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Research Article

Quality of Life and Personal Satisfaction in the Middle-Aged Woman

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Abstract

Importance of Work: Knowing the quality of life and personal satisfaction in middle-aged women.

Introduction: The climacteric marks the end of the fertile stage in a woman's life, which occurs as a consequence of the definitive cessation of ovarian function and constitutes a period of physiological changes that may be accompanied by symptoms, signs and complications related to a greater or lesser degree with changes in hormonal levels, affecting personal satisfaction, acquiring a particular expression at the midpoint of life, which leads to the estimation of the quality of life in relation to health.

Objective: To describe the behavior of quality of life and personal satisfaction in middle-aged women in two Medical Offices of the Antonio Maceo Teaching Polyclinic.

Material and Method: A descriptive cross-sectional study was carried out in two Medical Offices No. 10 and 11 belonging to the Antonio Maceo Polyclinic; The sample is non-probabilistic, made up of all women between the ages of 40 and 59. The method used was empirical through the application of a survey prior informed consent.

Conclusion: Personal satisfaction was present in most of the respondents, low self-esteem, life project and perception of present health, leaving the unfavorable relationship for the last. The quality of life was medium.

Keywords: *Middle Age; Gender Conditioning; Quality of Life*

Introduction

The concept of sex refers exclusively to the biologically determined (anatomical and physiological) and relatively invariable characteristics that differentiate men from women. The concept of gender, on the other hand, refers to the social meaning attributed to these biological differences, that is, to the socially constructed characteristics that differentiate and articulate the spheres of the masculine and the feminine, until establishing the positions of power between them. that lead to the establishment of inequalities and inequities. One is born male or female, but one learns to become a man or a woman and to behave as such. This learned behavior shapes gender identity. The concept of gender goes beyond the biological distinction and encompasses the web of reciprocal influences that operate between biological factors linked to sex and those linked to the differential position that women and men occupy in the social structure. This differential

position has to do with assigned functions, access and control with respect to resources, and decision-making power in the different spheres of life [1].

Gender equality is equal rights, responsibilities and opportunities for all people. It is a necessary pillar to achieve a sustainable, peaceful, prosperous, healthy world that leaves no one unattended. It is a fundamental human right established in the Universal Declaration of Human Rights, and it is essential to achieve the Sustainable Development Goals (SDGs) [2].

According to the gender breakdown of the data, men have a lower life expectancy (4.4 years less in 2017) and a greater burden of disability-adjusted life years (DALYs) than women. Much of these differences are due to gender-related factors: for example, there are social norms that determine that men are more exposed to tobacco and alcoholic beverages, which in turn leads to three times higher DALY rates than men. than in women [2,3].

In order to achieve the long-awaited gender equality, it is essential to have detailed knowledge of the time that each man or woman dedicates to carrying out a certain activity, it is necessary to highlight the double working day that sometimes falls on women.

The issue of climacteric and menopause is of great relevance and importance, given the repercussions that this stage can have on the health status of women during old age, on the one hand, and on the other, the growing demand for care that women have. health this segment of the population in the services.

The woman goes through several stages of development among which are: childhood, youth, adulthood, climacteric and old age. Therefore, aging is a continuous process, dependent on genetic and environmental actors that has its bases in the previous stages of life, including the climacteric and menopause [4].

The Climacteric Syndrome (CS) can manifest itself in very different ways and with a greater or lesser degree of intensity according to the social and environmental conditions of each woman; This can affect the biological pattern and vary the health status of women. For example, malnutrition due to excess can constitute a risk of cardiovascular diseases, hypertension, diabetes mellitus, breast cancer, and malnutrition due to deficiency conditions iron deficiency anemia. and early menopause, up to two years in advance of the national average [5].

The presence of symptoms associated with menopause varies between different cultures. In samples of North American and European women, a higher proportion of symptoms is reported than among Asian women. The percentage of middle-aged women in the world, according to Guerra Macedo [6] with respect to the total female population is low, between 9 and 20%; but the role that these women play in economic development and family stability, associated with the progressive increase in life expectancy, justify the need to develop research to obtain new knowledge.

In developed countries such as Switzerland and the Netherlands, the age of menopause is above 50 years; while, in underdeveloped countries, including Cuba, it is below this age; the average in our country is 48 years of age [7].

In this stage of life, despite physiological changes, women face social factors, such as relationships, work, economic pressures and care and attention to the family. This is a stage in which the woman almost always occupies the center of family dynamics; the cohabitants are used to her solving the problems of their domestic and filial environment, with the behavioral readjustment that this situation could generate (mother-daughter, wife-grandmother and/or nurse-caregiver) [8].

The estimation of the quality of life in relation to health is carried out through instruments that are classified into generic questionnaires, whose function is to investigate general aspects of quality of life and make comparisons between groups of patients with different

diseases, and specific questionnaires, designed to evaluate aspects of a particular condition, those that aim to achieve a better sensitivity to change [9].

Satisfaction with health is one of the fundamental components of the perceived quality of life, which is why a term has been proposed to adapt which, in turn, are estimated to be more salutogenic. Personal satisfaction in middle-aged women may take on particular expression at the midpoint of life. At this time, the meaning of life is reconsidered, one's own values and those of significant people are reviewed; frequently the subjects question what they have achieved in the different spheres of personal fulfillment and value their successes and errors based on their level of aspirations. This is a process of revaluing one's life, which psychology texts describe as the second identity crisis [10].

In Cuba, there is also an additional reason, due to the hyperbolization of the economic function of the family that the social situation of the last 15 years has brought with it. The middle-aged woman has had to deal with affective, cultural and educational functions, has reconciled intergenerational conflicts and assumed responsibility for caring for the elderly, children and the sick at home in these difficult conditions; and, furthermore, in most cases it has been forced to combine these functions with economic, labor and political ones.

Due to the above, it is necessary for all health professionals to know this subject; as well as the repercussion in the family, health area and in society, such as being bio-psycho-social. This is why I am interested in the subject of quality of life and personal satisfaction of middle-aged women; and the consequent research problem.

How does the quality of life and personal satisfaction behave in the middle-aged woman of Clinics No. 10 and 11 of the Antonio Maceo Teaching Polyclinic?

Goals of the Study

General:

- To describe the behavior of quality of life and personal satisfaction in middle-aged women in two Medical Offices of the Antonio Maceo Teaching Polyclinic.

Specific:

- Identify factors that influence the quality of life of the women in the study.
- To evaluate the quality of life in relation to the personal satisfaction of middle-aged women.

Methodological Design

A descriptive cross-sectional study was carried out in the Family Medical Office No. 10 and 11 belonging to the Antonio Maceo Teaching Polyclinic.

The universe was made up of the total number of women between the ages of 40 and 59 who were dispensed at Medical Clinics (CMF) No. 10 and 11 respectively.

The total number of women 1268, distributed in the two CMF 607 and 664 respectively, and of them 295 (129 CM 10 and 166 CM 11) were in the age group 40 to 59 years old for 23.2%.

The sample was made up of the total number of women who met the inclusion and exclusion criteria.

For this, the following was taken into account:

Inclusion criteria:

- Women with permanent residence in the area of the Medical Office No. 10 and 11.
- That they did not present physical or mental incapacity to answer the questionnaire.
- Approval of the patient to participate in the research.

Exclusion criteria:

- They are not residents of the health area.
- Patients who do not agree to be included in the research.

Exit criteria:

- Withdrawal from the study.

Results and Comments

A middle-aged woman is considered to be the group of females between the ages of 40 and 59. For our study, we selected all middle-aged women from Family Medical Offices No. 10 and 11 belonging to the Antonio Maceo Polyclinic.

Age group	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
40 - 44 years	31	24	3.4	20.4	65	22.0
45 - 49 years	32	24.8	48	29.0	80	27.1
50 - 54 years	28	21.8	43	25.9	71	24.1
55 - 59 years	38	29.4	41	24.7	79	26.7
Total	132	100	166	100	295	100

Table 1: *Age group of women between 40 and 59 years of age from CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

In this descriptive analysis of the data, it is observed that the largest number of women were in the 45 - 49 age group, for both Medical Offices (CM) 24.8% and 29.0% respectively, behaving in descending order in the 55-year-old group - 59 with 29.4% for CM # 10 and in the group of 50 - 54 years with 25.9% in CM 11.

The average age of these women is 54 years, which coincides with other studies [11].

Skin color	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
White	51	39.6	59	35.6	110	37.3
Mestizo	46	35.6	55	33.1	101	34.3
Black	32	24.8	52	31.3	84	28.4
Total	129	100	166	100	295	100

Table 2: *Skin color of women between 40 and 59 years of age from CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

Regarding skin color, there is a predominance of white women with 37.3% (110) followed in that order with mestizas101 for 34.3% and blacks with 84 females (28.4%). It should be noted that regardless of the fact that we are a heterogeneous country in terms of skin color. The race that currently predominates in our Cuban population is white.

Scholarship	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
Primary	0	0	0	0	0	0
Secondary	12	9.4	28	17.0	40	13.7
High school	38	29.4	35	21.0	73	24.7
University	79	61.2	103	62.0	182	61.6
Total	132	100	166	100	295	100

Table 3: *Schooling level of women between 40 and 59 years of age from CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

Regarding the level of education, we observed that university students (182) with 37.8% occupied a greater number, followed by Bachelor or Pre-university students (73) with 24.7%, leaving in last place females with a basic secondary education level with 13.7%. similar results found in studies carried out such as Machado Labañino [12].

Civil status	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
Single woman	17	13.1	21	12.7	38	12.8
Married, stable union or accompanied	64	49.7	85	51.2	149	50.6
Divorcee	42	32.6	51	30.7	93	31.5
Widow	6	4.6	9	5.4	15	5.0
Total	129	100	166	100	295	100

Table 4: *Marital status of women between 40 and 59 years of age in CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

Regarding marital status, we could see that 50.6% (149 respondents) maintained a stable relationship, were married or accompanied, on the other hand, 31.5% (93 women) were divorced, 12.8% (38) were single and in lower percent 5.0% the widows. These results coincide with other authors where the married or accompanied woman predominates [12,13].

Occupation	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
Worker outside the home	85	65.9	115	69.3	200	67.8
retired	17	13.1	25	15.0	42	14.2
Housewife	27	21.0	26	15.7	53	18
Total	132	100	166	100	295	100

Table 5: *Occupation of women between 40 and 59 years of age in CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

Regarding occupation, we observe that 67.8% of them are linked to work, 14.2% are retired and only 53 to 18% are housewives, that is, they are not linked to work outside the home. In the consulted bibliography we found similar results, where the female worker predominates [14].

Gender conditioning (Gender overload)	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
Gender reload	101	78.2	125	75.3	226	76.7
No Gender Reload	28	21.8	41	24.7	69	23.3
Total	129	100	166	100	295	100

Table 6: *Gender conditioning in women from 40 to 59 years of CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

The women interviewed during this study 226 for 76.7%, in both CM10 and 11, present significant gender overload 78.2% and 75.3% respectively. Unlike those who do not have gender overload, 23.3%, that is, 21.8% CM 10 and 24.7%, CM11. These results coincide with authors where in their investigations the highest percentage of women with gender overload is verified, at 86.6% [15,16].

Variable		cm 10		WC 11		Total	
No.		%	No.	%	No.	%	
Self-esteem	High	57	44.1	45	49.3	139	47.1
	Low	72	55.9	84	50.7	156	52.9
Health Perception	Favorable	91	70.6	104	62.7	195	66.1
	Unfavorable	38	29.4	62	37.3	100	33.9
Life Project	Present	79	61.2	103	62.0	182	61.7
	Absent	50	38.8	63	38.0	113	38.3
Couple relationship* 64 not couple CM 10 81 not couple CM 11 Total 145	Favorable	21	32.3	36	42.3	57	38.0
	Unfavorable	44	67.7	49	57.7	93	62.0
Personal satisfaction	Present	101	78.2	125	75.3	226	76.7
	Absent	28	21.8	41	24.7	226	23.3

Table 7: *Personal Satisfaction Index of women aged 40 to 59 of the CMF # 10 and 11. Antonio Maceo Polyclinic. 2021.*

Source: Survey.

In this study it was observed that personal satisfaction (60.7%) is absent in a considerable majority, not as well as the perception of health (66.1%), followed by low self-esteem (52.9%), which could be conditioned by the overload gender and this could influence their quality of life. However, the life project is present in 61.7%, significantly for both offices.

Quality of life	cm 10		WC 11		Total	
	No.	%	No.	%	No.	%
High	25	19.3	45	27.1	70	23.8
Moderate	68	52.8	82	49.4	150	50.8
Low	36	27.9	39	23.5	75	25.4
Total	129	100	166	100	295	100

Table 8: *Quality of life of women between 40 and 59 years of age in CMF # 10 and 11. Antonio Maceo Polyclinic. 2021. Source: Survey.*

Table 8 shows that the quality of life of the women surveyed is in the range of moderate quality in 150 females for 50.8%, half of the interviewees, the other half of the study being between high and low quality of life, which would be important to continue investigating other aspects that would be essential for this conclusion, such as family functioning, etc., but it is not the object of our study. In both CM the moderate quality of life behaves the same in relation to the total number of women studied CM 10 for 52.8% and CM 11 for 49.4%.

Discussion of the Results

A person's age is characterized by a search for internalities that makes their knowledge creak, from there they can come out stronger or find themselves with an uncertain future when they see reflected a feared image of old age and the aging process. This process usually coincides precisely with the moment in which the person goes through particular situations regarding their family and social life; the children have grown, there is more time for themselves.

Currently in Cuba, women between the ages of 40 and 59 represent around 16.1% of the general population, and 32.1% of the female population, with a tendency for this cohort of women to continue to increase, given the demographic transition current. These ages do not receive particular attention despite the endocrine-metabolic alteration caused by the decrease in estrogen production.

Hence, it is necessary to initiate research on the climacteric period that allows the evaluation of knowledge and its influence on women, in order to be able to draw up health policies with the particularities of each country [17,18].

Regarding the education and level of schooling of women, we return to the Middle Ages, where education referred above all to assimilating good manners, religion and housework; in the intellectual sphere he learned little; For this reason, female education consists of learning behavior and skills, which must be silent, obedient, etc. along with this, they must learn all the necessary techniques to care for their family and have their homes stocked [19].

Authors like Muñoz., *et al*. they found in their research that of the middle- aged women surveyed, 34% were high school graduates; over the ethnic group the mestizo in 65%. The women surveyed stated in a great majority that they were single with 45% not coinciding with our study. Where there was a predominance of university women 61.6%; white skin color 37.3% and marital status married for 50.6% [20].

According to information from the 2020 Population and Housing Census, 38% of people aged 15 or over are married, 30% are single, and 20% live in a free union. By sex, it stands out that the percentage of ex-unite women (separated, divorced and widows) is higher than that of men, especially those who are widows (8% compared to 3% of men) [21].

The family and work demands incurred by women as their own goals constitute an immense overload when added together. The culturally conditioned traditional role of women as caregivers of the home, the elderly and the sick in the family contribute to this overload

that does not leave time and space for their care. In this research, the female worker outside the home predominated for 67.8%, but with its double gender burden, coinciding with the literature consulted [22].

The middle-aged woman undergoes significant changes throughout her Climacteric life.

Gender conditioning is translated through overload (in our study) to know its index and how it influences the quality and development of the life of climacteric women when they have to face double and triple working hours (this last if she is a community leader) feel overloaded, by daily work inside and outside the home, fulfilling multiple roles, it is then when we talk about gender overload, which leaves no time or space for their care.

Authors such as Fernández and Navarro [23] found in their study that gender overload contributed a high percentage (42.6%), other studies such as Gueimon de in Matanzas, reported 50%, Rivas with 57% and Oramas in the Mártires del Corynthia Polyclinic, with 68% [24-26].

All these previous studies coincided with our research where the gender conditioning index yields an overload with a score of more than 5, for 76.7% of the women studied, behaving similarly for both medical offices 10 (78.2%) and 11 (75.3%).

Based on statistical data, the UNAM General Gender Survey shows important information in Mexico, where traditional stereotypes towards women in maternity and caring for others continue to prevail, while men continue to be perceived with the I work strength, courage, being a provider, macho and womanizer, violent. And that among the disadvantages of being a woman are: the question of discrimination, inequality and what is thought of our biology [27,28].

Personal satisfaction in middle-aged women can acquire a particular expression at the midpoint of life, at which time the meaning of life is reconsidered, their own values and those of significant persons are reviewed, frequently the subjects question themselves that they have achieved in the different spheres of personal fulfillment and value their successes and errors based on their level of aspirations. This is a process of revaluing one's life, which psychology texts describe as the second identity crisis [29].

The satisfaction of the human being with what surrounds him is determined by the way in which he perceives himself; in this sense, 92.8% are satisfied with themselves. With their personal relationships, satisfaction is 91.4%, with affective relationships it is 86.2% and with sexual relations, 88.1%. In all cases, men surpass women in satisfaction [30]. Coinciding with our study, since in relation to personal satisfaction in the women in this investigation, 60.7% were present, that is, they felt satisfied with CM 10 and 11 (67.4% and 55.4% respectively); self-esteem behaved low 52.9%, coinciding individually in both CM 10 55.9% and 50.7% for CM 11. On the other hand, the perception of the health of these females in general was favorable for 66.1% (CM 10-70.6%; CM 11-62.7%), like the life project where it was present in 182 women for 61.1%, coincidentally coincide with those of the university level of education.

Other authors suggest that the personal aspects that provide the most satisfaction in life are the abilities that one has to carry out life activities, both for men and women, and the minor ones are: time dedicated to rest and, time and quality of restful sleep. Since time immemorial, the quality of life has been a concern and interest in research.

The importance of research on the quality of life based on the conditions of existence and its evolution, is that the effect of time and the intensity in which specific conditions have been acting on the health of the community or the individual can be assessed, whether they are favorable or unfavorable, and this importance increases if it is understood that the psychobiological reaction and man's ability to adapt to an isolated or systematic event, intense but brief, or moderate and constant, are different [31].

In its broadest conception, the quality of life is influenced by social determinants, factors such as: employment, housing, access to public services, communications, urbanization, crime, environmental pollution and others, which make up the social environment in which it is born, this woman develops, therefore, it positively influences her development throughout her life [32].

In our study we found that the quality of life in the women surveyed was medium, that is, 50.8%, behaving almost the same between the females of both Clinics, CM 10- 52.8% and CM 11- 49.4%.

Other authors state that the quality of life related to health is of great importance since it is the way in which the person or a group of people perceive their physical and mental health over time [33,34].

In the reviewed literature it is observed that the social and physical dimension influence the quality of life in this population segment, since it receives the negative influence of factors such as: social support (employment, housing, access to public services, communication, urbanization), personal relationships, daily activity, work capacity, drug dependency, non-productive rest, all influence the development capacity of this woman in society [35,36].

Satisfaction with life decreases with age can be explained from different aspects. Turning to over-satisfaction, it should be mentioned that satisfaction and the judgments about it made by people can be understood based on three aspects: quality of life, which is expected to be lower in older people, to the extent that they present worse health; the expectations and aspirations, higher among the youngest; and achievements. With the passing of the years, a series of changes associated with the aging of the organism are manifested that make the person manifest a lower degree of health, there is an increase in all kinds of conditions, health problems are increasing and more serious, this being the result of the passing of the years and accelerated symptoms and ailments due to unhealthy behaviors carried out for many years. years of life, such as drinking, smoking, overweight and lack of physical activity, it is for all these reasons that older subjects are the ones with poorer health, and therefore satisfaction with it is also lower [37,38].

Gender roles and stereotypes are at the base of the unequal distribution of unpaid domestic and care work, the heavy and unequal responsibilities assigned to women are explained (in addition to the lack of service infrastructure, domestic technology and care services) by social norms based on ways of being and acting that are established based on the sex of the people and the constructions and expectations of gender around them, which are discriminatory against women.

Measuring feelings can be very subjective, but it is a useful complement to more objective data when comparing the quality of life in different countries. These subjective data make it possible to incorporate a personal assessment of an individual's health, education, income, personal satisfaction, and social conditions. Surveys are a more useful instrument to measure life satisfaction and happiness [39,40].

My Considerations

Social satisfaction is viewed from the perceptions, concerns and support received by the family as the primary social support network that provides moral support to the adult to face the different situations of daily life and with the moral support provided by the support network. secondary constituted by friends and finally the social support provided by social, community, health or political organization groups that provide accompaniment to the adult in the city. The quality of life has been operated in the area of physical health, psychological state, level of independence, social relationships, personal beliefs, and its relationship with the most outstanding characteristics of the environment. Both personal satisfaction and quality of life are directly and intimately related, which one leads to the well-being of the other and vice versa.

Conclusions

- The middle-aged women in our study, the age group that predominated was 45 - 49 years with a percentage of 27.1%; white-skinned women (37.3%), university level women (61.6%), marital status married or stable union 50.6% and workers outside the home for 67.8%.

- There was gender overload in the group of women studied of 226 females for 76.7%.
- Middle-aged women showed a tendency to present or satisfied personal satisfaction (60.7%), according to the categories: low self-esteem 52.9%; present life project 61.7%; perception of health 66.1%; leaving for last the couple relationship that was unfavorable 62.0%.
- The quality of life of middle-aged women behaved as median for 50.8%.

Recommendations

- Design educational interventions and work with the family by the health professional, aimed at this group of people, which leads to an increase in their life satisfaction.
- Interventions that must be planned and carried out even before retirement itself and that must indisputably be associated with the promotion of activities that lead to increasing or at least maintaining a degree of expectations and aspirations in life that is important enough to be busy at work. achievement of them.
- Review of social policies aimed at the elderly, whose objective is to increase the quality of life with the consequent increase in their satisfaction.

Bibliography

1. Pan American Health Organization. Gender and Health Office (2021).
2. Pan American Health Organization. Gender Equality in Health. –PAHO/WHO (2021).
3. Global Health Estimates 2016: Life expectancy, 200-2016 (2018).
4. Nunez DC and Mendez CD. "Sociopsychological aspects of the climacteric and menopause". *Median* (2014).
5. Guerra Macedo C. Gender and Health in the Americas PAHO/WHO. Washington DC: PAHO (2001).
6. Bennett S., *et al*. Discriminant properties of commonly used quality of life measures in heart failure 11.4 (2002): 349-359.
7. WHO: life expectancy of women is higher than that of men. WHO (2018).
8. Artiles Visbal L., *et al*. "Climacteric and Menopause. A social approach". Havana: Technical Scientific Edition (2007): 58-65.
9. Lugones Botell., *et al*. "Biological and social factors in the middle-aged woman". *Experience in Primary Care* (2005).
10. Lugones Bottle Miguel and Navarro Despaigne Daysi. "Biological and social factors in the middle-aged woman". Experience in primary care. Original Contributions (2005).
11. Madrazo Mosa and Isabel de la C. "Quality of life in middle-aged female workers. International Health Center. The Prairie". Thesis to opt for the title of Master in Research in Climacteric and Menopause (2018).
12. Labanino J Machado. "Climacteric, gender conditioning and its association with living conditions in middle-aged women". "Puentes Grandes" Polyclinic. 2015. Thesis (master's degree) Manuel Fajardo Faculty of Medical Sciences (2016).
13. Maure Barcia J. "Model of care for climacteric women. Its implementation at the primary health level". Thesis (master's degree) Manuel Fajardo Faculty of Medical Sciences (2016).

14. Santos Gonzalez Claudia. "Quality of life of women victims of gender violence". Faculty of Education and Social Work University of Valladolid (2016).

15. Lugones Botell Miguel. "Characterization of women in the climacteric stage (II)". MGI Magazine 34.4 34 (2018): 4.

16. Fuentes Garmendia Charity. "Climacteric and morbidity in middle-aged women. Master's Thesis in Climacteric and Menopause". UVS Fajado (2021).

17. Artiles VL. "Incorporating a Gender Perspective into Cuba`s Health System: realities and Challenges". *Medic Review* (2012).

18. Hernández Naranjo Y. "Population aging in Cuba. Unreto". Espirituana Medical Gazette Univ. Medical Sciences. Sancti Spiritus (2015).

19. Perez Alvarez and Adolfo Luis. "The woman: her conception and education in the Middle Ages". *Diary* 16 (2021).

20. Plotz JS. "Gender gap developments in tertiary education: a cross-country time-series analysis on European level" (2017).

21. INEGI. General Population and Housing Census Interactive data consultation". SNIEG. Information of National interest (2020).

22. United Nations Educational, Scientific and Cultural Organization. UNESCO Women in higher education: has the female advantage put an end to gender inequalities (2021).

23. Guerra Macedo C. Gender and Health in the Americas PAHO/WHO Washington DC: PAHO (2001).

24. Oramas L., *et al*. "Gender overload associated with cardiovascular risk in supposedly healthy middle-aged women from the¨Mártires del Corynthia¨ polyclinic". *Revista Cubana de Obstetricia y Ginecologia* (2017).

25. Oramas L., *et al*. "Gender overload associated with cardiovascular risk in supposedly healthy middle-aged women from the "Mártires del Corynthia " polyclinic". *Revista Cubana de Obstetricia y Ginecologia* (2017).

26. Castaneda IE. "Construction of synthetic indicators to measure gender differences in the Cuban social context". Havana: University Editorial (2012).

27. Fariñas L. "Smoking, a communicable disease?". Havana: Granma Digital (2016).

28. Jimbo Yepez LA., *et al*. "Clinical, psychological and sexual manifestations in a group of women in the climacteric and menopause". *Pinewood of the River* (2017).

29. González CLT., *et al*. "Risk factors for low quality of life in women with climacteric in the Plaza de la Revolución Municipality of Havana". *Cuba Architecture Middle Family* 21.1 (2019).

30. Idescat. "Average age at first marriage Catalonia and Spain. 1991 -2020". Annual indicators. Demographics: society, households, family and marriage (2021).

31. Cardona Doris and Agudelo Héctor B. "Personal Satisfaction as a component of the Quality of Life of adults in Medellín". *The Annual Review of Public Health* (2007).

32. Sanchez Segura Martha Lucia. "Quality of life of Colombian women. National university of Colombia". *Faculty of Economic Sciences* (2016).

33. Nassbaum Martha and Sen Amartya. The Quality of Life, Oxford: Clarendon Press (1993).

34. Quilano Navarro and Monica Roxana. Healthy behaviors to improve the quality of life of climacteric women in the urban area of the Huancayo district (2015).

35. Carmen Ángel Parra., *et al*. "Rosa Soler García. Does a woman's quality of life change after a hysterectomy?" *Science* (2017).

36. Yanes Calderon Margeris., *et al*. "Personal satisfaction of the middle-aged woman and its relationship with other factors of daily life". *Revista Cubana de Obstetricia y Ginecologia* (2012): 38.2 .

37. WHO – World Health Report (2021).

38. Climacteric and Menopause. Latin American Federation of Obstetrics and Gynecology Societies. (FLASOG) (2016).

39. Jeronicala Fell Self-satisfaction and Fulfillment are based on your Wheel of Life (2021).

40. Better Life. Your index for a Better Life (2021).

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