

Perception of Menopause in a Group of Women Living in Aydın and Muğla, Turkey

Aydın ve Muğla Yöresinde Bir Grup Kadın Menopozu Nasıl Algılıyor?

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ABSTRACT Objective: Life expectancy has increased and women are expected to live approximately one third of their total lifetime in the menopausal period. The aim of this study was to determine perceptions and beliefs on menopause, the sources of knowledge and attitudes and behaviors for hormone replacement therapy (HRT) in a group of women living in Aydın and Muğla, Turkey. **Material and Methods:** A total of 142 women in the reproductive or menopausal period in Aydın and Muğla were included in the study. All women completed a questionnaire on perception, beliefs, knowledge, and attitudes for menopause. **Results:** The mean age was 43.16 ± 13.0 (19-74). Fifty-five (37.3%) women were in the menopausal period. Almost all participants (n= 135, 95.1%) had heard of menopause, but only about half of them (n= 77, 54.2%) knew the correct definition. The most common symptoms that women could relate to menopause were hot flushes, night sweats and irritability. Vasomotor symptoms were the most common symptoms experienced by menopausal women during the last three months. Every three out of four women in the menopausal period visited a doctor for her symptoms. However, only 14.8% of women ever used HRT. Osteoporosis was believed to be the disease that benefited most from HRT. Improvement in vasomotor symptoms, fatigue and the quality of life were other benefits. Mass media was the main source of knowledge for menopause followed by doctors and friends. **Conclusion:** Women in the menopausal period should be referred to easily accessible primary care facilities providing care for the community thus meeting their needs for preventive and management care. Mass media has an important role in referring women to primary care.

Key Words: Estrogen replacement therapy; menopause; primary health care

ÖZET Amaç: Kadınlar için doğumda beklenen yaşam süresi artmış olup yaşamlarının yaklaşık üçte birini menopozda geçirmeleri beklenmektedir. Çalışmamızın amacı, Aydın ve Muğla yöresinde yaşayan bir grup kadının menopoz dönemine ait algı, inanış, bilgi kaynaklarını ve hormon replasman tedavisi (HRT) ile ilgili tutum ve davranışlarını belirlemektir. **Gereç ve Yöntemler:** Aydın ve Muğla'da üreme çağı veya menopoz döneminde olan 142 kadın çalışmaya dahil edildi. Tüm kadınlar menopoz ile ilgili algı, bilgi, tutum ve davranışların sorgulandığı anket formunu doldurdular. **Bulgular:** Çalışma grubunun yaş ortalaması 43.16 ± 13.0 (19-74) idi. Elli beş (%37.3) kadın menopozda idi. Katılımcıların tamamına yakını (n= 135, %95.1) menopozu duymakla birlikte ancak yarısı (n= 77, %54.2) menopozun doğru tanımını bilmekteydi. Kadınlar, en sık sıcak basması, gece terlemesi ve sinirliliği menopozla ilişkilendirmekteydi. Menopozdaki kadınların son 3 ay içinde en sık yakındıkları semptom, vazomotor semptomlardı. Menopozu giren her 4 kadından 3'ü menopoz yakınmaları nedeniyle doktora başvurmuştu. Ancak sadece %14.8'ü hormon replasman tedavisi (HRT) almış veya almaktaydı. HRT kullanmanın en yararlı olduğu durumun osteoporoz olduğuna inanılıyordu. Vazomotor semptomlar, halsizlik ve yaşam kalitesinin iyileşmesi, HRT'nin yararlı görüldüğü diğer durumlardı. Kadınların başlıca bilgi kaynağı basın-yayın organlarıydı, bunu doktorlar ve arkadaşlar izlemekteydi. **Sonuç:** Menopoz dönemindeki kadınlar, kolay ulaşılabilir ve geniş kitlelere hizmet verebilen birinci basamak hekimlerine yönlendirilmelidirler. Böylece koruma ve tedavi gereksinimleri kolaylıkla karşılanabilir. Kadınların birinci basamağa yönlendirilmelerinde basın-yayın organlarına önemli görev düşmektedir.

Anahtar Kelimeler: Östrojen yerine koyma tedavisi; menopoz; birinci basamak sağlık hizmeti

Menopause is a period between the end of the reproductive life and the beginning of ageing and it is a cornerstone in a woman's life. Menopause is defined as the inactivity of ovarian follicles and cessation of menstrual bleeding for 12 consecutive months.^{1,2} Menopausal period has become more significant in a woman's life recently, related to the increased life expectancy and the improvement in quality of life. Lack of estrogen and senile morphologic alterations cause genital and extra genital changes and those changes have a pivotal role in the etiology of menopausal symptoms. Vasomotor and psychological symptoms in the peri-menopausal period followed by urogenital symptoms, and then cardiovascular and muscular-skeletal system disorders are the priorities in the management of post-menopausal disorders.^{3,4} In addition, decrease in the quality of life regarding cardiovascular diseases, osteoporosis or fractures draw attention to the social and economical burden of menopause. Decrease in quality of life may not only relate to medical conditions, but also to vasomotor, urogenital and psychological symptoms of menopause. Also the systematic influence of the menopausal period in the management of menopause should be underscored.

The aim of this study was to determine perception and beliefs on menopause, sources of information, and attitudes and behaviors for HRT in a group of women living in Western Anatolia.

MATERIAL AND METHODS

PARTICIPANTS

The study was carried out in an urban and a semi-urban district in Western Anatolia between March and July 2006. The study followed by a health seminar was announced by the municipality and non-governmental public organizations in Aydın and Muğla. A total of 142 women in reproductive or menopausal period were included in the study. They were contacted during their participation in health seminars, school meetings etc. Verbal informed consent was obtained from all participants.

QUESTIONNAIRE

The questionnaire which was developed after a wide literature review had three parts and 20 questions. The first part was for socio-demographic details. The second part included questions on awareness and definition of menopause, perception of menopausal symptoms and sources of information. The third part had questions about beliefs, attitudes, behaviors on HRT and reasons for discontinuing HRT (Appendix). Ten women who were not included in the study took a pre-test to determine the clarity of questions.

Statistical analysis

Descriptive statistics (means, standard deviations, percentages) were used to describe the characteristics of the study population and main variables. Participants were divided into two groups according to their menopausal status, as non-menopausal (reproductive) and menopausal women. Chi-square test was performed to analyze perception and experience of menopausal symptoms and HRT. Logistic regression analysis was used to analyze the effects of confounding factors and HRT use in menopausal women only. A p value of < 0.05 was considered significant.

RESULTS

The mean age was 43.16 ± 13.0 (19-74). Fifty-five (37.3%) women were in the menopausal and 87 (62.7%) women were in the reproductive period. More than half of the participants (n= 83, 59%) were high school graduates and almost half (n= 63, 44.4%) were housewives.

Almost all participants (n= 135, 95.1%) had heard of menopause but only about half of them (n= 77, 54.2%) knew that menopause was described as cessation of menstrual bleeding for consecutive 12 months. Every seven out of 10 menopausal women knew the correct definition of menopause and this number was significantly higher than the number of women in the reproductive period (p= 0.000). Non-menopausal women related depression with menopause more commonly than menopausal women did (p= 0.007). There was no significant difference between groups in other symptoms.

Details of beliefs on menopause-related symptoms were given in Table 1. Irritability was the most common symptom overall and in the reproductive group during the last three months. Hot flushes were the most common symptom experienced by the menopausal group during the last three months. Hot flushes (p= 0.003), night sweats (p= 0.004) and insomnia (p= 0.009) were reported significantly higher by menopausal women. There was no significant difference between menopausal and reproductive women for other menopause-related symptoms (Table 2).

Every three out of four women believed that menopause should be managed and every three out of four menopausal women visited a physician for menopause. However, only 24.5% (n= 13) of menopausal women used or were currently using

HRT. The mean duration of HRT was 3.38 ± 2.47 years. HRT was significantly related to education status (Exp(B) = -1.763; p= 0.016). Women with higher educational status did not prefer to use HRT.

One among three women did not have any idea on the benefits of HRT. HRT was believed to be most beneficial for osteoporosis. Vasomotor symptoms, fatigue and quality of life were other conditions believed to benefit from HRT. Only 9.9% stated that HRT was beneficial for cardiovascular disease. There was no significant difference between menopausal and nonmenopausal group in beliefs on the benefits of HRT (Table 3).

Mass media was the main source of information for menopause followed by doctors and friends (Figure 1).

TABLE 1: Symptoms that were believed to be related to menopause.

Symptoms	Total n= 142 (%)	Non-menopausal women n= 89 (%)	Menopausal women n= 53 (%)
Hot flushes	128 (90.1)	80 (89.9)	48 (90.6)
Night sweats	92 (64.8)	54 (60.7)	38 (71.7)
Irritability	92 (64.8)	61 (68.5)	31 (38.5)
Insomnia	60 (43.7)	33 (37.1)	27 (50.9)
Depression	59 (41.5)	44 (49.4)*	15 (28.3)
Arthralgia	55 (38.7)	31 (34.8)	24 (45.3)
Headache	38 (26.8)	26 (29.2)	12 (22.6)
Fatigue	35 (24.6)	20 (22.5)	15 (28.3)
Loss of libido	26 (18.3)	18 (20.2)	8 (15.1)
Urinary leakage	13 (9.2)	6 (6.7)	7 (13.2)
Dizziness	12 (8.5)	5 (5.6)	7 (13.2)
Dyspareunia	7 (4.9)	5 (5.6)	2 (3.8)

* p< 0.01

TABLE 2: Symptoms that were experienced during the last three months.

Symptoms	Total n= 142 (%)	Non-menopausal women n= 89 (%)	Menopausal women n= 53 (%)
Hot flushes	43 (30.3)	13 (14.6)	30 (56.6)*
Night sweats	29 (20.4)	10 (11.2)	19 (35.8)*
Irritability	44 (31.0)	23 (25.8)	21 (39.6)
Insomnia	31 (21.8)	14 (15.7)	17 (32.1)*
Depression	13 (9.2)	9 (10.1)	4 (7.5)
Arthralgia	40 (28.2)	20 (22.5)	20 (37.7)
Headache	23 (16.2)	15 (16.9)	8 (15.1)
Fatigue	36 (25.4)	18 (20.2)	18 (34.0)
Loss of libido	15 (10.6)	9 (10.1)	6 (11.3)
Urinary incontinence	11 (7.7)	5 (5.6)	6 (11.3)
Dizziness	8 (5.6)	5 (5.6)	3 (5.7)
Dyspareunia	5 (3.5)	5 (5.6)	0 (0)

* p< 0.01

DISCUSSION

The low level of knowing the correct definition of menopause by women was consistent with another study.⁵ The fact that menopausal women could describe menopause correctly may be explained by the increased interest of such women on related issues.

Regional and ethnic variations in the incidence of menopause related vasomotor symptoms are well established throughout the world. Women were reported to complain from vasomotor symptoms least in the Far East, moderate in Arabic countries and most in European Americans reaching up to 72% of menopausal women.⁵⁻⁸ Turkish women suffered from intense vasomotor symptoms during the peri-menopausal period.⁹ Cultural characteristics are believed to be the main predictors of women's perception of menopause. Reports suggest that people usually display positive attitudes towards menopause in the Far East culture where menopause is welcome as part of nature and women claim fewer complaints during menopause.⁵ Menopausal urogenital symptoms such as vaginal dryness, dyspareunia and loss of libido are considered dominating complaints during the post-menopausal period.^{9,10} In the present study, however, loss of libido along with irritability and fatigue, which are commonly related to menopause, were observed in similar rates in both menopausal and non-menopausal women. This finding may indicate that other reasons may also be responsible.

Similar to our results, Pan HA et al reported that most women in Taiwan believed that menopause should be managed.⁵ HRT use in Scottish women was reported to have increased from 16% to

39% in the last decade and the rate of women who did not use HRT decreased from 84% to 61%.¹¹ Furthermore, HRT use increased in women with lower educational status.¹¹ Conflicting evidence on risks and benefits of HRT may have affected HRT use in women with higher educational status.¹² Even though the majority of women visited a physician for menopause, HRT use was low in our study. This result may be due to the higher educational status of our study group and negative attitudes of well-educated women towards HRT.

Osteoporosis and cardiovascular disease were believed to be the have benefited most from HRT.^{5,11,13} However, benefits of HRT for cardiovascular disease were questioned by the WHI study recently.¹⁴ In our study, osteoporosis ranked number one among those conditions that women most commonly believed to have benefited from HRT, whereas the majority did not think that HRT was beneficial for cardiovascular disease.

Similar to our results, women were reported to use media as the main source of information.⁵ In our study, doctors and friends ranked second after mass media. Even though our study group had high

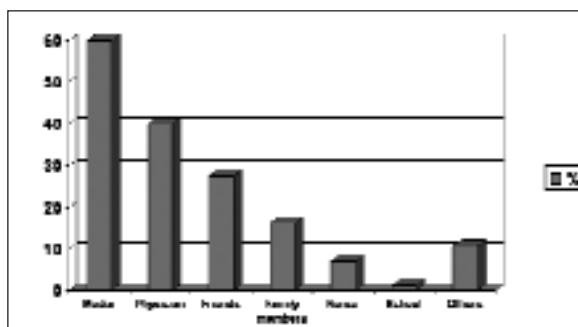


FIGURE 1: Resources of information.

TABLE 3: Beliefs on HRT benefits.

Beliefs on HRT benefits	Non-menopausal women n= 89 (%)	Menopausal women n= 53 (%)
Osteoporosis	29 (52.7%)	26 (47.3%)
Vasomotor symptoms	23 (52.3%)	21 (47.7%)
Quality of life	14 (51.9%)	13 (48.1%)
Urogenital symptoms	11 (78.6%)	3 (21.4%)
Cardiovascular diseases	3 (21.4%)	11 (78.6%)
Skin	7 (70.0%)	3 (30.0%)
No idea	34 (70.8%)	14 (29.2%)

educational status only 40% of women reported doctors as the source of information. This may be related to the fact that the health system in Turkey is not mainly based on preventive measures. Many people do not seek health care unless they have symptoms of a disease. Media can play an important role in understanding preventive measures in general. It is possible to reach the majority of women by using mass media effectively and explain

preventive care for menopause. It is important to refer menopausal women to primary care physicians or gynecologists to meet their needs on preventive measures and management of menopausal disorders.

STUDY LIMITATIONS

Rather small number of women was included in the study.

MENOPAUSE PERCEPTION QUESTIONNAIRE			
Age:			
Place of birth:			
Educational status:			
<input type="checkbox"/> University	<input type="checkbox"/> High school	<input type="checkbox"/> Secondary school	
<input type="checkbox"/> Primary school	<input type="checkbox"/> Literate	<input type="checkbox"/> Illiterate	
Occupation:			
<input type="checkbox"/> Housewife	<input type="checkbox"/> Farmer	<input type="checkbox"/> Teacher (retired or not)	<input type="checkbox"/> Officer
<input type="checkbox"/> Retired officer	<input type="checkbox"/> Health worker	<input type="checkbox"/> Other.....	
1- Did you hear the term menopause?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2- What is menopause?		<input type="checkbox"/> Cessation of menstruation for 12 consecutive months <input type="checkbox"/> Cessation of menstruation for six consecutive months <input type="checkbox"/> Irregular menses	
3- Which of the following symptoms are related to menopause? (you can choose more than one)			
<input type="checkbox"/> Hot flushes	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Irritability
<input type="checkbox"/> Dyspareunia	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of libido	<input type="checkbox"/> Depression
<input type="checkbox"/> Urine leakage	<input type="checkbox"/> Headache	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Artralgia
4- Should menopause be managed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No idea
5- Which of the following symptoms do you experience for the last three months?			
<input type="checkbox"/> Hot flushes	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Irritability
<input type="checkbox"/> Dyspareunia	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Loss of libido	<input type="checkbox"/> Depression
<input type="checkbox"/> Urine leakage	<input type="checkbox"/> Headache	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Artralgia
6- Which of the situations have benefit from hormone therapy? (you can choose more than one)			
<input type="checkbox"/> Cardiovascular diseases	<input type="checkbox"/> Dementia	<input type="checkbox"/> Osteoporosis	
<input type="checkbox"/> Improvement of quality of life	<input type="checkbox"/> Improvement of skin		
<input type="checkbox"/> Urogenital complaints	<input type="checkbox"/> Night sweats- Hot flushes		
<input type="checkbox"/> There is no benefit	<input type="checkbox"/> No idea		
7- Where do you get your menopause knowledge? (you can choose more than one)			
<input type="checkbox"/> Books	<input type="checkbox"/> Family members	<input type="checkbox"/> Newspaper-magazines	<input type="checkbox"/> Friends
<input type="checkbox"/> School	<input type="checkbox"/> Physician	<input type="checkbox"/> Midwife-nurse	<input type="checkbox"/> Other...
8- Did you visit a doctor for menopause?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9- Are you at menopause?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
10- What is your age at menopause?			
11- Did you use hormone therapy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Quit
12- How long did you use hormone therapy?.....			
13- What is the cause of quitting hormone therapy?			
<input type="checkbox"/> My complaints are over	<input type="checkbox"/> Fear of cancer	<input type="checkbox"/> I had vaginal bleeding	
<input type="checkbox"/> No benefits	<input type="checkbox"/> Harmful	<input type="checkbox"/> Economic reasons	

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