



An investigation into the body image of women in menopause

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Abstract

The aim of this study was to investigate the body image of women in menopause. The sample of the study consisted of 200 women in menopause. The data was collected by using a questionnaire and a Scale for Body Image.

The mean body image score of the women was found to be 139.46 ± 20.8 points. There was no significant difference between the body image scale average score for women according to age group, marital status, profession, education level, place of residence, financial status, their number of the children, or whether or not they had had hysterectomy surgery. There was no relationship between body image scale points and time since undergoing hysterectomy or reaching menopause.

The women who body images are high, may be have positive health behaviours for their health prevention and protection. In our study, body image of women reaching menopause was found to be generally positive.

Keywords: Menopause, Women, Body image.

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Menapozdaki kadınların beden imajının incelenmesi

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Özet

Bu çalışmanın amacı menopozdaki kadınların beden imajını incelemektir. Çalışmanın örneklemini menopoz dönemindeki 200 kadın oluşturmuştur. Veriler Beden İmajı Skalası kullanılarak toplanmıştır.

Kadınların beden imajı puan ortalaması 139.46 ± 20.8 olarak bulunmuştur. Kadınların beden imajı skalası puan ortalamaları ile yaş grupları, medeni durum, meslek, eğitim düzeyi, yaşadıkları yer, gelir durumları, çocuk sayısı, histerektomi ameliyatı geçirme durumları arasında istatistiksel olarak anlamlı bir fark bulunmamıştır. Beden imajı puan ortalaması ve histerektomi geçirme veya menopoza girme zamanı arasında istatistiksel olarak anlamlı bir ilişki bulunmamıştır

Beden imajı yüksek olan kadınlar sağlığı geliştirme ve koruma açısından pozitif sağlık davranışlarına sahip olabilirler. Çalışmamızda menopozdaki kadınların beden imajı genel olarak olumlu bulunmuştur.

Anahtar Kelimeler: Menopoz, Kadınlar, Beden İmajı

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1. INTRODUCTION AND AIM

Menopause is a period of life when physical, mental, psychological and social alterations are experienced, to which women have to adjust (Öztürk, 2004; Şahin, 1998; Tot, 2004). Psychological alterations during this period differ according to a woman's perception of menopause, her cultural norms, and her personality (Tot, 2004).

Body image plays an important part for a person who is in good health (Aslan, 1996; Özcan, 1985; Price & Hans 1990; Velioğlu, Pektekin & Şanlı, 1991). Body image refers to subjective perceptions of physical self-appearance and capabilities. It is developed through self-observation, the reaction of others, and multiple life experiences (Norris & Spelice, 2002). According to Fisher, body image reflects a psychological experience and is focused on a person's feelings and thoughts. Although body image has a physiological basis, it relates to physical, psychological and social experiences (Aslan, 1996; Aslan, 1998; Pruzinsky, 2004). Negative body image arises as a problem for some women in menopause and middle age (Deeks, 2003).

Accommodation of a woman to changes during the menopause period may be difficult and can affect her positive body image. At this stage a woman experiences physical, psychological and social alterations. She becomes aware that some parts of her body are aging. Increase in body weight, wrinkling of the skin, hair loss, and loss of physical strength are manifested. These indicate the loss of her youthful self-image (Deeks, 2003; Özcan, 1985; Velioğlu, Pektekin & Şanlı, 1991).

Chrisler and Ghiz suggested that the physiological symptoms associated with menopause such as hot flushes and osteoporosis may affect a woman's body image (Deeks, 2003).

Alterations in body image can occur naturally, inadvertently or accidentally. A conflict in a woman's perception of her body and the image of her body in her mind creates a threat to her current body image (Bayık & Özsoy, 1990; Demir & Ertem, 2001; Öztürk, 2004; Price & Hans 1990; Şahin, 1998; Tot, 2004). Bellerose and Binik (1993) stated that the body

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image of women who have experienced menopause as a result of surgery was more negative than that of women who had experienced menopause naturally. Because her reproduction organs are crucial for her identity as a woman, they have an important role in forming body image and maintaining self-esteem.

Disease or the absence of reproductive organs may translate into a feeling of deficiency as a woman. (Özcan, 1985; Potter & Perry, 1997; Reis, 2003). A nurse should evaluate the coping state of a person in relation to his or her attitude and the effects of the surroundings in any situation regardless of the age of the person. Nursing care planned for persons who experience alterations in body image should assist them to express their feelings (Aslan, 1996; Norris & Spelic, 2002; Özcan, 1985).

This descriptive research was conducted with the aim of investigating the body image of women in menopause.

2. METHODS

The population of the study consisted of women in menopause who were attending the Gynaecology and Menopause Polyclinic of a training hospital in Western Turkey. The sample of the study consisted of 200 woman in menopause who had not had menstruation for at least one year or who had entered menopause due to surgery, and who had attended the clinic between June 2004 and December 2005. The women were postmenopausal and/or were having hormonal therapy or had had a hysterectomy at the time of the interview.

The data for the study was collected by researchers using a questionnaire composed of an introduction form and a “Body Image Scale” form consisting of 40 items, which was developed by Secord and Jourand in 1953 and had been adapted to Turkish social conditions by Hovardaoğlu in 1989. Each item of the scale is related to a part of the body or a function (such as sexual function). Each item has five choices with a score from 1 to 5: “I disagree

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strongly”, “I disagree”, “I am not sure”, “I agree”, “I agree strongly”. The total score varies between 40 and 200; a higher score indicates positive body image (Pınar, 2006).

Verbal permission was obtained from the patients and written permission was obtained from the university hospital where the study was conducted and from the Scientific Ethics Board of the Higher Education School for Nursing at the Ege University.

The Student t-test, Variance Analysis, and Kruskal Wallis and Pearson Correlation Coefficients were used in the analysis of the data.

3. RESULTS

When descriptive characteristics of the women were examined, it was found that the ages of the women were between 26-74 years and the mean age was 52 ± 6.50 years. 81% of the women who participated to the study are married, 54.5% of them had primary school level education, 57% of them were living in a metropolitan city, 82.5% of them had a nuclear family, 97.5% of them had health insurance, 83.5% of them had equal income and expenditure or higher income than expenditure, 94% of the women had no physical disability, 98% of them had had children, 33.5% of them had had hysterectomy surgery, and 76.5% of them had not had hormone replacement therapy. The sample included one case of “Climacteric praecox”, a term used for women who reach the menopause before the age of 40.

Mean score on the body image scale was found to be 139.46 ± 20.8 points. There was no significant difference between the average points on the body image scale of women in terms of age group, marital status, profession, education level, place of residence, income-expenditure status, their number of children, or whether they had had hysterectomy surgery ($p>.05$) (Table 1).

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Table 1: Distribution of mean points on the body image scale according to individual characteristics of women * (N=200)

Individual characteristics	n	Mean (SD)	P
Age group			
26-47	46	137.82 (22.66)	
48-51	59	142.05 (21.16)	.47†
52-56	49	140.91 (18.60)	
57-74	46	136.21 (20.97)	
Marital status			
Married	62	138.64 (20.61)	
Widow	38	142.94 (21.82)	.25‡
Employment			
Housewife	109	139.77 (20.83)	
Working	35	135.80 (23.48)	.48†
Retired	56	141.14 (19.24)	
Educational level			
Not literate	11	130.90 (18.70)	
Primary school	101	140.35 (20.80)	.51*
High school	36	138.41 (21.04)	
University	52	140.25 (21.42)	
Place of Residence			
Village or small town	30	134.06 (17.01)	
City	56	138.57 (25.13)	.22†
Large town	114	141.31 (19.31)	
Monthly income			
Income is less than expenditure	33	141.66 (20.93)	
Income is equal to or more than expenditure	167	139.02 (20.88)	.50‡
Number of Children			
One or two	124	138.74 (22.36)	
Three or more	72	141.25 (17.17)	.41‡
Hysterectomy			
Has undergone	67	138.68 (20.24)	
Has not undergone	133	139.84 (21.23)	.71‡
Hormone replacement therapy			
Receiving	47	134.89 (18.69)	
Not receiving	153	140.86 (21.34)	.08‡

*Evaluated using Kruskal-Wallis Variation analysis. †ANOVA ‡ Student-t test

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There was no relationship between body image scale points and of the amount of time since undergoing hysterectomy or reaching menopause (Table 2).

Table 2: The relationship between the time since undergoing hysterectomy and since reaching menopause and points on the body image scale

Variables	Body image scale points
Time since hysterectomy	R = .039, p= .75§
Years since reaching menopause	R =.009, p= .90§

§ Correlation

4. DISCUSSION

The mean age of the women was 52±6.50 years. 29.5% of the women had reached menopause between the ages of 48 and 54. In the literature, it is stated that 50% of women reach menopause between the ages of 45 and 54, and the mean menopause age is about 51.4 (Bayık, & Özsoy, 1990; Demir & Ertem, 2001; Öztürk, 2004; Şahin, 1998; Tot, 2004). In the United States of America, the mean menopause age has been reported to be 51, and it has been reported that the menopause is experienced in Japan about the age of 50 (Kono, Sunagawa, Hipa & Sunagawa, 1990). Similarly, in our country it has been stated that the age of reaching menopause is about 45-50 (Aksoy, Palas & Semerci, 1989; Batioğlu, Songül, Keleş & Durmuş, 1990; Bayraktar & Uçanok, 2002). In this regard, the result of our study accords with literature.

Reaching menopause before the age of 40 due to ovarian insufficiency is known as climacterium praecox (Öztürk, 2004; Şahin, 1998; Tot, 2004). In our study it was found that one woman had reached menopause at the age of 26.

In our study, it was found that the score of the women whose education level was primary school or above was higher than persons who are not literate, but there was no statistical difference between these scores ($p>0.05$) (Table 1). It was thought that a higher education level might affect the ability to cope with menopause symptoms and affect their body

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image. A study conducted by Bulgurlu, Bayraktar and Şen (1993) examined the scores on the Beck Depression Scale of women who had reached menopause. It was found that women whose educational level was low had high points on the Beck Depression Scale. Researchers have stated that as educational level rises, the skill of coping with psychological symptoms may rise, and hormone therapy may contribute to relieving depressive symptoms. It may be thought that the publicity given in the media in recent years to the symptoms of the menopause, especially in television, may be helping women at low educational levels to cope with menopause symptoms. The menopause causes anxiety related to changes in femininity, sexuality, personal appearance (Pruzinsky, 2004). In menopause many changes can be observed in the reproductive, urinary, cardiovascular, musculoskeletal and digestive systems together with skin, vasomotor and psychosocial alterations (Aslan, 1998; Astbury-Ward, 2003; Pruzinsky, 2004; Şahin, 1998; Tot, 2004).

Some women do not accept the menopause as a natural process, and experience more problems at this stage (Pruzinsky, 2004). Reproductive function has a close relationship with a woman's reproductively image, her perception of herself and her entire personality. If a woman loses this, she experiences a deep crisis concerning the psychological and symbolical meaning of reproductive function and loses a part of her feminine identity.

Women who have a low level of self-esteem and life satisfaction perceive the menopause as negative. Adaptation occurs more easily in healthy women (Pruzinsky, 2004). Hunter (1990) reported that the effect of physiological changes in the climacteric period is 2% and the effects of psychosocial factors are 51%. Reaching the menopause causes alterations in self esteem and body image. In our study the mean body image scale score was found to be 139.46 ± 20.8 . This result shows that the body image of women who participated to our study was high. The sample of the study consisted of women who attended the menopause and gynecology polyclinic of a university hospital. It is thought that the women's awareness level in relation to menopause was high and this awareness may have had a positive effect on body image. At the climacterium stage, personality type, culture and belief environment are also important factors in the approach to and the perception of menopause (Şahin, 1998). In the study by Öztürk (2004), it was found that 54.2% of the women in the study did not agree with the statement "a woman who has reached menopause loses sexuality", and 49.2% agreed with the statement "a woman who has reached menopause is attractive, her

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attractiveness continues, and attractiveness is not lost". We infer from this finding that the body image of about half of the women is high and they have a positive attitude. In the same study it was found that 88.3% of the women agreed with the statement that "menopause is a normal event of a woman's life" (Öztürk, 2004). The perception of most women that the menopause is a state that will be experienced in a woman's life can be evaluated as a positive attitude in coping with the menopause. Social structure, socio-economic status, aging, role changes, and alterations in relationships are factors which affect symptoms related to the menopause (Şahin, 1998; Tot, 2004).

In our study, average body image scores were highest (142.05 ± 21.16) in the 48-51 age group, and lowest (136.21 ± 20.97) in the 57-74 age group. In the statistical analysis, the difference between the body image scores according to age was not significant (Table 1). It is thought that, for reasons such as her children leaving home or an increase in health problems with the beginning of aging at the stage of 57-74 years of age, there may be deterioration in body image.

It has been stated in the literature that the status of women in traditional society increases with age and maturity provides new power, and for this reason women feel better at this age (Pruzinsky, 2004). In a study made in the United States (Nelson, 1998), more than half of the postmenopausal women who attended the study stated that their life was more satisfying than in the youth and sexual relationships had not changed. Menopause may not cause a problem in every woman. As well as individual differences, the society in which she is living also has an effect on the perception of menopause (Potter & Perry, 1997). In our study, the mean body image scale score of women living in metropolitan areas was found to be 141.31 points. It was found that the difference between mean score points according to place of residence was not statistically significant (Table 1). In a study made in Persia, it was found that women in rural areas had a more negative attitude than women in urban areas (Khademi & Cooke, 2003). The results of our study are parallel to this study. When we examined body image scores according to profession, we found that the differences were not statistically significant (Table 1). Women who were working outside the house, or who had social and economic responsibility, were more affected by alterations related to the climacterium (Şahin, 1998; Tot, 2004). In a study made by Coleman and Antonucci (1983),

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it was found that the psychological and physical health criteria of women who were working was better, and self-esteem was higher, than that of housewives. It is thought that in our society body image is higher in retired women because they have more time for social activity and for themselves.

The difference between mean scores on the body image scale according to marital status was no statistically significant (Table 1). It is thought that body image is low in married women because they are worried about the relationship with their partners, and is better in widows because they have more time for social activity and for themselves. When body image scores according to monthly income status was examined, that of women with a low income was found to be 141.66. In statistical analysis, there was no significant difference between mean body image scale score according to the monthly income status of women (Table 1). In a study made by Wasti et. al. (1991) in Pakistan, it was found that 1/5 of the women in the poor group and 1/2 of the women in the middle and high income level groups showed symptoms. In particular, night sweating, hot flushes and psychological symptoms in women in middle and high income level groups were found to be significantly higher (Şahin, 1998). Our results supported the results of this study. When the body image scores according to number of children were examined, that of women with 3 children and above was found to be 141.25 points. In statistical analysis, there was no significant difference between mean scores of body image according to the number of children (Table 1).

An important factor in the appearance of symptoms of menopause is whether menopause is reached naturally or by surgery. In surgical menopause, women experience intense agitative symptoms with acute hormonal alterations (Şahin, 1998). In our study, it was found that there was no significant difference between mean body image score according to experience of hysterectomy (Table 1). In the literature, it is stated that 55-75% of women experience depression on reaching menopause (Şahin, 1998). However, to many women menopause is a stage which is expected and for which preparations are made, but this is different in women who have reached menopause by surgery. Besides losing physical health, the loss of their functionality at an unexpected time is a source of basic disturbance for these women. In this regard, it is stated that menopause as a result of surgery is a risk factor for depression (Pruzinsky, 2004). In a study made in this country, the frequency of depression in

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premenopausal and postmenopausal women was examined, and it was found that the Beck Depression points of premenopausal women were higher than those of postmenopausal women. Besides, it was seen that the level of severe depression in women who had reached menopause as a result of surgery (53%) was higher than in women who had reached menopause naturally (İçmeli & Yılmaz, 1992).

In another study, there was no difference between depression symptoms in three different groups of women who were premenopausal and postmenopausal, and who had reached menopause as a result of surgery (Barentsen, Van de Weijer, Van Gend & Foekema, 2001). Although in the past there have been studies which suggested that there is a relationship between hysterectomy and depressive symptoms, this is a controversial topic (Reis, 2003). In a study conducted by Öztürk (2004), it was found that 59.2% of women who have reached menopause do not go to a health institution. In a study made by Graydon (1984) emphasizes that giving knowledge to women will help them. It states that woman who will undergone hysterectomy is guided to services related to menopause. It is thought that conducting our study among women who applied to the menopause clinic for services related to menopause is the reason why there is no difference in body image between the two groups. Therapy aimed at relieving symptoms of menopause may be necessary for women. In a study made by Öztürk (2004) it was found that 72.5% of women agreed with statement that “a woman who has reached menopause needs treatment”. Hormone replacement therapy has an important place in controlling the symptoms of menopause and decreasing the menopausal symptoms may affect perception of her body (Bayık & Özsoy, 1990; Demir & Ertem, 2001; Tot, 2004). In statistical analysis, it was found that there was no significant difference in the mean score on the body image scale according to whether the woman was taking hormone replacement therapy (Table 1). In a study made by Bellerose and Binik (1993), it was found that body image in women who had undergone ovariectomy and who were not taking hormone replacement therapy was lower than in women who had undergone ovariectomy and who were taking hormone replacement therapy. This result may be connected to the fact that studies were conducted in different cultures. In another study, it was found that there was a difference in Beck Depression Scale points in before and after hormone replacement therapy; also, it was found that there was a decrease or absence of symptoms of depression as a result of hormone replacement therapy.

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As a conclusion, the researchers stated that hormone replacement therapy can contribute to decreasing depressive symptoms (Astbury-Ward, 2003).

5. CONCLUSION

The women who body images are high, may be have positive health behaviours for their health prevention and protection. In our study, body image of women reaching menopause was found to be generally positive. But these results cannot be generalized to the community because the data were gathered from women attending Gynaecology and Menopause Policlinics. It is thought that those women's awareness level related to menopause is high and this awareness may affect body image towards positive side. It has been suggested that this study should be repeated on a larger sample.

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