

## Health Awareness program towards minimize Symptoms of Menopause women

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### Abstract

**Background:** Menopause is a normal part of life. Menopausal women experience a wide range of menopause symptoms, that effect on lifestyle patterns and physical, psychological, social and spiritual. Menopausal symptoms will different from woman to other and difficultly to determine severity of symptoms. **Design:** Aquasi-experimental study was used utilized for the conduction of this study at menopause women. **Aim of the study:** to evaluate the effect of health Awareness program towards minimize symptoms of menopause women. **Setting:** study was conducted at outpatient clinics of the maternity and gynaecological hospital affiliated to Ain Shams University hospitals. **Sample:** purposive sample included 60 menopausal women was used. **Tools** of data collection were : 1). structured questionnaire which divided into two parts for assessing the socio demographic characteristics, second part was assessing menopause women's knowledge(pre / post-tests). 2). an observation checklist (pre / post-tests) to evaluate women's reported practice toward menopausal symptoms. **Results:** the majority of studied menopausal women were married and half of them housewife In addition there were statistically significant improvement to minimize menopausal symptoms were in post-tests compared to pre-test through effect of awareness program( $p\text{-value}<0.001^{**}$ ) **Conclusion** Health awareness program had positive efficient on improving menopausal women's knowledge and practice toward menopausal symptoms. **Recommendations:** Increase women awareness about per-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.

**Key words:** Symptoms of Menopause, minimize, Health Awareness program, Menopause women

### Introduction

Menopause, also known as the climacteric, the menopausal transition is the time in most women's lives when menstrual periods Halt permanently and no longer able to have children and describe any of the changes a woman

experiences either just before or after she stops menstruating(Eunice,2013).

It defined by (Wood, 2017) a decrease in hormone production by the ovaries and a woman's periods typically become irregular. During this time, women often experience many symptoms as physical, psychological and somatic. The

menopause Health Awareness Program is educational intervention that targets menopause awareness and minimize the menopause symptoms.

Menopause occurs usually between 49 and 52 years old. The majorities of women have other Periods between the ages of 48 and 55 years it has been described as subjective experience; with social and cultural factors play a prominent role in the way menopause and experience (Oliver & Muka, 2016).

The fall in oestrogen levels that occurs at the menopause can cause a variety of symptoms. Although the list looks alarming, but a lack of women suffering from all these symptoms and some are lucky enough to not having Clear problems. Clinical, the symptoms are immediate and mostly harmless But the consequences of long-range transport of estrogen is causing Greater concern. However, recent studies suggest that younger women with symptoms are at more risk of CVD later on in life ROYAL COLLEGE OF NURSIN, 2017).

Physical symptoms of menopause include lack of energy, joint soreness, stiffness, back pain, breast enlargement,, breast pain, heart palpitations, headache, dizziness, dry, itchy skin, thinning, weight gain, urinary incontinence, urinary urgency, interrupted sleeping patterns, heavy night sweats, and hot flashes (Papadakis et al., 2018). Psychological symptoms of menopause include anxiety, poor memory, inability to concentrate, depressive mood, irritability, mood swings, and less interest in sexual activity (Llaneza et al., 2012).

Gayathripriya., (2018) Indicated that, Menopausal awareness program need to be initiated at the community level to create awareness on menopause, better

health and quality of life. Thereby reducing future complications related to menopausal symptoms. Gayathripriya., (2018) Women should be educated through awareness programs so that they can get proper medical attention. Health professionals should also assess the symptoms with a standard tool. Regular screening can regular for these women to make a significant difference Can improve their quality of life (Aisha., 2018)

The Role of the Primary Care Nurse Most menopausal women will be managed in primary care with very few needing onward referral to secondary care. The practice nurse plays an important role in initially identifying those with troublesome symptoms, for example when taking cervical cytology and can provide the necessary support for exploring solutions to embarrassing problems such as pain when having sex or urinary incontinence. Nurse is a major actor in motivating patients to adopt healthy lifestyles by stopping smoking and introducing weight-loss initiatives. Many postmenopausal women take the comfort of simply talking about their physical and psychological problems. Finally, blood pressure should be checked on every visit, and all women should be encouraged to attend a routine cervical and mammogram examination. (Joanna, 2014).

#### **Significance of the study:**

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The World Health Organization forecasts that the number of women in the 50-59 age groups will increase from 36 million in 2000 to 63 million in 2020. The need for special gynecology Attention to this group of the population will assume increasing importance. The prevalence of menopausal symptoms among Egyptian women is 84%. So increasing the life expectancy from 54 to 71 years leads to women with prolonged menopause problems. Therefore, women's health care requires during this period special care to assess their health needs in

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order to provide specialized care (Gharaibehetal2011).

### **Aim of the Study:**

This study aimed to evaluate the effect of Health Awareness program on minimize Symptoms of Menopause women

This aim was achieved through the following:

1-Assessing knowledge toward Menopause women's symptoms

2- Assessing practices toward Menopause women's symptoms

3- Developing and implementing the Health Awareness program based on Menopause women's symptoms

4-Evaluating effect of the Health Awareness program on menopause women's knowledge and practices toward symptoms of menopausal.

### **Hypothesis:**

Health Awareness program will help menopausal women to adapt with menopausal symptoms

### **2- Subjects and methods**

#### **Research design:**

A quasi-experimental design was used in the conduction of this study.

#### **Setting:**

The current study was conducted in the outpatient clinics in Ain Shams University, maternity and gynaecological hospital affiliated to Ain Shams University.

#### **Sample type:**

A purposive sample including (60 ) of women with menopause according

Inclusion criteria collect the sample size, calculated based on a power analysis of 0.95 ( $\beta=1-0.95=0.5$ ) at alpha .05 (One – Sided) with large effect size (0.5) was used as the significance.

The sample was allocated randomly to the following criteria:

#### **Inclusion criteria:**

- Menstruation stopped at least from one year.
- Women between the age group of 40-55years.

**Tools of the study:** two tools for data collection were used in the present study

#### **1-First tool: menopausal women structure questionnaire.**

Structured questionnaire which divided into two parts

**First part** was assessing the demographic characteristics including age, marital status, educational level, occupation, and number of family.

**Second part:** was assessing menopause women's knowledge (pre / post-tests) regards meaning of menopause, previous stages of menopause , stages of menopause, causes of menopause, factors affecting women's body during menopause like Hot flushes, Heart problem, weight gain, Mood changes, Menses, symptoms of menopause , Irritability, dyspareunia, urinary incontinence changes, Osteoporosis, Insomnia and Hormonal, Replacement therapy.& drug treatment

#### **Scoring System of knowledge:**

Responses of the studied Patients' were scored as (1) for correct answer and (zero) for incorrect answer. The total score was categorized into either satisfactory

level (from 60% and more) or unsatisfactory level (less than 60%).

**2-Second tools: An observation checklist (pre / post-tests) to evaluate women's** reported practice toward menopausal symptoms regard, physical, psychological, social and sexual relation.

**Scoring system:**

Regarding Mothers "reported practice was scored (one) for the "adequate done" practices and (zero) for "inadequate done" practices. Summed the items of practices and total score level divided into the following; >50% if Adequate reported practices and < 50% if Inadequate reported practices.

**Administrative Design:** An approval letter to conduct the study was obtained from the director of Obstetrics and Gynecological hospital .Ain Shams University

**Reliability:** Done Cranach's alpha coefficient which was 0.95 at baseline and 0.96 in the questionnaire answered after 6 weeks.

The answered questionnaires were optically scanned and exported into SPSS for Windows

For statistical analyses. Scan was manually checked up to total, there was agreement between manual and visual reading in ten consecutive and complete questionnaires.

**Validity:** The data collected tool tested by a of 5 experts of community staff and Nursing professors who reviewed the instrument for clarity, relevant, comprehensive and applicability for the sample

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**Ethical consideration:**

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All official permissions to carry out the study were secured from pertinent authorities. All menopausal women were informed about the importance and aim of this study. Oral consent was obtained from all the participants. All menopausal women were informed that their participation is voluntary and their rights to withdraw at any time, and confidentiality of the information obtained. Also, the menopausal women were informed that the collected data would be used only for the purpose of the present study, as well as for their benefit

**Pilot study:** It was carried out on 10% from total duration of study sample (6 menopausal women, attending in 12 day attending in outpatient clinic according inclusion criteria)) It was conducted to test study process and to evaluate the applicability and clarity of the tools, assessment of feasibility of fieldwork and to detect any possible obstacles that might face the researchers and interfere with data collection. Necessary modifications were done based on the pilot study findings such as (omission of some questions from tool and adding another) in order to strengthen their contents or for more simplicity and clarity. These menopausal women were excluded from the study sample.

**Procedure:**

The investigator explains the aim of the study and visited the maternity and gynaecological from 9am-12md. The questionnaires were executed after obtaining the necessary permits from each questionnaire which took 5 to 10 minutes to be conducted.

- At the beginning of the interview, the researcher introduced herself to menopausal women, explained to the participants the aim of the study

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- and then the oral consent of menopausal women as obtained.
- The Health Awareness program was designed based on analysis of the actual patients' needs in pretest.
  - An appointment with the research sample is made while she is attending pregnancy follow-up visits every two weeks on an outpatient clinic
  - The objectives, content and methods was written in simple Arabic language and consistent with the related literature, as well as met menopausal women s' knowledge and their symptoms.
  - The researcher interviewed each menopausal woman individually to filling questionnaire sheets was about 5minutes.
  - Implementing the Health Awareness program consisted of 6 educational sessions and every session take 45 minutes, to cover knowledge and improve practice toward menopause symptoms.
  - The main elements cover the definition of menopause, the age of menopause, health problems with menopause, how to deal with menopause symptoms by practicing changes.The theoretical part was implemented through group discussions, in addition, the use of teachings aids, such as posters helped to en rich and facilitate the educational process
  - The whole course of intervention stage lasted for about two months.
  - Evaluating phase were two months later after implementing the health education sessions, all studied women were asked to complete a

questionnaire form which was the same as that used in the pretest tool

### Statistical analysis:

Statistical analysis the collected data were organized; categorized, analyzed using the statistical package for social studies (SPSS). The data was presented using descriptive statistics in the form of frequencies and percentages of the qualitative variables, mean and standard deviations for quantitative variables. The statistical test such as chi-square test was to determine relation between qualitative data and r-test was used. Statistical significance difference was considered when  $p\text{-value} \leq 0.05$ , and high significance when  $p\text{-value} \leq 0.001$  and no statistical significance difference was considered when  $p\text{-value} > 0.053$ .

### Results:

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**Table I** – Distribution of menopausal women's according to their socio-demographic characteristics data

*These tables answered the following research hypothesis*

**Table II** – The statistical differences between pre /post of menopausal women according to knowledge about menopause)(N=60).

**Figure (1):** Percentage distribution of study sample according to their total Knowledge about menopause pre- post awareness program There was a significant improvement in total Knowledge about menopause post- test as compared to pre - test assessment ( $p < 0.0$ )

**Table III** – The statistical differences between pre and post of menopausal women according to their adequate reported practices towards menopausal problem (N=60).

**Figure (2):** Percentage distribution of study sample according to their total practice pre/post awareness program about menopause. There was a significant improvement in total practice about menopause in post- test as compared to pre -test assessment ( $p < 0.0001$ )

**Table IV –** The statistical differences between pre and post of menopausal women according to their adequate reported practices towards menopausal problem (N=60).

**Table (1): Distribution of menopausal women's according to their demographic characteristics data (N=60).**

Demographic data	No.	%
<b>Age</b>		
<40	1	1.7
40<45	20	33.3
45<50	39	65
<b>Education</b>		
Illiterate	5	8.4
Primary school	3	5.0
Diplomas	33	55
University education	19	31.6
<b>Occupation</b>		
Working	25	41.7
Housewife	35	58.3
<b>Marital status</b>		
Single	2	3.3
Married	47	78.4
Divorced	5	8.3
Widow	6	10.0

**Table (1):** Shows that The study finding revealed that, the mean age of menopausal women were  $53.83 \pm 7.48$  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 the majority of them were married.

**Table (2): The statistical differences between pre /post of menopausal women according to Satisfied knowledge about menopause)(N=60).**

Items	Pre-program		Post program		Chi-square test	
	No.	%	No.	%	$\chi^2$	p-value
Meaning of menopause(menopause)	23	38.3	70	73.3	12.12	0.000**
Previous stages of menopause	24	40	49	81.7	21.86	0.000**
Stages of Menopause	12	20	34	56.7	17.06	0.000**
Causes of menopause	21	35	37	61.7	8.54	0.003*
Factors affecting women's body during menopause	12	20	30	50	11.87	0.001*
Complications associated with menopause	15	25	35	58.3	13.71	0.000**
Symptoms of menopause.	30	23.3	75	76.7	24.36	0.000**
Drug treatment	10	16.7	35	58.3	22.22	0.000**
Total	20	33.3	50	83.3	30.86	0.000**

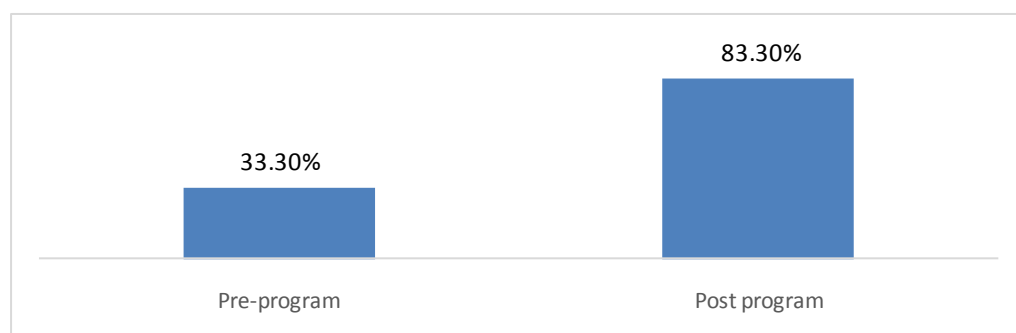
\*Not mutually exclusive sample P-value>0.05NS; \*p-value<0.05S; \*\*p-value<0.001HS

Table(2):Reveals that, regarding knowledge of menopausal women about menopause, 38.3% of the menopausal women were know definition of menopause that it is the end of child

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bearing compared with,73.3 % of the menopausal women post educational program,40% of them know the previous stages of menopause that it is the stage of hormonal disorder compared with ,56.7% of them post educational program, 20 % of them know the stage of premenopausal menopause,(30 – 40 years) compared with ,50% of them post educational program, and 25%of them know Complications associated with menopause compared with 58.3 % of them post educational program .Regarding knowledge about symptoms of menopause 23.3 of menopausal women had knowledge compared with 76.7% of them after reduction program and there are highly statistical significant between pre and post educational program.Value <0.001.

**Figure (1):** Percentage distribution of study sample according to their total Knowledge about menopause pre- post awareness program There was a significant improvement in total Knowledge about menopause post- test as compared to pre -test assessment (p<0.0



$\chi^2 30.86 p < 0.000^{**}$

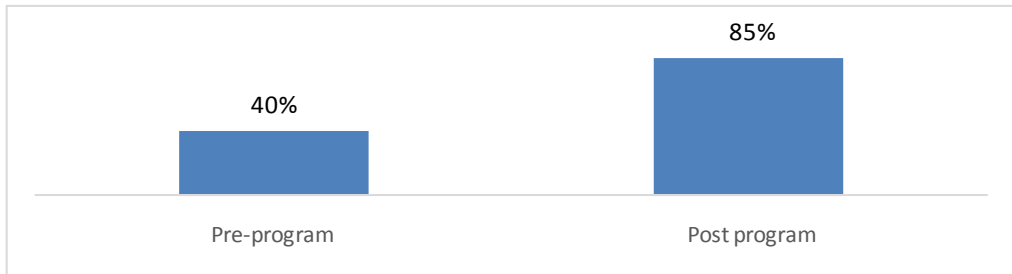
**Table (4):** The statistical differences between pre and post of menopausal women according to their adequate reported practices towards menopausal problem (N=60).

Items reported practice related to	Pre-program		Post program		Chi-square test	
	No.	%	No.	%	x <sup>2</sup>	p-value
Physical problem	32	53.3	45	75	6.13	0.013*
psychological problem	29	48.3	45	75	9.03	0.003*
Social problem	25	41.7	46	76.7	15.60	0.000**
sexual problem	21	35	39	65	6.56	0.010*
<b>Total</b>	24	40	51	85	25.92	0.000**

Not mutually exclusive sample

Table(4): Reveals that, regarding practices of menopausal women towards the symptoms of menopause physical complaints, 31.7% of the menopausal women reported practice a Kegelex excise to strengthen the abdominal muscles compared with ,73.3% Post educational program,34.2% of them Performing pelvic exercise (deep and slow breath) compared with, 75.8% post education program and 47.5% of the meat 1000 mg of calcium every day to reduce the risk of fracture (milk, hard cheese, yogurt or sardines) compared to, 72.5% post education program and there are highly statistical significant differences between pre and post educational program with p-value<0.001.

**Figure (2):** Percentage distribution of study sample according to their total practice pre/post awareness program about menopause There was a significant improvement in total practice about menopause in post- test as compared to pre -test assessment ( $p < 0.0001$ )



$\chi^2_{25.92} p < 0.000^{**}$

**Table (7) Relation between total knowledge score level of menopausal women and Their total reported practices score level (pre & post educational program), (n=60).**

Level of practice	Pre Level of Knowledge				Post Level of Knowledge			
	Satisfied		Unsatisfied		Satisfied		Unsatisfied	
	No.	%	No.	%	No.	%	No.	%
<b>Satisfied</b>	10	16.7	14	23.3	46	76.7	5	8.3
<b>Unsatisfied</b>	10	16.7	26	43.3	4	6.7	5	8.3
<b>Chi-square test</b>	1.25				11.53			
<b>p-value</b>	0.26				0.001*			

\*\*p-value < 0.001HS

**Table(7):** Reveals that, 16.7% of menopausal women were had satisfactory reported practice and their knowledge pre educational program improved to, 76.7 post educational program and there were high statistical significant relation between to talk knowledge score level of menopausal women and their total reported practice score level pre & post educational program with ,p-value ( $p < 0.05$ ) where.

**Discussion:**

Menopausal period begins with variations in menstrual cycle length in a woman. Effective health awareness program of menopausal symptoms requires an understanding of whether a woman is likely to be in the early or late menopausal period.

The present study finding son the same line with study done by **Manual et al. (2013)** who reported that manage of women ranged from 45-50 years with mean  $\pm$ SD of  $53.6 \pm 6.5$ . Also, **Mohamed, (2014)** who reported that as regards to the socio-demographic characteristic soft he women, it was found

that less than two thirds of the women's aged between 40 < 50 years old.

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

.Concerning to general knowledge of menopausal women : The majority of menopausal women had unsatisfactory knowledge about menopause pre health



awareness program and improved to be the majority of menopausal women have satisfactory knowledge about menopause post program application, , this result explained 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 answered as (stopping menstruation),and more than one quarters had answered as end of reproductive age, as feeling towards this age, two thirds of women had answered as free from periods problems.

On the same line study done by **Loutfy, (2012)** who study women's perception and experience of menopause: A community based study in Alexandria, Egypt .East Mediterranean Health reported that, minority of women had a previous knowledge about menopausal symptoms. Also, in a study conducted by **Yasmin et al., (2012)** who reported that, minority of the respondents had knowledge about menopause related symptoms. In contrast in a study conducted by **Nusrat et al., (2011)** who reported that, only of women knew about menopausal symptomatology.

### **Practices of menopausal women toward the symptoms of menopause**

According to practices of menopausal women towards psychological ,physical, social and sexual complaints the study finding that there was highly statistical significant differences between pre and post health awareness program, Regarding to practices of menopausal women towards the physical complaints the current study finding that there were highly statistical significant differences between pre and post health awareness program regarding practices of menopausal women towards the symptoms of menopause physical complaints where one third of menopausal women practice aKajil exercise to strengthen the abdominal muscles compared with more than two thirds post program application.

Also one third of them performing breathing exercise (deep and slow breath) compared with more than two thirds post health e awareness program and slightly less than half of them eat 1000 mg of calcium every day to reduce the risk of Fracture (milk, hard cheese, yogurt or sardines) compared with more two thirds post program application.The result of the current study showed that the improvement in knowledge and practices significantly increased with the increase health awareness about menopausal symptoms and its effect on health

Considering to practices of menopausal women towards sexual complaints the study finding revealed that, majority of menopausal women were not doing correct practice related to sexual complaints pre health awareness program compared with the majority of them post program application.

The results of the present study go in line with **Esmat and Mohamed, (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 land sexual health complains.

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

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**Conclusion:**

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The results of the present study concluded that, the health awareness program had a positive effect lead to improve knowledge to adapt with menopausal period (p-value<0.001\*\*).

It found had positive effect the practices of women toward menopausal symptoms (physical, social, psychological, and sex relation) ( p-value<0.001\*\*).

In addition, improve significant relation between level of knowledge and practice of women toward menopausal symptoms after apply health awareness program.

**Recommendation:**

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-Increase women awareness about per-menopausal period so reduce the severity of menopausal symptoms through applying health awareness program toward menopausal stage.

-Proper educational training to help women to known early and adapt with menopausal symptoms

- create awareness to menopausal woman through utilization mass media.

- Providing counselling for the menopausal women to cope up with the condition to achieve high level functioning.

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