Clinical and Experimental Health Sciences

Do Sexual Myths Affect Menopause Attitudes and Symptoms?

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ABSTRACT

Objective: Sexual myths are common in some societies. Menopause is one of the important processes in a woman's life and many changes are seen during this period. Many factors play a role in these changes, menopausal attitudes and symptoms, and one of them is sexual myths. In this study, it was aimed to determine the relationship between having sexual myths and menopausal attitudes and symptoms in postmenopausal women.

Methods: The study had a descriptive analytical design and the study sample included 424 postmenopausal women. Data were gathered with personal characteristics form and the self-report tools Sexual Myths Scale, Menopausal Attitude Assessment Scale and Menopause Rating Scale.

Results: The mean age of the women was 57.12±5.60 years and the mean duration of menopause was 10.58±7.02 years. The mean score on Sexual Myths Scale was 92.28±17.80, the mean score on Menopausal Attitude Assessment Scale was 27.86±8.06 and the mean score on Menopause Rating Scale was 17.11±9.43. There was not a relation between the score on Sexual Myths Scale and the mean score on Menopausal Attitude Assessment Scale (r=-0.067, *p=0.168*), but there was a significant, positive weak relation between the mean score on Sexual Myths Scale and the mean score on Menopause Rating Scale (r=0.125, *p=0.010*).

Conclusions: The postmenopausal women had a fairly high level of sexual myths. Sexual myths had a significant, positive relation with menopausal symptoms and their severity, though the relation was weak. Also, sexual myths had no relation with attitudes to menopause.

Keywords: Menopause, attitude, sexuality, sexual myths, symptom

1. INTRODUCTION

Women receive information about sexuality from their family, their social environment and the media. However, the information they obtained may not be accurate. The society transfers prejudices created over time to new generations (1-3). Inaccurate information and false ideas transferred from generation to generation are called myths (1,3).

Sexual myths are strong, false beliefs adopted without sufficient evidence and spreading through verbal transmission from person to person (4). Sexual myths adopted by women are affected by many factors (duration of education, family type, marriage type, sources of information, first sexual experience, pornographic material and network of friends etc.) (5,6) and can affect many aspects of life (sexual life, life satisfaction, marriage, social life, quality of life and physical/psychological disorders etc.) (7,8).

Menopause, one of the important stages of women's life, many problems are experienced due to hormonal, physical and emotional changes due to estrogen deficiency. In women in this period, vasomotor symptoms such as hot flashes, sweating, headache; cardiovascular symptoms due to changes in the blood lipid picture and increased risk of vascular disease; atrophic manifestations such as vaginal dryness, itching, dyspareunia, dry skin and wrinkling; musculoskeletal problems such as susceptibility to osteoporosis; psychological changes such as irritability and depressive symptoms may occur (9-13). The attitude of women towards menopause is the sum of biological, psychological, social and cultural factors. Many factors such as individual characteristics, tradition, ethnicity, the meaning that women and society ascribe to menopause, the life philosophy of women, the value that society gives to women,

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the role of women in society and the meaning of women's fertility for themselves and the society in which they live have an important effect (10,12). Symptoms arising from these changes in menopause and attitudes to menopause are affected by many factors and create an impact on many aspects of lives of women (9-10). One of these aspects is sexual life (14,15). There are studies in which the quality of sexual life and sexual dysfunctions were questioned in postmenopausal women (14,16-18), but no study was found that questioned the status of believing in sexual myths and the periodical differences in believing in sexual myths in women in this age group. In the specific screening, no research was found that examined the relationship between believing in sexual myths and menopausal attitudes and symptoms in postmenopausal women. Therefore, the current study was performed to reveal the relation between having sexual myths and menopausal symptoms and attitudes to menopause in postmenopausal women. To this aim, answers to the following questions were sought:

- Do postmenopausal women have sexual myths?
- Is there a relation between having sexual myths and attitudes to menopause in postmenopausal women?
- Is there a relation between having sexual myths and menopausal symptoms and their severity in postmenopausal women?

Knowing the relation between sexual myths and attitudes of women to menopause and the severity of menopausal symptoms can guide nurses and health professionals while offering care and treatment. Besides, it can help to incorporate new information to education programs about sexual and reproductive health.

2. METHODS

2.1. Research Design and Sample

This is a descriptive and analytical study. The study population comprised 4361 women aged 40-64 years and living in a town with a population of 90.000 in the north of Turkey (19). The sampling method whose universe is known (n= N. t2. pq/ y2. (N-1) + t2. Pq) was used to determine the sample. Accordingly, considering the 95% confidence interval (d=0.05), t= 1.96, p=0.5, q=0.5, the number of women included in the sample was calculated as at least 354 (20). Inclusion criteria were receiving care from two family health care centers in the center of the town, having amenorrhea lasting over one year, being literate, being able to speak and understand Turkish or speaking and understanding Turkish and not having a cognitive or mental problem.

2.2. Data Collection

Data were collected from 424 women fulfilling the inclusion criteria and presenting to the family health centers between January and May 2018. Data collection was performed in a room available in the family health centers to prevent any distractions. A personal characteristics form was completed at face to face interviews. The other data collection tools utilized were self-report scales and included Sexual Myths Scale, Menopausal Attitude Assessment Scale and Menopause Rating Scale. It took about 15 minutes for each woman to fill in the data collection tools.

2.3. Data Collection Tools

A personal characteristics form, and the self-report tools Sexual Myths Scale (SMS), Menopausal Attitude Assessment Scale (MAAS), and Menopause Rating Scale (MRS) were employed to gather data.

Personal Characteristics Form: The personal characteristics form was prepared by the researchers (5-7,12,16) and composed of questions about sociodemographic features and menopausal status.

Sexual Myths Scale (SMS): SMS which was developed by Golbası et al. (2016) to determine sexual myths of women in Turkish culture (21), was utilized to collect data about sexual myths of the participants. The scale has been used in several prior studies (22-24). SMS includes eight subscales and 28 items. It is a five-point Likert scale, and "1" corresponds to completely disagree and "5" corresponds to completely agree. Points for all the items are added to obtain the total score for the scale. The lowest and the highest scores for the scale were 28 and 140 respectively. High scores indicate a high number of sexual myths. Cronbach's alpha reliability coefficient of the scale is 0.91 (21). The cronbach's alpha reliability coefficient of the scale in this study was found to be 0.87.

Menopausal Attitude Assessment Scale (MAAS): MAAS was created by Koyuncu et al. (2015) to evaluate attitudes of Turkish women to menopause and includes four subscales and 13 items. It is a five-point Likert scale and "0" corresponds to completely disagree and "4" corresponds to completely agree. The negative items 1, 2, 3, 4, 5, 10, 12 and 13 are scored in the reverse order. The lowest and highest scores for the scale are 0 and 52 respectively. High scores for the subscales indicate a positive attitude to menopause. The cronbach's alpha reliability of the scale is 0.74 (25). Cronbach's alpha reliability coefficient in this study was found to be 0.63.

Menopause Rating Scale (MRS): MRS was developed by Schneider, Heinemann et al. in 1992 and the validity and reliability of its Turkish version were tested by Can Gurkan in 2005. The scale is composed of three subscales and 11 items. It is a five-point Likert scale and "0" corresponds to none and "4" corresponds to very severe. The lowest and the highest scores for the scale were 0 and 44 respectively. High scores indicate an increase in the severity of menopausal complaints. The cronbach's alpha reliability coefficient of the scale is 0.84 (26). In this study, the Cronbach's alpha reliability coefficient of the scale was 0.87.

2.4. Statistical Analysis

Data were analyzed with the Statistical Package for Social Science 24 (SPSS Inc., IL, USA). Descriptive statistics were used to analyze the data about general characteristics of the participants. Kolmogorov Smirnov test was utilized to determine whether the data had a normal distribution. Since the scores on SMS, MAAS and MRS were not normally distributed, Spearman's correlation analysis was made to determine the relations between the total scores for these scales. The statistical significance was set at $p<0,05$.

2.5. Ethical Approval

Ethical approval was obtained from the ethical board of Aydın Adnan Menderes University Health Sciences Faculty (Date: 27.09.2017; Approval number: 2017/42) and written permission was obtained from Zonguldak Health Directorate (date:16.01.2018, approval number: E.992). The women were provided with both oral and written information about the study and their oral informed consent was taken. Permission was requested from the researchers developing the self-report tools utilized for data collection.

3. RESULTS

The mean age of the women was 57.12±5.60 years. The mean age at the last menstruation was 46.54±5.35 years and the mean duration of menopause was 10.58±7.02 years. Of all the women included in the study, 53.3% were primary school graduates, 76.4% were married, 89.2% had a nuclear family, 85.4% were unemployed and 74.5% thought their family income was sufficient (Table 1).

Table 1. *Sociodemographic features of the postmenopausal women (N=424)*

Sociodemographic features	n	%
Education		
Literate	143	33.7
Primary school	226	53.3
Secondary school	24	5.7
High school	24	5.7
University	7	1.7
Marital status		
Married	324	76.4
Single/Widowed/Divorced	100	23.6
Family type		
Nuclear family	378	89.2
Extended family	46	10.8
Paid employment status		
Unemployed	362	85.4
Retired	36	8.5
Employed	26	6.1
Perceived monthly family income		
Sufficient (income equal to expenses)	316	74.5
High (income higher than expenses)	56	13.2
Insufficient (income lower than expenses)	52	12.3

Eighty-four percent of the women reported having natural menopause. All of the women had at least one menopausal complaint and 32.5% reported that they consulted a doctor about their menopausal complaints. About one-fourth of the women (26.2%) noted that they received education/information about menopause and more than half of them (57.7%) received it from a doctor. The vast majority (93.6%) of the women participating in the study stated that they did not receive information about sexuality or sexual health. Very few women (n=27) received information about sexuality and sexual health and their most important source of information was audio-visual and written sources (n=7) (Table 2).

Table 2. *The distribution of menopause – and sexuality-related features of the postmenopausal women (N=424)*

Menopause – and Sexuality-Related Features	n	%
Type of menopause		
Natural	356	84.0
Surgical	63	14.9
Medical treatment	5	1.2
Presence of menopausal complaints		
Yes	424	100.0
No	0	0.0
Seeing a doctor for menopausal complaints		
No	286	67.5
Yes	138	32.5
Receiving education/information about menopause		
No	313	73.8
Yes	111	26.2
Sources of information about menopause (n=111)		
Doctors	64	57.7
Nurses or midwives	23	20.7
Friends, neighbors and relatives	14	12.6
Audio-visual and written sources	10	9.0
Receiving information about sexuality and sexual health		
No	397	93.6
Yes	27	6.4
Sources of information about sexuality and sexual health (n=27)		
Audio-visual and written sources	7	25.9
Nurses or midwives	6	22.2
Parents/spouses	6	22.2
Doctors	5	18.6
Friends, neighbors and relatives	3	11.1

The mean score of the women on SMS was 92.28±17.80. As the scores on SMS increase, so the beliefs about sexual myths. It can be suggested that the women believe a quite high number of sexual myths. The mean score on MAAS was 27.86±8.06. The mean score on MRS was 17.11±9.43. High scores on MRS indicate a higher severity of menopausal symptoms (Table 3).

There was not a significant relation between the mean score on SMS and the mean scores on MAAS (r= – 0,067, $p=0,168$). However, the mean score on SMS had a significant, positive

weak relation with the mean score on MRS (r=0,125, *p=0,010*) (Table 4).

Table 3. *The mean scores of the postmenopausal women on SMS, MAAS and MRS (N=424)*

Scales	Scores		Reference Scores
	Mean±SD	min-max scores	
SMS	92.28±17.80	28-133	28-140
MAAS	27.86±8.06	7-51	0-52
MRS	17.11±9.43	1-44	0-44

Tablo 4. *The relationship between the mean scores of SMS, MAAS and MRS in postmenopausal women (N=424)*

Scales	SMS	
	r	*p*
MAAS	-0.067	*0.168*
MRS	0.125	*0.010*

4. DISCUSSION

This study was directed towards examining the relation of sexual myths with attitudes to menopause and menopausal symptoms in a sample of 424 postmenopausal women. Data obtained to seek answers to the research questions revealed that sexual myths were common among the women. Sexual myths had a significant, positive correlation with menopausal symptoms and their severity, but the correlation was weak. Besides, sexual myths had no relationship with attitudes to menopause.

The mean score of the women on SMS was 92.28±17.80. This shows that the women believed a fairly high number of sexual myths, which is consistent with the findings reported by other studies in Turkey (6,8,27-30). The high rate of the sexual myths shown by other studies including samples with different demographic characteristics reveals that misbeliefs about sexuality are common in Turkish society. In a study by Sasanpour, Azh and Alipour (2020) including women with similar socioeconomic status to the women in the current study, education about sexuality was found to have a positive influence on sexuality-related beliefs (31). In the current study, inadequate knowledge about sexuality and receiving this knowledge from unreliable sources might have increased the participants' sexual myths.

Based on the mean score on MAAS, the women were found to have a positive attitude towards menopause, which is compatible with the findings from other studies about attitudes of postmenopausal women to menopause (32-39). The MAAS (34.50±11.30) score of women in the study of Yagmur and Akturk (2021) was higher than in our study (39). The fact that the mean MAAS score of the women in this study was lower than the study of Yagmur and Akturk (2021), may be due to the low level of information about menopause in the women in our study. In the study of Gumusay and Erbil (2019), it was determined that seven out of ten women had a negative attitude towards menopause (36.06±7.34) (40). The fact that the women in our study had more positive menopause attitudes than the women in Gumusay and Erbil (2019)'s study may be due to the older age of the women in our research group. The postmenopausal women in Barth Olofsson and Collins's (2000) study in Sweden and the women in Kowalcek et al.'s (2005) study in Germany and Papua New Guinea displayed a more positive attitude towards menopause than the women in the present study (33,35). This can be attributed to the fact that perceptions about menopause vary from culture to culture (lack of a risk of becoming pregnant and having a better social status).

The women in the present study had a quite low score on MRS, utilized to determine menopausal symptoms and their severity. This indicates that the number and severity of menopausal symptoms experienced by the women were not high, which is congruent with the literature (38,41). In Kowalcek et al.'s (2005) study, the severity of menopausal symptoms in postmenopausal women was higher than that found in the current study (35). This may be that most of the women in the current study had menopause lasting more than ten years and could be accustomed to menopausal symptoms and that the severity of their symptoms decreased.

The present study also focused on the relation of sexual myths with menopausal symptoms and attitudes to menopause. Having sexual myths was found to have no relation with attitudes to menopause in postmenopausal women. However, the quality of sexual life is associated with positive attitudes to menopause (42,43). In the present study, it was surprising that although the women strongly believed sexual myths, they had a neutral attitude to menopause and few menopausal symptoms with low severity. Alirezaei et al., (2020) found that negative attitudes of the postmenopausal women to sexuality had an unfavorable effect on their attitudes to menopause, which is not consistent with the results of the present study (16). This difference can be explained by the older age and a lower education level of the women in the present study and their inability to receive information/education about sexuality.

In the current study, sexual myths of the postmenopausal women had a relation with menopausal symptoms and their severity, though the relation was very weak. Sexual life was found to have a relation with menopausal symptoms in samples having similar sociodemographic features to the sample of the present study (17,44,45).

5. CONCLUSION

Sexual myths had a significant, positive but poor relationship with menopausal symptoms and their severity and had no association with attitudes to menopause. Besides, the women received information about sexuality from the media rather than from health professionals. They might have refrained from talking to health professionals about sexuality. Therefore, health professionals especially nurses, who spend more time with patients while giving care and treatment, should provide women from all age groups with

information about sexuality or sexual health and education programs about sexual health and encourage them to talk about sexuality related issues comfortably. The education programs arranged by nurses can eliminate misbeliefs of the women about sexuality. This is the first study to reveal the relation of sexual myths with menopausal symptoms and attitudes to menopause. Further studies about this issue can provide guidance for education and counseling about sexual health to be offered to women.

Study limitations

The women included in the study might have considered the questions about sexuality as violation of their privacy and might not have answered them completely and properly. Also, the results of the study are based on data from self-report tools. On the other hand, to our knowledge, this is the first study to focus on the relation between sexual myths and menopausal symptoms and attitudes to menopause. Therefore, the study provided new knowledge about the issue and contributed to the relevant literature. However, since there have not been any studies on the relation between sexual myths and menopausal symptoms and attitudes to menopause, the results of the study could not be compared with evidence from the available literature. This might have decreased the strength of the discussion of the study results.

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