

Cultural Perceptions of Menopause: A Comparative Study of Dutch and Turkish Women

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Abstract

Menopause is an important milestone in a woman's life. During this period, women experience physiological, psychological, and social changes. These changes impact their overall mental well-being. One factor that can affect women's well-being is their attitudes towards menopause. These attitudes can vary based on cultural differences. This study aims to explore variations qualitatively and quantitatively in attitudes towards menopause between Dutch and Turkish women and examine the relationship between these attitudes and mental well-being. A mixed-methods design was used, collecting data from 25 Dutch and 25 Turkish women through online surveys. For the qualitative part, participants shared their thoughts on menopause through open-ended questions. For the quantitative part, the Attitude Towards Menopause (ATM) scale and the Mental Health Continuum–Short Form (MHC-SF) scale measured attitudes and mental well-being, respectively. Three themes emerged from the qualitative data: general beliefs about menopause, physical and psychological changes, and social representation of menopause. Quantitative analysis showed no significant differences in menopausal attitudes between the groups, with both expressing predominantly negative views. Additionally, there was no significant relationship between menopausal attitudes and overall mental well-being. However, qualitative analysis showed that most attitudes were similar between the groups, with only small differences, and significant relationships between certain attitudes and emotional and social well-being were found. This study highlights the need for increased education and awareness about menopause to address negative perceptions and societal taboos.

Keywords: menopause, mental well-being, attitudes, cultural differences, Dutch women, Turkish women

Cultural Perceptions of Menopause: A Comparative Study of Dutch and Turkish Women

Menopause is a significant biological event in a woman's life, commonly occurring between ages 45 and 55 (Dalal & Agarwal, 2015). It marks the cessation of menstruation and the end of reproductive capabilities (Minkin, 2019). This milestone is defined as 12 consecutive months without menstruation, without any pathological or physiological causes (Utian, 2004). During menopause, women undergo various psychological and social changes (Matthews, 1992), including hormonal fluctuations (Parry, 2008). These fluctuations often lead to physiological symptoms such as vasomotor complications, nighttime perspiration, sudden warmth, muscle and bone discomfort, heart conditions, reduced breast and skin health, and vaginal changes (Gümüşay & Erbil, 2016). Additionally, hormonal changes have also been associated with symptoms of depression (Freeman et al., 2014; Lei et al., 2019). These psychological manifestations can also be attributed to alterations in social roles, including family responsibilities and interpersonal losses (Sandilyan & Dening, 2011). Therefore, certain researchers view menopause as a challenging event and a potential factor contributing to psychopathological issues or diminished mental health (Callegari et al., 2007; Maartens et al., 2002; Woods et al., 2009).

Mental health extends beyond the mere absence of symptoms of mental illness and distress. According to the two-continua model of mental health (Keyes, 2002), mental health consists of mental well-being and mental illness as distinct but related dimensions. Mental well-being comprises three essential components: emotional, social, and psychological well-being (Keyes, 2002). Compared to the extensive literature on menopause and psychological symptoms, research into mental well-being has been notably limited (Brown et al., 2015). It has been found that one of the psychosocial factors affecting mental well-being during menopause is menopausal

attitude (Brown et al., 2015). Attitude represents a lasting evaluation of an object, individual, group, topic, or idea, often based on beliefs, feelings, and past actions, ranging from negative to positive (American Psychological Association, 2018). Qualitative studies highlight positive attitudes towards menopause, with women expressing increased independence, psychological growth, personal fulfillment, and a sense of cleanliness from the absence of periods (Busch, 2003; Cifcili et al., 2009). Research on Jordanian menopausal women shows that these positive attitudes contribute to a sense of purpose and positive self-perception, leading to higher psychological well-being (Abdelrahman et al., 2013). Conversely, negative attitudes include feelings of loss related to the end of fertility and youth (Ayranci et al., 2010; Yanikkerem et al., 2012). Studies have found that negative attitudes are linked to lower well-being (Dennerstein et al., 1994; Groeneveld et al., 1993). Thus, attitudes significantly shape women's well-being and menopausal experience, with culture influencing these attitudes (Erbil & Gümüşay, 2018).

Culture refers to the collection of socially transmitted and acquired behavior patterns, beliefs, institutions, and all other human-created products that characterize a population, profession, organization, or community (Hastings, 1995). Geert Hofstede's framework categorizes cultures into dimensions, including individualism versus collectivism. In individualistic cultures, personal goals and values are prioritized, emphasizing individual freedom and accomplishment. Conversely, collectivist cultures prioritize shared goals and values, shaping collective behavior (Gorodnichenko & Roland, 2012; Triandis & Gelfand, 1998). Research shows that in individualistic cultures, attitudes often hold more significance than norms, while in collectivist cultures, norms outweigh attitudes (Triandis & Gelfand, 1998). For instance, the Netherlands is characterized as an individualistic society (Bode, 2003), whereas Turkey is considered a collectivist culture (Schwartz, 1992)

The impact of cultural differences on attitudes becomes apparent when examining the meanings associated with menopause. For instance, Dutch women prefer natural approaches over medications and strongly reject the idea that menopause diminishes sexual attractiveness (Groeneveld et al., 1993). In contrast, over 90% of Turkish women express dissatisfaction with menopause, describing it as a negative experience marked by the end of youth, feeling old, losing femininity, hormonal changes, and the cessation of menstruation (Ayranci et al., 2010). This difference in attitudes highlights the need for a deeper understanding of how cultural variations influence perceptions of menopause.

A review of the studies on menopause reveals a limited understanding of women's mental well-being in relation to menopause (Brown et al., 2015). Cultural differences potentially influence this relationship. Most research on menopausal attitudes in different cultural contexts relies on qualitative designs (Madden, 2010; Mahadeen, 2008; Morrison, 2014), and there is a notable gap in research using a mixed-methods approach in this domain. By integrating quantitative and qualitative techniques within the same framework, mixed-methods research incorporates the strengths of both methodologies (Johnson & Onwuegbuzie, 2004), enabling not only the quantification of attitudes but also a deeper exploration of the underlying rationales, experiences, and perspectives that shape these attitudes.

Aim of the Study

This study aims to qualitatively and quantitatively explore variations in attitudes towards menopause among Dutch and Turkish women and to examine the relationship of these attitudes to mental well-being. It is expected that Turkish women exhibit more negative attitudes towards menopause compared to their Dutch counterparts. It is also expected that more positive attitudes are related to higher levels of emotional, social, and psychological well-being.

Methods

Study Design

This study employed a mixed-methods approach, using both qualitative and quantitative data collection through an online survey. Approval was granted by the Ethics Committee of the University of Twente within the Faculty of Behavioral, Management, and Social Sciences, nr 231487.

Participants

Inclusion criteria for this study were being a woman, identifying as either Turkish or Dutch, and being between 18 and 60 years old, with sufficient proficiency in English or Dutch to complete the survey. Participants who did not meet these criteria or did not complete the survey were excluded. The final sample included 25 Turkish women matched with 25 Dutch women based on education and age group, resulting in 50 participants (50% Dutch, $n = 25$; 50% Turkish, $n = 25$). The mean age for Dutch participants was 45.20 years ($SD = 10.28$), and for Turkish participants, it was 45.12 years ($SD = 10.33$), with $p = .996$. Ages ranged from 21 to 60 years. Demographic data are summarized in Table 1.

Table 1*Demographic Characteristics of the Sample*

Characteristic	Dutch Women (<i>N</i> = 25)		Turkish Women (<i>N</i> = 25)		<i>p</i>
	<i>n</i>	%	<i>n</i>	%	
Highest educational level					0.34*
Primary school	0	0	4	16	
Secondary school	3	12	4	16	
Vocational secondary school	2	8	3	12	
Bachelor's degree	10	40	9	36	
Master's degree	10	40	5	20	
Marital status					1.000
Married or registered partnership	13	52	13	52	
Divorced/separated	4	16	3	12	
Widowed	0	0	1	4	
Never married	8	32	8	32	
Employment status					.000*
Working full-time	3	12	5	20	
Working part-time	16	64	5	20	
Unemployed/looking for work	1	4	1	4	
Homemaker/stay-at-home parent	1	4	13	52	
Student	2	8	0	0	
Retired	0	0	1	4	

Note. Frequencies (*n*) and percentages (%) of the demographic data. **p* < .05

Procedure

The study was conducted using the Qualtrics online survey platform (www.qualtrics.com). Potential participants were recruited via the Sona recruitment system of the University of Twente and the supervisor's and researcher's personal networks using convenience and snowball sampling. Before starting questionnaires, participants received an information sheet explaining the study's purpose, along with an online consent form that provided information about their rights and the confidentiality of the data. They then filled out the questionnaire about demographic data. Next, participants completed questionnaires regarding their current well-being and menopausal attitudes. Because of the inclusion of questions from other researchers, the entire questionnaire took approximately 35 minutes for participants to complete.

Measures

Open-Ended Question

The study included an open-ended question, allowing participants the opportunity to elaborate on their attitudes towards menopause. For this purpose, the question "Menopause is..." was posed 15 times, with participants expected to provide their responses. This qualitative measure was incorporated to gather a more nuanced and holistic understanding of participants' attitudes about menopause.

Well-Being

The well-being of the participants was evaluated utilizing the Mental Health Continuum–Short Form (MHC-SF), a 14-item scale created by Keyes (2013). The MHC-SF consists of subscales that include three items for emotional well-being, five items for social well-being, and six items for psychological well-being. Participants responded to sentences like "In the past 4

weeks, how often did you feel..." that continued "...interested in life" or "...that our society is becoming a better place for all people." Respondents were given the option to rate the items using a 6-point Likert scale ranging from 0 (*never*) to 5 (*almost always*). A higher mean score indicates a greater level of mental well-being. The Cronbach's alpha for the MHC-SF scale in the present study was very good ($\alpha = .88$).

Attitudes Towards Menopause

To evaluate participants' menopausal attitudes, the Attitude Towards Menopause (ATM) scale, developed by Neugarten et al. (1963), was employed. It consists of 35 items that cover aspects such as negative emotions, postmenopausal recovery, the degree of continuity, symptom control, psychological losses, unpredictability, and sexuality (Ayers et al., 2010). This scale includes 16 positive items and 19 negative items. Examples include "After menopause, a woman feels freer to do things for herself" and "After menopause, women often don't consider themselves 'real women' anymore." Participants expressed their level of agreement with statements using a 4-point Likert scale, ranging from 1 (*strongly agree*) to 4 (*strongly disagree*). After accounting for reversed scores, the sum scores on this scale range from 35 (*very negative attitude*) to 140 (*very positive attitude*). The cutoff point of the scale is 87.5 points (Erbil & Gümüşay, 2018). Cronbach's alpha for the ATM scale in the current study was very good ($\alpha = .85$).

Data Analysis

The qualitative data from the participants was translated if necessary. The answers to the open-ended question were analyzed using thematic analysis with the assistance of the scientific software ATLAS.ti version 7.8.1. Thematic analysis identifies, analyzes, and reports patterns or themes within a dataset (Braun & Clarke, 2006). This method is advantageous for summarizing

data effectively, highlighting similarities and differences, and revealing unexpected findings (Braun & Clarke, 2006). First, initial codes were identified based on inductive coding from the raw data, and an initial codebook was created; this was then exchanged with another researcher on the research team to ensure intersubjective reliability. Constructive feedback was received from the other researcher, prompting revisions to the necessary codes and themes. These adjustments ensured that each code was mutually exclusive, facilitating a more structured and systematic data analysis. Finally, three themes—general beliefs about menopause, menopausal experiences, and social representation of menopause—were used to describe the participants' beliefs and perceptions regarding menopause. Themes were defined as one out of the fifteen possible answers to “Menopause is...” in the online survey.

The quantitative data from the participants were analyzed using IBM SPSS Statistics (version 28.0.1.0.) with the significance level set at $>.05$. First, demographic data of the participants were analyzed using descriptive statistics, i.e., mean, median, standard deviation, standard error, and variance. Next, the data was tested for parametric assumptions using the Kolmogorov-Smirnov test of normality, which includes evaluating linearity, normality, homogeneity of variance, and outliers, concluding that the data is normally distributed. Additionally, Pearson correlation coefficients were applied to test the relationship between menopausal attitudes and well-being. Moreover, an independent *t*-test was applied to examine whether both the qualitatively discovered menopausal attitudes and the quantitatively assessed menopausal attitudes differ between Turkish and Dutch women.

Results

Thematic Analysis

The thematic analysis resulted in a codebook consisting of the three themes—general beliefs about menopause, menopausal experiences, and social challenges and representation in society—along with 12 subthemes. These elements offer insights into the attitudes of Turkish and Dutch women towards menopause (Table 2).

Theme 1: General Beliefs About Menopause

The first theme, general beliefs about menopause, consists of various subthemes, including diverse perspectives on menopause as a biological process, fears surrounding menopause, experiences of personal growth and transition, and the sense of freedom it can bring. The analysis showed that 54% of the combined groups of Dutch and Turkish participants viewed menopause as a biological process characterized by natural and inevitable part of life, hormone changes, and the end of menstruation and fertility. Furthermore, 58% of all participants commonly reported fears surrounding menopause, linking it to an unpleasant phase in a woman's life. Some participants described menopause as “known as an undesirable time for women” and “something I dread.” However, many participants also expressed hopes for menopause, highlighting it as a positive time for personal growth and transitioning to a new phase of life. One significant difference between Turkish and Dutch women was their varying emphasis on “personal growth” ($p = .040$). Dutch women articulated more personal growth thoughts than their Turkish counterparts. Four Dutch participants described this personal growth as “a period of reflection on life changes and one's body,” “educational,” “a push to pay extra attention to vitality,” and “a period of reflection on your life change in and of your body.” In contrast, one

Turkish participant described it as “the beginning of a new mindset.” Another significant difference between Turkish and Dutch women was observed in relation to the subtheme “freedom” ($p = .014$). While both groups commonly expressed relief from menstruation, Turkish participants’ responses emphasized this subtheme more prominently, diverging with distinct codes, including relief from pregnancy concerns, sanitary products, and no longer experiencing hormonal fluctuations. They described it as “no more worries about getting pregnant” and the “end of aching periods.”

Theme 2: Physical and Psychological Changes

This second theme refers to the physiological and psychological experiences associated with menopause. Physical symptoms were mentioned by 44% of participants from the combined groups, while psychological symptoms were reported by 28% of the overall participants. Both Turkish and Dutch participants shared common experiences, including hot flashes, sleep problems, fatigue, sweating, libido changes, and mood swings. For example, one participant described her hot flashes as “an internal thermostat changer. When everyone is freezing at work, I find it pleasant. When everyone is comfortable, I’m dying from the heat.” However, differences emerged in the specific symptoms emphasized. Dutch participants reported additional symptoms not mentioned by Turkish participants, including suicidal ideation and headache. One Dutch participant vividly described how menopause triggered suicidal thoughts like “the reason why women crash into trees or trucks. I know that. I wanted to do it myself once.”

Theme 3: Social Representation of Menopause

The third theme provides a deeper understanding of the societal perspective on the representation of menopause in various domains. Notably, significant differences emerged between Turkish and Dutch participants regarding the subtheme "underrepresentation of society"

for menopause ($p < .001$). Dutch participants were more vocal about this theme, expressing concerns about the lack of education and societal misconceptions. Some Dutch participants described it as “heavily underestimated by many people, even when you explain it” and noted the misconception in society, “I’m too young for menopause (which is not true).” Similarly, one Turkish participant highlighted the lack of education in society about menopause and simply stated, “unknown.” Moreover, Some Dutch participants perceived a lack of interest from men and society in general regarding menopause, noting that it is “something men do not want to hear, if they had the symptoms of menopause as we do, there would have been much more attention paid to it” or “a phase that is not taken seriously enough.” Another topic that Dutch participants showed interest in is the societal taboos and discomfort surrounding conversations about menopause. Three Dutch women expressed their perception of menopause as a taboo subject, with one participant noting that it is “still a taboo subject for many women.” In contrast to this perspective, another Dutch participant described it as “out of the taboo atmosphere but still an uncomfortable topic.”

Table 2 Codebook (Distribution of Subthemes and Codes Among Dutch and Turkish Women)

Themes and Subthemes	Codes	Dutch Women (N = 25) n (%)	Turkish Women (N = 25) n (%)	Total (N = 50) n (%)	p
General beliefs about menopause					
Menopause as biological process		18 (72)	9 (36)	27 (54)	.589
	A natural and inevitable part of life	9 (36)	6 (24)	15 (30)	
	Hormone shifts	2 (8)	3 (12)	5 (10)	
	End of menstruating	2 (8)	3 (12)	5 (10)	
	Age of onset	3 (12)	1 (4)	4 (8)	
	End of fertility	2 (8)	2 (8)	4 (8)	
	Female condition	2 (8)	1 (4)	3 (6)	
	Long-lasting	2 (8)	0 (0)	2 (4)	
Fears surrounding menopause		19 (76)	10 (40)	29 (58)	.189
	A challenging time for women	18 (72)	8 (32)	26 (52)	
	Beginning of being old	5 (20)	5 (20)	10 (20)	
	Loss of femininity	1 (4)	1 (4)	2 (4)	
Experiencing personal growth and transition		5 (20)	3 (12)	8 (16)	.049*
	Experiencing personal growth	4 (16)	1 (4)	5 (10)	
	Transition to a new stage of life	2 (8)	2 (8)	4 (8)	
Freedom		2 (8)	5 (20)	7 (14)	.014*
	Liberating	1 (4)	2 (8)	4 (8)	
	Relief from pregnancy concerns	0 (0)	1 (4)	1 (2)	
	Relief from sanitary pads	0 (0)	1 (4)	1 (2)	
	Relief from menstrual symptoms	1 (4)	2 (8)	3 (6)	

* $p < .05$

Table 2 (continued)

Themes and Subthemes	Codes	Dutch Women (<i>N</i> = 25) <i>n</i> (%)	Turkish Women (<i>N</i> = 25) <i>n</i> (%)	Total (<i>N</i> = 50) <i>n</i> (%)	<i>p</i>
Individual journey	Menopause as an individual journey	1 (4)	0 (0)	1(2)	.042*
Physical & psychological changes					
Physical symptom		11 (44)	11 (44)	22 (44)	1.00
	Hot flashes	9 (36)	6 (24)	15 (30)	
	Skin sagging	3 (12)	5 (20)	8 (16)	
	Sleep problems	3 (12)	1 (4)	4 (8)	
	Fatigue	2 (8)	1 (4)	3 (6)	
	Libido killer	1 (4)	1 (4)	2 (4)	
	Headache	2 (8)	0 (0)	2 (4)	
Psychological symptoms		7 (28)	7 (28)	14 (28)	.063
	Mood swings	6 (24)	7 (28)	13 (26)	
	Suicidal ideation	1 (4)	0 (0)	1 (2)	
Social representation of menopause					
Underrepresentation in society		8 (32)	1 (4)	8 (16)	.000*
	Lack of education	8 (32)	1 (4)	9 (18)	
	Taboo	3 (12)	0 (0)	3 (6)	
	Uncomfortable topic	3 (12)	0 (0)	3 (6)	
	Disinterest of male	2 (8)	0 (0)	2 (4)	

**p* < .05

Relation Between Well-Being and Menopausal Attitudes and Thematic Analysis

The analysis of the ATM scale revealed a mean menopausal attitude score of 73.32 ($SD = 12.84$) for Dutch participants and 83.32 ($SD = 12.20$) for Turkish participants. The MHC-SF scale showed a mean overall well-being score of 3.11 ($SD = 0.64$) for Dutch women and 2.75 ($SD = 0.75$) for Turkish women. Correlation coefficients examined the relationship between menopausal attitudes and well-being, including its subscales (emotional, psychological, and social). For the overall group and between the Dutch and Turkish groups, all bivariate correlations were not significant ($ps > .290$) and were of weak magnitude ($rs < .329$). However, specific subthemes correlated with emotional and social well-being were statistically significant. For the overall group, "underrepresentation in society" positively correlated with emotional well-being ($r(48) = .33, p = .019$), and "freedom" negatively correlated with social well-being ($r(48) = -.37, p = .007$). In Turkish women, "freedom" negatively correlated with social well-being ($r(23) = -.46, p = .020$). The findings did not support the hypothesis that positive attitudes are associated with higher well-being both quantitatively and qualitatively. Furthermore, it was hypothesized that Turkish women would exhibit more negative menopausal attitudes, but a t -test indicated no significant difference between Turkish and Dutch women, $t(48) = -2.82, p = .661$, as shown in Table 3. Additionally, subthemes extracted from the thematic analysis revealed that participants from both groups recognized menopause as a biological process and a challenging experience, commonly reporting fears and noting both physical and psychological symptoms to a high degree.

Table 3*Independent Sample T-Test Result Comparing Nationality Groups on Attitudes Towards**Menopause Scale*

Attitude	Dutch Women	Turkish Women	<i>t</i>	<i>p</i>
	<i>M (SD)</i>	<i>M (SD)</i>		
Attitude towards menopause scale	73.32 (12.84)	83.32 (12.20)	-2.82	.661

**p* < .05

Discussion

This study aimed to explore both qualitative and quantitative attitudes toward menopause among Dutch and Turkish women and to examine how these attitudes relate to mental well-being using a mixed-methods approach. The quantitative and qualitative findings yielded different results for both types of analyses. The quantitative results indicated that attitudes towards menopause were unrelated to well-being, both for the overall sample and within each group. However, it was found that certain qualitative attitudes related to emotional and social well-being for the overall group and with each group separately. Additionally, there were no significant differences in menopausal attitudes between the two groups, as both exhibited similar attitudes. However, qualitative analysis revealed that most attitudes were similar, with some differences between the Dutch and Turkish women.

Main Findings

Contrary to expectations, the quantitative analysis revealed no significant differences between Dutch and Turkish women regarding their attitudes towards menopause and no significant relationship between these attitudes and well-being. However, the qualitative analysis highlighted some differences in attitudes and their relation to well-being. This discordance is often anticipated in mixed methods research because qualitative and quantitative data on social and cultural phenomena are not always consistent (Uprichard & Dawney, 2019). Quantitative methods may lack the sensitivity to uncover the intricate cultural nuances that qualitative methods can reveal through in-depth exploration (Lewis, 2015). This discrepancy explains why significant differences and correlations might not emerge in quantitative analyses, while some qualitative findings indicate cultural variations.

In the study, unexpected correlations were found between certain attitudes and emotional and social well-being. Women who are more concerned about the underrepresentation of menopause in society tend to have higher emotional well-being. These women may seek societal change and take on activist roles to make menopause more visible. Research shows that activism fosters social support and solidarity among individuals with shared goals (Klandermans, 1997). According to the *Self-Determination Theory*, which highlights autonomy, competence, and relatedness as crucial to psychological well-being (Ryan & Deci, 2020), the connection and solidarity with other women in similar situations may have enhanced the emotional well-being of women in this sample.

Furthermore, among Turkish women, perceiving menopause as a form of freedom is associated with lower social well-being, possibly due to cultural values. Childbearing has been considered a fundamental duty and a significant aspect of a woman's identity and value within Turkish society, and menopause signifies the loss of this role, leading to diminished social value and respect (Fışkın et al., 2017; Tümer & Kartal, 2018). Consequently, even if menopause brings personal relief, it might reduce social well-being due to a diminished sense of belonging and virtue within society.

Moreover, no relationship was found between attitudes towards menopause and overall well-being in either group. Previous studies identified a weak but significant correlation between menopausal attitudes and well-being (Dennerstein et al., 1994; Groeneveld et al., 1993). However, these studies used scales different from the Attitudes Toward Menopause (ATM) and Mental Health Continuum–Short Form (MHC-SF) used in this study. Groeneveld et al. (1993) assessed well-being with the Inventory of Subjective Health and the Sickness Impact Profile, while Dennerstein et al. (1994) used the Affectometer 2. These studies measured only emotional

well-being, whereas the current study used a multidimensional scale encompassing psychological, emotional, and social well-being. For assessing menopausal attitudes, both studies employed a combination of items derived from various scales and prior research. Additionally, the sample sizes in the previous studies were substantially larger, with Groeneveld et al. including 1,947 participants and Dennerstein et al. having 1,503 participants, compared to only 50 participants in this study. These methodological differences may explain the lack of correlation found in the current analysis.

Furthermore, distinct differences in attitudes were observed between the two groups. Dutch women tend to view menopause as a period of personal growth and transition, a perspective likely influenced by the cultural emphasis on personal freedom and achievement inherent in individualistic societies like the Netherlands (Gorodnichenko & Roland, 2011). This is consistent with findings from Hvas (2006) in a Danish context, another individualistic society, where menopause is associated with gaining experience and personal development. However, Dutch women also expressed concerns about the social representation of menopause, including prevailing taboos, lack of education, and male disinterest. Hunter and Rendall (2007) have observed a trend in Western societies toward more open discussions of menopause, yet it remains associated with negative attitudes, mainly due to its connections with the loss of youth and sexual decline (Namazi et al., 2019). The concern about the "lack of education" regarding menopause among Dutch women may reinforce these taboos. Research by Munn et al. (2022) and Nosek et al. (2010) suggests that silence and a lack of knowledge contribute significantly to the persistence of such taboos. These findings underscore the cultural context in which menopause is viewed as an opportunity for personal growth. However, they also highlight

significant barriers like societal taboos and inadequate education. Addressing these issues can be crucial for fostering a more supportive environment for women during menopause.

The emphasis on "freedom" among Turkish participants, including relief from menstrual symptoms, pregnancy concerns, and sanitary pad use, highlights the liberation associated with menopause. This finding aligns with a study where most Turkish women had positive attitudes about these aspects (Ayranci et al., 2010). These attitudes may stem from cultural influences, particularly given that most Turkish people are Muslim. In Muslim culture, menstruation is seen as ritual impurity, limiting women's religious participation (Bhartiya, 2013; Maghen, 1999). Menopause can thus be viewed as liberation from these restrictions. Additionally, the high cost and taxation of sanitary products in Turkey (Gedik & Pehlivanli, 2022) increase the economic burden of menstruation, further enhancing the perception of menopause as a relief. These cultural and economic factors might shape Turkish women's attitudes towards menopause.

Contrary to expectations, the study revealed no differences between the Dutch and Turkish women's menopausal attitudes. This can be explained by qualitative findings from the thematic analysis, which showed both groups had similar attitudes towards menopause. This finding contradicts previous studies that emphasize cultural differences cause variations in menopausal attitudes (Ayers et al., 2010; Hoga et al., 2015). This can be further understood through the concept of *polyculturalism*, which posits that various factors such as religion, social class, and ethnicity create hybrid cultures through cultural mixing (Hao et al., 2016). Hybrid cultures are more interconnected than the traditional view of separate collectivistic or individualistic cultures (Canclini, 2005; Morris et al., 2015). Thus, hybrid cultural elements may overshadow expected cultural differences, leading to the observed similarities between Dutch and Turkish women.

Strengths and Limitations

The strength of this study lies in its mixed-method approach, integrating both quantitative and qualitative methods. This approach provides a comprehensive understanding of attitudes towards menopause and their relationship with mental well-being in a cultural context. The high Cronbach alpha values for the ATM and MHC-SF scales indicate reliable measurement of menopausal attitudes and well-being. Additionally, the comparison between two different nationality groups offers a valuable cross-cultural perspective, highlighting the influence of cultural context on menopausal attitudes.

Despite its strengths, the study faced several limitations. First, although the sample size for the qualitative part was strong, the sample size for the quantitative part was relatively small. Furthermore, the sample's demographic characteristics revealed differences in employment status and educational level between Dutch and Turkish participants. For instance, a higher proportion of Dutch women worked part-time, while more Turkish women were homemakers. Additionally, the educational levels varied, with more Dutch women holding master's degrees than Turkish women. This imbalance in employment status and education level between the groups could have influenced the results and is considered a limitation. Additionally, the broad age range of participants (21 to 60 years) may have introduced variability in attitudes and well-being not accounted for in the analysis, which could have impacted the generalizability of the findings.

Another limitation was the lack of information on participants' specific stages of menopause, which could have provided more nuanced insights into how different stages impact attitudes and experiences. Women at different ages are likely at different stages of menopause, which can lead to differences in experiences and attitudes related to the stage of menopause (Jones et al., 2012). Furthermore, the survey was only available in English, Dutch, and German,

limiting Turkish participants' ability to respond in their native language. Consequently, the reliability and depth of the data obtained from Turkish participants might have been impacted, potentially influencing the study's overall findings. Moreover, responses to the open-ended questions on the survey were sometimes just single words, making the coding process challenging and potentially limiting the depth of understanding of participants' attitudes and experiences regarding menopause. Finally, using "snowball sampling" as the sampling method in this study introduced certain limitations. This approach is susceptible to selection bias, as the initial sample predominantly relies on the researcher's resources and contacts, posing a risk of bias in the research (Parker et al., 2019).

Future Recommendations

Future research could benefit from integrating longitudinal designs to monitor changes in attitudes and well-being during menopausal transition. This approach has the potential to provide a more comprehensive and nuanced understanding of how menopausal attitudes change across different phases of menopause (premenopause, perimenopause, and postmenopause) and interact with mental well-being. Different menopausal stages can be identified by using symptom reporting, menstrual history, and hormonal tests. Additionally, to enhance the generalizability of the findings, future studies should aim to include a more extensive and more diverse sample in terms of age, socioeconomic status, and educational background. Including a more diverse sample could provide deeper insights into the findings.

Moreover, education on menopause is a crucial concern. The study highlighted a lack of education and awareness about menopause, which remains a taboo topic in society. This education gap contributes to the stigma surrounding menopause (Beck et al., 2020). Educational programs are essential to dispel myths, provide accurate information, and discuss coping

strategies, thereby promoting a positive outlook on menopause (Brewis et al., 2017; Grandey et al., 2020; Steffan & Potocnik, 2022). Improving education and awareness can significantly reduce stigma and support women during this transition. Lastly, future research should highlight the positive aspects of menopause while addressing its mental and physical challenges.

Emphasizing these aspects can balance the narrative and reduce stigma. Acknowledging both challenges and benefits fosters a holistic understanding, potentially leading to more supportive social and healthcare environments.

Conclusion

This mixed-methods study offers valuable insights into attitudes towards menopause and their relationship with mental well-being. The findings reveal complex relationships with distinct perspectives from quantitative and qualitative analyses. In the quantitative analysis, the anticipated relationship between attitudes towards menopause and well-being was not supported. In the qualitative analysis, concern about menopause's underrepresentation positively correlated with the overall group's emotional well-being. Among Turkish women, they view menopause as freedom negatively correlated with social well-being. Furthermore, quantitative analysis showed no significant differences. However, the qualitative analysis provided a more nuanced understanding. While most attitudes were similar across both groups, some subtle differences were identified. Dutch women viewed menopause as a phase of personal growth and transition, embraced it as an individual journey, and were concerned about its underrepresentation in society. In contrast, Turkish women emphasized the freedom it provided. Given these findings, the study highlights an existing lack of education and awareness about menopause, which is still perceived as taboo in society. Implementing educational programs and emphasizing the positive aspects of menopause can help foster a more supportive environment.

References

- Abdelrahman, R. Y., Abushaikha, L. A., & al-Motlaq, M. A. (2014). Predictors of psychological well-being and stress among Jordanian menopausal women. *Quality of life research: an international journal of quality of life aspects of treatment, care and rehabilitation*, 23(1), 167–173. <https://doi.org/10.1007/s11136-013-0464-z>
- American Psychological Association. (n.d.). Attitude. In *APA Dictionary of Psychology*. <https://dictionary.apa.org/attitude>
- Ayers, B., Forshaw, M., & Hunter, M. S. (2010). The impact of attitudes towards the menopause on women's symptom experience: a systematic review. *Maturitas*, 65(1), 28–36. <https://doi.org/10.1016/j.maturitas.2009.10.016>
- Ayranci, U., Orsal, O., Orsal, O., Arslan, G., & Emeksiz, D. F. (2010). Menopause status and attitudes in a Turkish midlife female population: an epidemiological study. *BMC women's health*, 10, 1. <https://doi.org/10.1186/1472-6874-10-1>
- Beck, V., Brewis, J., & Davies, A. (2019). The remains of the taboo: experiences, attitudes, and knowledge about menopause in the workplace. *Climacteric*, 23(2), 158–164. <https://doi.org/10.1080/13697137.2019.1656184>
- Bhartiya, A. (2013). Menstruation, religion and society. *International Journal of Social Science and Humanity*, 523–527. <https://doi.org/10.7763/ijssh.2013.v3.296>
- Bode, C. (2003). *Individuality and relatedness in middle and late adulthood. A study of women and men in the Netherlands, East-, and West-Germany*. sl: sn.

- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Brewis, J., Beck, V., Davies, A., & Matheson, J. (2017). The effects of menopause transition on women's economic participation in the UK.
- Brown, L., Bryant, C., & Judd, F. K. (2015). Positive well-being during the menopausal transition: a systematic review. *Climacteric : the journal of the International Menopause Society*, 18(4), 456–469. <https://doi.org/10.3109/13697137.2014.989827>
- Busch, H., Barth-Olofsson, A. S., Rosenhagen, S., & Collins, A. (2003). Menopausal transition and psychological development. *Menopause*, 10(2), 179–187. <https://doi.org/10.1097/00042192-200310020-00011>
- Callegari, C., Buttarelli, M., Cromi, A., Diurni, M., Salvaggio, F., & Bolis, P. F. (2007). Female psychopathologic profile during menopausal transition: a preliminary study. *Maturitas*, 56(4), 447–451. <https://doi.org/10.1016/j.maturitas.2006.08.001>
- Canclini, N. G. (2005). *Hybrid cultures: Strategies for entering and leaving modernity*. U of Minnesota Press.
- Cifcili, S. Y., Akman, M., Demirkol, A., Unalan, P. C., & Vermeire, E. (2009). "I should live and finish it": a qualitative inquiry into Turkish women's menopause experience. *BMC family practice*, 10, 2. <https://doi.org/10.1186/1471-2296-10-2>
- Dalal, P., & Agarwal, M. (2015). Postmenopausal syndrome. *Indian Journal of Psychiatry/Indian Journal of Psychiatry*, 57(6), 222. <https://doi.org/10.4103/0019-5545.161483>

- Dennerstein, L., Smith, A. M., & Morse, C. (1994). Psychological well-being, mid-life and the menopause. *Maturitas*, 20(1), 1–11. [https://doi.org/10.1016/0378-5122\(94\)90095-7](https://doi.org/10.1016/0378-5122(94)90095-7)
- Erbil, N., & Gümüřay, M. (2018). Relationship Between Perceived Social Support and Attitudes Towards Menopause among Women and Affecting Factors. *Middle Black Sea Journal of Health Science*, 4(2), 7–18. <https://doi.org/10.19127/mbsjohs.417940>
- Fıřkın, G., řahin, N. H., & Kaya, İ. G. (2017). Views of the Climacteric Women About Menopause: a Qualitative Analysis. *Journal of Academic Research in Nursing*. <https://doi.org/10.5222/jaren.2017.122>
- Freeman, E. W., Sammel, M. D., Boorman, D. W., & Zhang, R. (2014). Longitudinal pattern of depressive symptoms around natural menopause. *JAMA psychiatry*, 71(1), 36–43. <https://doi.org/10.1001/jamapsychiatry.2013.2819>
- GediK, E., & PehliVanli, E. (2022). NARRATIVES ABOUT MENSTRUATION IN TURKEY: SELF-SHAME, SUPPRESSION AND SILENCE. *Sosyoloji Arařtırmaları Dergisi/Sosyoloji Arařtırmaları Dergisi*, 25(3), 471–487. <https://doi.org/10.18490/sosars.1196604>
- Gorodnichenko, Y., & Roland, G. (2011). Individualism, innovation, and long-run growth. *Proceedings of the National Academy of Sciences of the United States of America*, 108 Suppl 4(Suppl 4), 21316–21319. <https://doi.org/10.1073/pnas.1101933108>
- Gorodnichenko, Y., & Roland, G. (2012). Understanding the Individualism-Collectivism Cleavage and Its Effects: Lessons from Cultural Psychology. In *Palgrave Macmillan UK eBooks* (pp. 213–236). https://doi.org/10.1057/9781137034014_12

Grandey, A. A., Gabriel, A. S., & King, E. B. (2019). Tackling Taboo Topics: A review of the ThreeMs in working Women's Lives. *Journal of Management*, 46(1), 7–35.

<https://doi.org/10.1177/0149206319857144>

Groeneveld, F. P., Bareman, F. P., Barentsen, R., Dokter, H. J., Drogendijk, A. C., & Hoes, A. W. (1994). Determinants of first prescription of hormone replacement therapy. A follow-up study among 1689 women aged 45-60 years. *Maturitas*, 20(2-3), 81–89.

[https://doi.org/10.1016/0378-5122\(94\)90003-5](https://doi.org/10.1016/0378-5122(94)90003-5)

Gümüşay, M., & Erbil, N. (2016). Alternative methods in the management of menopausal symptoms. *Middle Black Sea Journal of Health Science*, 2(2), 20.

<https://doi.org/10.19127/mbsjohs.20236>

Hao, J., Li, D., Peng, L., Peng, S., & Torelli, C. J. (2016). Advancing our understanding of culture mixing. *Journal of Cross-cultural Psychology*, 47(10), 1257–1267.

<https://doi.org/10.1177/0022022116670514>

Hastings, C. (1995). Building the culture of organizational networking: Managing projects in the new organization. *International Journal of Project Management*, 13(4), 259–263.

[https://doi.org/10.1016/0263-7863\(95\)00029-p](https://doi.org/10.1016/0263-7863(95)00029-p)

Hoga, L., Rodolpho, J., Gonçalves, B., & Quirino, B. (2015). Women's experience of menopause: a systematic review of qualitative evidence. *JBIR database of systematic reviews and implementation reports*, 13(8), 250–337. <https://doi.org/10.11124/jbisrir-2015-1948>

Hunter, M., & Rendall, M. (2007). Bio-psycho-socio-cultural perspectives on menopause.

Baillière's Best Practice & Research. Clinical Obstetrics & Gynaecology/Baillière's Best

- Practice and Research in Clinical Obstetrics and Gynaecology*, 21(2), 261–274.
<https://doi.org/10.1016/j.bpobgyn.2006.11.001>
- Hvas L. (2006). Menopausal women's positive experience of growing older. *Maturitas*, 54(3), 245–251. <https://doi.org/10.1016/j.maturitas.2005.11.006>
- Johnson, R. B., & Onwuegbuzie, A. J. (2004). Mixed Methods research: a research paradigm whose time has come. *Educational Researcher*, 33(7), 14–26.
<https://doi.org/10.3102/0013189x033007014>
- Jones, E., Jurgenson, J., Katzenellenbogen, J., & Thompson, S. (2012). Menopause and the influence of culture: another gap for indigenous Australian women?. *BMC Women's Health*, 12(1). <https://doi.org/10.1186/1472-6874-12-43>
- Keyes, C. L. M. (2002). The mental health continuum: from languishing to flourishing in life. *Journal of Health and Social Behavior/Journal of Health & Social Behavior*, 43(2), 207.
<https://doi.org/10.2307/3090197>
- Keyes, C. L. M., & Annas, J. (2009). Feeling good and functioning well: distinctive concepts in ancient philosophy and contemporary science. *the Journal of Positive Psychology*, 4(3), 197–201. <https://doi.org/10.1080/17439760902844228>
- Lei, R., Sun, Y., Liao, J., Yuan, Y., Sun, L., Liu, Y., Yang, X., Ma, W., & Yu, Z. (2021). Sex hormone levels in females of different ages suffering from depression. *BMC Women's Health*, 21(1). <https://doi.org/10.1186/s12905-021-01350-0>
- Lewis, S. (2015). Qualitative inquiry and research design: choosing among five approaches. *Health Promotion Practice*, 16(4), 473–475. <https://doi.org/10.1177/1524839915580941>

- Maartens, L. W., Knottnerus, J. A., & Pop, V. J. (2002). Menopausal transition and increased depressive symptomatology: a community based prospective study. *Maturitas*, *42*(3), 195–200. [https://doi.org/10.1016/s0378-5122\(02\)00038-5](https://doi.org/10.1016/s0378-5122(02)00038-5)
- Madden, S., St Pierre-Hansen, N., Kelly, L., Cromarty, H., Linkewich, B., & Payne, L. (2010). First nations women's knowledge of menopause: Experiences and perspectives. *Canadian Family Physician*, *56*(9), e331-e337.
- Maghen, Z. E. (1999). Close encounters: some preliminary observations on the transmission of impurity in early Sunnī jurisprudence. *Islamic Law and Society*, *6*(3), 348-392.
- Mahadeen, A. I., Halabi, J. O., & Callister, L. C. (2008). Menopause: a qualitative study of Jordanian women's perceptions. *International nursing review*, *55*(4), 427–433. <https://doi.org/10.1111/j.1466-7657.2008.00662.x>
- Matthews K. A. (1992). Myths and realities of the menopause. *Psychosomatic medicine*, *54*(1), 1–9. <https://doi.org/10.1097/00006842-199201000-00001>
- Minkin M. J. (2019). Menopause: Hormones, Lifestyle, and Optimizing Aging. *Obstetrics and gynecology clinics of North America*, *46*(3), 501–514. <https://doi.org/10.1016/j.ogc.2019.04.008>
- Morris, M. W., Chiu, C., & Liu, Z. (2015). Polycultural Psychology. *Annual Review of Psychology*, *66*(1), 631–659. <https://doi.org/10.1146/annurev-psych-010814-015001>
- Morrison, L. A., Brown, D. E., Sievert, L. L., Reza, A., Rahberg, N., Mills, P., & Goodloe, A. (2014). Voices from the Hilo Women's Health Study: talking story about

- menopause. *Health care for women international*, 35(5), 529–548.
<https://doi.org/10.1080/07399332.2013.829067>
- Munn, C., Vaughan, L., Talaulikar, V., Davies, M. C., & Harper, J. C. (2022). Menopause knowledge and education in women under 40: Results from an online survey. *Women's health (London, England)*, 18, 17455057221139660.
<https://doi.org/10.1177/17455057221139660>
- Namazi, M., Sadeghi, R., & Behboodi Moghadam, Z. (2019). Social Determinants of Health in Menopause: An Integrative Review. *International Journal of Women's Health*, 11, 637–647. <https://doi.org/10.2147/IJWH.S228594>
- Neugarten, B. L., Wood, V., Kraines, R. J., & Loomis, B. (1963). Women's attitudes toward the menopause. *Human Development*, 6(3), 140–151. <https://doi.org/10.1159/000269714>
- Nosek, M., Kennedy, H. P., & Gudmundsdottir, M. (2010). Silence, stigma, and shame. *Advances in Nursing Science*, 33(3), E24–E36.
<https://doi.org/10.1097/ans.0b013e3181eb41e8>
- Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. *SAGE research methods foundations*. <https://doi.org/10.4135/9781526421036831710>
- Parry, B. L. (2008). Perimenopausal depression. *the American Journal of Psychiatry*, 165(1), 23–27. <https://doi.org/10.1176/appi.ajp.2007.07071152>
- Ryan, R. M., & Deci, E. L. (2020). Intrinsic and extrinsic motivation from a self-determination theory perspective: Definitions, theory, practices, and future directions. *Contemporary Educational Psychology*, 61, 101860. <https://doi.org/10.1016/j.cedpsych.2020.101860>

- Sandilyan, M. B., & Dening, T. (2011). Mental health around and after the menopause. *Menopause International*, 17(4), 142–147. <https://doi.org/10.1258/mi.2011.011102>
- Schwartz, S. H. (1992). Universals in the Content and Structure of Values: Theoretical advances and empirical tests in 20 countries. In *Advances in experimental social psychology* (pp. 1–65). [https://doi.org/10.1016/s0065-2601\(08\)60281-6](https://doi.org/10.1016/s0065-2601(08)60281-6)
- Steffan, B., & Potočnik, K. (2022). Thinking outside Pandora’s box: Revealing differential effects of coping with physical and psychological menopause symptoms at work. *Human Relations*, 76(8), 1191–1225. <https://doi.org/10.1177/00187267221089469>
- Triandis, H. C., & Gelfand, M. J. (1998). Converging measurement of horizontal and vertical individualism and collectivism. *Journal of Personality and Social Psychology*, 74(1), 118–128. <https://doi.org/10.1037/0022-3514.74.1.118>
- Tümer, A., & Kartal, A. (2018). Kadınların Menopoza İlişkin Tutumları ile Menopozal Yakınmaları Arasındaki İlişki. *Pamukkale Medical Journal*, 11(3), 337-346.
- Uprichard, E., & Dawney, L. (2016b). Data diffraction: Challenging data integration in mixed methods research. *Journal of Mixed Methods Research*, 13(1), 19–32. <https://doi.org/10.1177/1558689816674650>
- Utian, W. H. (2004). Menopause-related definitions. *International Congress Series*, 1266, 133–138. <https://doi.org/10.1016/j.ics.2004.01.102>
- Van Stekelenburg, J., & Klandermans, B. (2017b). Individuals in Movements: A Social Psychology of Contention. In *Handbooks of sociology and social research* (pp. 103–139). https://doi.org/10.1007/978-3-319-57648-0_5

- Woods, N. F., Mitchell, E. S., Percival, D. B., & Smith-DiJulio, K. (2009). Is the menopausal transition stressful? Observations of perceived stress from the Seattle Midlife Women's Health Study. *Menopause, 16*(1), 90–97. <https://doi.org/10.1097/gme.0b013e31817ed261>
- Yanikkerem, E., Koltan, S. O., Tamay, A. G., & Dikayak, Ş. (2012). Relationship between women's attitude towards menopause and quality of life. *Climacteric, 15*(6), 552–562. <https://doi.org/10.3109/13697137.2011.637651>