

ADDIS ABABA UNIVERSITY
COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES
SCHOOL OF PSYCHOLOGY

ATTITUDES OF MIDDLE ADULT WOMEN TOWARDS MENOPAUSE IN
ADDIS ABABA, BAHIR-DAR AND HAWASSA TOWNS;
CROSS-CULTURAL COMPARATIVE STUDY

By

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Addis Ababa University

June, 2014

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A thesis submitted to the School of Psychology in partial fulfillment of the requirements for Master Degree in developmental Psychology.

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Declaration

I, Yodit Girma declare that this work is my original work, has not been submitted for any degree in any University and that all sources used for the study have been duly acknowledged.

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ABSTRACT

This study tried to examine attitudes of women towards menopause. A total of 150 middle adulthood women government workers from three towns of Ethiopia; Addis Ababa, Bahir-Dar and Hawassa participated. In the study data were collected by questionnaire with three components; background information of participants, attitude about menopause and societal attitudes to menopause. The average age for the occurrence of last menstruation was 48.97 years. Specifically 49.08, 44.18 and 48.78 for Addis Ababa, Bahir-Dar and Hawassa respectively were found to be the average age of menopause. The result also revealed that participants have positive attitude towards menopause however as the pair wise comparison among towns explained participants from Hawassa town showed positive attitude than Addis Ababa and Bahir- Dar town's participants. As the result of Spearman rank order correlation there is no relation between marital status and attitudes towards menopause. It was also examined by Spearman Rho that there was no relation between educational background and attitude towards menopause. The correlation between age and attitude towards menopause were also analyzed by Spearman Rho and found to be no relation. As societal attitude were examined the research resulted a positive attitude towards women in menopause.

Key words: Menopause, Menopause attitude, societal attitude towards menopause

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ACRONYMS

ANOVA: Analysis of Variance

ATM: Attitudes Toward Menopause

HRT: Hormone Replacement Therapy

HSD: Honestly Significant Difference

MRS: Menopause Rating Scale

PHT: Post Hoc Test

SD: Standard Deviation

SPSS: Statistical Package for Social Science

SWAN: Study of Women's Health Across the Nation

CHAPTER ONE

II. INTRODUCTION

1.1. Background

The core element of development is change that involves movement from one state to another. As it was said by Levinson (1978) each developmental stage has its own characteristics.

According to the life span perspective every single age has its own impact on life path. Changes and transitions are common for everyone throughout life. During each life stage change occurs in three broad domains; physical, cognitive and social. Changes can be under normative and non-normative influences. Normative influence relatively affects large number of people. Non-normative influences are events that are irregular. They happen to just one person or a few people and followed by non predictable time table (Santrock, 2004).

There are two types of influences under normative. Age graded influence which events that are strongly linked to age and thus fairly predictable in when they come about and how long they stay. History graded influence specify that development is also affected by factors exclusive to a historical era (Baltes et al., 1980).

Women's reproductive change is one of the changes in middle life. The change involves women's fertility decline. It is a gradual process during which production of estrogen decreases. Accordingly the number of days for menstrual cycle shortens from 28 days to 23 days by the late forties and also becomes irregular (Patterson, 1998). Menopause considered as a natural biological event that affects every woman. For a woman it is a transition from a working reproductive system to a system that no longer functions which is until her last menstrual cycle (Dillaway, 2005).

The reproductive system of women blocked permanently at this developmental stage. The reduction of ovarian function followed by the termination of menstruation caused this biological change. Number of signs and symptoms are observed during menopausal transitions; in which many are related to the decline of estrogen production (Patterson and Lynch, 1998).

Menopause is not a sudden event but a gradual process. The reproductive years earlier to the last menstrual period called Pre-menopause is the binging phase. Pre menopause; the next stage is the time immediately around the menopause, often accompanied by longer cycles and heavier and prolonged bleeding. This stage is often accompanied by hot flushes. The final stage; Post-menopause is a period where no menstruation has occurred for 12 consecutive months (Gutheieet al, 2004).

Symptoms associated with menopause include irregular menstruation, dry skin, hot flushes, vaginal dryness and thinning, hair growth on face, headache, loss of bone density, stiff joints, memory loss, mood swings, irritability, insomnia and others. Various factors like parity, body mass index, age at menarche, socioeconomic factors, etc are associated with menopause apart from genetic factors and smoking. Vasomotor symptoms though variable between populations, are often linked with sleep disturbances and decreased general well-being (Murtagh and Hepworth, 2005).

The average age onset of menopause in the western world is 51 years while in India it is 44 years and the normal age range for the occurrence of menopause is somewhat between the age of 45 and 55. A research conducted in Ethiopia; reveals that the average age onset for women's menopause in Dangla 46 years (Daniel, 2009).

Many of the meanings attached to menopause are influenced by cultural and social norms. Cultural meaning systems are cognitive structures that influence how individual in a society perceive or view a social phenomenon. The knowledge and concept about menopause in women perhaps influences their management of experience and changes over. Culture shapes individuals reaction towards something and influences the reaction and experience. Similarly, for women who live in different cultures experience menopause in different ways (Flint and Sami, 1990).

Dillway (2005) indicated that Asian women experience less menopausal symptoms because their social status raised in older age that is older women in family are respected as wise matriarchs and it is seen as an end to taboos and social restrictions. Accordingly, they have positive attitude,

consider menopause as a natural transition and they consider that related complains/symptoms are expected component of this transition.

A research conducted in Nigeria reported that socio cultural factors can change attitude and experience of menopausal symptoms. Participants who were from a society where menopause is viewed as positive reported as menopausal symptoms (irregular menstruation, dry skin, hot flushes, vaginal dryness, headache and loss of bone density) are less common to them. On the other hand negative attitude towards menopause was associated with low level of family support, limited information and negative attitude of society about menopause (Osarenren et al., 2009).

According to Daniel (2009) in Dangla the average age onset is 46.74 and women had low menopausal awareness level, less menopausal symptoms and display a positive attitude towards menopause. The research result also shows illiterate women have more positive attitude towards menopause.

This study was made to understand women's attitudes towards menopause in three selected towns in Ethiopia. Moreover, the researcher attempted to compare attitudes of menopause in different towns to understand differences and similarities between the selected towns.

1.2. Statement of the problem

Menopause concerned researches are more conducted in western cultures. According to the researchers knowledge there are few attempts in Ethiopia. However, experience of menopause is universal and constructed socially. Culture shapes individuals reaction towards a certain behavior and influences the reaction and experiences. Similarly women who live in different cultures experience menopause in different ways.

Culture is a natural agent into how individuals experience emotions, distress, and problems, and how they report symptoms. In other words, these experiences must be understood along with cultural beliefs, value systems, language and terminologies used to express symptoms (Bhui & Dinos, 2008).

The research considered construction of menopause attitude is under social and cultural beliefs. Previous studies which were conducted in Ethiopia were under a single population. So the researcher attempted to examine the age onset, attitude of menopause and social attitudes of menopause women in three different towns. Accordingly, the researcher attempted to answer the following basic research questions

1. What is the average age of menopause among women in Addis Ababa, Bahir-Dar and Hawassa ?
2. What are the attitudes of menopause among middle adult women in the study areas?
3. What are the social attitudes of menopause in the study areas?
4. What is the relationship between age, marital status and educational background with menopause attitudes?
5. What are the similarities and differences regarding attitudes of menopause among the three contexts?

1.3. Significance of the study

Each developmental turning point in human life is important as it brings different changes. However, the changes we experience differ as a result of many factors. For middle aged women, menopause is important time of change. Knowledge and positive attitude about menopause is associated with less complaining about menopause symptoms (Sommer et al., 1999). So, the researcher hoped the research will help to increase the knowledge base of physicians, social workers, counselors, nurses, and other healthcare practitioners in addition to menopause women about how the experience of menopause has been socially constructed and how societal and cultural norms and belief systems shape its social construction. Accordingly, this will help for women to experience less complaining and peaceful menopause transition.

1.4. Delimitation

As mentioned above research areas of this study are three; Addis Ababa, Bahir-dar, and Hawassa. The researcher selected those towns because they are relatively affordable to move and collect data in person comparing to the other regions. Furthermore the selected towns are the capital of their regional states. In terms of age and sex the researcher was limited to middle adulthood women, because they are the one who are directly and strongly connected to menopause experience. Moreover the researcher selected government workers based on a research which was conducted by international menopause society which revealed that this biological transition is ignored; support and information relating menopause is not considered. Therefore, this research expected to remind organizations to support women in this transition. The variables which were included in this research; menopause attitude (dependent variable) and age, residence area, marital status, educational background (independent variables).

1.5. Limitations

While this research was conducted the researcher had come up with some limitations. The availability of insufficient numerical data was the main one. Unavailability of target population number made the sampling very difficult. Moreover because there were no well organized employees document the researcher asked each and every participant their age and menopause status while filling the questioner. The other limitation was shortage of local researches. This shortage forced the researcher to compare the research finding more with western findings; which will minimize cultural variation if it was compared with local research results.

1.6. Operational definition

- **Menopause:** is ending of menstrual cycle consecutively for 12 months and more.
- **Onset of menopause:** the age which menopause experience begins.
- **Menopause attitudes:** a feelings about menopause towards menopause and experiencing menopause
- **Societal attitude of menopause:** a feeling a community have about menopause and menopause women

CHAPTER TWO

LITERATURE REVIEW

2.1. Menopause: Overview

According to the North American menopause society, menopause is defined as a natural event whereby a women has missed the menstrual period for 12 consecutive months (not explained by other medical factors). In general menopause occurs around the age of 51 years. Of course there are variations across different countries but in general the mean age range is between 47 to 51 years.

From clinical perspective menopause is defined as a specific date which defines a women still with uterus and as a day after a woman occurrence of menstruation flow. When 12 months are gone with no menstrual cycle; at this point it is considered as a women is no longer fertile and no probability of getting pregnant. During woman middle age the execution of an egg that is the ovarian leads to reduced production of gonad otrophinethe hormone released by the pituitary gland to stimulate the ovarian to produce estrogen (Meyer, 2003).

Following the end of the menstrual period a woman ovary becomes less responsive to gonadotrophine. As a result the level of estrogen will continuously decrease but also there is a gradual increase in the level of follicle stimulating hormone (FSH) and luteinizing hormone in the blood both are produced in the pituitary gland and stimulate the ovarian. The unresponsiveness of the ovary results no production of eggs by the ovary. Throughout the transitional period the level of hormone can fluctuate that is from the pre to post menopausal seasons (Patterson, 1988).

Menopause is a significant transition from both a biological and social perspective. Hormonal changes occurring during the menopausal period are related, either directly or indirectly, to adverse effects on quality of life, body composition and cardiovascular riskMenopause is directly associated with physical symptoms including increases in vasomotor symptoms, vaginal dryness,

pain during sexual intercourse, and central abdominal fat, as well as decreases in breast softness, bone mineral density and sexual functioning (Murtagh & Hepworth, 2005).

2.2. Age at Menopause

Worldwide the median age of menopause is estimated at 44-55 years of age. While the white women from industrialized nations, the median age is 50 to 52 years (Birkanos et al, 2002).

According to Dillaway(2006) the age menopause is determined over the lifespan approach variation of age at menopause can be influenced by family history , genetically parents pass to their daughter the parameters for number of oocytes or rate of atresia. Behaviorally a mother's activity while pregnant affects the ovarian stores her daughter's possess at birth. From birth until menopause the environment and behavior of the individual affects her own ovary stores.

As it is mentioned in the above based on different factors age that women starts to experience menopause varies across cultures. These variations are due to many factors including diet, physical exercise, educational background and different life style factors. Women in Slovenia started to experience menopause at the age of 52.03, Italy 50.9, Iran 49.6, Lebanon 49.3, Singaporean 49.1, Greek 48.7, Mexican 48.4, Turkish 48 (Melissa et al., 2004 as cited in Brook, 2013).

Several studies reported that different age ranges for women to experience menopause. A research which was conducted in Japan reported that a median age is 50.4 which were approximately similar with Malaysian which was 50.7 years. Another study which was conducted in Bangkok shows that average age of Thai women for menopause is 49.5 years. Another study from Mexico reviewed 48.2 years is the median age to experience menopause for Mexican (Yao.,et al., 2002 as cited in Breon, 2011).

2.3. Theoretical Models

- **Biomedical model:** - The focal point of this theory is on disease or symptoms and the goal is to identify the cause of disease symptoms. Accordingly menopause is defined as an illness or endocrine deficiency that results in decreased levels of hormones. It was also described as malfunction of reproductive system (Derry, 2002 as cited in Daniel, 2009).
- **Feminist model:** - The feminist model consider menopause as a natural event that marks a transition for woman. It is a biological process but the influence it imposes to a woman is a result of a biological process with the interaction of socio cultural factors (Wood as cited in Brook, 2013).
- **Sociological model:** - In some ways, the sociological model attempts to integrate the biological and feminist model as it focuses on lived experience of the body. It emphasizes the physical and emotional experiences, which are ultimately influenced by historical, cultural, and social factors (Jones, 1994). Experiences are not completely social or physical. Consequently, sociological theorists recognize the importance of examining how medicine, culture, and gender interact to influence women's experiences with menopause. Furthermore, they believe that menopausal experiences are socially constructed; the perception of menopause that a women contract is based on social and cultural constructions (Winterich, 2007).

2.4. Menopause Symptoms

The reduction of estrogen production results number of signs and symptoms which could be observed during menopausal transition (Clarisa et al., 2007). Understanding of menopause and symptoms of it varies from population to population. For instance in western countries symptoms are found in 20-80% however it is significantly low in South East Asia and Japan. Symptoms experienced during menopause are influenced by social and cultural beliefs. A negative attitude is associated with more vasomotor symptoms (Breon, 2011).

Symptom patterns vary in combination, intensity, and duration both between and across women of different cultures or ethnicity status. Culture-related factors, such as lifestyle like; smoking, diet, exercise and reproductive history, socio-economic status, body mass index, mood, climate and cognitions ;attributions of symptoms to the menopause, beliefs and attitudes towards menopause might explain cultural variations in reports of menopausal symptoms (Avis et al., 2001).

The immediate symptoms are mostly harmless. But the long term decline of the estrogen on the skeletal system causes greater anxiety as a result of different changes. Few women experience most or almost all of symptoms and some have no obvious problems or complain less about symptoms (Matthew, 1990).

- **Immediate effects of estrogen deficiency:** - The known vasomotor symptoms are hot flashes, night sweats and headaches. It is estimated that 70% of western women experienced them. The symptoms are most horrible in two to three years before the period stops and may continue for years later (Matthew, 1990).
- **Changes in menstrual pattern as a result of hormonal:** - changes the normal cycle of menstruation will disturb. A gap between the occurrences of menstrual period maybe changed from several weeks to several months and the length of the menstrual cycle begins to vary. During the pre-menopause the period becomes lighter for most women but some other experiences more frequent and heavier bleeding. Because of the

possibility of renewed follicular activity, women can become pregnant even at this stage of life and they should be advised to continue with contraception (Meyer, 2003).

2.5. Attitudes to menopause experiences across cultures

Culture can be defined as values and knowledge of group in a society; it consists of an accepted believes norms of conduct and value systems. Beliefs and attitudes of culture are passed from generation to generation within a given group. Languages, religious beliefs, institution, artistic expression, ways of thinking and social interpersonal relations are some of cultural patterns. An understanding of a society under its particular culture helps to explain why groups of people act as they do and respond to their environment as they do (Breon, 2011).

In the previous for many years menopause and related symptoms were universally experienced by all women regardless of their social, cultural or ethnic groups. However as more cross-cultural have been conducted this idea has been challenged. Recent researches describe how the experience of menopause is socially constructed and how societal and cultural norms and belief system shape its social construction (Rita et al., 2002).

These days many research results find out significant variation across cultures in menopausal experience. Factors associated with positive or negative attitude, perception or experience in various group of culture could be biological, physiological or social. Comparative studies show that variations like biological or psychological alone are not sufficient to explain the difference of menopause experience can be found (Sommer et al., 1999).

The deviation in women experience of menopause point out the different cultural groups of women may have different understanding and needs during the menopausal transition. It is difficult to generalize symptoms across different cultures because of cultural, dietary, lifestyle factors and the differences in language to describe symptoms (Murthag, 2005).

For instance, in Japan there was no a word to describe hot flashes. The repeatedly mentioned symptoms like hot flashes, night sweats and virginal dryness are mainly complained by white women. However some research findings report such systems among divert ethnic groups in different rates (Macpherson, 1981).

Like the symptoms perception and attitudes about menopause varies across culture. The attitude woman can have about menopause can be associated with variation with expectation and attitude towards aging, socioeconomic status and women role and opportunity in a society (Daniel, 2009).

Socio cultural factors can change attitude and experiences of women. As women have positive attitude towards it the symptoms she will experience will less than women who have negative attitude. This cultural aspect of attitude has been described in number of researches among Asian including Japanese and Chinese women (Alsej-ari, 2005).

Two recent reviews of prevalence rates of vasomotor symptoms around the world emphasize the importance of lifestyle differences such as diet and physical activity, climate and women's roles as factors in women's experiences with menopause (Avis et al., 2001).

Women in Western countries tend to be better informed about implication of menopause.9 one survey conducted at Mexico City by Velasco et al.,2004 as cited in Nisar, 2008 reported that 83.8% of women have knowledge about climacteric symptoms and 90% knew about osteoporosis, 37% had some knowledge about cardio vascular risk after menopause.

Women in Kaliai, Papua New Guinea, welcome the end of childbearing without symptoms, as do many sub-continental Indians. And in northern Sudan, menopause is merely another facet of growing older, bringing with it increased social power and respect. Western society has a somewhat negative attitude towards women ageing, particularly with the so-called loss of femininity and the attractiveness associated with it. Culture, ethnic group and socio-economic status are all linked into the overall well being of women and the symptoms that they may experience (Dillaway, 2008).

A research conducted by Boulton et al. (2002) shown that 80% of western women suffer physical and psychological symptoms where as studies from Asia and India shown different results which were found they had very few problems during menopause.

Some studies have also looked at how women's attitudes toward menopause change as they experience menopause, or how attitudes toward menopause vary by menopause status. These studies also consistently show that attitudes toward menopause are much more positive among postmenopausal women than among premenopausal women. A comparative study of USA, Canadian and Japanese, Japanese women reported lowest prevalence of hot flashes and depression as well as lowest intake of medication.

For example, in Newfoundland, Canada women define themselves as menopausal based on their peer group, the occurrence of certain life events, changes in status and roles and chronological age. In Japan, women judge themselves to be in menopause based on their experience of symptoms such as stiff shoulders, lumbago and chilliness. Since the focus is on symptoms associated with aging, not with changing hormone levels, Japanese women do not define menopause by the same clinical markers as do women in Western cultures (Zeserson, 2001).

Women in eastern societies view menopause as a natural process and hold a positive attitude, Chen et al., as cited in Nisar (2008) reported that 91.7% midlife Chinese women in Taiwan perceive menopause a natural phenomena and most of these women could deal with menopause in a positive way.

According to Lock (1993) Japanese women had a unique way of experiencing menopausal transition. In Japanese culture hot flashes and night sweats are not normative symptoms unlike the westerns. As Japanese define menopause 'ko-nenki' which literally means renewal or regeneration years. So majorities of Japanese women do not concern themselves with menopause.

Following their culture of diets commonly consisting of vegetable and soy they are prevented from menopausal symptoms specially hot flashes. Another hypothesis regarding their positive attitude towards menopause is respect for elderly which makes their transition less complaining and comfortable (Vander, 2005).

For Japanese women the transition into menopause brings increased status and honor (Mills, 2007). Some Japanese women are eager to experience these rites of passage because they feel as

they are free from burden of society. These and other reasons are behind the very positive attitude about menopause and less symptoms unlike women from other cultures.

A research which was conducted by Yewubdar (1989) as cited in Kelly (2011) across Mayan women; they perceive menopause as simply the time where menstrual periods completely stop. Mills (2007) interviewed Mayan women and some of them did not report and could not even remember significant menopausal symptoms that women in other areas did. Because of their all-natural herb-based diet, they complain less about menopause symptoms. Moreover, Mayan menopausal women attain a new status and can become a part of their spiritual community by attaining a leadership status.

Among both Mayan and Greek women, menopause is also seen as a positive event, although for different reasons. Mayan women marry young, do not practice birth control, and spend most of their reproductive years either pregnant or lactating. Pregnancy is viewed as dangerous and stressful, and menopause frees women from restrictions and pregnancy. While Greek women attempt to curtail family size and often use abortion as a means of birth control, menopause also frees Greek women from taboos and restrictions. A postmenopausal Greek woman is allowed to participate fully in church activities, as she is no longer viewed as a sexual threat to the community (Stewart, 2003).

Both Mayan and Greek women report better sexual relationships with their husbands following menopause, as the fear of pregnancy is eliminated. In other cultures, women give menopause little thought. In Papago culture, menopause may be completely ignored to the extent that the language contains no word for menopause (Stewart, 2003).

Another study from rural north India was found with the result that the most common symptom is loss of vision. Majority of the participants reported that menopause transition affected their physical health and their routine life was altered after menopause. The women reported that they did not consult anyone for symptoms and no uses of drugs to treat their symptoms (Singh & Arora, 2005).

As a result of the end of menstruation, Indian women accept menopause as a positive rite of passage into a new stage of womanhood. They consider themselves cleaner after menopause. Many Indians consider menopause as socially advantageous since they are free from difficult

restriction upon her activities and domains. They gain authority over others especially subordinates' members of the family get wider social recognition (Singh & Arora, 2005).

In a study done in Iran, women living in rural areas experienced more negative feelings about menopause than urban women. Researchers had predicted the opposite, assuming that urban women exposed to Western, youth-oriented culture would have more negative perceptions of menopause. Instead, they found the farm women, whose importance was identified with their fertility, had more problems with menopause (Singh & Arora, 2005).

Traditional cultures such as the Navajo of North America, view menopause quite differently. Research found that the women reported no hot flashes or any significant menopausal symptoms. Actually, the women look forward to menopause because with it comes a change of status within their communities. After menopause, the women are elevated to leadership roles and are considered as the wise women. So menopause can be viewed as a positive event in these traditional cultures. Some African cultures consider menopausal women as the advisors for the young women on family, cultural and social issues. The study also found that ethnic backgrounds influence the age at which menopause starts. Latin and African Americans often enter menopause earlier than white women but Asian women reach menopause several months later (Breon, 2011).

According to Gohar (2005) Egyptian women suffer from menopausal symptoms compared to their western counter parts. Tiredness, hot flashes, loss of libido and vaginal dryness are the most complained symptoms in their ascending order. Egyptian women did not have much information about menopause but an awareness that osteoporosis is increased after the end of menstruation. As the research reveals they get more information from media than family and friend. The Egyptian relies on the western medical model to deal with the symptoms.

A research conducted in Nigeria; of all the symptoms the most common symptom observed was hot flashes. This symptom which has been reported to be lower in some rural and western areas occurs less frequently (Osareneren, 2009).

A research conducted in Ethiopia reported that women in Dangila had low menopausal awareness and experience less menopause symptoms and in general show positive attitude towards menopause (Daniel, 2009).

2.6. Risk factors associated with early menopause

Prevalence rates of vasomotor symptoms and age around the world emphasize the importance of lifestyle differences such as diet and physical activity, climate and women's roles as factors in women's experiences with menopause (Gold, 2001).

For example, researchers speculate that the low rate of hot flashes among Japanese women may, in part, be due to the high intake of soy, a rich source of phytoestrogens, in the traditional Japanese diet. Soy continues to be investigated for a possible role in ameliorating hot flashes and other menopausal symptoms. Diet and levels of physical activity may also affect the menopause experience indirectly by regulating body weight and lean body mass, two factors known to influence hormone levels (Brett and Cooper, 2003).

Data from the US and Europe show that women most bothered by menopausal symptoms are those in lower socioeconomic classes. In Asia, the situation is exactly the opposite, with women in higher socioeconomic classes reporting more severe symptoms. For example, a study of three groups of postmenopausal Pakistani women shows that approximately 50% of the most privileged women report menopausal symptoms, while only about 20% of the poorest women report symptoms. Poorer women tend to have larger families and the differences in fertility and lifestyle may influence the physical experience of menopause. Alternatively, the differences in socioeconomic variation by country may reflect differences in salience of symptoms, and in the use of hormone therapy and/or other interventions for vasomotor symptoms (Gold et al, 2001).

Reproductive history may also influence the menopause experience. In general, Mayan women have few repetitive menstrual cycles. In this culture, women marry between the ages of 14 and 18 years, have high parity, and usually experience at least 18 months of lactation amenorrhea after each pregnancy and delivery. They enter menopause between the ages of 41 and 45 years, nearly a decade earlier than their counterparts in North America and Europe. Some Mayan women never experience the return of menses after the birth of their last child and long lactation amenorrhea. These women sometimes report not having menstrual periods for as long as 15 years due to successive pregnancies and long periods of lactation amenorrhea (Brett & Cooper, 2003).

Surgeries like removal of one ovary or removal of uterus in women's body will reduce amount of estrogen and progestin. Early menopause can develop as a side effect of those surgeries. More over removal of both ovaries causes immediate menopause. In addition chemotherapy and radiation greatly raises the risk of early menopause. Radiotherapy can damage ovarian tissue this eventually leads to early onset of menopause (Harlow, 2000).

Autoimmune disease can occur when a body's immune system wrongly attacks a part of the body. Particular autoimmune disease includes thyroid disease and rheumatoid arteries; can cause the immune system to attack the ovarian tissues ultimately leading to premature menopause (Cooper et al., 1999).

Difference in menopausal age between smoking and non-smoking women might be explained either by a delayed menopause in non-smoking women due to an increased amount of adipose tissue in these women, or by a precocious menopause in smokers due to toxic effects from smoking (Harlow, 2000).

2.7. Menopause experiences in Ethiopia

Researches were limited around the westerns as far as menopause is concerned. Information about age onset, symptoms, attitude and experiences and other related issues regarding menopause is very few in Ethiopia. According to previous research results which were conducted by Daniel (2009) and Brook (2013) in Dngila and some selected kebeles of Addis Ababa respectively, experience of menopause for Ethiopian women is summarized as follows.

As it was studied by Daniel, 2009 the average age at natural menopause for Dangla's women is 46.35 however a finding by Brook (2013) reported the average age for a women from Addis Ababa is 45.34. The finding of Brook's research is less than approximately by one year from Daniels' finding.

According to Daniel, women in Dangla experience less menopause symptoms and have positive attitude towards menopause. Based on attitude towards menopause, the finding of Brook is consistent with Daniels'. Regarding awareness of menopause a research conducted by Brook (2013) reported that participants from Addis Ababa showed moderate awareness about menopause. On the other hand a finding from Dangila shows women at this area have report low level of awareness regarding menopause.

2.8. Summary and Implication

To summarize the reviewed literature; menopause refers to a natural biological change on women's fertility. Different physical, emotional, psychological and social changes occurred in women's life as a result of this natural change.

Concerning age at menopause and attitude towards menopause; researches conducted in different time and place reported different results. Previous related researches suggested the reason behind the differences are educational status, marital status, menopause status, urban-rural setting, ethnic and cultural group of the women and etc.

In relation to how cultural beliefs and social settings related with menopause attitudes, the review demonstrated different (positive or/and negative) results of menopause attitudes as research contexts differ.

The general argument of this review is that, menopause attitudes are influenced by contexts and deferent demographic statuses. Thus, one can understand conducting culture specific research helps to well understand women's experience and attitudes of menopause.

CHAPTER THREE

III. METHODS

3.1. Research design

Based on the goal and the nature of the study, the researcher used cross-cultural comparative study. This type of study defines culture as an antecedent variable that lies outside of and apart from the individual. The researcher selected to use this research design to understand what is common for the given contexts and non common values.

3.2. Study site and population

The selected sites for this research were three.

- Addis Ababa- the capital of Ethiopia
- Bahir-dar- the capital of Amhara region
- Hawassa- the capital of southern nations and nationalities peoples region.

1. Addis Ababa

Addis Ababa is the capital city of Ethiopia with 10 sub cities. The city is located in the foothills of Entoto Mountain which is about 527km ². The city is a shelter for diverse ethnic groups. The residents of the city are working in various sectors. Based on the 2007 census conducted by central statistical agency of Ethiopia, Addis Ababa has an estimated total population of 2,739,551, of whom 1,305,387 are men and 1,434,164 women. The economic activity of the city is extremely diverse.

2. Bahir-Dar

Amhara is one of the nine ethnic divisions of Ethiopia, containing the homeland of the Amhara people. Located here is Ethiopia's largest inland body of water, Lake Tana, which is the source of the Blue Nile River. Amhara is bordered by the nation of Sudan to the west, and the Ethiopian regions of Tigray to the north, Afar to the east,

Benishangul-Gumuz to the west and southwest, and Oromia to the south. The capital city of the State of Amhara region is Bahir-Dar. Bahir Dar is situated on the southern shore of Lake Tana, the source of the Blue Nile (or Abay), in what was previously the Gojjam province. The city is located approximately 578 km north-northwest of Addis Ababa. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia (CSA), Bahir Dar Special Zone has a total population of 221,991, of whom 108,456 are men and 113,535 women; 180,174 or 81.16% are urban inhabitants, the rest of population are living at rural kebeles around Bahir Dar. At the town of Bahir Dar there are 155,428 inhabitants; the rest of urban population is living at Meshenti, Tis Abay and Zege towns which are part of Bahir Dar Special Zone.

3. Hawassa

According to SNNPR annual report (2000) Hawassa (also spelled Awassa) is a city in Ethiopia, on the shores of Lake Hawassa in the Great Rift Valley. Located in the Sidama Zone 270 km south of Addis Ababa via DebreZeit. Hawassa is the capital of the Southern Nations, Nationalities, and Peoples Region Awasa is one of the 77 woredas in the Southern Nations, Nationalities and Peoples' Region (SNNPR) of Ethiopia. Part of the Sidama Zone located in the Great Rift Valley, Awasa is bordered on the south by Shebedino, and on the west, north and east by the Oromia Region. Hawassa is the capital of the SNNPR. Population of Hawassa is 133 120. Based on the 2007 Census conducted by the Central Statistical Agency of Ethiopia, this zone has a total population of 258,808, of whom 133,123 are men and 125,685 women. While 157,879 or 61% are living in the city of Awassa, the rest of population of this zone is living at surrounding rural kebeles. A total of 61,279 households were counted in this zone, which results in an average of 4.22 persons to a household, and 57,469 housing units. The 1994 census reported this town had a total population of 69,169 of whom 35,029 were men and 34,140 were women.

The reason behind the selection of these research areas was the stated towns are the capital of the mentioned states that might help the samples to be representative.

3.3. Samples

The target population of this research was middle adulthood women. The selection of population was under the consideration of the average age which a woman can experience menopause. Samples were taken from different governmental organizations for each research site as follows;

Towns	Organizations	N	%
Addis Ababa	Ethiopian Revenue and Customs Authority Addis Ababa Region Western Branch Office	11	7.3
	Ethiopian Ministry of Finance	13	8.6
	Ethiopian Shipping Lines	8	5.3
	Lideta Federal Higher Courts	8	5.3
	Ethiopian Metrology Agency	10	6.6
Hawassa	SNNPR State Institute of Management	12	8
	SNNPR Office Labor and Social Affairs Agency	12	8
	SNNPR Women's Association Office	7	4.6
	SNNPR Revenue and Customs Authority	12	8
	SNNPR Ministry of Water Resource	7	4.6
Bahirdar	Amhara Region Revenue and Customs Authority	11	7.3
	Amhara Region Women's Association	11	7.3
	Amhara Region Ministry of Rural Development	12	8
	Amhara Region Ministry of Water Resource	16	10.6
	Total	150	100

3.4 Sampling technique

To collect the intended data the researcher selected samples from the population. The sampling technique employed was purposive sampling. This type of method helps a researcher to purposely select participants or situations that are known to be typical of a particular knowledge or experience about the issue. The advantage of this sampling method is allowing the researcher to select the very appropriate samples to the research (Scheaffer et al., 1996). The method was appropriate for selecting adulthood aged women to study menopause. In addition, the unavailability of documented data regarding women in their age category was another reason for using purposive sampling. Total number of 150 middle adult women; 50 from each research site were involved.

3.5. Instrument

3.5.1 Description

The instrument the researcher used to collect primary data was questionnaire. The instrument was adapted and constructed based on different previous related literatures. The questionnaire includes three parts. The first part of the questionnaire was about personal information of participants i.e. demographic data which includes age, marital status, educational background, town of residence and age when last menstruation occurred. The second part of the instrument aimed to ask women's attitudes towards menopause, which was adapted from menopause rating scale (MRS) which was developed by Neugarten et al., 1963 and modified by Huffiman et al., (as cited in Brook, 2013). The third part of the questionnaire contains questions about societal attitudes regarding menopause and it was constructed by the researcher based on different related materials.

3.5.2 Pilot study

Before the actual research was accomplished, a pilot test was conducted on selected samples which have relatively same character with the actual participants in order to check and improve errors. This helped the researcher to know the validity and reliability, the language clarity and the time which will take to done the questions.

25 individuals (middle adult women who work at different government organizations in Addis Ababa) were involved to the pilot study. The questionnaire which was presented for the pilot test was both open and close ended questions. The reliability of the scale was determined using Cronbach Alpha. Based on the result the reliability of items which were presented to ask about menopause attitude was found to be 0.79. Whereas the reliability for the second part (social perception about menopause) was found to be 0.58.

Based on the result the researcher left out all the open ended questions because most of the participants were not interested to fill those questions. From the first part the researcher also made modification on the expression of the questions. For the second scale the researcher deducts some items. In general after the pilot test and the advisors comment the researcher made

some improvements (ambiguity and abstraction) to the scale and triad the best to use easily understandable questions.

3.6. Administration procedure

The researcher first asked the willingness of the administrative of the organization to permit their workers to participate at working hours through the recommendation letter written by college of education and behavioral studies.

Second the researcher identified participants who can read and write and who can't. Participants those who can write and read filled the questionnaire by themselves after orientation. Those who cannot fill by themselves were assisted by the researcher. Next the researcher described the aim of the research and the questionnaire individually because as the participants were at work and share an office for many so that others who were not participated should not be disturbed. To complete the questionnaire 25 minutes were allowed. Finally the researcher collected the questionnaire from participants.

The total number of questionnaire administered was 150 however, 1 questionnaire was not returned. Therefore the rest 149 questionnaires were completed for the analysis.

3.7. Scoring procedure

The first section of the questionnaire consisted of items asking menopausal perception about 20 items with 5 point ranging scale from 1=strongly disagree, 2= disagree, 3= undecided, 4=agree, 5= strongly agree. The possible scores for this section ranged from 20-100. The expected population mean is 60. The higher score shows positive attitude and the lower score associates with negative attitude.

Items measuring social attitudes towards menopause were 7 with 2 point ranging scale, 1=disagree and 2= agree. The possible score ranged from 9 to 27. The expected population mean is 10.5. The higher score shows positive perception and the lower score associates with negative perception.

Items from both categories which were asked negatively were scored reversely. Items from asking menopause attitude, number 2,3,8,10,11,12,13,15,16,17,18 and 20 scores were reserved. For items asking societal perception of menopause 2,3,4,5 were reversed

3.8. Method of data analysis

As stated above the aim of this research is comparison; which a quantitative method of analysis supports the general goal. Quantitative research by its nature looks cause and effect, make prediction and select specific variables to be studied. Moreover, quantitative analysis explains findings with statistical reports with correlation comparison of mean and statistical significance of findings which is very appropriate for the desire of this research (Scheaffer., et al., 1996).

The collected data was analyzed by using SPSS-20.

1. To summarize the row data and express demographic data and to examine the general status of menopause attitude and menopause perception descriptive statistics such as percentage, frequency, median and mode were used.
2. Independent-samples median test was used to determine the differences between the three groups' attitude and perception of menopause.
3. To see the relationship between different independent variables and dependent variables, spearman's rho correlation and chi-square was employed.
4. One way ANOVA was employed to compare the average age of menopause among the three towns

CHAPTER FOUR

IV. RESULTS AND DISCUSSION

4.1 RESULT

4.2 Table 4.1 demographic data of respondents

Variable groups		N	Frequency	Valid percent	Minimum	maximum	mean
Town	Hawassa		50	33.6			
	Addis Ababa		50	33.6			
	Bahir Dar		49	32.9			
	Total	149	149	100.0			
Marital status	married		115	77.7			
	unmarried		11	7.4			
	Divorced		10	6.8			
	Widowed		12	8.1			
	Total		148	100.0			
	Missing system		1				
	Total	149	149				
Age	45- 50		69	46.3			
	51- 55		46	30.8	45	63	52.02
	56- 60		31	20.8			
	61 and above		3	2.0			
	Total	149	149	100.0			
		Missing system		1			
educational background	illiterate		13	8.7			
	literate		5	3.4			
	elementary school		3	2.0			
	high school		41	27.5			
	diploma		59	39.6			
	first degree & above		28	18.8			
	Total	149	149	100.0			

As shown in table - 4.1. 149 participants who involved in the study were; 50(33.6) from Addis Ababa, 50 (33.6%) from Bahir Dar, and 49 (32.9%) from Hawassa. Based on age distribution, the category that is 45- 50 years old has greater frequency- 69(46.3%). Participants who are between the ages 51-55 were counted 46(30.8%). 31(20.8%) participants were in the range of 56-60 and the rest 3(2%) participants were above 61.

The marital status distribution was 115(77.2%) married, 11(7.4%) unmarried, 10 (6.7%), divorced and 12(8.1%) widow. Which indicates married participants had higher number (77.2%) whereas, the number of divorced participants were the lowest (6.7%).

Regarding educational background; women who have diploma shares the larger number, 59(39.6%). Participants who have first degree and above were counted 28(18.8%). The rest categories; who completed high school, illiterate, literate and who completed elementary school were counted 41(27.5%), 13(8.7%), 5(3.4%), 3(2.0%) respectively. So, it's possible to say the number of literate participants is greater than illiterates.

4.1.2. THE AVERAGE AGE OF MENOPAUSE

To investigate the average age of menopause among the three contexts, descriptive statistics was used. Mean, standard deviation, standard error with 95% confidence interval were the parameters to identify the average age of menopause.

Table 4.2. Mean difference among the three towns

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
					Hawassa	50		
AddisAbaba	50	49.08	3.142	.444	48.19	49.97	40	54
Bahir-Dar	49	44.18	2.804	.401	43.38	44.99	40	48
Total	149	47.37	3.536	.290	46.80	47.94	40	54

To know whether there is a significant mean difference among the three towns, one way ANOVA was employed.

Table 4.2.2. Summary of one way ANOVA analysis of average age of menopause across cultures

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	743.091	2	371.546	48.976	.000
Within Groups	1107.607	146	7.586		
Total	1850.698	148			

According to the table above, there was a statistically significant mean difference between the average age of menopause among the three towns as determined by one way ANOVA ($F [2,146] = 48.976, P = .000$). So, the mean ages of menopause among the towns are different.

In order to explore the area of deference the researcher used Tukey post- hoc multiple comparisons test.

Table 4.3. Multiple comparison among towns regarding the average age of menopause

(I) town	(J) town	Mean Difference (I- J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Hawassa	Addis Ababa	-.300	.551	.849	-1.60	1.00
	Bahir-Dar	4.596*	.554	.000	3.29	5.91
Addis Ababa	Hawassa	.300	.551	.849	-1.00	1.60
	Bahir-Dar	4.896*	.554	.000	3.59	6.21
Bahir- Dar	Hawassa	-4.596*	.554	.000	-5.91	-3.29
	Addis Ababa	-4.896*	.554	.000	-6.21	-3.59

*. The mean difference is significant at the 0.05 level.

As stated above, the Tukey post- hoc test revealed that the mean age for women to reach menopause age of women was statistically significantly lower (44.18, $p= .000$) for the research participants from Bahir-Darc ompared to that of women from Hawassa (48.78, $p= .000$) and Addis Ababa (49.08, $p= .000$). There was no statistically significant difference between the mean menopause age of women from Hawassa and Addis Ababa towns ($p= 0.05$).

4.1.3. ATTITUDES OF WOMEN TOWARDS MENOPAUSE

In order to analyze the data obtained with respect to the research questions and hypothesis, the frequencies and percentiles of responses made by respondents for each item in the questionnaire were calculated. The frequencies and percentiles of each response for each town also tabulated.

N.B- The table for the following description is attached at the back of this paper.

Respondents from Addis Ababa replied for questions related to menopause attitude as 87(8.78%) strongly disagree, 158(15.95%) disagree, 181(18.28%) not sure, 309(31.21%) agree, and 255(25.75%) strongly agree. When it seen as a continuum as agree and disagree; 245(24.7%) were counted as negative attitude, 564(56.96%) were as positive attitude. The rest 181 (18.28%) were filled as not sure. This implies that the majority of respondents (56.96%) have positive attitude for the questions provided.

The median or the average responses was 4 and the most frequent alternative was also 4. This means the majority of respondents agreed by the questions which designed to measure the attitude of women towards menopause.

Regarding participants from Bahir-Dar, out of 980 chances to select the options 20 questions were not filled. Of the 960 alternatives, strongly disagree was selected 57 times (6%) and disagree was counted 145(15%). On the other side, agree was counted 305(32%) and 257(27%) was counted as strongly agree. the rest 196(20%) was not sure about the questions provided. When the responses pooled into agree and disagree (59%) of them agreed with the provided questions. The average score and the most frequent score were 4 and 4 respectively. This indicates that the average response and the most frequent response are agreed.

The frequency distribution of alternative responses for respondents from Hawassa presented as follows: strongly disagree was replied 52 times (4%), disagree 150 times (15%), not sure 188 times (19%), agree 310 times (29%), and strongly agree 320 times (33%). That means the strongly agree alternative has selected by relatively greater number of respondents i.e. 320(33%) and strongly disagree has a small number of response.

The table shows the greater number of responses (61.2%) showed their agreement as they have positive attitude to menopause. The rest responses were distributed as disagree (19.57%) and not sure (19.16%). The median response which respondents selected is 4 and the more frequently selected option was 5.

4.1.4. SOCIETAL ATTITUDE TOWARDS MENOPAUSE AMONG THE THREE TOWNS

In order to investigate the attitude of the societies where participants live, 7 questions were designed and distributed. Each item with two options; agree and disagree.

Table 4.4. Social attitudes of menopause among the three towns

N	Items	Addis Ababa				Hawassa				Bahir Dar				Median	Mode				
		Disagree		Agree		n	d	Disagree		Agree		n	d			Disagree		Agree	
		N	%	n	%			n	%	n	%					n	%	n	%
1	my experience of menopause is perceived as a natural and healthy developmental change	40	81.6	9	18.3	1	1	37	74	13	26	1	1	35	72.9	13	27.0	1	1
2	there is a rites of passage for women who are going through menopause	7	14.8	41	85.4	2	2	5	10	45	90	2	2	2	4.08	47	95.9	2	2
3	in our society a new responsibility is given to women who have reached menopause	13	27.0	35	72.9	2	2	11	22	39	78	2	2	4	8.16	45	91.8	2	2
4	in our society women who are going through menopause are considered to have lost their womanhood	0	0	49	100	2	2	2	4	48	96	2	2	3	6.12	46	93.8	2	2
5	in our society women who have reached menopause have less	15	31.2	33	68.7	2	2	14	28	36	72	2	2	14	29.1	34	70.8	2	2
6	the society considers menopause as a break from giving birth	28	57.1	21	42.8	1	1	16	32.6	33	67.3	2	2	25	53.1	22	46.8	1	1
7	because i reached menopause my family and relatives remind me to go to hospital	16	34.0	31	65.9	2	2	22	44	28	46	2	2	21	42.8	28	57.1	2	2
	Total	119	35.2	219	64.8	2	2	107	30.6	242	69.3	2	2	104	30.6	235	69.3	2	2

As showed in the above table 219(64.8%) agreed were counted participants from Addis Ababa community and the rest. The median was found to be 2 and the most frequent response (mode) was also 2.

From the 49 respondents who were selected from Bahir-Dar, 69.33% of them replied as agree and the rest (30.67%) disagreed with the questions provided. Both the median and mode was 2.

Participants from Hawassa replied disagree 107 times (30.65%) for the questions that designed to measure societal attitude. The rest 242(69.35%) reply were counted as agree. Like the above two towns the median and mode was 2.

4.1.5. THE RELATIONSHIP BETWEEN DEMOGRAPHIC VARIABLES AND MENOPAUSE ATTITUDES

Table 4.5. Correlation coefficients of the age of respondents & their attitude

In this study the attitude of middle age woman score was correlated with their age. To do this spearman's rho correlation coefficient was used. The age range of participants was 45-64.

Correlations			
		age	average attitude of participants
	N	149	149
	Correlation Coefficient	1.000	-.146
Age	Sig. (2-tailed)	.	.075
	N	149	149
Spearman's rho	Correlation Coefficient	-.146	1.000
average attitude of participants	Sig. (2-tailed)	.075	.
	N	149	149

As shown in the table, the Spearman's rho correlation coefficient revealed a statistically not significant relationship between age and attitude of participants ($r_s [147] = -.146, p > .05$). That means there is no relationship between the ages of respondents and their attitude towards menopause.

4.1.5.2. The relationship between women's marital status and menopause attitude

Based on the type of scale variables have, chi-square was run to determine the relationship between women's marital status and their attitudes towards menopause.

Table 4.6. association between women's marital status and menopausal attitude

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.673 ^a	3	.643
Likelihood Ratio	2.383	3	.497
Linear-by-Linear Association	.585	1	.445
N of Valid Cases	148		

As presented in the above table, the chi-square test result shows that $X(1) = 1.673$, $P = .643$. This tells us that there is no statistically significant association between marital status and attitude towards menopause.

4.1.5.3 The relationship between educational background and attitude

Because of the data used in the study is ordinal plus as we cannot know whether the distance between the categories are the same or not at every scale point; the researcher used Spearman's rho correlation coefficient.

Table 4.7. Relationship between educational background and attitude

Correlations			
		educational background	average attitude of participants
	Correlation Coefficient	1.000	-.065
	Sig. (2-tailed)	.	.431
Spearman's rho	N	149	149
	Correlation Coefficient	-.065	1.000
	Sig. (2-tailed)	.431	.
	N	149	149

According to the above table, the spearman's rho correlation coefficient revealed that there was no statistically significant relationship between women's educational background and their attitude towards menopause; which is ($r_s [147] = -.065, p > .05 = .431$).

4.1.6. SIMILARITIES AND DIFFERENCES AMONG CULTURES REGARDING ATTITUDES OF MENOPAUSE

Even though, the attitude of respondents from the given towns was positive, it is difficult to know if there is significant attitude level difference among the participants of the three towns. Therefore, the median attitude of participants was tabulated through independent median test to examine the cross cultural attitude variation.

Table 4.8. Attitude difference among participants regarding culture

Hypothesis Test Summary

	Null Hypothesis	Test	Sig.	Decision
1	The medians of mean attitude of independent participants are the same across categories of town.	Samples Median Test	.000	Reject the null hypothesis.

Asymptotic significances are displayed. The significance level is .05.

According to the independent sample median test result; the significant value is .000. So there is a significant difference among participants of the three towns regarding their average attitudes towards menopause. So the null hypothesis that stated as “the median attitude of participants is the same across categories of the town” was rejected. In order to identify the source of variation, pair wise comparison was employed.

Table 4.9. Pair wise comparison among towns

Samples		Test statistics	Sig.	Adj. sig.
Sample 1	sample 2			
Hawassa	- Addis Ababa	9.543	.002	.006
Hawassa	- Bahir Dar	13.218	.000	.001
Addis Ababa	- Bahir Dar	.501	.479	1.00

As table 4.9 shows the comparison between the samples of Hawassa and Addis Ababa has adj.sig. value of .006 that means there is a significant median difference between them. Similarly, the comparison between Hawassa and Bahir Dar has adj.sig value of .001 that means there is a significant difference between the two medians. There is no significant median difference between Addis Ababa and Bahir Dar because the adj. sig. value is 1.00. So the attitude of respondents from Hawassa town is more positive than the other towns (Addis Ababa and Bahir Dar) towards menopause.

4.2. DISCUSSION

This section presented the consistency and inconsistency of the results with other related research results which was conducted before by different researchers at different time and various cultures.

The mean age of menopause was 48.78, 49.08 and 44.18 for Hawassa, Addis Ababa, and Bahir Dar respectively. Mean age of Bahir Dar participant's menopause was similar to worldwide estimated age (44-55) described by Birkanos et al, 2002 in literature review. But compared to white women (50-52) and the specified towns average (48.78 for Hawassa and 49.08 for Addis Ababa) the mean age of Bahir Dar (48.78) is low.

The average age of menopause in the three (Addis Ababa, Baher-Dar and Hawassa) towns (47.37) is lower than that of countries mentioned in Melissa et al., (2004) as cited in Brook, (2013) i.e Slovenia (52.03), Italy (50.9), Iran (49.6), Lebanon (49.3), Singaporean (49.1). Similarly, the result of this research is differs from the study that of conducted in other countries. A result that cited in Breon, (2011) by Yao.,et al., 2002 indicated that Japanese median age is 50.4 which is approximately similar to Malaysian which was 50.7. These averages also exceeds from Ethiopian. There is no significant median age difference between Ethiopian and that of Mexican which is 48.2. Differences on average age of menopause that reported in the above may be occurred due to cultural variations and personal deviations. Diet system, physical exercise habit, smoking, usage of contraceptives and medical histories can be mentioned as reasons for variation.

Previous research in Ethiopia conducted by Daniel, (2009) has showed the average age for Dangla's women is 46.35 and another local research which was conducted by Brook, (2013) stated that the average age is 45.34. The finding is inconsistent with two of them however relatively near to Daniels finding which is 46.35.

An attitude of middle adulthood women under three contexts in Ethiopia (Hawassa, Addis Ababa and Bahir Dar) towards menopause was found to be positive. This finding is somewhat similar to other studies conducted in different places. It is similar to women in Eastern societies. For instance, a study conducted in Taiwan, as Chen et al. cited in Nissar (2008) midlife Chinese women perceive menopause as a natural phenomena and most of these women could deal with

menopause in a positive way. Similarly, the Indian women accept menopause as positive rites of passage into a new stage of womanhood in addition majority of rural north Indian women reacted positively to menopause and considered it as a welcome stage of life. (Singh & Arora, 2005).

According to Kelly, (2011) Attitude of Egyptian women towards menopause is generally positive and menopause is seen as a normal physiological change. They embrace their womanhood and proceed with everyday life and its facts; which is consistent with this finding.

The result of the study also similar to a research conducted in Ethiopia by Daniel, (2009) that reported as women in Dangila show positive attitude towards menopause.

According to Daniel (2009) women in Dangla experience less menopause symptom and have positive attitude towards menopause. In addition another local research by Brook, (2013) found to be consistent based on attitude towards menopause anchored in his finding participants have favorable or positive attitude towards menopause.

On the other hand, this research is conflicting with studies those conducted in Western societies. As study reported by Dillaway (2008), western society has negative attitude towards women aging as a result women in such society reported unfavorable attitude toward menopause.

The above consistency and inconsistency shows that the experience and attitude of menopause is based on contexts. In areas where menopause is constructed as natural and healthy developmental change women have positive attitude towards it. However where menopause is considered as a sign of aging and hormone deficiency women reported negative attitude towards this developmental change. These terminations are consistent and supported by the sociological model of menopause. Which states; experiences of menopause are not totally biological and/or social furthermore it is biological and constructed based on social and cultural constructions.

According to the collected data this research revealed there is no significant relation between marital status and menopause attitude. The finding is inconsistent with (Harlow et al., 2000; Jassim & Al-Shboul as cited in Daniel, 2009) which was reported as widowed and divorced women do have positive attitude towards menopause.

However the current study is consistent with a research which was recently conducted by (Brook, 2013) that reported there was no statistically significant difference found in menopausal attitude as a result of marital status.

As the researcher attempts to know the relationship between educational status and menopause attitude the result found to be no statistically significant difference in menopausal attitude as a result of educational status.

The finding is dissimilar with a finding which was conducted in Taiwan reported that literate women have lowest positive attitude (Cheng et al., 2008). The current finding also inconsistent with (Goodwin and Papini, 2002) which was conducted in western cultures and stated literate women have positive attitude towards menopause. A research in Ethiopia (Brook, 2013) result shows no significant differences found between menopausal attitude and educational status which is similar with the current finding.

Regarding cultural construction of menopause, the three contexts has the same result which means there is a positive attitude towards menopause in the area participants live. This finding is similar with (Stewart, 2003) which is among both Mayan and Greek women, menopause is also seen as a positive event, because they viewed this transition as free from pregnancy restrictions. It is also consistent with (Mills, 2007) which shows in Japanese culture menopause bring increased status and honor.

Generally participants of this research; middle age government organization workers from Addis Ababa, Bahir-Dar and Hawassa reported positive attitude towards menopause. However the extent of their positive attitude showed significant difference. Participants from Hawassa town reported relatively the highest score in relation to positive attitude comparing with the rest selected towns. Based on the questions which was asked about societal attitude; participants from Hawassa scored the highest. This indicates from the three selected towns a society where participants Hawassa town belong have more positive attitude.

The result of this study was consistent with sociological model of menopause. As the model described menopause experiences are socially constructed. All women experience menopause biologically but also their responses for the change are related with their interaction from the

environment. Menopausal experiences are socially constructed; each woman constructs her own reality and attaches meaning to life events based on social norms.

The perception and attitudes about menopause that a women contract is based on social and cultural constructions.As it is showed in the result women from all towns have positive attitudes however the result also reported differences in the extent of positivity. Participants from Hawassa reported more positive attitude for both scales; questions for menopause attitude and societal attitudes about menopause. Which implies the positive attitude and acceptance of menopause as a healthy developmental change directed them to have a positive attitude.

CHAPTER FIVE

V. Summary, conclusion and recommendation

5.1 Summary

The main purpose of this research was to investigate the attitudes of middle aged women towards menopause across three cultures. The study also examined the average age of menopause among the three cultures. The relationship between age, marital status and educational background with menopause attitude were the other focal area of the study. Additionally, the attitude that the society where the participants towards menopause was examined.

The study was designed to answer the following questions:

1. What is the average age of menopause among the three contexts?
2. What is the attitude participants do have about menopause among the three cultures?
3. What is the attitude of menopause in the living area of participants?
4. What is the relationship between age, marital status and education background with menopause attitude?
5. What are the similarities and differences regarding attitude of menopause between the three contexts?

Cross cultural comparative study was employed to conduct the study and the research site was middle aged women lived in three towns in Ethiopia (Hawssa, Bahir Dar and Addis Ababa). The sampling technique used in the study was purposive. This is because it is useful to get the direct subjects who are concerned with the issue.

Close ended questionnaire that has three parts was used to collect the data. The first part contains the demographic information of respondents. The second part has 20 questions to investigate the attitude of middle aged women towards menopause. The last section has 7 questions and it was intended to know societal attitude among the three towns regarding menopause.

The collected data was analyzed by using descriptive and inferential analysis. To do this SPSS version 20 was employed.

According to the result of the variation in average age of menopause, women in Bahir Dar town experience menopause at early age (44.18) compared to women in Addis Ababa (49.08) and Hawassa (48.78) towns.

The result of the study also showed that middle aged women in Ethiopian towns has positive attitude towards menopause. Women from Hawassa has more positive attitude compared to the rest two towns (Addis Ababa and Bahir Dar).

Marital status and educational background have no relationship with the attitude of menopause. On the other hand, age and menopause attitude have weak negative relationship. But the relationships between the independent and the dependent variables are not significant.

Regarding the attitude of the society towards menopause among the three towns was found to be positive.

5.2 Conclusions

Menopause is considered as a natural biological event that affects every woman. Women in different parts of the world reacted to it differently.

The research concluded that the mean age of menopause among (Addis Ababa, Baher-Dar and Hawassa) towns (47.37) is greater than the worldwide estimated age (44-55). But it is less than the mean age of white women (50-52). Specifically, women from Bahir-Dar experience menopause early than the rest two towns. The result of the study revealed that, women those lived in the study area has a positive attitude towards menopause. Women in Hawassa has more positive attitude than women in Addis Ababa and Bahir Dar towns.

Regarding to the relationship between age and menopause attitude, the impact of women's age on their perception on menopause is negative but not significant. Therefore, age is not a determinant factor to the direction and magnitudes of women's attitude towards menopause i.e. middle aged women have the same attitude towards menopause regarding their age.

In contrast, marital status and educational background have a positive relationship with the attitude of women towards menopause. But the correlation coefficient is close to zero and not significant at 0.05 significance level. So, there is no significant relationship between the two(marital status and educational background) variables. Because of this it is possible to conclude that marital status and educational level are not the determinant factors of attitude towards menopause.

Similarly, respondents agreed with ending of experiencing menstruation is perceived as a natural and healthy developmental stage in there community.

5.3 Recommendations

In light of the findings of this study and the literature reviewed, the following suggestions are forwarded.

- Health care centers better to give attention for such developmental stage because of the nature of the change which is biological and social. Moreover as it is shown in this research such experiences are contextual or culturally constructed. So in order to give such medical care and related services it is better to understand the nature of the subject under a given context.
- There must be an awareness creation programs regarding menopause experience, symptoms and facts. Counselors and social workers supposed to do this to help menopause women to have less complaining transition and positive attitude by accepting the change as natural.
- Accepting this developmental change as natural and positive in a community helps a women to have less complaining transition. So informing this subject for a given community in addition to middle adult women supports to keep the positive attitude and accepting it as status increment.
- Moreover the researcher suggests further researches under more medical and physical risk factors such as surgeries, alcohol and drug use, physical exercise habit; diet system and other factors should be under investigations.
- As menopause is biological by its nature further research by medical professionals may help to understand the other aspect; relation with early reproductive system.

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ANNEX

Addis Ababa University College of behavioral studies school of psychology

Dear participants!

This questionnaire is designed to collect relevant data on women's menopause attitude and about their living areas attitude. You are kindly requested to provide the answers honestly so that the research will accomplish the goals in solving the problems.

I assure you that all your responses will be used only for the purpose of this study.

The questionnaire sheets have three sections:

- Part I- Questionnaire collects Personal background (demographic characteristics) of participants
- Part II- Questionnaire collects women's attitudes towards menopause
- Part III- Questionnaire collects societal attitudes of menopause

General direction:

- Put this symbol under your choice for each question
- No need of writing your name

Part I- Demographic characteristics of respondents

1. Age

2. Marital Status

Married

Unmarried

Divorced

Widowed

3. Educational status

Illiterate

Only read and write

Primary school

Secondary school

Diploma

First degree and above

4. Regularity of menstrual period in the last 12 months

It was regular

It was irregular

No menstrual period at all

5. For item number 4 if your response is “no menstrual period at all” how old were you when your last menstruation occurred _____

Part II- Attitudes towards menopause

No	Questions	Menopause scale				
		Strongly disagree	Disagree	Undecided	Agree	Strongly agree
1	Menopause a period of normal developmental growth					
2	After menopause, a women became less attractive					
3	After menopause, a women generally feel worthless					
4	After menopause, a women has a better relationship with her husband					
5	Menopause is a pleasant experience in life of women					
6	Going through menopause really does not change a women in any significant way					
7	A women gets more confidence in herself after menopause					
8	Menopause creates a feeling of getting older					
9	Women generally feel happier in their sexual life after menopause					
10	Women should expect some troubles during menopause					
11	A women is concerned about her husband will feel about her after menopause					
12	After menopause women welling is affected					
13	Women usually feel “down in the dumps” at the time of menopause					
14	After menopause , a women feels freer to do things for herself					
15	During menopause a women generally feels depressed					
16	After menopause, a women community participation decreased					
17	After menopause, women do not consider themselves as “real women”					
18	Experiencing menopause increases family problem					
19	The only difference between a women who has been through menopause and one who has not is that one menstruates and the other doesn't					
20	Menopause is disturbing thing that women generally dread					
	Total					

Part III- Societal Attitudes of Menopause

No.	Questions	Agree	Disagree
1.	My experience of menopause is perceived as a natural and healthy developmental change		
2.	There is a rites of passage for women who are going through menopause		
3.	In our society a new responsibility is given to women who have reached menopause		
4.	In our society women who are going through menopause are considered to have lost their womanhood		
5.	In our society women who have reached menopause have less		
6.	The society considers menopause as a break from giving birth		
7.	Because i reached menopause my family and relatives remind me to go to hospital		

Attitudes of participants towards menopause

No	Items	Hawassa												Addis Ababa												Bahir Dar									
		n		%		n		%		N		%		medi an		mo de		SD (1)		D (2)		UN (3)		A (4)		SA (5)		me dia n		mo de		SD (1)		D (2)	
		n	%	n	%	n	%	N	%	n	%	medi an	mo de	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%				
1	menopause is a period for a normal developmental growth	3	6	5	11	10	22	5	11	23	50	4	5	6	12	6	12	10	20	13	27	14	29	4	5	4	8	12	25						
2	after menopause women become less attractive	0	0	3	6	5	10.5	22	46	18	37.5	4	4	0	0	2	4	4	8	23	26	21	42	4	4	0	0	2	4						
3	after menopause women generally feel worthless	4	8	14	28	12	24	5	10	15	30	4	5	7	14	14	28	12	24	12	24	5	10	5	2	9	19	6	13						
4	after menopause a women has a better relationship with her husband	2	4	4	8	8	16	11	22	25	50	4	5	2	4	3	6	16	32	12	24	17	34	4	5	1	2	7	15						
5	menopause is pleasant experience in life of women	5	10	15	30	7	14	9	18	14	28	3	2	17	35	10	20	13	27	3	6	6	12	3	1	12	25	13	28						
6	going through menopause really does not change a women in any significant way	0	0	3	6	9	18	13	26	25	50	4	5	0	0	1	2	6	12	12	24	31	62	2	5	0	0	0	0						
7	a women gets more confidence in herself after menopause	1	2	3	6	4	8	20	40	22	44	3	5	1	2	2	4	1	2	23	46	23	46	3	4	0	0	0	0						
8	menopause creates a feeling of getting older	0	0	9	18	12	24	15	30	14	28	3	5	4	8	9	18	9	18	15	31	12	25	4	4	1	2	6	12						
9	women generally feel happier in their sexual life after menopause	0	0	3	6	7	14	19	39	19	39	3	4	0	0	1	2	1	2	25	50	23	46	2.5	4	1	2	0	0						
10	women should expect some troubles during menopause	2	4	12	24	9	18	19	36	8	16	3	4	7	14	15	31	8	16	12	25	6	12	3	2	7	14	11	22						

11	a women is concerned about how her husband will feel about her after menopause	1	2	0	0	7	14	18	36	24	48	3	5	1	2	2	4	2	4	33	66	12	24	3.5	4	0	0	4	8
12	after menopause women well being is affected	0	0	4	8	11	23	17	36	16	33	4	4	2	4	2	4	10	20	29	58	7	14	4	4	1	2	5	10
13	women usually feel "down in the dump" at the time of menopause	3	6	7	14	15	31	12	24	12	24	4	3	0	0	5	10	19	38	14	29	11	22	4	3	0	0	2	4
14	after menopause a women feels freer to do things for herself	3	6	16	33	17	35	13	26	0	0	4	3	9	18	14	29	9	18	9	18	8	16	3	2	2	4	17	35
15	during menopause women generally feel depressed	1	2	15	31	11	23	10	21	11	23	4	2	6	12	18	36	12	24	8	16	6	12	4	2	3	7	11	24
16	after menopause women's community participation decreased	4	8	10	20	9	18	16	32	11	22	4	4	18	37	19	39	6	12	6	12	0	0	4	2	5	10	15	31
17	after menopause women o not consider themselves as a "real women"	4	8	13	27	10	20	12	25	10	20	4	2	2	4	10	21	10	21	9	19	17	35	4	5	3	6	10	20
18	experiencing menopause increases family problems	6	12	10	20	10	20	9	18	15	30	4	5	2	4	21	42	16	32	10	20	1	2	5	5	5	11	15	31
19	the only difference between a women who has been through menopause and one who has not is that one menstruates an the other does not	3	6	3	6	8	17	20	42	14	29	3	4	3	6	3	6	9	18	25	50	10	20	2	4	3	6	9	18

20	menopause is disturbing thing that women generally dread	0	0	1	2	7	15	16	33	24	50	5	5	0	0	1	2	8	16	16	32	25	50	4	5	0	0	0	0
	Total	42	4	150	15	188	19	310	29	310	33	4	5	87	9	158	16	181	18	309	31	255	26	4	4	57	6	145	15

SD= strongly disagree

D= disagree

UN= uncertain

A= agree

SA= strongly agree