

Perceptions of Young Women Regarding Menopause

Nina Fecteau

Wisconsin Lutheran College

Second Annual

WELS and ELS

Undergraduate Research Symposium

CHARIS Institute of Wisconsin Lutheran College

Milwaukee, Wisconsin 53226

April 27 and 28, 2002

Society often views menopause as a disease or a time of physical and emotional upheaval requiring treatment with various drugs. Is this because it really is a time full of turmoil or is this view of menopause as a disease a changeable cultural stigma? Some believe that women can avoid many adverse symptoms by educating themselves and their families about menopause and approaching the stage as a life cycle change rather than an end of youth and attractiveness (Hunter, 2002; Evarts & Baldwin, 1997). Several studies address the views of women nearing, within, or following the menopause, yet little has been said about the views of young women regarding this stage of life. The current study seeks to assess the perceptions of young women regarding knowledge of and feelings toward menopause.

The term menopause refers to the time of transition for a woman from a working reproductive system to a reproductive system that no longer functions, that is, until her last menstrual cycle. This signals the shutdown of the ovaries in their process of maturing eggs and releasing sex hormones of estrogen and progesterone. Estrogen continues its presence in the body via the adrenal glands which produce androstenedione. This product is converted to estrone (a form of estrogen) by tissues (especially fat) (Cherry & Runowicz, 1994). The stage of menopause usually begins at about age 48 and lasts until about age 52; the specific age and length (usually 3-9 years) of the phase varies among women. Symptoms associated with menopause include irregular menstruation, dry skin, hot flashes and flushes, vaginal dryness and thinning, thinning head and pubic hair, hair growth on face, headaches, loss of bone density, stiff joints, memory loss, mood swings, depression, irritability, insomnia, and decreased libido (Hunter & O'Dea, 2001; Wells & Wells, 1990). In a study by Bromberger et al. (2001) psychologic distress was associated with irregular menses in women of middle age. As with age, symptoms vary widely among women. Some women experience few whereas numerous

emotional and physical symptoms plague others. Due to this possibility for changes, women need positive education and support during this time of life. This study assesses if such an attitude of knowledge and support occurs in young women.

Stigmas about menopause probably begin early in life unless an open and proactive view is stressed by society or families. This results in many young women with little accurate information about this life phase. Culture and societal influence might play a role in determining how individuals think about menopause. Following a multicultural study, Bromberger et al. (2001) suggested that due to psychosocial factors Whites have higher odds for distress than African American and Hispanic women. Evarts and Baldwin (1997) address the cultural stereotype of menopause by relating the lack of public knowledge and the unattractive view of menopause painted by the media. By discovery of where stigmas occur and who they affect, individuals can personally address the consequences of such views.

The medical culture surrounding many individuals also contributes to the negative view of menopause. Often medical researchers and pharmaceutical companies portray older women as hormone deficient and in need of medication, specifically hormones, to treat their ailments (Shore, 1999). One study (Gallagher, Geling, FitzGibbons, Aforismo, and Comite, 2000) suggests that women do not receive proper counseling from their physicians regarding estrogen replacement therapy (estrogen supplements). Advocates of hormone replacement therapy (HRT) demonstrated that the hormones (supplemented estrogen and/or progesterone) ease several symptoms including hot flashes, night sweats, vaginal dryness, and memory loss (Cardozo, Wise, & Benness, 2001; Cherry & Runowicz, 1997; Skegg, 2001; Venis, 2002; Wells & Wells, 1990). In addition, they claim that estrogen carries qualities that protect against heart attack and osteoporosis. Dangers exist in taking hormone supplements (especially for at least five years)

including increased risk of ovarian cancer (Weiss & Rossing, 2001), cardiac events (Harvard Heart Letter, 2002; Senior, 2001; Skegg, 2001), stroke (Senior, 2001), breast pain and nodularity, occurrence of benign breast cysts and fibroadenomas, increased breast density resulting in less sensitive mammographic screening (Dixon, 2001), and worsened quality of life in women without hot flushes and taking HRT (Venis, 2002). The American Heart Association now recommends that until more conclusive research is available, patients undergo HRT understanding the currently known risks and benefits and not for prevention of cardiovascular disease (Harvard Heart Letter, 2002; Skegg, 2001). Given the above information, it is necessary that women understand the benefits and risks of HRT and consider alternative treatments.

In contrast to the medical view, others view menopause as a normal physiological event that occurs amidst societal beliefs and personal events. Evarts and Baldwin (1997) suggest couples and families might benefit from counseling that emphasizes menopause as a developmental stage. In this practice, family members are educated about the change and encouraged to note how menopausal symptoms interact with family issues. They are encouraged to perceive the female as a whole and mature woman. In addition, Hunter (2002) relates the benefits of education, behavioral changes, and exercise in improving the experience of menopause. If families hold a positive view of this transition in female life, then the view will pass to following generations. This study assesses if young women have received education about menopause, how they perceive menopause in others, and how they feel about the approach of their own menopause.

Method

Participants

The population interviewed consisted of eight women (half age 19 and half age 20) attending a small liberal arts college in the Midwest. Forty female names were randomly chosen from a list of all sophomores enrolled at the school. Ten of the forty agreed to participate; eight completed an interview. Major fields of study of participants include communications, art, business, pre-nursing, psychology, and education. Each young woman received an edible treat for her participation.

Materials

Participants received two informed consent forms (one to keep and one to sign and return to the interviewer) relating that the purpose of the study is to learn an honest representation of the way young women view menopause. Interviews proceeded from an interview form (see Appendix A) developed by the researcher. In addition to age and college major inquiries, the form consists of sixteen items referring to biological, psychological, and social aspects of menopause. Responses to the items reflected current knowledge of and feelings toward menopause. Eleven items (1, 2, 3, 4, 6, 7, 8, 9, 11, 14, 15) follow open-ended format; five items (5, 10, 12, 13, 16) follow closed-ended format, usually followed by a request for explanation within the item (except 5 and 13). Item design allowed for concrete information and open thoughts as responses.

Procedure

Individual interviews occurred on two consecutive days at various times between late morning and early evening in a small classroom. Interviewer and participant sat at a rectangular table in the classroom. Following the reading and signing of the informed consent form, the

interviewer restated the intent of the research and that the questions would inquire about biological, psychological, and social aspects of menopause. The interviewer also showed the interview form to each participant prior to beginning the interview. Items were discussed in the order which they appear on the form. Each interview lasted between 10 and 25 minutes. Following the interview, participants chose edible treats and were thanked for their participation.

Results and Discussion

Eight young women completed an interview regarding their perceptions of menopause. In reaction to the first item (See Appendix A) all participants described menopause as a change of some type. Half described a change in hormones. Half included that menopause occurs when a woman surpasses her child bearing years or no longer gets her period. A change that happens to women who are in their middle ages or to older women was also included in half of the responses. One described it as a time when women are cranky. When asked about the ages of life when menopause generally occurs, all but one respondent accurately placed menopause around 40 years of age to the middle 50's. One responded "late 30's, early 40's". Although women occasionally go through menopause within this age range, the general range is somewhat later (48-52 years). In response to an inquiry regarding the duration of menopause, three said they did not know, three responded with either one or two years, one responded with ten years, and one responded with five to six years. Whereas most of the young women held an accurate idea of the time of life when menopause occurs, their definitions of menopause and its duration generally reflect limited knowledge.

Responses to the inquiry regarding physical symptoms were limited in number of symptoms mentioned, but accurate in content. Five participants named only one physical symptom, two named two symptoms, and one named three symptoms. Responses included hot

flashes (mentioned by six women), cessation of menstruation (mentioned by three women), hormonal changes, cramps, and internal changes (each mentioned only once). Non-physical symptoms of moodiness, irritability, and crabbiness were also mentioned. These responses again reflect limited knowledge about a stage that each woman will encounter later in life.

In addition to exhibiting little knowledge of physical symptoms, most participants did not know which female sex hormones are affected by menopause. One participant named estrogen and one named both estrogen and progesterone. None were able to describe the effects menopause has on the hormones. Two individuals stated that they would take HRT during or after menopause if it would make her or her family and friends better able to cope. One who said she planned to undergo HRT learned about it from a television advertisement and the other saw a television show in which HRT improved the life of one of the characters. Four stated that they had not thought of that prospect. Two said that they would not take it because it seems dangerous or unnatural. Due to the benefits, risks, and lack of conclusive research regarding the long-term effects of HRT mentioned earlier, it is advisable that individuals educate themselves via multiple sources prior to using HRT. Responses to these questions reveal that women take various stances regarding medication and means of coping with menopause (although inquiry of alternative means of coping was not made). Further research must examine the views of women regarding medication and means of coping. Because many participants also learned about menopause from the media or received no specific education (although two recalled learning about menopause briefly in school), unless family (four women learned about menopause from their mothers) takes a role in discussing the stage with children, media will greatly influence their knowledge and perceptions.

A wide range of answers followed the question of emotional and psychological effects of menopause. This category invoked more responses per participant (an average of four per participant) than the category of physical symptoms. Responses include confusion, turmoil, sadness, crying, anxiety, need for support, cranky, mood swings, increased sensitivity, depressed, disorganized, low self esteem, not like herself, feeling like she is no longer a woman, feels that this is a hard stage, feels old, realization of cessation of ability to bear children, memory loss, losing control, fear, and relief. Most responses reflect negative psychological and emotional aspects of menopause.

Responses to items questioning their feelings about the approach of their own menopause revealed that most of these young women had not thought much about their own stage of menopause. Five women responded that they had either not thought about menopause or were not concerned about it because it is a long way off. Other women stated that they accept it as a part of getting old, that they were not looking forward to it. One woman stated that the challenge probably will not feel good at the time, but accepts that it must happen. Appendix B presents frequency of responses to the fifth item relating feelings toward the onset of menopause. It is interesting to note that most women expressed that they have a positive attitude about menopause even though they have not thought much about it or have little knowledge of what it entails.

Young women noted both positive and negative possible reactions of family and friends to a woman in the midst of menopause. Responses relating positive reactions included a family desire to learn more, sympathy from daughters, family members desire to help, understanding from children and husband, members not affected much, and patience of family members. Those relating negative reactions included frustrated and confused family members, members not wanting to be with, talk to, or have sympathy for the woman, family believing that menopause is

part of getting old, and not being used to the new behaviors of the woman. Participants thought that female friends would empathize and support for the most part because the friends are likely approaching the phase as well. Other responses included a feeling of frustration by friends or that friends were not affected much. Male friends were viewed as thinking the woman is crabby, failing to understand, and being supportive. These responses reflect that the participants believed that family and friends generally respond positively to the change, but also have some apprehension or frustration.

Continued research must examine the how cultural and psychological events influence menopause. If women and families understand the stages of life, they can better cope with challenges when they arrive. This study relates how eight young women perceive menopause. Research of young women across cultures will determine the effects of social and cultural environment. In addition, the views of women regarding treatment and coping must be examined in relation to culture to determine the most effective manners of education and coping. Through continued awareness, society might come to better understand this often taboo subject.

The interviews in this study demonstrated a general limitation of knowledge, yet a positive attitude regarding the participant's own menopause and the assumed reactions of family members and friends to a woman undergoing this change in life cycle. The small sample size and homogenous sample limits generalizability, but the responses of the young women lend an example of the perception some women have of menopause prior to devoting significant thought to it. Whereas some participants displayed more knowledge about the physical effects of menopause and others did not, many asked for more information on facts of menopause following the interview. If women do not learn about menopause from their mothers prior to finishing schooling, it can be postulated that they do not learn until they are near or within the

stage of menopause. Some women might fare well with the changes regardless of much knowledge, but others might experience confusion or frustration in response to physical and psychological changes occurring during middle life. Researchers must continue to examine the experiences of women before and during menopause to help women emerge from the life change as whole, mature, competent individuals.

References

- Bromberger, J. T., Meyer, P. M., Kravitz, H. M., Sommer, B., Cordal, A., Powell, L., et al. (2001). Psychologic distress and natural menopause: A multiethnic community study. *American Journal of Public Health, 91*, 1435-1442.
- Cardozo, L. D., Wise, B. G., & Benness, C. J. (2001). Vaginal oestradiol for the treatment of lower urinary tract symptoms in postmenopausal women—a double-blind placebo-controlled study. *Journal of Obstetrics and Gynaecology, 21*, 383-385.
- Cherry, S. H., & Runowicz, C. D. (1994). *The menopause book*. New York: Macmillan
- Dixon, J. M. (2001). Hormone replacement therapy and the breast. *British Medical Journal, 323*, 1381.
- Evarts, B. K., & Baldwin, C. (1997). Menopause: A life cycle transition. *Family Journal, 5*, 200-207.
- Gallagher, T. C., Geling, O., FitzGibbons, J., Aforismo, J., & Comite, F. (2000). Are women being counseled about estrogen replacement therapy? *Medical Care Research and Review, 57*(2), 72-92.
- Hormones and heart disease—down, not out. (2002, March). *Harvard Heart Letter, 3-5*.
- Hunter, M. (2002). Coping with menopause. *Psychology Today, 35*(2), 22.
- Hunter, M., & O’Dea, I. (2001). Cognitive appraisal of the menopause: The menopause representations questionnaire (MRQ). *Psychology, Health & Medicine, 6*, 65-77.
- Senior, K. (2001). The double-edged sword of postmenopausal hormone therapy. *The Lancet, 357*(9249), 46.
- Shore, G. (1999). Soldiering on: An exploration into women’s perceptions and experiences of menopause. *Feminism & Psychology, 9*, 168-180.

Skegg, D. (2001). Hormone therapy and heart disease after the menopause. *The Lancet*, 358, 1196-1197.

Venis, S. (2002). Mixed benefits of hormone replacement therapy. *The Lancet*, 359(9305), 501.

Weiss, N. S., & Rossing, M. A. (2001). Oestrogen-replacement therapy and risk of ovarian cancer. *The Lancet*, 358, 438.

Wells, R. G., & Wells, M. C. (1990). *Menopause and mid-life*. Wheaton, IL: Tyndale House Publishers, Inc.

Appendix A

Age:
Major:

Perceptions of Menopause

I will be asking you questions regarding your thoughts on biological, psychological, social, and spiritual aspects of menopause.

- 1) First of all, how do you define menopause?
 - 2) During what ages of a woman's life does menopause generally occur?
 - 3) How long does menopause last on average (# of weeks, months, or years)?
 - 4) What feelings do you have about the coming of menopause?
 - 5) I will read a list of words. Reply "yes" or "no" to each, whether or not they describe how you feel about the onset of menopause.

Ambivalence	Relief	Empowered
Apprehension	Fear	Positive attitude
Joy	Disgust	Negative attitude
 - 6) Name some physical symptoms of menopause...
- Are there any others?
- 7) How do you think menopause affects women emotionally or psychologically?
 - 8) How do you think a woman's menopausal symptoms or reactions to this phase affects her family?
 - 9) Friends?
 - 10) Now back to a bit more biology—Do you know which sex hormones are affected by menopause? If yes, name them.
 - 11) Please describe what happens to these hormones.

12) Do you plan to do hormone replacement therapy (HRT) during or after menopause? Yes No
Why or why not?

13) Have you had any frequent interactions with a friend, relative, or someone else who is in the stage of menopause? Yes No

14) From what you observed, what was the experience like for this (these) person(s)?

15) From where or whom did you learn about menopause?

16) Are there any other thoughts that you would like to share regarding your beliefs about menopause or experiences with menopausal women?

Thank you for sharing your time and thoughts.

Appendix B

Responses to Interview Item “I Will Read a List of Words. Reply ‘Yes’ or ‘No’ to Each, Whether or Not They Describe How You Feel About the Onset of Menopause.”

Word	Frequency of “yes” response
Ambivalence	3
Apprehension	4
Joy	0
Relief	3
Fear	3
Disgust	1
Empowered	1
Positive attitude	5
Negative attitude	2