

Health Education for improving Quality Of Life among Menopausal Women

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Abstract: Menopause is a life event that can profoundly affect quality of life among menopausal women. More than 80% of women report physical and psychological symptoms that commonly accompany menopause, with varying degrees of severity and life disruption. Aim of the study to evaluate the effect of health educational program on quality of life among menopausal women. The study design: A quasi experimental study design was used. Sample: purposive sample included 120 menopausal women. The study setting: study was conducted at outpatient clinics of the maternity hospital affiliated to Ain Shams University hospitals. Tools: Two tools used for data collection, the first tool, an interview questionnaire which divided into four parts. The first for assessing socio demographic characteristics, the second for assessing menstruation history, the third for assessing Women's knowledge about menopausal pre-post\ test design to determine the effectiveness of educational program on women's knowledge, the fourth for the assessment women's reported practice toward menopausal symptoms pre-post\ test design to determine the effectiveness of educational program on women's practice toward menopausal symptoms. The second tools: menopausal quality of life assessment scale (MENQOL), for assessing menopausal women's quality of life by questionnaire. Results: The finding of this study proved the effect of the health educational program on quality of life among menopausal women through; high statistical significant between total score level of menopausal women and total practice score level pre/post educational program, High statistical significant difference between quality of life among menopausal women pre/ post educational program. Conclusion: Health educational program had positive efficient on improving menopausal women's knowledge and practice toward menopausal symptoms and improving quality of life among menopausal women. Recommendations: Increase women awareness about peri-menopausal period so reduce the severity of menopausal symptoms. Also further research addressing women's health needs is also essential for improving the quality of life of menopausal women.

Keywords: Menopausal women – Menopausal symptoms- Quality of life.

1. INTRODUCTION

Health of the women represents the health of the world and our features. Women are the counter stones of families. They are the primary protectors, educators and the main source of stability in the family. Of course they are also the bearers and nurtures of the next generation. Increasingly, the medical community has come to see women as a distinct patient group that has unique health concerns over a lifetime, (Guldal, 2014).

Menopause is the process through which a woman ceases to be fertile or menstruate. It is a normal part of life and is not considered a disease or a condition. Symptoms may occur years before a woman's final period. Some women may experience symptoms for months or years afterward. Yet menopause symptoms may significantly affect quality of life. Women may be confused about menopause and seek guidance about the changes they're experiencing,, (Keleher, 2014).

Menopause is a normal physiological process which is characterized by the permanent cessation of menses in women as a result of reduced ovarian hormone secretion usually between the ages of 45 and 55 years. During this period women can experience many symptoms such as hot flushes, night sweats, aching in muscles and joints, sleeping problems, short breath, weight gain, increased

facial hair, depression, irritability, anxiety, sexual problems, vaginal dryness, and urinary symptoms such as urine leakage while laughing and coughing. These symptoms decrease women's quality of life and affect their biological, psychological, and social health (Guldal, 2014).

World Health Organization, WHO defined natural menopause as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. Natural menopause occurs after 12 months of permanent cessation of menstruation for which there is no other obvious pathological and physiological cause, (Elkazeh & El-Zeftawy, 2015).

The duration, severity, and impact of these symptoms vary extremely from person to person, and population to population. Some women have severe symptoms that greatly affect their personal and social functioning, and quality of life. In general, many postmenopausal women have low knowledge and practice about menopause transition issues, indicating the necessity to plan for interventions, (Lund, 2011).

Quality of life is an important outcome measure of health care, and understanding the impact of menopause on quality of life is a critically important part of the care of symptomatic postmenopausal women. The impact of menopause on QoL is attributed to its symptoms particularly the classic vasomotor disorders & some physical symptoms such as palpitations or dyspareunia. The women consider that physical disorders are one of the main effects of menopause; these menopausal symptoms have a severely impaired QoL. Menopause causes a decrease in quality of life which is independent from age & other socio demographic variables, (Chedraui et al., 2012).

Health promoting lifestyle education is one of the most important factors in raising postmenopausal women's awareness and improving their performance to improve their health status. All the researches in the field of menopause have also emphasized education of and care for postmenopausal women to prevent their problems, (Guldal, 2014).

Lifestyle modifications should be the first line approach for women with menopausal symptoms because changing lifestyle is an effective and safe alternative for the management of menopausal symptoms so, symptomatic women can adopt healthy behaviors to reduce hot flashes and sweats such as maintaining body temperature cool by wearing light clothes, using portable fan, selecting cold fluids and sleeping in cool environment. Active women report fewer hot flashes than inactive women, (McKinney et al., 2012).

There are different methods to decrease the menopausal symptoms such as stop smoking, take calcium and vitamin D, fat intake, control weight, practice simple exercise regularly to reinforce the bones, wear light cotton clothes to decrease hot flushes, practice pelvic floor muscles exercise regularly to strengthening perineal area, use analgesics according to doctor's order, and adopt a stress management program., (Lowdermilk et al, 2010).

The use of Hormone replacement therapy, HRT to Changing hormone levels and hormonal therapy are excellent for preventing hot flushes, vaginal dryness and related vaginal symptoms, and may help to improve sleeping pattern during menopause Long-term use of HRT also has a benefit in helping to prevent brittle bones (osteoporosis).As a health care provider must give the menopausal women an accurate and up to date information (Lund, 2011).

Role of community health nurse: The main role of community health nurse giving health education and availability of information for helping menopausal women in coping in connection to menopause symptoms and improving quality of life that are mild and last for a short time. Community health nurse should prepare women to accept the ageing process and open their views to welcome the symptoms of menopause. When community health nurse teaching women about menopause, emphasize it's a normal event with varying symptoms, which can be managed effectively through various pharmacologic and non -pharmacologic therapies, (Holloway, 2011).

Aim of the Study

The aim of this study is to evaluate the efficacy of the health education program on quality of life among menopausal women by.

- Assessing knowledge of women about menopausal.
- Assessing practice of women related menopausal symptoms to health maintenance
- Assessing the menopausal related symptoms and their impact on the women's quality of life.
- Efficacy of health education program on quality of life among women with menopausal.

Research Hypothesis

Implementing health educational program well improve quality of life among menopausal Women

2. SUBJECTS AND METHODS

The aim of this study is to evaluate the efficacy of the health education program on quality of life among menopausal women. The methodology followed for achieving this aim was elaborated under the following four main topics namely:

I. Technical design

II. Administrative design

III. Operational design

IV. Statistical design

1- Study technical design

The technical design used for the study involved the following items; research design, setting of the study, sample of the study and tools for data collection.

Research design:

The design of this study aquasi – experimental design was used to achieve the aim of the study.

2-Setting:

The study was conducted at Outpatient Clinics of the maternity hospitals Ain Shams University. This place serves a lot of women from all Egypt governorates and foreigners whom live in Egypt, It is considered as area and also it is considered as the researcher place of work.

3-Subjects:

Sampling:

A Purposive sample, the sample was taken from menopausal women attended to Outpatient Clinics in Ain Shams University, Maternity Hospital were chosen over a period of six months and according to the following inclusion criteria.

- **Size:**

The attendance rate at this clinic was 1200 women in year 2015. Was taken10% from them, (120) women and have the following inclusion criteria.

- **Inclusion criteria**

- Menstruation stopped at least from one year.
- Their age from 40 to 60 years.

- **Sample technique:**

For data collection menopausal women were chosen according to the previous sample criteria as mention before, and the purposive sample was followed to complete the number of sample.

Tools of data collection:

It was designed by the researcher based on review of literature considering the aim of the study and the data needed to be collected.

First tool:

Was prepared by the researcher after reviewing the related literature it was include the following parts:

First part:

Was conducted for collecting data about menopausal socio demographic data including: age marital status, educational level, occupation, accommodation and number of family members

Second part:

Stress on history of menstrual cycle included: age at menarche, regularity of menstruation, the onset of the last menstruation and stopping the menstruation suddenly or gradually.

Third part:

Devoted to collect data about women's knowledge about menopause including: meaning of menopause, previous stages of menopause, stages of menopause, causes of menopause, source of knowledge, factors affecting women's body during menopause, complications associated with menopause, symptoms of menopause, complications associated with menopause and treatments used to relieve symptoms associated with menopause from.

Fourth part:

Assessing women's, practices towards the symptoms of menopause regard, hot flashes, psychological and social, physical and sexual complaints from

Second tool:

Menopausal quality life assessment scale was divided into two parts adapted from, (Lewisa et al, 2005).

First part:

Assessing of quality of life among menopausal women regard, women's quality of life related to vascular symptoms in menopause. Quality of life among menopausal women according to the psychological symptoms in the menopause measure, quality of life according to physical symptoms in the menopause measure and quality of life according to the symptoms of female genitalia in the menopause scale.

Second part:

Assessment of general quality of life score level of menopausal women regard, health status after the onset of symptoms, health status compared to menopause, activity and vitality after menopause, feeling tired and worried about the onset of menopause, Satisfaction with the ability to perform work after menopause, admitted to hospital after these symptoms, often of admitted to hospital last year and follow-up with the specialist in this period after menopause.

Ethical Consideration:

The ethical research considerations in this study include the following:

The research approval was obtained from Scientific Research Ethical committee in Faculty of Nursing at Ain Shams University before starting the study. The researcher clarified the objective and aim of the study to the participants included in the study. The researcher explained the procedure of periodontal examination to participants. A verbal consent was obtained from participants after explaining the purpose of study. No harmful methodology was used with participants. Each participants had right to withdraw from the study at any time. Human rights were used. Data was confidential and using coding system form data

Administrative design:

An approval letter to conduct the study was obtained from the authorities of the faculty of nursing. Ain Shams University forward to director of the maternity hospital.

Operational design:

The operational design includes preparatory phase, Pilot study and field work.

A. Preparatory phase:

It includes reviewing current, past, local and international related literature and theoretical knowledge of various aspects of the study using books, articles, internet, periodicals and magazines to develop tools for data collection related to educational strategies. The developed tools were examined by experts to test their reliability to the study. Researcher made needed modification on tools of data collection after their revising by experts.

B. Pilot Study

A pilot study was carried out on ten menopausal women to evaluate the efficiency and validity of the tool to assess the clarity, reliability and applicability of the study tools used in the study for data collection. The results of the pilot study helped in the necessary modifications of the tools in which omission of unneeded or repeated questions, adding missed questions was done.

C. Field Work:

Data collection for this study was carried out through 6 months in the period from the beginning of January 2018 till the end of May 2018. Attending 3 days per week (Saturday, Monday and Thursday) from 10.00 am to 1.00 pm to interview attended menopausal women under inclusion criteria. After introducing oneself and explain the purpose of the study to the subjects and consent from every by participates to share in the study were done. Listed tool assessed and interview the menopausal women in outpatient clinic which offer medical services and all tools lasted 25-30 minutes for each subject included in study.

The health education program was developed and implemented by researcher in the form of health education use different teaching methodology such as discussion, session and demonstration.

Education sessions; two sessions per week/ three weeks with a total of 6 sessions (2 practical and 4 for theoretical), every session take one hour. Total program duration was 8 hours. Booklet include information about menopause was designed by researcher and distributed to the menopausal women. A posttest was done after the program implementation for assessment of menopausal women's knowledge, practice and quality life.

Statistical design

Recorded data were analyzed using the statistical package for social sciences, version 20.0 (SPSS Inc., Chicago, Illinois, USA). Quantitative data were expressed as mean \pm standard deviation (SD). Qualitative data were expressed as frequency and percentage.

The following tests were done:

- Chi-square (χ^2) test of significance was used in order to compare proportions between qualitative parameters.
- Spearman's rank correlation coefficient (rs) was used to assess the degree of association between two sets of variables if one or both of them was skewed.
- The confidence interval was set to 95% and the margin of error accepted was set to 5%. So, the p-value was considered significant as the following:

Significance of the results:

- *P-value<0.05 was considered significant.
- **P-value<0.001 was considered as highly significant.
- P-value>0.05 was considered insignificant

Limitations of the study:

It was difficult to come in contact with the cases through their phone numbers. Most of the sample had the myth that dealing medically with oral condition will harm. Taking extra time to convince cases about the importance

Table (1): Distribution of menopausal women's according to their socio-demographic characteristics data (N=120).

Demographic data	No.	%
Marital status		
Single	2	1.7
Married	96	80.0
Divorced	10	8.3
Widow	12	10.0
Educational level		
Do not read or write	10	8.4
Read and write	6	5.0
Intermediate education	67	55.8
University education	37	30.8
Occupation		
Working	50	41.7
House wife	70	58.3

Accommodation		
Live alone	15	12.5
With husband	7	5.8
With husband and children	76	63.3
With offspring	22	18.4
Number of Family Members		
<3 individuals	7	5.8
3-4 individuals	60	50.0
5-6 individuals	33	27.5
>6 individuals	20	16.7

Table (1): Shows that, regarding marital status, 80% of menopausal women were married, 55.8% of menopausal women were intermediate education, 58.3% of menopausal women were house wife, 63.3% live with husband and children, and 50% of the menopausal women was have 3-4 individuals.

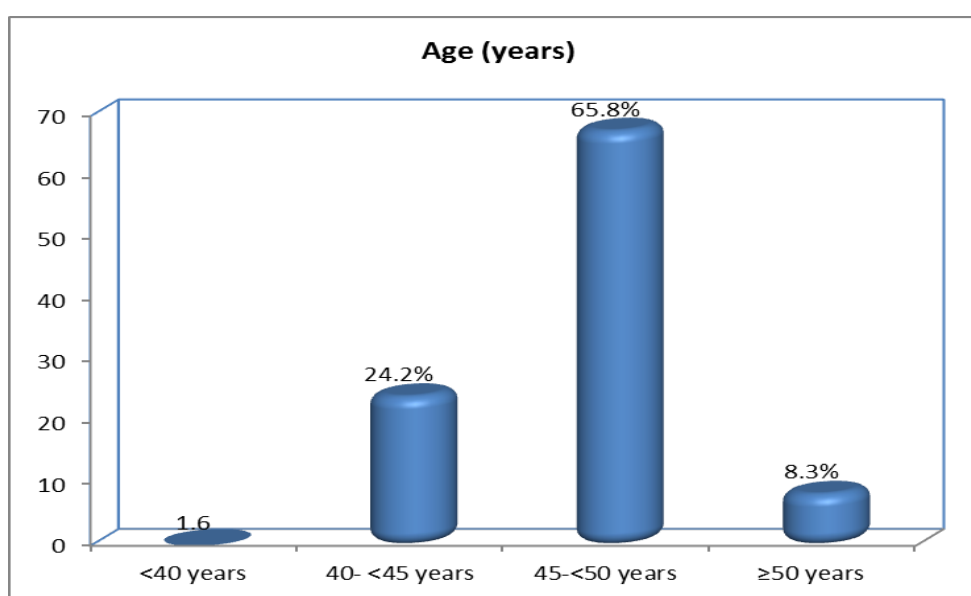


Figure (1): Distribution of menopausal women's according to their age. (N=120).

Figure (2): Illustrate that, the mean age of menopausal women's were 53.83 ± 7.48 years, 65.8% of menopausal women were 45<50 years.

Table (2): Distribution of menopausal women according to their satisfactory knowledge about menopause, previous stages of menopause and causes of menopause (pre & post educational program) (N=120).

Items	Pre Test		Post Test		Chi-square test	
	No.	%	No.	%	x2	p-value
Meaning of menopause (menopause)						
Period loss	95	79.2	113	94.2	11.683	<0.001**
End of childbearing age	47	39.2	99	82.5	47.287	<0.001**
Do not know	13	10.8	5	4.2	3.844	0.049*
Previous stages of menopause						
Stage of hormonal disorder.	56	46.7	96	80.0	28.708	<0.001**
Menstrual cycles become irregular.	68	56.7	92	76.7	10.800	<0.001**
The period of menstruation is prolonged.	43	35.8	89	74.2	35.623	<0.001**
Do not know.	20	16.7	4	3.3	11.852	0.017*
Stages of Menopause						
Premenopausal menopause (30-40 years)	34	28.3	80	66.7	35.355	<0.001**
Early menopause (41-45 years)	29	24.2	81	67.5	45.382	<0.001**

Menopause in time (45-55 years)	82	68.3	106	88.3	14.141	<0.001**
Delayed menopause after (55 years)	25	20.8	67	55.8	31.093	<0.001**
do not know	8	6.7	0	0.0	8.276	0.004*
Causes of menopause						
Low level of female hormones.	68	56.7	106	88.3	30.178	<0.001**
Hysterectomy.	44	36.7	104	86.7	63.455	<0.001**
Primary ovarian insufficiency.	25	20.8	93	77.5	77.088	<0.001**
Chemical and radiological treatment.	22	18.3	80	66.7	57.357	<0.001**
Do not know.	33	27.5	7	5.8	20.280	<0.001**
The Source of knowledge						
Books	25	20.8	67	55.8	31.093	<0.001**
Friends & neighbors	82	68.3	106	88.3	14.141	<0.001**
Journals & advertisements	29	24.2	81	67.5	45.382	<0.001**
Radio & TV	34	28.3	80	66.7	35.355	<0.001**
Total	37	30.8	88	73.3	41.737	<0.001**

*Not mutually exclusive sample

P-value >0.05 NS; *p-value <0.05 S; **p-value <0.001 HS

Table (2): Reveals that, regarding knowledge of menopausal women about menopause, 39.2% of the menopausal women were know definition of menopause that it is the end of childbearing compared with, 82.5% of the menopausal women post educational program, 46.7% of them know the previous stages of menopause that it is the stage of hormonal disorder compared with, 80.0% of them post educational program ,28.3% of them know the stage of premenopausal menopause, (30-40 years) compared with, 66.7% of them post educational program, and 18.3% of them know the Chemical and radiological treatment compared with 66.7% of them post educational program. Regarding source of knowledge 68.3% of menopausal women had knowledge from Friends & neighbors compared with 88.3% of them after education program and there are highly statistical significant between pre and post educational program.

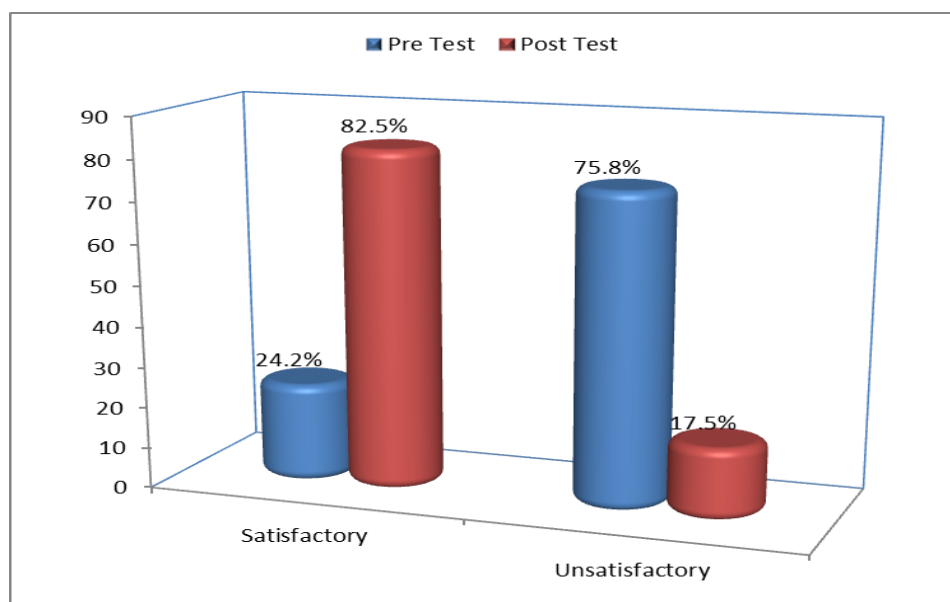


Figure (2): Distribution of menopausal women according to their total knowledge about menopause pre & post educational program (N=120).

Figure (2): Illustrate that. 24.2% of the menopausal women's had satisfied level of knowledge regarding menopause pre educational program and 82.5% of the menopausal women had satisfied level of knowledge regarding menopause of post educational program, This results in a difference between pre& and post education program with p-value <0.001 HS.

Table (3): Distribution of menopausal women according to their reported practices towards the symptoms of menopause related hot flashes (Pre & post educational program) N=120.

Items	Pre Test		Post Test		Chi-square test	
	No.	%	No.	%	x2	p-value
Using a fan during sleep	100	83.3	112	93.3	5.822	0.016*
Open all windows in the house	83	69.2	99	82.5	5.820	0.016*
Wear lightweight clothing	88	73.3	110	91.7	13.968	<0.001**
Wear cotton clothes	88	73.3	112	93.3	17.280	<0.001**
Avoid drinking coffee	51	42.5	99	82.5	40.960	<0.001**
Drink lots of cold liquids	68	56.7	110	91.7	38.382	<0.001**
Avoid spicy foods	62	51.7	102	85.0	30.809	<0.001**
Eat soybeans, lentils and vegetables	59	49.2	89	74.2	15.864	<0.001**
Drink 7 to 10 glasses of water a day	66	55.0	106	88.3	32.832	<0.001**
Learn how to maintain a healthy weight	64	53.3	98	81.7	21.956	<0.001**
Total	63	52.5	104	86.7	31.571	<0.001**

*Not mutually exclusive sample

Table (4): Reveals that, regarding to reported practice of menopausal women towards the symptoms of menopause related hot flashes where, 42.5% of the study sample avoid drinking coffee compared with, 82.5% post education program also, 49.2% of them eat soybeans, lentils and vegetables compared with 74.2% post education program and 51.7% of them avoid spicy foods compared with, 85.0% post education program and there are highly statistical significant differences between pre and post educational program.

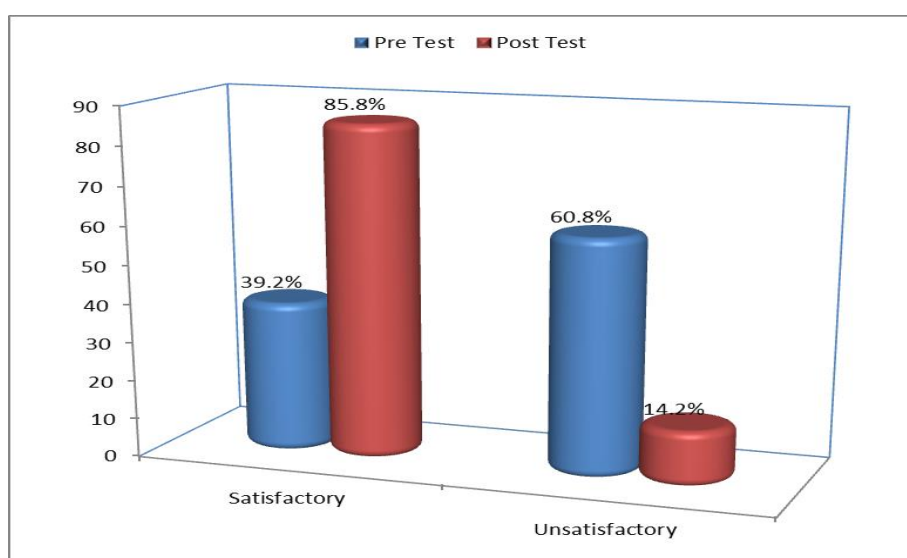


Figure (3): Distribution of menopausal women according to total level of reported practices towards the symptoms of menopause Pre & post educational program (N=120).

Figure (3): illustrate that, regarding total reported practices score level of menopausal women towards the symptoms of menopause, 39.2% of the menopausal women's had an satisfactory level of knowledge pre educational program compared with, 85.8% of them post educational program and there are highly statistical significant differences between Pre & post educational program with p-value <0.001.

3. DISCUSSION

The prevalence of menopausal symptoms among Egyptian women is 84%. So increase life expectancy from 54 to 71 years lead to women experiencing menopausal health complains for a long time. Health care of women during this period requires special care to assess menopausal women health needs in order to provide Promoting good physical competent care. And psychological health during menopausal age is important for individuals in later life. Thus increasing women's

awareness and dealing with their health complains are important to decrease severity of menopausal symptoms. **McKinney et al, 2012**). Aim of the present study was to evaluate the effect of health education program on quality of life of menopausal women.

The Socio-demographic data of menopausal women display in (**table 1**).The study findings revealed that, the mean age of menopausal women were 53.83 ± 7.48 years old, minority of menopausal women their age were range between 40 to 45, slightly less than two thirds of menopausal women their age range between 45 to 50 years, less than quarter of them their age from 50 years and more, according to their marital status minority of them were single, divorced and widow, majority of them were married.

Regarding educational level, less than one third of menopausal women were university education, regarding occupation, minority of them were working while majority of them were housewives, regarding accommodation minority of them live with offspring and less than majority of them live with husband, regarding family number, half of them had from 3 to 4 individuals, more than quarter had from 5 to 6 individuals and less than quarter had more than 6 individuals.

The present study findings on the same line with study done by **Manal et al. (2013)** who reported that mean age of women ranged from 45-50years with mean \pm SD of 53.6 ± 6.5 . Also, **Mohamed, (2014)** who reported that as regards to the socio-demographic characteristics of the women, it was found that less than two thirds of the women's age ranged between $40 < 50$ years.

The present study findings disagreed with the study done by **Gehad and Galila (2014)** who reported that, the mean age at menopause was 46.35 ± 4.8 years in Egypt and mean age in Saudi Arabia was 49.9 ± 2.23 .

The present study results disagreed with the results of the study carried out by **El Sabagh and Abd Allah (2012)** who reported that more than half of the women had university education.

The present study findings agreed with the study carried out by **Elsabagh and Abd Allah (2012)** indicated that more than half (58.3%) of them were house wife and the rest of them were worker. On the same line the study by **Nisar & Ahmed Sohoo (2013)** in their study about Severity of menopausal symptoms and the quality of life at different status of menopause. and mentioned that the majority of women as a house wife.

Also the present study results agreed with **Nisar & Ahmed Sohoo, (2013)** in their study about severity of menopausal symptoms and the quality of life at different status of menopause: a community based survey from rural Sindh, Pakistan, who described that majority of women were married and minority of them was single, divorced and widowed.

Concerning to general knowledge of menopausal women about menopause the study finding illustrated that there are highly statistical significant difference between pre and post health education program. Regarding their total knowledge score level about menopause, The majority of menopausal women had unsatisfactory knowledge about menopause pre health education program and the majority of menopausal women have satisfactory knowledge about menopause program application, This could be due to effectiveness of health education program and the impact of mass media (television, radio, journals, newspaper, medical doctors, and medical team) among menopausal women to create an awareness, to manage the condition and thereby increasing their quality of life. Nurses and other healthcare team members can utilize each and every opportunity to counsel the menopausal woman to cope up with the condition to achieve high level functioning.

The present study results on the same line with the study done by **Manal et al. (2013)** who illustrated that the knowledge of menopausal women about menopause, regarding to definition of menopause, less than three quarters of women (74.0%) answered as (stopping of menstruation), and more than one quarters (26.0%) had answered as end of reproductive age, as feeling towards this age, two thirds of women (66.8%) had answered as free from periods problems.

Regarding to total knowledge of menopausal women about factors affecting women's body during menopause and complications associated with menopause. The study finding illustrated that there are highly statistical significant difference between pre and post application program, regarding their total knowledge score level of about factors affecting women's body during menopause and complications associated with menopause where, the majority of menopausal women unsatisfactory knowledge pre application program improved to majority of menopausal women had satisfactory knowledge post program application.

The results of the present study agreed with the study done by **Yasmin, (2012)** about intervention approaches to the menopausal women in rural Bangladesh and reported that, the minority of the menopausal women had knowledge about factors affecting women's body during menopause and complications associated with menopause and the study finding disagreed with **Varuna, (2017)** who assess knowledge, attitude and practices regarding menopause among menopausal women attending outdoor in tertiary care center and reported that half of menopausal women had information menopause increases risk of cardiovascular disorders, osteoporosis and breast cancer.

Regarding to Source of knowledge, the current study revealed that two thirds of menopausal women had their knowledge from friends & neighbors. This results disagree with the study done by **Sukumvanich et al, (2014)** about factors affecting the quality of Life in climacteric Women in Manisa region show that the majority of women had their knowledge from physician then followed by TV-radio-internet, while the minority of women had their knowledge from friends and this may be because that the most of women in the present study were illiterate and depend on friends and TV& radio as source of information about this subject..

Considering to practices of menopausal women towards the symptoms of menopause related hot flashes, the current study reported that there are highly statistical significant differences between pre and post health education program where, majority of menopausal women were not doing practices related to relive hot flashes pre – program application compared with majority of them were doing practices to relive hot flashes post program application.

These results is supported by the study done by **Hoda &Sahar, (2015)** who reported that, pre-program more than two thirds of the woman were doing improper practices with common health complains associated with menopausal age. This reflect the women needs for increasing their awareness regarding aspects of health promotion during this age.

The results of the present study go in line with **Esmat et al. (2013)** who mentioned that improper practices to deal with physical, sexual and psychological health complains observed among premenopausal women. While the results of the study done by **Seif et al. (2011)** mentioned that proper practices for dealing with physical health complains during menopausal period observed among more than half of menopausal women, and unsuccessful to deal with psychological and sexual health complains.

Also the present study supported by the study done by **Clark, (2013)** who mentioned that at the post program follow up, study results indicated to reduction in number of the women complains from severe menopausal symptoms with statistical significant differences ($P < .000$) between pre and posttest. This may be due to success of the intervention, which is positively reflected on menopausal knowledge and practices improvement for how to deal with symptoms. In addition at posttest it observed that more than two third of the women have proper practice of vasomotor, physical and sexual health complain as compared to around one third at pretest with highly statistical significant differences ($P < .000$) between pre and posttest.

The results of the present study confirmed by the finding of the study done by **Esmat et al. (2013)**, and the study done by **Seif et al. (2011)** They showed statistically significant relationship between knowledge of the women and their practices with health complaints accompanying the menopausal period.

Also the results of the current study revealed that increasing awareness of menopausal women leading to increasing of proper practices of menopausal women toward menopausal symptoms, this result supported by study done by **Gayathripriya, (2018)** who reported that educational programs can be organized to create an awareness among women who are in need of knowledge to overcome the menopausal symptoms and the results of the current study on the same line with the study done by **Sukumvanich et al, (2014)** who reported that mass media also can serve as an important tool to reach the women.

4. CONCLUSION

The main results deduced from the study to answer research hypothesis were as follows: The effect of health education program on improving of quality of life among menopausal women through:

The finding of the present study, it can be concluded that: The mean age of menopausal women's were 53.83 ± 7.48 . There is statistical significant relation between pre and post educational program regarding knowledge of menopausal women about menopause at ($p < 0.001$). There is statistical significant relation between pre and post educational program regarding knowledge of menopausal women about symptoms of menopause at ($p < 0.001$). There is statistical significant

relation between pre and post educational program regarding to practices of menopausal women towards the symptoms of menopause related hot flashes at ($p < 0.001$). There is statistical significant relation between pre and post educational program regarding practices of menopausal women towards the symptoms of menopause sexual complaints at ($p < 0.001$). There is statistical significant relation between quality of life among menopausal women pre and post educational program regarding vasomotor and psychological symptoms in the menopause measure at ($p < 0.001$).

5. RECOMMENDATIONS

According to the finding of the present study the researcher suggest the following recommendations:

- Increase women awareness about peri-menopausal period so reduce the severity of menopausal symptoms.
- Psychological counseling enables women to adjust better to the situation and grants them the assurance that menopause is a natural phenomenon.
- Hand out should distributed to create awareness among women who are in need of knowledge to overcome the menopausal symptoms.
- Health educational programs directed to menopausal women through mass media, (television, radio, journals, newspaper, medical doctors, and medical team) to increase their awareness about this period and thereby for increasing their quality of life.
- Health care must counsel the menopausal woman to cope up with the condition to achieve high-level functioning.
- Further research addressing women's health needs is also essential for improving the quality of life of menopausal women

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