

Women's Attitudes Towards Menopause and Influencing Factors

Kadınların Menopoza Karşı Tutumları ve Etkileyen Faktörler

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ABSTRACT Objective: To determine women's attitudes towards menopause and some influencing factors. **Material and Methods:** The research sample comprised 42 women who lived in neighborhoods registered in a Primary Health Center in Ankara, determined by a stratified cluster systematic random sampling method. The data were collected using a questionnaire form and the Neugarten and Kraines Attitudes towards Menopause Scale Turkish version with validity and reliability studied by Uçanok on Turkish women. The data were analyzed using Chi square and Tukey tests. **Results:** Half of the women (50.0%) were in the premenopausal period, 4.8% in the menopausal period and 45.2% in the postmenopausal period. Overall 64.3% of the women did not seek medical help and did not have knowledge on medical therapy. The rate of women using any therapy was 7.1%. Almost half of the participants defined menopause as "problematic". However, the mean score of women (61.80 ± 10.12) suggested a positive attitude towards menopause. Educational levels ($p=0.012$) and employment ($p=0.011$) significantly correlated with attitude towards menopause and so was social withdrawal ($p=0.020$) and vaginal itching ($p=0.005$). **Conclusions:** This study suggested that overall women had positive attitudes toward menopause. Half of the women considered menopause problematic. Socio-demographic and reproductive factors related to attitudes towards menopause were education and employment status. This study provided a different point of view for menopause in a cross-section of the Turkish population. Further studies may provide information that is more detailed on the relationship between attitudes and some variables in different regions with similar sample groups. Women should be empowered with education and counseling on menopausal life periods from childhood to perimenopausal ages.

Key Words: Attitude; menopause; women's health; community health nursing; transcultural nursing; nursing

ÖZET Amaç: Kadınların menopoza karşı tutumlarını ve etkileyen faktörleri incelemek amacıyla yapılmış bir çalışmadır. **Gereç ve Yöntemler:** Çalışmanın yapılacağı yer, Ankara Büyükşehir Belediyesi'nin nüfusları bilindiği için, iki aşamalı tabakalı sistematik küme örnekleme yöntemi ile belirlenmiştir. Bu yöntemle göre ilk aşamada Ankara Büyükşehir Belediyesi sınırları içinde bulunan 8 ilçeden büyüklüğe oransal seçim yöntemi ile Çankaya ilçesi seçilmiş, ilçede bulunan toplam 10 sağlık ocağı bölgesinden basit rastgele yöntemi kullanılarak 1 sağlık ocağı bölgesi çalışmanın yapılacağı yer olarak belirlenmiştir. Bu ilçenin sağlık ocağı bölgesinde bulunan 6 mahalleden büyüklüğe oransal seçim yöntemi ile belirlenen nüfus oranlarına göre 1 mahalle ikinci aşama küme olarak ele alınmıştır. Sağlık ocağında bulunan Ev Halkı Tespit Fişleri'nde bu mahallede kayıtlı, 45-60 yaş grubu 338 kadın evren olarak formüle yerleştirilmiş ve 42 sayısına ulaşılmıştır. Veriler, 62 sorudan oluşan bir anket formu ile Neugarten ve Kraines'in menopoza ilişkin tutum ölçeğinin, geçerlik ve güvenilirlik çalışması Uçanok tarafından yapılan Türkçe formu kullanılarak, görüşme metodu ile toplanmıştır. Veriler, Pearson ki-kare, tek yönlü ANOVA ve Tukey testi ve Pearson korelasyon analizi ile değerlendirilmiştir. **Bulgular:** Kadınların %50'si premenopozal, %4.8'i menopozal ve %45.2'si postmenopozal dönemdedi. Kadınların %64.3'ünün menopozda tıbbi tedavi konusunda bilgisinin bulunmadığı ve %7.1'inin herhangi bir tedavi kullandıkları görüldü. Kadınların hemen hemen yarısı menopoza "problemli" olarak tanımladı. Bununla birlikte tutum ölçeğinden aldıkları ortalama puanları (61.80 ± 10.12) kadınların menopoza karşı "pozitif" tutum içinde olduklarını göstermekteydi. Menopoza karşı tutum ile eğitim durumları ($p=0.012$) ve çalışma durumları ($p=0.011$) arasında istatistiksel olarak anlamlı bir ilişki olduğu saptandı. Ayrıca, vajinal kaşıntı ($p=0.005$) ve içe kapanık olma ($p=0.020$) durumu ile de menopoza karşı tutum arasında anlamlı ilişki bulundu. **Sonuç:** Bu çalışmada, kadınların menopoza ilişkin pozitif tutumlara sahip olduğu bulunmuştur. Kadınların yarısı menopoza problemli olarak tanımlanmıştır. Kadınların eğitim ve çalışma durumu menopoza ilişkin tutum puanını etkilemektedir. Menopoza ilişkin tutumu ortaya koymak amacıyla farklı bölgelerde benzer gruplarla detaylı kesitsel çalışmalar yapılması önerilmektedir. Kadınlarımızın menopozal tutumlarının bilinmesi amacıyla, kadın çocukluktan menopoza değin eğitilerek ve danışmanlık verilerle güçlendirilmesini sağlayacaktır.

Anahtar Kelimeler: Tutum; menopoz; kadın sağlığı; toplum sağlığı hemşireliği; transkültürel hemşirelik; hemşirelik

With a longer life expectancy for women, the menopausal and postmenopausal periods of life currently account for one third of the total life-span.¹⁻³ The menopausal period is characterized by problems with menopausal symptoms due to estrogen deficiency, such as osteoporosis and urogenital symptoms.³ Physiologic problems in addition to psychosocial changes significantly affect women's lives. Consequently, menopause experience is variable different cultures. Cultural attitudes determine how women interpret the physical sensations of menopause and their interpretation of menopause as a life event⁴. When evaluating women during this period of life, psychological, social and cultural factors should be considered.^{4,5}

Bowles suggested that the attitudes of individuals for menopause were determined by the beliefs, expectations and sociocultural perspectives of the society, and that personal attitudes for menopause that had developed and been influenced by the society also affected lifestyle in the menopausal period.⁶ Based on this opinion, it is possible to say that cultural values, beliefs and attitudes about life in the menopausal period can have a negative or positive effect on life in the menopausal period. Robinson reported that symptoms related to menopause were a combination of physical changes, cultural effects and individual perceptions.⁷ In many cultures topics such as sexuality, women's roles in society, gender specific stress and aging are closely related to the physical and symbolic meaning of menopause.⁸ According to Dickson, changes that are experienced in the menopausal period are similar to those in the adolescent period.⁹ In this period, there are role and identity changes that occur together with individual physical complaints. These changes are considered problems tied to a normal and expected period of transition and women in this period need to be supported.⁹ Women' positive or negative attitude towards menopause might influence the use of effective psychosocial life. While offering women various treatment options to improve their quality of life, it is also important to know their attitudes and feelings during the menopausal pe-

riod, the symptoms they experience and what factors have influenced them.

Thus, the period of menopause is considered from three different perspectives in the modern literature based on the differences between cultures and feminist movements⁴: Biomedical approach, psychiatric approach and a normal stage approach. At the basis of the *biomedical approach* is based on the understanding of definite "prevention" of health problems caused by estrogen loss, "by postponing, increasing quality of life" and "treatment." This approach is based on results of from more recent medical research.

Psychiatric approach, similar to the biomedical approach, focuses on the effect of life events in middle-aged women, such as children leaving home, defined as the "empty nest syndrome," and loss of someone close, such as a parent, spouse or friend with the decrease in estrogen hormone and its stimulation as laying the foundation for psychiatric illnesses. A *normal stage approach* is based on research findings that women in the Far East and Asia experience fewer symptoms in the menopause process and feminist studies suggest that this period needs to be left to take its course and that there is no need for medical interventions. In Turkey, healthcare workers tend to select the "medical approach" for menopause and medical aspects of the issue are more commonly studied. Although numerous studies have been undertaken to investigate primarily provision and accessibility of services, there are very few studies on the attitudes towards menopause as population based research.

OBJECTIVE

To determine attitudes towards menopause and some influencing factors in a population.

MATERIAL AND METHODS

STUDY POPULATION

Setting was determined by two phases of stratified cluster systematic random sampling in Ankara. In the first phase, Çankaya district was chosen as the sampling site among the eight districts in the Ankara province using the proportional to size selec-

tion method. One public health clinic was selected from the 10 public health clinics located in this municipality using a simple probability method. Then according to the known populations, the neighborhood was chosen from the six neighborhoods in this region using the proportional to size selection method and in the second phase, it was accepted as a cluster. The total of 338 women in the 45-60 years old age group who were registered on the Public Health Recording Forms in the health clinic was the study population.

SAMPLE SIZE

The sample size was calculated using the formula: $n = Nt^2pq/[d^2(N-1)+t^2pq]$. From the 338 women aged 45-60 years who were registered on Public Health Recording Cards in the health clinic 42 were recruited to the study based on the universal formula.

DATA COLLECTION AND BACKGROUND

The data were collected by face-to-face interviews with women at their homes using a questionnaire form and Neugarten and Kraines's Attitudes Towards Menopause Scale Turkish version with validity and reliability studied by Uçanok on Turkish women.¹

THE ATTITUDE SCALE TOOL

The Attitudes toward Menopause Scale developed by Neugarten and associates (1963) and revised by Patsdaughter (1989) was used to measure attitudes toward menopause. This 28-item Likert type scale assesses women's attitudes toward menopause as regarding negative affect, postmenopausal recovery, and extent of continuity, control of symptoms, psychological losses, unpredictability, and sexuality. Items tap positive as well as negative attitudes about the menopausal experience. The validity and reliability of the Turkish version was studied by Uçanok at 1994; the Cronbach for the Turkish version was 0.86 and the Cronbach value for this study was 0.79.

The Attitudes toward Menopause Scale consisted of 2 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 cut-off point of the scale was 40. High scores indicated positive attitudes.

STATISTICAL ANALYSIS OF THE DATA

SPSS version 13.0 for Windows was used to evaluate the data, and the validity and the reliability of the Attitude towards Menopause Scale. Pearson χ^2 and One-way ANOVA test and Tukey tests and Pearson correlation analysis were used to determine significance. Rejection of the null hypothesis was set at $p < 0.05$.

ETHICAL CONSIDERATION

The Governor of the Province approved the study protocol, and participation was on a voluntary basis; thus, homes of participants were visited and face-to-face interviews were made. All participants volunteered and gave written informed consent.

LIMITATIONS

The results of this study can be generalized only for women aged 45-60 years living in the selected neighborhood. Therefore, the population of the study represented a small proportion of the community. During the research planning stage, the major goal was to reach women in the community instead of women seeking medical care in a menopause clinic. In accordance with this, we could only reach a limited number of the population considering the data collection opportunities of the three researchers.

Reports indicate that some factors may affect the attitude towards menopause and have significant correlations with attitude scores. They are age, menopausal period, educational status, menopause type, marital status, the site of residence with the longest duration (urban-rural), having offspring, menopause definition (positive-negative), knowledge about menopause, having menopausal symptoms, having multiple symptoms, having received any therapy for the symptoms and

perception on the effectiveness of therapy. However, the attitude scores in this study are accumulated on high (Table 1) it was not possible to analyze data. In conclusion, these results could not be shown in tables.

RESULTS

SOCIO-DEMOGRAPHIC AND MENOPAUSE RELATED CHARACTERISTICS, DEFINITIONS OF MENOPAUSE

This research showed that almost all (88.1%) women were unemployed and (85.7%) were married, and almost two thirds had three (38.1%) and four or more (47.6%) children (Table 2a.). Nearly half (47.6%) of the women were in the premenopausal period, half (50%) in the menopausal period and 2.4% in the postmenopausal period (Table 2b.). Overall, 66.7% of women did not have knowledge on menopause (Table 2c.).

The most common menopausal symptoms were nervousness-tension (61.9%), anxiety (57.1%), and night sweats-hot flushes (54.8%) (Table 2d). While more than half (64.3%) of the women did not seek medical help (Table 2e.), 35.7% attended to menopause clinics and 8 women used medical treatment. Only 3 women who were using any treatment knew that it was calcium supplementation and 2 women perceived that their therapy was effective (Table 2e.).

DEFINITION OF MENOPAUSE

As seen in Table 3, almost half of the women (47.6%) considered menopause “problematic”.

MENAPAUSE ATTITUDE SCORES

Menopause attitude scores: The mean score of women (61.80 ± 10.12) suggested a positive attitude towards menopause. In addition, almost all women (90.5%) received high scores from the Attitudes

Attitude score*	n= 42	
	n	%
Low (0-39)	4	9.5
High (40-80)	38	90.5

* Mean 61.80 ± 10.12.

	n= 42(%)	
	n	%
Age group		
40-44	7	16.7
45-49	17	40.5
50-54	11	26.2
55+	7	16.7
Education		
Illiterate	20	47.6
Literate/ Primary school	21	50.0
Secondary school	1	2.4
Occupation		
Employed	5	11.9
Unemployed (housewife)	37	88.1
Marital Status		
Married	36	85.7
Divorced/ widowed	5	11.9
Single	1	2.4
Number of living child		
0	1	2.4
1	1	2.4
2	4	9.5
3	16	38.1
≥ 4	20	47.6
Overall	42	100.0

Menopausal Status	n	%
Premenopause	20	47.6
Menopause	21	50.0
Postmenopause	1	2.4
Overall	42	100.0

toward Menopause tool (Table 1). These results showed that women who lived in the neighborhood chosen had positive attitudes towards menopause.

SOME FACTORS THAT AFFECT TO THE ATTITUDE TOWARDS MENOPAUSE

The menopause attitudes scores were compared for age (p= 0.120) and knowledge (p= 0.910) on menopause and their menopausal period and the difference was not significant (Table 4). These results may be attributed to the low percentage (9.5%) of women who had negative attitudes for menopause, as shown in Table 3. However, there were significant differences between the attitudes of women

TABLE 2c: Knowledge on menopause.

n= 42		
Knowledge	n	%
Knowledge status		
Yes	14	33.3
No	28	66.7
Overall	42	100.0
Source of knowledge n= 14		
TV-radio	5	35.7
Nurse	3	21.4
Doctor	3	21.4
Other	3	21.4
Contents of knowledge n= 14		
Physiologic changes	7	50.0
Health behaviour changes	5	35.7
Needs medication	8	57.1

TABLE 2d: Menopausal symptoms.

n= 42		
	N	%
Nervousness-tension	26	61.9
Anxiety	24	57.1
Night sweats-hot flashes	23	54.8
Joint-muscle pain	23	54.8
Weight gain	21	50
Headache-dizziness	19	45.2
Insomnia-tiredness	16	38.1
Urinary incontinence	15	35.7
Decrease in sexual desire-palpitations-hair loss	14	33.3
Withdrawal (not finding enjoyment/meaning in life)	14	33.3
Frequent urination	11	26.2
Skin becoming hairy/discoleored/flaky	9	21.4
Vaginal itching/burning	6	14.3
Frequent urinary tract infections	6	14.3
Dysuria	5	11.9
	4	9.5

regarding their educational level ($p= 0.012$) and their employment status ($p= 0.011$) (Table 4). This may be due to the lower educational level of the selected women.

The correlation between attitudes on menopause and social withdrawal ($p= 0.020$) and vaginal itching/burning ($p= 0.005$) was significant (Table 5). However, no significant correlation was found between attitude scores and other symptoms (nervousness-tension, discontentment, night sweats-hot flashes, joint-muscle pain, weight gain,

headache-dizziness, insomnia-tiredness, urinary incontinence, decrease in sexual desire, palpitations, hair loss, not finding enjoyment/meaning in life, frequent urination, skin becoming hairy/discoleored/flaky, frequent urinary tract infections, dysuria).

DISCUSSION

SOCIO-DEMOGRAPHIC AND MENOPAUSE RELATED CHARACTERISTICS, DEFINITIONS OF MENOPAUSE

The attitudes of women aged 45-60 years were examined in this study. Half of the women were in the menopausal and almost half were in the post-menopausal period. The majority of the women in the sample had low educational levels; in addition, more than half of the women did seek medical help.

TABLE 2e: Attendance to any health institution because of menopausal symptom.

Attendance	n	%
No	27	64.3
Yes	15	35.7
Overall	42	100.0
Any menopausal therapy n= 15		
Yes	8	53.3
No	7	46.7
Type of therapy n= 8		
Calcium	3	37.5
Hormonal therapy	4	50.0
Hormonal therapy and calcium	1	12.5
Opinions on their therapy n= 8		
It is effective	2	25.0
It is partially effective	5	62.5
It is not effective	1	12.5

TABLE 3: Women's definitions of menopause.

Definition	n= 42	
	n	%
Cessation of menstruation	30	71.4
Period with problems	20	47.6
Becoming depressed	4	9.5
Become a man	3	7.1
Ageing	3	7.1
Loss of reproductive ability	2	4.8

TABLE 4: Distribution of attitudes scores according to their some characteristics and menopausal status.

Some characteristic	Attitudes towards menopause score	Mean \pm SD	Statistics
Ages	40-44 ages (n= 7)	68.57 \pm 8.52	F= 2.074
	45-49 ages (n= 17)	61.94 \pm 10.36	df= 3 p= 0.120
	50-54 ages (n= 11)		
Educational status	Illiterate (20)	60.54 \pm 10.62	
	Primary	60.35 \pm 9.70	F= 4.964
	School (21)	36.00 \pm 8.82	df= 2 p= 0.012
	Literate (1)	64.42 \pm -	
Employment status	Unemployed (housewife) (5)	6.34 \pm 2.83	F= 7.141
	Employed (37)	9.72 \pm 1.59	df= 1 p= 0.011
Menopausal period	Premenopause (20)	63.52 \pm 11.12	F= 0.618
	Menopause (21)	58.50 \pm 2.12	df= 2 p= 0.544
	Postmenopause (1)	60.26 \pm 9.40	
Knowledge about Menopause	Know (14)	61.68 \pm 10.96	F= 0.013
	Unknow (28)	62.07 \pm 8.35	df= 1 p= 0.910

TABLE 5: Women's attitudes about menopause scores according to experience of some menopausal symptoms.

Some menopausal symptoms	Attitudes towards menopause score	Mean \pm SD	Statistics
Withdrawn (not finding enjoyment/meaning in life)	No (n= 28)	59.28 \pm 9.92	F= 535.048
	Yes (n= 12)	66.85 \pm 8.79	df= 1 p= 0.020
Vaginal itching/burning	No (n= 36)	63.55 \pm 9.29	F= 8.948
	Yes (n= 6)	51.33 \pm 3.68	df= 1 p= 0.005

The most common symptoms in this study in order of appearance were nervousness-tension, anxiety and night sweats-hot flushes. Tortumluoğlu listed the most common symptoms in different regions of Turkey as joint-muscle pain (77-83%), night sweats-hot flushes (73-87%), insomnia-tiredness (71-82%), nervousness-tension (71-78%) and headache-dizziness (62-73.6%).¹⁰

DEFINITION OF MENOPAUSE

Certain studies in Turkey showed that the Turkish women mostly perceived menopause as a "loss". A study examining the knowledge and opinions on menopause of Turkish and German women living in Berlin revealed that menopause was perceived as a normal life period; the symptoms of Turkish women were less than those of German women but they knew noticeably less about health risks related to menopause.¹¹

In this study, nearly half of the women defined menopause as a problem. In a study by Uncu et

al 37.8% of women perceived menopause as a natural phenomenon and explained that it was just a normal stage in life, whereas 62.2% described menopause as evidence of getting old and a problematic pathological period.¹²

The negative thoughts attributed to menopause among Turkish women were the loss of the respected motherhood role, loss of marriage relationships and feminine attraction, body posture changes, loss of physical power and the perception that menopause was the end of sexual life and fertility.^{1,5,8,13}

MENOPAUSE ATTITUDE SCORES

In this study, almost half of the women considered menopause problematic. However, the mean score of women suggested a positive attitude towards menopause. Although almost half of the women accepted menopause as a problem, the high mean scores for attitudes toward menopause seemed to be related to sociocultural differences, which is in accordance with the results in the literature sug-

gesting that generally most women perceived menopause as to get out of or a natural situation and few women displayed negative attitudes.⁴ However, in a study on Turkish women, Tortumluoğlu suggested that generally their attitudes were negative.¹⁰ Ergöl also reported a mean attitude score of 39.80 ± 10.70 for women living in a primary health center region in Kastamonu.⁵ Maoz et al in their study compared the menopausal symptoms and attitudes of five different ethnic origins in Israel and showed that Turkish women had a more positive attitude compared to some other ethnic origins.¹⁴ Women in Taiwan held a more positive attitude toward menopause as compared to prior studies in other countries.¹⁵

SOME FACTORS THAT AFFECT TO THE ATTITUDE TOWARDS MENOPAUSE

The mean scores for attitudes toward menopause were seen to be related to some sociocultural differences.

Age

According to the study by Neugarten et al women's attitudes towards menopause were different based on age groups; younger women had more negative attitudes than middle aged women.¹⁶ Results of Swartzman and Leibum's study showed that women in declining years perceived menopause as an illness process.¹³ Uçanok reported a statistically significant correlation between age groups and attitudes towards menopause and showed that attitude towards menopause was more positive in later years than in younger ages; the sample in that study also included younger women besides menopausal women.¹ However, in Ergöl's study, which had a study sample similar to our sample group, a significant link was not present between age and attitude towards menopause.⁵ We also did not find a statistically significant difference in attitudes according to age groups in our study. This finding is in accordance with the findings in the studies by Blumberg et al and Tortumluoğlu and Erci.^{2,18} The lack of a significant difference based on age groups in our study may be because most of 45-54 ages (mean 48.7).

Educational Status

Educational status may be considered a basic variable that affects the attitude towards menopause. In a study, women who had lower educational status adopted a view on the medical model that menopause was an illness period.¹⁴ Uncu et al showed that the level of education influenced a more positive perception of menopause and with increasing level of education, women perceived menopause more positively and accepted it as a natural period in life similar to childhood and puberty.¹² In another study, compared with illiterate women, higher educated women were more regretful about menopause.¹⁵ However, another study from Turkey reported that educational status did not affect the attitude of menopause.¹⁸ Although the education level of women in our study was relatively lower, illiterate and literate women had a more positive attitude score than those who graduated from primary school.

Employment Status

Women's educational level and employment status did affect their attitude scores in this study. However, in another study, employment status did not affect women's attitudes towards menopause. Women's education and employment status, that is, having an income, are the primary determinants of their status. The fact that these two variables influenced the attitude scores was an expected result.

Menopausal Periods

Attitudes towards menopause improve as women move from before to after menopause, and perception of health becomes more positive as menopause proceeds. Thus, postmenopausal women generally adopt a positive opinion than premenopausal women do.⁴ Cheng et al determined that postmenopausal women did not believe that menopause would change their lives, and not having periods made women feel regretful.¹⁵

Avis and McKinlay found that postmenopausal women had more positive attitudes than premenopausal women did.¹⁷ In the studies by Ergöl⁵ and Tortumluoğlu and Erci, there was no relationship between menopausal periods and attitude toward

menopause.¹⁸ Similarly, in this study we did not find significant links between attitude scores and the menopausal periods.

According to Tortumluoğlu, Turkish women can feel fear towards menopause during their premenopausal period while experiencing irregular menstruation periods because their perception of menopause is negative.¹⁰ The opinion of scientists is that experiencing menopause can eliminate the fears and prejudice. The finding that although the younger women adopted a negative attitude towards menopause there was no significant relationship between attitude and the menopausal periods, supports this thought.

Knowledge on Menopause

Some studies from Western countries showed that women with a high level of knowledge on menopausal health problems could adopt a more positive attitude, in contrast to the results of studies from other countries.

The results of Turkish population studies showed that the level of knowledge on menopause did not affect attitude like in our study or that Turkish women could adopt a more positive attitude with a lower level of knowledge on menopause.^{5,10,13,18}

Menopausal Symptoms

A woman's perception of her menopause experience is largely her perception of the physical, social, and psychological changes.⁴ Reports suggest negative attitudes for menopause among women who

have intensive menopausal symptoms.⁴ No significant relationships were found between attitude scores and the other symptoms experienced by at least half of the women in our study, which supports this conclusion. Dişçigil et al mentioned that reports suggested that people usually displayed positive attitudes towards menopause in the Far East culture where menopause was welcomed as part of the nature and women claimed fewer complaints during menopause.¹⁹

CONCLUSIONS

This study examined women's attitudes towards menopause revealing that the general attitude was positive. Half of the women considered menopause problematic. Socio-demographic and reproductive factors related to attitudes towards menopause were education and employment status.

Women should be empowered with education and counseling on menopausal life periods from childhood to perimenopausal ages. There are significant differences at the individual and cultural level in the experience of menopause. This study is important because it offers a different viewpoint of menopause from a cross-section of the Turkish society. Further studies may provide information that is more detailed on the relationship between attitudes and some variables in different regions with similar sample groups. Comparison of women who attend a menopause clinic with those who do not may help clarify questions yet to be answered.

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