

Experiences of the Menopause: A Comparison Between Portugal and the United Kingdom (*)

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1. INTRODUCTION

The influence of social and cultural factors upon health beliefs has been emphasized by psychologists, anthropologists and sociologists in recent years (Landrine and Klonoff, 1992). Perceptions and experiences of the menopause are therefore likely to differ, according to cultural background. Cross-cultural research suggests that the meanings attached to the menopause are socially constructed (Beyene, 1986; Davis, 1986). How the menopause is perceived and experienced is therefore likely to be influenced by the status and the role of women in a particular society. Most cross-cultural studies have compared the experience of the menopause between western and non-western cultures (eg. Beyene, 1986). Little attention, however, has been devoted to the *comparison* of this experience between different Eu-

ropean cultures. The main study in this area was a survey conducted by the International Health Foundation (1970), in which samples from five European countries were compared. The main findings were that the menopause is regarded by women as a milestone in their lives, one that brings advantages, in terms of relief from the worry of pregnancy, as well as disadvantages. These latter are seen as both physical and psychological. So far, no studies have included a Portuguese sample. The aims of the present study are to describe and compare the experiences of the menopause in Portuguese and British women, in terms of (a) symptom appraisal, and (b) attitudes towards and beliefs about the menopause.

2. METHODS

2.1. Subjects

The sample comprised two groups of women aged 45 to 55, of Portuguese and British nationality. The criteria for inclusion in the study were that they had not undergone surgical menopause (hysterectomy) and were currently employed in full-time paid jobs. The women were working in

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clerical positions in several British and Portuguese firms and were recruited at the workplace. These workplaces were chosen as they are likely to employ women with similar educational and social backgrounds.

3. MEASURES

The questionnaire used was translated from English to Portuguese and then translated back in order to ensure that the questions were the same for the two groups.

3.1. *Symptom appraisal*

The Women's Health Questionnaire (WHQ) (Hunter, 1992) was designed specifically to assess self-reported symptoms of mid-aged women. There are 36 items and 9 subscales – Depressed mood, Somatic symptoms, Memory/concentration, Vasomotor symptoms, Anxiety/fears, Sexual behaviour, Sleep problems, Menstrual symptoms and Attractiveness. Each item is scored 0 if absent and 1 if present in the past few days. The number of symptoms experienced gives the total score of the WHQ. The internal reliability was determined using Cronbach's alpha which was 0.79.

The «Pennebaker Inventory of Limbic Languidness» (PILL; Pennebaker, 1982), is a 54-item checklist that taps the frequency and occurrence of 54 common symptoms and sensations. It measures of tendency towards symptom reporting. The Cronbach's alpha was 0.88. The scale requires subjects to rate each of the symptoms along a 5-point scale, from 1 = never experienced the symptom to 5 = experience the symptom at least two or three times a week. The PILL scale was kept in its original form (from A (never experienced) to E (frequently experienced)). The final score is the sum of the symptoms marked on the C, D and E points of the scale.

3.2. *Attitudes and beliefs about the menopause*

Attitude Scale

The Attitude scale was based on six items from Avis & McKinlay (1991), eight items from

Liao & Hunter (in press) and two items from (Whelton, Vickers, Meade & Marteau, in preparation). These items were rated using a seven point Likert scale ranging from 1 (agree) to 7 (disagree). The internal reliability of the scale was determined using Cronbach's alpha which was 0.57. A factor analysis using varimax rotation, with a cut off of 0.5 for inclusion of a variable in interpretation of a factor, was performed for the whole sample using all the items of the attitude scale (Table 1). Three factors – Loss of perceived femaleness; New stage in life and Psychological and physical changes, accounted for 45% of explained variance.

Negative beliefs

In order to obtain a total score for negative beliefs, and because the items of the scale were phrased negatively or positively, the positive ones – att2, att5, att7, att12 and att15, were reversed.

Expectations

The section concerning expectations about the menopause (Whelton, Vickers, Meade & Marteau, in preparation) assessed the expected effects associated with the menopause. A factor analysis with varimax rotation, with a cut off of 0.5 for inclusion of a variable in interpretation of a factor, was performed. Three factors explained 52% of variance – Somatic, Hormonal and Mood effects (Table 2).

3.3. *Menopausal status*

Menopausal status was defined using the WHO menstrual criteria – *Premenopausal* women are regularly menstruating; *Perimenopausal* women have experienced irregular menstruation but have menstruated during the previous 12 months; *Postmenopausal* women have not menstruated for at least 12 months.

3.4. *Demographic variables*

The demographic variables assessed were nationality, age and education level.

TABLE 1
Factor analysis - Attitudes
Factor loadings and percent of explained variance (n = 142)

1 - Loss of perceived femaleness (19%)	
Decline of physical attractiveness	+(0.6)
Reminder of ageing	+(0.5)
Women as less sexuality desirable	+(0.7)
Feels less a woman	+(0.7)
No longer «real women»	+(0.5)
2 - New stage in life (15%)	
Part of normal life	+(0.6)
New and fulfilling stage	+(0.5)
Interests in life	+(0.8)
Does not change a woman	+(0.7)
3 - Physical and psychological changes (11%)	
Depression and irritability	+(0.8)
Problems with physical health	+(0.7)
Become depressed or irritable	+(0.6)

TABLE 2
Expected Effects of the Menopause
Factor loadings and percent variance explained (n = 142)

1 - Somatic Effects (32%)	
Backache	+(0.7)
Sleep Problems	+(0.7)
Concentration	+(0.7)
Weight Gain	+(0.6)
2 - Hormonal Effects (11%)	
Hot Flushes	+(0.7)
Night Sweats	+(0.7)
Vag. Dryness	+(0.7)
Loss of Interest in Sex	+(0.4)
3 - Mood Effects (10%)	
Anxiety	+(0.8)
Depression	+(0.6)

TABLE 3
Sample Characteristics

(n = 100)	Portuguese women (n = 42)	British women	
	mean (sd)	mean (sd)	
Age	48.3 (3.0)	51.3 (3.3)	***
Education level	% (Freq.)	% (Freq.)	
more than 4 years	18 (18)	2 (1)	
more than 6 years	15 (15)	5 (2)	
more than 9 years	40 (40)	19 (8)	
more than 12 years	16 (16)	33 (14)	**
higher education	11 (11)	41 (17)	
Menopausal status			
Premenopausal	54 (54%)	16 (38%)	
Perimenopausal	24 (24%)	8 (19%)	*
Postmenopausal	22 (22%)	18 (43%)	

*** p<.001 ** p<.01 * p<.05

4. PROCEDURE

The questionnaires were distributed at the workplace and completed at work or at home and returned by post or collected at work.

5. ANALYSIS

Responses from Portuguese and British women were compared using univariate descriptive statistics. Multivariate analyses were then used to determine the main predictors of attitudes towards the menopause in the study sample.

6. RESULTS

6.1. *Sample characteristics*

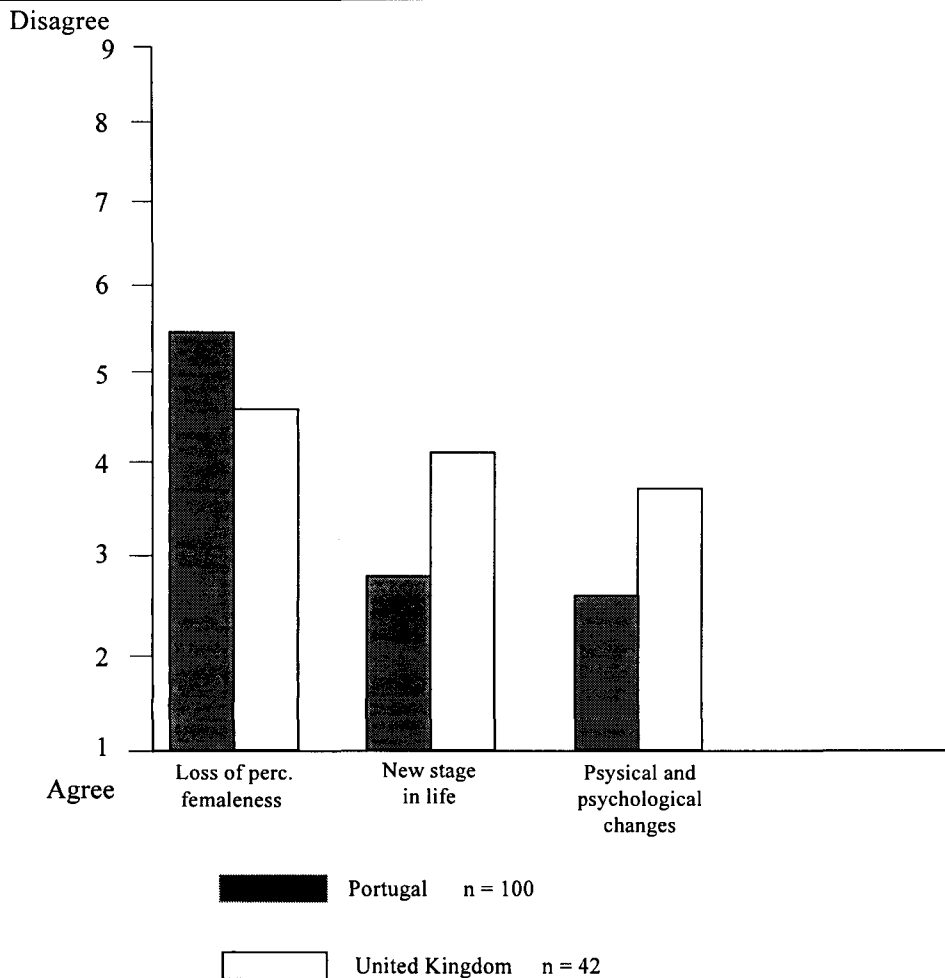
One hundred and thirty one out of a possible 200 Portuguese women (mean age 48.3yrs, s.d. 3.0), completed and returned the questionnaire, a response rate of 69.5%. However, 31 were exclu-

ded: 9 had had hysterectomies; 22 had incomplete demographic details. Sixteen of these women were having Hormone Replacement Therapy (HRT). Sixty nine out of a possible 125 British women (mean age 51.3 yrs, s.d. 3.3), completed and returned the questionnaire, a response rate of 55%. Five participants were excluded because they had undergone hysterectomies, and 22 had incomplete demographic details. Eleven of these women were having Hormone Replacement Therapy (HRT). Eighty one percent of women in each group were married. Significant differences were found between the two groups in age, education and menopausal status (Table 3).

6.1.1. Symptom reporting

Using the total scores from the WHQ and the PILL, for WHQ the mean score for Portuguese women was 12.9 (5.6) and for the British women it was 12.2 (5.9). For the Pill the mean score for Portuguese women was 15.5 (9.8) and for the British women it was 10.8 (6.2). Independent t-tests, showed significant differences

FIGURE 1
Attitudes towards the Menopause in Portugueses and British women



between the two groups on the PILL, ($t = 3.92$, $df = 117.45$; $p < .001$): Portuguese women were more likely to report general symptoms than were British women. The reporting of menopausal symptoms was highly correlated with the reporting of general symptoms in each group (Portuguese women $r = 0.68$; $p < .001$; British women $r = 0.76$; $p < .001$) and in the whole sample ($r = 0.68$; $p < .001$).

6.1.2. Attitudes and beliefs

Independent t -tests showed significant differences

between Portuguese and British women (Figure 1) on the three factors: Loss of perceived femaleness, New stage in life and Psychological and physical changes: Portuguese women were more likely to agree that the menopause can be a new stage in life than British women ($t = -5.5$, $df = 140$ $p < .001$). Portuguese women were more likely to associate the menopause with psychological and physical changes ($t = -5.0$, $df = 140$ $p < .001$), while British women are more likely to agree that the menopause is associated with loss of perceived femaleness ($t = 3.4$, $df = 140$ $p < .001$).

6.1.3. Negative beliefs

Independent t-tests showed that British women were more likely to hold negative beliefs about the menopause than were Portuguese women ($t = -2.63$; $df = 140$, $p < .01$). Negative beliefs about the menopause were positively correlated with the reporting of menopausal symptoms for the whole sample ($r = 0.18$; $p < .01$).

6.1.4. Expectations

Independent t-tests showed significant differences between Portuguese and British women in the expected somatic effects ($t = -4.5$; $df = 140$; $p < .001$), and the hormonal effects of the menopause ($t = -8.9$; $df = 102.49$; $p < .001$). British women are more likely to expect somatic and hormonal effects, in association with the menopause.

6.1.5. Predictors of attitudes towards the menopause: multivariate analysis

Three stepwise regression analyses were performed with loss of perceived femaleness, new stage in life and physical and psychological changes as the dependent variables. Age, nationality, menopausal symptoms, general symptoms, education level, menopausal status, negative beliefs, somatic effects, hormonal and mood effects were the independent variables. Table 4 displays the unstandardised regression coefficient (B); the standardised regression coefficient (Beta), the contribution of the independent variables to the equation (t value and probability t) and the adjusted R^2 . The criteria for entering a new variable was $p < .05$ and for removing a variable $p < .01$. For the first equation two variables contributed significantly to the final equation ($f(2,139)=102.6$): negative beliefs and nationality. The variance accounted for the first equation was 60%. For the second equation four variables contributed significantly to the final equation ($f(4,137)=20.2$): negative beliefs, nationality, menopausal symptoms and menopausal status. The variance accounted for the second equation was 37%. For the third equation three variables contributed significantly to the final equation ($f(3,138) = 22.4$): negative beliefs, nationality and menopausal status. The variance

accounted for the third equation was 33%. Negative beliefs and nationality were the most significant predictors of attitudes towards the menopause.

7. DISCUSSION

This study examined the experiences of Portuguese and British women in terms of symptom appraisal, attitudes towards, and beliefs about, the Menopause. The results show significant differences between Portuguese and British women in the reporting of individual symptoms, in the expected effects associated with the menopause, as well as in their attitudes towards the menopause. British women are more likely to associate the menopause with a loss of perceived femaleness, while Portuguese women are more likely to associate the menopause with physical and psychological changes.

The findings of this study should be interpreted with some caution. Although they may reflect valid differences between the two groups, some methodological issues need to be considered. First, the groups selected may not be representative of the total populations of middle-aged women in each country. In particular, women without paid employment were not included in the sample, a group that constitutes a large proportion of the studied population in each country. Second, we have no information on the women who did not respond to the questionnaire. Third, the two groups differed in age, education, and menopausal status, which may explain some of the findings. For instance, the British sample was significantly older than the Portuguese one. The effects of the menopause may easily be confounded with age.

Mindful of these possible limitations, nonetheless the results of this study do suggest differences between women in different European countries. The views that Portuguese and British women hold about the menopause appear to be based upon different meanings. Our data suggest that the experience of the menopause has different implications for each group. Portuguese women seem more likely to view the menopause from a medical perspective, and hence with physical implications. For British women the menopause seems to have social impli-

TABLE 4
Stepwise regression analysis predicting attitudes towards the menopause

Dependent variables	B	Beta	T value	Sig T	Variance (R ²)
Loss of perceived femaleness					
<i>Variables in the equation</i>					
Negative beliefs	0.08	0.73	13.4	<.001	41%
Nationality	-1.29	-0.44	-7.93	<.001	19%
<i>variables not in the question</i>					
Age			1.33	Ns	
Menopausal symptoms			-1.95	0.05	
General symptoms			-0.37	Ns	
Education			0.14	Ns	
Menopausal Status			-0.32	Ns	
Somatic effects			-1.40	Ns	
Hormonal effects			-0.23	Ns	
Mood effects			0.37	Ns	
New stage in life					
<i>Variables in the equation</i>					
Negative beliefs	0.05	0.44	6.10	<.001	20%
Nationality	1.20	0.36	5.20	<.001	11%
Menopausal symptoms	0.05	0.20	2.94	<.004	4%
Menopausal Status	0.29	0.14	1.98	<.05	2%
<i>Variables not in the equation</i>					
Age			-1.55	Ns	
General symptoms			0.48	Ns	
Education			0.06	Ns	
Somatic effects			1.27	Ns	
Hormonal effects			-0.55	Ns	
Mood effects			1.04	Ns	
Phys/psycho changes					
<i>Variables in the equation</i>					
Negative beliefs	0.42	0.37	5.08	<.001	22%
Nationality	0.90	0.30	4.23	<.001	9%
	-0.03	-0.14	-2.07	<.04	2%
<i>Variables not in the equation</i>					
Age			-0.59	Ns	
General symptoms			-0.57	Ns	
Education			-0.17	Ns	
Menopausal Status			-1.48	Ns	
Somatic effects			-0.49	Ns	
Hormonal effects			-0.73	Ns	
Mood effects			-0.59	Ns	

cations, because it is related to issues of «being a woman», and with the process of ageing. These implications may reflect differences in each culture's acceptance of behaviours related to the menopause and in the roles of middle-aged women within each cultural context.

Kaufert (1981) has argued that in any society, the event of the menopause is likely to be given an interpretation and a meaning. More than a physical or psychological phase, it must be considered as a socio-cultural event. In the present study, negative beliefs and nationality were found to be the most significant predictors of attitudes towards the menopause. Our data show that the menopause may symbolise either ageing and decline (for British women), or a new stage in life where physical and psychological changes may occur (for Portuguese women). These views suggest that these cultural contexts place different values on youth and beauty in women.

Finally, women's reaction to the menopause may be determined by their beliefs and expectations that are based on an interaction of social and psychological factors. According to Hunter (1992), these factors may be socially constructed built upon a complex socio-cultural network that offers different types of stress and support, according to women's roles in their social contexts. Thus, our evidence suggests that the cultural stereotype of the menopause in each group is represented, experienced and reported differently.

Further cross-cultural research is needed to understand the variety of menopausal experiences in European societies. Future research should explore the effects that cultural values and traditions have on the experience of the menopause, and how these values influence women's beliefs and attitudes towards their health in their middle years. Such research would also examine how women evaluate the experience of the menopause, how they perceive this transitional stage, and the ways in which they relate it to their social network. A key issue lies in the impact that cognitive, emotional and social factors may have upon experiences of the menopause, in association with the status and role of middle-aged women in European societies.

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SUMMARY

The aims of the present study were to compare experiences of the menopause in Portuguese and British women. Two groups of Portuguese and British women (n=100 and n=42, respectively), completed and returned a questionnaire which assessed the appraisal of symptoms and beliefs about the menopause. Portuguese and British women differed significantly in symptom reporting and perceptions of the menopause. British women were more likely to associate the menopause with loss of perceived femaleness, while Portuguese women were more likely to associate the menopause with physical and psychological changes. This study raises questions about social

representations of the menopause, in relation to the status and role of women in different European societies.

RESUMO

Este estudo teve como objectivo comparar experiências da menopausa em mulheres Portuguesas e Britânicas (n=100 e n=42, respectivamente). As participantes neste estudo completaram um questionário que avaliou sintomas e crenças em relação à menopausa. Encontraram-se diferenças significativas entre os dois grupos de mulheres na avaliação de sintomas e na percepção da menopausa. As mulheres Britânicas tendem a associar a menopausa com perda de feminilidade, enquanto que as Portuguesas associam a menopausa com alterações físicas e psicológicas. Este estudo levanta questões acerca da representação social da menopausa, em relação com o estudo e o papel da mulher de meia idade em diferentes sociedades Europeias.