Quarterly Journal Fides et Ratio
Issue 3(51)2022, ISSN 2082-7067, Pages 76-83

Satisfaction with life in postmenopausal women

Satysfakcja z życia kobiet w wieku pomenopauzalnym[1]

https://doi.org/10.34766/fetr.v3i51.1113

Klaudia Pałucka[a], Agnieszka Bałanda-Bałdyga[b], Jan Jakub Kęsik[c], Anna B. Pilewska-Kozak[d]

[a] Klaudia Pałucka, MSc, PhD https://orcid.org/0000-0002-6467-9118, Independent Public Health Care Facility in Turek
[b] Agnieszka Bałanda-Bałdyga, MSc, PhD https://orcid.org/0000-0001-5351-8063, Cardinal Stefan Wyszyński University in Warsaw, Faculty of Medical Science, Department of Integrated Medical Care
[c] Jan Jakub Kęsik, MD, PhD, https://orcid.org/0000-0002-9865-1463, Chair and Department of Vascular Surgery and Angiology, Faculty of Medicine, Medical University of Lublin.
[d] Anna B. Pilewska – Kozak, MSc, PhD, Associate Prof, https://orcid.org/0000-0003-4562-2295, Department of Obstetrics and Gynaecology Nursing, Chair of Obstetrics and Gynaecology, Medical University of Lublin

Abstract: ***Introduction:*** Having satisfaction with life constitutes an indisputable human desire. The postmenopausal period is usually related to some complaints that can result in a decrease in psychophysical performance in women, thus affecting their satisfaction with life. ***The aim of the study:*** The objective of the study was to assess satisfaction with life in postmenopausal women. ***Material and methods:*** The study was performed in six randomly chosen outpatient gynaecological clinics and primary health care settings in Lublin and encompassed 510 women. A diagnostic survey was applied. The research instrument utilized included a specially prepared questionnaire consisting of the authors' own part (sociodemographic data) and the standardized Satisfaction with Life Scale (SWLS). ***Results:*** Satisfaction with life values obtained by the respondents who used the SWLS ranged from 5 to 35 points with the mean value of 20.58±5.36. Satisfaction with Life was significantly related to the respondents' education (p=0.003), material conditions(p<0.001) and living conditions (p<0.001). Satisfaction with life was also differentiated by the women's health self-assessment (p<0.001) and sexual activity(p=0.001). ***Conclusions:*** Postmenopausal women are characterized by medium satisfaction with life. There is a relationship between their satisfaction with life and the level of education, subjective evaluation of their material and living conditions, subjective health assessment and sexual activity.
Keywords: menopause, postmenopause, satisfaction with life.

Abstrakt: ***Wprowadzenie:*** Doznawanie satysfakcji życiowej jest pozadyskusyjnym ludzkim pragnieniem. Okres pomenopauzalny zazwyczaj pociąga za sobą pewne dolegliwości, mogące przyczyniać się do osłabienia kondycji psychofizycznej kobiety i tym samym zadowolenia z życia. ***Cel pracy:*** Celem pracy było zbadanie jaką satysfakcją z życia cechują się kobiety w wieku pomenopauzalnym. ***Materiał i metody:*** Badania przeprowadzono w sześciu losowo wybranych poradniach ginekologicznych oraz w przychodniach podstawowej opieki zdrowotnej na terenie miasta Lublin. Objęto nimi 510 kobiet. Jako metodę badań zastosowano sondaż diagnostyczny. Narzędziem badawczym był specjalnie dla celów tej pracy przygotowany kwestionariusz, składający się z części własnej konstrukcji (dane socjodemograficzne) oraz standaryzowany kwestionariusz Skala Satysfakcji z Życia. ***Wyniki:*** Wartości satysfakcji z życia, jakie uzyskały badane, wypełniając kwestionariusz SWLS (Satisfaction With Life Scale), wahały się od 5 do 35 punktów, przy czym średnia wynosiła 20.58±5.36. Satysfakcja z życia była istotnie związana z wykształceniem (p=0.003), warunkami materialnymi (p<0.001) i mieszkaniowymi (p<0.001) badanych. Satysfakcję z życia różnicowała również samoocena zdrowia kobiet (p<0.001) oraz ich aktywność seksualna (p=0.001). ***Wnioski:*** Kobiety w wieku pomenopauzalnym charakteryzują się przeciętną satysfakcją z życia. Występuje związek między zadowoleniem z życia a poziomem wykształcenia, subiektywną oceną sytuacji materialnej i mieszkaniowej, subiektywną oceną stanu zdrowia i aktywnością seksualną.
Słowa kluczowe: menopauza, postmenopauza, satysfakcja z życia

Introduction

Research literature suggests different forms of conceptualization of life satisfaction. For some authors it constitutes a synonym for quality of life, wellbeing and happiness. Thus, the terms are often used interchangeably (Kanadys et al. 2014).

1 Artykuł w języku polskim: https://www.stowarzyszeniefidesetratio.pl/fer/2022-3-Paluck.pdf

Satisfaction with life is a broad term and difficult to define clearly because of its subjective character. Finally, it was acknowledged to be a cognitive component of wellbeing and reflection of evaluation of individuals' own existence in the context of their well-known cultural and axiological schemes (Jenabiet al, 2015; Luhmannet al, 2014). Some authors are of the opinion that wellbeing is literally the presence of positive feelings and lack of negative ones (Hofmann et al., 2014; Matud et al., 2014). They are sometimes distinguished in two basic forms, namely hedonistic andeudaimonic ones. The former represents a collection of positive affective experiences and the latter results from the determination of achieving an aim that transcend sconventional complacency (Bartels et al. 2015).

Having satisfaction with life is an indisputable human desire. However, different life circumstances, volitional actions and a variety of biological factors can determine a potential range of wellbeing experienced (Mazur, 2015). Postmenopause constitutes a certain type of period of existential crisis (Heidari, 2017). Despite its undoubtedly physiological character, it usually triggers some complaints that can cause a weaker psychophysical condition in women. All of them clearly lead to changes in perception of satisfaction with life. Thus, the level of satisfaction with life can depend on health condition and its evaluation, lifestyle, perception of menopause and psychosocial situation of women (Terauchi, 2017).

Decreased satisfaction with life can result from biological changes that induce climacteric symptoms, metabolic and neoplastic diseases (Wieder-Huszla et al., 2017). At the time, the presence of chronic diseases is associated with coexistence of long-lasting psychological problems (having anxiety, depression and grief). Wellbeing is also connected with an ability of performing activities of daily living that are then usually restricted to some extent (Glinac et al., 2017, Banaczeket al., 2016). The greatest burden is attributed to psychic, neurological and genitourinary disorders which affect women's daily performance (Lukkala et al., 2016). Additionally, the latter can impair sexual activity satisfaction that encompasses physical pleasure, individual attractiveness and partner relationships(Ornat et al., 2013). Happy and satisfying sexual relationships are of great importance in psychophysical health (Thomas et al., 2015).

In most cultural circles. the termination of reproductive stage equals the onset of the unavoidable ageing process. At the time, a lot of women experience the sense of loss usually associated with maternity and youth. However, some of them go through positive emotions, namely, the sense of greater freedom, lack of fear of getting pregnant or relief of premenstrual syndrome symptoms. Therefore, the perception of satisfaction with life after menopause can be of an ambivalent character (Yoshanyet al., 2017; Frange et al., 2018).

1. The aim of the study

The objective of the study was to assess the level of satisfaction with life in postmenopausal women and what satisfaction depends on.

2. Material and methods

The research was conducted in six randomly chosen gynaecological outpatient clinics and primary health care settings in Lublin. It encompassed 510 women. The inclusion criteria were as follows the period of 2-10 years following the last menstruation, written informed consent for participation in the study, good health condition prior to the study. Women after surgical menopause and early menopause were excluded from the study.

The diagnostic survey was applied as the research method. The instrument utilized was a specially-prepared-for-this-purpose questionnaire consisting of the authors' own part (sociodemographic data) and the standardized Satisfaction with Life Scale (SWLS).

The SWLS by Diener et al. and adopted by Juczyński comprises five items. The respondents assessed what degree each item referred to their recent life in a 7-point Likert scale (1- strongly disagree; 2 - disagree; 3 - slightly disagree; 5 - neither agree nor disagree; 5 slightly agree; 6 - agree; 7 - strongly agree). The assessments were added and converted into sten

scores. According to the sten score scale, they were divided into low scores (1-4 stens), medium stens (5-6 stens) and high scores (7-10 stens). The measurement obtained was also the total indicator of satisfaction with life (Juczyński, 2012).

Every female was requested individually to take part in the study. Their eagerness to participate in the research was confirmed by their informed written consent on a specially prepared form which provided the aim and course of the research. The anonymity and freedom of decision on the study participation were highlighted. In the gynaecological outpatient clinics, the study was performed in a separate room where intimacy, peace and calmness were guaranteed for the respondents. The time for questionnaire completion was adjusted to the respondents' individual needs. At every stage of the study, each woman had an opportunity to ask questions to be given in-depth replies.

The study was conducted according to the protocol approved by the Bioethics Committee of the Medical University of Lublin (nr KE–0254/292/2015) and in accordance with the principles of the Helsinki Foundation for Human Rights.

The research material collected was statistically analysed by means of IBM SPSS Statistics software. The quantitative variables were described using the mean, standard deviation, median as well as minimum and maximum values. In the case of quantitative variables, percentage and number were provide for the reply categories. In the case of nominal variables, a Chi-Square test of independence was applied. To determine equality of the groups, Chi-Square goodness-of-fit test was utilized. The analysis results obtained were found to be statistically significant for p value <0.05 and they were provided up to approximate millesimal figures, e.g. 0.014.

3. Results

3.1. Characteristics of the study group

The study group was differentiated by several sociodemographic factors, above all their age ranging from 44 to 65 years old. More than a half of the respondents (304; 59.6%) lived in urban areas while 206 (40.4%) lived in rural areas. The greatest number of the respondents had secondary education (215; 42.2%) while 170 (33.3%) had higher education; 81 (15.9%) basic vocational education and 44 (8.6%) primary education. Their material situation was assessed in the following way: 271 (53.1%) of the respondents evaluated it as moderate, 159 (31.3%) as good; 48 (9.4%) poor; 27 (5.3%) very good, and 5 (1.0%) as very poor. However, the evaluation of living conditions was different: 265 (52.0%) of the respondents admitted to having good conditions; 143 (28.0%) very good, 97 (19.0%) moderate and 5 (1.0%) poor. The vast majority of the females researched (380;74.5%) were married. The remaining women were widowed (63; 12.4%), single (35; 6.9%) and divorced (32; 6.3%). At the time of the study, the professionally active women constituted 306 (60.0%). Other 204 (40.0%) declared lack of permanent employment.

3.2. Satisfaction with life

Values of satisfaction with life obtained by the respondents who completed the SWLS ranged from 5 to 35 points with the mean of 20.58±5.36. After converting the raw scores into stens, in 147 women (28.8%) low satisfaction with life was found (1-4 stens), in201 (39.2%) medium (5-6 stens), while in 162 (31.8%) high (7-10 stens). The SWLS results are demonstrated in Table 1.

The relationship between satisfaction with life and the respondents' age was close to significance (p=0.057). Satisfaction with life was significantly related to the females' education (p=0.003). It was also differentiated by material conditions (p<0.001) and living conditions (p<0.001). It was not distinguished by the women's place of residence(p>0.05), professional activity (p>0.05) and marital status (p>0.05). Satisfaction with life was significantly related to the women's health self-assessment (p<0.001). The dependence between the respondents' satisfaction with life and their sociodemographic data, and health self-assessment is presented in Tables 2, 3 and 4.

Table 1. The Satisfaction with Life Scale

Items	M	SD	Min	Max	Percentile		
					25	50	75
In most ways my life is close to my ideal	3.56	1.35	1.00	7.00	3.00	4.00	5.00
The conditions of my life are excellent	3.75	1.36	1.00	7.00	3.00	4.00	5.00
I am satisfied with my life	4.71	1.18	1.00	7.00	4.00	5.00	5.00
So far I have got the important things I want in life	4.55	1.36	1.00	7.00	4.00	5.00	5.00
If I could live my life over, I would change almost nothing	4.01	1.70	1.00	7.00	3.00	4.00	5.00
SWLS– global result	20.58	5.36	5.00	35.00	17.00	21.00	24.00
SWLS-stens	5.53	1.93	0.00	10.00	4.00	6.00	7.00

M – mean, SD–standard deviation, Min – minimum, Max – maximum

Table 2. Satisfaction with life and the respondents' age

Variables		Satisfaction with life		
		Low n= 147; 28.8%	Medium n=201; 39.2%	High n=162; 31.8%
Age	M	56.89	57.59	56.59
	SD	4.22	4.92	4.93
	Me	56.00	58.00	56.50
Significance		$\chi2$=5.722; p=0.057		

M – mean, SD–standard deviation, Min – minimum, Max – maximum

Some attempts of researching dependence between the women's satisfaction with life and their physical activity, preventive examinations or check-ups and sexual activity were made. Satisfaction with life was distinguished by sexual activity(p=0.001). Other properties researched were insignificant (p>0.05). Dependences between the respondents' satisfaction with life and some selected health behaviours are shown in Table 5.

4. Discussion

The maintenance of high satisfaction with life can be difficult in the postmenopausal period. Some authors indicate its considerable deterioration after periods come to an end (Frange, 2018). However, others suggest that wellbeing can remain independent of the life period women are in but can depend on specific factors related to age (Banaczek, 2016). The analysis of satisfaction with life in the study group showed medium values (M=20.58±5.36) and high in 31.8% of the women. Slightly lower values were presented by Kanadys et al.(M=17.40±7.38) and Juczyński (M=18.42±5.28) (Kanadys et al., 2014; Juczyński, 2012). It is worth highlighting that values concerning perimenopausal women provided by other authors turned out to be the lowest among all the groups included in the research.

The statistical analysis of the material collected showed a relationship close to significance between satisfaction with life and their age (p=0.57) and significant relationship (p<0.05) with the level of education, subjective assessment of material and living conditions, subjective health self-assessment and sexual activity. The aforementioned relationships were more favourable for younger women with better education, having better social and living conditions, and assessing their health condition in a better way as well as being sexually active.

Many authors noticed that satisfaction with life deteriorated along with the progression of the ageing process (Jenabiet al., 2015; Wieder-Huszla et al., 2014). Other researchers (Elahi et al.,2018) stated that satisfaction with life increases along with age and is associated with greater experience in solving life problems and coping with challenges of daily living.

Greater satisfaction with life among individuals with better education and having good social and living conditions was found by some researchers; however, their respondents constituted perimeno-

Table 3. Satisfaction with life and sociodemographic data of the respondents

Variables		Satisfaction with life					
		Low n=147; 28.8%		Medium n=201; 39.2%		High n=162; 31.8%	
		n	%	n	%	n	%
Place of residence	Urban areas n=304; 59.6%	80	54.4	120	59.7	104	64.2
	Rural areas n=206; 40.4%	67	45.6	81	40.3	58	35.8
Significance		$\chi 2$ =3.060; p=0.217					
Education	Primary n=44; 8.6%	8	5.4	24	11.9	12	7.4
	Vocational n=81; 15.9%	19	12.9	35	17.4	27	16.7
	Secondary n=215; 42.2%	80	54.4	80	39.8	55	34.0
	Higher n=170; 33.3%	40	27.2	62	30.8	68	42.0
Significance		$\chi 2$ =19.487; p=0.003					
Professional activity	Yes n=306; 60.0%	93	63.3	111	55.2	102	63.0
	No n=204; 40.0%	54	36.7	90	44.8	60	37.0
Significance		$\chi 2$ =3.156; p=0.206					
Marital Status	Married n=380;74.5%	110	74.8	142	70.6	128	79.0
	Widowed n=63; 12.4%	16	10.9	26	12.9	21	13.0
	Single n=35; 6.9%	13	8.8	16	8.0	6	3.7
	Divorced n=32; 6.3%	8	5.4	17	8.5	7	4.3
Significance		$\chi 2$ =7.429; p=0.283					
Material conditions	Very good n=27; 5,3%	3	2.0	3	1.5	21	13.0
	Good n=159; 31,2%	24	16.3	65	32.3	70	43.2
	Moderate n=271; 53,1%	93	63.3	116	57.7	62	38.3
	Poor n=48; 9,4%	27	18.4	17	8.5	9	5.6
Significance		$\chi 2$ =68.165; p<0.001					
Living conditions	Very good n=143; 28,0%	23	15.6	50	24.9	70	43.2
	Good n=265; 52,0%	77	52.4	105	52.2	83	51.2
	Moderate n=97; 19,0%	46	31.3	42	20.9	9	5.6
	Poor n= 5;1	1	.7	4	2.0	0	0.0
Significance		$\chi 2$ =53.358; p<0.001					

Table 4. Satisfaction with life and there spondents' subjective assessment of health

Variables		Satisfaction with Life					
		Low n=147; 28.8%		Medium n=201; 39.2%		High n=162; 31.8%	
		n	%	n	%	n	%
Health condition	Very good n=19; 3.7%	1	.7	3	1.5	15	9.3
	Good n=298;58.4%	62	42.2	131	65.2	105	64.8
	Moderate n=172; 33.7%	71	48.3	60	29.9	41	25.3
	Poor n=21; 4.1%	13	8.8	7	3.5	1	.6
Significance		$\chi2$ =55.552; p<0.001					

Table 5. Satisfaction with life and selected health behaviours

Variables		Satisfaction with Life					
		Low n=147; 28.8%		Medium n=201; 39.2%		High n=162; 31.8%	
		n	%	n	%	n	%
Physical activity	Yes n=118; 23.1%	29	19.7	44	21.9	45	27.8
	No n=392 76.9%	118	80.3	157	78.1	117	72.2
Significance		$\chi2$ =3.098; p=0.212					
Gynaecological check-ups	Regular n=291; 57.1%	81	55.1	113	56.2	97	59.9
	Irregular n=159; 31.2 %	45	30.6	71	35.3	43	26.5
	Never n=60; 11.7%	21	14.3	17	8.5	22	13.6
Significance		$\chi2$ =5.705; p=0.222					
Breast self-examination	Regular n= 369 ; 72.4%	104	70.7	151	75.1	114	70.4
	Irregular n= 299; 58.6%	43	29.3	50	24.9	48	29.6
Significance		$\chi2$ =1.279; p=0.527					
Having mammogram screening performed	Regular n= 369; 72.4%	106	72.1	147	73.1	116	71.6
	Irregular n= 141; 27.6%	41	27.9	54	26.9	46	28.4
Significance		$\chi2$ =0.111; p=0.946					
Sexual activity	Yes n=269; 52.7%	57	38.8	88	43.8	96	59.3
	No n=241; 47.3%	90	61.2	113	56.2	66	40.7
Significance		$\chi2$ =14.580; p=0.001					

pausal women and not exclusively postmenopausal ones (Kanadyset al., 2014). Ornat et al, noticed a decrease in satisfaction with life in women with low material status (Ornatet al., 2013).

Morbidity is connected with evaluation of satisfaction with life so psychosomatic disorders can result in worse scores in the scope. Interestingly, experiencing symptoms in some diseases seem to be a more important factor associated with satisfaction with life than a type of a disease itself (Lukkala, 2016). This remains unknown which diseases and symptoms may affect worse perception of the respondents' lives; explanation of the issue requires further research.

One of essential elements of women's quality of life is their sexual activity (Stec, 2014). Having the desired level of quality of sexual life is of fundamental significance for sexual and reproductive health and is related to improvement of general quality of life. Most women aged 40-60 years old are sexually active. However, at this time some negative changes occur in sexual functions and some concurrent symptoms are very common (Thomas, 2019).

Women who positively evaluate their sexual life after menopause usually are characterized by greater self-confidence and higher self-acceptance (Thomas et al. 2018). However, satisfying sexual life affects considerably partners' relationships especially in married couples (Parand et al 2014). Thus, this sphere of life can be supposed to determine women's general satisfaction with life. Similarly, the authors' own research revealed that sexually active women show higher satisfaction with life.

The results presented encourage further investigations. The authors' own study has some limitations. Due to the age of the respondents, it is difficult to include women who are free from any health problems. To obtain more in-depth and objective results, an attempt of researching an influence of the occurrence of a chronic disease on the level of satisfaction with life should be made. Furthermore, broadening the study group would be of great importance in order to obtain a representative group for the population. Research literature still lacks studies devoted solely to postmenopausal women. The strength of the study is the fact that menopause has been treated as a separate period of women's lives with its characteristics. The comparison of the relationships and dependences detected along with research results of other authors turned out to be difficult since more frequently most research focus on perimenopause women.

Conclusions

1. Postmenopausal women are characterised by medium satisfaction with life.
2. There is a relationship between satisfaction with life and the level of education, subjective evaluation of material and living conditions, subjective assessment of health and sexual activity in postmenopausal women. The aforementioned relationships were more favourable for the younger women having better education, better social and living conditions, giving better health assessment and being sexually active.

Bibliography

Banaczek, Z, Saracen, A. (2016). Satysfakcja życia i samoocena wśród kobiet w okresie menopauzy. *Wiadomości Lekarskie*, 69(2) II, 174-179.

Bartels, M. (2015). Genetics of wellbeing and its components satisfaction with life, happiness, and quality of life: A review and meta-analysis of heritability studies. *Behavior Genetics*, 45(2), 137-156.

Elahi, N., Ghannad, N., Haghighizadeh, M.H. (2018). The relationship between health promoting lifestyle with life satisfaction in postmenopausal women. *Journal of Research in Medical and Dental Science*, 6(5), 139-44.

Frange, C., Hachul, H., Hirotsu, C., Tufik, S., Andersen, M.L. (2018). Insomnia with Musculoskeletal Pain in Postmenopause: Associations with Symptoms, Mood, and Quality of Life, *Journal of Menopausal Medicine*, 24(1), 17-28.

Glinac, A., Matovic, L., Saric, E., Bratovcic, V., Sinanovic, S. (2017). The quality of life in chronic patients in the process of rehabilitation. *Materia Socio-Medica*, 29(3), 168- 171.

Heidari, M., Ghodusi, M., Rafiei, H. (2017). Sexual self-concept and Its relationship to depression, stress and anxiety in postmenopausal women. *Journal of Menopausal Medicine*, 23(1), 42-48.

Hofmann, W., Luhmann, M., Fisher, R. R., Vohs, K. D., Baumeister, R. F. (2014). Yes, but are they happy? Effects of trait self - control on affective wellbeing and life satisfaction, *Journal of Personality*, 82(4): 265-277.

Hu, L., Zhu, L., Lyu, J., Zhu, W., Xu, Y., Yang, L. (2017). Benefits of walking on menopausal symptoms and mental health outcomes among Chinese postmenopausal women, *International Journal of Gerontology* ,11(3), 166-170.

Jenabi, E., Shobeiri, F., Hazavehei, S.M., Roshanaei, G. (2015). Assessment of questionnaire measuring quality of life in menopausal women: a systematic review, *Oman Medical Journal*, 30(3), 151, https://doi.org/10.5001/omj.2015.34

Juczyński, Z. (2012). Narzędzia pomiaru w promocji i psychologii zdrowia. Warszawa: Wyd. Pracownia Testów Psychologicznych Polskiego Towarzystwa Psychologicznego.

Kanadys, K., Lewicka, M., Sulima, M., Surdyka, D., Wiktor, H. (2014). Analiza poziomu satysfakcji z życia kobiet w okresie okołomenopuzalnym zależnie od wybranych czynników socjodemograficznych. *Medycyna Ogólna i Nauki o Zdrowiu*, 20(1), 42-45.

Luhmann, M., Weiss, P., Hosoya, G., Eid, M. (2014). Honey, I got fired! A longitudinal dyadic analysis of the effect of unemployment on life satisfaction in couples. *Journal of Personality and Social Psychology*, 107(1), 163-180.

Lukkala, P.S., Honkanen, R.J., Rauma, P.H., Williams, L.J, Quirk, S.E., Kröger, H., Koivumaa-Honkanen, H. (2016). Life satisfaction and morbidity among postmenopausal women. *PloS ONE*, 11(1), https://doi.org/10.1371/journal.pone.0147521

Matud, M., Bethencourt, J.M., Ibáñez I. (2014). Relevance of gender roles in life satisfaction in adult people. *Personality and Individual Differences*, 70, 206-211.

Mazur, A. (2015). Poczucie satysfakcji z życia osób o różnych stylach radzenia sobie ze stresem. Innowacje Psychologiczne. *Studenckie Czasopismo Naukowe*, 4(1), 1-8.

Mroczek, B., Wróblewska, I., Jamrocha, K., Jurczak, A., Kurpas, D. (2014.) Jakość życia kobiet w okresie menopauzy. *Family Medicine and Primary Care Review*, 2, 136-137.

Ornat, L,, Martínez-Dearth, R, Muñoz, A., Franco, P., Alonso, B., Tajada, M., Pérez-López, F. R. (2013). Sexual function, satisfaction with life and menopausal symptoms in middle-aged women. *Maturitas,* 75(3), 261-269.

Parand, A., Mosalanejad, L., Ramezanli, S., Ghavi, F. (2014). Menopause and crisis? Fake or real: comprehensive search to the depth of crisis experienced: a mixed-method study. *Global Journal of Health Science*, 6(2), 246-255, https://doi.org/10.5539/gjhs.v6n2p246

Stec, M., Stec, M,, Studzińska, N. (2014). Menopauza a problemy seksualne kobiet. European Journal of Medical Technologies, 1(2), 54-59.

Terauchi, M., Hirose, A., Akiyoshi, M., Kato, K., Miyasaka, N. (2017). Feelings of unattractiveness in peri-and postmenopausal women are associated with depressed mood, poor memory and unsatisfactory sexual relationships, *Climacteric,*20(3), 228-232.

Thomas, H.N,, Hamm, M., Hess, R., Thurston, R.C. (2018). Changes in sexual function among midlife women: "I'm older… and I'm wiser". *Menopause,* 25(3), 286-292, https://doi.org/10.1097/GME.0000000000000988

Thomas, H.N, Hess, R, Thurston, R.C. (2015). Correlates of sexual activity and satisfaction in midlife and older women. *Annals of Family Medicine*, 13(4), 336-342.

Thomas, H.N., Hamm, M., Borrer, S., Hess, R., Thurston, R.C. (2019). Body Image, Attractiveness, and Sexual Satisfaction Among Midlife Women: A Qualitative Study. *Journal of Women's Health (Larchmt),* 28(1), 100-106.

Wieder-Huszla, S., Szkup, M., Jurczak, A., Samochowiec, A., Samochowiec, J., Stanisławska, M., Rotter, I., Karakiewicz, B., Grochans, E. (2014). Effects of socio-demographic, personality and medical factors on quality of life of postmenopausal women, *International Journal of Environmental Research and Public Health*, 11(7), 6692-6708.

Yoshany, N., Morowatisharifabad, M.A., Mihanpour, H., Bahri, N., Jadgal, K.M. (2017). The effect of husbands' education regarding menopausal health on marital satisfaction of their wives, *Journal of Menopausal Medicine*, 23(1), 15-24.