

Results

The results of the study are presented under the following headings :-

Part I : Socio demographic characteristic and history of study sample and control groups (Table 1-4) .

Part II : Menopausal symptoms among study and control groups (Table 5-9) .

Part III : Menopausal women practices used to relieve most common menopausal symptoms (Table 10).

Part IV : Effect quality of life on menopausal women and coping mechanism .
(Table 11-12)

Part V : Relation between age , marital status and of quality of life .
(Table 13-14)

Socio demographic characteristic and history of study sample and control groups (1-4) .

Table (1) : Distribution of the study sample according to their Socio-demographic Characteristic:

Items	group		X ²	P
	Study (159)	Control (159)		
	%	%		
Age				
45	15.2	8.8	17.48	<0.001***
49	6.2	22.0		
55	78.6	69.2		
Mean SD ±	40.21± 3.9	38.21± 23		
Occupation				
Official	95.6	92.5	1.4	0.23
Worker	4.4	7.5		
Marital Status				
Single	3.2	3.2	5.46	0.14
Married	81.8	78.7		
Divorced	1.5	6.8		
Widow	7.5	11.3		
Education				
Read & Write	4.4	10.1	3.85	0.145
Secondary	42.8	39.0		
University	52.8	50.9		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table (1) Shows that , more than three quarters (78.6%) of the study group and more than two third (69.2%) of the women in the control group had age from (49-55) years . However , their were statistically significant difference between the mean ages of both groups (P >0.05) . Concerning occupation , the most (95.6%) of the study group and (92.6%) of the control group had official occupation . While , the marital status shows that , most (81.8%) of the study group and (78.7%) in the control group were married . Regarding their level of Education , more than one half (50.9%) of the women had university Education in both groups .

Table (2) : Distribution of the study sample according to menstrual history n=159

items	group		X ²	P
	Study (159)	Control (159)		
	%	%		
Duration of menstruation pre/day				
3-4	28.9	31.4	0.24	0.88
5-6	58.5	56.6		
More 6 days	12.57	11.9		
Rhythm of menstruation				
Regular	89.9	86.2	1.08	0.29
Irregular	10.1	13.8		
Interval of menstrual cycle/day				
25 day	37.1	35.8	0.06	0.97
28 day	49.1	50.4		
30 day	13.8	13.8		
Amount of menstrual blood loss				
Excessive	62.9	55.3	4.32	0.115
Moderate	33.9	31.4		
Little	6.2	13.2		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table (2) indicates that , more than one half (8.5%) of the study group and (55.6%) of the control group had between 5-6 days of menstruation . On other hand , the rhythm of menstruation most (89.9%) of the women in the study group and (68.2%) in the control group had regular menstruation . While , less than one half (49.1%) of the study group and more than one half (50.4%) of the women in the control group had 28 days interval of menstrual cycle . On other hand , more than three fifth (62.9%) in the study group and more than one half (55.3%) in the control group had excessive amount of blood loss .

Table (3) : Distribution of the study sample according to contraceptive methods among and control groups in = 159 .

items	group		'Z'	P
	Study (159)	Group (159)		
	%	%		
Uses Contraceptive method				
Used	83.6	83.0	0.02	0.88
Not used	16.4	16.9		
Type of contraceptive method				
Nothing	14.5	17.0	8.8	0.04*
I UD	62.9	57.9		
Pills	18.9	25.1		
Injection	3.7	0.0		
Duration of use/year				
1 year	18.9	20.1	2.04	0.36
3 year	25.2	31.4		
5 year	55.9	48.4		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table (3) Illustrates that both study & control groups mostly (83.6%) and (83.1%) used contraceptive methods .on other hand more than three fifth (62.9%) in the control group and more than one half (57.9%) in the control group used I.U.D. type of contraceptive method . This statistically significant deference between both groups .Regarding duration of using method more than one half (55.9%) in the study group and more than two fifth (48.4%) of the control group had 5 years .

Table (4) : Distribution of the study sample according to medical, surgical & gynecological history.

items	Group		X ²	P
	study	control		
	%	%		
Medical history				
hypertension	36.5	38.4	13.2	0.01**
hypotension	4.4	3.1		
diabetes	20.1	13.8		
Anemia	14.5	11.3		
Kidney disease	6.2	0.0		
Heart disease	11.9	30.1		
Gastroinstinal disease				
heart burn	62.9	60.3	8.46	0.03*
distention	10.1	14.5		
Constipation	12.6	18.9		
Nothing	14.5	6.3		
Surgical Operation				
Appendectomy	13.2	8.8	3.71	0.15
Eradication part of the bowel	0.0	0.0		
Other	26.4	20.8		
Nothing	60.4	70.4		
Gynacological history				
Ovarian bags	12.6	2\1.1	6	0.11
Previous infertility	6.9	5.7		
Other	15.7	8.2		
Nothing	64.7	66.0		

Chi-Square Test Was Used

P Significant if ≤ 0.05

Table (4) Shows that , as medical history more than one third (36.5%) in the study group and (38.4%) in control group had hyper tension . While , Gastroinstinal disease it found that , both study & control groups more than two fifth (62.9%) and (60.3%) had heart burn . There were statistically significant difference between both groups medical history & gastroinstinal disease . And Three fifth (60.4%) of the women in the study group and less than three fourth (70.4%) in the control group had nothing surgical operation . On other hand , less than two third (64.7%) in the study group and (66.0%) control group had nothing gynecological symptoms .

Part II : Menopausal symptoms among study and control groups (5-9) .

Table (5) : Distribution of most common menopausal symptoms among study and control groups n=159

items	group		X ²	p
	Study (159)	Control (159)		
	%	%		
Physical symptoms				
Integrgumentery symptom				
Purities				
Nothing	52.8	49.1	27.9	<0.001***
Little	47.2	35.2		
Moderate	0.0	13.2		
Sever		2.5		
Vaginal dryness				
Nothing	46.2	58.3	5.15	0.07
Little	41.5	29.6		
Moderate	11.3	99.801		
Severe	0.0	0.0		
Loss of hair				
Nothing	5.5	8.2	3.38	0.33
Little	7.5	10.1		
Moderate	32.7	25.1		
Severe	54.3	56.6		
Dry hair				
Nothing	5.0	15.7	14.21	0.002**
Little	39.6	25.8		
Moderate	50.0	51.7		
Severe	6.3	6.9		
Dryness skin				
Nothing			25.8	<0.001***
Little	61.0	32.8		
Moderate	26.4	48.5		
Severe	12.6	18.7		
Dryness month				
Nothing	28.9	32.7	6.85	0.07
Little	44.1	54.7		
Moderate	20.7	23.9		
Severe	6.3	12.6		
Spotting pigmentation				
Nothing	18.8	13.8	3.84	0.27
Little	44.1	52.8		
Moderate	25.7	20.1		
Severe	11.3	13.2		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table (5) indicates that , more than one half (52.8%) in the study group and less than one half (49.1%) of the control group had nothing symptoms (purities) , While , more than two fifth (64.2%) in the study group & more than one half

(58.3%) in the control group had nothing vaginal dryness . On other hand , both study and control group more than one half (54.3%) and (56.6%) had suffering from loss of hair . Concerning dry of hair , one half (50.0%) in the study group and more than one half (51.7%) in the control group had moderate dry hair . While , more three fifth (61.0%) in the study and less than one third (32.7%) in the control group had dryness of the skin . Concerning dryness mouth & spotting pigmentation shows that , more than two fifth (44.1%) & (44.1%) in the study groups and more than one half (54.7%) & (52.8%) in the control group had spotting pigmentation symptom in relation to dryness of mouth and spotting of pigmentation . The statistically significant difference between purities , dry hair , dryness of skin .

Table (6) : Distribution of urinary tract symptom among study and control group n=159

items	group		X ²	P
	Study (159)	Control (159)		
	%	%		
Frequency of urination				
Nothing	10.1	9.4	6.79	0.07
Little	12.6	6.3		
Moderate	57.9	54.7		
Severe	19.4	29.5		
Urgency				
Nothing	0.0	0.0	7.68	0.02*
Little	62.9	51.6		
Moderate	24.5	29.6		
Sever	12.6	18.8		
Stress insentience				
Nothing	23.3	34.6	14.47	0.002**
Little	61.6	54.7		
Moderate	8.8	16.7		
Sever	6.3	0.0		
Necturia				
Nothing	25.2	13.8	33.85	<0.001***
Little	62.9	51.6		
Moderate	11.9	33.3		
Sever	0.0	15.3		
Dysuria				
Nothing	83.6	84.9	0.11	0.94
Little	11.3	10.7		
Moderate	5.1	4.4		
Sever	0.0	0.0		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table(6) illustrate that , As regarding frequency of urination both study & control groups more than one half (57.9%) and (54.7%) had moderate symptoms in the study group, However, statically wasn't significant between the two groups. While urgency, stress in continence& nectria more than three fifth (62.9%) , (61.6%) & (62.9%) in the study group had little symptoms relation to more than one half (51.6%) , (54.7%) and (51.6%) in the control group. The statically was found in these groups.

Table (7): Distribution of vasomotor symptoms among study and control group n=159

items	group		X ²	P
	Study (159)	Group (159)		
	%	%		
Hot Flush				
nothing	8.2	6.9	2.81	0.42
Little	13.8	16.3		
Moderate	23.9	17.1		
Sever	54.1	59.2		
Excessive sweating				
nothing	12.6	8.2	1.97	0.57
Little	28.9	28.9		
Moderate	52.2	54.7		
Sever	6.3	8.2		
Swatting at the night				
nothing	37.7	39.0	2	0.36
Little	10.7	6.3		
Moderate	51.6	54.7		
Sever	0.0	0.0		
Tremor				
nothing	70.4	62.8	2.34	0.32
Little	17.0	23.2		
Moderate	12.6	13.8		
Sever				

Chi-Square TEST Was Used

P Significant if ≤ 0.05

Table (7) As regards hot flushes both study and control group more than one half (45.1%) in the study group while about three fifth (59.7%) had suffering from hot flush the statically was not significant in both groups concerning excessive sweating & sweating at night more than one half (52.2%) & (51.6%) in the study group relation to and more than one half (54.7%) & (54.7%) had moderate symptoms the. While tremor less than three fourth (70.4%) of the study group and more than three fifth (62.8%) of the women in the control group had nothing symptoms (tremor) .

Table : (8) Distribution of psychological symptoms among study and control groups

Items	Group		X ²	P- value
	Study (159)	Control (159)		
	%	%		
Anxiety				
Little	19.5	22.6	1.63	0.65
Moderate	12.6	14.5		
Sever	6.3	8.2		
None	61.6	54.7		
Feelings of nervousness				
Little	20.8	27.7	2.17	0.33
Moderate	12.6	12.6		
Sever	0.0	0.0		
None	66.6	59.7		
Feeling fears				
Little	25.2	26.4	1.45	0.48
Moderate	13.8	18.3		
Severe	0.0	0.0		
None	61.0	55.3		
Difficulty of sleeping				
Little	23.3	26.4	5.02	0.17
Moderate	7.5	13.8		
Sever	6.3	7.5		
None	62.9	52.2		
Difficulty of concentration				
Little	26.4	27.0	14.87	0.002*
Moderate	12.6	14.5		
Sever	0.0	6.3		
None	61.0	52.2		
Depression				
Little	25.9	29.6	10.4	0.015*
Moderate	12.5	12.5		
Sever	0.0	6.3		
None	61.6	51.6		
Headache				
Little	17.7	18.9	2.15	0.54
Moderate	25.1	18.9		
Sever	37.1	42.7		
None	20.1	19.5		

Chi-Square Test was used

P ≤ 0.05 Significant

Table (8). Reveals that more than three fifths (61.6% , 66.6%, 61.0% & 62.9%) in the study group and more than half (54.7%, 59.7, 55.3% & 52.2) in the control groups had nothing symptoms . Concerning difficulty of concentration & depression more than three fifth (61.0%) and (61.6%) in the study groups and more than one half (52.2%) & (51.6%) in the control group had nothing symptoms difficulty of (concentration) . There were statistically significant difference found in these groups . While headache it's found that more than one third (37.1%) in the study group compared to more than two fifth (42.7%) in the control group suffered from headache . There were statistically significant difference wasn't found .

Table (9) : Distribution of sexual problems and among study and control groups n=159

items	group		X ²	P
	Study (159)	Control (159)		
	%	%		
Little	61.0	54.7	1.31	0.51
Moderate	10.7	12.7		
Sever	0.0	0.0		
Nothing	28.3	26.4		
Dysparenia			0.71	0.7
Little	67.3	62.9		
Moderate	13.8	15.1		
Sever	0.0	0.0		
Nothing	18.9	22.1		
Decrease of sexual response			0.74	0.86
Little	62.9	53.5		
Moderate	12.6	20.1		
Severe	0.0	0.0		
Nothing	24.5	26.4		

Chi-Square TEST Was Used

P Significant if ≤ 0.05

The present study revealed that sexual symptoms were the most common problem among the menopausal women are present in the table (9) More than three fifth (61.0%), (37.3%) & (62.9%) in the study group and more than one half (54.7%) , (53.5%) and more than three fifth (62.9%) had little sexual responses respectively .

Part III : Menopausal women practices used to relieve most common menopausal symptoms (10).

Table (10) : Distribution of practice through asking question used by menopausal women to relief most common menopausal symptoms.

items	group n=159			X ²	P
	Before study	After study	Control		
	%	%	%		
Hot flushes					
1-Wash face with cold water	62.9	84.9	56.6	32.3	<0.001**
2-Use fan/ air	25.1	69.1	15.6	22.4	<0.001**
3-Wear light cloth	15.8	75.5	22.0	45.8	<0.001**
4-Drink home remedies	10.1	59.7	12.6	25.04	<0.001**
5- go to the doctor	5.3	75.3	7.5	28.05	<0.001**
6-Nothing	0.0	0.0	0.0	0.0	0.0
Headache					
1-Drink tea/coffee	57.8	31.4	61.6	34.4	<0.001**
2-Bed rest/sleep	40.9	78.6	44.0	56.2	<0.001**
3-Using drugs without prescription	13.8	4.4	12.5	9.05	0.01
4-Pay attention with others	11.3	53.5	10.6	63.6	<0.001**
5-Nothing	0.0	0.0	0.0	0.0	0.0
Dizzy or faint					
1-Bed rest/sleep	56.6	78.6	61.0	19.07	<0.001**
2-Drink fluid/home remedies	20.1	69.2	17.6	48.7	<0.001**
3-Go to the doctor	15.6	74.2	11.3	36.2	<0.001**
4-Using drugs without prescription	22.0	6.2	25.1	22.2	<0.001**
5-Nothing	8.8	0.0	10.7	17.04	<0.001**
Anxiety					
	88.9	50.3	75.5	11.3	<0.001**

1-Avoid tea/coffee 2-Drink worm fluid/home remedies	61.0	75.3	68.3	5.6	0.06 <0.001**
3-Worm bathing	38.9	62.9	34.6	29.4	<0.001**
4-Bed rest	54.7	84.9	62.9	24.3	<0.001**
5-Consult the doctor	40.9	76.1	44.0	19.8	<0.001**
6-Pay attention w other	50.3	37.7	47.8	5.7	0.06
7-Nothing	12.6	2.5	9.4	9.5	0.008
Mood change					
1-Drink worm fluid/home remedies	35.6	83.0	36.5	22.08	0.1
2-Pay attention w other	54.7	62.9	51.6	4.42	0.1
3-Exercise	34.6	50.3	42.8	8.04	0.017
4-Consult the doctor	10.7	38.3	20.8	9.95	0.009
5-Nothing	14.5	5.7	12.6	7.04	0.02
Palpitation					
1-Bed rest/sleep	75.5	88.0	74.2	11.3	0.003
2-Drink fluied/home remidies	61.6	79.2	55.3	4.5	<0.001**
3-Regular the meals	31.4	76.1	61.6	38.6	<0.001**
4-Consult the doctor	17.6	54.1	75.9	26.5	<0.001**
5-keep on weight	40.9	81.8	44.2	41.8	<0.001**
Muscles/joint pain					
1-Consult the doctor	68.5	80.5	60.4	16.1	<0.001**
2-Using drugs without doctor order	50.3	25.2	45.3	22.6	<0.001**
3-Drink home remedies	38.3	12.5	28.3	14.7	<0.001**
4-Low weigh	35.8	86.8	31.4	16.8	<0.001**
5-Exercise	51.6	76.8	53.5	26.14	<0.001**
6-Nothing	0.0	0.0	0.0	0.0	0.0
Urinary tract problems					
1-Consult doctor	75.5	89.3	62.9	30.26	<0.001**
2-Worm bath	56.0	74.8	57.9	14.7	<0.001**
3-Used cotton under wear	75.5	91.8	73.6	20.22	<0.001**

4-Home remedies	15.8	9.4	13.8	2.93	0.23
5-Nothing	5.0	0.0	6.3	9.7	0.007
Weight gain					
1-Consult the doctor	61.6	78.6	62.9	13.02	<0.001**
2-regular diet and keep on weight	76.1	98.3	71.1	16.04	<0.001**
3-Exercise	55.3	83.6	57.9	12.6	<0.001**
4-Drink home remedies	45.3	69.2	50.3	11.6	<0.001**
Sexual proplems					
1-Consult the doctor	56.6	82.4	60.4	27.6	<0.001**
2- Avoid intercourse	36.5	14.5	37.7	17.5	<0.001**
3- Used drugs without doctor	6.2	0.0	7.5	11.8	0.002
4- Drink home remedies	16.5	6.3	11.3	8.02	0.02
5- nothing	38.1	12.6	32.7	13.6	(0.00)

Chi-square test with used

P significant ≤ 0.05

more than one answer

Table (10) : Shows that , as hot flush, headache, dizzy or fain, anxiety, mood change, palpation, muscles/ joint pain, urinary tract diseases, weight gain& sexual problems. The statistically Significant difference was found ($p \leq 0.05$) before the implementation program the level of practice for menopausal women to relief most common symptoms was similarly among study women in the both groups (pre & control groups). After implementation of the program the scores of practice of all the specified items showed much improvement.

**Part IV : Effect quality of life on menopausal women and coping
mechanism . (11-12)**

**Table (11) : Distribution of the study sample according to degree of the
effect on menopause on quality of life**

items	group		X2	P
	Study (159) %	Control (159) %		
Effect symptoms on doing home activities				
Never	23.3	29.6	4.74	0.09
Sometime	69.2	57.8		
Always	7.5	12.6		
Ability to traveling				
Never	6.3	16.4	8.05	0.017**
Sometime	37.7	34.6		
Always	56.0	49.0		
Effect symptoms on physical activity				
Never	12.6	13.8	1.59	0.45
Sometime	58.5	51.6		
Always	28.9	34.6		
Effect symptoms on entertainment activities				
Never	27.7	30.8	2.41	0.29
Sometime	69.1	62.9		
Always	3.1	6.3		
Effect symptoms on social relation				
Never	11.9	12.6	2.55	0.27
Sometime	75.4	68.5		
Always	12.6	18.9		
Ability on concentration				
Never			1.40	0.05**
Sometime	19.5	30.8		
Always	80.5	69.1		
Effect symptoms on life family				
Never	20.7	0.0	5.56	0.02**
Sometime	19.5	4.4		
Always	80.5	51.6		
	56.6	44.0		

Psychological stress				
Never	5.6	5.6	1.39	0.49
Sometime	37.7	37.7		
Always	56.6	56.6		
Feeling with nervous				
Never	75.5	27.0	9.34	0.009
Sometime	13.8	62.9		
Always	10.6	10.0		
Feeling with sad				
Never	29.6	60.4	1.41	0.49
Sometime	62.9	27.7		
Always	7.5	11.9		
This symptoms making feeling with fearing				
Never	62.9	59.1	1.76	0.41
Sometime	29.5	10.7		
Always	7.5	30.1		
Effect on sleeping				
Never	12.6	10.7	1.36	0.5**
Sometime	62.9	59.1		
Always	24.5	30.1		
Effect on daily activities				
Never	13.8	10.1	6.05	0.048**
Sometime	30.1	44.0		
Always	55.3	45.9		
Effect nutrition				
Never	81.8	80.5	2.1	0.14
Sometime	18.2	19.5		
Always	0.0	0.0		

Chi-square test with used

P significant ≤ 0.05

(Table 11) . The majority reported that there was on effect of menopausal symptoms on their (QOL) between the level of some time and always in effect symptoms on downing home activities, ability to traveling, effect symptoms on entertainment activates, effect symptoms on concentration, effect symptoms on your life family, psychological stress, feeling with fearing, effect on sleeping, effect on daily activity but not effect on nutrition.

Table (12) : Distribution of the study sample according to coping mechanism to relief menopausal symptoms.

items	group n=159			X ²	P
	before %	after %	control %		
Desire to be feeling alone					
Never	17.0	67.3	37.7	48.8	0.001**
Sometimes	57.9	20.1	54.7		
Always	25.1	12.6	7.5		
decrease visiting your friends and family					
Never	59.1	69.1	44.0	28.8	0.001**
Sometimes	34.6	20.8	36.5		
Always	6.3	10.1	19.5		
Trying to with drawal when feeling anxiety					
Never	58.5	64.1	56.6	3.9	0.42
Sometimes	20.1	17.0	25.1		
Always	21.4	18.9	12.6		
Feeling with nervous when facing a problem					
Never	53.5	62.2	53.3	26	0.001**
Sometimes	34.6	39.6	46.5		
Always	11.9	4.4	0.0		
Feeling with depression when fall in problem					
Never	35.8	75.5	67.9	77.2	0.001
Sometimes	92.3	24.5	25.2		
Always	1.9	0.0	6.3		
Making a decision when being under psychological stress					
Never	88.20	91.5	86.8	1.63	0.44
Sometimes	11.9	8.8	13.2		
Always	0.0	0.0	0.0		
Physical activates					
Never	3.2	6.2	12.5	12.14	0.016**
Sometimes	35.2	24.5	35.8		
Always	65.6	4.9	51.6		
Integration in over eating					
Never	81.8	87.4	80.5	3.09	0.2
Sometimes	18.2	12.6	19.5		
Always	0.0	0.0	0.0		
Giving your self a hope in the tomorrow.					
	0.0	0.0	0.0	8.3	0.015**

Never					
Sometimes	37.7	25.2	39.0		
Always	62.3	74.8	61.0		
Integration with Pray					
Never	23.3	8.8	30.8	19.163	0.0001**
Sometimes	76.6	91.2	69.2		
Always	0.0	0.0	0.0		

P significant ≤ 0.05

Chi-square test with used

Table (12) shows that, distribution of study sample according to coping mechanism. Before implementation of the program knowledge of the coping mechanism to relief menopausal symptoms in the both groups. After implementation the program for the study group the scoring of knowledge of all the specified items showed much improvement and there is statistically significant difference was found in desire to be feeling alone, decrease visiting your friends and family, feeling with nervous when fall in problem, feeling depression, using exercise to decreases stress, giving your self a hope in tomorrow & integration with pray.

Part V : Relation between age , marital status and of quality of life .

(Figure 1-2)

Figure (1): Relation between age and quality of life among study and control group.

Age	Quality of life		
	Study	Control	P-value
45-	38.8±2.5	40.2±3.2	1.17
49-	40.5±4	38.9±1.4	0.12
55	44.9±4.1	37.2±6.6	0.04*

*P ≤0.05 Significant

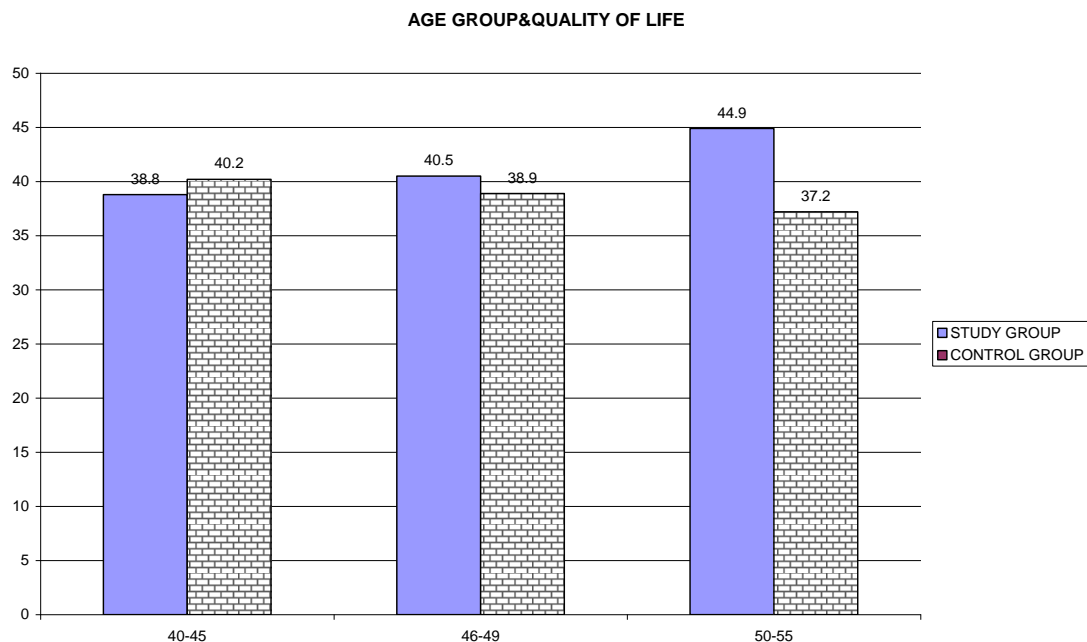


Figure (1) Shows that , mean quality of life score group according to age . There was statistically significantly difference as regard quality of life in age 55 years .

Figure (2): Relation between marital status and quality of life among the study and control groups.

Marital Status	Quality of life		P-value
	Study	Control	
Un married	41±0.0	44±0.0	0.62
Married	54.7±4.5	38±6.1	0.03*
Divorced	38±3.2	32.6.6	0.44*
Widowed	40.93±2.5	37.5±0.5	.042*

*P ≤0.05 Significant

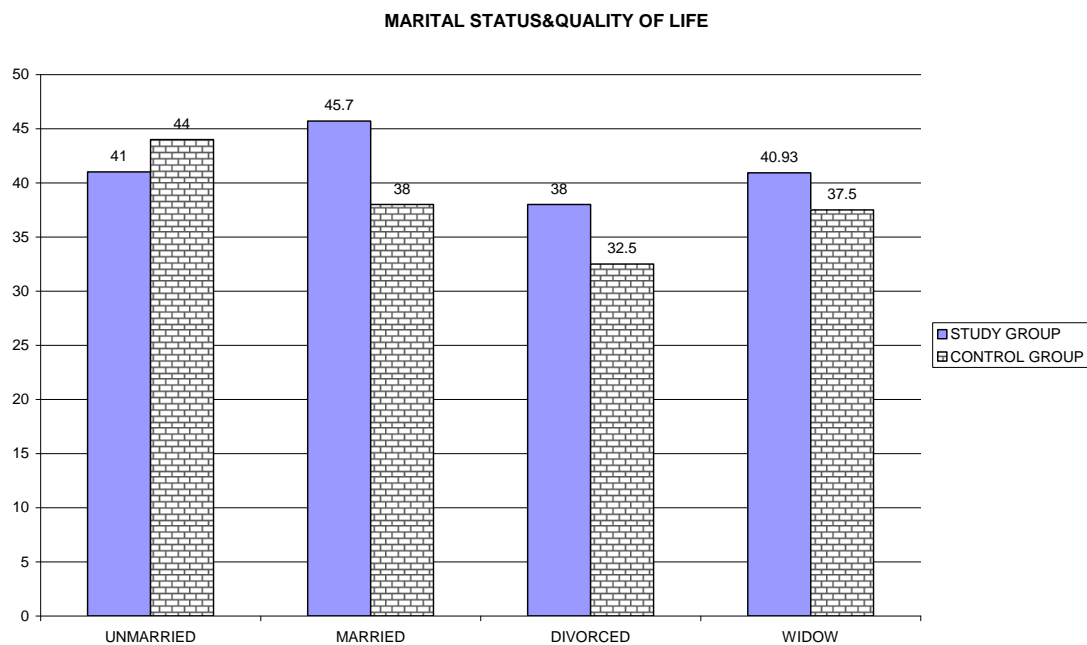


Figure (2) shows that , mean quality of life score in each groups according to marital status there is no statistically significantly difference between study and control group in quality of life in unmarried female , while there were significant differences in married , divorced and widow groups .

DISCUSSION

Menopause is a normal developmental period experienced by women in midlife, when she has permanent cessation of menses for more than one year, it occurs between the age 45 –55 year with an average of 51 year (Matteson 2001). Today women spend as much as third of their lives in menopause with prolonged life expectancy there is an increasing need for better quality of life and in particular for psychological well-being (Yousf, 1999). This study aimed to estimate the quality of life among the climacteric females working at Banha University.

Counseling and education must focus on strategies for the women's health preservation, illness prevention, health life style and psychological support. Abdalla, (1999).

Part I : Socio demographic characteristic and history of study sample and control groups .

In the current study approximately four fifth of menopausal women were married and living with their husband and children and less than one fifth were unmarried, widows or divorced in the same table (1). All of them were equally seeking help, knowledge and support during menopause regardless their social condition. On the same line, **Pearce and Howton (1998)**. They found that women who have positive support from their husbands and home environment cope much better with menopausal changes than those who are not supported and living in an insecure home environment after counseling and supporting the women with knowledge of health practices, it was found that the women become more cooperative relaxed and self – confident.

Regarding women's education level more than one half in the study and control group have university education level (table 1) . Their knowledge about menopause and its related health issues were surrounded by many misconception and confusion. This unclear and improper attitude about all issues related to menopause, is the responsibility of both mass media and educational institutes. This support the idea education and counseling to live in a healthy and energetic manner, which the main stimulator to conduct this study.

The result of present study indicates that the age cessation of menstruation (age of menopause) ranged between 54—55 years old with mean age of 40.21 ± 3.9 years (table 1) as found with Hidayt at (1999) in Alexandria. While **Ammare et al. (1997)** reported that the mean age of menopause was $48. \pm 3.9$ in Cairo city & **Qandil (1999)** found that it was $49. \pm 2.23$ years in all Egyptian women. **Dbbie et al. (2002)** found that, the mean age of menopause was 51.5 ± 2.4 year among **British women and Adekunl et al. (2002)** reported that it was 51 year among American women and 49.36 ± 5 year among Nigerian women from the studies done in Egyptian and broad, we can conclude that the mean age at onset of menopause in Egyptian women was slightly lower than that of British & American women.

The result of present study indicated that more than one third in the study and control groups complain from hypertension (table 4). Hypertension is common and major risk factor in women. Elevated systolic and diastolic blood pressures are independent risk with acute coronary events (**Kennel et al. 1999**) . The difference of the mean age of menopause and menopausal symptoms may be explained by the difference in health habits , life style and sociodemographic factors .

Part II : Menopausal symptoms among study and control groups.

The majority of the women suffered from problem in the urinary tract symptoms with variation of intensity, (table 6) urothelium atrophy may lead to loss of urethral tone development of urethral caruncle. The bladder may become hypertone leading to detrusor instability, which may cause an increase in urinary incontinence, urgency & frequency of urination (**Garner, 2000**). Through counseling indicated that lack of the knowledge for the women regarding the menopausal symptoms and availability of medication for alleviating or reducing such symptoms .

The findings of the current study found that vasomotor symptoms as regarding hot flush , excessive sweating ,and sweating at night more than one half of study and control groups had between moderate and severe symptoms . While , less than three quarter in the study group and more than three fifth in the control group had nothing symptoms (tremor) (table 7) . These results were congruent with the results found by **Obermeyer et al. (2002)** among United Arab Emirates on the contrary **Ammar et al. (1997)** reported that vasomotor symptoms were the most common symptoms among Egyptian women.

Kronebring, in journal of Nurse Midwifery (1998). Show as many as 70% of women experience daily hot flushes for some period of time. The incidence of hot flushes vary from study to study and from one geographic region of the world.

Oldenhave, (1991) showed that in Europe and United States complaints about hot flushes are more commonly reported by women from the lower socio-economic classes, whereas in Asia the most severe symptoms are reported by the women in higher socioeconomic groups.

About 80% of the female population and may persist for to 5 years after the menopause.

(**ACOG, 2004**) suggestion for coping with hot flushes including avoiding precipitating factors such as hot drink or meals, emotional upsets, hot weather, or hot room or bed that is too warm. Changes in lifestyle that may offset hot flushes include engaging in daily exercises, self-calming technique such as meditation, conscious breathing or drink eight glass of water daily about 80% of females populations and may persist for up to 5 years after the menopause.

Regarding the psychological symptom more than one third of the study group suffered from anxiety, feeling with nervousness, feeling with fearing, difficulty of sleeping, difficulty of concentration and depression (table 8) these result were congruent with (**Donahue, 1999**). It is easy to understand why menopause is called the changes of life. It is accompanied by psychological and social changes Apart from changes in mood and psychological symptoms directly related to endocrine changes, many women do experiences psychological problems which are the result of change in their life situations. These symptoms include depression, tension, irritability, nervous, fluctuation in mood, sense of frustration, feeling of decreased energy and reduced powers of concentration.

Frock & Money (1997) noticed that many women fear the menopause because they fear aging, fear the loss of youth and beauty. Also, they fear of losing their femininity with cessation of menstruation and thus may lose their husband affections fear of death, dependence up on children and failure of physical and financial resources and development of cancer is also among the women s fear.

Changes in life situation, life stress and previous personality problem or unhappy background are very common in the climacteric years (**Dominian, 1998**) mentioned that , an important factor in determining the psychological response to the menopause and climacteric is the social and cultural background.

The nurse can offer counsel and support to women experiencing psychological and emotional distress associated with menopause, encourage women to develop a more positive attitude toward the menopause (**NAMS, 2001**).

The present study revealed that sexual symptoms were the most common problem among the menopausal women (table 9) more than three fifth of the women suffered from loss of sexual response with variations of intensity between little and moderate degree. These results were congruent results found by **Banmer & Vogel (1995)**. Hormonal changes of menopause affect the sexual response of most women. The depletion of estrogen associated with the menopause can result in several vaginal changes, including dryness, thinning of the walls & delayed or absent lubrications during sexual excitement. Vaginal dryness is the most frequent complain related to loss of estrogen, so, dyspareunia caused by the vaginal dryness could lead to less frequent coitus.

According to **Shaban, (2001)** mentioned that sexuality is as sensitive issue in Egyptian culture, so women may be she to complain about sexual problem and may endure silently.

According **Denny & Quandogna, (1997)** mentioned that sexual communication can contribute greatly to the satisfaction of an intimate relationship. Available simple language should be used.

So, according **Ladewing & Mcia, (1998)** mentioned that counseling encouraged menopause at women to ventilate and express themselves. Also, it helped them to sort out most of their problems. Therefore, the nurse as a counselor plays an important role in preparing the women to menopausal period by explaining the sexual change and house they can cop with its related to problems.

In their study, **Wolfish, 2000** Who concluded that knowledge and healthy life style are essential to menopausal sexual well being the menopausal women should be encourage to have open solve problems related to sexual dissatisfaction and to performs Kegel's exercises regularly . So through counseling shows that , women had wrong knowledge regarding sexual changes , which improved after counseling .

Part III : Menopausal women practices used to relieve most common menopausal symptoms .

As regarding, the effect of counseling on their practice to relief most common symptoms (table 10). The findings of the present study had shown on one hand, statistically significant positive effect of the program on the practices changes related to hot flushes, anxiety, headache, dizzy or fain, urinary tract diseases, muscle / joint pain, palpitation, weight gain and sexual problem ($P \leq 0.05$). On other hand, the finding of present study indicated that , the problem of mood changes slightly improved in using methods to relief symptoms in post program. Compared pre and control group and no statistically significant was found .menopause is liked to variety of uncomfortable symptoms which are varied in intensity from mild to sever symptoms. These symptoms have marked impact on menopausal women's quality of life therefore, counseling is very important for the menopausal women to establish a

trusting relationships, acquire knowledge, making decision. Support action and help the women to understand what to do and remember in order to maintain their health. Through counseling, assist women to express and clarify her attitudes and conceptions of menopause to bring these to conscious examination. Counsel regarding positive attitude formation and self – acceptance to encourage effective coping (**American Psychiatric Association, 1997**). This may be due to most of them were seeking medical advice for psychological symptoms , which provide suitable care that helps in relieving these symptoms .

Regarding the perception of menopausal women s about the effect of menopausal symptoms on quality of life (table 11) the majority reported that there was effect on the menopausal symptoms on their. Q.O.L. between the level of sometime and always in effect symptoms on doing home activities, ability to traveling, effect of symptoms on entertainment activities, effect symptoms on social relation, effect of symptoms on your life family, effect symptoms on concentration, psychological stress, feeling with nervous, feeling with sad, feeling with fearing, effect on sleeping, effect on daily activities but not effect on nutrition status.

Part IV : Effect quality of life on menopausal women and coping mechanism .

Concerning the effect of coping mechanism to relief menopausal symptoms (table 12) statistically significant was found on the improving coping mechanism with desire to be feeling alone feeling with nervous when facing problem ,decrease visiting friends, feeling with depression ,exercise to decrease stress, giving your self a hope in tomorrow and integration prey ($P < 0.05$). On other same table the finding of the present

study slightly improved in coping mechanism in with drawl when feeling anxiety, making a decision when being under psychological stress and integration over eating.

Women's coping during menopause is influenced by different variables, as physical, social, psychological, cultural and environment factors. Coping with such influences competently and peacefully will give the menopausal women the required positive attitude and self confidence to continue with her life in creative way .Women s social supporting by their families, friends and the community can be helpful in coping with menopausal changes added that, by seeking support from other menopausal women could gain information, physical help and other forms of assistance (**Cook & Bikman 1995**)

Part V : Relation between age , marital status and of quality of life .

The present study revealed that there were no statistically significant relationships between quality of life and age from 45 – 49 year while there were positive significant from age 55 year. (figure 1)

Relation between marital status and quality of life among study & control group are present in (figure 2). Shows that mean quality of life score in each group was significant relation between marital status and quality of life.

According to **Blumel et al. (2000) and Fush et al. (2003)**. It is logic that an educated women is more able to prepare her self for menopause period and deal with menopausal symptoms than non educated women.

From the through discussion, it can be concluded that, there was effect menopausal symptoms on their quality of life among the climacteric females working at Banha University. The present study revealed that there was effect menopausal symptoms on their (QOL) had between level of sometimes and always in coping mechanism. Also, the present study revealed that after the implementation the program for the study group the scoring of knowledge of all specified items shows much improvement and there were statistically significantly difference was found.

So, the present study revealed that according to the Egyptians customs and beliefs, menopausal women try to bear, survive and adapt them self with their limitation of own life to do their responsibilities.