

# DETERMINING THE RELATIONSHIP BETWEEN PERCEIVED GENDER ROLES AND MENOPAUSAL SYMPTOMS IN WOMEN

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## ABSTRACT

**Purpose:** This research was directed to determine the connection betwixt perceived gender roles and menopausal symptoms experienced in women.

**Material and Methods:** The research was designed in descriptive type and was made in family centers in Turkey. The study group of the research consists of 465 women. "Personal Information Form", "Menopause Rating Scale" "BEM Gender Roles Inventory" were used to collect the data. Research data were evaluated with SPSS 27 and descriptive statistics, Kolmogorov-Smirnov, Kruskal Wallis, Mann Whitney U test were used.

**Results:** Women's MRS total mean score was  $17.45 \pm 8.37$ , somatic complaints mean score was  $6.39 \pm 3.50$ , psychological complaints mean score was  $7.31 \pm 3.75$ , urogenital complaints mean score was  $3.74 \pm 2.77$ . It was detected that 48.2% of the women adopted the androgynous role. A statistically discernible difference was detected betwixt the mean scores of MRS urogenital complaints according to the gender roles adopted by the women participating in the study ( $p=0.024 < 0.05$ ). The mean urogenital complaints sub-dimension score of women who perceive themselves as masculine was found to be statistically significantly lower than the other gender role groups.

**Conclusion:** It has been determined that women who describe themselves as masculine experience less urogenital complaints from menopausal symptoms than women who describe themselves as feminine, androgynous and ambiguous.

**Keywords:** Gender role, gender role inventory, menopause, menopausal symptoms, nursing.

## INTRODUCTION

The climacteric period, which includes premenopause, menopause, and postmenopause stages, represents the transition from the reproductive age to the post-reproductive age (1). Premenopausal period; it is the late reproductive period when fertility begins to decline and a woman begins to see changes in her menstrual cycles. Menopausal period; it is the period in which bleeding does not occur for at least 12 months after the last

menstrual bleeding. The postmenopausal period, is defined as the period of time that starts after menopause and lasts until the beginning of the old age period (2-4). Although dynamic changes in physical, mental and social health are experienced during the climacteric period, these changes can negatively affect women's quality of life (5,6). The age at menopause differs according to many factors, and the average age at menopause in Turkey is 47 (7). Considering that the average life expectancy at birth

in our country is 81 years, it is seen that women expend a significant part of their lives in the menopause period. Menopausal women experience complaints about many different body systems, from vasomotor complaints to emotional symptoms, from sexual function changes to musculoskeletal problems (8,9). These complaints can cause negative changes in women's well-being, body image perception and self-esteem (9-11). Although the severity of these complaints varies from person to person, they are affected by many factors. Factors affecting this process include the age and type of menopause, perception of social support, socio-cultural and socio-economic conditions, and gender perception. It has been reported that one of the factors affecting menopausal complaints is personality traits (12,13). Sex is a feature related to reproductive functions that explains the biological aspect of being male or female. Gender identity is the way individuals define themselves in terms of their feminine or masculine personality traits. Gender role, is when individuals perceive their own identity as male or female and reveal the behaviors and attitudes required by their gender (14). Traditionally, assumptions about gender have suggested that the development of knowledge, skills, interests, behaviors and social roles will be different according to the gender of individuals (15). Contrary to the traditional approach, it is emphasized that it is possible for individuals to be psychologically healthy by turning to gender roles that are satisfying, appropriate and allow for self-actualization (16,17). In the light of this information, it is thought that women's being psychologically healthy and compatible can only be achieved by turning to gender roles that are suitable for them, and that the complaints they experience during menopause may be related to their gender role. In the literature, there is no research examining the effect of women's perceptions of gender roles on menopausal complaints. Therefore, this research was conducted to determine the connection between women's perceptions of gender roles and menopausal symptoms.

## MATERIAL AND METHODS

### Design

The study was approved by the Non-Interventional Ethics Committee of Lokman Hekim University (Date: 27.05.2021 Decision No: 2021/056) and permission from the family center coordinator where the research was conducted. The research is planned as a descriptive study. It was conducted between April

2022 and June 2022 in family centers working under a metropolitan municipality in Turkey. In family centers, there are physical development courses, various social activities such as music and painting, and children's clubs.

### Sample

The target group of the study be made up of women aged 45 and over who applied to family centers for any reason. The sampling calculation of the study was based on the study conducted by Pérez-Herrezuelo et al. (2020). Accordingly, it was aimed to reach 400 women as a result of the sampling calculation made with an effect size of 0.254, a margin of error of 0.05, and a power of 99%. The study was completed with 465 women (18). G Power 3.1.9.2 Package program was used to calculate the sample size.

### Inclusion Criteria

- Being between the ages of 45-65,
- Being in the menopausal or postmenopausal period,
- Not having undergone surgical menopause,
- Absence of a diagnosed psychiatric illness.

### Dependent Variables of the Study

Scores obtained from the Menopause Rating Scale

### Independent Variables of the Study

Women's perceived gender roles and their descriptive characteristics.

### Measurement

Data in the study were collected using the "Personal Information Form", "Menopause Rating Scale" (MRS) and "BEM Sex-Role Inventory" (BSRI).

- Personal Information Form

The 9-question questionnaire was developed by the researchers and included questions about identifying characteristics (age, employment status, marital status, educational status, income status, menopause-specific and gender perception characteristics).

- Menopause Rating Scale

The validity and reliability study of the scale developed by Schneider, Heinemann et al. measuring the severity of menopausal symptoms in the Turkish population was evaluated by Can Gürkan (2005) (19). The four-point Likert-type and 11-item scale has 3 sub-dimensions: "somatic complaints, psychological complaints and urogenital complaints". Somatic complaints sub-dimension consists of 1st, 2nd, 3rd and 11th items and the highest score that can be obtained from this sub-dimension is 16. Psychological

complaints sub-dimension includes 4th, 5th, 6th and 7th items and the highest score that can be obtained from this sub-dimension is 16. Urogenital complaints sub-dimension consists of 8th, 9th and 10th items and the highest score that can be obtained from this sub-dimension is 12. The lowest score that can be obtained from the scale is 0 and the highest score is 44. An increase in the total score indicates that menopausal symptoms increase and quality of life decreases. While the total Cronbach's alpha internal consistency coefficient of the scale was 0.84, it was found to be 0.65 for the somatic symptom, 0.79 for the psychological symptoms, and 0.72 for the urogenital symptoms.<sup>19</sup> In this study, Cronbach's alpha coefficient was determined to be 0.85 for the total score of the scale, 0.68 for the somatic symptoms, 0.82 for the psychological symptoms, and 0.65 for the urogenital symptoms.

#### • BEM Sex-Role Inventory

Dökmen (1999) conducted the validity and reliability study of the BEM Gender Role Inventory developed by Bem in 1974 in Turkish culture (20). The seven-point Likert scale, consisting of 40 items, consists of two sub-dimensions: femininity and masculinity. The median values of the scores obtained from the sub-dimensions describe the gender role of the participants. The cut-off score for the femininity sub-dimension in the original scale was 111; The cut-off point for the masculinity sub-dimension was determined as 104. Femininity sub-dimension items in the scale: 1, 3, 5, 6, 7, 9, 11, 14, 16, 19, 22, 23, 24, 30, 31, 34, 36, 37, 39.40 while masculinity sub-dimension items It is 2, 4, 8, 10, 12, 13, 15, 17, 18, 20, 21, 25, 26, 27, 28, 29, 32, 33, 35, 38.

- If the femininity score, which is calculated by calculating the total score of the femininity and masculinity sub-dimensions separately for each individual, is below the median of the femininity score ( $\leq 111$ ), and the masculinity score is above the median of the masculinity score ( $> 104$ ), the individual is considered "**masculine**".
- If the femininity score is above the median of femininity ( $> 111$ ) and the masculinity score is below the median of masculinity ( $\leq 104$ ), the individual is considered "**feminine**".
- If the femininity score is above the median of femininity ( $> 111$ ), and the masculinity score is above the median of masculinity ( $> 104$ ), the individual is defined as "**androgynous (both feminine and masculine)**".

- If the femininity score is below the median of femininity ( $\leq 111$ ), and the masculinity score is below the median of masculinity ( $\leq 104$ ), the individual is described as "**ambiguous**".

While the total Cronbach's alpha internal consistency coefficient of the scale was 0.79, it was 0.73 for the femininity and 0.75 for the masculinity (20). In this study, Cronbach's alpha value was 0.88 for the total score, 0.84 for femininity and 0.85 for masculinity.

#### Data Collection and Analysis

The data were collected through face-to-face interviews with women. SPSS 27.0 (SPSS Inc., Chicago, IL, USA) program was used for data evaluation. The homogeneity of the data set was evaluated using the Kolmogorov-Smirnov Test and Kurtosis-Skewness values. As a result, it was determined that the data did not show normal distribution. Numerical variables that do not fit the normal distribution are given as mean, standard deviation, median, minimum and maximum values, while categorical variables are given as frequencies (percentiles). Kruskal Wallis Analysis of Variance and Mann Whitney U Test were used for numerical variables that did not show normal distribution for the difference between groups.

Since the data were non-parametric, Permanova analysis, which is a non-parametric multivariate analysis of variance, was used to compare the mean MRS scores of women according to independent variables and Bray-Curtis method was used as the similarity index in this analysis. Statistically discernible level was accepted as  $p < 0.05$ .

#### RESULTS

Table 1 shows the distribution of some demographic, menopausal, and gender-related characteristics of the participants. The mean age of the women was  $51.13 \pm 5.53$  and the mean age of the last menstrual period was  $46.65 \pm 3.92$ . Among the women who participated in our research, 84.7% are unemployed, 87.5% are married and 38.3% are primary school graduates. It was set up that 42.6% of women perceived the menopause period as stress or depression, 53.8% were satisfied with having a female gender identity, and 18.7% would prefer to be a male gender (Table 1).

**Table 1.** Distribution of Some Demographic, Menopausal-Specific and Gender Perception Characteristics (n=465)

Features		X±SD	Median	Min-Max
<b>Age</b>		51,13±5,53	50	45-65
<b>Last Menstrual Age</b>		46,65±3,92	46	37-59
			<b>n</b>	<b>%</b>
<b>Working Status</b>	Working		71	15,3
	Not working		394	84,7
<b>Marital Status</b>	Single		58	12,5
	Married		407	87,5
<b>Educational Status</b>	Uneducated		22	4,7
	Primary school		178	38,3
	Secondary school		74	15,9
	High school		127	27,3
	University		64	13,8
<b>Income status</b>	Income less than expenses		206	44,3
	Income equal to expenses		211	45,5
	Income more than expenses		48	10,3
<b>Perception of Menopause Period</b>	Relaxation		74	15,9
	Inability to bear children		45	9,7
	Loss		34	7,3
	Stress/Depression		198	42,6
	Aging		104	22,4
	A natural process		10	2,2
<b>Satisfaction with Having a Female Gender Identity</b>	Very satisfied		134	28,8
	Satisfied		250	53,8
<b>Gender She Would Prefer If He Had The Chance</b>	Indecisive		44	8,6
	Not glad		22	4,7
	Not satisfied at all		19	4,1
<b>Gender She Would Prefer If He Had The Chance</b>	Female		378	81,3
	Male		87	18,7

Table 2 shows the distribution of women's MRS total and sub-dimension mean scores. In our study, the mean MRS total score of women was 17.45±8.37, and it was found to be at a moderate level. When we look at the MRS sub-dimensions, it was set up that the mean score of the sub-dimension of somatic complaints was 6.39±3.50, the mean score of the sub-dimension of psychological complaints was 7.31±3.75, and the mean score of urogenital complaints was 3.74±2.77 (Table 2).

Table 3 shows the comparison of women's mean MRS scores according to independent variables. The mean MRS total and sub-dimension scores of women show a significant difference according to marital status, educational status, income level, perception of menopause period and level of satisfaction with the gender they have (p<0.05) (Table 3).

The distribution of gender roles adopted by women is presented in Table 4. In our study, it was determined that 48.2% of women adopted androgynous role, 30.1% adopted feminine role, 12.7% adopted ambiguous role and 9.0% adopted masculine role (Table 4).

Table 5 shows the comparison of the MRS sub-dimension and total score averages according to the gender roles adopted by women. In our study, no statistically discernible difference was found between the mean MRS total score, somatic complaints and psychological complaints sub-dimension scores according to the gender roles adopted by women (p>0.05). A statistically discernible was detected betwixt the mean MRS urogenital complaints sub-dimension scores according to the gender roles adopted by women (p=0.024<0.05). Statistical difference in which the group performed in order to

**Table 2.** Distribution of Women's MRS Total and Sub-Dimensional Scores (n=465)

Features	X±SD	Median	Min-Max
<b>MRS Total Score</b>	17,45±8,37	18	0-43
<b>Somatic Complaints</b>	6,39±3,50	6	0-16
<b>Psychological Complaints</b>	7,31±3,75	7	0-16
<b>Urogenital Complaints</b>	3,74±2,77	3	0-12

determine where this originates from Mann-Whitney U test, as a result of self-describing as masculine women urogenital complaints sub-dimension points on average self-management from an average of points describing women as feminine as it was found to be significantly lower. At the same time, the mean urogenital complaint sub-dimension score of women who feel androgynous ( $3.50 \pm 2.89$ ) was found to be significantly lower than the score of women who feel feminine.

## DISCUSSION

In our study, women's MRS mean total score was  $17.45 \pm 8.37$ , somatic complaints mean score was  $6.39 \pm 3.50$ , psychological complaints mean score was  $7.31 \pm 3.75$ , and urogenital complaints mean score was  $3.74 \pm 2.77$  (Table 2). In the study conducted by Tümer and Kartal (2018) to determine the relationship between menopausal attitudes and menopausal complaints in women, the mean MRS total score was  $14.65 \pm 7.62$ , the mean score of the somatic complaints  $2.85 \pm 1.99$ , the mean score of the psychological complaints  $8.96 \pm 4.94$ , and the urogenital score average of  $5.35 \pm 3.09$  (21). In the study of Khatoon et al. (2018) to evaluate menopausal symptoms of women in North India, it was reported that the most common symptom reported was joint and muscle disorders, followed by depressive mood symptoms (22). In the study of Zhang et al. (2021) to compare the severity of menopausal symptoms experienced by perimenopausal and postmenopausal women and included 4063 women, it was reported that women, regardless of group, most frequently experienced urogenital complaints including sexual problems (23). In the study of Ji et al. (2021), it was found that women experienced physical symptoms most frequently (24). The reason why our research results differ from the results of other studies may be that the severity and frequency of menopausal complaints

differ from culture to culture, person to person, region to region and country to country. Sociodemographic status, cultural characteristics, and differences in lifestyle also change the frequency and perception of menopausal symptoms (9).

As a result of multivariate analysis, a significant difference was determined in the mean score of urogenital complaints sub-dimension according to the marital status of the women and it was found that the mean score of urogenital complaints sub-dimension was higher in married women (Table 3). In other studies in the literature, similar to our results, married women were reported to experience urogenital symptoms more (25-27). The reason for this may be active sexual life, fertility and physical deformations seen due to advancing age.

A significant difference was found between the mean scores of somatic complaints, psychosocial complaints and MRS total score according to the educational level of the women and it was determined that the severity of menopausal symptoms decreased with increasing educational level (Table 3). In a study similar to our results, it was reported that symptoms were felt milder with increasing educational level (22). The reason for this may be the increase in the level of awareness of the subject as the level of education increases. At the same time, considering that the level of health literacy increases as the level of education increases, women with a high level of education can learn and apply methods of coping with menopausal symptoms.

In our study, it was found that as the income level of women increased, their experience of menopausal symptoms decreased (Table 3). In one study, it was reported that women with low income levels experienced more menopausal symptoms (28); in another study, it was reported that as women's economic status improved, their knowledge and attitudes towards menopause increased and thus they experienced fewer menopausal symptoms (29). The reason for this situation is thought to be the increase in the perceived income level of women, which increases their access to health services and thus their level of awareness about menopausal symptoms.

In our study, it was determined that the mean total and subscale scores of MRS showed a significant difference according to women's perceptions of menopause and that women who perceived the menopause period negatively experienced

**Table 3.** Comparison of Women's MRS Total and Sub-Dimension Mean Scores According to Independent Variables (n=465)

Independent Variables		n	MRS			
			Somatic Complaints	Psychological Complaints	Urogenital Complaints	Total Score
			X±SD	X±SD	X±SD	X±SD
Working Status	Working	71	6,26±3,94	6,67±3,66	3,16±2,78	16,11±8,47
	Not working	394	6,41±3,42	7,43±3,76	3,84±2,76	17,69±8,34
F=1,934 η²=0,012	p=0,123	<b>Test and p Value</b>	F=0,104 p=0,747	F=2,462 p=0,117	F=3,611 p=0,058	F=2,153 p=0,143
Marital Status	Single	58	5,93±3,56	7,55±4,05	2,36±2,19	15,84±8,21
	Married	407	6,45±3,50	7,28±3,71	3,94±2,79	17,68±8,38
F=8,496 η²=0,052	<b>p=0,000*</b>	<b>Test and p Value</b>	F=1,141 p=0,286	F=0,256 p=0,613	F=16,966 <b>p=0,000</b>	F=2,452 p=0,118
Educational Status	Uneducated(1)	22	7,86±2,47	8,04±2,38	4,22±2,63	20,13±5,89
	Primary school(2)	178	6,75±3,66	7,52±3,97	3,74±2,85	18,03±8,96
	Secondary school(3)	74	6,74±3,49	7,66±3,44	4,37±2,72	18,78±7,87
	High school(4)	127	5,96±3,42	7,46±3,60	3,62±2,81	17,06±8,05
	University(5)	64	5,29±3,24	5,79±3,87	3,06±2,45	14,15±7,82
F=2,184 η²=0,019	<b>p=0,011*</b>	<b>Test and p Value</b>	F=3,744 <b>p=0,005</b>	F=3,240 <b>p=0,012</b>	F=2,170 p=0,071	F=3,887 <b>p=0,004</b>
		<b>Significant Difference</b>	1>4 1>5	2>5 3>5	1>5 3>5 4>5	1>5 2>5 3>5
Income status	Income less than expenses(1)	206	6,93±3,45	8,04±3,75	4,05±2,84	19,03±8,21
	Income equal to expenses(2)	211	5,78±3,46	6,63±3,71	3,31±2,67	15,74±8,18
	Income more than expenses(3)	48	6,72±3,06	7,16±3,41	4,29±2,70	18,18±8,63
F=3,443 η²=0,022	<b>p=0,002*</b>	<b>Test and p Value</b>	F=5,922 <b>p=0,003</b>	F=7,598 <b>p=0,001</b>	F=4,773 <b>p=0,009</b>	F=8,511 <b>p=0,000</b>
		<b>Significant Difference</b>	1>2	1>2	1>2 2>3	1>2
Perception of Menopause Period	Relaxation(1)	74	5,00±3,79	5,44±8,80	2,72±2,66	13,17±8,50
	Inability to bear children(2)	45	4,51±2,89	6,37±3,56	3,68±3,21	14,57±7,93
	Loss(3)	34	6,58±3,20	6,52±2,69	4,20±2,44	17,32±7,02
	Stress/Depression(4)	198	7,64±3,29	8,53±3,68	4,20±2,81	20,38±8,22
	Aging(5)	104	6,08±3,15	7,40±3,33	3,54±2,49	17,03±6,96
	A natural process(6)	10	2,90±2,37	3,10±2,68	2,80±2,78	8,80±6,37
F=6,346 η²=0,022	<b>p=0,000*</b>	<b>Test and p Value</b>	F=13,753 <b>p=0,000</b>	F=12,667 <b>p=0,000</b>	F=3,704 <b>p=0,003</b>	F=13,573 <b>p=0,000</b>
		<b>Significant Difference</b>	3>1 4>1 5>1 3>2 4>2	5>2 3>6 4>5 4>6 5>6	3>6 4>5 4>6 5>6	3>1 4>1 5>1 4>2 5>6
Satisfaction with Having a Female Gender Identity	Very satisfied(1)	134	5,46±3,33	6,42±3,63	3,29±2,49	15,18±7,60
	Satisfied(2)	250	6,60±3,44	7,25±3,61	3,74±2,80	17,60±8,30
	Indecisive(3)	44	5,82±3,55	8,22±3,73	3,82±2,43	17,87±7,59
	Not glad(4)	22	8,68±2,35	9,86±3,90	5,18±3,51	23,72±8,52
	Not satisfied at all(5)	19	8,63±4,19	9,63±3,89	5,10±3,28	23,36±6,69
F=3,695 η²=0,031	<b>p=0,000*</b>	<b>Test and p Value</b>	F=7,523 <b>p=0,000</b>	F=7,200 <b>p=0,000</b>	F=3,561 <b>p=0,007</b>	F=8,463 <b>p=0,000</b>
		<b>Significant Difference</b>	2>1 3>1 4>1 5>1	4>2 5>2 4>1 5>3	2>1 4>1 5>1 5>2	2>1 4>1 5>1 4>2
Gender She Would Prefer If He Had The Chance	Female	378	6,26±3,47	7,09±3,75	3,64±2,70	17,00±8,35
	Male	87	6,91±3,64	8,29±3,58	4,17±3,03	19,39±8,23
F=2,511 η²=0,016	p=0,058	<b>Test and p Value</b>	F=2,431 p=0,120	F=7,408 p=0,070	F=2,553 p=0,111	F=5,782 p=0,071

\*Permanova Analysis

**Table 4.** Distribution of Gender Roles Adopted by Women (n=465)

Gender Roles	n	%
Masculine	42	9,0
Feminine	140	30,1
Androgynous	224	48,2
Ambiguous	59	12,7
<b>Total</b>	<b>465</b>	<b>100,0</b>

menopausal symptoms more severely (Table 3). In a study similar to our results, it was reported that women who perceived the menopause period negatively experienced more symptoms (30). The reason for this may be that the positive attitude towards menopause helps to accept menopause as a part of the developmental process and raises awareness about coping with symptoms.

In our study, it was found that women who were dissatisfied with having a female gender experienced menopausal symptoms at a higher severity than women who were satisfied (Table 3). Although there is no study examining this variable in the literature, it is thought that it is normal for women who are dissatisfied with their gender to perceive menopause negatively and therefore experience more menopausal symptoms.

The frequency and severity of menopausal symptoms vary according to the socio-cultural and personality characteristics of the individual (31). Gender identity is when individuals define themselves according to their masculine or feminine personality traits (14). In

our study, it was determined that 30.1% of women adopted the feminine role, 12.7% adopted the ambiguous role, 9.0% adopted the masculine role, and nearly half (48.2%) adopted the androgynous role according to the BSRI score ranges (Table 4). In Ghiasi's (2019) study to determine the effect of gender role adopted in university students on attitudes towards menstruation, 16.6% of the participants were female gender role, 16.6% masculine gender role, 33.7% androgynous gender role. It was determined that 33% of the participants adopted an ambiguous gender role, and most of the participants were reported to be in the androgynous gender role group (32). In a study conducted by García Vega et al. (2017) to determine the relationship between gender, gender roles and sexual attitudes in university students, it was determined that 27% of the participants adopted the androgynous role (33). Our research result is similar to the results of studies conducted in different sample groups in the literature.

In our study, no statistically discernible was detected betwixt the MRS total score, somatic complaints and psychological complaints sub-dimension mean scores according to the gender roles adopted by women, while a statistically discernible difference was found between the MRS urogenital complaints sub-dimension mean scores ( $p=0.024<0.05$ ). The mean urogenital complaints sub-dimension score of women who describe themselves as masculine ( $3,10\pm2,38$ ) was found to be statistically discernible lower than the other gender role groups (Table 5). No study has been determined in the national and international literature examining the effect of women's perception

**Table 5.** Comparison of MRS Sub-Dimension and Total Scores According to Women's Adopted Gender Roles (n=465)

		MRS Sub-Dimensions			Scale Total X±SD
		Somatic Complaints X±SD	Psychological Complaints X±SD	Urogenital Complaints X±SD	
Gender Roles	Masculine (1)	6,07±3,37	6,93±3,92	<b>3,10±2,38*</b>	16,10±7,94
	Feminine (2)	6,43±3,16	7,28±3,64	4,14±2,60	17,84±7,35
	Androgynous (3)	6,38±3,73	7,34±3,82	3,50±2,89	17,22±8,91
	Ambiguous (4)	6,58±3,61	7,61±3,71	4,19±2,89	18,37±8,90
Test and p Value		KW=0,558 p=0,906	KW=1,255 p=0,740	KW=9,457 <b>p=0,024</b> 2>1** 2>3**	KW=2,257 p=0,521

\*Kruskal Wallis analysis of variance, \*\*Mann Whitney U test

of gender roles on menopausal complaints. Women during menopause; urogenital complaints, including dryness in the genitals, atrophy, vulvar itching, discharge, low sexual desire, dyspareunia and urinary tract infections, are frequently experienced (12,34). These problems reduce the quality of life of women. At the same time, women may perceive all these problems experienced with menopause as a threat to their femininity (35). The reason why women who describe themselves as masculine in our research experience less urogenital complaints may be that they do not fully adopt their feminine identity, therefore, their feminine identity will not be harmed. This study has some limitations. The research was conducted in family centers affiliated with a metropolitan municipality and women who prefer to apply to the relevant family center may have common socioeconomic characteristics that affect perceived gender roles. Therefore, our results are limited to the centers where the research was conducted. It is important to study a larger sample group in terms of generalizability of the results. The study provides information about the current situation of the participants. In addition, participants' responses to menopausal symptoms were based on self-report. Considering that depression may increase during menopause, the results of the study cannot be generalized to women with any psychiatric disorder.

## CONCLUSION

As a result of our research, it was found that the average score of menopausal symptoms of the women participating in our study was below the moderate level, and women experienced the most psychological complaints. It was found that the women in our research mostly adopted the androgynous role and the women who described themselves as masculine experienced less urogenital complaints from menopausal symptoms. In order to generalize the results of the research, it can be recommended to work with larger sample groups and to consider the menopause and gender perceptions of women while giving care to women in the climacteric period. In addition, only women who entered menopause naturally were included in our study. Our results cannot be generalized to women with surgical menopause and early menopause.

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