

Research Article

Enhancing Perimenopausal Women's Awareness of Healthy Lifestyles through Self-Care Guidelines

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A B S T R A C T

Context: Menopause is a natural phase in women's lives, marked by both physical and mental changes, potentially leading to uncertainty and adverse effects. This study aimed to assess the knowledge of healthy lifestyles among menopausal women.

Design: Quasi-experimental design involving pre- and post-tests. The study took place in the administrative buildings of Suez Canal University in Ismailia city.

Sample: Menopausal women employed at Suez Canal University were selected using convenience sampling. The participants were randomly assigned to two groups: the study group and the control group, each comprising 102 women.

Data Collection Tools: Self-administered questionnaires and Knowledge Assessment Questionnaires (pre/post/follow-up) were utilized.

Results: A statistically significant increase in overall knowledge was observed in the study group compared to the control group post-intervention and during the follow-up period (after 3 months) ($P = 0.01, 0.02$). The study concluded that self-care guidelines were an effective method to enhance knowledge and promote better practices related to menopause and its symptoms among menopausal women.

Recommendations: It is suggested to raise awareness among women regarding menopausal symptoms. Additionally, supplying the maternal health center with booklets containing information on maintaining a healthy lifestyle during menopause is recommended.

Keywords: Menopause, Menopausal knowledge, Healthy life style

Introduction

Women of all age groups are invaluable and require self-care. Mature women play a significant role in both family and

society (Gangadharan & Venkatesan, 2017). Menopause, the cessation of menstrual periods, typically occurs naturally after the age of 45. It results from the ovaries ceasing the

production of estrogen and progesterone hormones. The period leading up to a woman's final menstrual cycle is often referred to as perimenopause (Zoe et al., 2017). The median age for menopause is 51-52 years, spanning from 39 to 59 years. In the years preceding menopause, menstrual irregularities, such as variations in duration, flow, and intensity, are common (Houser, 2018).

Numerous factors influence the age of menopause, including smoking, obesity, alcohol consumption, socio-economic status, later menarche, long menstrual cycles, multiparity, oral contraceptive use, genetic factors, aging, dietary practices, ethnicity, reduced lean mass, resting metabolic rate, and drug treatments (Khan et al., 2016).

The impact of menopause on health varies based on fertility and overall health. Effective self-care strategies involve preparation for changes through proper nutrition, regular exercise, vaginal muscle exercises, mental health promotion, family and societal support, and the use of hormone replacement therapy. Managing menopausal symptoms aims to alleviate discomfort and enhance the well-being of women experiencing this life stage (Afshari1 et al., 2020).

Menopause is associated with challenging symptoms, including hot flashes, sleep disturbances, mood disorders, sexual dysfunction, weight gain, and cognitive decline. Many women turn to complementary and alternative medicine (CAM) for symptom relief (Johnson et al., 2019). A panel of experts strongly advocates lifestyle changes as a primary care methodology for menopause management, emphasizing calcium intake, a fiber-rich diet, phytoestrogens, low-fat, particularly saturated fats, and regular exercise. Meditation and yoga are also recommended. These suggestions are applicable to every Indian woman for improving overall health (Malik et al., 2019).

Many women effectively manage mild menopausal symptoms without resorting to medication or therapies. Lifestyle measures such as maintaining a healthy diet and engaging in regular physical activity prove sufficient for some. However, women experiencing symptoms that significantly impact their quality of life may need to explore treatment options. Adopting a healthy lifestyle, including nutritious eating, regular exercise, and relaxation techniques, can aid in coping with menopausal symptoms. Women who prioritize their overall health tend to experience fewer and less severe menopausal symptoms (Thomas & Daley, 2020).

Nurses play a crucial role in educating patients about various aspects of menopause, including its definition, the age at which it occurs, symptoms, medications, and lifestyle changes. This education can be delivered informally as part of daily care or through more formal teaching sessions, helping individuals adapt to this unavoidable life event

(Sarri et al., 2016).

Significance of the Study

In Egypt, the population of women aged 50 years or older comprises approximately 5 million individuals, representing a portion of the overall population. Among these women, the prevalence of menopausal symptoms is reported to be 84%. With the increased life expectancy of Egyptian women, which has risen from 53.8 to 71.5 years, a substantial proportion of this population is in either the perimenopausal or postmenopausal stage. This extended duration of menopausal symptoms poses psychosocial and economic challenges for women, placing a burden on our community (Sallam et al., 2006). Therefore, enhancing women's knowledge about menopause, emphasizing prevention over cure, is essential to alleviate the burden on both women and society.

Subject and Methods

Subject and Methods

The aim of the study:

To evaluate knowledge about healthy life styles among menopausal women 2.2. Research Hypothesis: There is a significant improvement in knowledge about healthy life styles among menopausal women through apply the process of self-care guidelines.

Study design: Quasi-experimental research design was used in this study.

The sample of the study:

According the equation, the actual sample size 204 women that were selected from the perimenopause women according to inclusion and exclusion criteria. The sample was divided into two groups: first group for study group, second group for control group (102 for each group).

Sample size:

Since the prevalence of menopausal symptoms in Egyptian women was 84 % (Sallem.,2006).

This substituting in the following equation: (Daniel., 1983)

$$\frac{P(1-P)Z^2}{E^2} = N$$

N=Sample size.

P=the proportion of menopausal symptom among women in Egypt=84%

E=Percentage of Standard Error.

Z=A percentile of the standard normal distribution determined by 95% confidence level =1, 96.

Sampling Type:

A convenience sampling technique was used in the present study to collect the study sample. The investigator

announced in Suez Canal University administrative departments to inform employee's women about the aim of study. List of all female employees aged from 45 to 55 years were accepted to participate in the study. Sample size 102 women were selected randomly from the lists were recruited as study group and from the second floor departments 102 women were selected randomly from lists were recruited as control group.

Study setting:

The study conducted at administrative buildings of Suez Canal University in Ismailia city. The buildings consists of two floors, each floor contains number of administrative departments, totally there are 18 departments.

Tools of data collection:

Tool (1): Self-administered questionnaire:

The investigator based on the relevant literatures prepared this tool. Data collection was divided into five parts. (Ramadan et al., 2020).

Part (1): It was used to assess personnel characteristic data as name, age, occupational, body mass index, and level of education (11 questions).

Part (2): It was used to assess menstrual history as age of menarche, interval, duration in days, regularity of menstruation, and amount of blood by (number of pads) (8questions).

Part (3): It was used to assess obstetrical history as number of pregnancy, number of birth, number of abortion, number of living children and mode of last birth in addition to family planning methods (8questions).

Part (4): It was used to assess gynecological history as polycystic ovary, fibroid, previous infertility, abnormal vaginal discharge, gynecological surgery (7questions).

Part (5): It was used to assess medical and surgical history as heart disease, diabetes, renal disease, anemia and liver disease (2questions).

(II): Knowledge assessment questionnaire (pre/post/follow up) (Ahmed ., 2014): It is a self-administered assessment tool developed by the researcher after revising relevant literature. It was divided into four parts.

Part (1): It was designed to assess women's knowledge regarding menopause and menopausal symptoms as concept of the menopause stage, types of menopause, causes of menopause, initial symptoms of menopause, and Psychological symptoms of menopause (8questions).

Part (2): It was designed to assess women's knowledge regarding healthy life style during menopause as exercise, eating habits, sun exposure, and Periodic check-up (4questions).

Part (3): It was designed to assess women's knowledge about hormone replacement therapy during menopause as (meaning, benefits, methods use, side effects, contraindications) of hormone replacement therapy (5questions).

Reliability of the Tools:

A jury of five experts in the field revised the instrument to ensure clarity, relevance, applicability, comprehensiveness, understanding, and simplicity of use. The changes were made in accordance with their suggestions. Cronbach's alpha was used to determine the dependability of the evaluation tools.

Field work:

After the women was selected from mentioned setting according to the previous criteria: Women ranging in age from 45 to 55 years, Women with natural menopause, Able to read and write, Free from uncontrolled medical conditions as diabetes, hypertension, cardiac disease and thyroid disorder. Exclusion criteria Women who are using hormonal replacement therapy (HRT). Women who may ovarian restriction or hysterectomy post menopause.

The woman's knowledge assessing, regarding menopause by pretest self-administered questionnaire. Then gave self-care guidelines booklet to study group. Through (3days/ per week) collected the questionnaire from the women. Also, the researcher communicated with women through telephone and call for instruction for any part in booklet needed explanations to emphasize improving woman's knowledge

Follow up and evaluation phase (post-test):

Three assessments were carried out for each participant in both the study and control groups to assess the impact of self-care guidelines on women's knowledge and practices regarding menopause and self-care (follow-up post-test). The initial evaluation served as baseline data (pre-test) at the study's outset. The second assessment occurred one month after the distribution of the guidelines booklet, and the third assessment took place three months after the second one.

Data collection spanned a 10-month period from July 2016 to April 2017. Following the final study evaluation, women in the control group received a self-care guidelines booklet to enhance their lifestyle.

Administratively, an official letter from the Faculty of Nursing at Suez Canal University was submitted to the directors of administrative building departments in the study settings to obtain necessary approvals and foster cooperation.

Ethical considerations involved providing a comprehensive explanation of the study's aim and importance to the

participating women. Assurance was given to female employees that the confidentiality of personal information and human rights would be preserved throughout the study. Data collected were solely used for research purposes, and participants had the option to withdraw from the study at any time. Informed oral consent was obtained from the participating women.

The statistical design involved organizing, categorizing, and analyzing the collected data using the Statistical Package for Social Studies (SPSS). Descriptive statistics, including frequencies and percentages for qualitative variables, as well as mean and standard deviations, were presented. The ANOVA test was used for quantitative variables. The chi-square test was employed to assess the relationship between qualitative data. Statistical significance was considered at $p < 0.05$, high significance at $p\text{-value} \leq 0.001$, and no statistical significance when $p\text{-value} > 0.05$.

Results

Table (1): Comparisons among the study & control group (pre, post & after 3 months of intervention) regarding to total women's knowledge about menopause

Demonstrates a notable increase in all aspects of women's knowledge about menopausal symptoms in the study group post-intervention and at the three-month follow-up, compared to their pre-intervention knowledge ($P = 0.01, 0.04, 0.002, 0.02, 0.001$, respectively). However, there was no significant increase in the study group's knowledge related to initial symptoms when compared to women in the control group. Additionally, there was no significant increase in women's knowledge about menopause in the control group. Moreover, there was a statistically significant increase in the overall score of knowledge about menopausal symptoms in the study group compared to the control group post-intervention and during the follow-up (after 3 months) ($P = 0.004, 0.03$, respectively).

Table (2): Comparative analysis among the study and control groups (pre, post, and after 3 months of intervention) regarding total women's knowledge about healthy lifestyles during menopause: Indicates a highly significant increase in women's knowledge about healthy lifestyles during menopause in the study group post-intervention and at the three-month follow-up concerning exercise, eating habits, sun exposure, and periodic check-ups, compared to their pre-intervention knowledge ($P = 0.0002, 0.003, 0.001, 0.0001$, respectively). However, there was an insignificant increase in women's knowledge about the right times of sun exposure. In contrast, there were insignificant

increases in women's knowledge about healthy lifestyles during menopause in the control groups before, after, and three months after the intervention. Furthermore, there was a statistically significant increase in the total score of knowledge about healthy lifestyles during menopause in the study group compared to the control group post-intervention and during the follow-up (after 3 months) ($P = 0.01, 0.04$, respectively).

Table (3): Comparative analysis among the study and control groups (pre, post, and after 3 months of intervention) regarding total women's knowledge about hormone replacement therapy during menopause: Explores women's knowledge about hormone replacement therapy during menopause. There were significant increases in women's knowledge in the study group post-intervention and at the three-month follow-up, compared to their pre-intervention knowledge (except for women's knowledge about methods used for hormone replacement therapy). Conversely, there were insignificant differences in women's knowledge in the control group before, after, and three months after the intervention. Additionally, there was a statistically significant increase in the total score of knowledge in the study group compared to the control group post-intervention and during the follow-up (after 3 months) ($P = 0.01, 0.02$, respectively).

Table (4): Comparative analysis among the study and control groups (pre, post, and follow-up) regarding total knowledge about menopause: Illustrates that women's knowledge about healthy lifestyles and hormone replacement therapy experienced a statistically significant increase in total knowledge for the study group compared to the control group post-intervention and after 3 months ($P = 0.004, 0.003$, respectively). However, there was an insignificant increase in knowledge about menopause in both groups. Additionally, there was a statistically significant increase in total knowledge for women in the study group compared to the control group post-intervention and during the follow-up (after 3 months) ($P = 0.01, 0.02$, respectively) compared to their pre-intervention knowledge.

Table (5): Distribution of women in the study group regarding satisfaction with self-care guidelines for menopausal symptoms: Reveals that less than two-thirds of the study group were satisfied with the overall self-care guidelines (63.7%). Moreover, about two-thirds of them were satisfied with information about menopause and overcoming physical methods (71.6%, 65.7%, respectively). However, less than two-thirds of them were satisfied with psychological, genital, and urinary symptom management (61.7%, 62.7%, respectively).

Table (1): Comparisons among the study & control group (pre, post & after 3 months of intervention) regarding to total women's knowledge about perimenopause

Knowledge	Groups	Pre				Post				Follow up				X ²	P Value
		Correct		Incorrect		Correct		Incorrect		Correct		Incorrect			
		No	%	No	%	No	%	No	%	No	%	No	%		
Concept of the menopause stage	Study	47	48.1	35	35.9	27	28.3	71	73.3	72	76.8	30	28.4	10.17	0.01*
	Control	43	42.2	39	37.8	41	40.2	61	59.8	60	58.8	62	61.2	0.38	0.56
Types of menopause	Study	47	48.1	35	35.9	31	30.4	71	69.6	60	58.7	34	33.3	6.11	0.04*
	Control	33	32.0	49	48.0	46	47.1	54	52.9	33	32.0	49	48.3	0.31	0.58
Causes of menopause	Study	65	39.8	45	40.2	39	38.2	63	61.8	62	60.8	40	39.2	12.39	0.002**
	Control	60	61.8	39	38.2	39	37.8	43	42.2	42	41.2	60	58.8	0.37	0.54
Initial symptoms of menopause	Study	46	45.1	36	34.9	32	31.4	70	68.6	69	67.6	33	32.4	4.84	0.09
	Control	48	47.1	34	32.9	44	43.1	38	36.9	38	36.9	46	45.1	0.32	0.57
The factors that lead to the occurrence of menopause earlier than the normal age	Study	33	32.0	49	48.0	34	33.3	66	66.7	64	62.7	38	37.3	8.14	0.01*
	Control	65	39.8	45	40.2	38	36.9	44	43.1	43	42.2	39	37.8	0.18	0.67
Physical symptoms of menopause	Study	33	32.0	49	48.0	33	32.4	66	67.6	38	36.9	44	43.1	8.35	0.01*
	Control	33	31.9	47	48.1	32	31.0	50	49.0	30	29.0	32	31.0	0.23	0.63
Psychological symptoms of menopause	Study	36	34.9	46	45.1	30	28.4	72	70.6	37	35.9	43	44.1	15.64	0.001**
	Control	32	31.0	30	28.0	48	47.1	54	52.9	31	30.0	31	30.0	0.34	0.56
Total score	Study	43	44.1	37	35.9	64	62.7	38	37.3	64	62.7	38	37.3	9.80	0.01*
	Control	48	48.0	33	32.0	30	29.0	32	31.0	48	48.0	33	32.0	0.32	0.58
	Between Groups	X ² = 0.000 (P Value= 0.95)				X ² = 3.89 (P Value= 0.04**)				X ² = 4.46 (P Value= 0.03*)				X ² = 12.89 (P Value= 0.002*)	

(*) Statistically significant at p<0.05 (**) highly statistically significant at p<0.01

Table (2): Comparisons among the study & control group (pre, post & after 3 months of intervention) regarding to their total women's knowledge about healthy lifestyles during menopause

Knowledge	Groups	Pre				Post				Follow-up				X ²	P Value
		Correct		Incorrect		Correct		Incorrect		Correct		Incorrect			
		No	%	No	%	No	%	No	%	No	%	No	%		
Exercise															
The importance of exercise for women during the menopause stage	Study	35	34.3	67	65.7	53	52.0	49	48.0	50	49.0	52	51.0	7.36	0.02*
	Control	37	36.3	63	63.7	41	40.2	61	59.8	48	39.2	62	60.8	0.33	0.57
Types of Exercises to be practiced during menopause	Study	30	29.4	72	70.6	38	36.9	44	43.1	31	30.0	31	30.0	18.78	0.0002**
	Control	31	30.4	71	69.6	35	34.3	67	65.7	34	33.3	68	66.7	0.38	0.53
Eating habits															
Proper nutrition during menopause	Study	43	42.2	59	57.8	74	72.5	28	27.5	73	71.6	29	28.4	6.26	0.04*
	Control	47	46.1	55	53.9	38	36.9	44	43.1	55	53.9	47	46.1	0.23	0.63
Essential vitamins in the stage of menopause	Study	38	37.3	64	62.7	60	58.8	42	41.2	58	56.9	44	43.1	11.61	0.003**
	Control	39	38.2	63	61.8	45	44.1	57	55.9	43	42.2	59	57.8	0.75	0.68
Sun exposure															
The importance of sun exposure	Study	47	46.1	55	53.9	70	68.6	32	31.4	67	65.7	35	34.3	12.78	0.001**
	Control	45	44.1	57	55.9	47	46.1	55	53.9	46	45.1	56	54.9	0.07	0.96
The right times for sun exposure	Study	39	38.2	61	61.8	34	32.9	48	47.1	33	32.0	49	48.0	5.53	0.06
	Control	38	37.3	64	62.7	40	39.2	62	60.8	39	38.2	61	61.8	0.08	0.96
Periodic check-ups															
The regular check-ups that a woman must do during the menopause phase	Study	41	40.2	61	59.8	71	69.6	31	30.4	58	56.9	44	43.1	17.97	0.0001**
	Control	49	48.0	53	52.0	54	52.9	48	47.1	50	49.0	52	51.0	0.54	0.76
Total score	Study	40	39.2	62	60.8	63	63.7	37	36.3	63	61.8	39	38.2	15.28	0.004**
	Control	44	43.1	58	56.9	45	44.1	57	55.9	45	44.1	57	55.9	0.11	0.96
	Between Groups	X ² = 0.11 (P Value= 0.77)				X ² = 3.68 (P Value= 0.01*)				X ² = 3.79 (P Value= 0.01*)				X ² = 18.59 (P Value= 0.001*)	

(*) Statistically significant at p<0.05 (**) highly statistically significant at p<0.01

Table (3): Comparisons among the study & control group (pre, post & after 3rd months of intervention) regarding to their total women's knowledge about hormone replacement therapy during menopause

Knowledge	Groups	Pre				Post				Follow-up				X ²	P Value
		Correct		Incorrect		Correct		Incorrect		Correct		Incorrect			
		No	%	No	%	No	%	No	%	No	%	No	%		
Meaning of hormone replacement therapy	Study	48	46.2	54	52.9	73	71.6	29	28.4	61	59.8	41	40.2	12.72	0.002**
	Control	50	48.0	52	51.0	53	52.0	49	48.0	51	50.0	51	50.0	0.18	0.67
Benefits of hormone replacement therapy	Study	37	35.6	65	63.7	57	55.9	43	44.1	32	31.0	30	29.0	8.31	0.01*
	Control	43	43.2	37	37.8	48	47.1	34	32.9	48	47.1	30	29.0	0.18	0.67
It/they can use hormone replacement therapy	Study	40	38.4	62	60.8	55	53.9	47	46.1	32	31.0	30	29.0	4.94	0.08
	Control	37	35.6	65	63.7	40	39.2	62	60.8	38	37.3	64	62.7	0.19	0.66
Side effects of hormone therapy	Study	43	41.4	59	57.8	72	70.6	30	29.4	35	33.9	47	46.1	14.88	0.0002**
	Control	43	41.4	59	57.8	46	45.1	36	34.9	43	42.2	59	57.8	0.24	0.62
Contraindications to hormone replacement therapy	Study	38	36.8	64	62.7	61	59.8	41	40.2	30	29.0	32	31.0	18.88	0.005**
	Control	35	33.8	67	65.7	39	38.2	63	61.8	39	38.2	63	61.8	0.44	0.79
Total score	Study	42	41.2	60	58.8	64	62.7	38	37.3	60	58.8	42	41.2	16.85	0.003**
	Control	43	42.2	58	57.8	64	62.7	36	35.3	45	44.1	57	55.9	0.14	0.69
	Between Groups	X ² = 0.02 (P Value= 0.88)				X ² = 6.36 (P Value= 0.01*)				X ² = 3.66 (P Value= 0.01*)				X ² = 13.71 (P Value= 0.01*)	

(*) Statistically significant at p<0.05 (**) highly statistically significant at p<0.01

Knowledge	Groups	Pre				Post				Follow-up				X ²	P Value
		Correct		Incorrect		Correct		Incorrect		Correct		Incorrect			
		No	%	No	%	No	%	No	%	No	%	No	%		
Women's knowledge about menopause	Study	45	44.1	57	55.9	64	62.7	38	37.3	61	59.8	41	40.2	8.28	0.01
	Control	48	47.1	54	52.9	48	47.1	54	52.9	49	48.0	33	32.0	0.026	0.98
Women's knowledge about healthy lifestyles during menopause	Study	40	39.2	62	60.8	65	63.7	37	36.3	63	61.8	39	38.2	15.28	0.001**
	Control	44	43.1	58	56.9	45	44.1	57	55.9	45	44.1	57	55.9	0.11	0.96
Women's knowledge about hormone replacement therapy	Study	42	41.2	60	58.8	64	62.7	38	37.3	60	58.8	42	41.2	10.85	0.003**
	Control	43	42.2	59	57.8	43	42.2	59	57.8	43	42.2	57	55.9	0.14	0.91
Total score	Study	42	41.2	60	58.8	64	62.7	38	37.3	61	61	45	40.2	11.25	0.003**
	Control	45	44.1	57	55.9	45	44.1	57	55.9	47	47	35	33.9	0.10	0.94
	Between Groups	X ² 9.82 (P Value= 0.08)				X ² = 8.39 (P Value= 0.01*)				X ² = 7.02 (P Value= 0.02*)				X ² = 11.14 (P Value= 0.04*)	

(*) Statistically significant at p<0.05

(**) highly statistically significant at p<0.01

Table (5) : Distribution of the women's in the study group in relation to their satisfaction with self-care guidelines for menopausal symptoms in study group

Satisfaction	Satisfactory		Average		satisfactory	
	No	%	No	%	No	%
Information about menopause	73	71.6	21	20.6	8	7.8
Overcome physical symptoms methods and	67	65.7	16	15.7	19	18.6
Overcome psychological symptoms	63	61.7	22	21.6	17	16.7
Overcome the genital and urinary symptoms, ways	64	62.7	25	24.6	13	12.7
Total	65	63.7	21	20.6	14	13.7

Discussion

1. Knowledge about Perimenopause Symptoms: The current study reveals a significant increase in women's knowledge about perimenopause symptoms in the study group post-intervention and after 3 months compared to their pre-intervention knowledge. Notably, there was no significant increase in knowledge related to initial symptoms in the study group compared to the control group. This positive outcome can be attributed to the effectiveness of the intervention in enhancing women's understanding of perimenopause symptoms. This aligns with previous studies by Yisma et al. (2017) and Jaber et al. (2017), which similarly highlighted poor knowledge among women about perimenopause symptoms.
2. Knowledge about Healthy Lifestyles during Menopause: The study demonstrates a highly significant increase in women's knowledge about healthy lifestyles during menopause, including exercise, eating habits, sun exposure, and periodic check-ups, in the study group post-intervention and after 3 months. In contrast, there

were insignificant increases in the control group. This may be attributed to the study group's baseline good knowledge about the menopausal period and their adaptive behaviors. This finding is consistent with Rathnayake et al. (2019) and Agarwal et al. (2018), who observed a lack of good knowledge about menopausal lifestyles among women.

3. Knowledge about Hormone Replacement Therapy (HRT) during Menopause: The study indicates significant increases in women's knowledge about hormone replacement therapy (HRT) in the study group post-intervention and after 3 months, except for knowledge about specific methods of HRT. Conversely, there were insignificant differences in the control group. The positive impact of self-care guidelines on enhancing knowledge about HRT is evident, aligning with the findings of Thomas et al. (2021). This contrasts with Wang et al. (2019), who reported good knowledge about perimenopause symptoms among women.
4. Total Knowledge about Menopause: The study demonstrates a significant increase in women's total

knowledge about menopause in the study group post-intervention and after 3 months, with a statistically significant difference compared to the control group. This emphasizes the importance of self-care guidelines in improving women's overall understanding of menopause. The findings support the notion that self-care guidelines play a crucial role in educating women about menopause, as indicated by El Hajj et al. (2020) and Hildreth et al. (2018).

5. Satisfaction with Self-Care Guidelines: Regarding satisfaction with self-care guidelines for menopausal symptoms, the study reveals that less than two-thirds of the study group were satisfied with total self-care guidelines. However, about two-thirds were satisfied with information about menopause and overcoming physical methods, while less than two-thirds were satisfied with psychological, genital, and urinary symptom management. These results align with Shrestha & Pandey (2017) and Abdelwahed (2018), reflecting varied satisfaction levels among women. In conclusion, the current study underscores the positive impact of self-care guidelines on enhancing women's knowledge about perimenopause symptoms, healthy lifestyles, hormone replacement therapy, and menopause in general. The study group exhibited higher satisfaction levels with self-care guidelines, emphasizing the comprehensive coverage of women's informational needs and self-care practices during the perimenopausal period.

Conclusion

In conclusion, the findings of the study affirm that the implementation of self-care guidelines proved to be an effective method for enhancing both knowledge and practices related to menopause and menopausal symptoms among women experiencing this life stage. The study successfully met its objectives and aligns with the initially proposed research hypothesis. The positive outcomes underscore the significance of self-care interventions in empowering menopausal women with the necessary information and skills to navigate this transitional phase in their lives.

The success of the self-care guidelines is evident in the observed improvements in women's knowledge about perimenopause symptoms, adoption of healthy lifestyles during menopause, and understanding of hormone replacement therapy. The study group exhibited notable progress in these aspects post-intervention and during the follow-up period, emphasizing the sustained impact of the guidelines.

The overall conclusion emphasizes the pivotal role that self-care practices play in improving the well-being and quality of life for menopausal women. As women are provided with

targeted information and guidance, they can make informed decisions about their health, engage in proactive lifestyle choices, and effectively manage the challenges associated with menopause.

In light of these positive findings, it is recommended that similar self-care interventions be integrated into healthcare practices to enhance women's experiences during the menopausal transition. By fostering knowledge and encouraging positive health practices, such interventions contribute to empowering women to embrace this life stage with confidence and resilience. Ultimately, the study reinforces the importance of proactive healthcare strategies in addressing the unique needs of menopausal women and promoting their overall well-being.

Recommendation

1. Increase level of awareness among women regarding issues of menopausal symptoms using all available mass media as (posters, magazine, and brochure).
2. Development and implementation of different nursing educational programs for improving and enhancing women knowledge about menopausal period

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