

MENOPAUSAL SYMPTOMS AND MANAGEMENT AMONG WOMEN IN AFRICA

BY

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Abstract

Despite the fact that menopause is as natural as any other aspect of human growth and development, and with the avalanche of information and studies, many 21st century women still perceive menopause as a distressing experience, if not “punishment”. Menopause which heralds the cessation of menstruation is a normal transition that every woman must experience just like menarche. Menopause or Final Menstrual Period (FMP) and the menopause transition are natural processes that occur in women’s life as a part of normal aging. Though, it is natural for women to go through menopause, it has become a dreaded experience for many as a result of lack of understanding of the what it entails, how to prepare for its inception, negative attitudinal disposition to it and lack of relevant information on management strategies. This paper examines the concept of menopause, identifies the types, stages, signs and symptoms of menopause. Women attitudinal disposition that could make or mar menopausal experience and management strategies were discussed. Suggestions that could enhance smooth menopausal experience were also raised.

Keyword: Menopause, menopause transition, and natural processes

Introduction

Menopause or Final Menstrual Period (FMP) and the menopause transition are natural processes that occur in every woman’s life as a part of normal aging. Menopause evolves as women advance in age. Aging occurs gradually throughout human lifespan because of down-functioning of cells which make up the body. Aging is a process that is largely generally controlled; in as much as there are wide individual differences, every individual experiences a gradual process of slowing down and becoming physically less pliable (Kelly, 2001). Aging is a continuous process involving positive and negative components. One of the inevitable consequences of aging for women is menopause which is also known as the “change of life”. Menopause is a natural transition all women experience as natural as puberty (National Institute of Aging, 2013). Myles (1996) defined menopause as gradual cessation of menstruation; the period first becoming irregular altogether. According to the World Health Organisation (WHO, 2011), the term “menopause” means permanent ending of menstruation in women. It is a period in a woman’s life when her ovaries stop producing eggs, her body produces less estrogen and progesterone, and menstruation becomes less frequent, may become profuse (menorrhagia), painful (dysmenorrheal) and irregular eventually stopping altogether (WHO, 2011). It is the permanence of menstruation resulting from loss of ovarian follicular activity (Kessel, 1998, Porth and Matfin, 2009).

Though, the average age of menopause varies between different groups, it generally occurs around 50-51 years of age but can happen anywhere from 40-65 years age. In Europe and North America, the average age is about 51 to 52 years whereas in Africa, the average menopause age is a few years earlier than in European and Latin American women (Martins and Manson, 2008). In Nigeria, the average menopausal age has been found to fall a little above 48 years (Okonofua,

Lawal, and Bamgbose, 1990). Women who have a nurturing supportive network suffer less at menopause than those who are emotionally isolated. Ross and Wilson (1981) gave more explanation about this condition that menopause is the name given to the time when the processes which occur at puberty are reversed. These changes usually take place over a period of years as long as 10 years and they are caused by changes in the concentration of the sex hormones.

Menopausal women suffer psychosocial degradation that needed to be effectively managed as many go about it alone in silence without help from anywhere, even their spouses. This phenomenon calls for extreme attention. Women undergoing menopause need psycho-social adjustment that would reduce their phobia and isolation and enhance their coping capacities. Many menopausal women perceive the experience as the “end-of-the-road” to their ability to remain attractive to their spouses (Dimkpa, 2011) and that menopause might mean the end of being useful and productive members of their communities (Southin, 2010). Southin (2010) further explained that the attitude of spouses and others could make the symptoms worse for women. Lack of knowledge of menopause on the part of the spouses could be responsible for their negative reactions to their menopausal wives.

Dimkpa (2011) conducted a study on the psychosocial adjustment of menopausal women. Results revealed that women desired improving sexual relationship, decreasing wrinkles, overcoming menopausal symptoms, obtaining fertility treatment and preventing aging. Social support needs included attending functions, sharing concerns and obtaining encouragement from spouse (Dimkpa, 2011). Many menopausal women suffer psychological distress in form of anxiety, irritability, adjusting to the new phase of life, denial of the reality at hand as if it could be reversed, among others. Hunter (2009) identifies other needs of menopausal women to include communication, health concerns such as lower estrogen level, cardiovascular disease, osteoporosis, rapid aging, guilt, sexual problems, etc. Generally, most of the problems associated with menopause centred on the women’s perceived general health and attitudes towards aging and menopausal symptom patterns.

Types of Menopause

According to North American Menopause Society (NAMS, 2013), there are three types of menopause namely, natural, premature and artificial menopause.

Natural menopause: This occurs when the levels of estrogen and progesterone decline naturally. The term natural menopause is defined as the permanent of menstruation resulting from the loss of ovarian follicular activity. Natural menopause is recognized to have occurred after 12 consecutive months of amenorrhea for which there is no other obvious pathological or physiological cause.

Premature (early) menopause: This occurs when period menstruation stops before the age of 40 years (Porth and Matfin, 2009). Premature ovarian failure is defined as the occurrence of menopause before the age of 40. This condition occurs in about 1% of all women. This could be due to many reasons including medical conditions such as diabetes, or thyroid disease, and surgery or medication that have affected the blood supply to the ovaries. Genetics factors may also play a part as premature menopause can run in families. Women who smoke are also more likely to go through premature menopause. Sometimes, however, there is no identifiable cause.

Artificial Menopause: Otherwise called induced or surgical menopause. It is the of menstruation, which follows either surgical removal of both ovaries (with or without hysterectomy) or iatrogenic ablation of ovarian function (e.g. by radiation or chemotherapy).

This is a consequence of surgical removal of both ovaries or the destruction of the ovaries by some cancer treatment. With artificial menopause, there is a sudden drop in hormone levels and menopausal symptoms begin abruptly. Often, the symptoms experienced are more severe than those experienced with natural or premature menopause. The surgical removal of the ovaries in an ovulating woman will result in an immediate menopause. In this case, there is no peri menopause, and after surgery, a woman will generally experience the signs and symptoms of menopause. In cases of surgical menopause, women often report that the abrupt onset of menopausal symptoms result is particularly severe symptoms, but this is not always the case.

Stages of Menopause

Menopausal stages have been divided into premenopause, perimenopause, menopause and post-menopause (Soules, 2005).

Pre-menopause

Premenopause is the stage that leads up to peri-menopause as women get older. This is the period that affects most women in their late thirties and early forties. Premenopause is a term used to describe the years leading up to the last menstrual period when the levels of reproductive hormones have already become more erratic and lower with the effect of hormone withdrawal present (Harlow, Gass, Hall and Sherman, 2012). Premenopause starts some time before the monthly cycles become noticeably irregular in timing (Schneider & Naftolin (2005). At this point, life continues as normal but the body is gradually preparing for transition into menopause. Though, premenopause and perimenopause are sometimes used interchangeably, they have different technical meanings. During premenopause, a woman experiences her periods, (whether they are regular or irregular) and is still considered to be in her reproductive years. Some hormonal changes may be occurring, but there are no noticeable changes in the body like during perimenopause. On the other hand, during perimenopause, women might experience symptoms of menopause such as changes in period cycle, hot flashes, sleep disturbances, or mood swings.

Peri-menopause

This literally means “around menopause” and refers to the menopause transition years, a span of time before and immediately after the date of the final episode of flow. According to Porth and Matfin (2009), perimenopause (the years immediately surrounding menopause) precedes menopause by approximately four years and twelve months after the last menstruation. Perimenopause usually is characterised by menstrual irregularities and other menopausal symptom. NAMS (2013) reported that the transition can last for four to eight years, while the center for Menstrual Cycle and Ovulation Research (ceMCOR, 2013) describes it as a six to ten years phase ending twelve month after the final menstrual period. During this stage, estrogen level average about 20 to 30% higher than during premenopause, often with wide fluctuation, and this fluctuation causes many of the physical changes such as hot flashes, night sweat, insomnia, osteoporosis and heart disease. (ceMCOR, 2013).

Menopause

Menopause is defined as a specific date assuming the woman still has a uterus; the date is the day after the woman’s final episode of menstrual flow finishes. However, this date can only be fixed

retrospectively, once twelve month has gone by with no menstrual flow at all. It can more succinctly be defined as the permanent of the primary functions of the ovaries (Hammer, Berg, and Larson, 2008).

Postmenopause

The term post menopause describes women who have not experienced any menstrual flow for a minimum of twelve months assuming that they do still have uterus, and are not pregnant or lactating. (Harlow, Gass, Hall, and Sherman, 2012). This is the period following menopause. During this time, many of the bothersome symptoms a woman might have experienced before menopause gradually decrease. But as a result of several factors, including a lower level of estrogen, postmenopausal women are at increased risk for a number of health conditions, such as osteoporosis and heart disease.

Symptoms of Menopause

Vasomotor Symptoms

Most women are faced with vasomotor symptoms that affect their response to menopause. Such include hot flashes or night sweats that result from sudden opening of the blood vessels close to the skin, usually due to hormonal fluctuations in menopause and perimenopause stages. This however varies widely between populations around the world. A hot flash is a feeling of warmth that spread over the body and is often most pronounced in the head and chest. A hot flash is sometimes associated with flushing and is sometimes followed by perspiration. Hot flashes usually last from 30 second to several minutes. Although the exact cause of hot flashes is not fully understood, hot flashes are likely due to a combination of hormonal and biochemical fluctuations brought on by declining estrogen level (Jones, Jurgenson, Katzenellenbogen, & Thompson, 2012).

There is currently no method to predict when hot flashes begin and how long they will last. Hot flashes occur in up to 40% of regularly menstruating women in their forties, so they may begin before the menstrual irregularities characteristics of menopause even begin. About 80% of women will stop having hot flashes after five years. Sometimes (in about 10% of woman), hot flashes can last as long as 10 years. The average woman who has hot flashes will have them for about five years (Jones et-al, 2012). Sometime hot flashes are accompanied by night sweat (episode of drenching sweats at nighttime). This may lead to awakening and difficulty falling asleep again, resulting in unrefreshing sleep and daytime tiredness. About 40-60% of peri and postmenopausal women reported sleep disturbances in observational studies. Hot flush frequency and severity with disturbances in the sleeping pattern and the prevalence of sleeping disturbances seems to increase through the transition (Richardson, 2012). In western societies these symptoms are reported by 20 to 80% of the women during the menopausal transition whereas the prevalence in South East Asia, for example, is substantially lower. Though vasomotor symptoms usually decrease with time, about 15-20% of women still reported vasomotor symptoms more than ten years after the Final Menstrual Period (Jones et-al., 2012)..

Urogenital Symptoms and Sexual Dysfunction

Atrophic vaginitis, dyspareunia and recurrent urinary tract infections are reported by women in the post menopause. These symptoms are caused by the low estrogen after menopause. The prevalence vaginal dryness has been reported in menopausal women and it increases with age

and in about 20-30% in women aged 60years or more (Janis, 2009). Vagina dryness could contribute to painful intercourse and decreased enjoyment, but other factors such as previous sexual function and partner-related issues seem to have greater effects (Jones et-al, 2012).

Cognition and Emotional Symptoms

Cognition comprises several mental abilities such as concentration, memory, learning, judgment, and language, with all of which have a tendency to decline as we grow older. Marthon, Booth, (2008) reported that women in perimenopause often report a variety of thinking (cognitive) and or emotional symptoms, including fatigue, memory problems, irritability, and rapid changes in mood. Saljo and Larade, (2012) reported mood swing among 10-50% of women in the menopausal transition. Though factors such as general health, prior depression and socioeconomic factors could result to mood swing, stressful life events probably play an important role in the development of mood changes in menopausal women's well-being (Marthon and Booth, 2008).

There is variation in the physical and psychological symptoms associated with menopause. In some women, these symptoms are very mild while in others they are more severe. They may last for only a few months or may continue for several years. The average length of time for menopausal symptoms to be experienced is 3-5 years (Cody, Jacobs, Richardson, Moehrer, & Hextall, 2012). Hoffman (2012) identified physical symptoms that may appear during menopause to include painful intercourse, vaginal dryness, thinning of the membranes of the vulva, the vagina, the cervix, the outer urinary tract, along with considerable shrinking and loss in elasticity of all outer and inner genital areas. Psychological symptoms that may last from premenopause through post menopause periods include anxiety, poor memory, inability to concentrate, depressive mood, irritability, mood swing, less interest in sex and sexual stimulations.(Hoffman, 2012; Llaneza, García-Portilla, Llaneza-Suárez, Armott, & Pérez-López, 2012). Some psychological symptoms could be in form of difficulty in concentrating, loss of confidence and forgetfulness.

Management of Menopause

Menopause is a natural, expected and inevitable part of a woman's developmental stages. However, there are ways to reduce some of the symptoms women experience during this period.

- Eating healthy soy-based foods: Eating a healthy balance diet that is low in fat and refined sugars and maintaining a healthy body weight is recommended.
 - Exercise: Regular weight bearing exercise such as walking, dancing, and tennis, aerobic of golf helps in maintaining a healthy weight gain, fitness and general wellbeing. Exercise also helps to decrease the risk of osteoporosis by strengthening the bones and may assist in reducing the severity of menopausal symptoms such as hot flushes. Specific pelvic floor exercise can help to reduce urinary problems such as incontinence and pain on urination. Regular exercise can strengthen the muscles of the vagina and pelvis.
 - Calcium and Vitamin D: Women need a higher intake of calcium and vitamin D after menopause to help reduce the risk of osteoporosis. Excellent dietary source of calcium include low fat dietary sources of calcium include low fat dietary (milk, cheese, yoghurt), nuts, dark green vegetable (e.g. broccoli, spinach) and fish with bones in (eg sardines,

salmon), vitamin D, which helps the body to absorb calcium, is manufactured by the skin after exposure to sunlight. Some quantities are found in foods as dietary products and eggs.

- Avoidance of caffeine, alcohol, and spicy foods: Limiting alcohol and caffeine and are also important.
- Light dress: It is important for menopausal women to dress lightly and in layers that can be removed wearing natural fabrics. Drinking cold rather than hot beverages.
- Practice slow, deep breathing whenever a hot flash starts to come on (try taking six breaths per minute)
- Use of water-based lubricants during sexual intercourse to remain sexually active.
- Control blood pressure, cholesterol, and other risk factors for heart disease
- Avoidance of smoking cigarette which can cause early menopause.

Attitude and Menopausal Experience

How a woman experiences menopause is determined by a number of factors. Menopauses is influenced by a number of factors-biological, psychological and social-cultural. However, attitude plays an important role in determining menopause experience. Erbil (2018) conducted a study on the attitudes towards menopause and depression, body image of women during menopause in Turkey. The study found that 54.1% of women already in menopause held negative attitudes towards menopause. In another study by Bello and Daramola (2016) on attitude to the menopause and sex amongst middle-aged women in the Family Medicine Clinic in Ibadan, Nigeria, it was reported that 21.4% had a negative attitude towards it; about 14.8% felt it would make them incomplete as women, while 6.5% were concerned that it would be followed by persistent ill health. Eighty-one (23.0%) looked forward to a welcome relief from menses, while most respondents were indifferent. The most common belief among respondents was that sexual intercourse after the menopause causes ill health to the woman (179; 50.9%). Fifty-two (14.8%) said it was part of the natural aging process of a woman; 38 (10.8%) suggested a belief that it marked the end of femininity and, thereafter, she “becomes a man”; 12 (3.4%) said that the menopause heralds the onset of persistent sickness and death in the woman.

Ten (2.8%) women volunteered less popular beliefs: that menopause leads to erectile dysfunction in partners, that severe body pains in the menopause are due to male children being left unborn within the woman, and that the onset of menopause is hastened if a woman does not have regular sex. On their perception of sexual intercourse, respondents that reported less frequent intercourse adduced many reasons such as fear of disease, loss of libido, dyspareunia, cultural beliefs, and presence of younger co-wives whom the husband could have coitus with. Surprisingly, only two women considered their husband as understanding of their diminished sexual interest or activity. This calls for proper orientation of husbands on menopause. In the same study, despite the fact that most respondents, 304 (86.4%) of the 352 sampled were aware that menopause will occur some day in their life, many of them were not aware of symptoms and health changes that accompany the menopause. Only a small fraction had been told the health risks of the menopause. The implication of the foregoing is that many of them would receive shock as the various symptoms unfold due to information gap. It is of utmost importance that this category of people be well prepared and informed for the life change in order to forestall chaotic experience.

Dimkpa (2011) reported that menopausal women are likely to undergo a lot of psychological problems which may be grouped under personal-social, sexual and informational. The author elucidate challenges such as anxiety, poor self-image, low self-esteem, panic, sleeplessness, etc. as problems that should be attended to for a smooth menopausal experience. Thus, Hunter (2009) also other needs of menopausal women to include communication, health concerns such as lower estrogen level, cardiovascular disease, osteoporosis, rapid aging, guilt, sexual problems, etc. Lock (2009) assert that most of the problems associated with menopause centred around the women's perceived general health and attitudes towards aging and menopausal symptom patterns. Bowels (1986) also emphasized that attitude influences menopausal experience. This implies that the attitude of a woman toward menopause will invariably influence her experience of menopause. Therefore, development of positive attitude towards menopause will go a long way at making menopause a worthwhile experience. In addition, much of how a woman's life is affected by menopause depends largely on how she views herself. Though, women are concerned about aging and its implications, the key issue is the acceptance of the inevitability of the aging process. Acceptance can lead to more positive feelings about self and to a high level of satisfaction with one's life circumstances. It is expedient that women be guided to begin to think of midlife as a time for re-evaluation, not crisis. In fact, they need encouragement to be more realistic from their hubbies and all around them.

In Nigeria, women, no longer being able to bear children cause fear of being abandoned by their husbands for younger women. Women, regardless of their roles are also worried that menopause might mean the end of being useful and productive members of their communities. The way woman view menopause immensely contribute to their experience and general coping capacity to menopausal symptoms. Many women usually develops unnecessary anxiety and fear towards hormonal and physiological changes in their body during this phase of life. Misconceptions about menopause is one of the major factors contributing to the anxiety and apprehension exhibited by some women. For instance, some believe once a woman attains menopause, she must avoid all sexual activities. This is a dangerous myth that has led to some women losing their husbands to younger women. Some women also vacate their bedrooms and moved to other rooms in order to hide themselves from their husbands so that the man will not notice the physiological changes in them. Some other women perceive it as a bad omen. Lack of preparation and denial of the reality of the new phase of life also contribute largely to the distress faced by many menopausal women. A serious factor when considering menopausal experience is how menopausal women often show unwillingness and felt uneasy about discussing the issue of menopause with spouses, friends, family, counsellors and even their health care providers and other caregivers. Nowonder it has been said in some quarters that menopause remains a taboo topic in our society.

Women attitude towards menopausal symptoms can either be positive or negative, and whatever opinion or misconception they may be having will definitely cause either negative or positive effect on their psychological well-being. However, their psychological well being can be enhanced during this period if they possess adequate knowledge.

Suggestions

- i. There is need for early education of women on menopause. This will go a long way at preparing them for the inevitable change they must pass through in life.
- ii. Women should accept the reality of menopause and its corresponding changes and develop a positive attitude towards it. They should be counselled that menopause is part of aging and is a normal phenomenon in life.
- iii. Seminars and workshops should be organised for women on menopause by counsellors, health workers, psychologists, etc. In such programmes, efforts should be made to dispel all misconceptions or myths about menopause.
- iv. Husbands should be closer to their menopausal wives and take them out for social functions in order to build up their confidence and dispel their fear of isolation.
- v. Women should avoid being secretive about menopause so that they can receive help at the appropriate time. They should avail themselves for information that could enhance positive menopausal experience.

Conclusion

Menopause is a normal phase in life that every woman will undergo as long as she lives long to witness it. Therefore, it should be seen as normal and inevitable part of developmental stages. They should avail themselves for every opportunity to be guided on preparation, coping mechanism and management. Positive attitudinal disposition to the new phase of life by should also be embraced for a better menopausal experience. Spouses of menopausal women should be considerate and be positively dispose to supporting their wives at this inevitable period.

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