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Representations and Perceived Consequences of Menopause by Peri- and Post-Menopausal Portuguese Women: A Qualitative Research

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Representations and Perceived Consequences of Menopause by Peri- and Post-Menopausal Portuguese Women: A Qualitative Research

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Our aim in conducting this study is to describe the representations and perceived consequences of menopause, elicited through a semistructured interview with 36 Portuguese women, in peri- and post-menopause. The most prevalent response of the interviewed women was to see menopause as a normal/neutral phase of their life cycle (28.3%). Menses' cessation (58.7%) was identified as the most prevalent positive consequence of menopause, and a range of psychological changes (18.3%) was the most mentioned negative consequence. Health care provider's awareness of women's attitudes will allow them to communicate more effectively and to reinforce women's positive attitudes.

Women's representation of menopause and their response to this period of life reflects both medical and nonmedical perceptions. Given the importance of the support that is rendered by health care providers to menopausal women, in terms of both information and meaning (Jones, 1997), and also of the psychosocial and cultural contexts in determining the meaning and impact of menopause (Hunter, 1994), the investigation of how peri- (i.e., when women start having a variable cycle length or at least two skipped cycles and an interval of amenorrhea of at least 60 days) and post-menopausal women

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(that is, who manifest amenorrhea for at least 12 months; Soules et al., 2001) represent this process and its consequences, is clinically relevant.

Currently 10% of the population of women worldwide is going through menopause or already has gone through this process (Skouby, 2004).

The biomedical model, which represents menopause as a cluster of physical and emotional difficulties caused by hormone deficiency, contrasts with the sociocultural model, which conceptualizes menopause as a natural, developmental process, with little or no consequences for women (Hunter & O'Dea, 2001). It is evident, in a large amount of studies, that menopause's perception and symptoms are influenced by several factors, not only physiological but also of psychosocial and cultural nature (Collins & Landgren, 2002; Hall, Callister, Berry, & Matsumura, 2007; Keefer & Blanchard, 2005; Kowalcek, Rotte, Banz, & Diedrich, 2005; Singh & Arora, 2005; Uncu, Alper, Ozdemir, Bilgel, & Uncu, 2007). Although physiological processes are well conserved in the human species, and overall communications have reduced the cultural gaps in developed countries, qualitative studies can explore with detail cultural contents relevant for successful interventions (Strickland, 1999).

Therefore, it is relevant to explore how different cultures, namely, the Portuguese one, perceive the menopause process, in order to provide adequate interventions to their beliefs about menopause, in future clinical and research settings.

Women may have ambivalence toward menopause, welcoming it on one hand and fearing it on the other (Im & Meleis, 2000). Thus, women can perceive that menopause is a process that has both positive and negative features.

Although the vast majority of the research around menopause has focused on the negative experiences and adverse symptoms, other studies have evidenced that women can recognize positive experiences associated with menopause (Berger & Forster, 2001; Betti et al., 2001; Deeks & McCabe, 2004). As Winterich (2003) infers, however, very little research explores the positive sexual changes during the climacteric period.

Our aim, in performing this research, was to explore women's menopause representations and its perceived consequences (both negative and positive) in a group of women in menopausal transition and post-menopause.

MATERIALS AND METHODS

The sampling of participants was based on the availability of respondents, and they were recruited by a nonprobabilistic sampling procedure. Participants had to be in menopausal transition (i.e., have a variable cycle length or at least two skipped cycles and an interval of amenorrhea of at least 60 days) or in post-menopause (that is, manifest amenorrhea for at least 12 months;

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Soules et al., 2001). Thirty-six women gave their informed consent after a presentation of the study.

A qualitative approach, employing content analysis, was used to analyze the data collected by means of a semistructured individual interview, with 36 women in the menopausal transition and post-menopausal.

The content analysis was done using the following procedure: a) develop and define major mutually exclusive emergent categories that were reflective of the 36 interviews for each one of the three preexisting categories (menopause representations, positive consequences and negative consequences, of menopause); b) generate a list of coding cues; c) analyze the statements and characterizations for best fit and that substantiate a given emergent category for each interview; d) identify subcategories, within and across the interviews, while preserving the principle of homogeneity of the category, whenever the categories did not express per se the multiplicity of elements that it integrated; and e) derive major emergent categories of the study (Bardin, 2007). The preexisting categories explored in the 36 interviews follow: menopause representations ("What is menopause for you?"), positive consequences of menopause ("Does menopause have any positive consequences? If so, which ones?"), and negative consequences of menopause ("Does menopause have any negative consequences? If so, which ones?"). The same participant could express more than one representation or identify more than one consequence. All representations and consequences evidenced were taken into account and subjected to analysis. At the end of the content analysis, only emergent categories that were mentioned by at least 10% of the sample were considered.

A jury of two psychologists (both faculty) made an independent analysis of the 36 interviews and, afterward, made a coresolution regarding the categories.

A multiple correspondence analysis (MCA) was used to thoroughly represent the associations between the emergent categories obtained from the text analysis, and to find latent constructs that can work as major determinants in women's conceptualization of menopause. A descriptive analysis and the associations between observed categories were analyzed with MCA using SPSS (v. 16, SPSS Inc., Chicago, IL).

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RESULTS

Participants

Thirty-six women were interviewed and questioned about their menopause representations and perceived (positive and negative) consequences. The mean age of participants was 56 (*SD* = 5.369; *Min.* = 39; *Max.* = 64). Regarding the menopausal status, there were six women in menopausal

transition and 30 women in post-menopause. Thirty-six percent (36%) of participants had a college degree, and 22% had completed high school. Concerning the marital status, 58% of participants were married or living with a partner and 17% were divorced.

Content Analysis

Emergent categories of representations of menopause and its perceived consequences (positive and negative) are discussed.

Regarding menopause representations, the jury found seven emergent categories of answers, namely, a) a normal/neutral phase of life cycle (which had four subcategories, specifically, normal/natural phase of life, phase that you accept, another/a new phase of life, and a neutral phase of life cycle); b) cessation of menses (which has five subcategories: the end of the objective experience of menstruation, improvement in hygiene, ovarian failure/reduction of estrogens, freedom to go to the beach/pool, and the end of the reproductive capacity); c) aging; d) a positive experience (which had two subcategories: a subjective positive experience and an objective gain); e) a negative experience (which also had two subcategories: a subjective negative experience and an objective loss); f) negative physical consequences; and finally; g) depreciation of the menopause.

A normal/neutral phase of life was the most mentioned representation of menopause, as seen in Table 1.

Regarding the positive consequences of menopause, the jury identified three emergent categories: a) cessation of menses (in which were identified seven subcategories, namely, end of the objective experience of menstruation, improvement in hygiene, ability to stop contraception, terminus of premenstrual syndrome, greater sexual freedom, stop buying and using tampons/pads, and freedom to plan vacations), b) psychological changes (divided in nine categories: feeling calmer, feeling less concern, feeling more confidence, increased assertiveness, increase in the ability to accept life's aspects, increased maturity, desire to invest in pleasurable things, give more value to positive experiences, and increased sensitivity), and c) absence of positive consequences.

Cessation of menses (58.7%) and positive psychological changes (27%) were the most-mentioned positive consequences of menopause, as evidenced in Table 2.

Regarding the negative consequences of menopause, eight emergent categories were found: a) psychological changes (which had eight subcategories, namely, depressed mood/mood swings, hopelessness regarding the future, irritability/lack of patience, feelings of self-depreciation, anxiety, aggravation of preexisting vulnerability, memory loss, general psychological change); b) physical changes (which had six subcategories, specifically,

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TABLE 1 Emergent Categories and Subcategories Resulting From Content Analysis of the Precategory of Menopause Representations

Categories	Subcategories	Subcategory frequency	Category frequency	Category percentage
Normal/neutral phase of life cycle	Normal/natural phase of life	12	26	28.3
	Phase that you accept	3		
	Another/a new phase of life	9		
	A neutral phase of life cycle	2		
Cessation of menses	End of the objective experience of menstruation	6	16	17.4
	Improvement in hygiene	2		
	Ovarian failure/reduction of estrogens	4		
	Freedom to go to the beach/pool	1		
	The end of the reproductive capacity	3		
Aging	—		15	16.3
Negative experience	Subjective negative experience	7	14	15.2
	Objective loss	7		
Positive experience	Subjective positive experience	6	8	8.7
	Objective gain	2		
Negative physical consequences	—		8	8.7
Depreciation of the menopause	—		5	5.4
Total of representations mentioned	—		92	100

flaccidity in body parts, perception of changes in the body in general, physical constraints in doing certain things, dry skin, hair loss, and tiredness/decrease of energy); c) concern with disease appearance or aggravation (divided in five subcategories, osteoporosis/osteopenia, high blood pressure, cardiovascular disease, high cholesterol, and worry with health deterioration in general); d) changes in sexual life (which had five subcategories, specifically, decreased libido, vaginal dryness, general difficulties in sex life, estrangement from partner due to sex-related difficulties and guilt, and insecurity related with her own sexual performance); e) vasomotor symptoms (which had two subcategories, presence of vasomotor symptoms and feelings of shame related to the presence of vasomotor symptoms); f) absence of negative consequences; g) weight gain; and h) perception of loss (which has four subcategories, namely, loss of femininity, loss of the reproductive capacity, quit doing some pleasurable things, and concern with the possibility of losing an attractive figure). Negative psychological changes (18.3%), physical changes (17.2%), and concern with disease appearance or aggravation (15%) were the most mentioned negative consequences of menopause (Table 3).

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TABLE 2 Emergent Categories and Subcategories Resulting From the Content Analysis of the Precategory of Positive Consequences of Menopause

Categories	Subcategories	Subcategory frequency	Category frequency	Category percentage
Cessation of menses	End of the objective experience of menstruation	14	37	58.7
	Improvement in hygiene	3		
	Terminus of contraception	8		
	Terminus of premenstrual syndrome	1		
	Greater sexual freedom	3		
	Stop buying and using tampons/pads	5		
	Freedom to plan vacations	3		
Psychological changes	Feeling more calm	4	17	27
	Feeling less concern	1		
	Feling more confidence	1		
	Increased assertiveness	1		
	Increased ability to accept life's aspects	2		
	Increased maturity	1		
	Desire to invest in pleasurable things	5		
	Give more value to positive experiences	1		
	Increased sensitivity	1		
Absence of positive consequences	—		9	14.3
Total			63	100

As mentioned earlier, the same participant could identify more than one representation or consequence (hence, the total of answers—for example, the total of the category's frequency for negative consequences is 93—exceeds the number of participants, that is, 36). In order to have an overview of how many participants mentioned a certain category, the frequency of the categories mentioned by each participant was explored.

Therefore, regarding the categories of the theme "representation of menopause," a normal/neutral phase of life cycle was mentioned by 19 participants, cessation of menses by 11, aging was identified 15 times, negative experience was mentioned by 11 women, a positive experience was evidenced by six people, negative physical consequences by eight and five people undervalued the topic (depreciation of the menopause).

Positive consequences of menopause were demonstrated by three emergent categories that were mentioned as follows: cessation of menses was mentioned by 23 participants, absence of positive consequences by nine and positive psychological changes by eight.

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TABLE 3 Emergent Categories and Subcategories Resulting From the Content Analysis of the Precategory of Negative Consequences of Menopause

Categories	Subcategories	Subcategory frequency	Category frequency	Category percentage
Psychological changes	Depressed mood/mood swings	2	17	18.3
	Hopelessness regarding the future	2		
	Irritability/lack of patience	4		
	Feelings of self-depreciation	2		
	Anxiety	2		
	Aggravation of preexisting vulnerability	1		
	Memory loss	2		
	General psychological change	2		
Physical changes	Flaccidity in body parts	3	16	17.2
	Perception of changes in the body in general	4		
	Physical constrains in doing certain things	3		
	Dry skin	1		
	Hair loss	1		
	Tiredness/decrease of energy	4		
Concern with disease appearance or aggravation	Osteoporosis/osteopenia	7	14	15
	High blood pressure	2		
	Cardiovascular disease	1		
	High cholesterol	1		
	Worry with health deterioration in general	3		
Changes in sexual life	Decreased libido	7	11	11.8
	Vaginal dryness	1		
	General difficulties in sexual life	1		
	Estrangement from partner due to sex-related difficulties	1		
	Guilt and insecurity related with own sexual performance	1		
Vasomotor symptoms	Presence of vasomotor symptoms	8	10	10.8
	Feelings of shame related with the presence of vasomotor symptoms	2		
Absence of negative consequences	—		9	9.7
Weight gain	—		8	8.6
Perception of loss	Loss of femininity	2	8	8.6
	Loss of the reproductive capacity	3		
	Quit doing some pleasurable things	2		
	Concern with the possibility of losing an attractive figure	1		
Total			93	100

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Regarding the negative consequences of menopause, we found eight emergent categories that were mentioned as follows: concern with disease appearance or aggravation was mentioned by 12 participants, negative physical changes by 11, negative psychological changes by 10, negative changes in sex life was evidenced by 10 women, vasomotor symptoms by eight participants, weight gain by eight, absence of negative consequences was identified by seven, and perception of loss by five participants.

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Multiple Correspondence Analysis

Multiple correspondence analysis (MCA) of the emergent categories of representations of menopause and its perceived consequences (positive and negative) was used.

The MCA explores the correlational structure of the three precategories, that is representations of menopause, positive and negative consequences, organized in three models (one for each precategory) with several factors and factor loadings (which give the relation between each emergent category and a factor).

The results evidenced that the representations of menopause are better explained by a three-dimension model. The three factors account for 66% of total inertia (variance) observed (Table 4).

Regarding the positive consequences of menopause, a two-dimensional model was evidenced by MCA as a best-fit solution and explained 96% of total inertia (variance) (Table 5).

Perceived negative consequences of menopause are best explained in a four-dimensional model (accounting for 74% of total variance), as evidence in Table 6.

TABLE 4 Three-Dimensional Representations of Menopause: Factor Loadings for Each Dimension, Mean Loadings, and % Inertia (Variance) Explained

	Dimensions			
Categories	Negative features	Positive or neutral features	Phase of life cycle	Mean
Menses cessation	.027	**.722**	.010	.253
Normal/neutral phase of life cycle	.250	.022	**.522**	.265
Aging	**.566**	.033	.106	.235
Depreciation of the menopause	.199	**.290**	.089	.193
Negative physical consequences	**.503**	.029	.082	.205
Positive experience	.062	**.344**	.090	.166
Negative experience	**.411**	.005	.262	.226
Eigenvalues	2.017	1.445	1.162	1.542
% of variance	28.821	20.648	16.601	22.023

TABLE 5 Two-Dimensional Representation of Positive Consequences of Menopause: Factor Loadings for Each Dimension, Mean Loadings, and % Inertia (Variance) Explained

Categories	Menses cessation	Dimensions psychological changes	Mean
Absence of positive consequences	**.928**	.021	.475
Menses cessation	**.816**	.138	.477
Positive psychological changes	.040	**.946**	.493
Eigenvalue	1.785	1.105	1.445
% of variance	59.484	36.833	48.159

DISCUSSION

In the research evidenced in this sample of peri- and post-menopausal women, the positive consequences of menopause were mentioned 63 times (and were organized in 16 subcategories), whereas the negative were evidenced 93 times (and 31 categories/subcategories were identified). This demonstrates that in this sample there is a higher number of perceived negative consequences regarding menopause, compared with the positive consequences.

Previous studies have shown that attitudes toward menopause are positive or neutral (Avis & McKinlay, 1995; Chirawatkul & Manderson, 1994; Padonu, Holmes-Rovner, Rothert, Schmitt, & Kroll, 1996). These findings are supported by the data collected in the present study: 28.3% of the total of representations indicate menopause as a normal/neutral phase of life cycle and 8.7% identified it as a positive experience. Similarly, other studies emphasize

TABLE 6 Four-Dimensional Representation of the Negative Consequences of Menopause: Factor Loadings for Each Dimension, Mean Loadings, and % Inertia (Variance) Explained

Categories	Sexual and psychological changes	Disease and physical changes	Dimensions Vasomotor symptoms	Perception of loss	Mean
Absence of negative consequences	**.692**	.050	.069	.001	.203
Vasomotor symptoms	.000	.258	**.431**	.033	.180
Negative sexual changes	**.419**	.000	.295	.001	.179
Concern with disease	.090	**.412**	.016	.351	.217
Weight gain	.194	.161	.064	**.270**	.172
Negative psychological changes	**.193**	.000	.190	.165	.137
Negative physical changes	.253	**.480**	.000	.047	.195
Perception of loss	.088	.178	.220	**.290**	.194
Eigenvalue	1.929	1.540	1.286	1.156	1.478
% of variance	24.107	19.247	16.081	14.451	18.471

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that women perceive menopause as a natural transition in the life cycle (Lock, 1986).

Some women, however, have defined menopause as a negative experience (15.2% of all representations alluded); in the same way, Shore (1999) and Delanoë (1997) concluded that the majority of women in their studies have negative representations of menopause.

Several authors also evidence that women perceive that menopause is a process related to aging (Jones, 1997; Lock, 1991; Padonu et al., 1996). This relation is also obvious in the present study.

Concerning the positive consequences of menopause, the results point out that the most positive consequence mentioned is the cessation of menses. Several studies have emphasized that women see the cessation of menses as a positive experience (Avis & McKinlay, 1991; Deeks & McCabe, 2004) and consider menopause to be socially good for women (Singh & Arora, 2005).

In this research women evidenced positive psychological changes as an advantageous consequence of menopause; other studies have concluded that an increase of the feeling of calmness is mentioned by women during the years of menopause (Deeks & McCabe, 2004; Mansfield & Voda, 1997).

Regarding the negative consequences of menopause, women have designated negative psychological changes (18.3%) and vasomotor symptoms (10.8%) as two negative consequences of menopause. These results agree with the observations of Padonu, Holmes-Rovner, Rothert, Schmitt, and Kroll (1996) which have concluded that psychological symptoms are viewed more negatively than vasomotor symptoms. Deeks, Zoungas, and Teede (2008) evidence that both in peri- and post-menopause, but more significantly in pre-menopause, women feared loss experiences. This goes in the same direction as our results that show the perception of loss (8.6% of all negative consequences elicited) as one of the negative consequences of menopause.

Although in Crawford, Casey, Avis, and McKinlay's (2000) research the menopause transition was not associated with weight gain, the present study emphasizes that 8.6% of participants have identified weight gain as one of the negative consequences of menopause. Similarly, in an Australian study, women perceived menopause as a process that has an impact on weight gain (Deeks et al., 2008). In addition, the perception of midlife weight gain recently has been confirmed by a population-based sample of women and men from across Canada. The body mass index gain of 1.2 units for women over the decade between ages 45 and 54 was significantly more than for men in the same decade (Hopman et al., 2007).

Another perceived negative consequence of menopause is the concern with disease appearance or aggravation (15%). Likewise, other researchers have concluded that peri- and post-menopausal women fear that menopause affects adversely their physical health (Deeks et al., 2008; Singh & Arora, 2005).

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According to psychodynamic psychiatrists, the end of fertility is associated with symbolic losses (Lock, 1991). In the present research 8.6% of the sample highlights the perception of loss as a negative consequence of menopause.

Menopausal process can facilitate the manifestation of depressed mood and sexual changes, which can have an impact on the participants' personal life (Nappi & Nijland, 2008). In the present study, negative psychological and sexual changes were also reported as two negative consequences of menopause.

The MCA suggests that the representation of menopause can be explained by three factors. The first factor is represented by negative experience, negative physical consequences, and aging; therefore, age progression can be viewed as a negative experience by these menopausal women, given the strong relation with two other negative representations. The second factor, which supports the representations of the menopause model, is composed of three independent aspects: the termination of menses, a depreciation (or minimization) of the menopause of the participant, and the menopause as a positive experience. This association could suggest that the termination of menses is associated with neutral or positive representations, which would be congruent with the findings of previous studies (Avis & McKinlay, 1995; Chirawatkul & Manderson; 1994; Padonu, Holmes-Rovner, Rothert, Schmitt, & Kroll, 1996), although both positive experience and absence of positive consequences have low loadings in this factor (that is, inferior to .40).

The third factor evidences menopause's representation as a phase of life cycle; this means that menopause is seen as a normal or expected transition that is clearly distinct from negative and positive representations.

In conclusion, women might represent menopause as being a negative or positive experience or as a life cycle transition.

The perceived positive consequences of menopause are explained by two major factors, one clearly psychological (positive psychological changes) and the other of a more physical nature (termination of menses and its absence of positive consequences). The strong association between the emergent categories of cessation of menses and its absence of positive consequences may mean that the termination of menses is not always perceived as a positive consequence, although it accounts for 58.7% of all positive consequences mentioned. Other researches reached the same conclusions: women feel relief or neutral feelings toward the menses cessation, or they refer to the end of menstruation as having little significance (Avis & McKinlay, 1991; Lock, 1991).

The MCA regarding the model of negative consequences of menopause highlights that this precategory is largely explained by a four-factor structure. Hence, negative psychological changes, negative sexual changes, and the absence of negative consequences constitute the first factor; the second

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one gathers negative physical changes, and concern with development or aggravation of disease; the third is vasomotor symptoms; and the fourth factor is defined by weight gain and perception of loss. In this model of negative consequences of menopause, negative psychological changes (as well as negative sexual changes) are strongly associated with the absence of negative consequences. Since positive psychological changes were not related with the absence of positive consequences in the model analyzed previously (i.e., the model of positive consequences), it can be hypothesized that changes at a psychological level might be more significant when they are positive than when they are negative, since in the model of negative consequences, the psychological changes are associated with the absence of negative consequences. Moreover, psychological changes have a low loading in this factor (.193). The association between the absence of negative consequences and sexual changes might also mean that the later are not very significant.

The second (negative physical changes and concern with disease) and third (vasomotor symptoms) factors, although of physical nature, are distinct dimensions. A similar result has been found in other studies regarding factor analysis of menopausal symptoms: somatic experiences and vasomotor symptoms usually are identified as being different factors (Green, 1998).

The fourth factor aggregates weight gain and perception of loss. These two negative consequences of menopause, although bearing low loadings (.270 and .290, respectively), have similarities: weight gain may reflect the lost of a known body shape, which may be perceived as changed due to menopause. Therefore, the model of negative consequences of menopause has four main factors, one of a psychological/sexual nature, another of a physical nature, a third one which represents vasomotor symptoms, and a final factor that reflects the subject of loss.

CONCLUSION

Despite the associations that women establish between menopause and a series of consequences (positive or negative), the menopause process might not be the only variable influencing the representations and perceived consequences, since psychosocial and cultural factors can have an impact in the reporting of menopause symptoms and in the way women perceive menopause.

Our results emphasize that, in a group of Portuguese women, representation of menopause may be of a negative, a positive, or a neutral experience, or as a life cycle transition. The perceived positive consequences are cessation of menses or absence of positive consequences on one hand, and positive psychological changes on the other hand. Negative consequences of menopause are of a psychological/sexual nature, a physical nature, include vasomotor symptoms or weight gain, and a perception of loss.

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The nonprobabilistic nature of this study cannot lead to generalizations. Contrary to studies using closed-end questionnaires, this approach allows for insightful gains into the overall nature of representations of menopause and the perceived consequences of this transition. There is evidence that women can internalize the biological model and perceive menopause in terms of deficiency, attributing to the menopausal process several psychological difficulties (Ballinger, 1990).

Given that the psychosocial and cultural context can determine the meaning and impact of menopause (Hunter, 1994) and that health care professionals may reinforce these representations or modify them (Moscovici, 1990), it should be clear the cognitive constructions women have about menopause, with qualitative studies making an important contribution to this understanding.

In future research, it would be useful to explore whether these conclusions are confirmed in larger samples. It also would be pertinent to study if certain types of representations of menopause and associated consequences, identified in the present research, are correlated with other psychological variables, given the high frequency of psychological phenomena being identified by the participants as negative consequences of menopause.

There may be some sociocultural biases in our results that also limit generalizations. Yet, the conservation of physiological processes within the human species and the proximity between developed societies, due to global communications, has reduced the cultural gap. Thus, women's representations of menopause may well be similar across different countries and socioeconomic groups. Therefore, the present research is an important examination of how a group of Portuguese women see menopause and its consequences that can affect the way they live this phase and relate with family and in a social context.

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