Association between Perceived Social Support, Attitude and Depression among Menopausal Women

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Abstract

Aging is an important fact to consider from the woman's health perspective. One of the most significant stages of aging is menopause, in which involves physical, psychological, and social changes in life. **Aim of the study:** explore the association between perceived social support, depression and attitudes among menopausal women. **Setting:** the study was conducted in gynecologic outpatient clinic affiliated to National Medical Institute in Damanhour City, El-Beheira Governorate. **Subjects:** A convenience sample of 250 menopausal women was recruited in the study. **Tools**: four tools were used to collect the data: Basic Data, Structured Interview Schedule, Multidimensional Scale of Perceived Social Support, The Beck Depression Inventory, and Attitudes towards Menopause Scale (ATMS). **Findings :** the study revealed that, statistical significant positive relationship was found between perceived social support and attitude toward menopause (P=0.005). While, statistical significant negative relationship was found between perceived social support and depression (P= 0.002). **Conclusion:** social support plays a significant role in alleviating feeling of depression and improving women's attitude toward menopausal changes. **Recommendations:** the nurses should be assess attitude and levels of depression among menopausal women periodically. Educational programs should be carried out for women's families to provide them with information regarding the importance of social support for women during menopause.
Keywords: Menopause, social support, depression and attitude.

Introduction

Women pass through a series of different stages in her life starting from birth till death, each stage is characterized by multiple challenges, fears, concerns and problems. Some of these stages carry positive things, while others do not. Menopause is considered one of the most stressful and irritating stage in women's life [1]. It is defined as the permanent cessation of menstruation due to loss of ovarian follicular activity and is recognized to have occurred after 12 consecutive months of amenorrhea. (International Menopause Society. It signifies the end of the reproductive period and transition to the post-reproductive one which begins on average at ages 40-45 years and lasts until about 65 years of age [2].

Women experience a number of changes and complaints due to declining levels of estrogen; including cycle disorders, vasomotor symptoms (hot flashes and night sweats), vaginal dryness and dyspareunia, urogenital atrophy, tensions, headache, insomnia, lack of energy, fluid retention, back pain, difficulty concentration, confusion, and cognitive decline [3]. In addition, minor mood problems as feeling of anxiety, depression and/or irritability are common during this period. In some women, these symptoms may progress to a more severe mood disorder known as major depression Several studies have shown that during the transition to menopause, the risk of depression increases [4] showed that women in the menopausal period have a 1.9 times higher risk of depression development. Moreover, several women also experience a profound sense of loss at menopause (e.g. loss of maternal role, youth or beauty) which may lead them to feel that life has lost its purpose [5].

The above mentioned physical and psychological changes are considered problems tied to a normal and expected period of transition, adding to this women' attitude toward this period. Attitude toward menopause is an important aspect that is difficult to ask and measure. It determines how

women interpret the physical and psychological manifestation and their understanding of menopause as a life event [6]. Attitude regarding the menopause and its transitional period may differ from one female population to another and determined by the beliefs, expectations and sociocultural perspectives of the society. Subsequently, this attitude affect women' lifestyle in the menopausal period ʿMore specifically, if the attitude is positive can result in a healthy healing response, but, if it is negative can be problematic and require adequate support and intervention from health care providers as well as women' family. For these reasons, adequate and strong social support can help women to gain positive attitude and to address the grief of the losses experienced during this climacteric period [7].

Social support is defined as the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations [15]. It may come from husband, relatives, friends, coworkers, and social and community ties. On the same respect, perceived social support is the individuals' understanding of love and the support that they receive from all surrounding [8]. Social support can come in the form of tangible assistance provided by others when needed which includes appraisal of different situations, effective coping strategies, and emotional support. It also considered an essential element that help women to reduce the amount of stress experienced during menopause as well as to help in better adaptation with this stressful period On the same line, Sadat et al (2009) analyzed the relationship between perceived social support and depression in menopausal women, they reported that social support is a protective factor for depression caused by menopause and women with less family support have been found to have more severe mental health problems and irritability during the period of menopause [9].

Significance of study

Considering the importance of menopause and its unpleasant effects on women's health, and despite the fact that offering women various treatment options to improve their quality of life is important, it is also imperative to know their attitudes and feelings during the menopausal period, the symptoms they experience and what factors have influencing them. So that, this study

sought to analyze the association between perceived social support, depression and pre-existing attitudes toward menopause.

Aim of the study

Explore the association between perceived social support, attitude and depression among menopausal women.

Research question:

What are the association between perceived social support, attitude and depression among menopausal women?

Material and Methods

Research designs

An explanatory descriptive research design was used in this study.

Setting

The study was conducted in gynecologic outpatient clinic affiliated to National Medical Institute in Damanhour City, El-Beheira Governorate.

Subjects

A convenience sample of 250 menopausal women was recruited in the study. The sample size was estimated using EPi-Info created by World Health Organization and Center for Disease Control and Prevention, Atlanta, Georgia, USA version 2002; 95% confidence interval, limit of precision of 5%, with a design effect of 1.0, the calculated sample size was 250 participants.

Inclusion criteria

Women who aged 45 to 60 years old, free from medical or psychiatric disease or major life stressors in the last 3 months and willing to participate were included in the study.

Tools: Four tools were used to collect the necessary data.

Tool I: Basic Data Structured Interview Schedule

This tool was developed by the researchers. It entailed the following two parts:

First part: entails women socio-demographic characteristics as; age, level of education, occupation, marital status, & family type.

Second part: include menstrual and menopausal history as; age of menarche, amount, rhythm, duration, & onset of menopause).

Tool II: **Multidimensional Scale of Perceived Social Support**

The scale was developed by (Zamid 2016) [10] to assess subjective perceived support from three sources (family, friends and significant others). It

consists of 25 questions on a Likert-type scale ranging from strongly disagree (1 point) to strongly agree (7 points). The total score are between 25 and 175. The obtained scores regarding perceived social support are categorized into 3 groups. The points in the range of 25 - 75 are considered as low, 76 - 125 as moderate, and 126 - 175 as high levels of perceived social support.

Tool III: The Beck Depression Inventory.

The scale was developed by   Beck et al (1974) [11] . The aim of the scale is not to diagnose depression but to objectively determine the severity of depression symptoms. The scale consists of 21 questions divided into 3 parts: cognitive, physical, and emotional signs. Each question is given a score (0 - 3), and the total score of the scale ranges from 0 to 63. A score between 0 to 13 denotes little or no signs of depression, between 14 to19 indicate low levels of depression, between 20 to 28 average levels of depression, and between 29 to 63 signify high levels of depression.

Tool IV: Attitudes towards Menopause Scale

 An attitude towards Menopause Scale (ATMS) was developed by (Singla M, 2016) [12] to evaluate attitudes towards menopause of women who are experiencing menopause. The questioner consist of 20 items, there were 18 negative and 2 positive items on the scale. For positive items, "I definitely don't agree" rated a score of 0 points; "I don't agree answer" scored 1 points; "I am not sure" answer scored 2 points; "I agree" answer scored 3 points; "I definitely agree" answer scored 4 points. The score of negative items of the scale were reversed. The highest score of the scale was 80 and the lowest score was zero. The cut of point of the scale was 40 points. Women who received 40 points or higher have a positive attitude.

- Approval of the responsible authorities was obtained through official letter from the
- Faculty of Nursing Damanhour University to the Director of National Medical Institute in Damanhour City, El-Beheira Governorate to obtain permission to conduct the study and collect the necessary data.
- Tool (I) was developed by the researchers based on extensive review of recent relevant literature. Tools (II- III-IV) were adapted and translated into Arabic language.
- Tools (II- III-IV) were tested for content validity by a jury of five experts in the fields of obstetric

and gynecologic nursing as well as psychiatric nursing and mental health. The recommended modifications were done and the last form was finalized after proving validity.

- Tools' reliability was checked by Cronbach's alpha test and the result was highly reliable (0.823, 0.870 & 0.852 for tools II- III- IV respectively)

 - Women attending gynecologic outpatient clinic were interviewed by the researchers before examination.   Each woman was individually interviewed, the researchers introduce themselves to the woman, greet her, explain the purpose of the study and make sure that the woman meet the study criteria. Then start to apply tools of the study. The duration of each interview ranged between 20-25 minutes. The data collection consumed 3 months, from the beginning of February 2019 till the end of May 2019.

Pilot study

A pilot study was carried out on 10% of menopausal women (excluded from the study subjects) from the previously mentioned settings to assure feasibility of the study, clarity and applicability of the tools and to identify obstacles that might interfere with the process of data collection. The pilot study revealed no modifications required.

Ethical consideration

For each recruited subject an informed oral consent was obtained after explaining the purpose of the study. In addition, her anonymity, privacy, and confidentiality of her data were assured as well as volunteer involvement and right to refuse participation in the study were emphasized.

Statistical analysis

Latest version of the statistical software package SPSS (Version-21) was used. The collected data was revised, categorized, coded, computerized, tabulated and analyzed. Descriptive statistics and multivariate analysis were used to identify and compare between different variables. Significance was adopted at $p < 0.05$ for interpretation of results of tests of significance.

Results

Table (1): shows the distribution of the study subjects according to their socio-demographic characteristics. In relation to age, the total subjects mean age was 47.3± 5.8 years with nearly one half of them(49.6 %) being in the age group ranging from 45 to less than 50 years.

Concerning marital status, more than one half (52.00%) were married compared to only 13.2% who were single, while, divorced and widowed had nearly the same percent (17.6% & 17.2% respectively). As regards the occupation, more than two thirds of study subjects (71.2 %) were unemployed compared to only 28.8 % who were employed. In relation to income, 42.8% confirmed that income was not enough, however, around one quarter 26.8% declared that income more than enough. As for level of education, around one half of studied subjects (46.8 %) had primary and preparatory level of education. On the same line, 43.6 % of them their husband also had primary and preparatory level of education. Regarding family type, around two thirds (61.6 %) had extended family, while, 38.4% had nuclear family.

Table (2) presents the distribution of the study subjects according to menstrual and menopausal history**.** It was found that, the majority of the study subjects (80%) had menarche at age less than 14 year. More than two thirds of them was reported duration of menstruation less than 5 days and had history of dysmenorrhea (72% & 74% respectively). As regard interval of menstruation, 60% of participants had interval ranging from 21 to less than 35 days. Also, more than one half of them (52.8 %) reported that menopausal changes and symptoms occurred between age 45 to less than 50 years old.

Figure (1) illustrates the distribution of the study subjects according to level of perceived social support. It can be observed that, those who had high level of perceived social support represented by the highest percent followed by subjects with moderate level of perceived social support and finally, the lowest percent was for low level of perceived social support.

Table (3) presents the distribution of the study subjects according to attitude toward menopause. The table clarifies that less than one fifths (15.2%) of the study subject had reported negative attitude toward menopause. While 84.8% had positive attitude

Table (4)   shows the distribution of the study subjects according to levels of depression. It can be noted that, only 10.0 % of the study subject were suffering from high level of depression, nevertheless, 40.0% of them not reporting any symptoms of depression.

Table (5)   illustrates the distribution of the study subjects according to correlation between socio-demographic characteristics and their level of perceived social support. In relation to age, it

was found that, 71.9% of the study subjects who were in the age group ranging from 45 to less than 50 had high level of perceived social support with statistical significant difference (P=0.05). Also, a statistical significant relationship was found between marital status and level of perceived social support in which more than one half of the studied subjects (57.6 %) who were married had high level of perceived social support (P=0.003).

In addition, the table shows that a statistical significant relationship was found between level of education and social support (P=0.059), where about one half of study subjects (49.6%) who had university level of education reported high level of perceived social support.

Regarding occupation, 70.5 % of the studied subjects who were employed had high level of perceived social support with statistical significant differences (P=0.003). Furthermore, 64.7% of studied subjects who lived in extended family had high level of perceived social support with statistical significant differences (P= 0.013).

Finally, there is no statistical significant differences were proved between   income and husband' education with level of perceived social support (P=0.93&P= 0.285 respectively)

Table (6) displays the correlation between the study subjects' menstrual characteristics and their level of perceived social support. It is obvious from the table that, a statistical significant difference was found (P= 0.054) between duration of menopause and level of perceived social support in which 50.4 % of those who had a duration of menopause ranged from five to less than ten years had high level of perceived social support.

 The table also shows that, a highly statistical significant relationship (P= 0.001) was found between the study subject history of dysmenorrhea and their level of perceived social support. In which, more than one half (57.6 %) of subjects who had history of dysmenorrhea had high level of perceived social support.

On the other hand, no statistical significant relationship were found between age at menarche, duration of menstruation and interval of menstruation with level of perceived social support. (P=0.169, 0.147, 0.107 respectively)

Table (7) illustrates the correlation between study subjects' attitude toward menopause and their level of perceived social support. There is a statistical significant correlation (P= 0.005) between study subject attitude toward

menopause and their level of perceived social support. Where 88.5% of those who had positive attitude toward menopause had high level of perceived social support.

Table (8) presents the correlation between the study subjects' level of depression and their level of perceived social support. According to this table, a statistical significant correlation was present (P= 0.002) between study subjects' level of depression and their level of

Table (1): Distribution of the study subjects according to their socio-demographic characteristics.

Socio-demographic characteristics.	N= 250	%
Age		
• 45- >50	124	49.6
• 50->55	44	17.6
• ≤ 55	82	32.8
Range	**41 – 58**	
Mean ±S.D.	**47.3± 55.8**	
Marital Status		
• Single	33	13.2
• Married	130	52.00
• Divorced	44	17.6
• Widowed	43	17.2
Occupation		
• Employed	72	28.
• Unemployed	178	71.2
Income		
• Not enough	107	42.8
• Enough	76	30.4
• More than enough	67	26.8
Level of Education		
• Illiterate		
• Primary& Preparatory	53	21.2
• Secondary education	74	46.8
• University	37	14.8
	86	17.2
Family type		
• Nuclear		
• Extended	96	38.4
	154	61.6
Level of education for Husband		
• Illiterate		
• Primary& Preparatory	36	14.4
• Secondary education	109	43.6
• University	48	19.2
	57	22.8

Table (2) Distribution of the study subjects according to menstrual and menopausal history

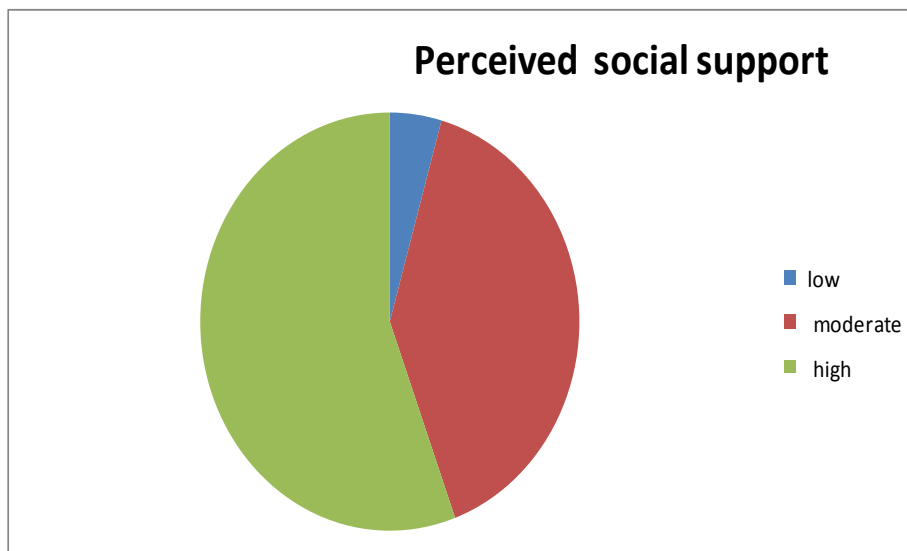| Menstrual history	Frequency	(%)
Age at menarche		
• >14 • <14	200 50	80 20
Duration of Menstruation		
• > 5days • < 5days	180 70	72 28
Interval of Menstruation(Days)		
• >21 • 21- >35 • ≤ 35	33 150 67	13.2 60 26.8
Age at Menopause (years)		
• 45- >50 • 50- >55 • ≤ 55	138 84 34	52.8 33.6 13.6
History of dysmenorrhea		
• Yes • No	185 65	74 26

Figure (1) Distribution of the study subjects according to level of perceived social support.

Table (3) Distribution of the study subjects according to attitude toward menopause.

Attitude toward menopause	Frequency	(%)
Positive	212	84.8
Negative	38	15.2
Total	250	100

Table (4) Distribution of the study subjects according to levels of depression.

Level of depressed mood	Frequency	(%)
None	100	40.0
Low	57	22.8
Moderate	68	27.2
High	25	10.0
Total	200	100%

Table (5) Distribution of the study subjects according to correlation between socio-demographic characteristics and their level of perceived social support.

Socio-demographic characteristics	Perceived social support						p
	Mild (no=11)		Moderate (no=100)		High (no=139)		
	No	%	No	%	No	%	
Age in years							X=4.65
45- >50	3	27.3	21	21	122	71.9	
50->55	2	18.2	20	20	22	15.9	0. 05*
≤ 55	6	54.5	59	59	17	12.2	
Marital status							
• Single	2	18.2	11	11	20	14.4	X= 12.9
• Married	5	45.4	45	45	80	57.6	0.003*
• Divorced	1	9.1	21	21	22	15.8	
• Widow	3	22.3	23	23	17	12.2	
Level of education							X= 4.15
• Illiterate	1	9.1	23	23	29	20.9	0.059*
• Primary& Preparatory	6	54.5	20	20	21	15.5	
• Secondary education	2	18.2	42	42	20	14.4	
• University	2	18.2	15	15	69	49.6	
Income							X= 6.60
• Not enough	7	63.6	51	51	49	35.3	0.93
• Enough	2	18.2	24	24	50	35.9	
• More than enough	2	18.2	25	25	40	28.8	
Occupation							X= 8.95
• Unemployed	6	54.5	25	25	41	29.5	0.003*
• Employed	5	45.5	75	75	98	70.5	
Family type							
• Nuclear	9	81.8	38	38	49	35.3	X 4.65
• Extended	2	18.2	62	62	90	64.7	0.013*
Level of education for husband							
• Illiterate	5	45.4	16	16	15	10.8	
• Primary& Preparatory	2	18.2	57	57	50	35.9	X=1.98
• Secondary education	4	36.4	10	10	34	24.5	0.285
• University	0	0	17	17	40	28.8	

Table (6) Correlation between the study subjects'menstrual characteristics and their level of perceived social support.

Menstrual characteristics	Perceived social support						p
	Mild (no=11)		Moderate (no=100)		High (no=139)		
	No	%	No	%	No	%	
Age at menarche							X= 5.02 0.169
• >14	9	81.8	90	90	101	72.6	
• < 14	2	18.2	10	10	38	27.4	
Duration of Menstruation							X= 3.83 0.147
• > 5days	8	72.7	85	85	87	62.6	
• < 5days	3	27.3	15	15	52	37.4	
Interval of Menstruation(Days)							X=3.54 0.107
• >21	2	18.2	26	26	10	7.1	
• 21 - > 35	4	36.4	54	54	70	50.4	
• < 35	5	45.4	20	20	59	42.5	
Duration menopause (years)							X= 2.21 0.054*
• >1- >5	5	45.4	23	23	10	7.1	
• 5->10	4	36.4	54	54	70	50.4	
• ≤ 10	2	18.2	20	20	59	42.5	
History of dysmenorrhea							X= 22.1 0.001*
• No	5	45.5	32	32	59	42.4	
• Yes	6	54.5	68	68	80	57.6	

Table (7) Correlation between the study subjects' attitude toward menopause and their level of perceived social support.

Attitude	Perceived social support						P
	Mild (no=11)		Moderate (no=100)		High (no=139)		
	No	%	No	%	No	%	
Positive	9	81.8	80	80	123	88.5	X= 7.67 0.005*
Negative	2	18.2	20	20	16	11.5	

Table (8) Correlation between the study subjects level of depression and their level of perceived social support.

Level of depression	Perceived social support						p
	Mild (no=11)		Moderate (no=100)		High (no=139)		
	No	%	No	%	No	%	
None	1	9	60	60	23.7	33	X= 18.1 0.002*
Low	3	27.1	15	15	41.0	57	
Moderate	2	18.9	23	23	28.6	40	
High	5	45	2	2	6	9	

Discussion

Menopause is a critical period and a universal event in women's life. It is the permanent cessation of menses as a result of the irreversible loss of a number of ovarian functions including ovulation and estrogen production. During this time, women experience a number of physiological, psychological and sexual problems. In addition, feelings of loss, sadness and depression may occur during menopause. Social support would have a more positive effect on women during this sensitive period, where it can improve the menopausal women's quality of life [13]. The present study aimed to explore the association between perceived social support, depression and attitudes among menopausal women.

Regarding the perceived social support, the current study revealed that   more than one half of the study subjects had high level of perceived social support. The possible explanation for this result may be the nature of the living environment of the current study subjects, where they lived at rural areas of El-Beheira Governorate. It is well known that, rural people are characterized by strong ties, close relationship with each others and availability of different types of social support. At this community, women feel that they are not alone and they can receive a variety of social support from many different sources as family, neighbors, and many other people within her reach. In this respect, a qualitative study was conducted on menopause experiences of women in rural areas and found that, the main sources of social support were friends, families and other women. The participants were also assured by the bonds with their mothers, sisters, female friends and women from generation past. Through these bonds women can share experience and gaining different perspectives about their experiences This result go on line with brennans (2018) [14] who found that 60% of women in this period of life perceived high level of social support from families, friends and the family member act as first social resources for the women.

In relation to attitude toward menopause. The current study revealed that the majority of study subjects had positive attitude toward menopause. This result could be attributed to what it is commonly known about Egyptian women that they are characterized by high resilience, high tolerance and high faith which may be result from religious beliefs. These inherited beliefs are source of guidance and support for all people in all stages of their life and provide peace in mind by renewing hope and increase self-worth, self-confidence, self-control, and help people to accept their problems and faster recovery from stress. From this point of view, the Egyptian women completely know that each stage in their life have specific goals must be achieved and have different challenges. Also, they know that their life is about a series of stages all of us pass through it. So, they try to accept and live each stage with its advantages and disadvantages and try to feel satisfied with each one.

This result is consistant with Jassim et al (2008) [15] who found that only 17% of the women had negative attitudes toward menopause. Where women cultures viewed and accept menopause as a natural process, and 40% of them thought it to be a good experience in her phase of life. Also, Bahri et al, (2016) [16] reported that, the women's' attitudes toward menopause generally ranging from neutral to positive. On the contrary, Erbil (2016) [17]. found that women in communities have negative attitude toward menopause. They considered it as unpleasant event and always associated with problems such as: one feels old, unwell sensation, depression, and stress. In addition to that, women thought that menopause affects marital relationship negatively [17].

Speaking of the third main result, the current study revealed that 10 % of the study subjects had high level of depression.   This result is consistant with the traditional psychological view that stated the "empty nest syndrome" leads to feelings of loss and sadness. In addition to the biological effects of hormonal fluctuations on mood, as well as decrease level of estrogen may also lead to depression, anxiety and insomnia during this period [18].

Regarding significant relationship between perceived social support and age of women. The present study found that more than two thirds of the study subjects who had high level of perceived social support aged from 45 to less than 50 year. The explanation for this result may be that, the young age women are still

living with their husbands and children in the same home which give her support and assistance when need. Also, women may be still working not retired and receive much support from her colleagues. On the other hand, women with old age may live alone after her children leaving the home and transfer to their own life that may be far from their mothers. In addition, their husbands might be dead or became extremely ill and need a lot of help and support. All of this affects the quantity and quality of social support received by the women after menopause. This result agree with the studies of Erbil (2018) and Najafabadi (2015) [19]. who found a significant relationship between perceived social support and age of women and women at age 50 or under have high score of perceived social support than elderly women [19].

As for marital status, the present study found a significant relationship between perceived social support and marital status of women. Where more than one half of subjects who had high level of perceived social support were married. This may be due to the presence of husbands and their supportive role with their wives. Definitely, husbands play a significant role in women's life and considered the first and main support in times of stress and complain and their roles might be intensified when they are knowledgeable about the process of menopause and its negative effect on the women.

This result go on line with the study of sixum (2016) [20] who reported that marital status and relation with husband play an important role in dealing with menopause process. Husbands who demonstrated support for their wives during menopause significantly impacted their wives' health in a positive manner. Indeed, the quality of the marital relationship was also a parameter of women's health. Studies have shown that a woman's marriage and relationship with her husband play an essential role in dealing with complaints of this period [34,35]

Concerning level of education, a statistical significant relationship was proved between perceived social support and women level of education. About one half of the studied subjects who had high level of perceived social support had university education. This result could be explained by the fact that, menopausal women with higher education will have a good knowledge of physical and psychological changes that occur so that it will emerge a

healthy behavior that affects the quality of life. In addition, education and good knowledge will lead to self efficacy to be able to manage the state of self during the menopause period. This result go on line with the study of Astari (2014) [21]. who found that women with high educational levels have better understanding of social support not only compatibility but also given the liberal nature of social support and learn how to deal and cope with any stress and menopausal symptoms [21].

Another significant relationship was found between job status of women and perceived social support, where working women had higher level of perceived social support. Actually, in the working environment women have the chance to make different social groups, friendships, and have many colleagues with different ages, experiences and education. All of these social networks can provide information, help, and emotional support for women during time of emotional crisis like menopause. In addition, the great opportunity is available for women to ventilate their negative emotions toward menopause and to express her concerns with trusted and confidential persons in the work. It is well documented in the literature that, women who work can make social adjustments and reach to self actualization stage. This is in turn has a positive impact on women's psychological status and improve quality of life [22].

This result is concordant with the study of Ford (2015) [23] who found that, working women have low stress, more opportunities to fulfill their need for approval, appreciation, and support that increase acceptance for this stage of life and become more aware about the changes. Working statues also helps in maintaining a positive self –esteem in menopausal women. While, non working has limited range of friend, social life, they have to rely only on their husbands or family members for constant approval and appreciation. The present finding is relatively consistent with the study of Nazarpour et al, (2016) [24] they found that housewives experience the menopause associated vasomotor symptoms more than working women. They also added that working women have more communication with other people that is why they suffer from mild symptoms. [24]

In relation to type of family, the study findings

showed that around two thirds of menopausal women who live in extended family have high level of perceived social support. Generally speaking, in extended families there is a large and wide social network that provides a lot of support from many different persons (mother, father, grandmother, and grandfather….etc). This support has a positive effect on psychological status, reduce depression and improve quality of life in menopausal women. This finding is in accordance with Marzieh (2018) who stated that social support from the family can give a positive role in improving women's mental condition [25].

As regards duration of menopause, the current study revealed a significant relationship between duration of menopause and perceived social support. More than one half of the study subject who had a duration of menopause ranged from five to less than ten years had high level of perceived social support. This may be attributed to the availability of a wide range of social network around menopausal women that involve many different sources of social support that could help in better coping.   The last main and basic proved result of this study is the presence of statistical significant relationships between perceived social support, attitude toward menopause and level of depression. Where, higher level of perceived social support predict positive attitude toward menopause and alleviate symptoms of depression among our study subjects. As mentioned before, social support plays an important role in improving attitude and can be a protective factor for depression caused by menopause.   Moreover, social support can act as a safeguard in stressful periods like menopause and decrease the negative effects on physical and mental health. In addition, satisfaction with social support can plays a critical role in providing positive emotions which subsequently affect positively on women's' attitude. [24]

Conclusion

Social support plays a significant role in alleviating feeling of depression and improving women's attitude toward menopause .

Recommendations

- The nurse provide   effective support for menopausal women to cope and determination regarding with the effects of menopause in creative and dynamic ways.

- These measures are essential to ensuring effective support for menopausal women.
Periodic check should be done for menopausal women to assess their attitude and levels of depression.

 - Psychological counseling by nurses should be provided to menopausal women through gynecological clinic to help them better coping with this irritating period.
providing follow up care.

- An educational training programs should be carried out for women's families to provide them with essential information regarding menopause.

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