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THE EFFECT OF GENDER ROLES AND SEXUAL QUALITY OF LIFE ON MENOPAUSAL COMPLAINTS

Toplumsal Cinsiyet Rolleri ve Cinsel Yaşam Kalitesinin Menopozal Yakınmalara Etkisi

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ABSTRACT

This research is conducted with the purpose of identifying the effect of gender roles and sexual quality of life on menopausal complaints. Sample of this cross-sectional research consisted of 306 women in menopausal period.The data was collected using "Personal Information Form","Gender Roles Attitude Scale","The Sexual Quality of Life-Female (SQOL-F)" and "Menopause Symptoms Rating Scale (MSRS)".While the average age of women is 53.03±4.91 years, their average age of menopause is 48.58±3.31 years.The total average score that women get from GRAS is 47.61±8.04, total average score they get from SQOL-F is 49.12±11.87 and total average score they get from MSRS is 18.15±9.14. Total average scores they get from Somatic Complaints, Psychological Complaints and Urogenital Complaints sub-dimension of MSRS are 6.64±3.15, 7.15±4.27 and 4.35±3.00, respectively.It was determined that total and all sub-dimension score averages of MSRS increased significantly as the GRAS average score increases in women in menopausal period ($p<0.05$).In addition, it was also determined that average score from MSRS Urogenital Complaints sub-dimension decreased significantly as SQOL-F average score increases ($p<0.05$).It was determined that as equalitarian attitude level in terms of gender roles increases, complaints regarding menopausal symptoms increase and urogenital complaints experienced during menopause caused decrease in sexual quality of life.

Keywords: Gender roles, Menopause, Menopausal complaints, Sexual quality of life.

ÖZ

Bu araştırma, toplumsal cinsiyet rolleri ve cinsel yaşam kalitesinin menopozal yakınmalara etkisini belirlemek amacıyla yapıldı. Kesitsel nitelikte tasarlanan bu araştırmanın örneklemini, menopozal dönemdeki 306 kadın oluşturdu. Veriler; "Kişisel Bilgi Formu", "Toplumsal Cinsiyet Rolleri Tutum Ölçeği", "Cinsel Yaşam Kalitesi Ölçeği-Kadın Formu (CYKÖ-K)" ve "Menopoz Semptomları Değerlendirme Ölçeği (MSDÖ)" ile toplandı. Yaş ortalaması 53.03±4.91 yıl olan kadınların, menopoza girme yaş ortalaması 48.58±3.31 yıldır. Kadınların TCRÖ'den aldıkları toplam puan ortalaması 47.61±8.04, CYKÖ-K'dan aldıkları toplam puan ortalaması 49.12±11.87 ve MSDÖ'den aldıkları toplam puan ortalaması 18.15±9.14'dir. MSDÖ Somatik Şikâyetler, Psikolojik Şikâyetler ve Ürogenital Şikâyetler alt boyutlarından aldıkları toplam puan ortalamaları ise sırasıyla 6.64±3.15, 7.15±4.27 ve 4.35±3.00'dır. Menopozal dönemdeki kadınlarda TCRÖ puan ortalaması arttıkça MSDÖ toplam ve tüm alt boyut puan ortalamalarının da anlamlı düzeyde arttığı belirlendi ($p<0.05$). Ayrıca CYKÖ-K puan ortalaması arttıkça MSDÖ Ürogenital Şikâyetler alt boyutundan alınan puan ortalamasının anlamlı düzeyde azaldığı belirlendi ($p<0.05$). Toplumsal cinsiyet rolleri açısından eşitlikçi tutum düzeyi arttıkça menopozal semptomlara yönelik yakınmaların arttığı ve menopoz döneminde yaşanan ürogenital şikâyetlerin cinsel yaşam kalitesinde azalmaya neden olduğu belirlendi.

Anahtar kelimeler: Cinsel yaşam kalitesi, Menopoz, Menopozal yakınmalar, Toplumsal cinsiyet rolleri.

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INTRODUCTION

Gender is a concept which is used for expressing the expectations and responsibilities of the society as woman and man and which expresses how the individual perceives themselves as woman or man (Basar, 2017). Gender roles are described as duties, responsibilities and activities that the culture assigns to the women and men. The reflection of gender roles in social life of the women and men is presented as differences in family, professional, education, marriage and social life (Pekel, 2019). Furthermore, reflections regarding social life shape the life of woman and men in different aspects as traditional and equalitarian roles (Bakioglu & Turkum, 2019; Zeyneloglu, 2008). Those roles assigned to women and men in most areas of social life cause that an inequality model maintains which values men more than women. This situation which is directly related to the social status of woman prevents women from benefitting human rights in every field to an extent equal to men. All those social gender inequalities, which women are subject to in terms of education, working life, participating in politics and decision-making mechanisms and legal rights that determine the social status of woman, also affect their health in a negative manner (Bakioglu & Turkum, 2019; Basar, 2017; Pekel 2019; Zeyneloglu, 2008).

In relation to women's health, especially reproductive health is the field in which gender discrimination is made at the most, because women are more experience reproductive health related problems throughout their lives than men. Problems related to pregnancy, birth and miscarriage are only experienced by women due to their genders (Aydin, Bekar, Goren, & Sungur, 2016). In addition, menopause period is one of the periods in which reproductive health problems are experienced and neglected the most. Problems encountered in this period mostly are not associated with woman's gender or reproductive functions. However, menopausal symptoms, cardiovascular diseases, osteoporosis, prolapsus, cancers and violence are some of the reproductive health related problems that women experience in this period (Gozuyesil & Baser, 2016).

Due to changes in endocrine glands, physical and psychological sensitivity is seen in middle-aged women in menopause period. This leads to an anatomic, physiological and psychological process in which negative impacts are seen on woman's sexuality as well (Bozkurt & Sevil, 2016; Gozuyesil & Baser, 2016). In menopause period, sexuality is affected by various factors from individual features (loss of libido, dyspareunia, etc.), significant decrease in oestrogen and androgen secretion and to internal and interpersonal factors. While decrease in oestrogen secretion directly affects sexual function by causing vaginal dryness,

getting hot and night sweating cause energy loss and therefore decrease in libido. Quality of life in menopause is affected by sexual dysfunction status rather than presence of vasomotor symptoms (Bozkurt & Sevil, 2016; Gozuyesil & Baser, 2016). With increased age, blood flow and secretion are decreased in the vagina and cervix, sexual stimulation and sexual intercourse frequency are reduced (Bozkurt & Sevil, 2016; Goodman, 2020; Gozuyesil & Baser, 2016). Such changes are seen more in those who do not have a regular sexual life (Goodman, 2020). It is of great importance that the midwives know about the factors that affect sexual life in menopause, they are aware of the beliefs, attitudes and value judgments of women regarding sexuality in menopause and they can provide consultancy to the individual in that direction (Gozuyesil & Baser, 2016; Pinar & Polat, 2020). As a conclusion, menopause is a period in which sexual health that is a significant part of woman's life is preserved and maintained (Kahyaoglu Sut & Kucukkaya, 2018). In this period, it is necessary that healthcare professionals create appropriate support systems with the purpose of monitoring sexual health changes related to menopause closely and overcoming sexual health problems that might occur (Pinar & Polat, 2020). In literature, there are studies in which the impact of complaints during menopausal period on women's sexual quality of life is investigated (Altuntug, Ege, Akın, Kocak, & Benli, 2016; Erbas & Demirel, 2017; Kahyaoglu Sut & Kucukkaya, 2018; Nappi & Nijland, 2008). However, no study was found in which complaints during menopausal period are discussed in terms of gender roles. When evaluated in this aspect, the impact of gender roles on menopausal complaints arouses curiosity. This research is conducted with the purpose of determining the effect of gender roles and sexual quality of life on menopausal complaints.

MATERIAL AND METHOD

This research was conducted in cross-sectional design with the purpose of determining the impact of gender roles and sexual quality of life on menopausal complaints. The research was conducted between December 2020 – February 2021. The population of the research consisted of 40-65 years old women in menopause period who applied to Gynaecology Polyclinic of a State Hospital in Mediterranean Region of Turkey. When the power analysis was done, the sample size was determined to be at least 271 people at 90% confidence interval and 80% power. Study completed with 306 women who volunteered to participate.

Inclusion criteria for the research;

- Able to communicate,
- Sexually active,

- Have no diagnosed psychiatric health problems.

Data Collection Tools

"Personal Information Form", "Gender Roles Attitude Scale (GRAS)", "The Sexual Quality of Life-Female (SQOL-F)" and "Menopause Symptoms Rating Scale (MSRS)" were used for data collection.

Personal Information Form

The personal information form prepared by the researchers in line with the literature contains 15 questions in total including 7 questions for identifying sociodemographic characteristics of the women in menopause period (age, marital status, education, income status, etc.) and their characteristics regarding menopause (age of menopause, presence of menopausal complaints, sexual life in menopause period, etc.) (Bozkurt & Sevil, 2016, Gozuyesil & Baser, 2016; Pinar & Polat, 2020).

Gender Roles Attitude Scale (GRAS)

Gender Role Attitudes Scale was developed by García-Cueto et al. (2015) (García-Cueto et al., 2015). Turkish validity and reliability study was conducted by Bakioglu and Turkum (2019) (Bakioglu & Turkum, 2019). The scale contains 15 items intended for determining equalitarian attitude of individuals regarding gender roles. The scale has single dimension 5-point Likert type rating (1 = Completely Disagree – 5 = Completely Agree). Increasing score obtained from the scale means increasing equalitarian attitude towards gender roles. Cronbach's Alpha value was found as 0.88 in study of Bakioglu and Turkum (2018) while in our study, Cronbach's Alpha value was 0.66.

The Sexual Quality of Life-Female (SQOL-F)

This scale is developed by Symonds Boolell and Qurk, (2005) validity and reliability of which is ensured (Symonds, Boolell and Qurk, 2005). Tugut and Golbasi (2010) have adapted The Sexual Quality of Life Scale into Turkish (Tugut and Golbasi, 2010). The scale consists of 18 items that participants can fill in on their own. The participants are required to answer the questions considering their sexual life in the last four weeks. Each item on the scale is rated between 1 and 6 (1 = Completely Agree, 2 = Mostly Agree, 3 = Partially Agree, 4 = Partially Disagree, 5 = Mostly Disagree, 6 = Completely Disagree). In this way, the total score that can be obtained from the scale will be between 18 and 108. Before calculating total score, it is necessary to revert the scores of the items numbered 1, 5, 9, 13 and 18. In this score system, total score obtained from the scale is converted into 100. For converting total

scale score into 100; the formula (Raw score obtained from the scale-18) x 100/90 is applied. High score obtained from the scale means that sexual quality of life is good. Cronbach's Alpha value was found as 0.83 in study of Tugut and Golbasi (2010) while in our study, Cronbach's Alpha value was 0.77.

Menopausal Symptoms Rating Scale (MSRS)

MSRS consists of 11 items which were developed by Schneider, Heinemann, Rosemeier and Behre, (2000) in German and contains menopausal complaints (Schneider, Heinemann, Rosemeier, & Behre, 2000). Validity and reliability of the scale was made by Gurkan (2005). For each item, there are options as 0: none, 1: mild, 2: moderate, 3: severe and 4: very severe. Likert type scale has three sub-dimensions. These sub-dimensions are somatic complaints (items 1, 2, 3, 11), psychological complaints (items 4, 5, 6, 7) and urogenital complaints sub-dimensions (items 8, 9, 10) (Gurkan, 2005).

Score calculation for sub-dimensions is made by adding scores obtained from related items. MSRS total score is calculated by adding the scores obtained from somatic complaints, psychological complaints and urogenital complaints sub-dimensions. The lowest score that can be obtained from the scale is 0 and the highest score is 44. Increasing score obtained from the scale means increase in the severity of complaints. Cronbach's Alpha value of the scale is determined as 0.65 for somatic complaints sub-dimension; 0.79 for psychological complaints sub-dimension and 0.72 for urogenital complaints sub-dimension (Gurkan, 2005). In our study, Cronbach's Alpha value of the scale is determined as 0.62 for somatic complaints sub-dimension; 0.90 for psychological complaints sub-dimension and 0.76 for urogenital complaints sub-dimension and 0.89 for MSRS total.

Data Collection

The data was obtained by researchers using face to face interview method. After the "Personal Information Form" is filled in by the researchers, "Gender Roles Attitude Scale", "The Sexual Quality of Life – Female Form" and "Menopausal Symptoms Rating Scale" were given to the participants and they were asked to fill in these scales by themselves. Data collection took 15-20 minutes for each participant.

Data Analysis

The data was encoded and assessed using SPSS 20.0 software package on computer. In statistical assessment; percentage distribution, arithmetic average, standard deviation,

Cronbach's Alpha and Pearson Correlation Analysis were used. Results were assessed in 95% confidence interval and significance was assessed on $p<0.05$ level.

Ethical issues

Ethical approval was taken from Inonu University Health Sciences Scientific Research and Publication Ethics Committee for conducting the research (Decision No: 2020/911). Institutional permit was taken from the institution where the study was conducted and informed consent form was signed by all women before starting the research. The study was conducted in accordance with the Declaration of Helsinki Principles. In addition, permission was obtained from the authors for the measurement tools used.

RESULT

The distribution of descriptive characteristics of women is given in Table 1. The average age of the women was found as 53.03±4.91 years, average marriage duration was found as 32.72±7.41 years, average age of menopause was found as 48.58±3.31 years, average duration of menopausal complaints was found as 4.28±2.44 years and average number of births was found as 3.70±1.38. It was determined that 52.3% of the women are primary school graduates, 62.4% of them are not working/housewife, 63.4% of them have income and expenses equivalent, 77.5% of them have nuclear family and 45.1% of them assess their relationship with their spouses as positive. When menopausal features of the women are considered, it was determined that 62.7% of them had no treatment for menopause, 48.0% of them perceived their health neither positively nor negatively, 43.5% of them perceived menopause period neither positively nor negatively. Furthermore, it was found that sexual intercourse frequency of 60.5% of them was 1-3 times a week pre-menopause and 78.8% of them are happy with their sexual life in pre-menopause period.

Table 1. The Distribution of Descriptive Characteristics of Women (n = 306)

Descriptive characteristics	**Mean±SD**	
Age (years)	53.03 ± 4.91	
Duration of Marriage (years)	32.72 ± 7.41	
Number of Births	3.70 ± 1.38	
Age of Menopause (years)	48.58 ± 3.31	
Duration of Menopausal Complaints (years)	4.28 ± 2.44	
Work status	**n**	**%**
Working	115	37.6
Not working / Housewife	191	62.4
Educational status		
Literate	70	22.9
Primary school	160	52.3

Secondary school	39	12.7
High school	22	7.2
University and above	15	4.9
Economic status		
Income is less than expenses	59	19.3
Income and expenses equivalent	194	63.4
Income more than expenses	53	17.3
Family structure		
Nuclear Family	237	77.5
Traditional Family	69	22.5
Relationship with Spouse		
Very Negative	14	4.6
Negative	27	8.8
Neither Positive nor Negative	85	27.8
Positive	138	45.1
Very Positive	42	13.7
Status Receiving Treatment for Menopause Complaints		
Yes	114	37.3
No	192	62.7
Status of Perceiving Health		
Positive	115	37.6
Neither Positive nor Negative	147	48.0
Negative	44	14.4
Status of Perceiving Menopause		
Positive	62	20.2
Neither Positive nor Negative	133	43.5
Negative	111	36.3
Frequency of Sexual Intercourse in the Pre-menopausal Period		
Every day	4	1.3
1-3 times a week	185	60.5
1 time in 2 weeks	52	17.0
1 or less per month	65	21.2
Satisfaction with Sexual Life in the Pre-menopausal Period		
Yes	241	78.8
No	65	21.2
Total	**306**	**100.0**

SD: Standard Deviation

Distribution of lowest and highest scores that women obtained from GRAS, SQOL-F and MSRS total and sub-dimensions is given in Table 2.

It was determined that women obtained 5 points at lowest and 75 points at highest from GRAS; 0 point at lowest and 100 points at highest from SQOL-F; 0 point at lowest and 44 points at highest from MSRS total score; 0 point at lowest and 16 points at highest from Somatic Complaints and Psychological Complaints sub-dimensions and 0 point at lowest and 12 points at highest from Urogenital Complaints sub-dimension.

It was found that the average score that women obtained from GRAS is 47.61±8.04; from SQOL-F is 49.12±11.87; from MSRS is 18.15±9.14; and the average scores that they obtained from Somatic Complaints, Psychological Complaints and Urogenital Complaints sub-dimension are 6.64±3.15, 7.15±4.27 and 4.35±3.00, respectively.

Table 2. Distribution of the Lowest-Highest Scores that can be Obtained from the Total and Sub-dimensions of GRAS, SQOL-F and MSRS and the Lowest-Highest Scores and Average Scores of Women (n = 306)

Scales	Mean±SD	The lowest and highest scores that can be obtained	The lowest and the highest scores obtained
GRAS Total	47.61±8.04	5-75	25-67
SQOL-F Total	49.12±11.87	0-100	10-85
MSRS Total	18.15±9.14	0-44	0-41
Somatic Complaints	6.64±3.15	0-16	0-16
Psychological Complaints	7.15±4.27	0-16	0-16
Urogenital Complaints	4.35±3.00	0-12	0-12

GRAS: Gender Roles Attitude Scale
SQOL-F: The Sexual Quality of Life-Female
MSRS: Menopausal Symptoms Rating Scale
SD: Standard Deviation

The correlation between total and sub-dimension average scores of GRAS, SQOL-F and MSRS scales is given in Table 3. It was determined that MSRS total and all sub-dimension average scores increase significantly as average GRAS score increases ($p<0.05$). It was determined that average score obtained from MSRS Urogenital Complaints Sub-dimension decreases significantly as average SQOL-F score increases ($p<0.05$).

Table 3. Correlation Between GRAS, SQOL-F and MSRS Total and Sub-dimension (n = 306)

	Menopausal Symptoms Rating Scale (MSRS)			
Scales	Somatic Complaints	Psychological Complaints	Urogenital Complaints	MSRS Total
GRAS Total	r= 0.247	r= 0.185	r= 0.330	r= 0.280
	p= 0.000	**p= 0.001**	**p= 0.000**	**p= 0.000**
SQOL-F Total	r= 0.021	r= -0.003	r= - 0.132	r= 0.038
	p= 0.710	p= 0.953	**p= 0.021**	p= 0.512

r=Pearson Correlation Analyze *p<0.001
GRAS: Gender Roles Attitude Scale
SQOL-F: The Sexual Quality of Life-Female

DISCUSSION

Quality of sexual life in menopause period is not only affected by physiological and psychological changes, but also the structure and sociocultural status of the society lived in (Erbas & Demirel, 2017). If the society that the woman is living in cares about the fertility of the woman and if the defects in woman's body image are found unfavourable, woman's sexual life in this period is affected adversely. However, lack of fear of getting pregnant and a perception of experiencing sexuality more freely and comfortably may affect the sexual health level of the woman positively (Erbas & Demirel, 2017). Briefly, health belief, sociocultural status of the woman in menopause and the attitude of the society the woman is living in towards menopause are important factors on sexual quality of life. In that direction, the

concept of gender roles becomes the main topic. In this study, it was found that there is a parallel relationship between menopausal complaints and gender roles. No study was found in the literature investigating the impact of gender roles on complaints in menopause period. In this research, it was determined that average GRAS score of the participants is 47.61±8.04 (Table 2) and that MSRS total and all sub-dimension average scores increase significantly as average GRAS score increases (Table 3). This result shows indicates that complaints regarding menopausal symptoms increase as the equalitarian attitude level in terms of gender roles increases. In general, individuals who have equalitarian attitude in terms of gender roles benefit from healthcare services more (Coskun & Ozdilek, 2012). Women with low gender equality have limited access to information and healthcare services (Cicek & Yesilbursa, 2019). Limited access to healthcare services cause that health problems are neglected (Sezgin, 2015). In this study that was conducted in gynaecology polyclinic, it is considered that women with high gender equality express menopausal complaints more comfortably. In societies with traditional structure, woman's respectability, value and status increase together with menopause and advancing age and menopause is found more favourable (Koyun, Taskin, & Terzioglu, 2011). In that direction, women with traditional structure may consider menopause and complaints as a natural process (Fiskin, Hotun Sahin, & Kaya, 2017). For example, menopause is found more ordinary in the eastern culture which has a patriarchal structure than western culture (Bayraktar & Ucanok, 2002). In that case, acting with a traditional perspective, women may consider those symptoms that they experience in menopause period as a part of a process and they may manage those symptoms better.

It was determined that average total SQOL-F score of the women who participated in this research is 49.12±11.87. It is reported that more than half of the women experience sexual health problems in menopause period (Batir, 2018; Dombek, Capistrano, Costa, & Marinheiro, 2016; Simon et al., 2014). It is emphasized that health problems experienced during menopause period are affected from various biological and social changes, but the fundamental reason is the decrease in sexual drive (Scavello, Maseroli, Stasi, & Vignozzi, 2019). In their study, Nappi and Nijland (2008) reported that 35% of the European women in menopause experienced decrease in sexual drive. Decrease in sexual drive was found as 47% in English women, 54% in Italian women, 42% in French women and 24% in German women (Nappi & Nijland, 2008). Similarly, it was found that sexual drive decreased in 60.6% of the women in menopause in a study conducted in Brazil (De Lorenzi & Saciloto, 2006). Decreased sexual drive during menopause period seems as a universal problem and it is reported that sexual disfunctions increased (Dombek et., al. 2016; Jonusiene, Zilaitiene,

Adomaitiene, Aniulienė, & Bancroft, 2013; Masliza et., al. 2014). It was determined that women with decreased sexual drive have problems with touching their spouses, avoiding sexual intercourse and having orgasm (Varma, Oguzhanoglu, Karadag, Ozdel, & Amuk, 2005). Other factors affecting the sexual life of women during menopause are sexual stimulation disorders, having difficulty in having an orgasm and dyspareunia (Bachmann & Leiblum, 2004). When we look at the studies conducted in Turkey, it is seen that average SQOL-F scores varied between 55.64±13.07 and 72.7±13.7 (Altuntug et al., 2016; Erbas & Demirel, 2017; Gozuyesil & Baser, 2016; Kahyaoglu Sut & Kucukkaya, 2018; Tezce & Beydag, 2019). It is thought that varying average scores are caused by interregional differences.

In this research, it is determined that average score obtained in MSRS urogenital complaints sub-dimension decreased significantly as average SQOL-F score increases, which means that women with less urogenital complaints have a better sexual quality of life (Table 3). Similarly, it is reported in literature that increased urogenital complaints during menopause such as dyspareunia, frequent and painful micturition reduces woman's sexual quality of life (Bozkurt & Sevil, 2016; Kim, Kang, Chung, Kim and Kim, 2015). It is emphasized that especially physical complaints and changes in the body increase complaints (Kong et al., 2019; Nappi & Nijland, 2008). This affects sexuality and spouses might need help. In Nalbant Atik and Akdolun Balkaya's (2009) study, it was found that sexual activity is reduced significantly as urogenital symptoms increase (Nalbant Atik & Akdolun Balkaya, 2009). Oestrogen deficiency is effective in development of urinary incontinence (Guleryuz, 2020). It is reported that urinary incontinence affects sexual function negatively (Visser, de Bock, Berger, & Dekker, 2014). In the literature, it is determined that decreased sexual drive, vaginal dryness and dyspareunia occur more frequently in women with urinary incontinence (Bilgic, Surucu, Beji, & Yalcin, 2019; Handa, Harvey, Cundiff, Siddique, & Kjerulff, 2004). Those results are supporting our study. In accordance with the results obtained, it can be concluded that urogenital complaints increase in women in menopause together with advancing age and their sexual quality of life is affected negatively in parallel to this.

Conclusion

In this research, it was determined that complaints regarding menopausal symptoms increase as the equalitarian attitude level in terms of gender roles increases and urogenital complaints during menopause cause decrease in sexual quality of life. Gender affects menopause period as well, just as it affects every stage of woman's life. As human life is

prolonged, the time spent in menopause, which is an important stage of woman's life, is prolonged as well. There is a strong relationship between gender and health. For that reason, it should be ensured that women go through a quality and healthy menopause period as much as possible. In that direction, awareness studies might be prioritized towards gender perception specific to menopause period and quality of sexual life in women. Healthcare professionals should address the matter starting before the menopause and plan holistic training programs including spouses to ensure that women go through a healthy and quality menopause period. In addition, studies examining the effects of demographic characteristics on menopausal complaints are recommended, except for gender roles and sexual life quality.

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Limitations

In this study, a public hospital in Turkey's Mediterranean region is limited by the applicant in menopausal women.

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