

# Quality of Sexual Life and Attitudes toward Menopause among Postmenopausal Women Living in Northern Cyprus: A Cross-sectional Study

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## INTRODUCTION

In biological and medical terms, menopause is the last menstrual bleeding and is universal for all middle-aged women.<sup>[1,2]</sup> The World Health Organization defines menopause as 12 months of amenorrhea following the cessation of menstruation. This process is the result of a total or partial absence of estrogen release from the ovaries and follicle depletion.<sup>[3]</sup> A woman in menopause has some physiological symptoms according to changes in ovary function and needs to adapt to these changes.<sup>[2]</sup>

Most middle-aged women are sexually active and consider sexuality an important part of life.<sup>[4-6]</sup> Several women

## ABSTRACT

**Background:** Most middle-aged women in the menopausal period consider sexuality an important part of life. The aim of the present study was to investigate the factors affecting the quality of sexual life and attitudes toward menopause in postmenopausal women and the effects of their attitudes toward menopause on the quality of sexual life. **Materials and Methods:** This cross-sectional study was conducted with postmenopausal women in the Turkish Republic of Northern Cyprus between July 2021 and April 2022. The research sample consisted of 255 postmenopausal women. The Attitudes Toward Menopause Scale and the Sexual Quality of Life Scale (SQLS) were used to collect data. The questionnaire forms were administered online. The data were analyzed using the independent *t*-test, analysis of variance, Tukey's test, Pearson's correlation, and linear regression analysis. **Results:** The mean score of the participants on the SQLS was  $43.54 \pm 12.56$  and the mean score of the Attitudes Toward Menopause Scale was  $60.39 \pm 16.29$ . The study revealed that variables such as age, level of education, employment status, duration of menopause, and knowledge about menopause have an effect on women's sexual life quality. In addition to the listed variables, income level was found to affect attitudes toward menopause. A positive attitude toward menopause causes an increase in the level of sexual life quality ( $\beta = 0.544$ ,  $R^2 = 0.30$ ,  $F = 106.260$ ,  $R = 0.544$ ,  $P = 0.001$ ). **Conclusions:** The attitudes of postmenopausal women toward menopause are an important determinant of their sexual life quality. For this reason, it is recommended to develop and implement training programs that can improve sexual health of women and their attitudes toward menopause.

**KEYWORDS:** Attitude, Cyprus, menopause, postmenopause, quality of sexual life

experience vasomotor, urogenital, psychosocial, and depressive problems that may affect their sexual life during menopause, especially in the postmenopausal period.<sup>[3,7,8]</sup> Such problems adversely affect women's psychological health<sup>[9]</sup> and quality of sexual life.<sup>[2,4,6,10]</sup> To understand the effect of the menopausal period on the quality of sexual life, we should consider social, cultural, biological, and

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psychological factors.<sup>[10-12]</sup> Family and social traditions, culture, and religion can affect women's menopause process and their attitudes toward menopause.<sup>[1,6,13-15]</sup> Women who have a negative attitude toward menopause may experience more sexual problems during menopause, thereby affecting their quality of sexual life.<sup>[15-18]</sup>

Sexuality is a crucial part of a woman's life and her physical and emotional health. Nurses, midwives, and other health professionals should determine how women perceive their sexual life during the postmenopausal period; such an assessment would assist in identifying the problems women experience in their sexual lives, preparing educational projects on this subject, and providing consultancy. If a positive contribution is made to the sexual life of postmenopausal women, they may experience a physically and mentally healthier menopausal period. To the best of our knowledge, this study is the first one to be conducted on Turkish and Muslim women living in the Turkish Republic of Northern Cyprus (TRNC), and it may guide health professionals in providing training and counseling services to postmenopausal women. This study evaluated the factors affecting the quality of sexual life and attitudes toward menopause in postmenopausal women and the effects of their attitudes toward menopause on the quality of sexual life.

## MATERIALS AND METHODS

### Study design and setting

This study adopted a cross-sectional research design and the Strengthening the Reporting of Observational Studies in Epidemiology checklist<sup>[19]</sup> (2014) was used to report it suitably.

The target population of the study consisted of postmenopausal women living in the TRNC. The purposive sampling method was used to determine the research sample. Regression analysis was performed using the G-Power<sup>®</sup> software version 3.1.7 (Institute of experimental psychology, Heinrich Heine University, Dusseldorf, Germany), and the sample size was determined as 255 women, with a 0.05 significance level, 90% power, and medium effect size (0.2). The study included 255 women who met the inclusion criteria and who volunteered to participate in the study between July 2021 and April 2022. The inclusion criteria were having natural menopause, being between the ages of 45 and 65 years (the age range was based on those of previous studies conducted on postmenopausal women<sup>[20,21]</sup>), being in the postmenopausal period, being sexually active, and volunteering to participate in the study. The exclusion criteria were having surgical menopause, having a neurological and/or psychiatric disorder, and not volunteering to participate in the study.

Because of the COVID-19 restrictions imposed by the TRNC government, the researchers designed a web-based questionnaire to collect data. Responses to the questionnaire were collected using online tools. An online survey form created using Google Forms was used as the data collection tool. This online questionnaire was sent to the participants through social media channels because of the pandemic restrictions. The introduction part of the online survey included brief notes on the purpose, procedure, anonymity, and confidentiality of the research. After reading the introduction part, the participants were required to answer a yes/no question to confirm their willingness to participate in the study. Those who provided their consent to participate in the study were directed to fill out the self-report questionnaire. The participants were allowed to save and print a copy of the consent form. If a participant marked any of the research exclusion criteria, the participant was directed not to fill out the questionnaire. The questionnaire fill-out time was approximately 15 min. To avoid duplicate responses, the program was set up in a way that each IP address can send only one response, and the survey form was deactivated when enough participants were reached (July 2021–April 2022) by tracking the responses submitted by the participants.

### Measurement

#### *Sociodemographic information form*

To collect data on participants' descriptive characteristics (age, education level, type of menopause, the time when the woman entered menopause, sexual life in menopause, etc.), the participants developed a 10-item sociodemographic information form on the basis of a literature review.

#### *Sexual Quality of Life Scale*

The scale was developed by Symonds *et al.* to assess women's quality of sexual life.<sup>[22]</sup> The validity and reliability of the scale in Turkey were evaluated by Tugut and Golbasi in 2010.<sup>[23]</sup> The scale includes 18 items rated on a 6-point Likert-type scale. The lowest and highest scores on the scale were 18 and 108, respectively. Higher scores indicate higher quality of sexual life. The Cronbach's alpha of the original scale was 0.75,<sup>[22]</sup> whereas the Cronbach's alpha of the scale in this study was 0.88.

#### *Attitudes Toward Menopause Scale*

The scale was developed by Ucanok and Bayraktar in 1996 to measure the attitudes of women toward menopause and postmenopause.<sup>[24]</sup> The scale is rated on a 5-point Likert-type scale and includes 20 items. A minimum of 0 and a maximum of 80 points can be obtained from the scale. Higher scores, that is, scores

above the average value (mean: 40), indicate a more positive attitude toward menopause.<sup>[24]</sup> The Cronbach's alpha of the original scale was 0.86. In this study, Cronbach's alpha of the scale was 0.84.

### Data analysis

Data analysis was performed using the SPSS for Windows, software version 20.0 (SPSS Inc., Chicago, IL, USA). The categorical variables used in the analysis were presented as numbers (percentage), whereas the continuous variables were presented as mean  $\pm$  standard deviation. The Kolmogorov–Smirnov and Shapiro–Wilk tests were performed to confirm the normal distribution of the continuous variables. Statistical calculations in the independent groups were performed using the *t*-test and one-way analysis of variance. The relationship between the scales was investigated using correlation and simple regression analyses. The Cronbach's alpha coefficient was calculated to reveal the degree of internal consistency. The level of statistical significance was set at  $P < 0.05$ .

### Ethical considerations

The study was conducted in accordance with the Declaration of Helsinki principles. The research protocols were accepted by a university in the TRNC, and ethical approval was obtained for the research to be conducted (IRB Number: ETK00-2021-0111, Date: April 16, 2021). An online informed consent form was obtained from all participants in line with the principle of voluntary participation.

## RESULTS

In this study, 71% of the participants were between the ages of 45 and 55 years, and the mean age was  $52.74 \pm 5.08$  years. Most participants were primary school graduates (54.9%), did not work (69.4%), perceived their income as moderate (67.5%), and did not have any chronic diseases [82.4%, Table 1].

The menopause age of 61.6% of the participants was between 40 and 47 years, and the mean age of menopause was  $46.20 \pm 3.97$  years. The mean time in menopause was  $6.54 \pm 4.66$  years. Moreover, 51.8% of the participants did not receive hormone replacement therapy during menopause, and 55.3% of the participants did not possess knowledge about menopause. Most participants (44.3%) stated that menopause did not affect their sexual life [Table 1].

The evaluation of the quality of sexual life was performed using the Sexual Quality of Life Scale (SQLS), and the mean score of the participants was  $43.54 \pm 12.56$  [Table 2]. Participants aged 56–68 years ( $t = -3.586$ ,  $P = 0.001$ ), with a graduate

**Table 1: Descriptive characteristics of the participants (n=255)**

Characteristics	n (%)
Age (years), mean $\pm$ SD	52.74 $\pm$ 5.08
40–55	181 (71.0)
56–65	74 (29.0)
Educational status	
Primary school	140 (54.9)
High school	55 (21.6)
University	60 (23.5)
Working status	
Working	78 (30.6)
Not working	177 (69.4)
Income perception	
Poor	38 (14.9)
Middle	172 (67.5)
High	45 (17.6)
Chronic disease	
Yes	45 (17.6)
No	210 (82.4)
Menopause age (years), mean $\pm$ SD	46.20 $\pm$ 3.97
41–47	157 (61.6)
48–57	98 (38.4)
Time of menopause (years), mean $\pm$ SD	6.54 $\pm$ 4.66
1–5	130 (51.0)
6–10	76 (29.8)
11–20	49 (19.2)
Hormone replacement therapy during menopause	
Yes	123 (48.2)
No	132 (51.8)
Menopause knowledge	
Yes	114 (44.7)
No	141 (55.3)
Effect of menopause on sexual life	
Positive than before	32 (12.5)
Negative than before	110 (43.1)
Did not affect	113 (44.3)

SD: Standard deviation

**Table 2: Participant's mean scores of Sexual Quality of Life Scale and Attitudes Toward Menopause Scale**

Scales	Mean $\pm$ SD	Minimum–maximum
Sexual Quality of Life Scale	43.54 $\pm$ 12.56	18–103
Attitudes Toward Menopause Scale	60.39 $\pm$ 16.29	1–80

SD: Standard deviation

degree ( $F = 9.249$ ,  $P = 0.001$ ), with a job ( $t = 6.607$ ,  $P = 0.001$ ), and who were knowledgeable about menopause ( $t = 3.798$ ,  $P = 0.001$ ) exhibited a higher mean score on the SQLS. The mean SQLS score of the participants with a menopause period between 1 and 5 years was low ( $F = 3.798$ ,  $P = 0.001$ ). No statistically significant difference was observed between the mean SQLS scores of the participants according to

their perceived income status, chronic disease status, menopausal age, hormone replacement therapy use during menopause, and perceived effect of menopause on sexual life [Table 3].

The mean score of the participants on the Attitudes Toward Menopause Scale (ATMS) was  $60.39 \pm 16.29$ . The participants between the ages of 56 and 68 years ( $t = -4.0004, P = 0.001$ ), with a university degree ( $F = 9.186, P = 0.001$ ), with a job ( $t = 3.422, P = 0.001$ ), who perceived their income as moderate ( $F = 4.416, P = 0.013$ ), with a menopause period between 11 and 20 years ( $F = 8.940, P = 0.001$ ), and who were knowledgeable about menopause ( $t = 4.134, P = 0.001$ ) exhibited a higher

mean score on the ATMS. The difference in ATMS score of the participants according to their chronic disease status, menopausal age, hormone replacement therapy use during menopause, and perceived effect of menopause on sexual life was not statistically significant ( $P > 0.05$ ).

Table 4 provides the effect of the participant's attitudes toward menopause on their quality of sexual life arrived on the basis of the simple regression model. A moderate positive relationship was observed between the mean SQLS score and mean ATMS score of the participants ( $r = 0.544; P = 0.001$ ), with  $\beta = 0.544, R^2 = 0.30$ , and  $F = 106.260 (P = 0.001)$ . The participants' attitudes toward menopause account for 30% of the total

**Table 3: Comparison of Sexual Quality of Life Scale and Attitudes Toward Menopause Scale total point averages according to descriptive characteristics of participants**

Characteristics	Attitude toward menopause scale		Sexual quality of life questionnaire	
	Mean±SD	t; P/F; P	Mean±SD	t; P/F; P
Age*				
43–55	41.57±12.17	-4.004; 0.001	58.18±16.34	-3.586; 0.001
56–68	48.34±12.27		65.78±14.95	
Educational status**				
Primary/secondary school (1)	40.85±11.20	9.186; 0.001 (1–3)	58.64±14.31	9.249; 0.001 (1–3; 2–3)
High school (2)	44.67±12.47		56.62±16.45	
University (3)	48.77±13.96		67.92±18.28	
Working status*				
Working	47.28±10.99	3.422; 0.001	69.78±11.06	6.607; 0.001
Not working	41.89±12.88		56.25±16.52	
Income perception**				
Poor (1)	38.53±9.56	4.416; 0.013 (1–2)	58.32±13.01	0.366; 0.694
Middle (2)	44.95±12.91		60.81±16.84	
High (2)	42.38±12.46		60.51±16.83	
Chronic disease*				
Yes	41.07±10.31	1.457; 0.146	60.38±10.55	0.005; 0.996
No	44.07±12.95		60.39±17.29	
Menopause age*				
40–49	43.13±12.86	-0.659; 0.511	60.52±17.06	0.166; 0.868
50–57	44.19±12.11		60.17±15.06	
Time of menopause**				
1–5	40.75±12.65	8.940; 0.001 (1–3)	55.80±17.39	11.600; 0.001 (1–2; 1–3)
6–10	44.70±10.55		64.45±13.10	
11–20	49.14±13.26		66.27±14.31	
Hormone replacement therapy*				
Yes	44.25±11.19	0.877; 0.381	62.25±13.58	1.771; 0.078
No	42.87±13.72		58.65±18.34	
Menopause knowledge*				
Yes	47.04±11.73	4.134; 0.001	64.59±15.22	3.798; 0.001
No	40.70±12.53		56.99±16.38	
Effect of menopause on sexual life**				
Positive than before	40.69±8.12	1.844; 0.160	56.13±12.39	1.256; 0.287
Negative than before	42.81±13.54		61.03±15.30	
Did not affect	45.05±12.49		60.97±18.04	

\*Independent samples t-test, \*\*F=One-way ANOVA. Difference, Tukey's test; P, level of significance. SD: Standard deviation, ANOVA: Analysis of variance

**Table 4: Effect of attitudes toward menopause on sexual quality of life**

Variables	Unstandardized coefficients		$\beta$	$R^2$	$r; P$	$F; P$	$t; P$
	<i>B</i>	<i>SE</i>					
Sexual quality of life scale							
Constant	29.680	3.100					
Attitudes toward menopause scale	0.705	0.068	0.544	0.30	0.544; 0.001	106.260; 0.001	9.574; 0.001

*P*: Level of significance. *SE*: Standard error

effect on the quality of sexual life. A positive attitude toward menopause increased the quality of sexual life by 0.544 times.

## DISCUSSION

This study investigated the factors affecting the quality of sexual life and attitudes toward menopause in Turkish and Muslim postmenopausal women living in the TRNC and the effects of their attitudes toward menopause on their quality of sexual life. Physical and psychological changes in menopause affect women's quality of sexual life.<sup>[4,8,14,25]</sup> Approximately 75% of menopausal women are sexually active.<sup>[9]</sup> In the present study, the participants' quality of sexual life was moderate, with a mean score of 43.54. This finding is in accordance with that of a study by Derya *et al.*,<sup>[14]</sup> who reported the quality of sexual life in postmenopausal women as moderate, with a mean score of 49.12. Several studies on the quality of sexual life during menopause and employing a similar assessment tool reported a mean score of 61.32–72.7.<sup>[10,15,20,25,26]</sup> The difference in mean score may be attributed to participants' descriptive characteristics, such as age, educational status, and the sociocultural structure of society.

Women's quality of sexual life is a comprehensive biological, social, and psychological construct, and female sexual function is affected by several factors.<sup>[4,10]</sup> This study explored the factors of age, education level, employment status, and duration of menopause,<sup>[20,21]</sup> and the results indicated that women aged 56–65 years, university graduates, working women, and those who are knowledgeable about menopause have a higher quality of sexual life. Duzgun *et al.*<sup>[20]</sup> reported that variables, such as age and educational status, have no effect on postmenopausal women's quality of sexual life, a result that is contrary to our study results. Zhao *et al.*<sup>[21]</sup> reported that age does not affect the quality of sexual life. However, Zhao *et al.*<sup>[21]</sup> revealed that working

women's quality of sexual life is high, a finding similar to our study results. Yağmur and Orhan<sup>[27]</sup> stated that the level of sexual function is higher in women with higher education levels and in working women; these results are similar to those of our study. Our study reported that women with knowledge about menopause had a higher quality of sexual life. Erbil *et al.*<sup>[18]</sup> reported that women who are knowledgeable about menopause can better cope with menopausal symptoms, which has a positive effect on the quality of sexual life. Our study also revealed that the duration of menopause affects the quality of sexual life. The quality of sexual life was lower, especially in women who have recently entered menopause and who have lived <5 years in the menopausal period. Blumel *et al.*<sup>[28]</sup> reported that sexual function increases after 5 years of menopause, a finding similar to that of our study. This is related to a reduction in the severity of symptoms and a shift from acute menopausal conditions.<sup>[28]</sup> Duzgun *et al.*<sup>[20]</sup> reported that the quality of sexual life decreases with age and increasing duration of menopause, a result that is similar to that of our study. Our finding suggests that women who are in the advanced period of menopause have better attitudes toward menopause than those who are in the early periods of menopause; therefore, they can better cope with the problems caused by menopause in their sexual life. The differences between the study results may be due to the sample characteristics of the studies and cultural differences.

This study revealed a mean score of 60.9 on the ATMS, which indicates that the participants had a positive attitude toward menopause. Adekunle *et al.*<sup>[29]</sup> conducted a study by including postmenopausal Nigerian women and reported that most participants perceived menopause as a physiological situation and had a positive attitude toward it. Gozuyesil *et al.*<sup>[15]</sup> stated that Turkish women had a negative attitude toward menopause because they perceived menopause as the end of fertility, the beginning of aging, and the end of sexuality; this finding is contrary to our study results. Studies using ATMS have reported mean scores between 36.31 and 72.81.<sup>[13,17,26]</sup> The findings of our study revealed that Turkish women living in the TRNC have a positive perception of menopause compared with other Turkish societies.

When evaluating postmenopausal women, not only the level of attitude but also the factors affecting their attitudes toward menopause must be investigated.<sup>[11,17]</sup> In the present study, the participants aged 56–65 years, with a university degree, with a job, and who perceive their income as medium exhibited a more positive attitude toward menopause. Ayers *et al.*<sup>[11]</sup> highlighted

in their systematic review that postmenopausal women and older women had a more positive attitude toward menopause than women in their forties and younger. Kısa *et al.*<sup>[17]</sup> stated that age affects the attitude toward menopause and that older women and women with higher education levels exhibit a more positive attitude toward menopause; these findings are similar to those of our results. A study, including postmenopausal women, revealed that women with a university degree and above, with a job, and with high income had more positive attitudes toward menopause.<sup>[30]</sup> Erbil *et al.*<sup>[18]</sup> stated that no relationship exists between education, employment, economic status, and attitudes toward menopause in women in different menopause periods, a finding contrary to our results. In our study, the women who have had menopause for 11–20 years exhibited a more positive attitude toward menopause. Our finding suggests that as the duration of menopause increases, women cope better with menopause, thereby resulting in a more positive attitude toward menopause. Kısa *et al.*<sup>[17]</sup> reported that no relationship exists between the duration of menopause and the attitude toward menopause. Our study further revealed that the women who had knowledge about menopause had a more positive attitude toward menopause. Adekunle *et al.*<sup>[29]</sup> also stated that the education women receive before they enter menopause may affect their attitudes toward menopause and may help women perceive menopause as a normal stage of life.<sup>[30]</sup> The results of our study can contribute to the development of education programs by evaluating the women in menopause individually and by taking into account the variables that affect their attitudes toward menopause.

In the present study, the attitude toward menopause had a significant effect on the quality of sexual life. Our findings are consistent with those of some studies.<sup>[1,4]</sup> This suggests that a positive attitude toward menopause may positively affect women's quality of sexual life. The results of several other studies<sup>[15,26]</sup> have also indicated the positive relationship between the attitude toward menopause and the quality of sexual life. Polat and Gecici<sup>[12]</sup> stated that even if women have a positive attitude toward menopause, they still experience sexual problems in the postmenopausal period; this is in contrast to our study. Similarly, Bülbül *et al.*<sup>[25]</sup> and Derya *et al.*<sup>[14]</sup> have reported that urogenital problems caused by menopause may affect women's quality of sexual life. Our findings indicate that health professionals should be aware of the attitudes of postmenopausal women toward menopause when evaluating their quality of sexual life.

## Limitations

This study has certain limitations. First, an online self-reported questionnaire was used, which may result in biased results. The online method was chosen because the pandemic restrictions did not allow the researchers to conduct face-to-face interviews. Second, all factors that may affect postmenopausal women's quality of sexual life and their attitudes toward menopause were not included in the study. This study included women living in the TRNC; therefore, the findings cannot be generalized to women living in other countries.

## CONCLUSIONS

This study revealed that the participants had a moderate quality of sexual life and had a positive attitude toward menopause. The variables, such as age, education, employment, duration of menopause, and knowledge about menopause, affected the participants' quality of sexual life and their attitudes toward menopause. The income status also affected the participants' attitudes toward menopause. Furthermore, the attitude toward menopause was a crucial determinant of the quality of sexual life in postmenopausal women.

The study's findings are clinically significant for health professionals as they describe the relationship between sexual quality of life and attitudes towards menopause in postmenopausal women aged 40 to 65. It is of great importance for health professionals to know the factors affecting sexual life in menopause, to be aware of women's beliefs, attitudes, and value judgments regarding menopause and sexuality, and to provide counseling to women based on the information they have. Training programs should be developed and implemented to improve the sexual health and attitudes of women in menopause.

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## Data availability statement

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

## REFERENCES

1. Tezce MA, Beydag KD. Menopausal perspective and sexual quality of life of women in menopause. *Health Public* 2021;31:175-86.

2. Senturk Erenel A, Golbasi Z, Kavlak T, Dilbaz S. Relationship between menopausal symptoms and sexual dysfunction among married Turkish women in 40-65 age group. *Int J Nurs Pract* 2015;21:575-83.
3. World Health Organization (WHO). Menopause; 2022. Available from: <https://www.who.int/news-room/fact-sheets/detail/menopause>. [Last accessed on 2023 Apr 08].
4. Heidari M, Ghodusi M, Rezaei P, Kabirian Abyaneh S, Sureshjani EH, Sheikhi RA. Sexual function and factors affecting menopause: A systematic review. *J Menopausal Med* 2019;25:15-27.
5. Nazarpour S, Simbar M, Ramezani Tehrani F, Alavi Majd H. Quality of life and sexual function in postmenopausal women. *J Women Aging* 2018;30:299-309.
6. Jamali S, Javadpour S, Mosalanejad L, Parnian R. Attitudes about sexual activity among postmenopausal women in different ethnic groups: A cross-sectional study in Jahrom, Iran. *J Reprod Infertil* 2016;17:47-55.
7. Scavello I, Maseroli E, Di Stasi V, Vignozzi L. Sexual health in menopause. *Medicina (Kaunas)* 2019;55:559.
8. Mehedintu C, Edu A, Sandru F, Carp-Veliscu A, Petca A, Dumitrascu M, *et al.* Menopause and sexuality. *Rom J Med Pract* 2021;16:82.
9. Yanikkerem E, Göker A, Çakır Ö, Esmeray N. Effects of physical and depressive symptoms on the sexual life of Turkish women in the climacteric period. *Climacteric* 2018;21:160-6.
10. Wong EL, Huang F, Cheung AW, Wong CK. The impact of menopause on the sexual health of Chinese Cantonese women: A mixed methods study. *J Adv Nurs* 2018;74:1672-84.
11. Ayers B, Forshaw M, Hunter MS. The impact of attitudes towards the menopause on women's symptom experience: A systematic review. *Maturitas* 2010;65:28-36.
12. Polat F, Geçici F. Menopause through the eyes of menopausal women: An example of qualitative research. *Turk J Fam Med Prim Care* 2021;15:809-17.
13. Erbil N. Attitudes towards menopause and depression, body image of women during menopause. *Alexandr J Med* 2018;54:241-6.
14. Derya YA, Altiparmak S, Öztaş HG. The effect of gender roles and sexual quality of life on menopausal complaints. *J Inonu Univ Health Ser Vocat Sch* 2021;9:446-58.
15. Gozuyesil E, Gokyildiz Surucu S, Alan S. Sexual function and quality-of-life-related problems during the menopausal period. *J Health Psychol* 2018;23:1769-80.
16. Hakimi S, Simbar M, Ramezani Tehrani F, Zaiery F, Khatami S. Women's perspectives toward menopause: A phenomenological study in Iran. *J Women Aging* 2016;28:80-9.
17. Kısa S, Zeyneloğlu S, Ozdemir N. Examination of midlife women's attitudes toward menopause in Turkey. *Nurs Health Sci* 2012;14:148-55.
18. Erbil N, Boyacı S, Kurt I, Akdoğan Y, Kaya I. A Turkish study on menarche and menstrual experiences and their effects on attitudes towards menopause. *Int J Nurs Pract* 2012;18:107-16.
19. Vandembroucke JP, von Elm E, Altman DG, Gøtzsche PC, Mulrow CD, Pocock SJ, *et al.* Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): Explanation and elaboration. *Int J Surg* 2014;12:1500-24.
20. Duzgun AA, Kok G, Sahin S, Guvenc G. Assessment of depression and sexual quality of life in postmenopausal women. *Perspect Psychiatr Care* 2022;58:2029-36.
21. Zhao Y, Dong W, Sun L, Su Q, Zhu Y, Lu M, *et al.* Analysis of factors that influence the quality of sexual life of climacteric women in China. *Climacteric* 2019;22:73-8.
22. Symonds T, Boolell M, Quirk F. Development of a questionnaire on sexual quality of life in women. *J Sex Marital Ther* 2005;31:385-97.
23. Tutug N, Golbasi Z. A validity and reliability study of Turkish version of the Sexual Quality of Life Questionnaire-Female. *Cumhuriyet Med J* 2010;32:172-80.
24. Ucanok Z, Bayraktar R. Menopausal symptoms, attitudes towards menopause and life orientation in women at different age groups and educational levels. *J Psych Psycho Psychopharma* 1996;4:11-20.
25. Bülbül T, Mucuk S, Dolanbay M, Turhan İ. Do complaints related to menopause affect sexuality and marital adjustment? *Sex Relatsh Ther* 2021;36:465-79.
26. Erbaş N, Demirel G. Evaluation of the effect of menopausal complaints and menopausal attitudes of climacteric women on the quality of sex life. *Acibadem Univ Health Sci J* 2017;8:220-5.
27. Yağmur Y, Orhan İ. Examining sexual functions of women before and after menopause in Turkey. *Afr Health Sci* 2019;19:1881-7.
28. Blumel JE, Castelo-Branco C, Binfa L, Gramegna G, Tacla X, Aracena B, *et al.* Quality of life after the menopause: A population study. *Maturitas* 2000;34:17-23.
29. Adekunle AO, Fawole AO, Okunlola MA. Perceptions and attitudes of Nigerian women about the menopause. *J Obstet Gynaecol* 2000;20:525-9.
30. Erbil N, Gümüşay M. Relationship between perceived social support and attitudes towards menopause among women and affecting factors. *Middle Black Sea J Heal Sci* 2018;4:7-18.