Alexandria Journal of Medicine xxx (2017) xxx–xxx

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Contents lists available at ScienceDirect

Alexandria Journal of Medicine

journal homepage: http://www.elsevier.com/locate/ajme

Original Article

Attitudes towards menopause and depression, body image of women during menopause

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ARTICLE INFO

Article history:
Received 24 March 2017
Revised 27 April 2017
Accepted 29 May 2017
Available online xxxx

1. Introduction

Menopause is an important and normal developmental process in a woman's life. It is marked by the permanent cessation of menstruation resulting from the loss of ovarian follicular activity.[1] In western societies, attitudes towards menopause are influenced by social and cultural assumptions about older women, and the transition into menopause is often perceived as a time of changing emotional and physical health. Yet anthropological studies have shown how menopause can be a positive event, particularly when it signifies a change in social status.[2,3] During menopause women experience physical, psychological and social changes. Hormone levels change as estrogen levels decrease, FSH and LH levels increase, and there are also decreases in levels of prolactin, thyroid and parathyroid hormone.[4] These changes can cause vasomotor symptoms, night sweats, hot flushes, muscular and skeletal problems, cardiovascular system diseases, breast and skin atrophy, and senile vaginitis.[5]

Together with all the changes associated with menopause, many middle-aged women are often occupied with other challenges. These include physical disease affecting them or their husband, the death of their spouse or parents, caring for ill family members, marital difficulties, and grown children leaving home. In fact, the departure of children into leading their own independent lives may trigger depression in women.[4,6] The ability to cope with all the changes during menopause is influenced by socio demographic variables, education status, income, work situation and social relations.[6]

Puberty, pregnancy, and the menopausal transition are milestones in a woman's life with accompanying bodily changes and symptoms that can have a profound effect on her body image. The bodily changes in appearance and functions that some women face can change the way a woman thinks and feels about her body.[7] The changes can occur in a woman's shape, weight, with heavy unpredictable bleeding, sleep disruption through night sweats, and physical markers of aging, such as changes in skin, hair and sexual function.[8]

In order to successfully navigate the menopausal transition, a woman's attitude towards the changes will determine her experience.[9] These are certainly influenced by the cultural norms of her origins and present environment.[10] Hall et al. integrated the results of numerous qualitative studies and concluded that although many women had positive experiences as they progressed through menopause, ambivalent feelings were common.[11] Ayers et al. noted that women with a positive attitude towards menopause tended to view this change as a natural life process and transition.[9] Cheng et al. stated that while women with negative attitudes were younger and premenopausal, post-menopausal women tended to have more positive attitudes towards menopause.[12] Nusrat et al. found that 78.79% of Pakistani postmenopausal women were relieved to have menstruation come to an end.[13] Erbil et al. reported that 57.8% of Turkish women with an average age of 30.06 years old had negative attitudes towards menopause.[14]

There are few studies which have investigated the relationship between attitudes towards menopause, body image, and depression of Turkish women during menopause. The aim of this study was to investigate the relationship between body image, depression, and attitudes towards menopause of women in menopause.

2. Materials and methods

2.1. Design and participants

The sample of this descriptive and cross-sectional study was conducted in gynecologic outpatient clinic of one public hospital

Peer review under responsibility of Alexandria University Faculty of Medicine.

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http://dx.doi.org/10.1016/j.ajme.2017.05.012
2090-5068/

in a northern province of Turkey. A convenience sample of 109 volunteer women who had entered menopause naturally or due to surgery was recruited.

2.2. Data collection

The data was collected via a questionnaire form, Attitude towards Menopause Scale (ATMS), Body Image Scale (BIS) and Beck Depression Scale (BDS) through face to face method.

2.2.1. Attitude towards menopause scale

Attitude towards menopause scale was developed by Neugarten et al.[15] Turkish version of the scale was adapted and revised by Uçanok and Bayraktar.[16] The scale is used to measure towards menopausal life and post-menopausal attitudes of women in different age groups. Attitude towards menopause scale contains 20 items regarding menopause. Two items of the scale include positive statements (1. and 18. items), other items is negative statements. Total scale scores range from 0 (most negative) and 80 (most positive) point. The cut-off point of the scale was 40 points. The hypothesis was that women who receive 40 points or higher have positive attitude. The initial Turkish internal consistency coefficient for the scale was 0.86.[16] The internal consistency coefficient for this study was 0.88.

2.2.2. Body image scale

Body Image Scale consists of 40 items, which was developed by Secord and Jourand and had been adapted to Turkish by Hovardaoglu.[17,18] Each item of the scale is related to a part of the body or a function. The total score varies between 40 and 200; a higher score indicates positive body image.

2.2.3. Beck depression inventory

BDI was developed by Beck et al. and adapted to Turkish by Hisli.[19,20] BDI Turkish form is a self-report scale with 21 items, each item of the scale is including four option. The BDI scale isn't to diagnose depression, but to objectively determine the severity of depressive symptoms. The highest score obtainable is 63. BDI scores $\geq$ 17 were reported to discern depression that might require treatment with more than 90% accuracy. In this study, women with a BDI score of 17 or higher were evaluated as having the possibility of experiencing depression. The initial Turkish internal consistency coefficient for the scale was 0.80.[20] The internal consistency coefficient for this study was 0.88.

2.3. Ethical considerations

The research protocol for the use of human subjects was approved by Gynecologic and Obstetric Hospital's Review Board. All of the women were volunteers and gave verbal permission to participate in the research. The data were collected via face -to-face interviews. The study was carried out a proper research to Helsinki Declaration Principles.

2.4. Statistical analysis

In the data analysis of this study were used mean, standard deviation [±SD], frequency, and percentage from descriptive statistics. In analysis of parametric variables with two categories was used *t*-test. Kruskal Wallis ANOVA and the Mann-Whitney *U* test were tested for interval variables, with distribution significantly deviating from the norm. The linear relationship between ATMS score, BIS score and BDI scores were evaluated with Pearson's linear correlation coefficient. The level of significance used was $p < 0.05$.

3. Results

The mean age of women was 54.84 ± 7.07 years (range 38–75 years). Duration of marriage was 31.66 ± 10.06 (range 2–51), mean of number of living children was 3.36 ± 1.57 (range 0–8 children), mean of menopause duration of women was 8.38 ± 6.80 years (range 1–30 years). It was determined that 69.1% of them were 51 age and older, 87.2% of women were housewife, 36.7% of women were primary school graduate, 93.6% of women have social security, 63.3% of women have "middle" income perception. It found that place of residance of 71.6% of women were city, 14.7% of women smoked cigarette, 30.3% of women had history of psychiatric disorders (see Table 1).

Totally, it was found that the ATMS average score of women was 38.92 ± 12.18 (range 10–63); BIS average score of women was 140.18 ± 15.48 (range 90–200); BDI average score of women was 12.31 ± 6.96 (range 1–34). It was determined that was no correlations between age, marriage duration, menopause duration, number of children and ATMS, BIS and BDI scores ($p > 0.05$).

ATMS, BIS and BDI scores of women were compared according to their some characteristics. Menopause attitude score of women who were naturally transition to menopause (41.38 ± 12.23) was higher than women who were surgically transition to menopause (36.02 ± 11.57) and the difference between groups was statistically significant ($p = 0.021$). ATMS scores according to age, occupation, education level, social security, income perception, place of residence, smoking and history of psychiatric disorder of women weren't statistically significant ($p > 0.05$). BIS scores of women who have social security, without a history of psychiatric disorder, naturally transition to menopause were higher than other women, and differences were significants ($p = 0.044$, $p = 0.004$, $p = 0.018$, respectively). BIS scores according to age, occupation, education level, outcome perception, place of residence, smoking, support of husband in menopause, hormone replacement therapy during menopause, knowledge about menopause in premenopausal period of women of women weren't statistically significant ($p > 0.05$). BDI scores of women who have a history of psychiatric disorder (18.21 ± 7.49), without knowledge about menopause in premenopausal period (14.72 ± 7.29) was higher than women who without history of psychiatric disorder (11.84 ± 5.84) and with knowledge about menopause in premenopausal period (11.91 ± 6.05), and differences were statistically significant ($p = 0.000$, $p = 0.047$, respectively). BDI scores according to age, occupation, education level, social security, outcome perception, place of residence, smoking, type of transition to menopause, support of husband in menopause, hormone replacement therapy during menopause of women weren't statistically significant ($p > 0.05$), (see Tables 1 and 2).

In this study, attitudes towards menopause of 54.1% of women were negative. ATMS average score of women who have negative attitude towards menopause was 29.71 ± 6.92; BIS average score was 135.69 ± 15.30. ATMS and BIS scores of women who have negative attitude towards menopause were lower than women who have positive attitudes towards menopause and differences were statistically significant (respectively $p = 0.000$, $p = 0.001$), and BDI average score of women who have negative attitude towards menopause (14.27 ± 12.01) was higher than BDI average score of women who have positive attitudes towards menopause (10.00 ± 5.69) and difference was statistically significant ($p = 0.001$), (see Table 3).

In this study, the proportion of women who were in the border evaluation for depression were 27.5% and the women in this group BDI score (21.36 ± 4.61) was higher than women without depression (8.87 ± 3.97), difference was statistically significant ($p = 0.000$). ATMS and BIS scores of women with depression were