Examining the attitudes of reproductive-aged women and their spouses toward menopause

Üreme çağındaki evli kadınların ve eşlerinin menopoza yönelik tutumlarının incelenmesi

Tuğba ÖZ[1], Çisem BAŞTARCAN[1]

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***1-**İstanbul Beykent University, Faculty of Health Sciences, Department of Midwifery, İstanbul, Türkiye*

Sorumlu Yazar / Corresponding Author:
Tuğba ÖZ,
Assistant Professor
e-posta / e-mail:
hem.tubaoz@gmail.com

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Abstract

Cultural and ethnic characteristics of societies are among the significant factors influencing the attitudes of women and their spouses toward menopause. Whether menopause is perceived as a natural phase of life or a disease plays a critical role in shaping these attitudes. This cross-sectional and analytical study aimed to determine the attitudes of married women of reproductive-age and their husbands towards menopause. The sample consisted of 316 reproductive-aged married women and their spouses who visited the gynecology and obstetrics outpatient clinic of a university hospital between January and June 2024, met the inclusion criteria, and voluntarily agreed to participate. Data were collected using the Participant Information Form developed by the researchers and the "*Attitude Towards Menopause Scale*." The mean age of the women was 37.92±7.26 years, while that of the men was 40.98±8.63 years. While 72.5% of the women reported having received information about menopause, only 38.6% of the men stated the same. The mean total score of women on the Attitude Towards Menopause Scale was found to be 40.12±10.04. Statistically significant differences were observed between women and men regarding their views on menopause-related statements such as "*Menopause is a disease,*" "*Menopause is beneficial,*" and "*Sexuality decreases during menopause*" ($p<0.05$). This study reveals gender-based differences in knowledge, perception, and attitudes regarding menopause. While women possessed more information about menopause, men exhibited more knowledge gaps and prejudiced evaluations. These findings underscore the importance of educational programs that include men and are based on a gender-sensitive approach. Implementing such education efforts at the family and community levels is crucial for fostering healthier and more supportive attitudes toward menopause.

Keywords: Menopause, attitude, married women, men, knowledge

Özet

Menopoz hakkındaki tutumları etkileyen önemli faktörler arasında toplumun kültürel ve etnik özellikleri yer almaktadır. Kadınların ve eşlerinin menopozu yaşamın doğal bir süreci ya da bir hastalık olarak görmelerinin menopoz hakkındaki tutumlarını etkilediği bilinmektedir. Bu araştırma, üreme çağındaki evli kadınların ve eşlerinin menopoza yönelik tutumlarını belirlemek amacıyla kesitsel ve analitik tipte yapıldı. Araştırmanın örneklemini, Ocak 2024–Haziran 2024 tarihleri arasında bir üniversite hastanesinin kadın hastalıkları ve doğum polikliniğine başvuran, gönüllü ve araştırma kriterlerini karşılayan 316 üreme çağındaki kadın ve eşleri oluşturdu. Veriler, araştırmacılar tarafından hazırlanan Katılımcı Bilgi Formu ve Menopoza İlişkin Tutum Ölçeği kullanılarak toplandı. Verilerin analizinde tanımlayıcı istatistiklerin yanı sıra, gruplar arası karşılaştırmalarda uygun parametrik ve non-parametrik testler kullanıldı. Üreme çağındaki kadınların yaş ortalaması 37,92±7,26 yıl, erkeklerin yaş ortalaması ise 40,98±8,63 yıl olarak belirlendi. Kadınların %72,5'i menopoz hakkında bilgi aldığını belirtirken, erkeklerde bu sıklık %38,6'dır. Kadınların "*Menopoza İlişkin Tutum Ölçeği*" toplam puan ortalaması 40,12±10,04 olarak saptandı. "*Menopoz bir hastalıktır*", "*Menopoz yararlıdır*", "*Menopozda cinsellik azalır*" menopoza yönelik verilen görüşlerde çiftler arasında istatistiksel olarak anlamlı farklar saptandı ($p<0,05$). Çalışma bulguları, menopoz konusundaki bilgi, algı ve tutumların cinsiyete göre anlamlı biçimde farklılaştığını ortaya koymaktadır. Kadınlar konuya dair daha fazla bilgiye sahipken, erkekler daha fazla bilgi eksikliği ve önyargı içeren değerlendirmeler yapmaktadır. Bu durum, özellikle erkeklerin de dâhil olduğu aile ve toplum temelli eğitim programlarının önemini vurgulamaktadır. Toplumsal cinsiyet perspektifiyle ele alınan eğitim çalışmalarının yapılmasının, menopoza ilişkin daha sağlıklı ve destekleyici tutumların gelişmesinde önemlidir.

Anahtar Kelimeler: Menopoz, tutum, evli kadınlar, erkekler, bilgi

Introduction

Menopause, the permanent cessation of menstruation, is a natural biological process that typically occurs between the ages of 45 and 55, marking the end of a woman's fertility period due to the cessation of ovulation (1, 2). However, the psychosocial effects of menopause on women can vary significantly from person to person and from one culture to another (3). The interpretation that women and their partners give to menopause is closely related to how this transition is experienced. In some societies, menopause is seen as a time of maturity and freedom, while in others, it is associated with illness or the onset of aging (4).

Women's level of knowledge, attitudes, and preparedness regarding menopause are associated with various factors such as educational background, socioeconomic status, access to healthcare services, and family support (5). Being informed about menopause can positively influence women's knowledge, thoughts, and attitudes towards this period, playing a critical role in protecting and promoting women's health (6). However, the menopause process affects not only women but also their spouses. Men who have knowledge about menopause and adopt a supportive attitude can significantly contribute to helping women experience this transition more healthily (7).

In a study conducted by Gözükara and Erenel (2016) examining women's knowledge levels and attitudes towards menopause, it was reported that women generally perceived menopause as a disease and had insufficient levels of knowledge (8). The same study found that as women's education levels increased, they were more likely to perceive menopause as a natural process. Negative attitudes toward menopause lead to a more distressing experience of this period. It is known that women who hold positive attitudes toward menopause experience fewer menopausal symptoms (9). Moreover, negative attitudes toward menopause have also been reported to adversely affect sexual functioning (10). In a study conducted by Ghazanfarpour et al. (2015) with postmenopausal women, it was found that those who had negative attitudes toward menopause reported more frequent symptoms such as hot flashes, night sweats, insomnia, irritability, memory loss, decreased physical strength, and feelings of depression (11).

In a study examining men's perceptions and attitudes towards their wives entering menopause, it was reported that men had low levels of awareness about menopause and often externalized this process as a "women-specific" issue (12). However, the current literature primarily focuses on women's perceptions of menopause, and studies evaluating both women and their spouses together remain quite limited.

The aim of the study was to assess attitudes toward menopause among reproductive-aged married women and their spouses and to identify associated factors.

Material and Method

Study Design and Participants

The study was designed as a cross-sectional study. The research was conducted in the obstetrics and gynecology outpatient clinic of a university hospital. The population of the study consisted of women of reproductive age and their spouses who applied to the same clinic between January 2024 and June 2024. The sample size was calculated using the formula for a finite (known) population based on the number of eligible women attending the outpatient clinic during the study period (accessible population, N=572) with α=0.05, d=0.05,

ORCID:
Tuğba ÖZ:
0000-0002-9445-4841
Çisem BAŞTARCAN:
0000-0003-0101-0094

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and p=0.50. The minimum required sample size was calculated as 230. Although the minimum required sample size was calculated to be 230, all eligible individuals who met the inclusion criteria were included in the study to enhance statistical power. Accordingly, data were collected from a total of 316 women of reproductive age and their spouses. Women were eligible if they had not entered menopause, had no diagnosed psychiatric disorders, were between 18 and 45 years of age, and voluntarily agreed to participate in the research. Women who had already entered menopause, were unable to communicate verbally, or refused to participate in the study along with their spouses were excluded from the research. All participants completed the questionnaires fully, and no missing data were encountered during the data collection process.

The dependent variable of the study was the attitude toward menopause, measured by the Attitude Toward Menopause Scale (ATMS) for women and by a set of belief and perception questions for their spouses.

The independent variables included sociodemographic characteristics (age, education level, employment status, income status, number of children, and duration of marriage), reproductive characteristics (menstrual regularity, contraceptive use, and obstetric history), and self-reported physical and psychological health status.

Data Collection Tools

The research data were collected using the "*Participant Information Form*" (separate forms for women and men including questions on sociodemographic characteristics and opinions regarding menopause) and the "*Attitude Toward Menopause Scale*".

Women's attitudes toward menopause were assessed using the validated Attitude Toward Menopause Scale (ATMS). Men's views on menopause were evaluated using a set of belief-based questions developed by the researchers, drawing on relevant literature on men's perceptions of menopause, spousal support, and sociocultural beliefs related to the menopausal transition (7-9, 11, 12).

As a validated and gender-equivalent attitude scale for men was not available, total scale scores were not compared between women and men. Instead, item-based comparisons were performed for conceptually similar statements addressing common domains of menopausal perceptions (menopause as a disease, impact on sexuality, and perceived benefits of menopause).

Participant Information Form: This form was developed by the researchers and consists of 24 questions addressing the sociodemographic characteristics of women of reproductive age and their spouses (such as age, education level, employment status, smoking and alcohol use), obstetric characteristics of the women, and the couples' opinions about menopause (answered as "*agree,*" "*disagree,*" or "*undecided*"). Physical and mental health status of the participants was assessed through a single self-report question. Participants were asked to rate their health as "*good,*" "*moderate,*" or "*poor,*" and these responses were used for categorical classification in the study.

Attitude Toward Menopause Scale (ATMS): This scale was developed by Uçanok in 1994 to measure women's attitudes toward menopause and postmenopausal experiences across different age groups (13). The scale includes 2 positively worded and 18 negatively worded statements. For the positive statements, responses are scored as follows: "*Strongly disagree*" = 0, "*Disagree*" = 1, "*Undecided*" = 2, "*Agree*" = 3, and "*Strongly agree*" = 4. For the negative statements, the scoring is reversed. The minimum score that can be obtained from the scale is 0, and the maximum is 80. Higher scores indicate more positive attitudes toward menopause, while lower scores indicate more negative attitudes. Scores above the average score of 40 are considered to reflect increasingly positive attitudes (13). The Cronbach's alpha coefficient of the original scale was 0.86. In this study, the Cronbach's alpha value was found to be 0.83.

Ethical Considerations

Before starting the study, ethical approval was obtained from the Clinical Research Ethics Committee of the University (dated 28.11.2023 / No: E-72128186-439). All participants were informed about the purpose of the study, that participation was voluntary, their personal information would remain confidential, and that they could withdraw from the study at any time if they wished. Participants were

asked to read the informed consent form and, if they agreed to participate, to sign the section indicating "*I agree to participate in the study*" before starting the questionnaire. The study was conducted by the Declaration of Helsinki.

Data Analysis

The data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 23.0 for Windows. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated to summarize the participants' sociodemographic and obstetric characteristics. The Shapiro–Wilk test was used to assess whether the attitude scores followed a normal distribution. The chi-square test was used to compare two independent groups for categorical variables. For comparisons of continuous quantitative variables between two independent groups, the independent samples t-test was used. For comparisons involving more than two independent groups, a one-way ANOVA was performed. A p-value of less than 0.05 was considered statistically significant in all analyses.

Results

The mean age of the women who participated in the study was 37.92±7.26 years, while the mean age of the men was 40.98±8.63 years. Regarding educational status, 37.3% of the women and 41.5% of the men were university graduates. Among the women, the highest proportion consisted of those who were not employed (40.5%), whereas among the men, the majority were self-employed (30.7%) or civil servants (32.0%). While 20.6% of the women reported smoking and alcohol use, the rates were 31.3% and 20.9%, respectively, among the men. All demographic characteristics of the participants are presented in Table 1.

Table 1: Demographic characteristics of the couples (n=316)

Features	**Women**		**Men**	
Age (year) (x̄±SD)	37.92±7.26		40.98±8.63	
Features (cont.)	**n**	**%**	**n**	**%**
Educational status				
Primary	73	23.2	43	13.6
High school	94	29.7	79	25.0
University	118	37.3	131	41.5
Graduate	31	9.8	63	19.9
Work status				
Unemployed	128	40.5	15	4.7
Worker	48	15.2	55	17.4
Civil servant	83	26.3	101	32.0
Freelance	9	2.8	97	30.7
Retired	48	15.2	48	15.2
Smoking				
Yes	65	20.6	99	31.3
No	251	79.4	217	68.7
Alcohol				
Yes	65	20.6	66	20.9
No	251	79.4	250	79.1

Physical health				
Good	190	60.1	202	63.9
Middle	109	34.5	97	30.7
Bad	17	5.4	17	5.4
Mental health				
Good	176	55.7	216	68.4
Middle	130	41.1	95	30.0
Bad	10	3.2	5	1.6
Total	**316**	**100.0**	**316**	**100.0**

x̄: Average; SD: Standard deviation

The average number of pregnancies among the women was 2.57±1.86, the average number of births was 1.91±1.39, and the average number of living children was 1.84±1.24. A total of 61.7% of the most recent births were delivered via cesarean section. The mean age at first pregnancy was 24.42±3.73 years, while the mean age at menarche was 13.46±1.80 years (Table 2).

Table 2: Obstetric characteristics of the women (n=316)

Parameters	**Min-Max**	**x̄±SD**	**Median**
Number of pregnancy	0-9	2.57±1.86	2.0
Number of birth	0-6	1.91±1.39	2.0
Number of living children	0-6	1.84±1.24	2.0
Number of abortions	0-4	0.55±0.93	0.0
Age at first pregnancy(year)	16-30	24.42±3.73	26.0
Age of first menstruation (year)	9-19	13.46±1.80	13.0
Mother's age at menopause (year)	35-62	48.31±6.61	50.0
Parameter		**n**	**%**
The last type of birth			
Vaginal birth with episiotomy		67	21.2
Vaginal birth without episiotomy		10	3.1
Cesarean birth		195	61.7

x̄: Average; SD: Standard deviation

While a higher proportion of women reported having received information about menopause compared to men (72.5% vs. 38.6%), men were more likely than women to perceive menopause as a disease (12.7% vs. 4.4%). Women were more likely to agree that menopause is beneficial (38.3% vs. 19.9%) and to perceive menopause as a normal life event (97.2% vs. 82.6%). In contrast, men more frequently endorsed the belief that sexuality decreases during menopause (22.8% vs. 16.5%). Similarly, women were more likely than men to agree that a woman remains attractive during menopause (75.6% vs. 57.9%). Overall, women demonstrated more positive and informed attitudes toward menopause, whereas men tended to hold more negative or stereotypical beliefs, with statistically significant gender differences observed for nearly all statements ($p<0.05$) (Table 3). As shown in Table 3, the difference observed between women and men was in favor of women, suggesting that women had higher levels of knowledge and more positive attitudes toward menopause compared to their spouses ($p<0.001$).

Table 3: Couples' opinions on menopause (n=316)

Parameters	Woman		Man		X^2 / p
	n	%	n	%	
Status of information about menopause					47.308
Yes	229	72.5	122	38.6	**<0.001**
No	87	27.5	194	61.4	
Menopause is a disease					58.049
I agree	14	4.4	40	12.7	**<0.001**
I disagree	288	91.2	244	77.2	
I'm undecided	14	4.4	32	10.1	
Menopause is beneficial					31.315
I agree	121	38.3	63	19.9	**<0.001**
I disagree	71	22.5	89	28.2	
I'm undecided	124	39.2	164	51.9	
Menopause is undesirable					30.889
I agree	21	6.6	29	9.2	**<0.001**
I disagree	231	73.1	161	50.9	
I'm undecided	64	20.3	126	39.9	
It's a normal event in women's lives					5.552
I agree	307	97.2	261	82.6	0.062
I disagree	9	2.8	18	5.7	
I'm undecided	0	0	37	11.7	
A woman in menopause loses her fertility					83.464
I agree	208	65.8	168	53.2	**<0.001**
I disagree	94	29.8	109	34.5	
I'm undecided	14	4.4	39	12.3	
A woman in menopause needs treatment					40.181
I agree	93	29.4	53	16.8	**<0.001**
I disagree	168	53.2	186	58.8	
I'm undecided	55	17.4	77	24.4	
A woman in menopause may overcome this condition without treatment					47.884
I agree	210	66.5	186	58.9	**<0.001**
I disagree	59	18.7	28	8.9	
I undecided	47	14.8	102	32.2	
A woman in menopause is attractive and continues to be attractive					11.886
I agree	239	75.6	183	57.9	**0.018***
I disagree	25	7.9	39	12.3	
I'm undecided	52	16.5	94	29.8	
Sexuality decreases in menopause					45.617
I agree	52	16.5	72	22.8	**<0.001**
I disagree	189	59.8	114	36.1	
I'm undecided	75	23.7	130	41.1	

A woman who enters menopause loses her sexuality					46.188
I agree	13	4.1	36	11.4	**<0.001**
I disagree	247	78.2	154	48.7	
I'm undecided	56	17.7	126	39.9	
A woman who has entered menopause loses her social status					31.457
I agree	9	2.8	17	5.4	**<0.001**
I disagree	303	95.9	270	85.4	
I'm undecided	4	1.3	29	9.2	
Smokers experience early menopause					21.191
I agree	86	27.2	66	20.9	**<0.001**
I disagree	104	32.9	26	8.2	
I'm undecided	126	39.9	224	70.9	
Single women enter menopause early					37.143
I agree	53	16.8	45	14.2	**<0.001**
I disagree	184	58.2	93	29.4	
I'm undecided	79	25.0	178	56.4	
Obese women enter menopause early					54.790
I agree	100	31.6	51	16.1	**<0.001**
I disagree	100	31.6	76	24.1	
I'm undecided	116	36.8	189	59.8	
Total	**316**	**100.0**	**316**	**100.0**	
Parameters (cont.)	**n**	**%**	**n**	**%**	
What comes to mind when you think of menopause**					
Physiological and psychological changes	222	70.3	191	60.4	
An event that must be experienced	166	52.5	131	41.5	
Stopping the bleeding	208	65.8	129	40.8	
Cessation of fertility	134	42.4	147	46.5	
Senile	72	22.8	129	40.8	
A person who has received information about menopause**					
Doctor	46	14.6	16	5.1	
Nurse	93	29.4	19	6.0	
Communication tools	65	20.6	50	15.8	
Friends/Neighbor	66	20.9	13	4.1	
Newspaper/magazine/book	37	11.7	61	19.3	

***Multiple answers*

The mean score of the Attitude Toward Menopause Scale (ATMS) among women was 40.12 ± 10.04, indicating a generally moderate level of positive attitude toward menopause.

A statistically significant difference was found between women's education level, physical and mental health status, and their ATMS scores ($p<0.05$). Significant associations were also identified between ATMS scores and responses to statements such as "*Menopause is a disease,*" "*Menopause is harmful,*" "*A woman loses her fertility.*" These findings suggest that women's beliefs and level of knowledge about menopause are associated with their attitudes toward it (Table 4). As shown in Table 5, the statistically significant differences observed between groups were primarily in favor of women, participants with higher education levels, and those reporting good physical and psychological health. These groups exhibited more positive attitudes toward menopause compared to their counterparts ($p<0.001$).

Table 4: Findings on the comparison between women's Attitude Toward Menopause Scale (ATMS) scores and their descriptive characteristics

Introductory Features	ATMS Total	F/p
Educational status		
Primary	40.23	3.648 / **0.013***
High School	37.58	
University	42.11	
Graduate	40.00	
Physical health status		
Good	40.98	7.453 / **<0.001***
Middle	37.66	
Bad	46.29	
Mental health status		
Good	39.06	20.795 / **<0.001***
Middle	42.80	
Bad	24.00	
The last type of birth		
Vaginal birth with episiotomy	37.13	6.659 / **0.002***
Vaginal birth without episiotomy	42.50	
Cesarean birth	41.96	
Menopause is a disease		
I agree	47.00	4.646 / **0.010***
I disagree	39.61	
I'm undecided	43.71	
Menopause is undesirable		
I agree	37.66	6.582 / **0.002***
I disagree	39.26	
I'm undecided	44.04	
A woman in menopause loses her fertility		
I agree	41.55	10.511 / **<0.001***
I disagree	36.35	
I'm undecided	44.21	

A woman in menopause needs treatment		
I agree	40.97	22.210 / **<0.001***
I disagree	37.39	
I'm undecided	47.03	
A woman in menopause may overcome this condition without treatment		
I agree	40.45	4.882 / **0.008***
I disagree	36.88	
I undecided	42.72	
A woman in menopause is attractive and continues to be attractive		
I agree	39.98	8.943 / **<0.001***
I disagree	33.80	
I'm undecided	43.82	

F: Statistical value

Discussion

Our study aimed to examine the attitudes of married couples of reproductive age toward menopause, considering both individual and relational aspects. This approach enables an evaluation of women's experiences of menopause not only at an individual level but also within the relational context of their partnerships. Menopause represents a critical life stage that requires comprehensive health education, counseling, and supportive interventions delivered through public health–oriented services. Within this framework, nurses play an important role in providing education, guidance, and ongoing support to women and their partners during the menopausal transition. In this context, nurses are key professionals who can provide guidance, education, and psychosocial support to women and their spouses during the menopausal transition. Therefore, evaluating attitudes toward menopause is particularly important for nursing practice, as it contributes to the development of holistic and gender-sensitive care approaches. Furthermore, we believe that the findings of this study will serve as a basis for developing educational programs aimed at enhancing health literacy and improving communication between partners. Therefore, our research is essential in terms of filling a gap in the academic literature and generating practical outcomes.

In this study, the attitudes of married women of reproductive age and their spouses toward menopause were evaluated, and significant gender differences were identified. Women demonstrated higher levels of knowledge and more positive attitudes toward menopause compared to men. This difference may be interpreted within the context of women's closer experiential proximity to the menopausal process, as well as their more frequent engagement with reproductive health related information and services.

In contrast, men's lower levels of knowledge and more negative perceptions may be associated with broader sociocultural factors, including traditional gender roles and patriarchal norms that frame menopause primarily as a women's issue and limit male involvement in women's reproductive health. Previous studies have suggested that men's limited exposure to health education on menopause, lower health literacy, and reduced interaction with healthcare services regarding women's health may contribute to misconceptions, such as perceiving menopause as a disease.

Similarly, gender-based differences observed in attitudes toward statements such as "*menopause is beneficial*" or "*menopause is harmful*" may reflect socially constructed beliefs about aging, femininity, and sexuality. The finding that men were more likely to endorse negative views such as the belief that women lose attractiveness during menopause can be interpreted within the framework of societal expectations that associate women's value with youth and reproductive capacity. These

findings underscore the importance of addressing menopause not only as a biological transition but also as a social and cultural phenomenon shaped by gender norms and health literacy disparities.

Although menopause is a natural stage in a woman's life, in some cultures it is associated with the loss of fertility and sexuality, a decline in physical attractiveness, and aging. As a result, women may develop negative attitudes toward menopause (14). In a study conducted by Yaşar and Yeyğel (2024), the mean score on the Attitude Toward Menopause Scale (ATMS) was reported as 46.04±14.46, and approximately four out of every ten women included in the study were found to have negative attitudes toward menopause (15). Similarly, in a study by Gümüşay and Erbil (2019), the mean ATMS score was 36.06±7.34, and 72.1% of the women scored 40 or below, indicating a predominantly negative attitude (16). In contrast, Tümer and Kartal (2018) reported a higher mean score of 46.15±11.68 among women (9).

In another study examining the effects of marital adjustment and attitudes toward menopause on menopausal symptoms among married women in the climacteric period, the mean ATMS score was 41.5±12.5, and women's attitudes were evaluated as generally positive (17). Similarly, in a study examining the impact of health behaviors and attitudes toward menopause on menopausal symptoms, the mean score was 37.94±12.58, suggesting a tendency toward negative menopausal attitudes (18). These differences between studies may be related to variations in sample characteristics, sociocultural contexts, and differences in measurement tools, which can influence how attitudes toward menopause are perceived and reported. In the present study, the mean ATMS score was found to be 40.12±10.04. This result, being above the lower threshold score of 40, aligns with other studies that have reported predominantly positive attitudes toward menopause and differs from those that have reported negative attitudes (19, 20). When the mean scores from the literature are evaluated, it appears that women's attitudes toward menopause vary between positive and negative, possibly due to differences in whether the studies were conducted during the premenopausal or postmenopausal period (21-23).

It has been reported that cultural differences, women's perceptions of menopause, and sociodemographic characteristics (such as education level and access to information) are associated with attitudes toward menopause (20, 24). In this study, 37.3% of the women had a university degree, 9.8% held a postgraduate degree, and 72.5% had received education about menopause. These factors likely contributed positively to the study results. It was concluded that as the level of education increases, attitude scores toward menopause also tend to improve. Furthermore, knowledge and beliefs about menopause were found to be associated with attitudes toward menopause. This finding highlights the importance of educational initiatives targeting both women and men to improve awareness and understanding of menopause.

A significant difference was found between women's educational level and their ATMS scores. In our study, women with a university degree had the highest ATMS scores. It was observed that as the level of education increased, women developed more positive attitudes toward menopause. Additionally, women who rated their physical health as "poor" had significantly higher ATMS scores compared to other groups. This may suggest that levels of awareness or personal health experiences can shape perceptions of menopause. Our study also showed that mental health status is related to attitudes toward menopause. Women who reported poorer mental health had lower attitude scores, suggesting an association between psychological well-being and perceptions of menopause. Furthermore, women who gave birth vaginally without episiotomy had higher ATMS scores. It is possible that this group had a more positive childbirth experience, which may have contributed to perceiving menopause as a more natural transition.

Limitations

This study has several limitations. First, the cross-sectional design precludes causal inferences regarding the relationships between variables. Second, the sample was drawn from a single university hospital, which may primarily reflect individuals with higher health awareness and better

access to healthcare services, thereby limiting the generalizability of the findings to the broader population. Third, data were collected using self-reported questionnaires, which may have introduced response bias. In addition, although statistically significant differences were observed between groups, the effect sizes were modest, suggesting the need for further studies with larger and more diverse samples. Finally, as women's attitudes were assessed using a standardized scale while men's views were evaluated through individual belief based questions, direct comparisons between these measures should be interpreted with caution.

Conclusions

Our study demonstrates that women's attitudes toward menopause during their reproductive years are closely related to their level of education, health status, mode of delivery, and individual beliefs. In particular, health literacy and psychological well-being emerge as significant factors influencing these attitudes. In light of these findings, it is crucial to design educational and support programs for the menopausal period that take individual differences into account.

Moreover, our study reveals gender-based differences in knowledge, perception, and attitudes regarding menopause. While women tend to have greater knowledge about the topic, men are more likely to exhibit information gaps and biased evaluations. It is therefore recommended that educational initiatives be developed from a gender-sensitive perspective, with a focus on family- and community-based programs that also include men. Such efforts may foster healthier and more supportive attitudes toward menopause within society.

Factors such as knowledge level, health status, and social beliefs may be related to women's attitudes toward the menopausal process. Including men in this process is essential for strengthening family support. Health professionals, particularly nurses, should take on an educational and guiding role in this regard, as doing so may help promote more positive and informed attitudes toward menopause.

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