

ORIGINAL PAPER

Climacterium – opinions, experiences, and attitudes of women regarding menopause

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Abstract

Aim: This descriptive qualitative study provides information on research dealing with women's opinions, experiences, and attitudes toward menopause. **Design:** A descriptive qualitative study. **Methods:** Individual semi-structured in-depth interviews were used for qualitative research into this topic. The research group consisted of 17 women aged 40 to 55 years. Thematic data analysis was used to analyze the data obtained. **Results:** Based on the thematic analysis, the following categories were created: 1) Association with the period of menopause; 2) Experiencing menopause; and 3) Education. The results showed that women viewed menopause as a transitional phase of life. The main symptoms included hot flashes, night sweats, disturbed sleep, mood swings, and weight gain. Prior to the study, participants were not interested in additional information on the issue. **Conclusion:** As estrogen levels decline later in life, women transition from the reproductive to the post-reproductive phase of their lives. For women to experience healthy menopause, they must understand the process before they begin to experience the consequences of estrogen deficiency.

Keywords: attitude, climacterium, midwife, opinion, symptom, woman.

Introduction

Adequate knowledge and a positive attitude toward menopause are important for women, especially when dealing with menopausal changes (Gebretatayos et al., 2020). Although menopause is a natural process, it can affect a woman's health and quality of life. Menopause is the permanent cessation of menstruation, defined as 12 months of amenorrhea from the last menstruation. Menopause occurs due to decreased production of female sex hormones in the ovaries – especially estrogens (Mohamed et al., 2014). Reduced estrogen production leads mainly to vasomotor and psychological symptoms. This may also be associated with some women developing cardiac disease and osteoporosis. Several factors contribute to disease occurrence, including age, genetic factors, and factors related to the environment in which women live (Wang et al., 2018).

Changes can affect the physiological, and psychological aspects of life, as well as economic aspects. Although menopause is considered

a natural process, it can significantly affect health and quality of life. In general, the average age for natural menopause is 51 years. As living standards improve, increased longevity means that women may spend 1/3 of their lives in the postmenopausal phase (Malik et al., 2018). Griffiths et al. (2016) reported that the number of women employed in their older age is also increasing. Converso et al. (2019) and Hardy et al. (2018) reported that climacteric symptoms affect more employed women than unemployed women. Work related stress and stressful work environments can also contribute to climacteric symptoms (Converso et al., 2019; Hardy et al., 2018). Based on these arguments, middle-aged women need to prepare for menopause by being aware of the age at which they can expect to start the climacteric process. Awareness of symptoms is vital and helps women better prepare and adapt to this inevitable stage of life (Elnaggar et al., 2013; Hamid et al., 2014; Noroozi et al., 2013a; Orabi, 2017; Sabariah et al., 2015). In this context, emphasis must also be placed on helping women develop a positive attitude regarding this period of life. A positive attitude, increased interest, and better understanding can help them manage or even reduce climacteric symptoms (Noroozi et al., 2013b).

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Aim

The research aimed to document the experiences of women in menopause and quantify their opinions and attitudes.

Methods

Design

Our study used individual in-depth semi-structured interviews followed by a thematic analysis of the data. Standards for reporting qualitative research (SRQR: a synthesis of recommendations) were used as the methodology for reporting the results of our research. SRQR aims to improve the transparency of all aspects of qualitative research and to assist authors in the application and synthesis of study results (O'Brien et al., 2014).

Sample

The research group was chosen using purposeful selection and the snowball technique. When recruiting participants, women who met the selection criteria (living in the South Bohemian Region of the Czech Republic, between 40 and 55 years old, showed willingness to cooperate) were approached. The research group consisted of 17 women (P1–P17). The characteristics of the research group are shown in Table 1.

Data collection

Data collection (interviews) took place in March and April of 2022. Data took the form of individual in-depth semi-structured interviews with all participants.

Table 1 Characteristics of the research sample

Participant	Age	Education	Employment	Menstrual cycle / ATK, HRT	Subjective symptoms	Interest in expert advice before the decision / interest in midwife education after the decision
P1	52	university (Bc.)	public servant	yes irregular / no	yes	yes / yes
P2	52	secondary school	worker	yes regular / no	yes	yes / yes
P3	41	secondary school	public servant	yes regular / no	no	no / yes
P4	45	secondary school	administrative staff	no / ATK	no	no / yes
P5	51	secondary school	accountant	no / HRT	yes	yes / yes
P6	47	secondary school	self-employed	yes regular / no	yes	no / yes
P7	44	secondary school	worker	no / ATK	no	no / yes
P8	49	high school (without grad.)	administrative staff	yes, regular / no	yes	no / yes
P9	43	secondary school	administrative staff	yes / ATK	yes	no / yes
P10	50	secondary school	administrative staff	no / ATK	no	no / yes
P11	52	secondary school	accountant	no / no	yes	no / yes
P12	54	secondary school	public servant	no / no	yes	no / yes
P13	49	secondary school	accountant	no / ATK	yes	yes / yes
P14	42	secondary school	accountant	yes / regular	no	no / yes
P15	54	secondary school	administrative staff	no / HRT	yes	no / yes
P16	54	secondary school	public servant	no / ATK	yes	yes / yes
P17	49	university	self-employed	no / ATK	no	no / yes

Bc. – bachelor's degree; secondary school – secondary school with school-leaving examination; grad. – graduation; ATK – contraception; HRT – hormone replacement therapy

At the beginning of the interviews, participants were acquainted with the research topic, and the “anonymity of data processing” was explained. To meet anti-epidemic measures associated with the Covid-19 pandemic, most interviews were conducted via video calls or in a quiet environment chosen by the participant (while still observing disease prevention measures). On average, interviews lasted 30–50 minutes. Audio recordings were made with the consent of the participants.

Data analysis

Results from the interviews were transcribed verbatim and electronically stored. Data were analyzed using ATLAS.ti 9. Open coding was used to analyze qualitative data. Based on semantic similarities, the codes were unified into specific subcategories, which were subsequently identified and unified into higher-order topics (main categories).

Results

As a result of the qualitative data analysis, three main categories of associations with the climacteric period were created: 1) Experiencing menopause; 2) Education and subcategories: a) Adverse manifestations; b) Changes and limitations; c) Professional advice and assistance; d) Regime measures and lifestyle, and women's opinions; and 3) Education (Table 2). For authenticity, selected direct quotes from participants are included, written in italics.

Associations with the period of menopause

The theme of Associations with the period of menopause was based on women's ideas about menopause and its manifestations. Women characterized menopause as a transitional period in which menstruation ceases. In connection with

the term climacterium, many women associated hot flashes, night sweats, disturbed sleep, hormonal imbalances, irregularities in the menstrual cycle (up to and including complete disappearance), weight gain, muscle loss, mood changes, cognitive changes, mental changes, and changes in sexuality. These common associations were supplemented individually by additional manifestations also believed to occur in women. These included, for example, slower metabolism, joint pain, impaired mobility, and risk of hypertension, osteoporosis, and cardiovascular disease. Informant P1 thought that *“overall, a woman is deteriorating”* during menopause. A small number of participants had other associations with menopause, noting such things as hot flashes, night sweats, fatigue and nervousness, disturbed sleep, termination of menstruation, muscle pain, and sexual discomfort.

Table 2 Data categorization

Main categories	Subcategories
Association with the period of menopause	Adverse manifestations
Experiencing menopause	Alterations
	Expert advice, help
	Regime measures, lifestyle
	Women's opinions
Education	Edification

Experiencing menopause

Many of the adverse manifestations of menopause were based on the participants' personal experiences, whereas P6 stated: *“I haven't thought about it at all ... Since it hasn't really happened to me yet, I haven't had to deal with it.”* Many women had no experience with climacteric problems because they used hormonal contraceptives, had a long history with hormonal-releasing IUDs (Mirena), or used some type of hormone replacement therapy.

Other participants reported vasomotor symptoms (hot flashes, night sweats) as subjective changes and limitations in their lives. Participants also reported other related manifestations, such as disturbed sleep, increased palpitations, mood swings, and nervousness. For example, informant P5 stated: *“I was bothered a lot by night sweats. The quality of my life was worse. Night sweats woke me up three times a night; I was completely soaked. I also had hot flashes associated with sweating. Then I had trouble falling back to sleep. Maybe this was related to my psyche in that I was more irritable.”* Informant P16 described her climacteric symptoms in these terms: *“I did not try teas; I had a hypnotic prescribed. I needed to get some sleep; since I had to get up at 4 o'clock, I would be completely screwed. I don't smoke, I don't drink alcohol, I take care of myself,*

but the hot flashes and night sweats were terrible, even though I use Mirena. I wake up all wet in the morning”. Informant P8 noted, *“Sometimes I'm sad, sometimes I'm like that, not completely depressed, but I just take things more seriously. I didn't experience that before, so I thought I'm ready for the transition, and I was like, ‘oh, you're getting old, girl’. However, it didn't break me.”* The reported subjective experiences were also related to how the women dealt with the symptoms and changes that occurred and the extent to which they were limited by them. This includes whether the participants sought professional advice or requested help from someone or searched for information on the issue by themselves. Some of the women said that they had not yet sought expert advice or interventions from health professionals in connection with their menopause or in terms of alleviating associated problems. However, these participants did not report any subjective menopausal limitations in their lives, or they did not want to contact health professionals and did not want to solve their problems with the help of a friend or work colleague. In addition to the above-mentioned symptoms, women also reported irregular menstrual cycles or complete amenorrhea, headaches, large joint pains, swelling, excessive meteorism, taste changes, body changes (abdomen),

weight gain, changes in skin elasticity, deterioration of cognitive function, greater indecision and forgetfulness, and reduced physical fitness. P11 said: *“My waist volume is increasing; I am rounding out a little, although it is not so bad. I can still hold it in, but it’s a lot more work. I’m starting to get wrinkles. I can see it in the cuticles on my fingers. For the last year, I’ve been developing cellulite on my thighs. I would say it all started 2–3 years before I turned 50. I’m trying to manage all the symptoms, but it’s more of an effort for me. And now we have a third child, which is going through puberty. I’m irritable, so there are clashes. On top of that, there’s a stigma; it’s harder to talk to people and meet them.”*

As for expert advice, some participants sought help from a gynecologist in connection with irregular menstrual cycles and edema. Other participants contacted a gynecologist to prescribe hormone replacement therapy due to impaired quality of life associated with significant hot flashes, night sweats, and disturbed sleep. Not a single participant contacted a midwife regarding adverse symptoms, ways to mitigate climacteric changes, or reduced quality of life, which is closely connected to the issue of education of women in this area.

Education

Before participating in our research, participants were not very interested in education related to menopause (e.g., alleviating adverse climacteric symptoms). Most participants believed that education on menopause was lacking and not much discussed. Participants were only aware of education by midwives regarding pregnancy, the puerperium, and the care of newborns. The participants reported that this education was within the framework of prenatal counseling or prenatal courses. Several participants said they would welcome an opportunity to obtain more information, maybe in the form of informational leaflets or educational brochures available in the waiting rooms of gynecologists. On the other hand, P10 said: *“I’m not the type that someone would give me a leaflet and I would study it. I need more direct interaction so that I can ask questions and so on; to have a dialogue. To tell you the truth, at this point, I don’t know what to ask directly because my body is not yet reacting. If that situation arose, I would prepare specific questions to ask directly.”* This information could be provided by a midwife within the scope of her competence. Participant P7 said: *“I don’t know if I would go to someone for this. To a midwife maybe, depending on how she would give me the information and what she would offer me.”*

Some participants mentioned that they would prefer an alternative to hormone replacement therapy, or they would prefer to try lifestyle changes. Our research showed that some participants, mainly those who have not yet tried any interventions to alleviate difficulties, have thought about this issue. Many were open to alleviating climacteric problems through lifestyle changes. For example, participants were willing to change their lifestyle (use of physical activity and herbal teas) and use recommended dietary supplements; if there were no positive outcomes, they would consider contacting a gynecologist. Other participants were inspired by role models such as their mother or a friend. Regarding the use of hormone replacement treatment prescribed by a gynecologist, P15 said: *“I didn’t even think about changing my lifestyle or my day-to-day routine.”*

Despite the above-mentioned results, most participants believed that the issue of menopause was important and that women should be educated by midwives. With regard to manifestations, changes related to estrogen deficiency, and opportunities to support the quality of health and the quality of life of women, participants thought that the current state of education on these issues was unsatisfactory. They were concerned that midwives only informed women about breast self-examination, cervical cancer prevention, pregnancy, and newborn care. In the opinion of the participants, obstetric assistants do not discuss menopause openly and do not devote enough time to the issue. P2, who would welcome education from the midwife, commented: *“I would certainly appreciate more detailed information on the topic. For example, counseling for pregnant women, and counseling centers for women in menopause, where one can go and learn more about it.”* Other women were largely silent on the issue of education and information. Some did not report seeking any education or information on the topic. P14 was not very interested in the topic but added: *“I think the profession of midwife can be helpful. I think that the climacterium definitely deserves more education. I don’t think the topic is downright taboo. Rather, no one really thinks it’s important, and it’s taken for granted that we don’t talk about it much.”*

P17 also believed that women’s education regarding menopause is inadequate and added: *“It would be good to hold some meetings with midwives in which women could learn more about menopause.”* All interviewed participants expressed an interest in the intervention program offered. P16, while expressing a positive attitude toward the program, said: *“Maybe now, when I come for a gynecological examination, and the gynecologist tells me that it is necessary*

to stop the hormones, I will certainly be glad to know about other solutions for me. So, I don't oppose education at all."

Discussion

Our study dealt with women's ideas about menopause, as well as their subjective experiences regarding menopause symptoms and their knowledge and understanding of the topic. Seventeen women (referred to as P1–P17) aged 40 to 55 years were interviewed. Our survey examined in detail issues such as hot flashes, unpleasant feelings of heat, hormonal imbalances in the body, and irregular menstrual cycles (up to complete amenorrhea). During menopause, women face a variety of challenges, and, in some cases, these changes can dramatically affect their lives (Hoga et al., 2015). In addition to the more traditional symptoms, some participants reported hypertension, slower metabolism, joint pain, increased fatigue, impaired mobility, weight gain, loss of muscle mass, changes in skin elasticity, wrinkle formation, disturbed sleep, mood changes, and changes in sexuality. The gradual decline leading to the cessation of estrogen production causes many symptoms that manifest themselves differently in women (Ataei-Almanghadim et al., 2020). A study by Ambikairajah et al. (2019) reported that a decrease in female sex hormones can negatively affect women's health and can be manifested in the form of hot flashes, arthralgia, vaginal dryness, sleep and mood disorders, bone and muscle loss, and an increase in the fat layer in the abdomen. All these symptoms can accelerate the aging process in women due to their harmful effects on the cardiovascular and musculoskeletal systems (Ambikairajah et al., 2019; Olszanecka et al., 2016). Doshi & Agarwal (2013) included hot flashes, night sweats, vaginal atrophy along with drying of mucous membranes, irregular menstrual cycle, mood swings, osteoporosis, and cardiovascular disease as symptoms of menopause. Participants used their own subjective experiences to communicate how menopause affected their lives. They reported most of the symptoms documented by the research mentioned above, i.e., hot flashes, mood swings, irregularities in the menstrual cycle, excessive night sweats, disturbed sleep, fatigue, and memory impairment. The symptoms reported by our participants were also in line with the results of Vaccaro et al. (2021), in which the most frequently noted symptom was hot flashes (37.9%), followed by disturbed sleep (37.7%), and mood changes (32.7%). The intensity of the symptoms can vary according to: 1) the phase of menopause; 2) perception and attitudes; 3) socioeconomic and demographic

influences; and 4) lifestyle. Stress in women's lives can also play a role in menopausal symptoms (Hunter & Smith, 2017; Jalava-Bromana et al., 2020; Lehman et al., 2017).

In the context of women's thoughts on menopause, sources of information, education, and understanding play an important role in the subjective perception of changes and symptoms. Namazi et al. (2019) also emphasize the need for education and counseling during menopause. Women turned to many sources, such as the Internet, professional literature, and information brochures in the waiting room of gynecological surgeries, for information on menopause. They also consulted friends and work colleagues. However, only a small number of women asked for expert advice and help. Surprisingly, participants who contacted a gynecologist regularly (for hormone replacement prescriptions) did not seek advice for menopausal symptoms. In a study by Vaccaro et al. (2021), only 7.6% of the postmenopausal women studied reported consulting a gynecologist regarding menopausal problems (e.g., to ask about hormone replacement therapy) and not a single woman sought professional advice or education from a midwife. Participants associated midwives only with pregnancy, childbirth, postpartum care, and newborn care. In addition, none of the participants used midwives for information on alleviating climacteric problems.

Options for treating climacteric symptoms include not only hormone replacement therapy but also non-hormonal alternative treatments and lifestyle adjustments. These methods offer a holistic, balanced approach to monitoring middle-aged women in order to effectively control health problems and ensure healthy aging for women (Lambrinoudaki et al., 2022). Abdi et al. (2021) believe that phytoestrogens in various forms (gel, vaginal cream, vaginal suppositories, capsules, extract, enriched diet) are a safe and uncomplicated method that can make a positive contribution to alleviating urogenital problems in women and are as effective as hormone replacement therapy (Abdi et al., 2021).

The participants did not look to midwives for education, nor did they have much to say regarding education for menopausal problems. A few women held the opinion that menopausal education for women was unsatisfactory. According to these participants, midwives focused mainly on the education of women in the sense of breast self-examination, prevention of cervical cancer, pregnancy, and care for newborns. The absence of positive interest and attitudes toward menopause was evident both with regard to menopause and

menopause education. We also noted a measure of indifference with regard to seeking expert advice, assistance with symptoms and life changes, and lifestyle changes. Gambacciani et al. (2019) argue that it is important to define climacteric symptoms not only relative to the overall impact on women's health but also to identify women at higher risk for the long-term consequences of menopause (Gambacciani et al., 2019).

Vaccaro et al. (2021) conducted a survey among 1,028 Italian women aged 45–65 regarding their perception of menopause and their approach to the associated changes. Awareness, knowledge of menopause, and a positive attitude toward the issue were expressed by 82.8% of Italian women, and 77% of women considered menopause to be a physiological state. This agrees with other foreign studies, in which large percentages of women viewed climacterium as a physiological process (Gambacciani et al., 2019; Golezar et al., 2019). Vaccaro et al. (2021) found it worrying that 38.7% of premenstrual women did not plan specific clinical or biochemical examinations to detect the stage of menopause. This is unsatisfactory since the risks of developing symptoms of chronic diseases may be more identifiable after the onset of symptoms (Gambacciani et al., 2019; Golezar et al., 2019). Based on the data of other researchers, it is clear that most women do not realize the importance of early recognition in influencing menopause symptoms (Jane & Davis, 2014). Despite the fact that some women had negative attitudes toward the acquisition of knowledge and a lack of interest in menopause, it would still be worthwhile to attempt to change these attitudes (Gambacciani et al., 2019). There are other foreign studies that mention a lack of interest and negative attitude of women toward menopause and emphasize the importance of a positive attitude in this context (Batool et al., 2017; Orabi, 2017; Pathak et al., 2017). Yazdkhasti et al. (2015) note the importance of health education as one of many ways to improve women's knowledge and attitudes toward menopause. Gebretatytos et al. (2020) place emphasis on raising women's awareness of menopause, and positive health behaviors and health habits since this can ultimately lead to an improvement in women's quality of life. Despite participants being largely indifferent toward education in connection with menopause, all of them showed interest in our intervention program. This is also in line with Lambrinoudaki et al. (2022), who reported on the European Menopause and Andropause Society (EMAS) study. It provides an updated way of monitoring, guiding, and educating middle-aged women, focusing especially on women who are

at the end of their reproductive life phase. The Care Manual was created by experts dealing with women's health and promotes an individual approach, stratified according to the needs, symptoms, and reproductive stage of women. In addition, it deals with details on screening for chronic diseases associated with menopause (Lambrinoudaki et al., 2022).

Benefit for practice

One of the goals of our research was the creation of an educational program for women. The educational program was prepared for women (within the competence of midwives) on the basis of the results obtained during the first phase of our research, i.e., from interviews conducted with participants before the implementation of the intervention program. The educational program was focused on climacteric symptoms, diagnostics, therapy, and the use of non-pharmacological options aimed at alleviating climacteric problems (i.e., using principles of a healthy lifestyle, phytoestrogens, homeopathy, acupuncture, acupressure, hormonal yoga, etc.).

Conclusion

Quality of life in pre-/peri- and post-menopause may be affected in association with bothersome menopause symptoms (hot flashes, night sweats, sleep problems, musculoskeletal pain, anxiety, depression, decreased libido), symptoms of vulvovaginal atrophy, and chronic conditions associated with aging. These symptoms can be influenced by factors such as age, type of menopause, ethnicity, socioeconomic factors, education, type of employment, social support, religion, culture, and the environment in which women live. A large part of how women experience the post-reproductive phase of their lives depends on their early knowledge and personal attitudes toward menopause. In this respect, education and information can change attitudes toward menopause and the subsequent alleviation of problems associated with declining female sex hormones.

Ethical aspects and conflict of interest

The authors declare that the study has no conflict of interest and was processed in compliance with the ethical aspects of research. The research plan was approved by the Ethics Committee of Faculty of Health and Social Sciences, University of South Bohemia in České Budějovice. The informants were informed about the purpose of the research and agreed to be included in the research.

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Author contributions

Conception and design (RB, VT), data analysis and interpretation (RB), manuscript draft (RB), critical revision of the manuscript (RB, VT), final approval of the manuscript (RB).

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