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**Perception of the Palestinian women towards menopausal
period, in the north of West Bank.**

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**Perception of the Palestinian women towards menopausal period, in
the north of West Bank, Phenomenographic study.**

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ii. Abbreviations

Abbreviations	Meaning
CAM	Complementary and Alternative Medication
D.M	Diabetics Mellitus
HRT	Hormonal Replacement Therapy
WHI	Women Health Initiative
WHO	World Health Organization

Abstract:

Background:

Menopause is defined as cessation of menstrual period (World of Health Organization ,1994). Menopause has many changes include physical, psychological, and social aspects and perception is the essence of psychological changes which has an great effects on other aspects.

Aim: To explore, with a qualitative approach, the perception of Palestinians women towards menopausal period and to examine if there are differences of perception between, urban and rural women premenopausal and postmenopausal women period, single and married women. This participate in adding something new for the society in general and to the medical field to build new strategies for more interventions and education in the Palestinian society.

Setting: Two villages around Nablus and Tulkarm, Tubas city. The interview were in the informants houses in quite room .

Sample: Fifteen women their ages from 45-60 years, 10 informants were rural, and 5 were urban, five women were single, four of fifteen were perimenopausal, the sample recruited by convenience sampling .

Research methodological design: Using qualitative methodology, phenomenographic approach, that applied by recorded and semi-structured interviews using both open-ended and Pop questions.

Results: The women perceptions were more positive in postmenopausal and urban areas, than premenopausal and rural areas, their perception are classified in to three main categories physical, psychological, social changes respectively.

Conclusion: Women's perception of the menopausal period were mostly negative .Although most of them described this transition as a natural process of aging.

Key words: perception, menopause, premenopausal, premenopausal postmenopausal, , qualitative methodology, phenomenographic approach.

Chapter One

Introduction

1.1 Introduction

There are many studies available regarding menopausal women over the world, but Arab menopausal women have been generally neglected in menopausal research. Moreover, studies regarding perception towards the menopause are scarce or non-existing in the Arab generally and in Palestine specifically. There are no studies that have been found in Palestine that investigated Palestinian women's perception towards menopause.

In view of the fact that menopause is universal but the perception and attitudes towards it vary across cultures, social status and considering the shortage of related information in Palestine, there is a significant need to compile data on the perception of Palestinian women towards menopause.

In the Arab world, the term menopause is referred to as “Desperate age” which further increases the burden on women going through this change of life (Layyous, 2007). Because of lack of knowledge and awareness of Palestinian women about menopausal period (normal changes, symptoms associated with this period, preparations), in this study we investigated the common perception of menopausal period for Palestinian women in different settings (urban and rural areas), according to own perception of woman and to what degree she is aware of menopausal period and how she is prepared for this period, and how she can cope with changes that are related to this phenomenon. According to our findings we can participate in establishing new strategies for more intervention, health education, and promote health awareness about this period.

1.2 Background

Worldwide, there are over 470 million women aged >50 years (Bakarman et al, 2003). But it is estimated that in the year 2030, 1.2 billion will be peri- or postmenopausal, and this total will increase by 4.7 million a year. It is also estimated that in developed countries, women now aged 50 can be expected to live for a further 30 years (Lee et al ,1997). In USA it has been projected that there will be almost 60 million women aged 45 and older by 2010 and that number will increase to 70 million women by 2020(US Census Bureau et al ,2004).

Perception of menopause, the word of perception is (from the Latin perceptio, percipio). It is the process of attaining awareness or understanding of the environment by organizing and interpreting sensory information(Pomerantz et al, 2003). Perception depends on complex functions of the nervous system, but subjectively seems mostly effortless because this processing happens outside conscious awareness.(Goldstein , 2009).

The perception has many features which include Constancy(Bernstein et al ,2011), Grouping(Dale Purves et al, 2003), Contrast effects(Weiten,2008), Effect of experience(Dennis ,2008), Effect of motivation and expectation(Hardy ,1999).

1.2.1 Definition of menopause :

The word "menopause" literally means the "end of monthly cycles" from the Greek word pausis (cessation) and the root men-(month), because the word menopause was created to describe this change in human females, where the end of fertility is traditionally indicated by the permanent stopping of monthly menstruation and menses(Walker et al, 2008).

World Health Organization (WHO) meeting in Geneva in 1996 define the natural menopause as no menses for 12 consecutive months with no obvious intervening cause, such as pregnancy, lactation, exogenous hormone use, dietary deficiencies, or

surgical removal of the uterus or ovaries. Menopause, the cessation of menstruation, is a psychosocial as well as a biological event.

1.2.2 Menopause classifications :

Menopause is a transition period in women's life. Igbo ,(Igbo et al, 2008) identified two types of menopause: premature and natural menopause. Premature menopause is as a result of surgical operation while natural menopause occurs sometimes from early 40's to late 50's. However, there are some women who started menopause after fifty years depending upon the time they started their menstrual cycle (Adegoke, et al, 2008).

1.2.3 Stages of menopause:

There are three stages of menopause transition. The duration of peri-menopause according to (Cobb, et al 2004) can take up to ten years or above. The premenopausal marks the transition period to menopause and can last up to five years or more (Edwards, 1999). It is a period when the reproductive hormonal levels fluctuate by either rising or falling and the menstrual flow may be higher or heavier and irregular. The post-menopausal age starts from fifty-one years upward and it is a period when the ovaries no longer produce hormones or release egg (Reynolds et al, 2001).

1.2.4 Symptoms of menopause :

Numerous studies have attempted to identify groups of health symptoms experienced around the time of the menopause. These symptoms are concluded as Vasomotor symptoms such as hot flushes, burning sensation in feet, excessive sweating, palpitation and heart discomfort, restlessness, sadness, sleep disturbance, irritability weakness, fatigue, backache, weight gain, and sexual problem. The most prevalent symptoms are joint and muscular discomfort; physical and mental exhaustion; dryness of vagina, bladder problem. psychological symptoms are manifested by : anxiety; depressive mood, irritations, mood swings and emotional problems (Rebecca et al, 2002).

1.2.5 Treatment of menopause:

For many years hormone therapy (HT), asynthetic, combination of estrogen plus progestin, was Western medicine's gold standard for the symptomatic treatment of menopause (Cutson & Meuleman, 2000). However, the release of the 2002 findings on HT by the Women's Health Initiative indicated that there were more harmful than beneficial outcomes in women taking estrogen plus progestin compared to those taking a placebo. Hormones Replacement therapy(HRT), have many complications include heart disease and breast cancer (Rossouw et al.,2002).

Consequently, women worldwide are looking to Complementary and Alternative Medication (CAM) , including botanical dietary supplements (Kronenberg et al, 2002; Low et al, 2003). Common botanicals for the treatment of menopausal symptoms, include dong quai (*Angelica sinensis*), ginseng (*Panax ginseng*), evening primrose oil (*Oenothera biennis*), black cohosh (*Actaea racemosa.*), red clover(*Trifolium pratense*) and soy (*Glycinemax* Merril).

1.3 Importance of the study:

This study is aimed to contribute to an understanding of the perception of Palestinians women during this important period of life, which will help health care providers to work effectively with menopausal women by a better understanding of women's beliefs and needs before, during and after menopause and will lay a basis for establishing a policy for this group of women. According to our study result, we will evaluate level of awareness of the Palestinian women about menopausal period, to add something new and participate in structuring new strategies for more interventions and education in the Palestinian society .

1.4 Research Questions:

1. What are the perceptions of the Palestinian women towards menopausal period ?
2. Are there any differences between rural or urban woman in their perception towards menopausal period ?
3. What is the relationship between marital status and menopausal perception?
4. Are there any differences between premenopausal and postmenopausal perception ?

1.5 Objectives of the study are to:

1. Assess perception of Palestinians women aged 45-60 years towards menopause.
2. Examine the relationship between perception of Palestinians women towards menopause and their marital status.
3. Investigate if there are any differences of perception towards menopause between rural and urban women .
4. Investigate if there are any differences of perception towards menopause between premenopausal and postmenopausal

Chapter Two

Literature review

2.1 Literature review:

A number of studies investigate the perception and attitude of the women towards menopausal period in different region, taking into account the cultural, social, educational differences. These studies reflect the perception of the menopausal women in several areas around the world .

Menopausal period seems to have an impact on perception. Postmenopausal and older women consistently express more positive feelings about menopause than do younger women, either in their forties or much younger in their teens or twenties. Avis (Avis et al, 2001) found that surgically menopausal women held more negative attitudes toward menopause than those going through the normal transition. Reynolds (Reynolds et al, 2001) did not confirm this finding.

In 1990, 40% of postmenopausal women lived in the world's industrialized regions while 60% lived in developing countries. By 2030, although overall numbers will have increased, the proportion of postmenopausal women living in the industrialized regions will have declined to 24%, and 76% will be living in developing Countries. (WHO)

A study by Yahya and Rehan involving a systematic random sample of 130 women, investigated the perceptions of Pakistani women regarding menopause (Yahya et al 2003). The majority of those women considered menopause as a positive change of life. According to 71% of women, their relationship with the family had either improved or there was no change.

In Tahrán, 250 women (50–60) years old referred to health care centers for nontherapeutic reasons were selected randomly and the results of the study

revealed that only 11% had a positive attitude towards menopause (Shojaeizadeh et al 2002). However, the study had some methodological problems and did not specify which instruments were used to assess the women's attitudes.

In the study of Perception and attitudes of Nigerian women towards menopause (Adewuyi et al 2002). 200 Nigerian women from four different ethnic groups. The findings revealed that ethnic groups and age have no effect on the significant difference between the perception and attitudes of Nigerian women towards menopause.

Mean age at menopause is approximately 50 years (Renaud et al 2001) varying among countries. Reynolds and Obermeyer (Reynolds et al 2008), in a literature review, found ranges between 49.3 and 51.4 as compared to 43.5 and 49.4 years for mean age at menopause in developed and developing countries, respectively.

In Brazil, according to data from the first population-based study on the determinants of menopause, conducted in Campinas, So Paulo State, mean age of natural menopause was 51.2 years, similar to that found in developed countries (Pedro et al 2003). However, a study on smoking and age of menopause carried on in clinics in So Paulo, mean age at menopause was 48.49 years (Aldrighi et al 2005).

Chapter Three

Methodology

3.1 Research methodological design:

Phenomenography is a qualitative research methodology, within the interpretive paradigm, that investigates the qualitatively different ways in which people experience something or think about something (Marton, 1986). Phenomenography, an approach to educational research that appeared in publications in the early 1980s (Marton, 1981; 1986), initially emerged from an empirical rather than theoretical or philosophical basis (Åkerlind, 2005).

Phenomenography based on how something is perceived to be, that is, a way of experiencing something. This means that there is a uniqueness between the first-order perspective that deals with the reality as it is observed from the outside and the second-order perspective that is concerned with how an individual perceives something, or how something appears to him or her. Phenomenography describes conceptions using the second-order perspective.

Marton (1981) argues that a conception is something that a person is not always aware of, has not always expressed or consciously thought of, as it has not previously been the subject of reflection. When the issue is brought to the surface, e.g. during an interview, subconscious conceptions often become conscious and may be expressed.

The study adopted a semi structured interviews research design that were guided by series of an open questions. The fifteen informants were initially verbally informed about the study by the telephone one week before the interview. The interview lasted from 30-60 minutes. the interviewers begin the interview with rapport relationship to gain the trust of informants.

3.2 Inclusion criteria

The mean of age for the selected women range between 45-60 years, have menarche at age (11-16), all women speak Arabic language and who are Muslims, with different educational level but don't exceed the Bachelor degree.

3.3 Exclusion criteria

Women with severe physical disorders for example, Diabetes Mellitus, and hypertension, or mental disorders were excluded. Also women who had hysterectomy, women who had early menarche(before 11 years), and Women who experienced or premature menopause were excluded from the study.

3.4 Design of sampling

Convenience sampling is used in sample selection which is a non-probability sampling method. Convenience sampling generally assumes that one person is pretty much like another. The recruitment of informants was for the available people, people who researcher know. Five of fifteen women who are selected from urban area, and the remain were from rural area. Five of the fifteen informants were single.

3.5 Hypothesis

1. Research hypothesis: Urban women will have more awareness and knowledge about menopausal period than rural women.
2. The Palestinians women are trend to use the hormonal replacement therapy(HRT) and the Complementary and Alternative Medication (CAM).
3. There is a relationship between marital status and perception of menopausal women.
4. The perception of postmenopausal women will be more positive than the premenopausal women.

3.6 Ethical Considerations

Participation was on a voluntary basis. They were informed about the type of data to be collected and that it would be used in a scientific study. The purpose of conducting the research was described in an easy understandable language

Informants had the right to ask questions, to refuse to give information, to ask for clarification, or to terminate their participation in any time they need. A person's right to self-determination includes freedom from coercion of any type either explicit or implicit threats of penalty from failing to participate in a study or excessive rewards from agreeing to participate.

Consent obtained from informants who agree to participate (Annex 1). It was explained that, the interview will recorded not to miss any data, and the recorded tape will discarded after the study finish. And serve the safety and privacy and confidentiality for participants by saving collected data in private cabinet, no one has the right to see it except the researcher. Also the personal data such as the name and the socioeconomic status will not obtained to keep privacy. This study is non experimental design, so there is no risk on participants, So the benefit exceed the risk.

Chapter Four

Data collections

4.1 Data collections:

The qualitative research approach depend on using interviews, the interviewer constitutes the scientific tool. According to Kvale (1994) a good interviewer is a person with good knowledge in the field and with skills and experience from interpersonal communication.

The informants were informed verbally by the telephone one week before the interview had done. The aim of the study was explained to the informant and how the finding of the study will be applied, also all ethical issues that considered were explained.

The semi-structured interviews were performed in a quiet room at the informants homes, at the time when the informant husband and children were out of home to decreased distraction. The three researcher did the interviews every researcher did five interviews. Every interview done in one day.

Before beginning of asking questions, the researcher repeated the information and asked for consent to interview, the interview lasted from 30-60 minute. An interview guide with open-ended questions was used throughout the interviews to minimize the influence of the interviewer in answers given, e.g. 'What does the climacteric period mean to you?' Additional questions used included 'Which symptoms related to menopause did or do you experience during this period?' and 'Can you describe how these symptoms affect you?' A number of questions, adjusted to the women's responses, were added and followed a similar structure. Moreover taped interviews guided by a set of trigger questions designed to reveal the informants' feeling, lived experience, and believes.

The processes of interviewing and transcription of the recorded tape were done in synchronize manner, in the same day after finishing the interview it was transcribed in the same day.

4.2 Pilot interview

Two pilot interviews were performed with women. It involved two women, one is single and the interviewer know her before, she was urban. It was seen that if the interviewer don't know the informant or do not had strong relationship is better to eliminate the reservation of express feeling or telling all things . The interviewer contacted the informant and informed about the study orally, and they agreed. The interviews done in isolated room in the informant homes. The recorded tape was transcript and analyzed to see if the prepared question are enough and if they formulated probably, also to test the questions in relation to the aim of the study. These pilot interview excluded in the study sample.

Chapter Five

Analysis

5.1 Phenomenographic Analysis:

After the collected data were transcript through verbatim of the recorded tape, the analyses were performed according to the phenomenographic analysis procedure. which seeks a description, analysis, and understanding of experiences (Marton, 1981). The focus is on variation: variation in both the perceptions of the phenomenon as experienced by the actor, and in the ways of seeing something as experienced and described by the researcher. This is described as phenomenography's theory of variation (Pang, 1999).

The analyses were performed based on the phenomenographic procedure, which consists of seven steps (Dahlgren & Fallsberg 1991):

1. Familiarization: The transcribed interview text was read through and the tape-recording listened to several times to understand the meaning of the content and gain a sense of the whole text.
2. Condensation: the most significant and meaningful statements for each woman, were selected.
3. Comparison: significant statements from all interviews were compared with identified differences and similarities between them in relation to the study aim
4. Grouping: statements, which seemed to have similarities, were grouped together into categories, they were classified in to seven subcategory.
5. Articulating: the essence of each group was described in a preliminary category.
6. Labelling: each category was assigned a suitable name to express the essence of the understanding ,such as all the physiological changes in the women's bodies are labeled under one main category which called physical menopausal changes.
7. Contrasting: the categories obtained were compared with regard to similarities and differences to avoid overlapping.

Also Quotations were used to illustrate the statements, so this will increase the study validity. Accuracy in a qualitative study can be ensured by letting two of the authors analyze the results independently (Fridlund,1998). Accordingly, the grouping, articulating, and labelling steps were performed by two of the authors separately and the results were then compared. Then discussed the similarities and differences by all the authors and the supervisor. The supervisor evaluated the suggested categories and subcategories and found them to be reasonable and relevant.

Chapter Six

Result

6.1 Results

The women were between 45 and 60 years of age (mean 52 years). Demographic data are summarized in Table 1. All women were Palestinians except one woman was born in Spain. There were differences in menopausal perception among the women. Eleven women were postmenopausal (>12 months since last menstrual period), two women were perimenopausal (between six and 12 months since last menstrual period), two women had irregular bleedings during the last six months (premenopausal).

Most of the women who were interviewed had not enough information about the menopausal period, they described this period with simple words. Their answers during the interview reflect deficiency of knowledge in preparedness to cope with this period of life. Moreover the urban women reported more positive perception towards menopausal period than rural women.

The women had experienced many menopausal symptoms before, during and after this period. After analyzing the collected data according to the phenomenographical analysis, the experienced symptoms had grouped into seven subcategories. These are classified into three main categories, including mainly physical, psychological and social, respectively (Table 2).

Table 1 Demographic characteristics of the women (n =15).

Age group(year)	Number in age group	Married status		Employment	
		Single	Married	Work	Unemployed
45-50	6	2	5	2	4
51-55	3	2	1	1	2
56-60	6	1	4	2	4
Total	15	5	10	5	10

Table 2 Categories of women's perception toward menopausal period.

Main Category	Subcategory
1- Physical menopausal changes	- Cessation of menstruation. - Symptoms related to drop in estrogen level. - Physical changes related to aging.
2- Psychological menopausal changes.	- Emotional disturbances. - End of life
3- Social menopausal changes	- Social relationship. -Family support.

6.1.1The physical menopausal change

- Cessation of menstruation

For most of the women, the cessation of menstruation seemed to be a strong marker of the menopause transition ,several women had negative feelings related to the cessation of menses. Those women usually had a history of troublesome menstruation symptoms for example heavy bleeding , pain and muscle cramps, irregular menstruation during the premenopausal period. They had heavy menses and the amount of blood decrease gradually until the menstrual cycle cease forever and then the women began the postmenopausal period. One of the women had positive associations related to the cessation of menstruation and she considered it as a new phase of life.

As one of the informant said "Yes there was irregularity of the menstrual cycle, and when it becomes it was so heavy with sever pain". (Informant 4)

Although these symptoms were experienced, all women expressed that they didn't seek any health care to follow up changes and risks during this period ,unless if they had serious symptoms such as sever heavy bleeding ,or if they had any other complications which cant coped with it.

One informant said "No, I had no need to seek any health care centers unless if I was very tired ."(Informant 3)

Most women believed that herbal therapy is affective in decreasing the severity, and relieving of the menopausal symptoms, and it may prevent the occurrence of many disease associated with this period, although most of them don't use it.

Physical changes related to ageing

Many women had noticed physical changes, which they interpreted as being associated with normal ageing. These included joint and back pain, general pain in the body, less physical activities, and weight gain. Some women mentioned changes in their bodies associated with gray hair and wrinkles. Women regarded these changes as natural and possible to accept, whereas others regarded them socially unacceptable, especially in the marital relationship.

Also many women expressed that as a normal changes of aging, the sexual satisfaction and frequency of intercourse declined during this period of life. Most women consider the menopausal symptoms as a symptoms of normal aging process, some of women deal with it and coped with these changes, and others attributed the reason for unacceptance of the society for these changes and consider this period associated with physical illnesses.

One informant said "Joint pain, graying head and wrinkles were normal changes in my life, every human being must go through these changes".(Informant 12)

- Symptoms due to decreased oestrogen production

Most women in the study had more or less severe physical symptoms, which are related to decreased production of oestrogens. These symptoms were usually the typical climacteric symptoms such as hot flushes especially in the face, sweating, headache, weight gain, increased stress, mood change, and urogenital dryness related to decrease the vaginal secretions

One informant said "Oh yes the most symptom was the hot flushes, and I felt that I had a high blood pressure, but when I measured it, it was normal".(Informant 14)

6.1.2 The psychological menopausal changes.

-Emotional changes

Some women reported that the menopausal transition was affected by emotional changes mainly increased emotional instability, feelings of sadness, loneliness and mood swings. One of the women was depressed, because she had no family support especially from her husband. On the other hand, one woman felt that she got rid of menses, taking comfort in the performance of Hajj and Umrah.

As she said " Now I am free I was very happy to get rid of menses so I can plan to go to Hajj and Aumrah. "(Informant 1)

- End of life

In this category, women described their changing situation and their role as mother and family member, with the children growing up, becoming independent and leaving home. Most of women considered these changes negative, loneliness, feeling of unacceptance and rejection. Whereas, one of the women expressed feelings of emptiness and end of life. Aspects of old age also were described both as positive and negative. Some women were worried about ageing and deteriorating in their health. It was evident that some women had been preoccupied by worries about ageing and entering a new phase of life whereas others merely regarded ageing as a natural process not to worry about.

As one informant who was postmenopausal said "In fact when I was perimenopausal, I felt that my life goes towards the end, and if I lived my life, my life will have no meaning. "(Informant 7)

6.1.3 The Social menopausal changes

- Increase social relationship

Most of the women increased their social relationship, to escape from the feeling of loneliness, tension, nervousness and headache. Whereas, they felt Psychologically comfortable when communicate with others, especially to talk with women who are in the same age, and increase their visits for relatives This help them express their concerns and worries about menopausal period and try to cope effectively with changes associated with this period.

One informant said "I became more interested in social visits to relatives, neighbors and women of the same age" .(Informant 9)

-Family support

The interviewed women described the support system during menopausal period in different aspect, most of them had found the enough support from the family to pass this period successfully. Others had no support and felt of rejection ,this cause depression for them during this period which was relieved post menopause.

As one informant said " No one care about the other, and every one had his own Concerns and worries". (Informant 8)

Also the married women consider that being married is better to deal with this period and its changes, and this confirmed by the single women who missed the family support especially the husband.

As she said "I felt that I had nobody to support me in this difficult period.

(Informant 15) .

The effect of being urban or rural women had been founded in the study where as the urban women reported more positive perception towards menopausal period than rural women. The level of awareness about menopausal period was higher for the urban women because the educational level was higher in urban area.

6.2 The results in numeric data:

Of fifteen interviews for women, 4 premenopausal, 3 perimenopausal and 8 postmenopausal in the north area of West Bank. We found 66.6% of women had not enough information about menopausal period. And about 60% had negative perception towards menopausal period . Just about 7% of women use the herbal therapy. About 85% of women consider the menopausal period the stage of that leads to the end of life. Also 40% had no support during menopausal transition. Around 100% don't seek health care centers. Almost 80% had experienced the typical physical changes .

Chapter Seven

Discussion

7.1 Method Discussion:

As a qualitative method of research has come to be defined as research whose findings are not arrived at by statistical or other quantitative procedures. Qualitative research is often said to be naturalistic.^(Hutchins, 1995). That is, its goal is to understand behaviors in a natural setting. Two other goals attributed to qualitative research are understanding a phenomenon from the perspective of the research participant and understanding the meanings people give to their experience. Qualitative research is also described as holistic. So we studied phenomena of menopause in its context rather than concentrating on narrow aspects of the phenomena.

Using the semi structured interview as a methods that seeks to understand the perspective of the research participant within the context of their everyday life. This means that the researcher is concerned with asking broad questions that allow the respondent to answer in their own words.

7.2 Result Discussion

This study based on qualitative approach of scientific research in Palestinian setting. The result showed that most women had a negative perception toward menopausal period. Moreover they did not seeking medical advice due to climacteric symptoms. There was no wide variety of perception related to the menopause transition, based on psychological as well as physical aspects of this period of life.

It must be pointed out that the objective of a qualitative study phenomenographic methods is not to estimate the prevalence of a number of perception or to arrange these perception in order of magnitude. The objective here was, instead, to identify different perceptions and to try to identify their underlying thoughts to be better prepared to cope with this period. Also to explore their believes and level of awareness about using herbal therapy counseling or seeking health advice.

Most of the interviewed women in this study had a negative perception about menopausal period. In contrast the study of Ghufraan (Ghufraan et al, 2008) about the attitudes of Bahraini women towards the menopause Bahraini women display a considerable range of attitudes towards menopause, with their general attitudes ranging from neutral to positive. Although the women in both study are Arabic and Muslims women there are variations of perception between the Palestinians women and Bahraini women. Biological, nutritional, and socio-environmental factors (e.g., working conditions and diseases) may account for these differences, since they influence ovarian function, the termination of which causes natural menopause World Health Organization (WHO).

Women experienced many menopausal physical changes which were the typical Climacteric menopausal symptoms, such as hot flushes, burning sensation in feet, excessive sweating, palpitation and heart discomfort, restlessness, sadness, sleep disturbance, irritability weakness, fatigue, backache, weight gain, and sexual problem.

Also, psychological symptoms which include anxiety, depressive mood, irritations, mood swings and emotional problems.

These symptoms were almost the same symptoms who experienced by most women in other studies about menopause perception such as in the study of Rebecca (Rebecca et al, 2002). Such as hot flushes, headache, mood swings, excessive sweating.

Women in our study described the menopausal transition as phase of end of life . This is in line with findings in other studies, e.g. George (George et al, 2002) who reported that many women looked at the menopausal transition as the end of one period of life but the beginning of something new. In Contrary to the study of Lotta (Lotta et al, 2005) which investigate the Swedish Women's conception of the menopausal transition, in this study the most of informed women described the menopausal period as a new phase of life.

Attitudes towards HRT changed in 2002 following the announcement by the Women's Health Initiative of the National Institutes of Health that those receiving the treatment in the main part of their study had a larger incidence of breast cancer, heart attacks and strokes. The Women's Health Initiative (WHI) findings were reconfirmed in a larger national study done in the UK, known as The Million Women Study. As a result of these findings, the number of women taking hormone treatment dropped precipitously. As a result of these findings, the Women's Health Initiative recommended that women with normal rather than surgical menopause should take the lowest feasible dose of Hormonal Replacement Therapy (HRT) for the shortest possible time to avoid these risks (Chlebowski et al, 2009). This reflect that the Europeans women had readiness for using Hormonal Replacement Therapy(HRT). On the contrary most of women in our did not believe about the effectiveness of using of HRT.

7.3 Conclusion:

Most of the women who were interviewed had not enough information about the menopausal period, they described this period with simple words. Their answers during the interview reflect deficiency of knowledge in preparedness to cope with this period of life. Also the most of women's experienced a negative feeling towards menopause.

7.4 Study Limitations:

- The sample size was small number of informants, it was used because the aim of the study was to investigate the phenomena of the perception of Palestinian women toward menopause, wherefore this study need small sample to avoid overlapping of the data that collected . On the other hand the Transferability of the study would be declined and the result could not been used in other setting.
- Other limitation of our study was the unspecified unified setting of the participant, because no health centers and clinics for counseling of the women in the menopausal period.

7.5 Recommendations:

- Palestinians women need to be well informed about menopause sign and symptoms including the coping strategies and develop educational and health promotions program.
- Establish health centers for counseling of women in this period of life.
- Reinforcement of Further studies about menopausal women which will be a quantitative research approaches. Establish data base by Palestinian central Bureau of statistics about menopause in Palestine .

7.6 Study Credibility

The prepared questions for the interview were read, discussed and reformulated according to the study objective by all researcher and the supervisor. Also the interviewer researcher were trained on the effective interview skills, and gain experience how to Manages the interview through the pilot interview. All these things increased the study credibility. credibility has two key components: trustworthiness and expertise, which both have objective and subjective components(Flanagin et al, 2008).

7.7 Study Transferability

Defined as the extent to which qualitative findings can be transferred to other settings. An important mechanism for promoting transferability is thick description, the rich and thorough description of the research setting or context so that others can make inferences about contextual similarities. This study transferability in not verified related to the size of the sample is not adequate and the setting is not specified related to absence of health centers or clinics that responsible about caring and counseling of the menopausal women in Palestine.

Chapter Eight

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Chapter Nine

Budget

9.1Budget

This study will carry out in three cities in the north of the West Bank ,and the costs of the study self funded as a group as follow:

Phone calls	50 NIS
Printing (question & the study copies)	300 NIS

Total	350 NIS
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Chapter Ten

Appendix

Annex 1:**Consent Form**

We are students from An-Najah National University. We would like to do a study and a research about the concept of the Palestinian women about the menopausal period. Participation in this study is voluntary without any obligation. We are going to record the dialogue on a tape in order not to forget any of the given details. We would like to inform you that all the given details and the personal information (such as the woman's name) will be in complete secretion .Moreover ,we would like to tell you the recorded material will be damaged after the end of this study . In addition, all the given information won't be transferred to other parts , but will be kept in a secret place and in a closed place . Finally, we would like to tell you that everywoman has the right to withdraw from the study without any obligation and whenever she wants and without any side effects on the participants in this study.

Signatures:.....

Date: 28/11/2011

Names of the researchers: Noor Daraghmeh, Nahed Abdullah, MAha Jalal.

Name supervisor: Miss Shurouq Qadous, BSN, MSN.

Telephone number: 092573046.

The guiding questions of the interview

1. What do you know about the menopausal period?

To which degree do you expect that you have enough information about this period?

2. What are your perceptions about menopausal period?

3. Is your point of view about this period negative or positive?

If a woman has entered a menopausal period :

- When do the symptoms start to appear?

- How long did it take?

- How do you become accustomed and prepared to the symptoms and changes of this period?

- Did you feel frightened and worried at the beginning, or before entering of this period?

- How did the menopausal period affect you psychologically, and socially?

- What are the changes that happened to you before, during and after this period?

- The social changes include the relation with the husband, children, neighbours, relatives and the society.

- Is there an effect on the relation between you and your husband?

- Did you use hormone therapy? What is the best way to you? Why?

In general, did you go to others to recover from the symptoms of this period?

Why?

- Because you are married and have children, what is the best way to overcome this period? Why?

- Did you find support and encouragement from your husband, children, relatives and friends?

- Do you think that their view towards you has changed or not?

- Did you go to some health centers to check the resulting changes of this period?

- How did you adapt during and after this period?

- Did you do something to pass this period safely?
- On what did you depend?
- Do you believe in herpal therapy to reduce the effects of this period?
- Did you use the herpal therapy ? What is the best way for you? Why?
- In gnerral .Did you go to others to reover form the sympfoms of this period?Why ?
- Because you are married and have children , What is the best way to overcome this period ?Why? Do you believe it is better if you were married and had children to overcome this period ?
- If the woman before entering this period :
- Are you afraid or worried about this period ? What are the symptoms of this feeling ?
- What are the changes that you expect for this period ?

The social changes include the relation with the husband , children , neighbours , relatives avd the society .

- Do you expect to find support and encouragement from your family to vercome this period ?
- According to your belief , do you have enough experience and information to overcme this period ?