditional life accepts menopause as a normal process, and cleanliness, maturity, the comfort of no longer menstruating and positive changes in health behavior are concepts positively attributed to menopause. The absent of menstruation is very important for Muslim women due to religious practices, such as being able to pray in the absence of menses<sup>(23)</sup>.

Table (3) the finding of this table showed that the highest mean (2.78) in item number 2 (feel good to help my family and friends) related to the positive personal relationship, and the highest mean score (1.74) in item 3 (my relationship with my family prevails an atmosphere of tension) related to the negative personal relationship. Regarding social relationship the highest mean score (2.61) in item 2 (I like to visiting my friends and family) related to the positive social relationship and the highest mean score (1.82) in item 3 (does not accept jokes from other) related to the negative social relationship. The family support at this time especially from the husband and grown up children is very important. The society will certainly benefit if women get together and involve themselves in contractive activities which will allow them to be busy and sometime to enjoy the work they do<sup>(15)</sup>.

The qualitative data from 90 middle-aged women in the US who attended four ethnic-specific online forums of the larger study among four major ethnic groups (Whites, Hispanics, African Americans, and Asians). It found that the white women have been reported mostly to get adequate support from family members and friends during the menopausal transition, but ethnic minority women have been reported to be marginalized during their menopausal transition and to go through their transition without adequate support<sup>(24)</sup>.

During the climacteric stage, many women experience physical and/or emotional symptoms<sup>(25)</sup>. For some, symptoms related to menopause importantly impact their daily personal, professional, and social lives, resulting in a desire to reduce any adverse symptoms<sup>(26)</sup>.

### Recommendation

- 1- In climacteric women, we may increase quality of life by increasing knowledge about body changes and who deal with this change to decreasing the menopausal symptoms
- 2- Informed women can cope better with the psychological and social changes that occur at this stage and improve their lifestyle
- 3- Researchers and health care providers should develop and implement educational

programs to provide information on climacteric changes and how to pass it safely .

- 4- Menopausal clinics should be established in primary health care centers and should offered include health care services including screening, treatment, and preventive care .

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