

Positive aspects of menopause A qualitative study

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Abstract

Objective: As a part of a larger study, “Menopause described from the woman’s perspective”, it has been the aim to explore *whether* women have any positive experiences in relation to menopause, and if so, *the nature* of these experiences. **Methods:** In a questionnaire, sent to a random sample of 51 year-old Danish women, there was included an open-ended question concerning the course of menopause. A qualitative approach has been used in the analyses. **Results:** 393 women have answered the open-ended question. One hundred and ninety four women did describe positive aspects of menopause. The total number of different quotations with a positive content was 268. The answers varied from unspecific statements describing a period of well-being or simply a statement of not having problems at all, and concrete descriptions which primarily dealt with the relief of ending menstruating and attached problems, such as PMS and fear of pregnancy. Finally they dealt with the possibility of personal growth and freedom to concentrate on own requirements. **Conclusions:** The positive aspect of menopause is a relevant field to investigate further, quantitatively as well as qualitatively. It is recommended that doctors include positive aspects and women’s own resources in counselling, to avoid medicalization and dis-empowerment in this period of life. © 2001 Elsevier Science Ireland Ltd. All rights reserved.

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1. Introduction

In the western part of the world the female menopause is often considered as a negative part of life, and medical literature is mostly dominated by biomedical opinions about symptoms and loss

of well-being, and menopause is often described as a deficiency syndrome. But in a review of health and ill-health during the menopausal transition, it is stated that menopause, in addition to involving biologic and psychological factors, is an important developmental phase influenced by specific socio-cultural factors [1].

Previous scientific investigations have also indicated that the perception of menopause is culturally related [2–4].

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Menopause is normally defined as the cessation of menstruation, but in a wider sense menopause is used to refer to a much longer period of up to 10 years during which there is a complex transition involving biological, psychological, social and cultural factors [1].

Being a *female* general practitioner, aged in the mid-forties, my curiosity has been triggered by the experiences from my work. It is my impression that women have a more differentiated and many-faceted experience of menopause than is described in medical literature or advertisements. In fact the myth about the suffering, oestrogen-depleted menopausal women does not seem to be in agreement with the women I often see in general practice as well-being, good looking, healthy women often in the prime of life, even if some of the women, of course, do have symptoms.

Against this background I have started a study, consisting of both quantitative and qualitative data, to investigate women's own perception of the menopause and the change of life.

As a part of my study, I wanted to give the women an opportunity to tell about *positive* aspects of menopause and the change of life using an open-ended question, since these aspects seem to be underestimated in questionnaires designed to explore symptoms.

The aim of this part of the study has been to explore *whether* women have any positive experiences in relation to menopause, and if so, *the nature* of these experiences.

2. Methods and materials

As a part of the larger study, "Menopause described from the woman's perspective", a questionnaire was sent out to 1261 51 year old women in October 1998. The women were randomly selected by the Civil Registration Office among all 51-year old women living in Denmark, born in Denmark and with Danish citizenship.

An open-ended question was included in the questionnaire:

If you want, you are welcome to describe in few words how you have experienced your

menopause and change of life. You are also welcome to describe if something about the menopause has been a relief or a bother, and whether your menopause has influenced your life as a whole.

The questionnaire consisted of two parts. The first part (12 questions), which all the women were asked to complete, included questions on sociodemographic variables. It also included questions on women's attitudes to treatment with hormone replacement therapy (HRT), and their attitudes towards menopause, or the transitional phase, (the Danish word for menopause is better translated as the transitional phase). The women were asked if they regarded menopause as a period just to pass, a strain, a good or bad experience for a woman, if it provided possibilities for personal development, and whether they saw menopause as a natural event.

The women were also asked if they regarded themselves as being menopausal or postmenopausal, and if so, they were asked to complete the second half of the questionnaire (nine questions). This part of the questionnaire included questions on menopausal symptoms and their severity and the use of HRT. Finally, it included the open-ended question. Only women who regarded themselves as being menopausal or postmenopausal were asked to fill in this last question.

This paper describes the results from an analysis of these answers. The results from the questionnaire as a whole will be reported elsewhere.

2.1. Which women answered the open-ended question?

The Women (1261) were selected randomly, which is about 1/30 of all 51 year-old Danish women. Nine hundred and seventy five women answered the questionnaire (77%). Seven hundred and nineteen women regarded themselves as menopausal or postmenopausal, and these women were asked to answer the open-ended question, if they wanted. Out of the 719 women, 393 did so (see Fig. 1). The material consists of these 393 answers.

2.2. Analysis

A qualitative approach has been used in the text-analysis. A computerised program, Atlas.ti has been used, but primarily to organise the quotations in the beginning of the proces.

The 393 answers were transcribed consecutively in one textfile, where the individual answer ranged from a single line to more than one page. The answers were very heterogeneous. They varied from detailed stories about symptoms of menopause and other diseases, to short sentences just to wish me good luck with the survey. The women also used the opportunity to complete the former answers from the closed questions, or to give the reason why they had stopped taking oestrogen or what the doctor has told them.

Apart from the positive aspects described below, many women described bothering symptoms and other aspects of menopause. This article, however, has the aim of describing the positive aspects of menopause.

The analysis included the following steps:

1. Finding themes. The material was read several times to find the themes that optimally covered the central points across the material. The themes were found to be 'menopausal symptoms', 'choice about using HRT or not', 'attitudes towards menopause and self-care' and finally 'positive aspects of menopause'.
2. Identifying relevant parts of the text. The material was browsed and read thoroughly again, and in this case, quotations or parts of the quotation, where women have mentioned something in relation to 'positive aspects of menopause', was marked (in Atlas.ti).

3. Developing categories. The different pieces of text were sorted and subdivided in different categories. The theme, 'positive aspects of menopause' was in this way subdivided into different categories, as detailed below.
4. Summarising the contents of the categories. Every quotation belonging to a category was gathered and printed to get an overview of the category, and finally its content and nature was summarised.

3. Results

Three hundred and ninety three women answered the open-ended question, with answers ranging from one single line to more than one typewritten page.

Almost half of the women, exactly 194, did describe one, or more, positive aspect of menopause, ranging from more or less unspecific statements, to very accurate and concrete descriptions. The total number of different quotations with a positive content was 268 (one woman could have more than one positive statement).

The unspecific statements were about well-being or simply statements of not having problems at all. The concrete descriptions primarily dealt with relief in relation to cessation of menstruation, PMS and fear of pregnancy, or they dealt with the possibility of personal growth and freedom to concentrate on one's own requirements.

One of the 51 year-old women summarised the positive change of life in one sentence:

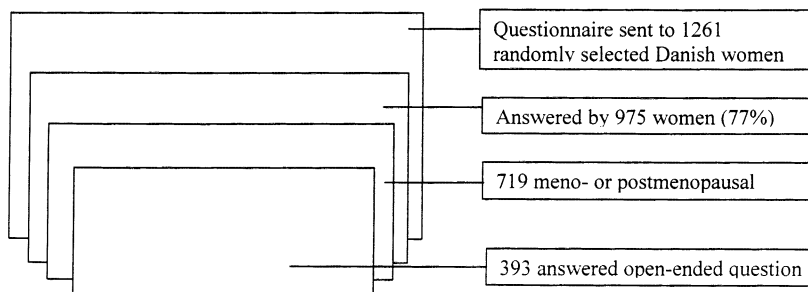


Fig. 1. Description of which women who answered the open-ended question.

“Physically I have obtained a great strength passing the menopause — my sexual life has become more fun — I know for sure what I want — I look forward to becoming a granny soon, I am about to change my job, and I look forward to it”.

3.1. A period of well-being and no problems worth mentioning

Thirty nine women mentioned this period of life as a period of well-being, either physically or psychologically or both. The women give the impression of a time of good health and good economics, or a time full of energy, and as the woman who tells about her new job and well-functioning partnership, concludes:

“I really experience some wonderful years just now”.

Besides that, almost every fourth women (exactly 98) answered “the other way round”, by saying that they did *not* have problems. These quotations merely seemed to be negations to negative expectations, as if they think that the course of *their* menopause has been easier than for the rest of women, like,

“I have been lucky,” or, *“Not as stressing as I have heard about”.*

3.2. A relief that menstruation and subsequent problems have ceased

Eighty women mention the relief of getting rid of their periods and subsequent problems (PMS, headache, migraine, bleeding irregularities and fear of pregnancy). In several ways the women describe it as being a relief to stop menstruating. Many women seem to be satisfied with their lives without periods, which they have had monthly over many years, but some of the relief is also related to several years of proceeding bleeding irregularities, which is described as a heavy stress on many women.

“The bleedings were always a problem, and it is a relief to get rid of them”.

Some women describe their relief of being without pain, PMS, oedema, breast tension and change in moods. A few women describe that they had monthly minor depressions ahead of each period, which now have ceased, and seven women specifically mention the relief of being without their periods, because they avoid attacks of headache and migraine. To other women the menopause means a relief of fear of pregnancy and contraception can be avoided:

“It is positive for our sexual life that the fear of pregnancy has diminished”.

3.3. A better sex life

Nine women described positive aspects according to their sexual life. *“I feel more free”*, *“my sexual life has flourished”*, or a wondering: *“Strangely enough my sexual life has never been better”.*

3.4. A possibility of personal growth and freedom to concentrate on own requirements

Thirty one women expressed that the menopause and the contemporary change of life have affected them in a positive way. Some women describe that they have used the menopause as a trigger to changing their life styles. To others it has meant that they have realised that life is not eternal and that it is important to, “use life while you have it”. The statements indicate that the phase has resulted in personal development. The women describe the changes individually, for instance, *“I feel stronger”*, *“I am more meditative”*, *“you grow up”*, *“more contact with my inner feelings”*, *“fewer inhibitions”*, and *“I am much better to speak my mind”.*

The women describe in various ways that it is a relief that the children are grown-ups and able to cope themselves. This gives opportunity to spend more time on oneself and own interests, and to concentrate on certain things, which are described as “freedom”, “peace”, etc.

“I experience it as a new phase in my life — without children, and more time to do what I want”.

4. Discussion

4.1. Did the women who answered the open-ended question differ from the women who did not answer?

To find out if the group of women who answered the open-ended question differed from the women who did not answer the question, a statistical comparison has been made. There was no significant difference with regard to employment, use of HRT, the average of menopausal symptoms or self-rated health. However, the group of women who answered the open-ended questionnaire differs significantly from the non-responders with regard to education and attitudes towards menopause.

More of the women who responded to the open-ended question had a medium or long education. This is expected, since it reflects the ability of formulating in writing.

Women regarding menopause *either* as a troublesome period or a possibility of personal development, answer more often in comparison to women who have not made up their mind, or just regard menopause as a period they just have to pass. Even if the average symptoms are the same, there is a tendency that the more symptoms they have, the more they answered the question.

All together, the women who answered the question do not seem to have had an easier menopause, but they have a stronger opinion (either for the better or worse) and are more capable of formulating their experience.

4.2. What can and cannot be inferred from open-ended questions?

The intention of this part of the study has been to find different *examples* of positive aspects, by giving women an opportunity to express their opinions. It has not been the intention to quantify how many women have *in fact* had positive experiences, which cannot be done by this method. To make proper calculations it is necessary to use closed questions, since an open-ended question cannot say anything about what is *not* written. If a woman does not mention positive aspects it does not categorically mean that she only had negative experiences, only that she has not written about them.

The type of answers will also depend on the context (like in other surveys), which means that the women are influenced by the other questions in the questionnaire, and their knowledge about me being a doctor. Many of the other questions were strictly medical, about, for example, bleeding irregularities, hot flushes and HRT. This could explain why a great deal of the answers deal with the relief of ending menstruation and attached problems. It was less expected that many women would write about psychological changes, since this aspect has not been given a high priority in the questionnaire. These answers are very varied and heterogeneous and indicate that the individual woman has made her own personal experiences, and tries to express them. One would expect that more women exist with these same experiences, but that they have to be asked directly before they can put into words something that is otherwise ignored. To achieve a better understanding of this, a questionnaire needs to be constructed with questions about psychological changes, and including a closed question about this aspect.

4.3. Are the positive aspects of menopause normally underestimated?

It has been stated that the medical profession and the society as a whole show a more negative attitude towards menopause than felt by the women themselves [2,5].

The focus on the negative aspects may lead to a negative impact on this part of life. As an example it is found that previously held negative attitudes about menopause predicted higher levels of vasomotor symptoms [6], and that negative stereotyped beliefs predicted a depressed mood upon reaching menopause [7].

Even if knowledge about positive aspects of menopause exists (e.g. [2,8–11]) it is often belittled in the medical approach to menopause, which concentrates on symptoms and illness. Such information could be essential for women who seek medical counselling, e.g. by their general practitioner. In such counselling it is important not only to focus on medical risks, but also include women's resources, in order to avoid medicalization and disempowerment [12,13]. It has also been said that promoting positive attitudes to ageing and menopause, healthy lifestyles and stress reduction could be used constructively both as community interventions and as part of individual approaches by health practitioners to mid-aged women [1].

Others have found that the women's perception of menopause is affected by whether they have experienced the menopause or not, and that postmenopausal women have a more positive view of the menopause than the premenopausal women [2,14].

This indicates that postmenopausal women change their attitudes to menopause, partly because, "it was not so bad as they had expected", but also because they have had positive experiences.

In relation to the existing knowledge about menopausal symptoms, with the focus being on the negative aspects, the fact that almost half of the women in this study give some sort of positive statement must be considered significant.

The relief of ending menstruation is well known in relation to HRT, where women find it bothering if the bleeding continues. This means that the women often do not want treatment until a bleeding-free treatment can start.

Many women mention the relief of getting rid of their periods, because of the associated symptoms, such as depressions, moodiness, breast tension and headaches. The same symptoms are

often said to be symptoms of the menopause, according to the myth. But instead these women have experienced the opposite — a cessation of symptoms.

Only a few women mention their sexual lives. This low number is to be expected, because sex is often a taboo subject, and the questionnaire did not include any specific questions about this. The few women who have commented on positive sexual aspects are nevertheless included in this description, because they are in contrast to the more ordinary expectations. It is possible that some women experience sexual problems after menopause, for instance because of vaginal dryness, but this might be compensated for in some women by the fact that they have more time, experience or a well-known partner. Earlier investigations [8] have concurrently found that most menopausal women (about 80% in the South- East England longitudinal study) felt satisfied with their sexual relationships.

In my material there is no trace of the so-called "empty nest syndrome". Despite what has been said before about the interpretation of what is *not* written, this was unexpected. It is often said that menopausal women are having a bad time because of the children leaving home. Instead the answers suggest that many women are very satisfied having less duties and more possibilities to cultivate their own interests or carrier. One could suggest that the, "empty nest syndrome", was a problem for earlier generations, but in Denmark today, where more than 80% of menopausal women are employed, this seems to be a irrelevant problem.

Women's experiences of menopause as a possibility of personal inner growth are important. In psychological and 'alternative' literature menopause is described as a change of life, typically concerning women's inner wisdom and power as they move beyond 40 years of age [4,15,16].

5. Conclusion and recommendations

In the open questionnaire many women mentioned positive aspects, when they described

the impact of menopause on their lives in general. The answers varied from unspecific statements describing a period of well-being or simply a statement of not having problems at all, and concrete descriptions which primarily dealt with the relief of ending menstruating and attached problems, such as PMS and fear of pregnancy. Finally, they dealt with the possibility of personal growth and freedom to concentrate on own requirements.

In this part of the study, which is based on an analysis of an open-ended question, it is not possible to make statistical calculations about *how many* women have positive experiences, or if there are *differences* between groups of women (e.g. those who use of HRT or not). Closed questions are required for a quantitative result. However, the high number of positive quotations, and the variation in the examples, indicates that this is a relevant field to investigate further, quantitatively as well as qualitatively.

As doctors involved in the counselling of menopausal women, we should be more aware of the images we create. If we always focus on severe symptoms and diseases later in life, we are taking part in creating a negative picture of the middle-aged woman, a picture that seldom corresponds to women's own experiences.

Instead of a traditional negative approach to this part of a woman's life, and instead of focusing on risks, we should see this period from a broader perspective. By including positive aspects and women's own resources, it might be possible to avoid medicalization and dis-empowerment in this period of life.

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