

# The Effect of Partner Support on Menopausal Symptoms and Psychological Well-Being in Menopausal Women: Descriptive and Cross-Sectional Research

## Menopoz Dönemindeki Kadınlarda Eş Desteğinin Menopoz Semptomlarına ve Psikolojik İyi Oluşa Etkisi: Tanımlayıcı ve Kesitsel Araştırma

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**ABSTRACT Objective:** This study aimed to determine the effect of partner support on menopausal symptoms and psychological well-being. **Material and Methods:** This descriptive and cross-sectional study was conducted with a sample of 361 women in the menopausal period who lived in a district center. Data were collected through the “Personal Information Form”, the “Partner Support Scale”, the “Assessment of Menopausal Symptoms Scale” and the “Psychological Well-Being Scale. Data were analyzed using the SPSS program and percentage distribution, t-test, analysis of variance, Spearman correlation, and regression analysis. **Results:** The women were found to have moderate menopausal symptoms, which were mostly psychological. They were also found to have an above-average level of partner support and a good level of psychological well-being. The participants who were aged 45-50, had an associate degree, worked, got married willingly, and considered their marriage very good were found to have high partner support, low menopausal symptoms, and high psychological well-being. It was found that women whose husbands were primary school graduates had high spousal support and low levels of menopausal symptoms and psychological well-being. While there was a negative and strong relationship between the assessment of menopausal symptoms and partner support and psychological well-being total mean scores, there was a positive relationship between partner support and psychological well-being scores. **Conclusion:** In women with high spousal support, increased levels of psychological well-being also contributed significantly to the reduction of menopausal symptoms and thus to the more effective management of menopausal symptoms.

**Keywords:** Menopause; partner; psychology; symptom; women

**ÖZET Amaç:** Bu çalışmada, menopoz dönemindeki kadınlarda eş desteğinin menopoz semptomlarına ve psikolojik iyi oluşa etkisinin belirlenmesi amaçlanmıştır. **Gereç ve Yöntemler:** Tanımlayıcı ve kesitsel tipte yapılan araştırmanın evrenini, bir ilçe merkezinde yaşayan menopoz dönemindeki kadınlar oluşturdu. Araştırma örnekleminin belirlenmesinde, evreni bilinen örneklem hesabı kullanılmış ve araştırma 361 kadın ile tamamlanmıştır. Veriler “Tanıtıcı Bilgi Formu”, “Eş Desteği Ölçeği”, “Menopoz Semptomlarını Değerlendirme Ölçeği” ve “Psikolojik İyi Oluş Ölçeği” kullanılarak toplandı. Veriler SPSS programı kullanılarak analiz edildi ve değerlendirilmedi; yüzdelik dağılım, t-test, varyans analizi, spearman korelasyon ve regresyon kullanıldı. **Bulgular:** Kadınların çoğunlukla psikolojik belirtiler olmak üzere orta düzeyde menopoz belirtileri yaşadığı belirlendi. Kadınların partner desteğinin ortalamasının üzerinde olduğu ve psikolojik iyilik hallerinin iyi düzeyde olduğu belirlendi. Kırk beş elli yaş arası, ön lisans mezunu, çalışan, isteyerek evlenen ve evliliğini çok iyi bulan katılımcıların partner desteğinin yüksek, menopoz semptomlarının düşük ve psikolojik iyilik halinin yüksek olduğu belirlendi. Eşleri ilköğretim mezunu olan kadınların eş desteğinin yüksek, menopoz semptomları ve psikolojik iyi oluş düzeylerinin düşük olduğu bulundu. Menopoz semptomları ile eş desteği ve psikolojik iyi oluş toplam puan ortalamaları arasında negatif yönde güçlü, eş desteği ve psikolojik iyi oluş arasında pozitif ilişkinin olduğu belirlenmiştir. **Sonuç:** Eş desteği yüksek olan kadınlarda, aynı zamanda psikolojik iyi oluş düzeyinin artması kadınların menopoz semptomlarının azalmasına ve dolayısıyla menopoz semptomlarının daha etkili bir şekilde yönetebilmesine önemli katkıda bulunmuştur.

**Anahtar Kelimeler:** Menopoz; eş; psikoloji; semptom; kadın

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Menopause is the spontaneous cessation of menstruation due to the loss of function of ovarian follicles.<sup>1,2</sup> Although the age of onset of menopause varies between countries, the average age is 45-55 years. By 2030, 1.2 billion women are predicted to be at menopausal and postmenopausal ages.<sup>3</sup> Due to the increase in life expectancy at birth, this information means that women will spend approximately 1/3 of their lives in the postmenopausal period. The decrease in estrogen levels during menopause brings along many physiological, psychological, and social changes.<sup>1,4,5</sup> Hence, a varying degree of menopausal symptoms is experienced by women.<sup>6-8</sup> Menopausal symptoms commonly seen in women are classified as somatic, psychological, and urogenital.<sup>3</sup> In addition to various menopausal symptoms, the fact that menopause occurs in middle age may cause women to experience various difficulties. Because women experience life changes such as retirement and children leaving home in this age period, this factor contributes to even more negative menopause processes.<sup>9,10</sup>

Although menopause is a normal life transition, other social changes and menopausal symptoms occurring during this important period cause women to seek more support from individuals around them.<sup>1,4,5,11</sup> Especially partner support rather than friends or other family members is reported to have critical importance in this process.<sup>4,12-15</sup> Positive partner support, by meeting basic needs such as love, affection, and self-esteem, is effective in the psychological well-being of women.<sup>11</sup>

Psychological well-being is a whole of individuals' health-related behaviors and practices with subjective, social, and psychological aspects that bring meaning to their lives and enable them to access their maximum potential.<sup>16,17</sup> Psychological well-being consists of self-acceptance, positive relationships, autonomy, environmental mastery, purpose in life, and personal growth.<sup>18</sup> Women's feeling well in the menopausal period requires them to initially appraise themselves and their past life positively. In this way, self-acceptance could be realized. On the other hand, establishing positive interpersonal relationships with other people, managing negative things in one's own life and environment, and having a meaning and pur-

pose in life are also important in enhancing psychological well-being.<sup>11</sup> In light of all this information, the importance of partner support and psychological well-being is revealed in terms of decreasing the physical and psychosocial effects to a minimum. A holistic evaluation of women in the menopausal period could be a guide for evaluating partner support and psychological well-being, planning care, and performing consultancy. In addition, since there is no study in the literature examining the relationship between spousal support and psychological well-being during menopause, it is thought that the results to be obtained from this study will be important in filling an important gap in the literature. In this regard, the purpose of the study was to determine the effect of partner support on menopausal symptoms and psychological well-being in women during the menopausal period.

## MATERIAL AND METHODS

### RESEARCH DESIGN

This study is descriptive and cross-sectional in nature.

### TARGET POPULATION AND THE SAMPLE

The research was conducted in a district center and in only one Family Health Center (FHC) in this district. The population of the research consisted of women who had entered menopause and were registered in the FHC population. The population of women aged 45 years and over is 4.709 in the region. Hence, the determination of the number of samples in the groups was done using the known population formula ( $n = N \cdot t^2 \cdot p \cdot q / d^2 \cdot (N - 1) + t^2 \cdot p \cdot q$ ), and the number of the sample was determined as 355. The research was completed with 361 women.

#### *Inclusion Criteria*

- Cessation of menstruation and a duration of a minimum of one year after the last menstruation,
- Having menopause naturally,
- Being married and living with the partner,
- Receiving no hormone replacement treatment,
- Having no psychiatric disease,

- Having no psychiatric treatment.

The dependent variables of the study are menopause symptoms and psychological well-being, and the independent variables are partner support.

## DATA COLLECTION TOOLS

**Personal Information Form:** The form was composed of 10 questions that included women's and their partners' socio-demographic characteristics as well as other questions related to the duration of marriage, type of marriage, and thoughts about the kind of marriage they have.<sup>1,2,4,5</sup>

**Partner Support Scale (PSS):** The 27-item scale was developed by Yıldırım; its validity and reliability were conducted; and it is responded on a 3-point Likert scale.<sup>18</sup> Items 10, 20, and 24 on the scale are negative. The scale has four sub-dimensions: "emotional support" (items; 1, 2, 3, 4, 6, 9, 12, 16, 21), "material assistance and information support" (items; 7, 13, 15, 17, 24, 25, 27), "appreciation support" (items; 5, 10, 14, 18, 20, 22, 23, 26), and "social interest support" (items; 9, 11, 18). Scores between 27-81 are obtained from the scale. High scores on the scale indicate greater perceived spousal support, while low scores indicate that the individual receives little support from his or her spouse. Cronbach's alpha reliability coefficient of the scale is 0.95, and it is 0.87 in this study.

**Psychological Well-Being Scale (PWS):** The PWS developed by Diener et al. and adapted into Turkish by Telef in 2013 is used to measure socio-psychological well-being. The scale is responded on a 7-point Likert scale and consists of eight items. Turkish reliability and validity of the scale, which included 8 items responded on a 7-point Likert scale, was performed by Telef.<sup>19</sup> Scores to be obtained from the scale range between 8 and 56. As the score obtained from the scale increases, the level of psychological resilience increases. Cronbach's alpha reliability coefficient of the scale is 0.80, and it is 0.85 in this study.

**Assessment of Menopausal Symptoms Scale (AMSS):** AMSS was developed by Schneider et al. in 1992. Turkish validity and reliability of the scale

was conducted by Gürkan in 2005. The scale has three sub-scales including "somatic" (items; 1, 2, 3, 11), "psychological" (items; 4, 5, 6, 7) and "uro-genital complaints" (items; 8, 9, 10) and included 11 items.<sup>20</sup> Scores to be obtained from the scale range between 0-44, with higher scores indicating increased menopausal complaints. Cronbach's alpha reliability coefficient of the scale is 0.84, and it is 0.93 in this study.

## DATA COLLECTION

Individuals who came to the FHC for any reason were interviewed and the purpose of the research was explained. The individuals who gave written consent to participate in the research were first evaluated for inclusion criteria. Then, individuals were given data collection forms, were filled out individually, and were received by the researchers.

## STATISTICAL ANALYSIS

Data obtained from the study were analyzed in SPSS (IBM, USA) package software. While descriptive data are given as means and standard deviations for continuous variables, they are given as numbers and percentages for categorical variables. The normality distribution of the variables was analyzed using Kolmogorov-Smirnov/Shapiro-Wilk tests, and the homogeneity of the variances was analyzed using the Levene test. Kruskal-Wallis test for more than two independent groups that do not show normal distribution, Mann-Whitney U test for two independent groups, Spearman correlation for the relationship between the scales were used in the analyses, and statistical significance was accepted as  $p < 0.05$ .

## ETHICAL ISSUES

The permissions required to conduct the study were received from the Non-Invasive Clinical Research Ethics Committee of Sivas Cumhuriyet University (date: November 16, 2022; no: 2022-11/01) and the Provincial Directorate of Health. Additionally, each woman in the study was verbally informed on the context of the study and voluntary participation, and written permissions from the women were taken. The study was conducted in accordance with the ethical standards of the Helsinki Declaration.

## RESULTS

### SOCIODEMOGRAPHIC CHARACTERISTICS

The average age of the women was  $48.68 \pm 2.27$ , and 48.5% were secondary school graduates, 93.9% did not work, 41,3% of partners were secondary school graduates, and 49.6% defined their economic level as low. Besides, 83.7% of the participants got married willingly and 57.1% considered their marriage normal (Table 1).

### SCALE MEAN SCORES

The participants' PSS scores were found  $52.42 \pm 12.56$  and the scores they obtained from the "emotional support", "instrumental support and informational sup-

port", "appraisal support" and "social interest support" sub-scales were  $17.32 \pm 5.38$ ,  $13.62 \pm 2.99$ ,  $15.70 \pm 2.39$ , and  $5.77 \pm 1.79$ , respectively. The participants' AMSS mean score was  $24.09 \pm 9.42$ , and the scores they received from the "somatic symptoms", "psychological symptoms" and "urogenital symptoms" sub-scales were  $7.29 \pm 3.25$ ,  $12.66 \pm 3.95$ ,  $4.13 \pm 2.29$ , respectively. The participants' PWS score was found  $40.68 \pm 14.57$  (Table 2).

### COMPARISON OF THE PARTICIPANTS' SOCIO-DEMOGRAPHIC CHARACTERISTICS AND SCALE MEAN SCORES

The participants who were aged 51-55, had an associate degree, worked, got married willingly, and considered their marriage very good were found to have high partner support, low menopausal symptoms, and high psychological well-being. Those whose partners graduated from primary school had high partner support and low menopausal symptoms and low psychological well-being (Table 3).

### RELATIONSHIP BETWEEN THE SCALE MEAN SCORES

A negative and strong relationship was detected between the AMSS, PSS and PWS total mean scores, and a significant and positively strong relationship was detected between the PSS and the PWS (Table 4).

## DISCUSSION

This study aimed to determine the role of spousal support and psychological well-being on menopausal symptoms it was found that women had moderate menopausal symptoms which were mostly psychological symptoms. According to the studies conducted in Türkiye using the same scale, Kurt and Aslan and Zorlu et al. found that the symptoms were close to a medium level and mostly somatic symptoms were experienced, and Ünlü et al. found that there were fewer menopausal complaints and mostly psychological symptoms were experienced.<sup>5,8,21</sup> Studies conducted in other countries reported a medium and low level of menopausal symptoms.<sup>6,7,22,23</sup> Although studies indicated geographical, cultural, and individual differences, it seems that women experienced similar menopausal symptoms. Clearer con-

**TABLE 1:** Distribution of the women by some characteristics (n=361).

	Number	%
Average age of the participants $48.68 \pm 2.27$ (Lowest: 45; Highest: 55)		
Average age of the partners $51.18 \pm 3.45$ (Lowest: 48; Highest: 59)		
Average duration of marriage $27.92 \pm 2.11$ (Lowest: 25; Highest: 33)		
Education level		
Illiterate	5	1.4
Primary school	56	15.5
Secondary school	175	48.5
High school	109	30.2
Associate degree	16	4.4
Working or not		
Working	22	6.1
Not working	339	93.9
Education level of the partner		
Primary school	5	1.4
Secondary school	149	41.3
High school	113	31.3
Associate degree	74	20.5
Undergraduate degree	20	5.5
Economic level		
Low	179	49.6
Middle	162	44.9
High	20	5.5
Type of marriage		
Willingly	302	83.7
Unwillingly	59	16.3
Thoughts about marriage		
Bad	27	7.5
Normal	206	57.1
Good	94	26.0
Very good	34	9.4

**TABLE 2:** Distribution of scale mean scores (n=361).

	Number of items	Minimum-Maximum	$\bar{X}\pm SD$	Cronbach's alpha value
PSS	27	27-81	52.42±12.56	0.87
Emotional support	9	9-27	17.32±5.38	0.90
Instrumental and informational support	8	8-24	13.62±2.99	0.88
Appraisal support	7	7-21	15.70±2.39	0.87
Social interest support	3	3-9	5.77±1.79	0.85
AMSS	11	0-44	24.09±9.42	0.93
Somatic symptoms	4	0-16	7.29±3.25	0.87
Psychological symptoms	4	0-16	12.66±3.95	0.95
Urogenital symptoms	3	0-12	4.13±2.29	0.94
PWS	11	21-56	40.68±14.57	0.85

PSS: Partner Support Scale; AMSS: Assessment of Menopausal Symptoms Scale; PWS: Psychological Well-Being Scale; SD: Standard deviation.

**TABLE 3:** Comparison of the participants' socio-demographic characteristics and scale mean scores (n=361).

	Partner Support Scale	Assessment of Menopausal Symptoms Scale	Psychological Well-being Scale
Age			
45-50 years	48,33±9,33	39,55±4,75	15,17±6,64
51-55 years	70,05±8,97	20,50±5,97	46,60±8,056
<sup>a</sup> Test/p value	17.12/0.000	38.70/0.001	20.00/0.001
Education level			
Illiterate	33.00±0.00	43.00±0.05	8.00±0.00
Primary school	45.13±10.41	34.66±6.21	25.42±12.58
Secondary school	60.75±9.89	25.69±8.48	39.13±13.54
High school	55.44±10.70	16.69±3.42	51.44±5.69
Associate degree	75.00±0.01	14.00±0.10	48.00±0.00
<sup>b</sup> Test/p value	126.92/0.00	201.78/0.00	155.71/0.00
Working or not			
Working	53.69±11.92	14.67±6.81	48.20±9.38
Not working	33.05±9.24	24.75±9.35	40.21±14.94
<sup>a</sup> Test/p value	62.70/0.000	86.90/0.001	28.16/0.049
Partner's education level			
Primary school	36,40±6,02	33,00±0,00	22,40±14,31
Secondary school	32,71±7,66	48,05±9,50	27,32±11,94
High school	18,95±3,19	46,37±10,17	49,62±5,57
Associate degree	16,45±3,36	62,40±11,50	53,18±3,84
Undergraduate degree	14,00±0,00	61,04±9,94	48,00±0,00
<sup>b</sup> Test/p value	111.28/0.00	239.22/0.00	253.04/0.00
Type of marriage			
Willingly	72.50±6.84	20.84±6.20	45.93±8.81
Unwillingly	48.50±9.24	40.71±3.99	13.83±6.09
<sup>a</sup> Test/p value	78.05/0.00	23.40/0.00	60.50/0.00
Thoughts about marriage			
Bad	16,67±3,45	75,00±0,00	8,88±2,56
Normal	17,35±3,51	53,38±10,95	37,51±11,47
Good	25,91±8,25	54,00±0,00	51,23±3,94
Very good	43,00±0,00	43,27±10,55	56,00±0,00
<sup>b</sup> Test/p value	120.49/0.000	139.63/0.000	168.91/0.000

<sup>a</sup>Mann-Whitney U test; <sup>b</sup>Kruskal-Wallis test.

**TABLE 4:** Relationship between the PSS, AMSS, and PWS mean scores.

	PSS	AMSS	PWS
PSS	1		
AMSS	r=-0.845 0.000	1	
PWS	r=0.718 0.000	r=-0.920 0.000	1

PSS: Partner Support Scale; AMSS: Assessment of Menopausal Symptoms Scale; PWS: Psychological Well-Being Scale; r: Spearman Correlation; p<0.05.

clusions about this issue require further studies to evaluate menopausal phases and menopausal symptoms. The participants were found to have a moderate level of partner support in this study. Different from our study Yüksek Koçak et al. found that women received the highest level of support from family and friends and the lowest level of support from their partners; Gümüşay and Erbil determined that 40% of women received support from their partners, while Idiana et al. stated that almost none of the women received support from their partners.<sup>24-26</sup> Menopausal women's psychological well-being level was found to be high in this study. Higher psychological well-being in the menopausal period enables women to have positive perceptions about self and life transition and positive emotions about menopause, become aware of their competences and limitations, become autonomous, find their life meaningful, and be satisfied with life.<sup>9</sup>

This study found that menopausal symptoms were low and psychological well-being was high in women who had high education levels and who worked. Other studies similarly reported that high education level and working in a regular job, decreased menopausal symptoms.<sup>5,8,27-29</sup> These findings suggest that a high education level about menopause and its symptoms and employment could help women to prepare for the changes experienced in the menopausal process better, apply to health institutions for symptom management, and strengthen their coping. One of the notable findings of the study is that partner support was high and menopausal symptoms and psychological well-being was low in women whose partners were primary school graduates. Different

from the findings in this study, Yüksel Koçak and Beji reported that women experienced somatic and psychological menopausal symptoms more severely as the education level of the partner decreased.<sup>30</sup> Differences in the results of the other study are considered to be caused by the higher stress increasing with the education level. This study found that partner support was high, menopausal symptoms were low, and psychological well-being was high in women who got married willingly and perceived their marriage as very good. Acceptance of the partner and the closeness of the relationship led to an increase in partner support. High partner support seems to contribute to women's more effective management of menopausal symptoms by increasing psychological well-being.

In the study, it was determined that as spousal support increased, menopause symptoms decreased. It is stated that women who receive support from their husbands have a smoother transition to menopause.<sup>3</sup> In the literature, it has been stated that the most important barriers to men providing support to their wives during the menopause period are lack of knowledge and perceptions of menopause.<sup>10</sup> Men's perceptions about menopause and negative reactions to menopause were reported to be affected mainly by socio-cultural factors. Based on these factors, in Western societies, menopause is seen as a special condition associated with sexual aspects and thus considered a taboo that cannot be discussed openly.<sup>31</sup> In light of this information, there is a need for increasing men's knowledge and awareness about menopause considering the sociocultural factors experienced.

Psychological well-being was found to increase in women who had low menopausal symptoms in this study. While the literature includes studies that investigated menopausal symptoms and psychological well-being, only one study investigated psychological well-being in the menopausal period and reported a negative relationship between menopausal symptoms and psychological well-being.<sup>9,27,32</sup> Another finding of the study is that psychological well-being increases in women with high partner support. This result could be associated with the confidence of individuals in other people around and the importance they give to

their relationships with them. Another finding of the study is that psychological well-being increases in women with high partner support. This result could be associated with the confidence of individuals in other people around and the importance they gave to their relationships with them.

## CONCLUSION

Symptoms experienced by women during menopause, which is an important life event, have been reported to be significantly related to partner support and psychological well-being. Although the menopausal period is a physiological phenomenon, it is a process that reduces women's quality of life and affects marital relationships due to other symptoms. Therefore, the evaluation of menopausal symptoms and related factors by health professionals is of critical importance in determining women's psychosocial well-being. In this regard, healthcare professionals are expected to evaluate the perspectives of postmenopausal women and their partners regarding menopause and raise awareness in this direction to improve lifelong reproductive health within the scope of preventive health services. In this way, women's psychological well-being and quality of life could increase and contributions could be made to their general health welfare. In line with this result, it is recommended to plan training and counseling services for postmenopausal couples and to develop and

implement psychosocial care models in which couples are evaluated together.

The study has two important limitations. First, the reasons for low partner support and difficulties experienced in the menopausal period could not be determined. Second, the study cannot be generalized because it was conducted in a single center. Therefore, it is recommended that experimental studies be conducted in larger sample groups to determine the factors affecting partner support, to evaluate the knowledge and opinions of partners regarding menopause, and to reveal how problems specific to midlife affect menopausal symptoms.

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*During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.*

### Conflict of Interest

*No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.*

### Authorship Contributions

*All authors contributed equally while this study preparing.*

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