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ORIGINAL ARTICLE

Perception and degree of acceptance of menopause-related changes in various spheres of life by postmenopausal women

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Abstract
Objective. The objective of the study was retrospective analysis of self-reported perception and acceptance of changes related to menopause among women 1–10 years after the occurrence of their last menstrual period. The selected aspects covered social contacts with the family level (social wellbeing), perception of own physicality and inner feelings concerning sex life (psychological wellbeing).
Materials and methods. The study covered 204 postmenopausal women 1–10 years after the last menstrual period. Analysis was performed based on a self-designed questionnaire and the data obtained were subjected to statistical analysis. Relationships were detected using the χ^2 test. The p values $p<0.05$ were considered statistically significant (5% level of error probability).
Results. Women who coped with the menopausal transition easier more rarely perceived unfavourable changes in their family life. In the group of women with a high or very high level of difficulties in adaptation to menopause, the women twice less frequently declared positive sexual sensations or lack of changes. No significant differences were observed in the perception of own physicality and degree of experiencing the transition through menopause.
Conclusions. The perimenopausal period exerts a great effect on the psychological and social wellbeing of women. The degree of difficulties in experiencing the menopausal transition is important. Women who adapt to changes associated with menopause with more ease have fewer difficulties in their family life, and statistically less frequently report negative experiences in sexual contacts.

Key words
menopause, perimenopausal period, social wellbeing, psychological wellbeing

INTRODUCTION

Women lose their fertility relatively early, at the stage of life defined as midlife, opposite to the majority of other mammals which maintain fertility until old age. The *average age* of a woman having her last period, menopause, is 50. At postmenopausal age women often suffer from hot flushes, mood swings, and depression, which contributes to the deterioration of the quality of life. This is due to various factors, including decreased level of estrogens, socio-economic conditions, education, and life style [1, 2].

Other health problems may also manifest themselves during menopause. At this time there occurs the cessation of hormonal ovarian function. This is a complex process which concerns, apart from the ovaries, also the hypothalamus, pituitary and adrenal glands [2]. The structure of the skin changes, as well as physiological processes of dermal and epidermal tissue [3]. With menopause, the ageing processes become more dynamic and, for some women, may constitute a strong stimulus resulting in a psychological trauma [4]. Children leave home, and start their own families. There occurs the so-called Empty Nest Syndrome (ENS) [1]. Ageing is also associated with structural and functional changes concerning the cardiovascular system, including the dysfunction of the vascular endothelium, hardening of arteries, pathological neoangiogenesis, faulty repair processes, and increased risk of atherosclerosis. The risk of cardiovascular diseases in the groups of elderly males and females is similar, whereas among younger women at reproductive age this risk is clearly lower [5].

Despite all the above-mentioned negative aspects, menopause is a *natural stage* of *every woman's life*, and the task of a physician is leading the patient through this phase of changes in a mild and health-promoting way.

Objective. The objective of the study was a retrospective analysis of self-reported perception and acceptance of changes related with menopause among women 1–10 years after the last menstrual period. The selected aspects covered social contacts: on the family level, perception of own physicality and inner feelings about sex life.

MATERIALS AND METHOD

The study was conducted during a 4-month period in 2010 in the Lublin Region in selected gynaecological and general outpatient departments. The study covered 204 postmenopausal women in whom the last menstrual period

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occurred 1–10 years earlier, and was not caused by surgical removal of the ovaries. Analysis was performed based on a self-designed questionnaire and the following standardized research instruments: the Perceived Stress Scale PSS-10, General Health Questionnaire GHQ, Multidimensional Health Locus of Control (MHLC) Scales, Health Behaviour Inventory (HBI), Satisfaction With Life Scale (SWLS), Beck Depression Inventory (BDI).

Prior to the study, the patients were provided with information concerning anonymity and method of completing the questionnaire. The form and vocabulary were adjusted to the respondents' varying intellectual level.

The data obtained were analyzed statistically. The relationships between the investigated variables were detected using the χ^2 test. The p values $p<0.05$ were considered statistically significant (5% level of error probability).

RESULTS

According to the respondents, the menopausal period introduced clear changes in their lives. Nearly a half of the respondents perceived changes with respect to sex life, every third woman noticed changes in relations with the husband/partner. Also, every third woman changed (increased) own physical activity (health-promoting behaviours), and every fifth mentioned changes in relations with children. The majority of respondents (75%) did not receive hormone treatment, while 25% declared that they had used hormone replacement therapy in the past (18%) or use it at present (7%).

For the greatest number of respondents (60%) the perimenopausal period was a difficult time, and for 2% – a very difficult time, while 38% of women managed this period relatively easily. Changes in family life in relation to the menopausal period were declared by 42% of respondents, whereas 58% did not observe any differences. Every second woman who declared a high degree of intensity of difficulties associated with the perimenopausal period perceived unfavourable changes in family life. The proportion of evaluations of changes in family life in the group of women who had experienced menopause with relative ease was different – less than every fourth of them perceived changes in family life. A statistically significant relationship was noted between the degree of coping with the menopausal phase, and changes taking place in family life (p=0.001). Women who went through the perimenopausal period easier, statistically more rarely reported unfavourable changes in their family life.

Table 1. Degree of difficulty in coping with the perimenopausal period and changes in family life

Degree of difficulty in coping with perimenopausal period	Changes in family life		Total
	Yes, perceived	No, not perceived	
	n (%)	N (%)	n (%)
Easily	22 (28.31)	56 (72.79)	78 (100)
With difficulty and with great difficulty	64 (50.79)	62 (49.21)	126 (100)
Total	86 (42.16)	118 (57.84)	204 (100)
χ^2 10.0807; p= 0.001498			

The majority of women (80%) declared changes in perception of own physicality, and indicated an increase in body weight as the most difficult to accept (65%) – adipose tissue distribution. However, no relationship was found between the degree of difficulties in experiencing menopause and perception of changes in the outward appearance. In both groups, considerable more women perceived changes in outward appearance.

Table 2. Degree of difficulty in coping with the perimenopausal period and changes in outward appearance

Degree of difficulty in coping with perimenopausal period	Changes in outward appearance		Total
	Yes, perceived	No, not perceived	
	n (%)	N (%)	n (%)
Easily	60 (76.92)	18 (23.08)	78 (100)
With difficulty and with great difficulty	104 (82.54)	22 (17.46)	126 (100)
Total	164 (80.39)	40 (19.61)	204 (100)
χ^2 3.73908; p= 0.154195			

The menopausal period also had a clear effect on sex life. Some of the respondents (28%) were not sexually active. In the questionnaire the causes were not specified precisely. As many as 42% from among 148 women who were sexually active admitted that the perimenopausal period did not change their sensations within the intimate sphere, whereas 7% declared an increase in sexual satisfaction, which totally constitutes nearly a half of the respondents. Every fourth woman (23.5%) felt less attractive and experienced sexual reluctance, also in every fourth respondent (23.5%) unfavourable changes within the reproductive organs negatively affected the frequency and quality of sex life, while in 4% there was the feeling of not being accepted by the partner. While analyzing the groups of women with various degrees of difficulties experienced during the perimenopausal period it was noted that in the group of women who easily adapted to menopausal period, the negative perceptions in sexual contacts were four times less frequent. In the group of respondents with a high or very high degree of adaptation difficulties, women twice less frequently declared positive sexual experiences, or the lack of changes. These differences are highly significant statistically (p= 0.0003)

Correlation analysis indicated a number of statistically significant relationships between the results of the scales

Table 3. Degree of difficulty in coping with the perimenopausal period and sexual contacts

Degree of difficulty in coping with perimenopausal period		Sexual contacts		Total (sexually active women) n (%)
		Positive experiences or lack of changes	Negative experiences	
Easily	n (%)	42 (58.33)	10 (13.16)	52 (35.14)
With difficulty and with great difficulty	n (%)	30 (41.67)	66 (86.84)	66 (64.86)
Total	n (%)	72 (100)	76 (100)	148 (100)
χ^2 38.1083; p= 0.0003				

Table 4. Results of correlation analysis between the scales examined

Variable	Results							
	PSS-10	SWLS	MHLC – W	MHLC – I	MHLC – P	IZZ	GHQ 28	Beck
PSS-10	1.0000	-0.4906**	-0.3832**	0.0761	0.3320**	-0.3634**	0.6711**	0.5866**
SWLS	-0.4906**	1.0000	0.3487**	-0.1580	-0.2223*	0.4189**	-0.5048**	-0.6206**
MHLC-W	-0.3832**	0.3487**	1.0000	0.0314	-0.1637	0.4398**	-0.4084**	-0.2960**
MHLC-I	0.0761	-0.1580	0.0314	1.0000	0.2742**	0.0797	0.0324	0.0631
MHLC-P	0.3320**	-0.2223*	-0.1637	0.2742**	1.0000	-0.2325*	0.2147*	0.3328**
HBI	-0.3634**	0.4189**	0.4398**	0.0797	-0.2325*	1.0000	-0.3816**	-0.4369**
GHQ 28	0.6711**	-0.5048**	-0.4084**	0.0324	0.2147*	-0.3816**	1.0000	0.7337**
Beck	0.5866**	-0.6206**	-0.2960**	0.0631	0.3328**	-0.4369**	0.7337**	1.0000

*p<0.05, ** p<0.01

examined, especially important of which seems the correlation between the intensity of the stress experienced (PSS-10 scale) and nearly all the investigated variables, especially the feeling of life satisfaction (SWLS scale), general psychological wellbeing (GHQ – 28 scale), and level of depression (Beck Depression Inventory). All these variables negatively correlated with the intensity of stress experienced; thus, stress in the group examined increased the risk of psychological disorders, decreases the feeling of satisfaction with life, and increases the level of depression. Only the MHLC – I scale (sense of effect of others on the control of own health status) did not correlate with the level of stress experienced. Similarly, the level of life satisfaction was closely related with the general state of psychological health, level of depression experienced and health behaviours. For the first two variables, the correlation was negative; therefore, a greater intensity of the symptoms of depression and higher risk of psychological disorders was associated with a decreased level of life satisfaction. A positive correlation was found between the number of health-promoting behaviours and the feeling of satisfaction with life, which means that those who undertook more activities on behalf of maintenance of health experienced a higher level of life satisfaction. A similar relationship was also noticed with respect to the internal locus of health control (MHLC – I), which also strongly negatively correlated with the general psychological wellbeing and intensity of depression, while positively with the amount of health-promoting behaviours. The strongest relationship (r = 0.7337) observed in this section of the analysis was a positive correlation between the level of depression intensity and the risk of occurrence of psychological disorders, which was manifested by the relationship between the scales: the Beck Depression Inventory (BDI) and the General Health Questionnaire – GHQ-28.

DISCUSSION

The definition of health according to the Constitution of the World Health Organization (WHO): 'Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' comprises various aspects of health, giving the direction to the national programmes in the area of health protection and health prophylaxis [6].

In the presented study, aspects of life were selected for analysis which exert an effect on the perception of the surroundings and own behaviour. The investigations concerned psychological wellbeing in the area of perception of own physicality and the intimate sphere, as well as social wellbeing associated with family relations. Distortions of these aspects may at perimenopausal age determine poor psychological and social functioning, thus deteriorating the quality of life of women during the menopausal period [7].

In the presented study, the percentage of women who used hormone replacement therapy was 25%. This result remains within the standard for this type of study. According to Bernaś et al., the scope of the percentages of women who use hormone replacement therapy ranges from 10% to over 90% in one geographical region [7, 8]. In 2012, Cochrane et al. analyzed 23 studies, and covered by analysis 42,830 women who applied a long-term hormone therapy. No evident benefits from the use of hormone replacement therapy during the postmenopausal period were observed, neither monohormonal-estrogen, nor complex-estrogen and progesterone, irrespective of the route of administration. The only clear benefit was reduction in the risk of development of osteoporosis, especially in the group of women exposed to fractures. No beneficial effect of hormonal therapy was noted on the nervous system and cognition. However, the study showed an increased risk of stroke and episodes of dementia. In addition, there was a lack of sufficient data to evaluate the long-term effects of hormone replacement therapy applied during the perimenopausal period and after menopause among women aged under 50 [9].Thus, 75% of women in the presented study who did not use hormonal therapy come within the world tendency towards the limitation of the use of HRT to certain specific indications.

Interesting observations were made by Garcia-Campos et al. who conducted studies concerning the symptoms of menopause and taking care of grandchildren. The researchers confirmed that care of grandchildren may be associated with an increased incidence of depression, which was explained by additional emotional and physical costs in order to increased physical efficacy. According to them, education level was strongly positively correlated with low scores for hot flushes, sadness, depression, or the empty nest syndrome, and similarly – the younger age of the women. However, the researchers emphasize the fact that the study was conducted in the traditional society of a developing country, with the lack of a developed system of child care known in highly developed countries, which might have affected the results of the studies [1]. In own studies, a half of the women declared changes in family life. Women who coped with the menopausal period with difficulty, statistically

more often mentioned unfavourable changes in life. These results are in accordance with the results obtained by Bernaś et al., which indicate the relationship between the occurrence of menopausal symptoms and insufficient material standard, lack of use of hormonal therapy, lack of satisfaction with sex life, poor psychosocial and occupational functioning. These determinants clearly deteriorate the quality of women's life during the menopausal period.

Sexual functioning is an important element of women's life [10]. According to the multi-centre study conducted in the United States – Study of Women's Health Across the Nation (SWAN) – for more than 75% of women sex was a moderately to extremely important element in life [11].

Twenty-eight percent of respondents declared lack of sexual contacts, which was slightly more than reported in literature. According to the studies by Blumel'a et al. among women aged 40–64, nearly 21% were sexually inactive [12]. The same percentage of women – 21% who had been sexually inactive for at least 6 months before the study, was reported by Cain et al. [11]. The difference between the results of the presented study and data from literature is most probably due to the older age of the women in the survey – they were all postmenopausal.

A half of the women in the survey who were sexually active mentioned negative experiences related with sexual contacts, which resulted from the sense of being less attractive, adverse changes within the reproductive organs and, by a small percentage of respondents, lack of acceptance by the partner. According to Dennerstein et al., the most important factors affecting female sexual functions at middle-age are associated with the previous level of sexuality, loss or gain of a new partner, to-date feelings towards the partner and estradiol level. Sexual functions decline with age. Nevertheless, partnership relationships, and not hormonal factors are the modulator of this process [13]. The frequency of dyspareunia increases with age, whereas sexual arousal decreases [13, 14].

CONCLUSIONS

The perimenopausal period exerts a great effect on the psychological and social wellbeing of women. Here, the degree of difficulty in coping with the perimenopausal period plays an important role. Women who more easily adapt to changes related with the menopause have less problems in their family life, and statistically less frequently report negative experiences in sexual contacts.

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