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Body image of postmenopausal women[1]

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Abstract: Body image is a multidimensional, subjective and dynamically changing concept which encompasses personal perceptions and feelings about one's own body. Postmenopause is associated with significant changes in external appearance and physical functioning. *Purpose of the work:* The aim of the study was to find out how postmenopausal women evaluate their own bodies and by what factors it is determined. *Material and methods:* The study was conducted in six randomly selected gynaecological outpatient clinics and primary care clinics in the city of Lublin. 510 women were covered. A diagnostic survey was used as the research method. The research tool was a questionnaire, consisting of a self-administered section (sociodemographic data) and a standardised Body Esteem Scale (BES) questionnaire. *Results:* All subscales (sexual attractiveness, body control, physical fitness) had average scores, although the highest was for body weight control (M = 5.85±2.00) and the lowest was for sexual attractiveness (M = 4.78±2.17). The values of all subscales were significantly differentiated by the subjects' subjective health assessment ($p<0.05$). Sexual attractiveness rating values were significantly associated with place of residence ($p = 0.021$) and with the respondents' occupational activity ($p = 0.030$). Self-assessed physical fitness values were significantly associated with place of residence ($p = 0.012$) and with marital status of the respondents ($p<0.001$). *Conclusions:* Postmenopausal women perceive their bodies in all categories (sexual attractiveness, weight control/body strength, physical condition) at an average level, indicating a need for psychosocial support. Giving them support for self-acceptance, and perhaps lifestyle changes, can improve their self-esteem in relation to their body image.
Keywords: menopause, postmenopause, body evaluation

Introduction

Body image is a multidimensional, subjective and dynamically changing concept which encompasses personal perceptions and feelings about one's own body. It is not limited to the phenomenon of aesthetics, but includes elements of health status, general physical and sexual fitness (Nazapour, Simbar, Majd, Torkamani, Andarvar, Rahnemaei, 2021). It is a component of the structure of the so-called "bodily self" and at the same time has a representational function within it. The corporeal self is the overarching experience of the body, manifested in a sense of being, experiencing the boundaries of the body and feeling internal coherence (Mirucka, 2014; Kling, Kwakkenbos, Diedrichs, Rumsey, Frisen, Brandao, Fitzgerald, 2019).

Body image consists of a general sense of female attractiveness. These changes are most accentuated on the ground of sex life. Female psychophysiological disorders, related to sexual desire, arousal, orgasm and pain disorders, affect a wide population of postmenopausal women. Feelings of low attractiveness are associated with affective disorders and unsatisfactory sexual relationships. What seems important

1 Article in polish language: https://www.stowarzyszeniefidesetratio.pl/fer/59P_Palu.pdf

here is the phenomenon of sexual self-knowledge, which is responsible for subjective self-perception in the context of intimate relationships, and healthy sexuality is a motivational factor for seeking and developing appropriate interpersonal relationships (Afshari, Houshyar, Javadifar, Poumotahari, Jorfi, 2016; Terauchi, Hirose, Akiyoshi, Kato, Miyasaka, 2017; Heidari, Ghodusi, Rafiei, 2017).

Cultural perspectives on ageing are some of the strongest influences on body image in women. Western culture not only emphasises a slender figure, but also equates youth with a standard of physical beauty. What's more, it rewards a youthful appearance by conferring a certain status and social recognition. The promotion of unrealistic beauty standards expresses concern about the physiological changes associated with the ageing process. Women who tend to internalise stereotypical patterns in terms of appeal and give more importance to their appearance express more problems in terms of their self-image (Hockey, Milojev, Sibley, Donovan, Barlow, 2021).

Body dissatisfaction is quite widespread; however, research on its prevalence in menopausal women is limited. It should be noted that postmenopause is associated with significant changes in external appearance and physical functioning. This can lead to a loss of a sense of control over one's own body (Włodarczyk, Dolińska-Zygmunt, 2017; O'Reilly, McDermid, McInnes, Peters, 2024).

The aim of the study was to find out how postmenopausal women evaluate their own bodies and what determines this.

1. Material and methods

The study was conducted in six randomly selected gynaecological outpatient clinics and primary care clinics in the city of Lublin. 510 women were covered.

The inclusion criteria for the group were:

- the time since the last ever menstrual period (menopause) from 2 years to 10 years,
- giving written consent to participate in the study,
- good general condition before examination.

Women after surgical menopause and after premature menopause were excluded from the study.

A diagnostic survey was used as the research method. The research tool was a questionnaire specially prepared for the purpose of this study, consisting of a self-constructed part (sociodemographic data) and a standardised questionnaire, the Body Esteem Scale (BES).

The questionnaire part of the self-constructed questionnaire was retrospective and aimed to collect sociodemographic data and obstetric-gynaecological history of the women studied. In addition, information on their subjective health assessment.

The Body Esteem Scale by Franzoi and Shields, adapted by Lipowska and Lipowski, made it possible to determine the respondents' attitudes towards their own bodies. The scale consists of 35 statements in three subscales – sexual attractiveness, weight control and physical fitness. The sexual attractiveness subscale referred to components of external appearance that cannot be modified by, for example, physical exercise. These included: nose, mouth, ears, chin, breasts, eye appearance, cheeks, face, sex drive, sex organs, sexual activity, body hair, body odour. Weight control is a subscale that referred to body parts whose appearance can be improved through various measures, including physical activity and diet. This group included:appetite, waist, thighs, physique, buttocks, hips, legs, figure, abdomen, weight-bearing. Physical fitness included: physical capacity, reflexes, muscular strength, energy level, physical coordination, excitability, health, physical conditions. The respondents answered the questions on a 5-point Likert scale, where 1 meant I have strongly negative feelings, 2 – I have moderately negative feelings, 3 – I have no feelings, 4 – I have moderately positive feelings, 5 – I have strongly positive feelings. The collected data were categorised according to the summed numerical values obtained, corresponding to the attitude towards one's own body: low (strongly negative and moderately negative feelings), average (neither positive nor negative feelings), high (moderately positive and strongly positive feelings) (Lipowska and Lipowski, 2013). Guidance and a specially prepared database for compiling and interpreting the collected results was obtained from the authors of the Body Assessment Scale.

Each woman was asked individually to participate in the study, confirmed by written consent on a specially prepared form explaining its purpose and conduct. Anonymity and voluntary participation were emphasised. In the gynaecological outpatient clinics, examinations were carried out in a separate office, where women were guaranteed intimacy and peace. The research was performed in accordance with a protocol approved by the Committee on Bioethics of the Medical University of Lublin (No. KE-0254/292/2015) and was conducted in accordance with the principles of the Helsinki Foundation for Human Rights.

The collected material was subjected to statistical and descriptive analysis.

The collected research material was statistically processed using the IBM SPSS Statistics package. Quantitative variables were described by mean, standard deviation, median, as well as minimum and maximum values. For qualitative variables, the percentage and abundance of response categories indicated are given. For the nominal variables, a chi-squared test of independence was used. The results of the analysis obtained were assumed to be statistically significant at a significance level of $p<0.05$. The results of the analyses are given to the nearest thousandths, e.g. (0.014).

2. Results

2.1. Characteristics of the study group

Women's ages ranged from 44 to 65 years (Me = 57.07). More than half (304; 59.6%) of the respondents were urban residents. A further 206 (40.4%) rural areas. Most respondents had a secondary education (215; 42.2%). A further 170 (33.3%) have tertiary education; 81 (15.9%) have basic vocational training and 44 (8.6%) primary education. During the study period, 306 (60.0%) women were economically active. The remaining 204 (40.0%) declared that they had no permanent employment, with the majority of them (159; 78.0%), being retired. Others 22 (10.8%) were on pension; 8 (3.9%) had never worked; 7 (3.4%) had lost their job and 8 (3.9%) gave another reason, which they did not specify further. The vast majority

Table 1. Results of Body Assessment Scale analysis

Statistics		I	II	III	I	II	III
		Raw results			Converted to sten scores		
Average		42.80	31.34	29.38	4.78	5.85	5.18
Standard deviation		8.63	7.84	6.34	2.17	2.00	1.90
Minimum		13.00	10.00	9.00	1.00	1.00	1.00
Maximum		65.00	50.00	45.00	10.00	10.00	10.00
Percentile	25	37.00	26.00	25.00	3.00	4.75	4.00
	50	42.00	30.00	29.00	4.50	6.00	5.00
	75	50.00	38.25	35.00	7.00	8.00	7.00

I - Sexual/physical attractiveness; II - Control of body weight/body strength; III - Physical condition

Table 2. Selected sociodemographic and sexual attractiveness

Variables		Sexual attractiveness					
		Low n=139 27.3%		Average n=338; 66.3%		High n=33;6.5%	
		n	%	n	%	n	%
Place of living	City n=304; 59.6%	84	60.4	193	57.1	27	81.8
	Rural areas n=206; 40.4%	55	39.6	145	42.9	6	18.2
Relevance		$\chi^2 = 7.683$; p=0.021					
Education	Primary n=44; 8.6%	13	9.4	30	8.9	1	3.0
	Vocational n=81; 15.9%	26	18.7	52	15.4	3	9.1
	Secondary n=215; 42.2%	61	43.9	140	41.4	14	42.4
	University degree n=170; 33.3%	39	28.1	116	34.3	15	45.5
Relevance		$\chi^2 = 5.872$; p=0.438					
Professional activity	Yes n=306; 60.0%	94	67.6	189	55.9	23	69.7
	No n=204;40.0%	45	32.4	149	44.1	10	30.3
Relevance		$\chi^2 = 7.009$; p=0.030					
Marital status	Married n=380; 74.5%	107	77.0	247	73.1	26	78.8
	Widow n=63; 12.4%	15	10.8	48	14.2	0	0.0
	Miss n=35; 6.9%	7	5.0	23	6.8	5	15.2
	Divorcee n=32; 6.3%	10	7.2	20	5.9	2	6.1
Relevance		$\chi^2 = 9.813$; p=0.133					

Table 3. Selected sociodemographic and weight/body weight control

Variables		Weight control / body strength					
		Low n=70; 13.7%		Average n=360; 70.6%		High n=132; 25.9%	
		n	%	n	%	n	%
Place of living	City n=304; 59.6%	44	62.9	186	60.4	74	56.1
	Rural areas n=206; 40.4%	26	37.1	122	39.6	58	43.9
Relevance		χ^2 = 1.075; p=0.584					
Education	Primary n=44; 8.6%	7	10.0	24	7.8	13	9.8
	Vocational n=81; 15.9%	14	20.0	42	13.6	25	18.9
	Secondary n=215; 42.2%	32	45.7	134	43.5	49	37.1
	University degree n=170; 33.3%	17	24.3	108	35.1	45	34.1
Relevance		χ^2 = 6.288; p=0.392					
Professional activity	Yes n=306;60.0%	46	65.7	186	60.4	74	56.1
	No n=204; 40.0%	24	34.3	122	39.6	58	43.9
Relevance		χ^2 = 1.825; p=0.401					
Marital status	Married n=380; 74.5%	53	75.7	233	75.6	94	71.2
	Widow n=63; 12.4%	10	14.3	36	11.7	17	12.9
	Miss n=35; 6.9%	3	4.3	25	8.1	7	5.3
	Divorcee n=32; 6.3%	.4	5.7	14	4.5	14	10.6
Relevance		χ^2 = 7.912; p=0.245					

Table 4. Selected sociodemographic and physical fitness

Variables		Physical condition					
		Low n= 111; 21.8%		Average n=360; 70.6%		High n=39 (7.6%)	
		n	%	n	%	n	%
Place of living	City n=304; 59.6%	64	57.7	208	57.8	32	82.1
	Rural areas n=206; 40.4%	47	42.3	152	42.2	7	17.9
Relevance		χ^2 = 8.835; p=0.012					
Education	Primary n=44; 8.6%	7	6.3	33	9.2	4	10.3
	Vocational n=81; 15.9%	17	15.3	60	16.7	4	10.3
	Secondary n=215; 42.2%	54	48.6	145	40.3	16	41.0
	University degree n=170; 33.3%	33	29.7	122	33.9	15	38.5
Relevance		χ^2 = 4.070; p=0.667					
Professional activity	Yes n=306; 60.0%	76	68.5	206	57.2	24	61.5
	No n=204; 40.0%	35	31.5	154	42.8	15	38.5
Relevance		χ^2 = 4.513; p=0.105					
Marital status	Married n=380;74.5%	74	66.7	279	77.5	27	69.2
	Widow n=63; 12.4%	16	14.4	45	12.5	2	5.1
	Miss n=35; 6.9%	12	10.8	14	3.9	9	23.1
	Divorcee n=32; 6.3%	9	8.1	22	6.1	1	2.6
Relevance		χ^2 = 27.097; p<0.001					

of professional workers (217; 70.9%) were engaged in white-collar jobs. The remaining 89 (29.1%) physical. BMI values ranged from 16.60 to 44.86. Nearly one in three (354; 69.4%) respondents were overweight. A further 152 (29.8%) were normal weight and 4 (0.8%) underweight.

More than half (298; 58.4%) of the women rated their own health as good. A further 172 (33.7%) as average; 21 (4.1%) as bad; 19 (3.7%) as very good.

They were interested in whether the experience of menopause changed the perception of health and body status of the women surveyed. Such changes were observed in both health (283; 55.5%) and body (261;51.2%) perceptions of the subjects after cessation of menstruation. However, they were often negative in this group of women, namely self-perception of health deteriorated in 267 (52.4%) respondents, while self-perception of the body deteriorated in 238 (46.7%).

During the study period, more than half (269; 52.7%) of the female respondents were sexually active, while the remaining (241; 47.3%) were not. According to 45.3% (N = 231) of female respondents, the onset of the menopause resulted in a decrease in their sexual activity.

Table 5. Subjective assessment of health and sexual attractiveness

Variables		Sexual attractiveness					
		Low n=139; 27.3%		Average n=338; 66.3%		High n=33; 6.5%	
		n	%	n	%	n	%
Health status	Very good n=19;3.7%	4	2.9	11	3.3	4	12.1
	Good n=298; 58.4%	63	45.3	215	63.6	20	60.6
	Average n=172; 33.7%	59	42.4	105	31.1	8	24.2
	Bad n=21; 4.1%	13	9.4	7	2.1	1	3.0
Relevance		χ^2 =29.886; p<0.001					

Table 6. Subjective health assessment versus weight/ body weight control

Variables		Weight control / body strength					
		Low n=70; 13.7%		Average n=360; 70.6%		High n=132; 25.9%	
		n	%	n	%	n	%
Health status	Very good n=19;3.7%	2	2.9	8	2.6	9	6.8
	Good n=298; 58.4%	28	40.0	191	62.0	79	59.8
	Average n=172; 33.7%	30	42.9	102	33.1	40	30.3
	Bad n=21; 4.1%	10	14.3	7	2.3	4	3.0
Relevance		χ^2 = 32.098; p<0.001					

Table 7. The subjective ocean of health versus physical condition

Variables		Physical condition					
		Low n= 111; 21.8%		Average n=360; 70.6%		High n=39; (7.6%)	
		n	%	n	%	n	%
Health status	Very good n=19; 3.7%	2	1.8	14	3.9	3	7.7
	Good n=298; 58.4%	48	43.2	223	61.9	27	69.2
	Average n=172;33.7%	49	44.1	115	31.9	8	20.5
	Bad n=21; 4.1%	12	10.8	8	2.2	1	2.6
Relevance		χ^2 = 30.073; p<0.001					

2.2. Body Evaluation Scale

The results of the study, concerning women's self-assessment of body image, are presented in Table 1.

Of the three subscales designed for women, the highest mean values were for weight/body weight control (M = 5.85; SD = 2.00). This was followed by physical fitness (M = 5.18; SD = 1.90) and the lowest by sexual attractiveness (M = 4.78; SD = 2.17).

In the opinion of more than half (338; 66.3%) of the respondents, their sexual attractiveness had average values. Among another 139 (27.3%) low and the remaining 33 (6.5%) high. For weight/body weight control, average values were observed in 308 (60.4%) subjects. In another 132 (25.9%) high and 70 (13.7%) low. One's own physical condition most often obtained average values (360; 70.6%). This was followed by low (111; 21.8%) and high (39; 7.6%).

The relationships between self-assessment, divided into three subscales, and selected sociodemographic data are presented in Tables 2-4.

Sexual attractiveness rating values were significantly associated with the respondents' place of residence (p = 0.021) and with their occupational activity (p = 0.030). Other variables, i.e. education, marital status, were unrelated to the value of sexual attractiveness ratings (p>0.05).

Body weight/body weight control scores were not differentiated by residence (p = 0.584), education (p = 0.392), occupational activity (p = 0.401) or marital status (p = 0.245) of the subjects.

Self-assessed physical fitness values were significantly associated with place of residence (p = 0.012) and with marital status of the respondents (p<0.001). Physical fitness assessment values were not differentiated by the subjects' education (p = 0.667) or occupational activity (p = 0.105).

The study was interested in whether there was a relationship between the subjects' evaluation of their own body and their subjective assessment of their health. The results are presented in tables number 5-7.

Sexual attractiveness, body control/body strength and physical fitness scores were significantly associated with subjects' subjective health assessment ($p<0.001$).

3. Discussion

The study group of women was differentiated by several sociodemographic factors, most notably their age, which ranged from 44 years to 65 years. This was certainly due to the inclusion criteria adopted in this study, which referred not to metric age but to the time since the last menstrual period in life. The rather large time span adopted for this issue – from 2 years to 10 years after menopause – was also not insignificant. The term menopause refers to the cessation of cyclic monthly bleeding and thus a woman's reproductive potential, due to a decrease in ovarian follicle activity. The phenomenon of the menopause is established retrospectively, which means that the postmenopausal period begins 12 months after the last menstrual period in life. The changes taking place, associated with the gradual cessation of endocrine function of the ovaries, can affect the appearance of many psycho-physical complaints. The risk of metabolic diseases and cancer also increases during this time (Monteleone, Mascagni, Giannini, Genazzan, Simoncini, 2018; Talaulikar, 2022).

Symptoms resulting from the endoctrine changes of the peri-menopausal period form the menopausal syndrome, alternately referred to in the literature as prolapse symptoms. It is a syndrome of complaints, occurring during the peri-menopausal period, directly related to endocrine disruption. The symptoms of the syndrome affect the somatic, psychological and sexual spheres. Key symptoms include hot flashes, night sweats, irritability, feelings of fatigue, lowered mood, cognitive decline, sleep disturbances. In turn, vasomotor symptoms, i.e. hot flashes and night sweats, are considered to be the most troublesome (Monteleone et al., 2018; Santoro, Roeca, Peters, Neal-Perry, 2021).

Menopausal symptoms vary greatly in type, severity and aetiology, so it is unclear whether they interact with body image as an accumulation of negative psychophysical experiences, or whether specific individual symptoms are more strongly related to body perception. The literature notes a stark contrast due to the impact of menopausal symptoms on body image. There are also differences in the perception of one's own corporeality depending on the menopausal stage a woman is in. Based on a systematic review by Vincent et al. (2023) observed that entering the postmenopausal period is not always associated with poorer body satisfaction. However, research among Polish women has shown that the greater the severity of menopausal symptoms women experience, the worse their body evaluation is (Olchowska-Kotala, 2017).

Theoretical and empirical research highlights the emergence of negative changes in the physical appearance of peri-menopausal women. Women are increasingly dissatisfied with their health and have lower self-perceptions of their physical and sexual attractiveness (Nazapour et al., 2021). In our study, nearly half (46.7%) of the female respondents stated that their sense of female attractiveness had changed (in a negative sense) after the menopause. The same was true for self-perception of health, which worsened in more than half (52.4%) of the respondents. Both of these features clearly demonstrate the negative impact of the various changes that women undergo during the transition period on their self-assessment of their continued physical functioning. That is where a discrepancy between the desired and actual body image arises, which can have certain consequences for health and quality of life. It is quite often associated with conditions such as depression, eating disorders and low self-esteem. Moreover, body dissatisfaction can negatively affect social interactions, employment opportunities, productivity and socio-economic status (de Morais, do Nascimento, Vieira, Moreira, da Câmara, Maciel, das Graças Almeida, 2017; Stadnicka & Iwanowicz-Palus, 2017; Fenton 2021).

Postmenopausal women's attitudes towards their own physicality were examined in three of its dimensions: sexual attractiveness, weight control and physical fitness. All of these subscales had average scores, although the highest scores were for weight control ($M = 5.85 \pm 2.00$). Abnormal BMI values are a common problem for postmenopausal women. It is associated with difficulties in maintaining a healthy

body weight, due to a slowed metabolism and the hormonal disturbances that occur. The menopausal transition also entails significant changes in body composition (i.e. an increase in fat mass and a decrease in muscle mass) (Greendale, Sternfeld, Huang, Han, Karvonen-Gutierrez, Ruppert, Cauley, Finkelstein, Jiang, Karlamangla., 2019; Dąbrowska-Galas, 2021). In the group presented, nearly 70% of the women were overweight. Based on the available literature, it is estimated that weight gain in middle age is experienced by 60%-70% of women (Kodoth, Scaccia, S, Aggarwal, 2022). BMIs that are too high must be a cause for concern. Overweight and obesity at this age promotes faster bone loss, exacerbates symptoms of metabolic syndrome and increases the risk of developing cancer (Knight, Anekwe, Washington, Akam, Wang, Stanford, 2021; van den Brandt, Ziegler Wang, Hou, Li, Adami, Smith-Warner,2021; Fenton, 2021). In addition to this, some scientific reports indicate a negative impact of overweight and obesity on body satisfaction (de Morais et al., 2017 Stadnicka et al., 2017; Gümüşsoy, Öztürk, Keskin, Özlem Yıldırım, 2023). However, there are also those whose authors claim that, in a group of peri-menopausal women, the overall self-esteem of one's own body was more related to feelings about other aspects of corporeality (e.g. external appearance, physical condition) than its size (Olchowska-Kotala, 2017).

The lowest scores, of all body image dimensions, were for sexual attractiveness (M = 4.78±2.17). It is worth noting that some women retain sexual performance throughout their lives, however age may determine changes in this area (Vidia, Ratrikaningtyas, Rachman, 2021). Many women experience sexual dysfunction during the peri-menopausal period and the prevalence in this population ranges from 25 to 85.2% (Nazapour et al., 2021). Research has also shown that low body image is associated with high levels of orgasmic dysfunction. This relationship between sexual function and body image may be due to women's focus on their bodies, which can distract them from positive orgastic experiences. Dissatisfaction with body image and likely accompanying psychological stress are associated with impaired orgasmic response during both partnered sex and masturbation, and may reduce satisfaction with the sexual act. Women with high body image dissatisfaction may be characterised by specific patterns of sexual response (Horvath, Smith, Sal, Hevesi, Rowland, 2020).

In their own research, female respondents perceived significant transformations in relation to their sex lives. Just over half of the respondents admitted to having regular sexual intercourse. Nearly one in two (45.3%) stated that they became less sexually active after the menopause. The same was reported by other authors (Javadivala, Merghati-Khoei, Underwood, Mirghafourvand, Allahverdipour, 2018; Fernández-Alonso, Cuerva, Chedraui Pérez-López, 2019). Most scientific publications show that the frequency of sexual intercourse decreases with age. Based on a study by Kremska (2020), more than half of peri-menopausal women admit to having intercourse once a week (53.0 per cent), but 50.5 per cent of respondents do not show initiative before intercourse and only sometimes feel like having sex. A different light is shed on the situation by studies conducted on women in northern European countries, which show that most women over 50 are still sexually active and there is even an increase in sexual needs among some women during the menopausal transition. It is thought that this may be related to a sense of freedom in terms of reproductive consequences and having more leisure time as adult children leave the family home (Ringa, Diter, Laborde, Bajos, 2013; Kremska, Raba, Kraśnianin, 2020).

The reasons for the abandonment (or significant reduction) of sexual intercourse after the menopause are complex, although the emerging symptoms of the climacteric syndrome, most notably urogenital atrophy, can have a major impact. It occurs in many postmenopausal women (Briggs, 2022). The state of health therefore influences the perception of one's physical attractiveness. However, negative biological changes do not equate to the disappearance of sexual needs. The Women's Health Across the Nation study found that for 75 per cent of middle-aged women, sex life is still important (Avis, Colvin, Karlamangla, Crawford, Hess, Waetjen, Brooks, Tepper, Greendale, 2017).

During the conduct of the present study, we were interested in what demographic variables are associated with postmenopausal women's body image.

It was determined that sexual attractiveness rating values were significantly associated with place of residence ($p = 0.021$) and with respondents' occupational activity ($p = 0.030$). The aforementioned relationships were in favour of urban residents and economically active women.

Self-assessed physical fitness values were significantly associated with place of residence ($p = 0.012$) and with marital status of the respondents ($p<0.001$). The results of the study suggest that married women and those living in cities are more likely to rate their own physical fitness highly.

The results of a systematic review by Nazapour et al, (2021) also showed a significant correlation between peri-menopausal women's body image and some socio-demographic factors such as women's education level, number of children, marital status, income, employment and housing status. On the basis of the analysis of these studies, the conclusion was drawn that women with a high level of education, who are economically active, who own their own home and have a higher monthly income have a better appreciation of their own body. Besides, married women have been shown to have lower body image scores compared to single/widowed/separated women.

Our own research also examined what the self-assessment of health was in the group of women studied. Indeed, it turned out to be surprisingly high. More than half (58.4%) of the women rated them as good and 33.7% as average.. Body assessment values in all three subscales were significantly differentiated by the subjects' subjective health assessment ($p<0.05$). Those with a high rating of sexual attractiveness were more likely to rate their health as good or very good. Those with high ratings for weight control and physical fitness were also more likely to report good health.

4. Limitations of the study

Firstly, the limitations of the study may be due to the fact that the study group represented only the eastern part of Poland (dispensaries within the city of Lublin) and therefore cannot be representative of the entire population of postmenopausal women in Poland. Another limitation of the study may be due to the convenient group selection method of selecting participants for their convenient accessibility and proximity. Which does not allow generalisation of the present study results. In addition, it would be useful to supplement the results with data related to the prevalence of menopausal symptoms among the women surveyed using a standardised tool.

The research results presented encourage further scientific inquiry. In addition, it is worth noting that there are not many studies on body image in a group of Polish women. It should also be noted that it is quite difficult to compare the results of body image research, as different research tools are used in publications. A strength of the study is that it treats the postmenopausal period as a distinct period of a woman's life, as such a division is still lacking in the literature. However, the peri-menopausal study group is more common.

Conclusions

1. Postmenopausal women perceive their bodies in all categories (weight control/body strength, physical condition and sexual attractiveness) at an average level, indicating a need for psychosocial support. Providing them with support for self-acceptance and perhaps lifestyle changes can improve their self-esteem in relation to their body image.
2. Postmenopausal women living in cities and economically active were characterised by high body image ratings in the category of sexual attractiveness. High body image scores in the fitness category, on the other hand, were more prevalent among married urban women. In addition, women with a good assessment of their own health were characterised by high body image scores in all three categories (sexual attractiveness, weight/body weight control, physical fitness).

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