SELF-CARE MODULE FOR COPING WITH MENOPAUSAL SYMPTOMS

Eman Awad Ibrahim Tayyem1, Aziza Tossun Labib2, Randa Mohammed Ibrahim3, Amira Morsy yousif4

1Postgraduate doctorate students at Faculty of Nursing - Ain Shams University and Clinical Instructor at Arab American University Nursing College Palestine.
2,3Professor of Maternity and Gynecological health Nursing Faculty of Nursing-Ain Shams University
4Assistant professor of Maternity and Gynecological health Nursing Faculty of Nursing-Ain Shams University

eman.abu.labban@gmail.com

ABSTRACT

Background: Menopause is a physiological process during which women can improve their quality of life by taking proper self-care measures. Performing self-care requires proper and effective training. The objective of the study was Evaluate the effect of self-care module on coping with menopausal symptoms in west Bank-Palestine. Design: A quasi experimental design (per-post-test) used to achieve the aim of the study. Setting: This study was conducted at twenty secondary governmental schools at Nablus city in west Bank-Palestine. Sample Type: Multi-stage random sampling design was used. Tools: four tools were used for data collection; first tool was Self-Structured interviewing questionnaire sheet, second tool was Menopause Symptoms’ Severity, third tool was coping with menopausal symptoms questionnaire, and fourth tool was Self-care assessment tool. Results: There was highly statistically significant improvement on the studied women's knowledge about menopausal symptoms after intervention. More than half (57.33%) of the studied women had previous knowledge about coping strategies of menopausal symptom before intervention. In addition, average of menopausal symptoms severity score for the studied women decreased gradually by time. There is strong positive correlation between self-care practices and menopausal symptoms severity as menopause symptoms severity was significantly decrease with increase self-care practices for women. Conclusion: Implement self-care module for menopausal women was effective on reducing severity of menopausal symptoms and significantly improves women’s coping strategies in west bank –Palestine. Recommendations: Application of self-care module to reduce severity of menopausal symptoms and improve women's coping at health care setting in west bank –Palestine.

Key words: Self-care, Coping, Menopausal symptoms, West bank –Palestine

I. INTRODUCTION

Menopause, a normal part of women’s lives, and it is associated with considerable biological, physiological, and social changes. It may be associated with symptoms such as hot flashes, night sweats, insomnia, vaginal dryness, sexual dysfunction, constipation, and emotional and behavioral changes (El Hajj et al., 2020). While, menopause is a natural and physical condition affecting all women, this phenomenon is of high importance in Palestine, where the life expectancy at birth for females is around 74.6 according to the Palestinian Central Bureau of Statistics (PCBS, 2017). The women populations who are above 40 years conform about 20% of the female population, counting for around 190 thousand women, according to the PCBS (2017).

As women spend about one-third of their lifetime in menopause, they may suffer from different menopausal consequences with different prevalence rates affecting their quality of life. Therefore, it is vital to pay attention to the health status of menopausal women. Educational interventions for teaching correct self-care principles are a solution for health improvement and to help menopausal women appropriately cope with menopause problems, and enhance their self-efficacy (Bahri, et al, 2018). Coping is defined as the thoughts and behaviors mobilized to manage the internal and external stressful situations. It is a term used distinctively for conscious and voluntary mobilization of acts, different from 'defense mechanisms' that are subconscious or unconscious adaptive responses, both of which aim to reduce or tolerate stress (menopausal symptoms) (Algorani & Gupta, 2020).
While, *Self-care* refers to informed, learned, and purposeful measures and activities performed by individuals to survive, and maintain and promote their own and their family’s health (*Kafaei-Atrian, et al., 2019*).

The health care of women during this stage requires special attention to the identification of their health needs in order to provide competent care. However, the achievements made in terms of longevity stand diminished owing to the lack of specialized health care that addresses the health needs of the aged. These facts illustrate the need to assess the menopausal symptoms of midlife women accurately and to develop successful culturally focused preventive and control strategies for menopausal problems to have an easy and smooth midlife transition and to improve their quality of life (*Lalo, Kamberi & Peto, 2017*).

The assistance of professional health care is needed for menopausal women in overcoming their problems, therefore the nursing profession has a great opportunity to provide health services in the form of actions and health education programs for menopausal women. Nurses should fulfill their educational roles by enlightening women about menopausal symptoms and providing guidance to eliminate or at least to alleviate the symptoms of menopause to cope effectively with this period (*Isnawati, Nursanti, and Widagdo, 2019*).

**Magnitude of the problem**

Approximately 1.2 billion women worldwide will be menopausal or postmenopausal by the year 2030, with 47 million new entrants each year. More than 85% of these women will experience problematic symptoms, including hot flashes, night sweats, sleep disturbances, sexual dysfunction, mood disorders, weight gain, and cognitive deteriorations. Yet, evidence shows that they have inadequate self-care in menopausal period (*Johnson, Roberts& Elkins, 2019*).

Palestinian health-care services are directed towards prenatal care and childbirth, marginalizing women of different ages, especially in the menopausal period. Furthermore, menopausal women in Palestine may suffer in silence, not knowing what to do and how to seek appropriate help. Owing to the current life circumstances of the under privileged and mid age to elderly women in Palestine, particularly widowed women, many live in unfavorable economic.

As Self-care is a key factor behind women’s health in menopausal period. Through self-care activities, women can cope with menopausal problems and improve their quality of life. Menopausal women’s self-care can be promoted through education. Health education broadens women’s knowledge about menopause and helps them more effectively cope with menopausal problems. Based up on this issue the researcher conduct this study to evaluate the effect of self-care module on coping with menopausal symptoms in west Bank-Palestine

### II. SUBJECTS AND METHODS

**Aim of the study**

The Present study was aimed to evaluate the effect of self-care module on coping with menopausal symptoms in west Bank-Palestine.

**Research hypothesis**

- Self-care module will increase coping with menopause symptoms among the menopausal women in Nablus city.

**Research design:**

A quasi experimental design (per-post -test) used to achieve aim of the study.

**Study Setting:**

This study was conducted at twenty governmental secondary schools at Nablus city in west Bank-Palestine. The reason for selecting this setting was that all teachers are females in addition to they have another important role on guidance of students’ mothers and others in the society because of their nature in the field of education.

**Sample Type, size, and technique:**

75 menopausal women working at governmental secondary schools were selected though using of a purposive sampling technique based on the following criteria; already attained menopause, free from gynecological
disorders as (uterine prolapsed, ovarian cyst and uterine fibroid) and free from psychiatric illnesses. While, multi-stage random sampling design was used to choose the study schools. West Bank-Palestine area was divided in to thirteen cities. First researcher selects one of these cities randomly (Nablus city). Nablus city was divided in to three district “western, central, and eastern” these districts include primary and secondary schools researcher select secondary schools randomly.

Tools of data collection: four tools were used for data collection.

First tool: Self-Structured interviewing questionnaire sheet. This tool was developed by the researcher and written in simple Arabic language based on a scientific literature review. It divided into 3 parts:

Part (I): concerned with socio - general characteristics of the studied women such as age, address, marital status, occupation and level of education, etc. Part (2): concerned with menopause history of studied women such as age at menopause and cause of menopause etc. Part (3): concerned with studied women’s knowledge regarding menopausal symptoms and coping with these symptoms.

Second tool: The Menopause Symptoms’ Severity Inventory-38. This tool adopted by researcher based on scientific literature (Pimenta et al, 2012). It was translated into simple Arabic language to assess the intensity (how strong/intense) of each symptom of the studied women before and after implementation of self-care module under two subscales which contain:

- **Physical symptoms**: It contains 15 items such as hot flushes, night and excessive sweating & feeling tired or with lack of energy, etc.

- **Psychological symptoms**: It contains 9 items such as Tension and pressure and Panic attacks etc.

Scoring system:

Responses of the questions organized on a five-point Likert-type scale (ranging from 0 to 4) for intensity of menopausal symptoms as follows: Never, Not intense, Minimum, Moderate and High. For scoring, "never” response got 0 points, "not intense” response got 1 point, "minimum” response got 2 points, "moderate” response got 3 point, and finally "high” response got 4 point.

**Third tool: The “coping with menopause symptoms” questionnaire.** This tool was adapted from (Greenblum, 2010). It was translated into simple Arabic language to be easily answered by the studied women, it used to assess the studied women coping with menopausal symptoms before and after implementation of self-care module. The coping with menopausal symptoms consists of 19 items that have five-point Likert-type scale (ranging from 0 to 4). 0 = I usually don’t do this at all, 1 = I usually do this a little bit, 2 = I usually do this a medium amount, 3 = I usually do this a lot, and 4 I usually do this at all.

**Fourth tool: Self-care assessment tools strategies and assessment.** This tool adopted from (Volk et al., 2007) to assess menopausal women self-care practices before and after implementation of self-care module. It included 37 closed ended (Yes or No) questions that comprise of 4 categories (physical self-care (11) questions, psychological self-care (10) questions, emotional self-care (8) questions, and spiritual self-care (8) questions.

**Content Validity & Reliability:**

Tool was reviewed by Jury panel, comprised of 5 expertise in Maternity and Gynecological nursing at faculty of nursing Ain-Shams University to test content validity and maintain the international necessary modification was done as rephrasing the statement of the tools.

**Reliability:**

Test–retest reliability was acceptable after re-administrating three tools of data collection at 10-day interval for the same group during that time. And these were found to be 0.94, 0.65, and 0.88 respectively.

**Pilot study:**
The pilot was done to evaluate the clarity and content validity of the tools used for data collection. Also, it is used to evaluate time needed for women to fill tools of the study. The pilot study facilitates finding the possible obstacles and problems that might face researcher and interfere with data collection. Women included in the pilot study was excluded from the total sample. Pilot study involved 7 women (10% of total sample size) working at governmental secondary schools west Bank-Palestine.

Field work:
Data collection of the study was started at the beginning of February 2020, and completed by the end of November 2020. The field work of this study was carried out through assessment, planning, implementation, and evaluation phases.

Assessment phase:
The researcher took a random sample from governmental secondary schools in Nablus city, and their number was 20 schools, three days/week from 9am to 2pm. The researcher introduced herself to women, explained the aim of the study and its implications, and ensures their cooperation. Then oral consent of women was obtained.

The researcher used tools to collect initial data (the interviewing questionnaire sheet, the menopause symptoms’ severity inventory, the “coping with menopause symptoms” questionnaire and self-care assessment tools. It was filled by studied women’s in a time ranged from 25-30 minutes.

Planning phase:
Based on the analysis of the data obtained from the assessment phase, and review of the related literature, the researcher obtained studied woman visiting schedule and plan the orientation process (implementation and follow up phases) with the education directorate.

Implementation phase:
The educational program was implemented in the training halls at the study settings. The researcher started to explain The educational program for woman (Arabic booklet) in the form of lectures, four theoretical sessions were conducted, The researcher started to explain the aim of the program for women and took the telephone number of each women for the follow up and give them her telephone number and took their agreement for participation in the program and they have the right to withdraw from the program at any time, supportive booklet designed by the researcher were distributed among women at the beginning of program.

In the first session the researcher gave women introduction about the educational program and explain studied women about program structure and its objectives and identify the meaning of menopause, list causes of menopause, discuss sign and symptoms of menopause, list nutrient during menopause period, treatment (Non hormonal therapy and hormonal), and reveal any misunderstanding. In the second session the researcher identifies concept of coping and how-to cope with menopausal symptoms, types of coping (positive and negative action) and disclose any misunderstanding. In the third session the researcher identifies the definition of self-care, objectives of self- care, recognize the importance of self-care module and disclose any misunderstanding.

Each session was started by a summary about what has been discussed in the previous session and the objectives of the new session, using a simple Arabic language, also the session ended by a summary of its content and feedback from women to ensure that women got the maximum benefits. The researcher started the application of teaching sessions using 12 hours per week for 5 weeks divided into three sessions each session one hour for 4 schools per day / 3days / week, from 9 am – 2 pm. The researcher used different methods of teaching such as lecture, instructional media, group discussion, demonstration, teaching material was Arabic booklet. After the implementation of the teaching sessions, the researcher re assesses through post-test.

Evaluation &follow up phase:
After implementing the educational program, evaluation of women’s knowledge, and practice was done immediately after implementation of the educational program using the same data collection tools used at the assessment phase, Evaluation phase completed by the end of November 2020.
III. ADMINISTRATIVE DESIGN:
An official approval with written letter clarifying the title, purpose and setting of the study was obtained from dean of faculty of nursing at Ain-Shams University to education directorate. Another latter was sent to directors of the governmental secondary schools at west-Bank, Palestine; in Nablus city as an approval for data collection to conduct this study.

Ethical consideration:
Prior to the study, ethical approval was obtained from the scientific research and ethics committee at the Faculty of Nursing, Ain-Shams University. Also, official permission was obtained from education directorate. The aim of this study was explained to all study participates and their verbal informed consent to participate was taken. The studied women included in the study were assured about confidentiality of the information gathered and it was used only for the purpose of the study and scientific research and they were informed about their rights to refuse or to withdraw at any time. The proposal review and approve by the faculty ethics committee.

IV. STATISTICAL DESIGN:
Statistical analysis:
The collected data was coded organized, categorized and tabulated. Data was analyzed by inferential statistics and used appropriate statistical method as mean, range, standard deviation, ANOVA test and chi-square test. Statistical significance was considered at P-value <0.05, highly significant difference obtained at P< 0.001.

V. RESULTS
Table (1): Shows that the age of studied women varied between 45 years and more than 55 years with mean age 52.833 ± 3.614 years. Concerning residence, 72.0% of studied women were from urban areas. Regarding marital status, most of the studied women (73.33%) were married. Related occupation 80.0% of the studied women were teachers. As regard educational level of the studied women, 58.67% were university graduated

Table (2): Displays that the average age of menopause was 48.83 years with a standard deviation of 4.055. Concerning cause of menopause, most of the studied women (97.33%) referred menopause to normal causes, also the table shows that duration of menopause was between one and two years for (56.0%) of the studied women.

Figure (1): Points out that 78.6 % of the studied women's had total knowledge about menopausal symptoms before intervention compared to 100.0% after intervention. While, studied women's total knowledge about coping before intervention was 57.3% versus 100.0% after intervention, with highly statistical significant improvement on their knowledge after intervention.

Figure (2): Studied women's knowledge about menopausal symptoms before & after intervention. The most known symptoms were weight gain, mood changes, and hot flash that represent 62.7%, 52.4% and 40.6% respectively

Figure (3): Studied women's knowledge about coping before & after intervention. The most known coping strategies were healthy nutrition and physical exercise that represent 42.67% and 36% respectively

Table (3): Reveals that average menopausal symptoms severity score for the studied women decreased gradually by time. It slightly decreased from 52.240 to 51.333 before intervention and one-month after intervention, respectively. Thereafter, the average score sharply decreased to reach 31.373 three months after interventions. There were a statistically significant reducing the severity of menopausal symptom through-out phases of the study P-values = 0.001**. Regarding coping score for the studied women increased gradually by time and improved. It increased from 31.427 to 40.48 before intervention and three months after intervention, respectively. There were highly statistically significant differences between the women scores after two and three months of intervention; P-values = 0.001**. Concerning self-care practice score for the studied women slightly increased from 23.613 to 26.107 before intervention and one-month after intervention, respectively. Thereafter, there was a considerable decline in the score average to reach 17.827 two months after intervention. Less the expectance because of spread of (COVID 19) pandemic virus that reflected on women self-care practice. Then, the average score sharply increased to reach 28.973 three months after interventions. P-values = 0.001**.
Table (4): Declares that there is strong positive correlation between self-care practices and menopause symptoms severity as increases of self-care practices for women reduce severity of menopausal symptoms.

Table (5): Point out that, there is a strong positive correlation between self-care practice and menopause coping strategies that when the self-care practice increases menopausal women's coping strategies become better.

Table (1): Distribution of the studied women regarding their general characteristics. (N = 75).

<table>
<thead>
<tr>
<th>Item</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 - &lt; 50 years old</td>
<td>17</td>
<td>22.67</td>
</tr>
<tr>
<td>50 - &lt; 55 years old</td>
<td>36</td>
<td>48.00</td>
</tr>
<tr>
<td>≥ 55 years old</td>
<td>22</td>
<td>29.33</td>
</tr>
<tr>
<td>x (Mean) ± SD (Standard deviation)</td>
<td>52.833 ± 3.614</td>
<td></td>
</tr>
<tr>
<td>Residence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Camp</td>
<td>9</td>
<td>12.00</td>
</tr>
<tr>
<td>Rural</td>
<td>12</td>
<td>16.00</td>
</tr>
<tr>
<td>Urban</td>
<td>54</td>
<td>72.00</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Widow</td>
<td>6</td>
<td>8.00</td>
</tr>
<tr>
<td>Divorced</td>
<td>7</td>
<td>9.33</td>
</tr>
<tr>
<td>Single</td>
<td>7</td>
<td>9.33</td>
</tr>
<tr>
<td>Married</td>
<td>55</td>
<td>73.33</td>
</tr>
<tr>
<td>Occupation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaner</td>
<td>7</td>
<td>9.33</td>
</tr>
<tr>
<td>Social Adviser</td>
<td>8</td>
<td>10.67</td>
</tr>
<tr>
<td>Teacher</td>
<td>60</td>
<td>80.00</td>
</tr>
<tr>
<td>Educational level</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read &amp; write</td>
<td>3</td>
<td>4.00</td>
</tr>
<tr>
<td>Primary/intermediate</td>
<td>28</td>
<td>37.33</td>
</tr>
<tr>
<td>University degree</td>
<td>44</td>
<td>58.67</td>
</tr>
</tbody>
</table>

Table (2): Menopause History of the studied women. (N=75)

<table>
<thead>
<tr>
<th>Item</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at menopause</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 45 years old</td>
<td>9</td>
<td>12.00</td>
</tr>
<tr>
<td>45 – &lt; 50 years old</td>
<td>45</td>
<td>60.00</td>
</tr>
<tr>
<td>50 – &lt; 55 years old</td>
<td>13</td>
<td>17.33</td>
</tr>
<tr>
<td>≥ 55 years old</td>
<td>8</td>
<td>10.67</td>
</tr>
<tr>
<td>x (Mean) ± SD (Standard deviation)</td>
<td>48.833 ± 4.055</td>
<td></td>
</tr>
<tr>
<td>Cause of menopause</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>73</td>
<td>97.33</td>
</tr>
<tr>
<td>Surgical</td>
<td>2</td>
<td>2.67</td>
</tr>
<tr>
<td>Duration of menopause</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-2 years</td>
<td>42</td>
<td>56.00</td>
</tr>
<tr>
<td>3-4 years</td>
<td>20</td>
<td>26.67</td>
</tr>
<tr>
<td>&gt;5 years</td>
<td>13</td>
<td>17.33</td>
</tr>
<tr>
<td>x (Mean) ± SD (Standard deviation)</td>
<td>2.6400 ± 1.3842</td>
<td></td>
</tr>
</tbody>
</table>

Figure (1): Studied women's total knowledge about menopausal symptoms, coping before & after intervention.
X1------- Knowledge about menopausal symptoms before intervention compared to after intervention

X2------- Knowledge about coping before intervention compared to after intervention

Figure (2): Studied women’s knowledge about menopausal symptoms before & after intervention.

Figure (3): Studied women’s knowledge about coping before & after intervention.

Table (3): Comparison of menopause symptoms severity total score, coping, and self-care for studied women (n = 75) before and after intervention
VI. DISCUSSION:

Menopause is one of the most critical periods in a woman’s life. The symptoms that women experience during this stage are among the most important health care challenges. To minimize these symptoms, efforts should be made to promote menopausal women’s health. Health education is one of the many ways that can be employed on
the improvement of women’s knowledge and self-care practices towards menopause. Moreover, this can empower women to cope with own lives (Mohamed, 2021). In concern to the previous concept researchers conducted the present study which was aiming to evaluate the effect of self-care module on coping with menopausal symptoms in West Bank-Palestine. The study finding revealed acceptance of research hypothesis, which indicate that Self-care module was effective on increasing coping with menopause symptoms among the menopausal women in Nablus city.

Regarding to general characteristics of studied women the present study result showed that, the age of women varied between 45 years and more than 55 years with mean age (52.833 ± 3.614) years. In addition, less than three quarters of studied women were from urban areas. Concerning to marital status, less than three quarters of studied women were married. Moreover, most of the studied women were teachers. Furthermore, less than two thirds of the studied women were university graduated. The present study finding was matching with (Gebretatos et al., 2020) who conduct a quasi-experimental study aimed to assessing the effect of health education on knowledge and attitude of menopause among middle-aged teachers in elementary, junior, and secondary schools of Asmara, Eritrea. They found that the mean age of the study participants was 48.97(SD = 5.47) years and 77.8% of the respondents were married. Regarding the educational status of the respondents, (80.8%) of the respondents had a university certificate degree. From the researcher's point of view the similarity between two studied was due to both subject were middle-aged teachers at secondary schools.

Concerning history of menopause for studied women the present study displayed that, nearly two thirds of studied women their age at menopause was between 45 and 50 years old. Also, majority of the studied women referred menopause to normal causes, more than half of them started their menopause form1-2 years ago. The present study findings was in harmony with (Elnaggar et al., 2016) who conducted the study entitled health education effect on knowledge and attitude of peri-menopausal and menopausal women toward menopause in Suez Governorate and mentioned that, nearly two thirds (57%) of the studied sample their age at menopause was between 45 and 50 years old and less than half of them duration of menopause from 1-2 years.

Regarding to Knowledge of studied women about menopause symptoms before and after intervention the present study displayed that less than half of the studied women had knowledge related to weight gain, mood change, and more than one third of them had knowledge about hot flash before intervention versus nearly most of them after intervention related to weight gain, more than half of them related to mood change, and more than three quarters of them after intervention related to hot flashes, with highly significant statistical improvement on their knowledge about menopause symptoms and after intervention. \( \chi^2 = 15.742, \) P-value = < 0.00001. The present study finding was supported with (Elnaggar et al., 2016) who conducted study entitled Health Education Effect on Knowledge and Attitude of Peri-Menopausal and Menopausal Women toward Menopause in Suez Governorate and showed that, significant improvement in all knowledge parameters about menopausal symptoms after intervention, The highest percent of improvement is for knowledge about weight gain which was (46%) less than half of them and changes to (76.5%) more than three quarters, and knowledge about hot flushes was more than one third (32%) and changed to (76%) more than three-quarters of them after intervention.

Also, the present study finding was matching with (Rachel et al., 2020) who conducted study entitled structured teaching program and Yoga therapy improve knowledge and symptoms related to menopause among peri-menopausal women and presented that, the pretest and posttest mean knowledge score of experimental group is significant at p<0.05 compared to the pretest and posttest mean knowledge score of control group. From the researcher's point of view having the right knowledge about menopause can help women to have more realistic expectations about the menopausal period and to make better choices between treatment options for menopausal symptoms therefore, structured training programs about menopause implemented by researcher has shown positive effects on knowledge.

Concerning knowledge of studied women about coping with menopausal symptoms the present study reported that less than half of studied women had previous knowledge about healthy nutrition, more than one third of them had knowledge about physical exercise, before intervention compared to more than two third of them, and more than three quarter after intervention respectively. Also, there was highly statistical significant improvement of studied women’s knowledge regarding coping with menopausal symptoms after intervention \( \chi^2 = 30.451, \) P-value = < 0.00001. The present study finding was in accordance with (Sultan, Sharma, Jain 2017) who conducted study entitled knowledge, attitude and practices about menopause and menopausal symptoms among midlife school teachers and mentioned that, (38%) of studied women had knowledge about coping strategies
related to physical exercise while (59%) of them had knowledge about coping strategies related to healthy nutrition.

Meanwhile, the present finding result was contradicting with (İkişik et al., 2019) who carried out adescriptive study aimed to investigate the awareness of menopause in women from 40 to 65 years of age admitting to a tertiary care hospital in order to measure the severity of symptoms and to determine the strategies and choice of resources to cope with menopausal symptoms and founded that (19.5%) of the studied women applied coping strategies by using medication, (17.2%) less than one fifth of them applied enjoying hobbies. Also the present study result finding was dissimilar with (Olugbemiga et al., 2017) who conducted study entitled challenges and coping strategies adopted by menopausal women in a local government of southwestern state, , Nigeria and founded that, less than two fifth of the studied women applied exercise, religion activities and self-medication show to positively influence menopausal symptoms. From the researcher's point of view this difference may be due to difference in personal characteristics and cultures between studied samples.

Regarding to menopausal symptoms total severity scores for studied women before and after intervention the present study reported that, average menopausal symptoms severity score for the studied women decreased gradually by time. It slightly decreased from 52.240 to 51.333 before intervention and one-month after intervention, respectively. Thereafter, the average score sharply decreased to reach 31.373 three months after interventions. The present study finding was corresponding with (Koyuncu, Unsal, Arslantas, 2018) who conducted study entitled evaluation of the effectiveness of health education on menopause symptoms and knowledge and attitude in terms of menopause and reported that it was determined that the frequency of menopausal symptoms in the subscales of women, decreased after intervention.

In relation to, total coping scores for studied women before and after intervention the current study reported that, the average coping score for the studied women increased by time it slightly increase from 31.427 to 34.413 before intervention and two-month after intervention respectively. Also, it was obvious that there was no significant difference between the score before and one month after intervention. Conversely, there were statistical significant differences between the women score after two and three month of intervention (p-value always<0.05). The present study finding was in the same line with Bhattacharya et al., (2016) who conducted entitled effectiveness of self instructional module on coping strategies of Tri-dimensional problems of menopausal women and reported that, the average coping strategies score for the studied women increased from 8.66 ± 2.45 to 19.11± 3.38 pretest and posttest respectively.

Concerning to total self-care scores for studied women before and after intervention the present study mentioned that, the average menopause total self-care practice score for the studied women slightly increased from 23.613 to 26.107 before intervention and one-month after intervention, respectively. Thereafter, there was a considerable decline in the score average to reach 17.827 two months after intervention. Then, the average score sharply increased to reach 28.973 three months after interventions. Also, statistically significant differences between the women scores during the different follow-up periods; i.e. P-values always < 0.05. The present study finding was matching with (Bahri et al., 2018) who conduct a clinical trail to to investigate the effect of self-care training programs based on the teach-back method on the self-care status in postmenopausal women. They mentioned that the mean scores of knowledge and self-care were found to be significantly higher in the intervention group compared to those in the controls one month after the intervention (p < 0.0001 and p = 0.001, respectively). Statistically significant differences were observed between the two groups in terms of the change scores of knowledge and self-care practice before and one month after the intervention (p < 0.05). Also, this finding was supported with Mirghafourvand et al., (2014) who reported that, the total mean score of self-care at the end of the 8th week (P=0.01, 95% 1.9-13.7) and the 12th week (P<0.001, 95% 7.9-17.8). From the researcher's point of view the integration of Self Care help women better understand and adapt to the inevitable challenges during menopause, training methods applied in this field, besides having to be tailored to the individual needs and characteristics and sociocultural context.

As regards to the relation and correlation between self-care score, menopause symptoms severity score and coping score of the studied women during different stages of the study. That there was a highly statistically significant relation and positive correlation between self-care practice, menopausal symptoms severity and coping. As the improvement on self-care practice was associated with decrease symptoms severity, and improvement on the coping strategies. The present study finding was corrsponding with other studies. Yazdkhasti, Simbar & Abdi (2015) study showed that empowerment during the menopause contribute to improving the
perception about this stage and the importance of self-care. Interventions that employ suitable learning methods increase the awareness of menopausal women, and improve their adaptation to menopausal symptoms. In addition, Ozcan, (2019) displayed that healthy lifestyle behaviors have an important effect in reducing menopausal complaints. The habit of having a healthy diet and regular exercising, the success in stress management, the availability of interpersonal support systems, self-esteem, self-fulfillment and general awareness of health responsibility ensure women at this period to experience it with less complaints and more comfort.

Finally, from the researcher's point of view effectiveness of an intervention depends on a careful, systematic design, guiding a useful framework and careful progress monitoring. Therefore, the success of self-care module would be due to few reasons. It was a multifaceted, culturally accepted, well-designed programme guided by a theoretical framework. It also had the set the realistic goals, individualized approach, and regular follow-up with strict monitoring

VII. CONCLUSION

Implementation of self-care module for menopausal women was effective on reducing severity of menopausal symptoms among them and significantly improve coping with menopausal symptoms at Nablus city in west bank -Palestine.

Recommendation

Application of self-care module for menopausal women in different health setting in west bank -Palestine to reduce severity of menopausal symptom and improve the coping with these symptoms.

Limitation

The sample in this study may not represent the entire female population in Palestine since it was carried out in one health facility that serves only studied women in secondary school in Nablus.

Due to Corona pandemic (COVID 19) closure of the study setting was done for five months. Five months later, the researcher using follow-up assessment tools (post- test) for consecutive three time (1st post-test at end of August month, 2nd post -test at end of September month and 3rd post-test at end of October month) to evaluate the effect of self-care module on severity of menopausal symptoms and coping strategies of women with menopausal symptom at west-Bank, Palestine; in Nablus city.

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