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Investigating the Relationship between Menopause Specific Quality of Life and Perceived Social Support among Postmenopausal Women in Iran

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**ABSTRACT**

**Background:** The purpose of this research was to investigate the relationship between Menopause Specific Quality of Life (MENQOL), Perceived Social Support (PSS) and factors associated with MENQOL among a group of Iranian Postmenopausal women in 2018.

**Methods:** In this cross-sectional study 410 of Postmenopausal Iranian women in Neyshabur are examined. QOL was assessed using MENQOL questionnaire, and social support was assessed through administration of a modified Sarason’s Social Support Questionnaire. The data were analyzed through conduction of a Pearson correlation coefficient and Linear regression analysis using SPSS software package 20.

**Results:** It was found that the average age of PMW was 53.92 ± 3.86 years. The total scores of the QOL ranged from 10 to 30, with a mean of 37.83 (SD = 12.9). Mean scores of Sexual, psychological, physical, and Vasomotor domain of QOL were 12.55 ± 6.96, 14.66 ± 2.20, 18.11 ± 1.85, 12.02 ± 4.93. Perceived social support was positively correlated with the overall QOL (r = 0.68; P ≤ 0.001). Moreover, perceived social support was associated with Vasomotor (r = .55, p ≤ .001), Psychosocial (r = .65, p ≤.001), Physical (r = .59, p ≤ .001), Sexual (r = .48, p ≤ .001) subscales of QOL.

**Conclusions:** The results of the current study showed a significant relationship between perceived social support and QOL in PMW. Further research is suggested to investigate other variables among PMW in Iran.

Introduction

Menopause, known as the climacteric, is the time in most women’s lives when menstrual periods stop permanently, and they are no longer able to give birth to children (Izetbegovic et al., 2013). Today, most women live in excess of 33% of their lives over menopause (Silva Filho et al., 2005). Yet, the reason of menopause isn’t well-known and it gives off an impression of being identified with ovarian brokenness and hormonal changes (Roush, 2011). Menopause can have psychosomatic, physical, and physical side effects related to sexual brokenness (Kim et al., 2015; Kwak, Park, & Kang, 2014). A portion of women have extreme manifestations that profoundly influence their personal and social functioning, along with their satisfaction of quality of life (QOL) (Karmakar et al., 2017).
WHO defines quality of life as an individual’s perception of his position in life with regards to the cultural context and value systems in which he lives and in relation to his goals, expectations, standards and concerns. It is a broad ranging concept that is affected complexly by the person’s physical health, psychological state, personal beliefs, social relationships and his relationship to salient features of their environment (Mousavi et al., 2013; Orley & Kuyken, 1994).

Spouses, companions and help supportive networks definitely can propose profound impacts throughout the menopause period (Karmakar et al., 2017). Therefore, the social support element will be viewed as a unique element which can affect women during their menopause. Social support may be characterized similarly as “an exchange of resources between at least two individuals and perceived by the provider or the recipient to be intended to enhance the well-being of the recipient”. Previously, in addition, social support is defined and generally characterized as the presence of people to whom we can rely on (Sivandani et al., 2013). Recognized social support constructs the majority of social support that could be developed for instance through spouses, parents or friends. More importantly is that the literature shows that the perceived support is significantly is relationship with humans’ health (Ibarra-Rovillard & Kuiper, 2011).

Previously the examinations have indicated significant and negative relationship among PSS and melancholy in Iranian PMW (Tadayon et al., 2015). A study in Turkey found expanded marital adjustment rankings that had been associated with reduced menopausal symptoms of women (Çoban et al., 2008).

Iranian culture is particularly essential for the elderly and more established women, and in view of their broad experience as moms and spouses, they have an imperative place in culture. Moreover, a portion of the estimations of women in Iran might be in danger because of emotional episodes and different difficulties in providing personal satisfaction (Jenabi et al., 2015). Few investigations demonstrated the relationship between socio-statistic components and QOL among PMW (Mohammad-Alizadeh-Charandabi et al., 2012). The purpose of this study was to investigate the relationship between Menopause Specific Quality of Life and Perceived Social Support among Postmenopausal Women in Neyshabur, Iran 2018.

**Methods**

This cross-sectional study was conducted in 2018 from June to October, among PMW in Neyshabur, north-east of Iran. Ethical statement was IR.NUMS.REC.197.028. The study was approved by Neyshabur University of Medical Sciences, and the patient records/information was anonymized and de-identified prior to analysis.

According to the results of the study conducted by Makvandi et al, in Iran (Makvandi et al., 2013). In view of Makvandi results, we touched base at an aggregate sample size of 410 at 95% significance level. For this reason, we arranged a random selection process in Neyshabur city and categorized it into four distinct regions based on socio-statistic status. Qualified women were chosen arbitrarily dependent on quantities set for every wellbeing focus and their names and numbers were recorded. On the off chance that a woman was missing for the meeting, she was given another opportunity.

Inclusion criteria was comprised of women (a) from whose last menstrual period something like 1 year had passed (b) had flawless uterus and ovaries. Likewise, exclusion
criteria included a history of severe sicknesses or synthetic menopause, or having passed through hysterectomy, diabetes, hypertension, cardiac disease, and thyroid disorders. Locked houses or the women who did not give the consent were not included in the study.

We utilized the Menopause-Specific QOL (MENQOL) questionnaire for measuring the QOL in PMW. This survey comprises of 29 items in vasomotor (3 items), psychosocial (7 items), physical (16 items) and sexual (3 items) domains (Lewis, Hilditch, & Wong, 2005). The validity and reliability tests for this questionnaire were directed in Iran (Fallahzadeh, 2010). In this investigation, test-retest (infraclass correlation coefficients) was utilized for the MENQOL survey dependability. The scores of MENQOL questionnaire were 0.95, 0.99, 0.98, and 0.96 for the physical, mental, sexual and vasomotor spaces, respectively (Fallahzadeh, 2010). This questionnaire was on seven-point Likert scale ranging from 0 to 7. A “zero” is identical to a lady reacting “no”, demonstrating she has not encountered this manifestation in the previous months. Score “one” demonstrates that the lady encountered the manifestation, however it was not irksome by any means. Scores “two” through “seven” demonstrate expanding dimensions of trouble experienced from the manifestation and compare to “1” through “6” check boxes on the MENQOL. Everything was physically determined into a 0–7 score. Henceforth, the normal level for every area was determined somewhere in the range of 0 and 7. The high scores in MENQOL subscales demonstrated low QOL due to the reverse coding done in the analysis.

The social support scale was adapted from the shorter Sarason’s Social Support questionnaire (SSQ-S) developed by (Sarason et al., 1983). The validity and reliability for SSQ-S questionnaire were directed in Iran (Najafi & Baseri, 2018; Seyfzadeh, 2016).

The SSQ-S original is a 12-item instrument that measures two aspects of PSS: six odd-numbered items count social support network (the number of people in the individual’s social support system), the total number of people in the individual’s social support system is further divided into family network and non-family network support and six even-numbered items that measure perceived satisfaction from social support network. The overall satisfaction from specific support is based on a six-point scale ranging from very satisfied to very dissatisfy.

In addition, some socio-statistic factors were asked from these women including age, menopause duration, marital status, education, employment status, number of children, income level. The PMW were met by female questionnaire and all things considered, each meeting endured 30 minutes.

For the statistical analyzes, SPSS 20 (SPSS Inc., Chicago, IL, USA) was utilized. The data were analyzed using descriptive statistics methods including frequency, percentage, mean, standard deviation scores, ANOVA test. The Pearson’s correlation analysis test was used to determine the relation between SSQ-S and MENQOL subscales scores. The reliability was evaluated using the Cronbach’s alpha reliability coefficient. The statistical significance was P ≤ 0.05.

**Results**

The average age of PMW was 53.92 ± 3.86 years. Most of the study population (69.51%) were in the age group of 50–54 years. In terms of working status, the majority of the women (88.78%) were housewife. All these features are depicted in (Table 1).
The PSS average scores according to age groups ($p = .03$), education level ($p \leq .001$), working status ($p \leq .001$), marital status ($p \leq .001$), the income perception ($p = .01$), family type ($p = .26$), husband’s education level ($p = .013$) of women were compared and the differences between groups were statistically significant.

MENQOL average scores according to age groups ($p = .03$), educational level ($p \leq .001$), working status ($p \leq .001$), marital status ($p \leq .001$), family type ($p = .02$), husband’s education level ($p \leq .01$) were compared and the differences between groups were statistically significant (Table 1).

The total scores of the QOL ranged from 10 to 30, with a mean of 37.83 (SD = 12.9). Mean scores of Sexual, psychological, physical, and Vasomotor domain of QOL were 12.55 ± 6.96, 14.66 ± 2.20, 18.11 ± 1.85, 12.02 ± 4.93.

Perceived social support was positively correlated with the overall QOL ($r = 0.69; P \leq 0.001$).

Moreover, perceived social support was associated with Vasomotor ($r = .55, p \leq .001$), Psychosocial ($r = .65, p \leq .001$), Physical ($r = .59, p \leq .001$), Sexual ($r = .48, p \leq .001$) subscales of QOL.

**Discussion**

The purpose of this study was to investigate the relationship between menopause specific quality of life and perceived social support among postmenopausal women in Neyshabur, Iran 2018.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Number</th>
<th>Percent</th>
<th>PSS Total mean±SD</th>
<th>pvalue</th>
<th>MENQOL Total mean±SD</th>
<th>pvalue</th>
</tr>
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<tbody>
<tr>
<td>Age (year)</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>50–54</td>
<td>285</td>
<td>69.51</td>
<td>58.32 ± 8.71</td>
<td>$p = .03^{**}$</td>
<td>38.87 ± 11.87</td>
<td>$p = .03^{**}$</td>
</tr>
<tr>
<td>55–59</td>
<td>81</td>
<td>19.75</td>
<td>54.06 ± 11.90</td>
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<td>38.87 ± 12.27</td>
<td></td>
</tr>
<tr>
<td>60–65</td>
<td>44</td>
<td>10.73</td>
<td>52.14 ± 10.64</td>
<td></td>
<td>38.78 ± 11.97</td>
<td></td>
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<tr>
<td>Family type</td>
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<tr>
<td>Nucleus family</td>
<td>207</td>
<td>50.48</td>
<td>57.35 ± 12.18</td>
<td>$p = .01^{*}$</td>
<td>43.2 ± 12.2</td>
<td>$p = .02^{*}$</td>
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<tr>
<td>Large family</td>
<td>143</td>
<td>34.88</td>
<td>51.24 ± 12.68</td>
<td></td>
<td>38.1 ± 12.46</td>
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<tr>
<td>Alone living</td>
<td>50</td>
<td>12.19</td>
<td>49.72 ± 11.61</td>
<td></td>
<td>38.84 ± 12.34</td>
<td></td>
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<tr>
<td>Income perception</td>
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<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Bad</td>
<td>100</td>
<td>24.39</td>
<td>48.20 ± 12.29</td>
<td>$p = .01^{*}$</td>
<td>27 ± 11.6</td>
<td>$P &lt; .001^{*}$</td>
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<tr>
<td>Middle</td>
<td>250</td>
<td>60.97</td>
<td>51.33 ± 11.62</td>
<td></td>
<td>36.9 ± 11.30</td>
<td></td>
</tr>
<tr>
<td>Good</td>
<td>60</td>
<td>14.63</td>
<td>61.20 ± 12.53</td>
<td></td>
<td>45.10 ± 12.98</td>
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<td>Working status</td>
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<tr>
<td>Housewife</td>
<td>364</td>
<td>88.78</td>
<td>53.11 ± 12.10</td>
<td>$P &lt; .001^{*}$</td>
<td>37.53 ± 11.16</td>
<td>$P &lt; .001^{*}$</td>
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<tr>
<td>Officer</td>
<td>10</td>
<td>2.44</td>
<td>61.52 ± 11.43</td>
<td></td>
<td>39.62 ± 11.46</td>
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<tr>
<td>Retired</td>
<td>36</td>
<td>8.78</td>
<td>62.55 ± 10.11</td>
<td></td>
<td>44.2 ± 11.87</td>
<td></td>
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<tr>
<td>Education level</td>
<td></td>
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<tr>
<td>Illiterate</td>
<td>30</td>
<td>7.31</td>
<td>55.55 ± 12.13</td>
<td>$P &lt; .001^{*}$</td>
<td>34.5 ± 12.95</td>
<td>$P &lt; .001^{*}$</td>
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<td>Elementary</td>
<td>195</td>
<td>47.61</td>
<td>63.52 ± 8.48</td>
<td></td>
<td>39.20 ± 12.85</td>
<td></td>
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<tr>
<td>Middle school</td>
<td>90</td>
<td>21.95</td>
<td>56.29 ± 10.24</td>
<td></td>
<td>38.20 ± 12.29</td>
<td></td>
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<tr>
<td>High school</td>
<td>80</td>
<td>20.48</td>
<td>52.35 ± 10.61</td>
<td></td>
<td>39.14 ± 12.85</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>15</td>
<td>3.65</td>
<td>64.24 ± 7.94</td>
<td></td>
<td>44.1 ± 16.98</td>
<td></td>
</tr>
<tr>
<td>Husband education status</td>
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<td></td>
<td></td>
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<tr>
<td>Illiterate</td>
<td>60</td>
<td>14.63</td>
<td>51.35 ± 9.71</td>
<td>$P &lt; .001^{*}$</td>
<td>35.60 ± 11.86</td>
<td>$P &lt; .001^{*}$</td>
</tr>
<tr>
<td>Elementary</td>
<td>100</td>
<td>24.39</td>
<td>54.19 ± 10.14</td>
<td></td>
<td>38.23 ± 11.15</td>
<td></td>
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<tr>
<td>Middle school</td>
<td>90</td>
<td>21.95</td>
<td>64.62 ± 7.48</td>
<td></td>
<td>39.14 ± 11.17</td>
<td></td>
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<tr>
<td>High school</td>
<td>140</td>
<td>34.14</td>
<td>69.35 ± 8.26</td>
<td></td>
<td>38.43 ± 12.78</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>20</td>
<td>4.88</td>
<td>50.75 ± 9.81</td>
<td></td>
<td>46.23 ± 11.88</td>
<td></td>
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<tr>
<td>Marital status</td>
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<tr>
<td>Married</td>
<td>347</td>
<td>84.63</td>
<td>55.29 ± 11.21</td>
<td>$P &lt; .001^{*}$</td>
<td>37.6 ± 4.7</td>
<td>$P &lt; .001^{*}$</td>
</tr>
<tr>
<td>Single</td>
<td>16</td>
<td>3.90</td>
<td>68.80 ± 1.64</td>
<td></td>
<td>34.4 ± 12.9</td>
<td></td>
</tr>
<tr>
<td>Widow</td>
<td>47</td>
<td>11.46</td>
<td>50.47 ± 11.73</td>
<td></td>
<td>34.7 ± 12.9</td>
<td></td>
</tr>
</tbody>
</table>

* ANOVA One Way test  
** t test
In this study, the PSS score were higher than for other women in the following categories: age 50–54, higher education level, working, higher income perception, single, living in a province. The differences between groups were statistically significant (Table 1). The findings of this study indicated a significant relationship between the woman’s level of education and perceived social support. Women with high education levels have a better understanding of perceived social support, which is concordant with the results of studies {Erbil & Gümüşay, 2018 #39}. This study revealed a significant relationship between perceived social support and marital status; married women reported the worst perceived social support. Furthermore, it was highlighted a significant relationship between perceived social support and age, marital status, education level, job status, number of children, number of childbirths, and residence status of Iranian postmenopausal women {Tadayon et al., 2015 #40}. Married women with a higher education level reported better perceived social support. Husbands who demonstrated support for their wives during menopause significantly impacted their wives ‘health in a positive manner. Indeed, the quality of the marital relationship was also a parameter of women’s health [Brennan, 2011 #47] Studies have shown that a woman’s marriage and relationship with her husband play an important role in dealing with complaints of this period {Bahri, 2016 #48}. A previous study in Turkey showed that the severity of menopausal complaints might be related to the husbands’ attitudes toward menopause {Aksu, 2011 #49}.

Social support is an important factor in the promotion of QOL {Rambod, 2013 #5}. Our findings show a relationship between the Physical subscale of QOL and perceived social support (r = .59, p ≤ .001), indicating that as postmenopausal women receive adequate emotional support, they report better physical QOL. Research has repeatedly suggested that people who report a high level of social support enjoy enhanced well-being{Kahn, 2003 #17}. Cohen and Wills (1985) showed that social support was associated with improved physical health. Social support is related to social function in postmenopausal women {Ma, 2015 #18}. However, some studies have not found a significant relationship between emotional support and physical QOL{Bloor, 2006 #19}.

The association between perceived social support and psychological dimensions of QOL (r = .65, p ≤ .001) in our study is consistent with the results of other studies of QOL in HD patients{Vazquez, 2005 #20}. The outcome of social support is improved mental health that is associated with an increased sense of personal competence. Social support recipients experience empowerment {Finfgeld-Connett, 2005 #21} because of diminished fear {Murray, 2002 #22} and an enhanced sense of reassurance {De Castro, 2015 #23}.These factors lead to diminished distress and overall perceptions of well-being{Freire, 2018 #24}. Improvements in mental health can be made and sustained by initiating and enhancing coping behaviors{Bovero, 2016 #25}.

The association between perceived social support and sexual dimensions of QOL (r = .48, p ≤ .001) in our study is consistent with the results of other studies {Başar, 2016 #27} {Viswanath, 2017 #28}. Studies prospectively assessing QOL in women with gynecologic cancer after treatment{Vaz, 2011 #31}{Barker, 2009 #34}{Lutgendorf, 2002 #35}reported an improvement in QOL and confirmed our findings.

Our findings indicate that the vasomotor subscale of QOL is related to perceived social support (r = .55, p ≤ .001). This finding suggests that perceived social support is an important factor. This finding is similar to that reported by Lewis et al {Lewis, 2005 #36}. 
Vasomotor symptoms postmenopausal women prevalence and severity were generally associated with lower QOL.

The strong relationship between perceived social support and total QOL in our study \((r = 0.69; \ P \leq 0.001)\) is also supported by other studies\cite{Erbil & Gümüşay, 2018 #10; Freire, 2018 #24}.

People with adequate support experience fewer situations that tax or exceed their resources and consequently are less stressed \cite{Yan, 2004 #3}.

**Conclusion**

The results of the current study showed a significant and positive relationship between perceived social support and QOL in postmenopausal women. It can, therefore, be concluded that with a rise in perceived social support, QOL dimensions in postmenopausal women increased.

The relationship between perceived social support and QOL in postmenopausal women add to the growing literature suggesting that social environment meaningfully influences the level of QOL. The results may provide required data for health policy decisions as well. As our technology continues to grow, the knowledge gained from this study could also lay work for other populations, particularly those seeking automated devices to sustain life.

**Strengths**

All dimensions of quality of life were measured by the Menopause-Specific QOL (MENQOL) questionnaire. Social support networks to provide appropriate emotional and instrumental support for PMW will definitely help to improve their quality of life.

**Limitations**

This study had a few limitations. Firstly, the study had a cross-sectional design and only the relationships defined between the domains of quality of life and the PSS in the study. We had no data about the women’ QOL in their premenopausal period which could influence their postmenopausal QOL. Subsequently, more proof is needed, dependent on expansive planned accomplice, for an increasingly exact study of successful factors on PMW QOL.

**Conflicts Of Interest**

The authors declare that there is no conflict of interests.

**References**


