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Determining The Factors Affecting Women in The Menopause Period's Intention to Use Hormone Replacement Therapy

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ABSTRACT

Objective: This study was conducted to determine the psychological, physiological, and cognitive factors affecting the intention of menopausal women to use Hormone Replacement Therapy (HRT).

Methods: This cross-sectional study consisted of 429 women in menopause. The Menopause Attitude Assessment Scale (MAAS), Menopause Symptoms Assessment Scale (MSAS), and Personal Information Form were used to collect data.

Results: The participants' total MAAS score average was 27.40±6.87, and the MSAS total score average was 18.33±9.23. The participants' mean HRT intention score was determined as 2.83±1.63. According to the participants' HRT intention, the positive and negative emotional factors, family relations, and behavioral factors sub-dimension scores related to menopause attitudes showed a statistically significant difference (p<.05). In the multiple regression analysis, a statistically significant relationship was found between the MAAS score and women's intentions toward HRT, and it was determined that each unit increase in the MTRS score caused a 0.043 unit decrease in intentions toward HRT.

Conclusion: The results obtained from this study show that multidimensional factors affecting women's health behaviors during menopause should be considered. It also emphasizes the importance of informative and sensitively structured health services regarding HRT.

Keywords: Climacteric, hormone replacement therapy, menopause, nursing, women's health.

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Introduction

Menopause is the complete absence of the menstrual cycle due to the decrease in the production of estrogen and progesterone hormones due to the loss of function of the woman's ovaries (WHO, 2024). It is stated that the average age of menopause is 52 (The North American Menopause Society (NAMS), 2022) worldwide and 48-49 in our country (Turkish Menopause and Osteoporosis Association, 2025). This process can occur naturally or be seen earlier for different reasons such as surgery, chemotherapy, or radiation (Çilgin, 2019). Approximately one-third of a woman's life is spent postmenopausal (Tümer & Kartal, 2018). During menopause, which is a natural change in the life cycle, women experience different physiological and psychological symptoms (Agrali et al., 2022; Syed Alwi et al., 2021). In the early stage, hot flushes, facial flushing, night sweats, sleep disorders, vasomotor changes such as shortness of breath, vaginal dryness, changes in the genitourinary system such as decreased sexual desire, irritability, short-term decrease in concentration and memory, and psychological changes such as depression can be seen. (Johnson et al., 2019; Santoro et al., 2015; Vaccaro et al., 2021). When the average age of menopause is considered, it is known that such symptoms are experienced more clearly before the age of 60. In the long term, osteoporosis and cardiovascular and cerebrovascular disorders are also seen (Santoro et al., 2015). Women are affected by all these conditions, as well as their families and society (Tümer & Kartal, 2018). Hormone Replacement Therapy (HRT) is one of the most effective approaches to reduce and manage the adverse effects of menopause in the early and long term (Hamoda et al., 2020). The treatment aims to relieve symptoms by changing the levels of estrogen and progesterone, which are the ovarian hormones that fall in women. International guidelines (NAMS, 2022; NICE, 2023; British Menopause Society, 2020) state that HRT use is an effective and safe option, particularly for women under the age of 60, within the first 10 years of menopause onset, and experiencing moderate to severe menopausal symptoms. However, there are absolute contraindications, including active or past breast cancer, endometrial cancer, unexplained vaginal bleeding, active thromboembolic disease, and severe liver disease. Short-term side effects include breast tenderness, headaches, edema, vaginal bleeding, and nausea, while long-term risks include an increased risk of thromboembolic events and breast cancer. HRT protocols have evolved from long-term, high-dose regimens in the past to low-dose, individualized, and as short-term as possible use today. Current guidelines recommend that the treatment plan be tailored to the individual's symptom profile, risk factors, and preferences; that the risk-benefit balance be thoroughly discussed before treatment; and that regular follow-up be conducted (Hamoda et al., 2020). HRT has been stated as an acceptable option for women who are under the age of 60, who are within 10 years of menopause, who are not in a risk group for diseases such as cardiovascular or breast cancer, and who have moderate or severe menopausal symptoms (Pinkerton, 2025). However, it has been determined that women do not have information about HRT or do not have enough information to decide on using it and that they have incomplete information (Parish et al., 2018). On the other hand, it has been observed that women do not want to use HRT because they are afraid of its possible side effects (Çilgin, 2019). When the studies evaluating the prevalence of Hormone Replacement Therapy are examined, it is stated that the current HRT users among women aged 45-69 in Finland are 13.2%, in Sweden 5.3%, and in Belgium 9.7% (Antoine et al., 2016). While it is reported that 11.8% of menopausal women in Australia are current HRT users (Peng et al., 2014), in Japan, 13.8% of menopausal women use HRT, and the average duration of HRT use is 2 years (Yasui et al., 2022). In a study conducted in Türkiye, it is stated that 4.2% of menopausal women use HRT (Çelikkanat & Sohbet, 2020). Although the benefits of HRT are generally accepted, usage rates are low worldwide. It is observed that most of the studies on menopause examine the symptoms related to estrogen deficiency, and psychosocial factors are less investigated (Pinkerton, 2025). It is stated that the intention to perform a behavior is the primary determinant and most accurate predictor of performing the behavior (Hunter & Liao, 1994). In addition to the provision and accessibility of health services in protecting and improving women's health, the attitudes, behaviors, and self-efficacy levels of women in accepting treatment also affect them. Encouraging the adoption rates of HRT may help develop an intervention model to facilitate the transition to menopause and improve the quality of life in the person's later years. This study was conducted to determine the factors affecting women's intention to use HRT during menopause.

Methods

Type of the Study

Our study is a cross-sectional descriptive study.

Place and Time of the Study

The study sample consisted of 429 women who were reached between September and December 2024 in the Aegean region of Türkiye and who agreed to participate voluntarily after being fully informed about the purpose and procedures of the study.

Participants

Women who could speak and understand Turkish, were between the ages of 40 and 60, had not experienced menstrual bleeding for 12 months, were diagnosed with menopause, and were not taking HRT were included in the study.

Measures

Personal Information Form: This form, prepared by researchers in line with the literature, includes information about the socio-demographic and menopause status of the participants and consists of 17 questions.

Menopause Attitude Assessment Scale (MAAS): The validity and reliability of the Menopause Attitude Assessment Scale was performed by Koyuncu et al. in 2015. The scale comprises 13 items and four sub-dimensions (positive emotional, hostile emotional, family relations, and behavioral factors). It is a measurement tool used to evaluate the attitudes of middle-aged women in Türkiye towards menopause. The "positive emotional" sub-dimension consists of items 6, 7, 8, 9, and 11, the "negative emotional" sub-dimension consists of items 3, 4 and 5, the "family relations" sub-dimension consists of items 1, 2 and 10, and the “behavioral” sub-dimension consists of items 12 and 13. According to the reliability study results, the Cronbach’s alpha coefficient of the scale is 0.744. The Cronbach’s alpha values of the created factors were found to be 0.682 for the “positively emotional” factor, 0.717 for the “negatively emotional” factor, 0.732 for the “family relations” factor, and 0.828 for the “behavioral” factor. In this study, the Cronbach’s alpha coefficient of the Menopause Attitude Scale was found to be 0.785, the Cronbach’s alpha coefficient for the “positive emotional” sub-dimension was 0.777, the Cronbach’s alpha for the “negative emotional” sub-dimension was 0.735, the Cronbach’s alpha for the “family relations” sub-dimension was 0.706, and the Cronbach’s alpha for the “behavioral” sub-dimension was 0.812. The increase in scale scores indicates that women's attitudes towards menopause have also improved positively (Koyuncu et al., 2015).

Menopause Symptoms Assessment Scale (MSAS): This scale was adapted to Turkish by Gürkan (2005). The total Cronbach Alpha reliability coefficient of the scale was 0.84. The Cronbach Alpha value of the sub-dimensions of the MSAS was determined as 0.65 for somatic symptoms, 0.79 for psychological symptoms, and 0.72 for urogenital symptoms. The scale includes 11 items, including Likert-type items about menopausal symptoms. Each item consists of “0= None”, “1= Mild”, “2= Moderate”, “3= Severe” and “4= Very severe” options. The lowest possible score from MSAS is 0 (zero), and the highest is 44 (forty-four). An increase in the scale's total score indicates an increase in the severity of menopausal symptoms in women experiencing menopausal symptoms (Gürkan, 2005).

Hormone Replacement Therapy (HRT) Intention Form: A 5-question form prepared by researchers in line with the literature consisting of statements regarding using Hormone Replacement Therapy (Hunter & Liao, 1994).

Data Collection

Data were collected from Family Health Centers located in the center of Izmir via face-to-face survey method. After the consent form, participants filled out the Personal Information Form, Menopause Attitude Assessment Scale, Menopause Symptoms Assessment Scale, and HRT Use Intention Form.

Statistical Analysis

The statistical evaluation of the research findings was performed using the Statistical Package for Social Sciences (IBM SPSS Corp., Armonk, NY, USA) version 23.0. Descriptive analyses were conducted to outline the general characteristics of the study groups. Continuous variables are presented as mean ± standard deviation, while categorical variables are expressed as n (%). To compare the means of quantitative variables between groups, significance tests and one-way analysis of variance (ANOVA) were employed to assess differences between two means. Chi-square tests were utilized to explore relationships between qualitative variables. A p-value of less than .05 was considered indicative of statistical significance.

Ethics

Written permission was obtained for the research from the relevant center and Erzurum Technical University Ethics Committee with meeting number 09, decision number 2 on July 25, 2024. This study was prepared using the principles

of publication ethics under the Helsinki Declaration. Our study aimed to ensure privacy and obtain personal data subject to the law, per the Law on the Protection of Personal Data No. 6698.

Results

The demographic characteristics of the participants and their menopause history are presented in Table 1; 31.5% are primary school graduates, 77.4% are homemakers, 90.2% are married, and 36.1% are high school graduates. 28.2% of the participants have a civil servant spouse, 93.7% have health insurance, 58.7% have income equal to their expenses, and 86.7% have entered menopause naturally. 50.8% of the participants have received information about the menopause period and its characteristics, 29.6% have received information from a doctor, 81.8% have not received treatment for menopause, and 10.5% have received calcium medication + vitamin treatment. 2.3% of the participants use antidepressants, 4.9% Mg, 2.6% herbal medicine, 2.1% selenium, 0.2% fish oil, and 1.9% collagen. The average age of the participants was 54.55±4.79, the average number of living children was 3.17±1.90, the average number of births was 3.48±2.20, and the average duration of menopause was 6.76±5.41 (Table 1).

The distribution of scores obtained from the Menopause Attitude Assessment Scale, the Menopause Symptoms Assessment Scale, and its sub-dimensions are detailed in Table 2. The participants received 8.34±3.63 points from the Positive Emotional Factor sub-dimension, 6.23±2.61 points from the Negative Emotional Factor sub-dimension, 8.16±2.75 points from the Family Relations Factor sub-dimension, 4.67±1.95 points from the Behavioral Factor sub-dimension and 27.40±6.87 points in total from the Menopause Attitude Assessment Scale. The participants received 7.03±3.49 points from the Somatic Complaints sub-dimension, 7.61±4.13 points from the Psychological Complaints sub-dimension, 3.69±2.77 points from the Urogenital Complaints sub-dimension, and 18.33±9.23 points in total from the Menopause Symptoms Assessment Scale. The participants' mean HRT Intention score was 2.83±1.63 points (Table 2).

When the distribution of intentions regarding HRT was examined, 32.4% of them thought of not wanting HRT, while 38.2% stated the reason for this request as lack of information and uncertainty (Table 3).

Table 1.
Demographic Characteristics of Menopause History of Participants

				n	%
Educational Status	Illiterate			60	14.0
	Literate (not complete primary school)			39	9.1
	Primary school graduate			135	31.5
	Secondary school graduate			33	7.7
	High school graduate			74	17.2
	University graduate			88	20.5
Job	Housewife			332	77.4
	Teacher			30	7.0
	Worker			28	6.5
	Midwife-Nurse			10	2.3
	Retired			7	1.6
	Civil Servant			22	5.1
Marital Status	Married			387	90.2
	Single			42	9.8
Health Insurance	Yes			402	93.7
	No			27	6.3
Income	Income is less than expenses			108	25.2
	Income is equal to expenses			252	58.7
	Income is more than expenses			69	16.1
Type of Menopause Entry	Naturally			372	86.7
	With Surgery			54	12.6
	Post-loss sadness or stress			3	0.7
Getting Information About Menopause and Its Characteristics	Yes, I did			218	50.8
	No, I didn't			211	49.2
Place of Information*	Midwife			32	7.5
	Nurse			69	16.1
	Doctor			127	29.6
	Relative			48	11.2
	Friend			73	17.0
	Book-brochure			53	12.4
	TV/Internet/Radio			79	18.4
Getting Treatment for Menopause	Yes			78	18.2
	No			351	81.8
Treatment Method Received	I am not taking any treatment			350	81.6
	Calcium medicine			10	2.3
	Vitamin			24	5.6
	Calcium medicine + Vitamin			45	10.5
Antidepressant Use	Yes			10	2.3
	No			419	97.7
Magnesium Use	Yes			21	4.9
	No			408	95.1
Herbal Medicine Use	Yes			11	2.6
	No			418	97.4
Selenium Use	Yes			9	2.1
	No			420	97.9
Fish Oil Use	Yes			1	0.2
	No			428	99.8
Use of Collagen	Yes			8	1.9
	No			421	98.1
Numerical Variables	**n**	**Min.**	**Max.**	**Med.**	**SD.**
Age	429	40.0	66.0	54.55	4.79
Number of living children	429	0	11	3.17	1.90
Number of births	429	0	12	3.48	2.20
Duration of menopause	428	0	43	6.76	5.41

*More than one marking has been made

The difference between the mean scores of Positive Emotional Factor, Negative Emotional Factor, Family Relationship Factor, Behavioral Factor, MAAS Total score, Psychological Complaints sub-dimension, Urogenital Complaints sub-dimension, and MSAS Total score according to HRT intention is statistically significant (p<.05). The difference between the mean scores of Positive Emotional Factor, Negative Emotional Factor, Family Relationship Factor, Behavioral Factor, MAAS Total Score, and MSAS Total Score according to the reason for HRT intention is statistically significant (p<.05) (Table 4).

Table 2.
Distribution of Scores Obtained From the Menopause Attitude Assessment Scale, Menopause Symptoms Assessment Scale, and Sub-dimensions

Scale and Subscales	Min.	Max.	Mean	SD
Positive Emotional Factor	0.00	19.00	8.34	3.63
Negative Emotional Factor	0.00	12.00	6.23	2.61
Family Relationship Factor	1.00	12.00	8.16	2.75
Behavioral Factor	0.00	8.00	4.67	1.95
Menopause Attitude Assessment Scale	7.00	50.00	27.40	6.87
Somatic Complaints	0.00	15.00	7.03	3.49
Psychological Complaints	0.00	16.00	7.61	4.13
Urogenital Complaints	0.00	12.00	3.69	2.77
Menopause Symptoms Assessment Scale	0.00	41.00	18.33	9.23
HRT Intention Score	1	5	2.83	1.63

HRT: Hormone Replacement Therapy SD: Standart Deviation

The difference between the mean scores of Positive Emotional Factor, Negative Emotional Factor, Family Relationship Factor, Behavioral Factor, MAAS Total score, Psychological Complaints sub-dimension, Urogenital Complaints sub-dimension, and MSAS Total score according to HRT intention is statistically significant (p<.05). The difference between the mean scores of Positive Emotional Factor, Negative Emotional Factor, Family Relationship Factor, Behavioral Factor, MAAS Total Score, and MSAS Total Score according to the reason for.

Regression analysis showing the effect of Menopause Attitude Assessment and Menopause Symptoms Assessment scores on women's HRT intentions is presented in Table 5.

Multiple regression analysis revealed the effect of Menopause Attitude Assessment and Menopause Symptoms Assessment scores on women's HRT intentions. As a result of this analysis, it was determined that there was a significant relationship between the Menopause Attitude Assessment score and Women's HRT Intentions (R=0.186, R^2adjusted=0.030, F (2,426)=7.672; p=.000). Menopause Attitude Assessment score explains 3% of Women's HRT Intentions. There is no significant relationship between the Menopause Symptoms Assessment score and Women's HRT Intentions (p>.05). According to the regression analysis results, the regression equation predicting Women's HRT Intentions is as follows: Women's HRT Intentions = (-0.043 x Menopause Attitude Assessment Scale score) + (3.932). A 1-unit increase in the Menopause Attitude Assessment score causes a 0.043-unit decrease in Women's HRT Intentions.

Table 3.
Distribution of Intentions Regarding Hormone Replacement Therapy

		n	%
HRT Intention	I definitely won't want HRT	139	32.4
	I would prefer not to have HRT, but I'll consider it	73	17.0
	I would like to have HRT, but I have some concerns	64	14.9
	I definitely will want HRT	29	6.8
	I don't know what HRT is/I'm undecided	124	28.9
Reason for HRT Intention	Lack of Information and Uncertainty	164	38.2
	Dislike and Dispreference	78	18.2
	Anxiety and Fears	97	22.6
	Emotional State and Affects	53	12.4
	Need to Use and Research	22	5.1
	Negative Thoughts and Hesitations	15	3.5

Discussion

This study examined the factors affecting women's intention to use HRT. The findings obtained in this study provide important data regarding the participants' attitudes towards menopause, menopausal symptom experiences, and intentions to use HRT. When attitudes toward menopause were examined, the total score of the participants on the MAAS was found to be 27.40±6.87. This finding shows that the participants' attitudes towards menopause were generally moderate. It can be said that the participants' attitudes towards menopause tended to be between neutral and positive. Similar to our study finding, the total score of the MAAS was reported as 27.86±8.06 in the study of Ekrem Cirban and Özsoy (Ekrem Cirban & Özsoy, 2023). In the literature, different total scores of the MAAS (34.50±3.18, 30.91±13.85, and 46.04±14.46) have also been reported in studies on attitudes towards menopause (Selcen et al., 2022; Yagmur & Akturk, 2021; Yaşar & Yeyğel, 2024). This difference may be due to socio-demographic and cultural differences between the regions where the study was conducted. It is reported that women's cultural differences, perceptions of menopause, and sociodemographic characteristics (such as education level and information status) affect their attitudes toward

menopause (Yaşar & Yeyğel, 2024). When the mean scores obtained from the sub-dimensions of the Menopause Attitude Assessment Scale are examined, it is seen that the participants' attitudes towards positive emotional factors (8.34±3.63) and family relations (8.16±2.75) are positive. It is accepted that as the score in this sub-dimension increases, the positive attitude towards menopause also increases. The fact that the negative emotional factor score (6.23±2.61) is also high suggests that some participants still approach menopause with anxiety and associate it with negative emotions. Our study findings are similar to the literature (Ekrem Cirban & Özsoy, 2023; Selcen et al., 2022; Yagmur & Akturk, 2021; Yaşar & Yeyğel, 2024). This situation shows that menopause is a physiological process and a life period shaped by social support systems and individual perspectives. It was determined that the participants received lower scores (4.67±1.95) from the behavioral factor sub-dimension compared to the other sub-dimensions. In the study of Ekrem Cirban and Özsoy (2023), this score was found to be 3.98±3.66, and in the study of Selcen et al. (2022), it was found to be 4.88±2.08. These results reveal that women have a limited tendency to make lifestyle changes or develop health behaviors during menopause. This situation shows the need for awareness-raising initiatives for menopause management.

Table 4.
Comparison of Scores Obtained From the Menopause Attitude Assessment Scale, Menopause Symptoms Assessment Scale, and Sub-dimensions According to HRT Intention

		n	Positive Emotional Factor		Negative Emotional Factor		Family Relationship Factor		Behavioral Factor		MAAS Total		Somatic Complaints		Psychological Complaints		Urogenital Complaints		MSAS Total	
			Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.	Mean	SD.
HRT Intention	I definitely won't want HRT	139	8.83	3.13	7.04	2.46	8.68	2.44	5.70	1.49	30.25	5.88	6.99	3.73	7.61	4.23	3.92	2.69	18.53	9.63
	I would prefer not to have HRT, but I'll consider it	73	7.03	3.39	6.21	3.07	8.29	2.74	4.32	1.46	25.84	8.14	6.60	3.42	7.34	3.58	2.75	2.90	16.70	8.59
	I would like to have HRT, but I have some concerns	64	7.20	4.06	5.89	2.59	7.75	3.07	4.05	2.03	24.89	5.46	6.47	3.43	6.14	3.50	3.80	2.63	16.41	8.73
	I definitely will want HRT	29	9.17	5.74	5.55	2.71	8.76	3.41	2.66	2.27	26.14	9.02	7.66	3.52	10.41	4.30	4.41	2.95	22.48	8.83
	I don't know what HRT is/I'm undecided	124	8.95	3.13	5.66	2.26	7.56	2.63	4.52	1.95	26.70	6.17	7.47	3.25	7.87	4.28	3.74	2.70	19.08	9.17
	Testing and Significance		*F=6.127* *p=**.000***		*F=5.780* *p=**.000***		*F=3.541* *p=**.007***		*F=23.949* *p=**.000***		*F=10.495* *p=**.000***		*F=1.418* *p=.227*		*F=5.810* *p=**.000***		*F=2.919* *p=**.021***		*F=3.010* *p=**.018***	
Reason for HRT Intention	Lack of Information and Uncertainty	164	8.85	2.96	6.28	2.55	7.87	2.68	4.74	1.74	27.74	5.75	7.02	3.43	7.59	4.14	3.38	2.70	17.98	9.18
	Dislike and Dispreference	78	8.13	4.15	7.04	2.65	9.35	1.89	5.35	2.23	29.86	7.73	6.82	3.97	6.83	4.12	3.19	2.77	16.85	9.49
	Anxiety and Fears	97	7.01	2.76	5.92	2.43	7.30	2.90	4.57	1.86	24.79	6.38	7.23	3.36	7.68	3.57	4.22	2.64	19.12	8.89
	Emotional State and Affects	53	8.96	5.00	5.91	3.11	9.38	2.69	4.26	2.09	28.51	6.82	7.15	3.50	8.06	5.04	4.40	3.15	19.60	10.22
	Need to Use and Research	22	9.23	4.88	5.45	2.72	8.00	3.02	3.68	2.30	26.36	10.72	7.09	3.56	8.68	4.67	3.41	2.68	19.18	9.42

t: T-test in independent groups, F: Analysis of variance, HRT: Hormone Replacement Therapy, MAAS: Menopause Attitude Assessment Scale, MSAS: Menopause Symptoms Assessment Scale

The total mean score of the MSAS, which evaluates the menopausal symptoms of the participants, was determined as 18.33±9.23. In similar studies in the literature, the total mean scores of the MSAS were reported as 17.11±9.43, 17.56±7.95, and 18.84±7.19, respectively (Ekrem Cirban & Özsoy, 2023; Tunçarslan, 2019; Yagmur & Akturk, 2021). One of the striking findings of this study is that the scores of the Menopausal Symptoms Assessment Scale were exceptionally high in the Psychological Complaints (7.61±4.13) and Somatic Complaints (7.03±3.49) sub-dimensions. This finding shows that women frequently experience psychological and physical complaints during menopause. In the study by Huang et al. (2023), it was stated that the majority of women in menopause (72.4%) had psychological symptoms and (73%) incontinence problems. In this study, the score obtained from the urogenital complaints subscale (3.69±2.77) was lower than other complaint types. This may be because urogenital symptoms are either experienced less or their expression is limited due to cultural reasons.

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Table 5.
Regression Analysis Showing the effect of Menopause Attitude Assessment and Menopause Symptoms Assessment Scores on women's HRT intentions

	Beta	Standard Error	Standard Beta	t	*p*	%95 Confidence Interval	
Constant coefficient	3.932	0.387	-	10.155	.000	3.171	4.693
Menopause Attitude Assessment	-0.043	0.012	-0.181	-3.726	**.000**	0.066	0.020
Menopause Symptoms Assessment	0.004	0.009	0.023	0.465	.642	0.013	0.021

The mean HRT intention scores of the participants (2.83±1.63) were found to be at a moderate level. This result shows that women adopt a cautious approach towards HRT. 32.4% of participants responded, "I definitely will not want HRT." When the reason for the intention towards Hormone Replacement Therapy was examined, 38.2% of the participants expressed a lack of information and uncertainty. This finding shows that limited access to accurate, precise, and reliable information about HRT can negatively affect attitudes toward treatment. In this context, it is once again seen how critical health professionals' informative and consulting roles are. It is thought that individuals' attitudes towards menopause may be a determinant of their intentions towards HRT. Indeed, in this study, the positive and negative emotional factors, family relations, and behavioral factors sub-dimension scores related to menopause attitudes according to HRT intention showed a statistically significant difference. Remarkably, the fact that the positive and negative emotional attitude scores of women who said “I definitely will not want HRT” were higher than the other groups shows that decisions regarding HRT depend not only on symptom severity but also on how individuals perceive menopause. In addition, the fact that family relations and behavioral factor scores are also related to HRT intention shows that social support and individual behavioral patterns are adequate in decision-making processes. When the effect of menopause symptoms on women’s intentions regarding HRT is examined, the psychological complaint scores of the MSAS subscale of women who answered “I definitely will want HRT” were found to be significantly higher than all other groups. This indicates that women who tend to prefer HRT experience psychological symptoms more intensely definitely. The fact that the MSAS total score of the same group is also high suggests that difficulties experienced during the menopause process may affect the positive attitude towards HRT. The multiple regression analysis conducted to examine the variables predicting participants' intentions toward HRT revealed a statistically significant relationship between the MAAS score and women's intentions toward HRT. This finding shows that women's general attitudes towards menopause affect their tendency to prefer HRT. According to the regression analysis, the MAAS score explains 3% of women's intentions towards HRT. The low rate indicates that menopause attitudes affect HRT intention, but they are not a strong predictor on their own. However, the fact that the result is significant reveals that the meaning and emotional evaluations individuals attribute to menopause during the HRT decision process should not be ignored. According to the regression model, each unit increase in the MAAS score was associated with a 0.043 unit decrease in intentions towards HRT. This shows that women who perceive menopause more positively are less likely to opt for HRT. It may be thought that women who evaluate menopause as a natural and manageable process perceive HRT as an unnecessary medical intervention and approach this method more distantly. In addition, no significant relationship was found between the MSAS score and HRT intention. Findings from

this study, particularly the high proportion of participants citing lack of information and uncertainty regarding HRT, indicate that women may not be adequately informed about evidence-based aspects of therapy, including contraindications, potential side effects, and evolving treatment protocols. Current international guidelines (NAMS, 2022; NICE, 2023; British Menopause Society, 2020) emphasize that individualized counseling (covering risks, benefits, and alternative options) is essential prior to initiating HRT. Such counseling not only supports informed decision-making but may also address concerns and misconceptions that deter women from considering treatment. In this context, integrating structured, guideline-based counseling into routine menopause care could enhance women's confidence and autonomy in making treatment choices (Balmumcu, 2024). In studies in the literature showing that women do not prefer HRT despite experiencing intense symptoms during menopause (Huang et al., 2023; Iyer & Manson, 2024; Lu et al., 2023; Yang & Toriola, 2024), women stated that menopause is not a suitable reason to seek medical treatment, that health professionals cannot help them in this regard and that the symptoms they experience are not at a level that requires the support of health professionals. In another study examining women's perception of menopause and HRT (Baghdadi et al., 2025), it was reported that participants who did not seek health services for menopausal symptoms explained this attitude by reasons such as their symptoms not being severe enough, believing that they could manage the symptoms by learning about them on their own, or not being aware of the available treatment options. It was determined that the belief in the naturalness of menopause affected the participants' perception of both menopause and HRT and their access to health services during this process. Some participants emphasized that menopause is a natural life stage that does not require medical intervention; others stated that this approach leads to ignoring the difficulties experienced by women and results in inadequate support during the menopause process (Baghdadi et al., 2025).

Limitations of the study

The study included only women from one province. It cannot represent women from other provinces. Data is based on self-reporting.

Conclusion and Recommendations

This study revealed that the intention of menopausal women to use HRT is significantly related not only to the severity of menopausal symptoms but also to their attitudes toward the menopause process. Lack of information, emotional states, family relationships, and individual attitudes determine women's HRT decisions. Women who perceive menopause more positively approach HRT use more cautiously, while women who experience negative feelings, indecisiveness, and difficulty coping with symptoms consider HRT more. In this context, it is essential to provide women with unique information and individual counseling services when making decisions regarding HRT. Health professionals who consider women's attitudes, concerns, and knowledge levels and provide guidance will support women's more conscious and healthy decision-making processes. In addition, for menopause-related health services to be offered sensitive to women's cultural and individual needs, it seems necessary to establish menopause clinics and integrate them into community health centers to provide a widespread, accessible, and inclusive structure. It is recommended that future studies examine factors such as cultural factors, health literacy, and physician-patient communication in the decision-making process regarding HRT.

Ethics Committee Approval: Ethics committee approval was received for this study from the ethics committee of Erzurum Technical University (Date: July 25, 2024, Number: 09-02/6698).
Informed Consent: Written informed consent was obtained from all participants prior to enrollment in the study.
Peer-review: Externally peer-reviewed.
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