

Can Social Support Mitigate the Menopausal Severity Symptoms? A Descriptive Correlational Study

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ABSTRACT

This study, which primarily attempts to determine the link between women's age and the severity of menopause symptoms, was guided by a descriptive correlational approach. In addition to examining the differences in menopause severity between groups based on living arrangement and educational attainment, the study aimed to evaluate the severity of menopausal symptoms and their association with overall health status and social support in women going through the menopause. 402 women made up the convenience sample for the study. An online survey that required self-reporting was used to gather data between December 19, 2021, and February 25, 2022. The Menopause Severity Scale, which rates the intensity of menopausal symptoms, and the Sociodemographic Sheet make up the study instrument. According to the study's findings, less than two-fifths of participants (n = 149; 37.1%) said they had menopausal symptoms that were more severe than those experienced at ages 40–44. There is a statistically significant difference in the menopause symptoms severity among the living arrangement groups, a statistically significant difference in the menopause symptoms severity among the and there is level of education groups. Less than two-fifths of the women reported that they have been going through menopause for 1-2 years (n = 151; 37.5). The researchers advise placing a strong focus on health education programs for women to raise their knowledge of menopausal symptoms, as well as the physiological and psychological changes that accompany them and how to manage them in order to enhance their quality of life.

Keywords: Albumin; Blood urea; Creatinine; Haematology parameters; Renal failure; Serological changes.

1. Introduction

The World Health Organization defines menopause as the permanent cessation of menstruation brought on by ovarian function decline. According to Gurler et al. (2020), it is seen as a critical time in women's lives, particularly in terms of their quality of life. A woman experiences menopause from her 40s to early 50s until she is in her 60s (Ghimire et al., 2015). Menopause symptoms affect most women, and they might negatively impact their quality of life in terms of health (Allahverdipour et al., 2020; Verrelli et al., 2019).

It is important to make the shift from a reproductive stage to a menopausal phase of life. Menopausal viewpoints and attitudes, as well as social, cultural, and environmental variations, cause the menopause process to differ for women living in rural and urban areas, hence these two groups of women should receive distinct treatment (Rees et al., 2021). Rural women scored significantly lower on the menopausal worry scale and significantly higher on the subscales measuring physical and psychological symptoms than did urban women. It was shown that women in rural areas experienced less severe cases of hot flashes, depression, joint pain, and tingling than women in metropolitan areas. The researchers discovered no appreciable differences in physical, vasomotor, sexual, psychological, or overall quality of life between populations living in rural and urban areas (Thapa et al., 2020).

Social support in the form of emotional and informational assistance improves women's ability to manage stress and lessens psychological and physical symptoms. Women's menopausal experiences are negatively and significantly correlated with social support, and a greater variety of social supports reduces psychological and physical problems (Lazar et al., 2019). Husbands' emotional support can assist women cope with postmenopausal depression and anxiety and strengthen their social networks. Because educated men are always seeking for new methods to better their life, a woman's spouse is the most significant and closest person who can assist her with this issue because he or she is familiar with her circumstances and worries. (2017, Jacobson et al.)

2. Importance of the Study

According to Ali et al. (2020), low backache (63.6 percent), aches in the muscles and joints (53.8 percent), aches in the back of the head or neck (52.6 percent), a decrease in sexual desire (49.5 percent), dissatisfaction with one's personal life (46.5 percent), hot flashes (44.1 percent), and a general feeling of exhaustion and fatigue are the most common severe symptoms experienced by women going through menopause. Due to factors like diminished confidence, issues with self-identity and body image, difficulty paying attention and remembering things, increased stress, and a higher risk of developing anxiety and depression at work, 72% of women want specific measures for weight loss or maintenance (Cronin et al.,2021;Marlatt et al.,2018). It's likely that neither their spouse nor their friends know how to help them.This might be due in part to the fact that many people are unaware of menopause or do not make the effort to learn about it. To them, it could seem like something you "can't do anything" about and should thus avoid. This is usually the very last thing you should do. It's important to understand that unpleasant feelings might arise throughout menopause as hormone levels drop. According to Goldzweig at el.,2016; Park at el.,2018, a woman going through menopause may also feel "old" and "unattractive" as a result of the changes.

3. Objectives

- (1) To identify the association between women's age and menopause severity
- (2) To investigate the difference in menopause severity between the groups of the living arrangement, level of education.

4. Methods and Materials

A descriptive correlational design was used to guide this study. The target population of this study was selected from of Iraqi women attending primary health care centers in Baghdad city. Data were collected through using a self-reported questionnaire for the period from from the 19th of December 2021 to 25th of February 2022. The estimated time range for each participant to complete the study questionnaire ranged between 15-20 minutes, to be reaffirmed by the pilot study.

Statistical analysis was done by using Software Package for Social Science SPSS version 24. The normality of data distribution was tested by the Kolmogorov-Smirnov and Shapiro-Wilk tests. Also, spearman correlation was used to determine the presence of correlation between data variance. $P \leq 0.05$ consider as significant value (20).

4.1. Sample and Sampling

A non-probability convenience sample of students from different primary health care centers and majors were recruited to participate in this study. Based on the margin of error of 5%, a confidence level of 95%, The final sample size is 402.

4.2. Study Instrument

The two components that make up the study tool are as follows: Sociodemographic Sheet for Women: The factors of (age, marital status, education level, residence and living) are included in this section. Menopause Severity Scale questions were included in the study instrument, asking participants on the frequency and intensity of each symptom over the previous month. The responses were arranged using a Likert-type scale with five points, ranging from 1 to 5; According to Pimenta et al. (2012), the scale's structure comprised 38 symptoms that were assessed for both frequency and intensity. These symptoms were grouped into 12 factors, including vasomotor symptoms, numbness, mouth, nail, and hair changes, sexual symptoms, aches and pains, body shape, changes in skin and facial hair, and urinary symptoms.

4.3. Statistical analysis

The collected data were compiled and analyzed using percentages, mean, and one-way analysis of variance used SPSS version 26. P values of 0.05 were used as a cut-off point for the significance of the statistical test.

5. Results

Table 1. Participants' sociodemographic characteristics (N = 402)

Variable	Frequency	Percent
Age (Years)		
40-44	149	37.1
45-49	113	28.1
50-54	79	19.6
55-60	61	15.2
Mean (SD) = 47.85 ± 5.59		
Marital Status		
Single	15	3.7
Married	279	69.4
Widower	77	19.2
Divorced	31	7.7
Level of Education		
Reads and writes	67	16.7
Elementary school	110	27.3
Middle school	67	16.7
High school	53	13.2
Diploma	45	11.2
Bachelor's degree	39	9.7
High diploma	4	1.0
Master's degree	17	4.2
Residency		
Urban	285	70.9
Rural	58	14.4
Suburban	59	14.7

Less than two-fifth age 40-44-years (n = 149; 37.1%) is participants from women, most are married (n = 279; 69.4%), more than a quarter are elementary school graduates (n = 110;

27.3%), followed by those who read and write and are middle school graduates (n = 67; 16.7%) for each of them, those who are high school graduates (n = 53; 13.2%), those who hold a diploma degree (n = 45; 11.2%), those who hold a bachelor's degree (n = 39; 9.7%), those who hold a master's degree (n = 17; 4.2%), and those who hold a high diploma degree (n = 4; 1.0%), most reported that they live in urban areas (n = 285; 70.9%), followed by those who live in suburban areas (n = 59; 14.7%), and those who live in rural areas (n = 58; 14.4%).

Table 2. Differences in menopause severity of symptoms among the sociodemographic

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
living Arrangement	Between Groups	4355.939	4	1088.985	1.695	.150
	Within Groups	255091.566	397	642.548		
	Total	259447.505	401			
level of Education	Between Groups	17515.743	7	2502.249	4.075	.000
	Within Groups	241931.762	394	614.040		
	Total	259447.505	401			

there is a statistically significant difference in the menopause symptoms severity among the and there is level of education groups

5. Discussion

The findings of a demographic analysis of women. The age group of 40–44 years old accounts for the largest percentage of women (37.1%), with a mean of 47.85 ± 5.59 . This data is in line with the results of a study by Allshouse and colleagues (2018), which discovered that 56.4% of women going through menopause are between the ages of 40 and 44. According to Bailey and Lin's (2021) research, women in menopause typically ranged in age from forty to fifty-five.

As far as marital status is concerned, the majority are married (n = 279; 69.4%). This conclusion is in line with Collins's (2020) study, which indicated that 40.4% of women in menopause were married. Women in menopause who are single (n = 32; 42.7%) were found by Erbil (2018).

Based on the study's data on women's educational attainment, over 25% of them have completed elementary school (n = 110; 27.3%). The results of this investigation align with those of a study

carried out by Brown et al. (2017), which discovered that 45 women were categorized based on their educational attainment, with primary school graduates making up the largest proportion (49.1%) of the study group.

Based on residency, the majority of women (n = 285; 70.9%) dwell in cities. This results are in line with a study by Jesy (2017) that indicated most women going through menopause reside in cities.

Across educational levels, there was a statistically significant difference in the intensity of menopausal symptoms. Subsequent post hoc analysis shows that individuals with an elementary school education scored higher on the menopausal symptom severity scale, followed by individuals with a master's degree, a middle school diploma, a high school diploma, and those who can read and write. Since women with the lowest levels of education are less aware of the symptoms and how to control and lessen their severity, this finding may be explained by the negative correlation found between education and the severity of menopausal symptoms. This result aligns with those of Namazi et al. (2019); Karimi et al. (2022) who found a negative correlation between the degree of knowledge and menopausal symptoms severity. That is, women with lower levels of education tend to have more severe symptoms, whereas higher levels of education are associated with better health and lower rates of morbidity, all of which point to higher quality of life for educated women.

6. Conclusion

There are a differences in menopausal severity of symptoms, among menopausal women with their marital status and the level of education, while there is no difference in menopausal severity of symptoms, menopause lowers quality of life by lowering its domains, which include the vasomotor, psychological, and social domains. realms of the physical and sexual the standard of menopausal women's lives had a lower impact

7. Recommendations:

1-The study recommends an emphasis on health educational program for women to increase their awareness about the menopausal symptoms and physiological and psychological changes and how to cope with to improve their quality of life.

2-there is a need to establish community-based health education activities that focus on raising the women's awareness of the extreme importance of seeking services reduce effected of menopause symptoms severity.

3-educational programs role in strengthening women's social support and preparation during menopause.

8. Limitations of the Study

Considering this study was conducted of a non-probability sample, the findings of the study are limited to the sample of the study and cannot be generalized.

There is very little literature on women knowledge related to menopausal symptoms severity in Iraq.

9. Reference

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