

Opinions and main sources of information about menopause among middle-aged Brazilian women

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Abstract

Objectives: The aim of this study was to evaluate women's opinions about menopause and the sources of information they use to deepen their understanding of the topic.

Methods: Population-based study with 749 Brazilian women aged 45 to 60 years. The answers to the question "What is menopause?" were typed and coded, and categories that emerged from the interviewees' own speech were created. The answers to the question: "Where or from whom did you get information about menopause?" were also analyzed.

Results: The mean age of women was 52.5 (\pm 4.4) years. Of them, 68% were postmenopausal. According to 67.5% of the interviewees, the concept of menopause encompassed changes in the menstrual cycle and hormones. For 48%, menopause meant physical changes such as "hot flushes and vaginal dryness." For 22.7%, menopause represented psychological changes. The concept of menopause was associated with some change in sexuality for 7.6% of the interviewees. Approximately 18% could not explain what menopause meant. Regarding the sources of information, 44.5% of the women attributed this knowledge to friends and relatives. Doctors or health services were mentioned by 44.3% of women. Television or radio was cited by 22.0%; magazines, newspapers, or books were cited by 14.0%; and the Internet was cited by 6.8% of women. Fifty-two women (6.9%) reported having no source of information about menopause.

Conclusions: Most of the interviewees relate the term "menopause" to physiological events. There seems to be a suppressed demand for information on the various aspects of the menopausal transition among middle-aged Brazilian women.

Key Words: Climacteric – Epidemiology – Information Services.

Menopause is one of the most relevant women's health topics because, despite the fact that it only means the suspension of menstruation (the last day of this event), it defines the climacteric period of a woman's life. This period marks the transition between the reproductive and nonreproductive phases of a woman's life and occurs at around 45 to 60 years of age.¹ Thus, receiving information about menopause may be of great interest to women to aid their understanding of what may or may not be happening to their bodies.²

Little attention was paid to middle-aged women in the early 20th century, partly because of the earlier female life expectancy that did not allow most women to live long

enough to reach this climacteric point. With the increase in women's life expectancy, the situation has changed, especially since the second half of the 20th century,³ imposing new challenges of providing information and adequate care to women in the climacteric period.⁴ Specifically, in Brazil, since the 1990s, interest in this topic has increased in most organized social movements and the media, the main source of information for this population.^{5,6} Health information on climacteric women has, however, not always been adequate or sufficient^{7,8}; moreover, women are the main users of medical services.^{9,10}

A 2002 study in Brazil that analyzed 2,600 studies on "reproduction" showed that 65.6% were on subjects such as pregnancy, contraception, and cloning/genetic technology, whereas a relevant topic such as menopause occupied only 3.9%.¹¹ One of the possible explanations for this finding is that the climacteric period was rarely approached in the scientific or lay literature until the 1990s. A study produced at the time in the Metropolitan Region of São Paulo, Brazil, showed near invisibility of the topic of menopause. Most of the women interviewed affirmed that menopause should be experienced discreetly and silently. Women's feelings about menopause were largely negative, particularly because

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of the physical changes that are characteristic of this phase.¹² Starting in 1990, the number of publications increased; however, the emotional aspect of this phase continued being rarely addressed.

In 2001, a study of 456 women aged 45 to 60 years living in Campinas, Brazil, showed that physicians and health services (40.1%) were the main sources responsible for clarifying the aspects of menopause and its effects on health regardless of the interviewee's menopause status. Approximately 25% of premenopausal women reported receiving information from friends or relatives. Radio and television were also the most cited sources in premenopause (9.4%). About one-fifth of respondents never received any information about menopause.¹³ In Brazil, socioeconomic status is usually classified, based on a series of questions about household items and degree of schooling of the head of the family.¹⁴ A sum of predefined points per question classifies the family into classes A, B, C, D, and E, in a decreasing order of socioeconomic status.¹⁴ Women in social classes A and B obtained their information mainly through health professionals (40.7%) and television and print media (39.6%). Healthcare providers were also the primary sources of information provided to women of social classes C (45.4%) and D/E (34.3%); however, the media was rarely used to obtain information about menopause by women in lower social classes.¹³

Although considerable progress has been made in women's health over the last 2 decades, many societies continue to neglect women who grow older, especially in developing countries.¹⁵ A Brazilian study published in 2002 showed that many women with climacteric symptoms do not seek health services because they believe that they do not need medical attention.¹⁶ Therefore, how should knowledge be shared if, after the age of 50, many women do not seek health services at a time of such profound changes? How can the menopausal transition be understood when information is missing, or it may be an obstacle for women to learn about what it involves? With the objective of evaluating women's opinions about menopause and evaluating the sources of information they use to deepen their understanding of the topic, this population-based study was developed in the Metropolitan Region of Campinas (MRC) in Southeastern Brazil.

METHODS

The data presented come from a survey entitled "Population-based household survey on the climacteric period and menopause among women from MRC" and were collected between September 2012 and June 2013. The present analysis aimed to describe in detail the opinions of women about the meaning of the word "menopause" and describe the sources of information they use to obtain these answers. Brazilian women aged 45 to 60 years living in the municipalities that comprise the Metropolitan Region of Campinas were included in the study. Any reason that led to the inability to respond to the questionnaire, such as schedule incompatibility or illness, was considered an exclusion criterion.

The Metropolitan Region of Campinas (located in the State of São Paulo, one of the richest in the country in economic terms) is composed of 19 municipalities. Its estimated population in 2010 was 2,798,477 people according to the Brazilian Institute of Geography and Statistics (IBGE) census. Of them, 257,434 were women in the 45- to 60-year age group.¹⁷ As the primary objective of the household survey was to initially assess symptoms of menopause, sample size was calculated based on the prevalence of hot flushes in women residing in MRC, which was previously estimated at 70%.¹⁸ With a maximal difference between the sample proportion and population of 3.5% and a type I (alpha) error of 5%, the initial sample size was established as 655 women. Considering a refusal rate of 20%, the number of women invited to respond to the questionnaire was 820. The detailed randomization process of the census tracts and interview procedures was previously described.¹⁹ Briefly, through a list provided by IBGE, 92 census sectors were drawn using simple random sampling (rural and industrial sectors were excluded). After the draw, a random selection of two courts by sector was carried out and the number of women aged between 45 and 60 years was verified. From these, 10 were randomly selected and interviewed. Interviews were conducted by trained research assistants, in the interviewees' place of residence, in face-to-face conversations. If the woman being interviewed was not found at her residence or did not agree to be interviewed at that time, the interview could be made by phone. All trained research assistants were women.

To describe in detail the women's views on the significance of menopause, the survey participants were told the following: "Now we would like to know your opinion about menopause. There are no right or wrong answers, and you are not being evaluated. You can respond without worry according to what you know." After this explanation, they answered the question: "What is menopause?" The answers were typed and coded, and categories that emerged from the interviewees' own speech were created. Subsequently, the following question was asked: "Where or from whom did you get information about menopause?" For this question, women could choose one or more of the following options: doctors or health services; magazines, newspapers, or books; television or radio; Internet; friends, relatives, or other known people; meetings at churches or with groups of ladies.

A descriptive statistical analysis of the data was performed. For the continuous variables, means and SDs were calculated. Relative frequencies were calculated for the categorical variables. Seventy-one women refused to answer the questionnaire, so the final sample consisted of 749 women, each of whom signed an informed consent form before completion of the questionnaire. The study was approved by the Research Ethics Committee of the University of Campinas and assigned the protocol number 779/2011.

RESULTS

The mean age of the 749 women who answered the questionnaire was 52.5 (\pm 4.4) years. Of them, 16% were

TABLE 1. Sociodemographic characteristics (n = 749)

	Total	%
Age, y		
45-49	228	30.4
50-54	242	32.3
55-60	279	37.2
Schooling, y ^a		
1-4	250	33.4
5-8	194	25.9
9-11	218	29.1
≥12	86	11.5
Socioeconomic status ^{a,b}		
A/B	396	53.1
C	306	41.0
D/E	44	5.9
Marital status		
With partner	548	73.2
Divorced	103	13.7
Widow	59	7.9
Single	39	5.2
Skin color		
White	514	68.6
Afro-descendant	221	29.5
Asian/Indigenous/Other	14	1.9
Religion		
Roman Catholic	428	57.1
Protestant	225	30.1
Spiritism	43	5.7
Others	29	3.9
None	24	3.2

^aMissing data.

^bClassified through the Economic Classification Criteria of Brazil,¹⁴ based on a series of questions about household items and degree of schooling of the head of the family. A sum of predefined points per question classifies the family into classes A, B, C, D, and E, in a decreasing order of socioeconomic status.

premenopausal, 16% were perimenopausal, and 68% were postmenopausal. The mean age of the last menstrual bleeding episode was 46.5 (± 5.8) years. Approximately 60% of the participants had attended school for 8 years or less. Socioeconomic status was classified through the Economic Classification Criteria of Brazil,¹⁴ based on a series of questions about household items and degree of schooling of the head of the family. A sum of predefined points per question classifies the family into classes A, B, C, D, and E, in a decreasing order of socioeconomic status. Most women (53.1%) were from higher social classes (A/B). Few women (5.9%) were from

less favored social classes (D/E). The vast majority of women reported having some religion, with 57.1% being Catholic and 30.1% being Protestant. Only 3.2% reported being atheists. Table 1 shows the main sociodemographic characteristics of the interviewed women.

The women’s responses to the open question “What is menopause?” were typed and coded, and categories that emerged from the interviewees’ own speech were created. The same woman may have given answers that were classified into more than one category. According to 67.5% of the interviewees, the concept of menopause encompassed changes in the menstrual cycle and hormones. More specifically, 52.7% of respondents reported that menopause is “termination of the menstrual cycle, stop menstruation, menstruation irregularity, decreased menstruation” and 14.8% reported that menopause is “hormone decline, hormone loss, hormonal change.” For 48% of the interviewees, menopause meant physical changes such as “hot flushes and vaginal dryness” (42.5%) and “aging and getting old” (5.5%) (Table 2).

For 22.7%, menopause represented psychological changes, being “mood swings and irritability” cited by 16.7% of the interviewees, whereas 6.0% of women stated that menopause was synonymous with “worst phase of life, a massacre to women, very unpleasant, a horrible thing.” The concept of menopause was associated with some change in sexuality for 7.6% of the interviewees. Of them, 5.6% said that menopause literally meant “end of sexual life, lack of sexual desire, loss of libido.” For 2% of the interviewed women, however, menopause meant “self-maturation, a good thing for not menstruating anymore, sexual freedom, joy and tranquility to stop menstruating.” Of the 749 women interviewed, approximately 18% could not explain and had no idea about what menopause meant (Table 2).

When questioned about their sources of information about menopause, 44.5% of the women attributed this knowledge to friends, relatives, and other known people. Doctors or health services came next, mentioned by 44.3% of women. Television or radio was cited by 22.0%; magazines, newspapers, or books were cited by 14.0%; and the Internet was cited as a source of information by 6.8% of women. Fifty-two women

TABLE 2. What is menopause? (n = 749)^a

	n	%
<i>Changes in the menstrual cycle and hormones</i>	506	67.5
Termination of the menstrual cycle, stop menstruation, menstruation irregularity, decreased menstruation	395	52.7
Hormone decline, hormone loss, hormonal change	111	14.8
<i>Physical changes</i>	359	48.0
Hot flushes and vaginal dryness	318	42.5
Aging and getting old	41	5.5
<i>Psychological changes</i>	170	22.7
Mood swings and irritability	125	16.7
Worst phase of life, a massacre to women, very unpleasant, a horrible thing	45	6.0
<i>Sexual changes</i>	57	7.6
End of sexual life, lack of sexual desire, loss of libido	42	5.6
Self-maturation, a good thing for not menstruating anymore, sexual freedom, joy and tranquility to stop menstruating	15	2.0
<i>Don't know</i>	133	17.8

^aWoman may have given answers that were classified into more than one category.

TABLE 3. *Where or from whom did you get information about menopause? (n = 749)^a*

	<i>n</i>	<i>%</i>
Friends, relatives, or other known people	333	44.5
Doctors or health services	332	44.3
Television or radio	165	22.0
Magazines, newspapers, or books	105	14.0
Internet	51	6.8
Meetings at churches or with groups of ladies	2	0.3
No information	52	6.9

^aWomen could choose more than one alternative.

(6.9%) reported having no source of information about menopause. The data are shown in Table 3.

DISCUSSION

In a study performed in 2006, we sought to learn about the journalistic approach to menopause in articles published in Brazilian magazines. We found that the topic of menopause appeared scarcely in the media, predominantly in short notes, and almost exclusively considering the biomedical aspects of menopause and failing to detail other related aspects. This highlighted the lack of emphasis on menopause in the lay literature, including those aimed at the female audience.²⁰ To advance this knowledge, in the present study we chose the opposite approach. Already knowing that menopause was rarely publicized in the media and that the content was not approached in depth, we sought to return to the genesis of these questions, but this time to hear what menopause meant to women residing in the Metropolitan Region of Campinas. We also sought to learn the main sources they used to learn about the menopausal transition. To that end, the responses of 749 women to the questions “What is menopause?” and “Where or from whom did you get information about menopause?” were analyzed.

We observed that most of the interviewees related to the physiological concept of the term “menopause,” seeing it as the end of the menstrual cycle with hormone reduction (67.5%) and the presence of symptoms directly related to ovarian failure, such as hot flashes, vaginal dryness, and aging (48.0%). Previous studies showed that most women living in various parts of the world relate menopause to the end of the menstrual cycle and to vasomotor symptoms. In 2009, the results of a cross-sectional study of 260 Bahraini women aged 30 to 64 years were published. For 73.5% of these women, menopause occurs when menstruation ends; for 65.8% of them, menopause is accompanied by hot flashes.²¹ Also in 2009, another cross-sectional study of 720 Italian women showed that for 92% of them, menopause is related to hot flashes; in 31%, it is related to episodes of sweating.²² In Brazil, an ethnographic study developed with women living in the Salinas do Ribamar Community (State of Paraíba) reported that the women interviewed knew the age at which menopause could be expected to occur and recognized the changes that occurred in their bodies, including the end of menstruation. According to the authors, women did not talk about “menopause” in their daily lives, and when they did

discuss the subject, they focused only on the description of symptoms, such as hot flashes.²³

For approximately one in four women who responded to the interview, the word “menopause” refers to psychological symptoms, especially emotional lability. This association is also frequently observed in other populations. Among Iranian women, 66.5% agree with the statement that the risk of depression increases with the menopausal transition.²¹ Among Italians, 41% associate menopause with irritation, whereas 23% associate it with depression.²² In the present study for 6.0% of the women, menopause is simply “the worst phase of life, a massacre in a woman’s life.” The cultural context in which a woman lives influences her perception of menopause.^{23,24} Some studies suggested that negative feelings related to the climacteric period may be subconsciously associated with the body changes accentuated by the decrease in hormonal production, with loss of physical attributes and changes in social roles.²⁵ A study of 270 middle-aged English women identified an association between high levels of self-objectification, body vigilance, body shame, and having negative attitudes toward menopause. Therefore, women who focus heavily on body appearance would be more likely to experience menopause in a negative and problematic manner.²⁶

Some of the women interviewed related the term “menopause” to changes in sexuality. For 5.6% of women, it is the “end of sexual life, lack of sexual desire, loss of libido.” Historically, women’s health has always been compared with the health of the mother-woman. As long as she is in this role, she watches over her body to ensure that it functions well and reproduces. It is possible that, by losing this ability when menopause occurs, the woman becomes less concerned about her health. In a study of women residing in Paraíba, Costa and colleagues observed that menstruation, marriage, religion, sexuality, and procreation are strongly correlated and determined the sociocultural role of women. For them, menstruation is positive because it indicates fertility; on the contrary, menopause carries a negative connotation because it signals the end of reproductive life and, consequently, for some the end of sexual life. Most emphatically, the women interviewed by Costa and colleagues reported that menopause marks the point at which they are no longer women.²³ Aging and the menopausal transition, however, do not end sexuality. Depending on the social and religious context, the inability to become pregnant can mean freedom. For some women interviewed in our study (2%), menopause means “self-maturation, a good thing for not menstruating anymore, sexual freedom, joy, and tranquility to stop menstruating.” Studies conducted in Brazil have not shown interference of religion in the use of contraception. Catholic women tend to use contraception with the same frequency as other women, in dissonance with the Catholic hierarchy’s discourse.²⁷ We believe that the 2% of respondents who related menopause to “sexual freedom” were those who had a more rigorous practice and follow-up of religious dogmas.

We emphasize the fact that many women (17.8%) simply have no idea what the word “menopause” means. This is a significant percentage because the assessed population is located in the richest state of the country in economic terms, and only a small portion of the respondents were from poorer social classes. One might speculate that some of these women simply do not consider the menopausal transition a “problem” requiring the need to describe it as a medical term in the same way that Asian women generally have a positive attitude toward menopause.²⁸ Another possible explanation is that some women simply do not like and do not want to talk about reproductive health issues.² We, however, believe that most women who did not know the meaning of the term “menopause” did not have adequate information on the subject. The main sources of knowledge about menopause for this population of women were friends, relatives, or other known people (44.5%), followed by doctors or healthcare providers (44.3%). Like other authors, we also believe that the topics “menopause” and “climacteric syndrome” have been neglected after the publication of the first results of the WHI study in 2002.^{29,30} This clinical trial evaluated several outcomes associated with the use of estrogen-based hormone therapy to treat the symptoms of menopause. Despite many criticisms of the methodology used, there was an intense and possibly misleading disclosure of the results obtained that generalized the risks of cardiovascular disease, stroke, and breast cancer for all types of prescribed therapy and for women of all ages.³⁰ This possibly means that several issues related to hormone therapy, including the basic aspects of climacteric physiology and epidemiology, are no longer properly taught to health professionals during training.³⁰ With this, many individuals who are the main sources of knowledge may not feel safe to inform women about menopause-related issues. This is not an exclusive problem of the Brazilian population. An American study published in 2013 evaluated the training on the climacteric among resident physicians. Most of the participants (75%) considered that menopause was very important; however, half of them felt unprepared to treat the symptoms of hypoestrogenism due to insufficient training.³¹ A study of 295 British women published in 2014 reported that for them, general practitioners did not seem to be able to give an accurate diagnosis of menopause and what is normal during this period of life. In addition, for 37% of them, physicians were not the best sources of information about menopause.³² In the study by Donati et al in which 69% of women reported receiving information about menopause from health professionals, 30% reported being very dissatisfied with the information received.²²

For women living in northern Europe³³ as well as Italian women,²² the media is the main source of information. For Italian women who received information about menopause, the media was the source of information for the majority (72%); however, 33% said they were dissatisfied or very dissatisfied with the obtained information.²² For those interviewed in our study, the media, which could be a relevant source of information, was rarely mentioned. Television or

radio was cited by 22% of respondents; magazines, newspapers, or books were mentioned by 14%; and the Internet was noted by 6.8%. This finding is possibly related to the journalistic approach used. We previously showed that menopause appeared very little in the media, usually in the form of small notes and almost exclusively considering biomedical aspects.²⁰

As previously reported by other authors,² if women were given information about menopause beforehand, they might be better prepared to deal with the physical and psychological changes that accompany this transition period. To that end, both gynecologists and general practitioners could provide more detailed clarification if they received better training on this subject. In addition, these professionals could encourage women to conduct more in-depth research in other sources such as books, journals, and the Internet. The development of websites specialized in the climacteric syndrome is a promising tool for spreading knowledge. In addition, by promoting forums on this subject, they facilitate interaction between women with common interests, which can further enhance learning. As shown, the information obtained through friends and other known people is an important way to obtain knowledge. The availability of websites, in different languages, can extend the possibility of access to relevant information on menopause to women living in different realities and cultures.

It was not our goal to evaluate the answers given by the interviewees as right or wrong, but rather to give a broad description of what women in the MRC think about the word “menopause.” The satisfaction of these women with the information obtained on the subject was not evaluated; therefore, it was not possible to establish hypotheses about one source of knowledge being superior to the others. As this study was conducted in a specific region of Brazil, its results cannot be generalized to other regions of the country or the world. We, however, believe that, by describing the opinions and sources of information about menopause in our population, we have contributed to a better understanding of a subject of great importance for the well-being of aging women.

CONCLUSIONS

Most middle-aged women living in the Metropolitan Region of Campinas relate the term “menopause” to physiological events, but a significant portion of them experience them in a negative way. There seems to be a suppressed demand for information on the various aspects of the menopausal transition among both middle-aged women and health professionals of different specialties. In addition to greater attention being paid to this subject in health specialization courses, the different means of communication could be better used with the aim of more accurately directing information to the population.

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