The attitudes of menopausal women and their spouses towards menopause

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Summary

Objective: Menopausal experience and symptom reporting of the women was reported to be affected by their attitudes to menopause which in turn is influenced by a range of variables. In this study, we primarily tried to investigate the attitudes of women and their spouses towards menopause. The other aim of the current study was to investigate the relationship between menopausal attitudes and menopausal symptom experience, depression and anxiety scores of the participants. *Method:* The sample included 60 physiological menopausal women and their spouses. Socio-demographic data were obtained with a questionnaire. The menopausal symptoms were measured through the Menopausal Rating Scale (MRS). The women and their spouses were administered the Attitudes Towards Menopause Scale (ATMS), Beck Depression Inventory (BDI), and Beck Anxiety Inventory (BAI). *Results:* Both the menopausal women and their spouses had a positive attitude towards menopause. The women had a mean total score of 16.36 ± 7.62 on MRS (moderate). The mean somatic, psychological and urogenital sub-scores of MRS were 6.43 ± 3.23 (moderate), 5.97 ± 3.33 (moderate), and 3.93 ± 2.77 (moderate), respectively. There were no significant differences in BDI scores between the women and their spouses. However, the scores of BAI were more likely to be higher in women than their spouses ($p < 0.0001$). The current study revealed a significant positive correlation between MRS scores and BAI and BDI scores of the women. A significant negative correlation was found with the scores of ATMS, and scores of MRS in women. The scores of ATMS in men were significantly and negatively correlated with the total, somatic, and urogenital subscale scores of MRS in women. *Conclusion:* The main finding of this study was that both the menopausal women and their spouses had a positive attitude towards menopause. We also found that, the women who had more negative attitudes towards menopause reported more severe menopausal symptoms. Our results also demonstrated that the severity of menopausal complaints might be related to the attitudes of the husbands towards menopause.

Key words: Menopause; Attitude; Woman; Spouse.

Introduction

Menopause is a process that is accompanied by biologic and psychological changes that affect a woman's health and sense of well-being. The menopausal symptoms with hot flushes, perspiration, headaches, irritability, insomnia, sleeping disorders, sexual dysfunction, elevated body mass index (BMI), depression and difficult partner relationships may also contribute to worsening female general and mental health status [1].

For the women, a considerable effort might be required to cope with menopausal symptoms, fear of aging, several social and family problems, and to prepare herself for this new period. Psychological alterations during the menopausal period are related to individual, cultural, social or demographic factors [2]. These kinds of alterations might affect the women at different levels and impair the quality of life.

Conflicting results have been reported about the attitudes of the women towards menopause [3-6]. However, there are not sufficient studies which examine the attitudes of the husbands towards menopause of their spouses [7].

Therefore, in this study, we primarily tried to investigate the attitudes of the women and their spouses towards menopause. The other aim of the current study was to investigate the relationship between menopausal attitudes and, menopausal symptom experience, depression and anxiety scores of participants.

Material and Method

Subjects

This was a descriptive cross-sectional study which was conducted between January 2009 and September 2009. From the 360 women who were registered at the outpatient service, Department of Obstetrics and Gynecology, Adnan Menderes University Hospital, Turkey, 60 menopausal women agreed to participate in the study.

All participants were administered a semi-structured questionnaire designed to assess individual and family demographics, menstrual status, and Menopausal Rating Scale (MRS). The Attitudes Towards Menopause Scale (ATMS), Beck Depression Inventory (BDI) and the Beck Anxiety Inventory (BAI) were administered to all women participating in the study and their spouses. Trained interviewers administered the questionnaires after the consent of the participants had been obtained. Women with a history of surgical menopause, any major psychiatric disorders such as schizophrenia, bipolar disorder and substance use disorder, neurological disorder, head injury, and serious medical condition were excluded from the study. This study was approved by the local ethics committee.

Revised manuscript accepted for publication September 20, 2010

Attitudes Towards Menopause Scale (ATMS)

The ATMS developed by Neugarten and associates [8] and revised by Patsdaughter [9] was used to measure attitudes toward menopause. ATMS which is a Likert-type scale, assesses women's attitudes toward menopause regarding negative effects, sexuality, psychological losses, postmenopausal recovery, and extent of continuity, control of symptoms, and unpredictability. The validity and reliability of the Turkish version was studied by Uçanok in 1994 [10]; the Cronbach alpha for the Turkish version was 0.86 and the Cronbach value for this study was 0.79. The ATMS consisted of two positive and 18 negative items designed in the form of Likert of 5. For positive items, "I definitely do not agree" answer scored 0 point, "I do not agree" scored 1 point, "I am not sure" scored 2 points, "I agree" scored 3 points and "I definitely agree" scored 4 points. For negative items, the reverse was valid. The lowest score of the scale is 0 and the highest score is 80. The low scores indicate negative attitudes. The cut-off point of the scale was 40. High scores indicated positive attitudes [10].

Menopause Rating Scale (MRS)

Assessment of menopausal symptomatology was accomplished using the Turkish version of the MRS which is a menopause-specific, health-related, quality-of-life instrument. The MRS consists of 11 items assessing menopausal symptoms. The MRS consists of three subscales: (1) somatic: hot flushes, heart discomfort, muscle and joint problems and sleeping problems; (2) psychological: depressive mood, anxiety and physical and mental exhaustion, irritability, and (3) urogenital: sexual problems, dryness of the vagina and bladder problems. MRS uses a 5-point rating scale which allows the perceived severity of complaints of each item to be assessed (severity 0 [no complaints] – 4 scoring points [very severe symptoms]) by checking the appropriate box. The composite scores for each of the dimensions (subscales) are the sum of the scores of the items of the respective dimensions. The total score is the sum of the scores from each sub-scale [11-13].

Beck Depression Inventory (BDI)

Physical, emotional, cognitive symptoms appearing in depression were assessed. BDI is a self-assessment scale that assesses 21 signs. The highest score is 63. The higher score indicates the severity of depression. BDI was developed by Beck and colleagues [14] and the validity and reliability of the Turkish version was studied by Hisli [15].

Beck Anxiety Inventory (BAI)

Anxiety symptoms experienced by individuals were measured. BAI is a self-assessment instrument composed of 21 items assessing anxiety symptoms with a Likert-type scale. The higher score indicates the severity of depression BAI was developed by Beck and colleagues [16] and the validity and reliability of the Turkish version was studied by Ulusoy *et al*. [17].

Data Analysis

Statistical analysis was performed using the Statistical Package for Social Sciences (SPSS Inc., Chicago, IL, USA), version 11.5. Descriptive characteristics such as frequency and summary characteristics were calculated for variables of interest. Continuous variables were compared using the Student's t-test. Differences between categorical variables were analyzed using the chi-square test and Fisher's exact test. Pearson's correlation test was used to determine the relation between variables and a level of $p < 0.05$ was considered statistically significant.

Results

The mean marriage duration of the couples was 28.55 ± 6.60 years. The main characteristics of the participants are presented in Tables 1 and 2. The mean total, somatic, psychological, and urogenital subscale scores of MRS among menopausal women were 16.36 ± 7.62 (moderate), 6.43 ± 3.23 (moderate), 5.97 ± 3.33 (moderate), and 3.93 ± 2.77 (moderate), respectively (Table 3).

The mean scores of ATMS did not differ significantly between the spouses. Similarly, severity of depressive symptoms (BDI scores) was not significantly different between menopausal women and their husbands. The severity of anxiety (BAI scores) was more likely to be higher in women than in husbands ($p < 0.0001$). The ATMS, BAI and BDI scores of the subjects are presented in Table 4.

We found no significant correlations in women between the scores of ATMS and the scores of of BDI (r = -0.11, p = 0.41) and BAI (r = -0.19, $p = 0.17$). We did find significant positive correlations between the total scores of MRS and the scores of BDI (r = 0.45, p = 0.001), and BAI (r = 0.69, $p < 0.0001$) (Table 5). Similarly, the psychological subscale scores of MRS were significantly correlated with the scores of BDI (r = 0.41, p

Table 1. — *Characteristics of women (n = 60).*

Age (years) mean ± SD	50.20 ± 5.15
Educational level (year)	7.97 ± 3.40
Family type n (%)	
Nuclear family	56 (93.3%)
Extended family	4 (6.7%)
Employment status n (%)	
Retired or employed	24 (40%)
Unemployed	36 (60%)

Data is mean ± SD, or number of patients.

Table 2. — *Characteristics of men (n = 60).*

Age (years) mean ± SD	53.70±5.40
Educational level (year)	9.76±3.52
Family type n (%)	
Nuclear family	56 (93.3%)
Extended family	4 (6.7%)
Employment status n (%)	
Retired or employed	60 (100%)

Data is mean ± SD, or number of patients.

Table 3. — *Menopausal rating scale (MRS) scores of the women (mean ± SD).*

Total MRS score	16.30 ± 7.62
Somatic subscale MRS score	6.43 ± 3.25
Psychological subscale MRS score	5.97 ± 3.33
Urogenital subscale MRS score	3.93 ± 2.77

Table 4. — *Attitudes Towards Menopause Scale (ATMS), Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) scores of the participants.*

	Women	Men	*p* value
ATM	44.11 ± 12.66	42.43 ± 10.94	0.48
BDI	9.16 ± 7.03	7.13 ± 5.43	0.10
BAI	15.14 ± 9.98	6.20 ± 5.24	< 0.001

Table 5. — *Correlation analysis of MRS scores and ATMS, BAI and BDI scores*.

MRS scores	ATMS scores of women	ATMS scores of men	BAI scores	BDI scores
Total MRS score	r = -0.42	r = -0.30	r = 0.69	r = 0.45
	p = 0.002	p = 0.02	p < 0.0001	p = 0.001
Somatic subscale	r = -0.49	r = -0.27	r = 0.62	r = 0.31
MRS score	p < 0.0001	p = 0.04	p < 0.0001	p = 0.02
Psychological	r = -0.30	NS	r = 0.65	r = 0.41
subscale MRS	p = 0.02		p < 0.0001	p = 0.002
score				
Urogenital subscale	r = -0.33	r = -0.32	r = 0.39	r = 0.37
MRS score	p = 0.015	p = 0.018	p = 0.004	p = 0.007

[a] Spearman correlation analysis was used, $p < 0.05$ (significant difference).
ATMS: Attitudes Towards Menopause Scale, BDI: Beck Depression Inventory, BAI: Beck Anxiety Inventory.

= 0.002) and BAI (r = 0.65, $p < 0.0001$) (Table 5). There were also significant positive correlations between somatic subscale scores of MRS and the scores of BDI (r = 0.31, $p = 0.02$), and BAI (r = 0.62, $p < 0.0001$) (Table 5). The urogenital subscale scores of MRS were found to be significantly correlated with the scores of BDI (r = 0.37, $p = 0.007$), and BAI (r = 0.39, $p = 0.004$) (Table 5). A negative correlation was found with ATMS scores, and the total (r = -0.42, $p = 0.002$), somatic (r = -0.49, $p < 0.0001$), urogenital subscale scores of MRS (r = -0.33, p = 0.015) and psychological subscale scores of MRS (r = -0.30 $p = 0.02$ (Table 5).

Our results demonstrated that the severity of menopausal complaints might be related to the attitudes of the husbands towards menopause. The scores of ATMS in men were negatively correlated with the total (r = -0.30, $p = 0.02$), somatic (r = -0.27, $p = 0.04$), and urogenital (r = -0.32, $p = 0.018$) subscale scores of MRS in women (Table 5).

Discussion

There are very few studies on the attitudes of couples towards menopause as population-based research. Hence, our primary goal was to examine the attitudes of menopausal women and their spouses towards menopause. For the women menopause means several somatic and psychic alterations for the rest of life. Women are subject to many stressors (i.e., family, social, work, health-related, economic and sexual) in the peri- and postmenopausal years [18]. It was reported that Turkish women experience menopausal complaints more severely and frequently than Asian and other Muslim women [19]. In our study, the women experienced menopausal complaints moderately, in general. Similarly, the somatic, psychological, and urogenital complaints related to menopause were experienced at moderate levels.

Anxiety and depression were the most common psychiatric disorders during the menopause period. Other factors including daily stressors, health-related issues, and social support may also contribute to the development of depressive symptoms at menopause. In our sample, we found that the severity of depression did not differ between the spouses. However, the women seemed to be more anxious than their husbands. The positive correlations between the total and subscale scores of MRS, and depression or anxiety scores indicated that the menopausal complaints were related to emotional distress among the women.

Some of the previous studies comparing Asian and Western women in terms of beliefs and attitudes about menopause demonstrated that Asian women experienced this period more positively and confidentially, while Western women evaluated menopause as a sign of aging and loss of libido, power, or beauty [4]. An Iranian study compared rural and urban menopausal women, and reported that the women who live in urban regions had more positive attitudes towards menopause. Hence, the authors concluded that the urban women in Iran were already under the influences of Asian culture [20]. Similarly, we found that the women in our sample with mostly the features of Asian and Anatolian cultures have shown positive attitudes towards menopause. This finding is in accordance with most previous studies [21-25], while a negative attitude towards menopause was reported in a similar sample [26]. In this study, it was also found that the husbands had positive attitudes towards the menopause of their wives. In a previous study, it was reported that 36.44% of Nigerian men were happy about the menopause of their spouses [27].

Menopause experiences vary between different cultures. Cultural attitudes determine how women interpret the physical sensations of menopause and their interpretation of menopause as a life event. When evaluating women during this period of life, psychological, social and cultural factors should be considered. Bowles [28] suggested that the attitudes of individuals toward menopause were determined by the beliefs, expectations, and socio-cultural perspectives of the society, and that personal attitudes regarding menopause that had developed and been influenced by the society also affected the lifestyle in the menopausal period. Cultural values, beliefs, and attitudes about life can have a negative or positive effect on life in the menopausal period. It was reported that symptoms related to menopause were a combination of physical changes, cultural effects and individual perceptions. In many cultures several factors such as sexuality, women's roles in the society, gender-specific stress and aging are closely related to the physical and symbolic meaning of menopause. Numerous factors including menopausal status, social background, education, physical and emotional health may shape women's attitudes towards menopause [29]. As is well known today, socio-cultural factors can alter women's attitudes and experience of menopausal symptoms. Menopausal symptoms are found less common in communities where menopause is not viewed as negative event. This cultural aspect of menopausal symptoms have been described in a number of studies among African and Asian women, including Japanese and Chinese women [30]. For instance, in Africa the attitudes of the women

are primarily influenced by the number of their children. Since the women and their spouses felt free themselves from using several contraceptive methods, they evaluated the menopause as a way of comfort. In contrast, menopause may lead to depression among women not having any children. In Africa, menopause is seen a gift for the women since they can obtain an equal status with the men [31, 32].

In our study, we tried to assess the relationship between ATMS and several scales related to menopause. We found that total urological, psychological and somatic subscale scores of MRS were negatively correlated with the scores of attitudes, and primarily the somatic component of menopausal complaints had a negative impact on the attitude of the women towards menopause. Our findings are in accordance with some of the previous studies which suggest that menopausal complaints might negatively affect the attitudes of the women towards menopause [4, 21, 33]. In contrast, some of the earlier studies failed to find a significant relationship between menopausal complaints and attitudes towards menopause [34].

We found that the severity of menopausal complaints of the women (total MRS score) were negatively correlated with the husbands' attitudes towards menopause. Another important finding of this study, somatic and urogenital complaints related to menopause were also associated with the husbands' negative attitude towards menopause. However, surprisingly the psychological complaints did not correlate with attitude of the husbands towards menopause. The relationship of urogenital complaints with sexual problems may be an explanation for this finding among husbands. Previous studies demonstrated that sexual life was negatively affected during the menopausal period for both women and their husbands [35].

In conclusion, our findings demonstrated that both the attitudes of menopausal women and spouses towards menopause were positive. We also found that women who had more negative attitudes towards menopause reported more severe menopausal symptoms. Our results also demonstrated that the severity of menopausal complaints might be related to the attitudes of the husbands towards menopause.

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