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**Emirati Women's Knowledge
and Attitudes Towards Menopause
and Hormone Replacement Therapy:
Implications for Health-Care Policy**

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Views presented in this working paper are those of the authors and do not necessarily represent views of Zayed University

Emirati Women's Knowledge and Attitudes Towards Menopause and Hormone Replacement Therapy: Implications for Health-Care Policy

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Abstract

Menopause is a natural biological process referring to the end of women's reproductive state due to ovarian failure and occurs at the ages between 45 and 55 years with an average onset of 51 years. Menopausal women usually experience common symptoms that include sleep disorder, mood alteration, hot flashes, depression, urinary tract infections, vaginal infections, increased health risks for osteoporosis, and cardiovascular diseases that can be treated effectively by the Hormone Replacement Therapy (HRT). A community – based study of a random sample of 408 Emirati women aged 30 – 64 years attending primary health care centers in the Emirate of Dubai will be conducted. The study will investigate the knowledge and attitudes of the Emirati women in Dubai Emirate towards menopause and HRT. The participants will be interviewed using a structured questionnaire in Arabic, which includes socio-demographic variables, Menopause Knowledge Scale (MKS) and Attitude Towards Menopause (ATM) scale. Relevant descriptive statistics and associations will be obtained. The study findings will provide information about Emirati women's knowledge and attitudes towards menopause and HRT that enables health care policy makers to create and formulate a health care policy that enhances the menopausal women's quality of life.

Keywords: Menopause; Emirati Women; Knowledge; Attitudes, Health Care Policy; Hormone Replacement Therapy (HRT)

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1. Introduction

Menopause is a natural biological process leading to a transition from a reproductive to a non-reproductive state experienced universally by all women due to ovarian failure. It refers to the time when a woman's menstrual period stops for 12 consecutive months after the last period. The age at menopause occurs between 45 and 55 years with an average onset of 51 years [1]. Some menopausal women usually experience common symptoms that include, but not limited to, sleep disorder, mood alteration, hot flashes, depression, urinary tract infections, vaginal infections, increased health risks for osteoporosis, cardiovascular diseases which can be treated effectively by the Hormone Replacement Therapy (HRT).

Based on 2010 UAE census [2], the number of Emirati women was 468,888 of which 83,784 were from Dubai. The estimated population of the Emirati people in the Emirate of Dubai in 2015 was 222,875 (at least 50% are females). The reported life expectancy at different age groups for Emirati women living in Dubai is 82.3 years at birth, 39.4 years at 45 – 49 years and 34.4 years at 50 – 54 years. Based on these life expectancies, women are expected to live at least one-third of their lives beyond menopause, which will have tremendous implications on the health care system and its policies in the future. Furthermore, Menopause is no longer looked at as a negligible natural phenomenon but as a major public health problem [3].

Many studies have been conducted worldwide regarding menopausal women. Among others, [4, 5, 6, 7, 8] and [9] have explored women's knowledge and attitudes towards menopause and HRT. Also, there is a wide range of menopause research that studied age at menopause among women from different parts of the world [10, 11, 12, 13, 14, 15, 16]. Research related to menopause effects and the use of HRT and its benefits on

menopausal women were also conducted massively in western countries [17, 18, 19, 20].

Menopause research has been a game-changers for women's lives, unfortunately, interest in the problem in the Arabic world is very limited, and research on women knowledge and attitude towards menopause is very scarce. Bakarman and Abu Ahmed [21], explored the awareness of hormonal replacement therapy among females attending primary health centers in western Saudi Arabia. They noticed that the women who participated in the study obtained information of HRT from media 28.8%, from doctors 27.5% and from friends 13.8%. Also awareness of HRT among the female general population was low, 26.7%, and using HRT even lower, only 5%, but a high portion, about 46% was willing to use the HRT.

Loutfy et al. [22] explored women's perception and experience of menopause in Alexandria, Egypt. The study determined the most frequently symptoms declared by the women aged 50-59 years. Women's knowledge, tested after menopause and not before, was related to marital status, education and employment status.

Similar to Loutfy, Najmaddin and Muhamad [23] assessed women's perception and experience regarding menopause in Erbil, Iraq. This study investigated 500 menopause women aged 40-60 years and found that the mean age of menopause was 47.44 years and 93.2% never heard of the HRT.

Jassim and Al-Shboul [24, 25] investigated the knowledge and assessed the attitudes of 260 Bahrain Women aged 30-64 years towards menopause. It was reported that Bahrain women's knowledge about menopause and HRT was average. In addition, the study reported that premenopausal women had more negative attitudes towards menopause than peri- or postmenopausal women.

Murphy et al. [26] qualitatively described and examined the expectations and experiences of the midlife transition in Arab women (Qatari and non-Qatari) living in Qatar. It reported that women experienced menopause depended on the husband's level of support. Also Arab women, Qatari and non-Qatari, had many similarities in the way they perceived and experienced menopause, although they collectively believed that the experiences of Western women are different. It is important to mention that only 41 Arab women aged 40-60 years took part in this study.

Rizk et al. [27] was the first ever study to determine the age at menopause in the UAE. The study recruited 742 women, aged 40 and above and who had attained natural menopause, from both urban and rural areas of Al-Ain City and Abu Dhabi, Dubai, and Sharjah Emirates. The media age of the menopause was reported to be 48 years. It has been the reference number since that.

To our knowledge, only two studies have been published in the UAE that surveyed women's knowledge and attitudes towards menopause and HRT and another study published recently that studied knowledge, attitude and prevalence of use of HRT in UAE [28].

Eman et al. [29] studied the knowledge and attitude towards menopause and HRT in Abu Dhabi using a small sample of 99 women (62.6% were Emirati) aged 45 years and above. All the respondents were postmenopausal and 40% of them were illiterate, which made their knowledge about symptoms average, and poor about signs. Their knowledge about HRT was very limited, in fact only 38% heard of HRT before. Also it found that attitude towards menopause was negative among this group of women.

Saima et al. [30] surveyed women's knowledge, attitude, and practice and HRT in Al-Ain, UAE. The study involved 150 women (87% were Emirati) from different primary health care centers in Al Ain city. Women knowledge about menopause was

very poor and varied significantly with level of education and nationality. Also, there was a positive attitude towards menopause, 60%. To our knowledge, no studies have been found in the Emirate of Dubai that explored the Emirati women's knowledge and attitudes towards menopause and HRT.

Menopausal research provided a wealth of Information regarding menopausal women in the western society but Arab menopausal women have been neglected. Furthermore, studies regarding knowledge and attitudes towards menopause and HRT are scarce in the Arab and Arabian Gulf countries in general and in the United Arab Emirates specifically. In the Arab culture menopause can stereotype women because it signifies the end of reproduction and that's why it is referred to as the age of desperate. With the limitations on using HRT for treating menopausal symptoms, controlling symptoms is becoming more challenging for physicians because of the limited efficacy of the alternative non-hormonal options.

Due to the fact that menopause is universal but the knowledge and attitudes towards it vary across cultures and considering the shortage of information regarding knowledge and attitudes towards menopause, there is a need to conduct a study to collect data regarding knowledge about and attitudes towards menopause, HRT and their associated health risks.

The proposed study will be the first to investigate the Emirati women in the Emirate of Dubai knowledge about and attitudes towards menopause and HRT. This study will add more information about the Emirati menopausal women to the limited menopause research in the Arab world and specifically in the UAE. Moreover, there is a significant need to conduct more research in this area as it has a tremendous impact not only on menopausal women's quality of life but also on health care policies regarding their health.

The Aim of this study is to contribute to the evaluation and understanding of the current knowledge and attitude of the Emirati women in the Emirate of Dubai towards menopause which will help health care providers to work effectively with menopausal women by a better understanding of their needs and beliefs. Also, the research will play a leading role in providing information about Emirati women knowledge and attitudes towards menopause and HRT that enables health care policy makers to develop a health care policy that enhances the menopausal women's quality of life.

1.1 The study objectives

1. To investigate the knowledge of Emirati women in Dubai about menopause, HRT and their associated health risks
2. To assess the attitudes of Emirati women in Dubai towards menopause
3. To examine the relationship between Emirati women's knowledge and attitudes toward menopause and their socio-demographic information and reproductive characteristics
4. To estimate average age at natural menopause among Bahraini menopausal women attending primary health care centers

2. Materials and Methods

2.1 Study design and sample

A community-based cross-sectional study will be conducted among a random sample of 408 Emirati women aged from 30 to 65 years from the Emirate of Dubai. The study participants will be recruited from five primary health care (PHC) centers in Dubai. The sample size was determined based on a power of 85% and a significant level of 5%.

2.2 Sampling Method

The public health care consists of twenty health centers and peripheral clinics representing twenty regions throughout the Emirate of Dubai, [31], where each region is represented by one health center. A random sample of 408 Emirati women aged 30–64 years will be enrolled in the study via multistage stratified and clustered random sampling technique. The first stage is a clustered random sample where five health centers will be chosen. The second stage is a stratified random sample on age, where three age groups were identified (30–39, 40–49, and 50–64). The final stage is a simple random sample from each age group stratum of the five chosen health centers.

2.3 Study Instruments

A structured questionnaire will be administered through face-to-face interviews in the PHC centers. The questionnaire includes three parts. The first part contains the socio-demographic variables and reproductive characteristics; the second part contains the Menopause Knowledge Scale (MKS), the menopause symptoms knowledge and HRT practice and the third part is the Attitude Menopause Scale (AMS).

2.3.1 Socio-demographic variables and reproductive characteristics

The socio-demographic data includes questions regarding age, level of education (illiterate, primary, preparatory, secondary, University undergraduate, and University postgraduate), marital status (single, married, divorced and widowed), occupation (Housewife, employed, student and unemployed) and smoking. Reproductive characteristics consist of assessment of menopausal status which is defined as the following: women who had regular menstrual periods in the last 3 months are classified as Premenopausal, women who indicate their periods had become irregular but they had a period in the last 12 months are classified as Perimenopausal and

women who indicate they had not had a period in the last 12 months or longer are classified as Postmenopausal, oral contraceptive pills use (current, passed and never) and perceived general health (very good, good, not so good and bad).

2.3.2 Menopause Knowledge

The second part of the questionnaire consists of the Menopause Knowledge Scale (MKS), the menopause symptoms knowledge and HRT practice. The MKS measures women's general knowledge about menopause, HT and health risks associated with them. The scale was developed by Appling and colleagues [32] and validated by psychometric analyses using factor analysis, item analysis and internal consistency reliability estimates. Cronbach's α equaled 0.81. There are eight items regarding knowledge of menopause and its health risks and six items regarding HT knowledge. Summed scores range from 0 to 14 on the MKS, with higher scores indicative of more knowledge about the menopause.

2.3.3 Attitude Towards Menopause Scale (ATM)

The third part is the Neugarten's [33] Attitude Towards Menopause Scale (ATM). which includes 34 specific attitudes towards menopause. Responses are constructed in terms of what a woman in general thinks about menopause. Participants are asked to indicate the degree to which they agree with each item on a 4-point Likert scale ranging from strongly agree to strongly disagree. Bowles (1986) reported a reliability coefficient Cronbach's α of 0.80 for the AMS total score [34]

2.4 Validity and reliability of the questionnaire

Professional translator translated The English version of the questionnaire will be translated into the Arabic language. A second bilingual speaker will check the Arabic version word by word with the English version and it will be back translated to English. Content validity of the Arabic version of the questionnaire will be assessed

by a panel of experts in the field to evaluate the items readability, language simplicity and suitability and to evaluate the relationship of each item to the whole scale. The panel will be composed of a Professor in Obstetrics and Gynecology and a consultant from the same specialty. Based on their comments changes will be made. The internal consistency reliability of the Arabic version of the questionnaire Will be assessed using Chronbach's α .

2.5 Ethical consideration

We have sought ethical clearance from the Zayed University research and ethics committee and Dubai Health Authority medical research committee. Also, permissions from the selected PHC centers will be obtained. The selected Emirati women will be invited to participate in the study on a voluntary basis. Participants will be assured of confidentiality, anonymity and security by keeping their identities and any other personal information gathered about them strictly confidential and will never be made public. All data containing personal information from which participants could be identified will be stored in a locked file cabinet in a supervised office during the study. Electronic data will be password protected. When the study is completed, we will destroy all data containing personal information. The published results of the study will contain only statistical or group data from which no individual participant can be identified. Participants will be informed that they are not obliged to answer any question that makes them feel uncomfortable. Also, the subjects will be informed about the type of data to be collected and that it would be used for scientific purpose only.

2.6 Statistical Analysis

The collected data will be coded, entered, and analyzed using the Statistical package SPSS version 23. Descriptive statistics will be computed to describe all items of the questionnaire. The MKS is measured on a three-point Likert scale (1 agree, 2 don't agree, 3 don't know). There are 14 items in the MKS. The percentage of correct answers from each respondent to all items will be calculated and called the 'knowledge percentage'. The newly created variable knowledge percentage serves as a dependent (outcome) variable in the study and is used for subsequent data analyses. The Attitudes Towards Menopause scale(ATM) is a 4-point Likert scale (1 strongly agree, 2 agree, 3 disagree, 4 strongly disagree). Positive items were reversely scored so that agreement with positive items and disagreement with negative items had the same score. Higher scores indicate more positive attitudes. In ATM scale the average responses of each respondent to all ATM items were computed and called "Average Attitude Score". The newly created "Average Attitude Score" variable served as the an outcome variable in the study for the purpose of data analyses. Socio-demographic and reproductive variables served as independent variable. One-way Analysis of Variance (ANOVA) or the independent-sample t-test will be carried out to test the equality of population means across the categories of each independent variable (predictor) depending on the independent variable number of categories. In case the statistical assumptions required for one –way ANOVA and t-test were violated, the nonparametric tests, Kruskal–Wallis and Mann–Whitney, will be used instead. Pearson's linear correlation coefficient will be computed to assess the linear relationship between each of the outcome variables and each of the quantitative independent variables. Multiple linear regression analysis will be used to predict the each of the outcome variables using the predictors: educational level, marital status,

employment, age, menopausal status and use of oral contraceptive pill, and also to ascertain the significance of the population coefficient of determination (η^2). Statistical tests with p-values < 0.05 were considered statistically significant.

2.7 Anticipated Results and the Need for a Health Care Policy

The anticipated results of this study will contribute to the evaluation and understanding of the current knowledge and attitudes of the Emirati women towards menopause which will help health care providers to work effectively with menopausal women by a better understanding of their needs and beliefs. To the best of our knowledge, there is no health care policy regarding menopausal women's health related issues in UAE. Hence, the study findings will play a leading role in providing information about Emirati women's knowledge and attitudes towards menopause and HRT that enables health care policy makers to create and formulate a health care policy that enhances the menopausal women's quality of life.

Further more, the published and disseminated study findings will expose the Emirati women in the menopausal research, which in turns will enrich the menopausal research regarding Arab women. Hopefully, the study results and recommendations will raise the awareness of women and the general public about menopause by initiating a UAE Menopause Day and identifying the need for wide educational campaigns about menopause and risk and benefits of HRT.

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Study Questionnaires:

Participant Consent Form

Emirati Women's Knowledge and Attitudes Towards Menopause and Hormone Replacement Therapy: Implications for Health-Care Policy.
Qasim Al-Shboul, Linda Smail and Ghufraan Jassim

Zayed University, University College, Department of Mathematics & Statistics,
United Arab Emirates
Royal College of Surgeons in Ireland- Medical University of Bahrain, Bahrain

This consent form, a copy of which has been given to you, is only part of the process of informed consent required by the Zayed University Ethics Committee. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, please ask. Please take the time to read this form carefully and to understand any accompanying information.

Invitation to Participate

I am researching project participant competency and you are invited to participate. My name is Dr. Linda Smail and I am an Associate Professor at Zayed University, University College, Department of Mathematics and Statistics. On my name and on behalf of the research team I would like to invite you to participate in a research project about Emirati women's knowledge and attitudes towards menopause and hormone replacement therapy: Implications for health care policy.

Research Purpose

Menopause is a natural biological process referring to the end of women's reproductive state due to ovarian failure and occurs at the ages between 45 and 55 years with an average onset of 51 years. Menopausal women usually experience common symptoms that include sleep disorder; mood alteration; hot flashes; depression; urinary tract infections; vaginal infections; increased health risks for osteoporosis; and cardiovascular diseases that can be treated effectively by the Hormone Replacement Therapy (HRT). The Aim of this study is to contribute to the evaluation and understanding of the current knowledge and attitude of the Emirati women in the Emirate of Dubai towards menopause which will help health care providers to work effectively with menopausal women by a better understanding of their needs and beliefs. Also, the research will play a leading role in providing information about Emirati women knowledge and attitudes towards menopause and HRT that enables health care policy makers to develop a health care policy that enhances the menopausal women's quality of life.

Research Method

If you decide to participate, I will invite you to participate in an interview questionnaire. I will ask you questions related to your knowledge and attitudes towards menopause, and the use of hormones. The questions simply require you to select one of the possible provided answers or to say a few words to express your opinion.

Possible Benefits

You will know that you have been involved in important research that aims to further understand Emirati women's knowledge and attitudes toward menopause and the use of hormone replacement therapy. We will use this information to help health care policy makers to develop a health care policy that enhances the menopausal women's quality of life and improve education regarding menopause.

Possible Risks

You may feel uncomfortable about answering some of the questions on the survey measures as they are of a personal nature. However, you are not obliged to answer any question that makes you feel uncomfortable.

Confidentiality - Anonymity - Security

If you decide to participate, your identity as a participant in this study and any other personal information gathered about you will be kept strictly confidential and will never be made public. All data containing personal information from which you could be identified will be stored in a locked file cabinet in my office during the study. Electronic data will be password protected. When the study is completed, we will destroy all data containing personal information. The published results of the study will contain only statistical or group data from which no individual participant can be identified.

Okay To Say No

You are being asked to make a voluntary decision whether or not to participate in this study. Please read and think about the information given above. If there is any part of the information you do not understand, please ask me to explain it. If you would like to consult with someone not associated with this study that will be all right, too. If you decide not to participate, or if you later decide to discontinue your participation, your decision will not affect your present or future relations with the Zayed University. Upon request, a copy of the information, data, and results will be made available to you. You will always be free to discontinue participation at any time, and all data collected up to that time as a result of your partial participation will be destroyed without being used in the study. If you decide to participate, please provide your signature as indicated below. Your signature below indicates that you have read, considered, and understood the information provided above, and that you have decided to participate.

What Your Signature Means

Your signature on this Consent Form indicates that you have understood to your satisfaction the information regarding participation in this research project and agree to participate as a participant. In no way does this waive your legal rights nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time. Your continued

participation should be informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Signature of Participant

Date

Print Name:

Signature of Investigator

Date

Contact Information

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If you have any questions concerning your participation in this project you may also contact

Dr. Mercedes Sheen, Chair of the ZU Research Ethics Committee
Zayed University, (+971 4 402 1824).

A copy of this consent form has been given to you for your records and reference.



ID #:
Date:

**Emirati Women's Knowledge and Attitudes Towards Menopause and Hormone Replacement
Therapy: Implications for Health-Care Policy.**

1. Name of PHC: _____

2. Age: _____

3. Marital status:

- Single Married Divorced Widowed

4. Level of education:

- Illiterate Secondary school
 Primary school University Undergraduate
 Preparatory school University Postgraduate
 Other _____

5. Occupation:

- Housewife Student
 Employed, specify your job title Unemployed

6. Do you smoke?

- Yes No

7. How would you describe your current menstrual status?

- Having regular periods (Premenopause)
 Changes in periods, but have not gone 12 months in a row without a period, not stopped completely, or have occasional spotting. (Perimenopausal)
 No period at all (Postmenopausal)

8. If not having periods at all, how long ago you had your last period?

_____ years

9. Do you use Oral contraceptive pill?

- Current user Past user Never used

10. How you perceive your health in general?

Very good

Good

Not so good

Bad

Knowledge (Menopause)

11. Do you know at what age menopause usually starts? _____ years

12. What do you think of menopause?

- It is a natural transition in a woman's life
- It is a medical problem which should be treated as such
- Don't know

13. How do you view menopause?

- Positively. For example, menopause means no more periods and no more worry about contraception. Menopause marks a new life phase.
- Negatively. For example, menopause means a loss of fertility and loss of youth.
- Other:

14. How would you rate your knowledge about menopause?

- Very good Good Fair Little knowledge

15. Menopause is accompanied by:

Symptoms	Yes	No	Don't know
Hot flashes			
Night sweats			
Depression			
Mood swings			
Insomnia			
Feeling more tired than usual			
Weight gain			
Having difficulty concentration			
Breast pain			
Irritability			
Vaginal dryness			
Leak of urine when coughing, sneezing or laughing			
Hair thinning			
Others? Specify			

16. What are your current views regarding Menaupause:

Menopause	Agree	Don't Agree	Don't know
Menopause is due to decrease of female hormones			
Menopause occurs when menstruation stops			
Pregnancy cannot occur after menopause			
Menopause occurs when ovaries stop functioning			
Menopause is accompanied by hot flushes			
Risk of cardiovascular diseases increases with menopause			
Risk of osteoporosis increases with menopause			
Risk of depression increases during menopause period			
Menopause can have harmful consequences if not treated			

17. Are you aware of any treatment available for menopausal symptoms?

- Yes, Specify _____
 No

18. What is your source of information? (*You can choose more than one*)

- Doctor
 School or university
 Family member
 Friends
 Media (movies, TV shows, books, internet, newspapers and magazines...)
 Social Media
 Others, specify _____

Knowledge and Attitudes Towards HRT:

19. Do you think that it is necessary to treat menopausal symptoms?

- Yes No Don't know

20. Do you use Hormone Replacement Therapy?

- Current user Past user Never used

21. What are your current view regarding hormone therapy for menopause?

- Positive. Hormone therapy is appropriate for some women.
 Negative. I don't support the use of hormone therapy.

22. What are your current views regarding Hormone replacement therapy (HRT) for menopause? (choose agree, don't agree, or don't know)

HRT	Agree	Don't Agree	Don't know
HT replaces hormones decreasing during menopause			
HT can reduce vasomotor symptoms			
HT can increase the risk of heart disease			
HT can decrease the risk of osteoporosis			
HT increases risk of breast cancer			
HT decreases risk of colon cancer			
HRT is a good solution, if you have symptoms			
HRT is appropriate for some women			
HRT is to be avoided			
HRT is good for preventing age-related health problems			
HRT has many complications and side effects			
Natural approaches are better than HRT			
Risks of taking HRT outweigh the benefits			
HRT prevent obesity			
HRT improve hot flashes			

Practice (HRT):

23. Have you ever used HRT?

- Yes, When?.....
 No ***If the answer is no, move to the last question.***

24. Who did prescribe it for you

- GP
 Specialist, specify _____

25. The doctor who prescribed the HRT is working in:

- Private clinic/hospital
 Governmental clinic/hospital

26. Has your doctor discussed the benefits and risks of HRT with you?

- Yes No

27. Do you feel that there is a need for health education about menopause & HRT in school and university curriculum?

- Yes No

Attitudes (menopause)

ATTITUDES	Strongly agree	agree	disagree	Strongly disagree
1.A woman should see a doctor at the menopause				
2.Menopause is one of the biggest changes that happens in a woman's life				
3.A woman is concerned about how her husband will feel about her after menopause				
4.Menopause is an unpleasant experience				
5.After the change of life, a woman feels freer to do things for herself				
6.Women generally feel better after the menopause				
7.Women are generally calmer and happier after the change of life				
8.A woman has a broader outlook on life after the change				
9.Menopause is a disturbing thing that women naturally dread				
10.Women should expect some trouble during menopause				
11.A woman's body may change in menopause, but otherwise, she doesn't change much				
12.It is no wonder women feel down in the dumps at the time of menopause				
13.Life is more interesting for a woman after menopause				
14.Changes inside the body that women cannot control cause all trouble at menopause				
15.A woman gets more confidence in herself after the change of life				
16.Going through menopause really does not change a woman in any important way				
17.Women worry about losing their minds during the menopause				
18.Women think of menopause as the beginning of the end				
19.The only difference between a woman who has been through menopause and one who has not is that one menstruates and the other doesn't				
20.In truth, just about every woman is depressed about menopause				
21.Women often use the change of life as an excuse for getting attention				
22.After the change of life, women do not consider themselves real women.				

23.it's not surprising that most women get disagreeable during the menopause.				
24.After the change of life, a woman has a better relationship with her husband.				
25.many women think menopause is the best thing that ever happened to them.				
26.after the change of life,a woman gets more interested in community affairs than before.				
27.women who have trouble with the menopause are usually those who have nothing to do with their time.				
28.women who have trouble in the menopause are those who are expecting it.				
29.women often get self-centered at the time of the menopause.				
30.a woman in menopause is apt to do crazy things she herself does not understand.				
31. Menopause is a mysterious thing which most women don't understand.				
32. After the menopause, a woman is more interested in sex than she was before.				
33. Unmarried women have a harder time than married women do at the time of the menopause.				
34. A good thing about menopause is that a woman can quit worrying about getting pregnant.				

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10- كيف تقيم صحتك بشكل عام؟

سيئة

ليست جيدة كفاية

جيدة

جيدة جداً

المعرفة بـ(انقطاع الطمث)

1- هل تعلمين في أي عمر يبدأ انقطاع الطمث؟----- سنة

2- ما هو انقطاع الطمث في رأيك؟

- هي مرحلة انتقالية طبيعية في حياة المرأة
 هي مشكلة طبية وينبغي التعامل معها على هذا النحو
 لا أعرف

3- كيف تنظرين إلى انقطاع الطمث؟

- بشكل إيجابي. فعلى سبيل المثال انقطاع الطمث يعني وداعًا للدورة الشهرية ووداعًا للقلق حيال وسائل منع الحمل.
 انقطاع الطمث هو بداية مرحلة جديدة من الحياة.
 بشكل سلبي. فعلى سبيل المثال، انقطاع الطمث يعني انتهاء فترة الخصوبة وفقدان إمكانية الإنجاب وانتهاء فترة الشباب.
 غير ذلك:.....

4- كيف تقيمين مدى معرفتك بانقطاع الطمث؟

- جيدة جداً جيدة أعرف ما يكفي لا أعرف الكثير

5- يرافق انقطاع الطمث:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			نوبات من ارتفاع الحرارة
			تعرقات ليلي
			اكتئاب
			تقلب المزاج
			أرق
			الإحساس بالإجهاد أكثر من المعتاد
			زيادة في الوزن
			صعوبة في التركيز
			آلام في الثدي
			الانفعالية
			جفاف المهبل
			تسرب البول عند السعال أو العطس أو الضحك
			ضعف الشعر
			أعراض أخرى؟ وضحى

6-ما هي وجهة نظرك الحالية فيما يتعلق بانقطاع الطمث:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			يرجع انقطاع الطمث إلى انخفاض الهرمونات الأنثوية
			يحدث انقطاع الطمث عند توقف الحيض
			لا يمكن حدوث الحمل بعد انقطاع الطمث
			يحدث انقطاع الطمث عند توقف المبيضين عن العمل
			يصاحب انقطاع الطمث نوبات ارتفاع حرارة الجسم
			تزداد خطورة الإصابة بأمراض القلب والأوعية الدموية مع انقطاع

			العلاج بالهرمونات البديلة هو حل ملائم لبعض السيدات
			يجب تجنب العلاج بالهرمونات البديلة
			يعتبر العلاج بالهرمونات البديلة جيد للوقاية من المشاكل الصحية المرتبطة بالتقدم في السن
			يصاحب العلاج بالهرمونات البديلة العديد من المضاعفات والآثار الجانبية
			الطرق الطبيعية للعلاج أفضل من العلاج بالهرمونات البديلة
			مخاطر الخضوع للعلاج بالهرمونات البديلة تفوق منافعه
			العلاج بالهرمونات البديلة يمنع البدانة (السمنة)
			العلاج بالهرمونات البديلة يقلل من نوبات ارتفاع درجة الحرارة

الممارسة (العلاج بالهرمونات البديلة)

13- هل سبق وأن استخدمت العلاج بالهرمونات البديلة؟

نعم، متى؟.....

لا [إذا كان الجواب بلا يرجى التوجه مباشرة إلى السؤال الأخير](#)

14- من الذي قام بوصف هذا الدواء لك

طبيب عام

طبيب أخصائي ، وضحى

15- الطبيب الذي قام بوصف العلاج بالهرمونات البديلة يعمل في:

عيادة خاصة \مستشفى خاص

حكومية \مستشفى حكومي عيادة

16- هل قام طبيبك بمناقشتي بمزايا ومخاطر استخدام العلاج بالهرمونات البديلة ؟

نعم لا

17- هل تعتقد أن هناك حاجة للتوعية الصحية حول انقطاع الطمث والعلاج بالهرمونات البديلة في المناهج

الدراسية بالجامعات والمدارس؟

نعم لا

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