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Does social support affect menopausal symptoms in menopausal women?

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Abstract

Purpose: To determine the effect of perceived social support of menopausal women on their menopausal complaints.

Design and Methods: This descriptive and correlational study was conducted with 505 women. The data were obtained using personal information form, menopause rating scale, and multidimensional scale of perceived social support. Frequency, percentage, *t* test, analysis of variance Skewness and Kurtosis (±1) and correlation were used in the analysis of the data.

Findings: In the study, it was found that there was a positive and significant relationship between menopausal symptoms and social support, and menopausal symptoms decreased as social support increased.

Practice Implications: Nurses should provide consultancy for women to increase their social support systems to decrease their menopausal complaints.

KEYWORDS

menopausal symptom, menopause, social support, woman

1 | INTRODUCTION

Menopause is defined as a challenging life period in which reproductive ability of women begins to disappear due to fluctuations in the ovarian function and hormone levels and final recession.[1–3] Depending on the estrogen deficiency in the circulation as a result of hormonal oscillations and decreased follicle activity, physical, psychological and various somatic changes, such as hot flush, night sweats, irregular menstrual cycle, sleep disorders, sexual dysfunction, headache/dizziness, dyspnea, cardiovascular changes and osteoporosis be seen[4–8]; Besides, the prevalence of menopausal symptoms varies significantly between 11% and 45% from the perimenopausal period and 70%–80% of women have signs and symptoms of estrogen deficiency.[2,9,10] How often and which of these findings will be seen are affected by many different situations and they are affected by psychological, biological, social, and cultural effects and personal perceptions.[7,8,11] Menopausal period is seen between the ages of 40–60 on average.[12,13] Turkey menopause, according to Statistics, the average entry age is about 46–49 years old (TNSA, 2019). Considering that the life expectancy at birth for women is 81 years in Turkey, it is seen that the menopause period covers approximately one-third of the women's lives.[14,15] In addition to hormonal, physiological and psychological changes experienced during the menopause period, women can experience many changes in their families, works, and social lives with some of their roles and responsibilities as a spouse, mother, coworker and friend. Therefore, strengthening women's social support system during menopause period, which is an important life cycle, can be effective in alleviating the physiological and psychological complaints associated with menopause.[2,6,11] On the other hand, social support systems appear in the form of all interpersonal relationships that have an important place in the lives of individuals and provide emotional, mental and financial help to the individual when necessary.[16] When the related studies conducted are examined, they showed that social support can have a positive effect on psychological symptoms and can effectively reduce the risk of mental disorders in women during the

perimenopause period.[2,11] Besides, there are also studies showing that there is no correlation between menopausal complaints and social support.[7] Therefore, further studies are needed to determine the correlation between social support and menopausal symptoms. Based on the data obtained from the literature, this study was conducted to determine the effect of perceived social support of menopausal women on their menopausal complaints.

1.1 | Research questions

1. What are the menopausal symptom levels and social support levels of women?
2. What are the variables affecting the menopausal symptoms and social support levels of women?
3. Is there a relationship between women's menopausal symptom levels and social support levels?

2 | MATERIALS AND METHODS

2.1 | Design and sampling

This study was a cross-sectional study of the relationships between social support and menopausal symptoms in a Healthy Life Center located in the eastern Turkey between September 2019 and February 2020. Healthy Life Centers is a unit affiliated with the Ministry of Health, where psychologists, social workers, child development specialists work, and provides training and counseling on healthy lifestyle behaviors, including family planning services, tobacco and substance abuse counseling, breast cancer and genital cancer screening and counseling.

The place of the study is a city having moderately developed industry and predominantly rural lifestyle in the eastern Turkey. The population of the study was composed of women between the ages of 45–65 years who were residing in the city center. The calculation of the sample size was performed using the menopause rating scale (MRS) total score, the primary dependent variable, as reference. The calculation was based on 0.86 effect size and MRS total score reported by Tümer and Kartal.[17] The sample of the study was composed of 505 menopausal women who met the inclusion criteria in line with the literature and had an error rate of 5%, confidence interval of 95% and power of representing population of 90% according to the results of the power analysis.

2.2 | Inclusion criteria

- Women who has 45–65 aged.
- Women who have been in menopause for at least one year (in Stage +1 and Stage +2 according to the STRAW Staging System,[18]
- Women who has literated.
- Women without communication problems.

2.3 | Exclusion criteria

- Women who do not meet the inclusion criteria.

2.4 | Data collection

The data were collected by the researchers through face-to-face interviews within the working hours of three days a week (Monday, Wednesday, and Friday) with women who received service from the Healthy Life Center for any reason. A room was provided at the Healthy Life Center for participants to fill out the forms.

2.5 | Data collection tool

The data were obtained using Personal Information Form, MRS and multidimensional scale of perceived social support (MSPSS). Personal Information Form contains information about women's demographic characteristics (age, number of children, marital status, education status), menopause status (menopause type, menopause duration, status of receiving information about menopause) and if they have received medical care.

2.6 | Menopause rating scale

The scale developed by Schneider, Heinemann et al.[19] to measure the severity of menopausal symptoms and their effects on quality of life, Turkish validity and reliability study of was conducted by Gurkan.[20] The scale containing menopausal symptoms is composed of a total of 11 items and 3 subscales including somatic, psychological and urogenital complaints. In the Likert type scale, the options are 0: None, 1: Mild, 2: Medium, 3: Severe and 4: Very severe. The lowest score of the scale is 0, the highest score is 44. The increase in the total score of the scale indicates that the symptoms severity increased and the quality of life is negatively affected. Gurkan suggested that sub-group analysis should be made again or the assessment should be made over the total score obtained from the scale in the new studies using this scale since 3rd and 11th items are involved in different sub-groups in the factor analysis (they are in somatic complaints subscale in the original version). In this study, evaluation was made over the total score. Cronbach's alpha reliability coefficient of the scale is 0.84.[21] In this study, its Cronbach's alpha value was determined as 0.85.

2.7 | Multidimensional scale of perceived social support

Turkish validity and reliability study of the scale developed by Zimmet et al.,[22] to evaluate the adequacy of social support subjectively was conducted by Eker and Arkar.[23] In the scale consisting of a total of

12 items, there are three groups consisting of four items in each about the source of the support. They are family (items 3, 4, 8, 11.), friends (items 6, 7, 9, 12) and a significant other (teacher, lover, relative, etc.) (items 1, 2, 5, 10). The scale is in the form of seven-point Likert type including the options of "I strongly agree" (7 points), "I mostly agree" (6 points), "I agree" (5 points), "Undecided" (4 points), "I disagree" (3 points), "I mostly disagree" (2 points) and "I strongly disagree" (1 point). The minimum score that can be taken from the subscales is 4 and the maximum score is 28. The lowest score of the overall scale is 12 and the highest score is 84. A high score indicates that perceived social support is high. In the study of Eker and Arkar, the Cronbach's alpha value of the scale was found as 0.80–9.95.[24] In this study, Cronbach's alpha value was determined as 0.93.

2.8 | Data analysis

The input and analysis of the data obtained from the study were conducted by using Statistical Package for Social Sciences 24.0 for Windows package program. Percentage, standard deviation, frequency, mean, minimum-maximum values, which are the descriptive statistical methods, and Skewness and Kurtosis (±1) distribution test to investigate the normal distribution were used in the data assessment. For statistical calculations, independent samples *t* test, analysis of variance, and Pearson correlation tests were used. The value of $p < 0.05$ was accepted as statistically significant.

2.9 | Ethical principles of the study

To conduct the study, ethics committee approval was obtained from a University Rectorate Noninvasive Ethics Committee (approval number: 23/09/2019-E.16065). All women who agreed to participate in the study were informed about the purpose, duration, and scope of the study. It was explained that the participation was voluntary and their informed consent was obtained.

3 | RESULTS

In the study, it was determined that the mean age of the women was 53.46 (5.36) (between 45 and 65 years old), mean menopause duration was 5.06 (4.37), 62% were in the age range of 45–55 years, 93.5% were married, 88.7% had primary school and lower education level, 92.1% were unemployed, 96.2% had children, 61.2% had four or more children, and 67.7% of them have entered menopause for 1–5 years. It was found that 92.1% of the women entered menopause naturally, and 50.7% received information about menopause.

MRS total mean score of the menopausal women was found as 3.79 (1.86) for somatic subscale, 12.48 (5.02) for psychological subscale, and 4.35 (2.86) for urogenital subscale and it was found as 20.63 (8.16) for the overall scale (Table 1).

It was observed that the menopause type was associated with the somatic subscale of MRS ($p = 0.025$) and the Stage +1 women who got through menopause period naturally experienced less somatic complaints. It was also found that women's status of receiving information about menopause was associated with all subscales of MRS and the scale total score (Table 1).

It was determined that 58.2% of women in the study did not apply to any method to cope with menopausal symptoms, 18.4% received medication treatment, 16.2% used herbal therapy, 7.9% received psychological support, and 13.5% of them participated in social activities (Table 2).

It was determined that there was a significant correlation between MSPSS family subscale and having children and number of children and family ($p = 0.033$) social supports of women in the group having four or more children increased as the number of children increased. There was an increase in the friend subscale ($p = 0.001$), significant other ($p = 0.013$) subscale and MSPSS ($p = 0.006$) total mean scores of the women who received information about menopause and their social support increased (Table 3).

MSPSS total mean scores of the menopausal women were found as 19.78 (6.20) for family subscale, 16.49 (6.68) for friend subscale, 18.47 (6.90) for significant other subscale and 54.74 (17.12) for the overall scale. It was found that the working status and significant other subscale mean scores were significant and social support of working women was higher in significant other ($p = 0.033$) subscale (Table 3).

In the study, a positive and significant correlation was found between MRS total score and MSPSS total score ($r = 0.14$ $p = 0.001$). A positive and significant correlation was determined between family scores of menopausal women and their psychological ($r = 0.08$ $p = 0.004$) complaints. A positive and significant correlation was determined between friend scores and somatic ($r = 0.08$ $p = 0.005$), psychological ($r = 0.16$ $p = 0.001$), urogenital ($r = 0.12$ $p = 0.004$) and menopause complaints. A positive and significant correlation was found between significant other scores of the women and psychological ($r = 0.16$ $p = 0.001$), urogenital ($r = 0.08$ $p = 0.005$) and menopause complaints (Table 4).

4 | DISCUSSION

It was determined in this study that there was no significant difference between MRS total mean scores of women in terms of their sociodemographic characteristics, such as age, marital status, education level, working status, having children, and menopause type. This result may be due to the sample group having a homogeneous structure. It was stated in the study by Celik and Pasinlioglu[25] that there was no significant difference between MRS mean scores of women in terms of their sociodemographic characteristics and it was found in the study by Alquaiz et al.,[26] that age and marital status did not change the severity of menopausal symptoms. The result of the study is similar to the literature. Since there was a significant difference between sociodemographic characteristics and menopausal

TABLE 1 Comparison of women's descriptive characteristics and MRS mean scores

		Menopause rating scale			
		Somatic	Psychological	Urogenital	Total
	n (%)	*SD*	*SD*	*SD*	(*SD*)
Age					
45–55	313 (62.0)	3.74 (1.81)	12.69 (5.27)	4.46 (2.91)	20.91(8.50)
56–65	192 (38.0)	3.86 (1.94)	12.13 (4.47)	4.17 (2.77)	20.17 (7.56)
p[a]		0.482	0.216	0.266	0.322
Marital status					
Married	472 (93.5)	3.77 (1.87)	12.43 (5.02)	4.34 (2.85)	20.55 (8.17)
Single	33 (6.5)	4.03 (1.74)	13.15 (4.98)	4.60 (3.00)	21.78 (7.97)
p[a]		0.444	0.430	0.608	0.400
Education Level					
Literate	222 (44.0)	3.73 (1.73)	12.49 (5.03)	4.20 (2.90)	20.43 (8.05)
Primary school	224 (44.4)	3.88 (1.96)	12.62 (5.16)	4.39 (2.87)	20.91 (8.40)
Secondary school	40 (7.9)	3.65 (1.94)	11.50 (4.46)	4.50 (2.73)	19.65 (7.71)
Higher education	19 (3.8)	3.57 (2.09)	12.73 (4.31)	5.42 (2.50)	21.73 (7.68)
p[b]		0.752	0.622	0.333	0.725
Working status					
Yes	40 (7.9)	3.72 (2.14)	11.52 (6.16)	4.67 (3.49)	19.92 (10.48)
No	465 (92.1)	3.79 (1.83)	12.56 (4.90)	4.33 (2.80)	20.69 (7.94)
p[a]		0.818	0.209	0.467	0.569
Having children					
Yes	486 (96.2)	3.75 (1.86)	12.44 (5.03)	4.32 (2.85)	20.53 (8.18)
No	19 (3.8)	4.57 (1.57)	13.36 (4.59)	5.10 (3.10)	23.05 (7.29)
p[a]		0.060	0.434	0.247	0.188
Number of children					
1–3	196 (38.8)	3.71 (1.98)	12.08 (5.34)	4.32 (3.00)	20.12 (8.91)
4–6	215 (42.6)	3.83 (1.72)	13.02 (4.83)	4.53 (2.70)	21.39 (7.74)
≥7	94 (18.6)	3.82 (1.92)	12.07 (4.68)	4.04 (2.92)	19.94 (7.33)
p[b]		0.794	0.110	0.378	0.192
Menopause duration (years)					
1–5	342 (67.7)	3.67 (1.81)	12.53 (5.09)	4.49 (2.95)	20.69 (8.42)
6–10	115 (22.8)	4.09 (1.90)	12.48 (4.91)	4.09 (2.61)	20.97 (7.70)
≥11	48 (9.5)	3.89 (2.04)	12.12 (4.81)	4.04 (2.77)	20.06 (7.43)
p[b]		0.100	0.871	0.319	0.879
Menopause type					
Naturally	465 (92.1)	3.73 (1.83)	12.46 (4.95)	4.42 (2.86)	20.62 (8.09)
Surgically	40 (7.9)	4.42 (2.03)	12.75 (5.80)	3.57 (2.80)	20.75 (8.99)
p[a]		**0.025**	0.727	0.071	0.924

TABLE 1 (Continued)

		Menopause rating scale			
		Somatic	Psychological	Urogenital	Total
	n (%)	*SD*	*SD*	*SD*	(*SD*)
Receiving information about menopause					
Yes	256 (50.7)	3.48 (1.73)	11.86 (4.64)	4.08 (2.75)	19.43 (7.42)
No	249 (49.3)	4.08 (1.93)	13.08 (5.29)	4.62 (2.94)	21.79 (8.67)
p[a]		**0.000**	**0.006**	**0.034**	**0.001**
MRS (Total)	505 (100)	3.79 (1.86)	12.48 (5.02)	4.35 (2.86)	20.63 (8.16)

Note: Bold values indicate statistically significant at $p < 0.05$.

Abbreviations: ANOVA, analysis of variance; MRS, menopause rating scale.

[a]Independent samples *t* test.

[b]One-way ANOVA.

TABLE 2 Women's characteristics of using the method for menopausal complaints

Using a method for menopause	*n*	%
I do not do anything	294	58.2
I'm taking medication	93	18.4
I use herbal treatment	82	16.2
I get psychological support	40	7.9
I participate in social activities	68	13.5

symptoms in the study by Tumer and Kartal,[17] it differed with the present study. Individual and sociocultural factors and the way menopause is perceived by individuals and the society may be the reason for this difference.

In the study, severity of menopausal symptom of women was determined to be nearly at moderate level (20.63 ± 8.16). Looking at the studies conducted in different regions of Turkey; since the severity of menopausal symptom was close to moderate level in the study by Erenel et al.[27] (20.13 ± 9.20), it was similar to the results of the present study. The severity of menopausal symptom was lower in the studies of Tumer and Kartal[17] (14.65 ± 7.62), Tan et al.[28] (12.2 ± 7.2) than result of the present study, but the symptom severity was higher in the study of Celik and Pasinlioglu[25] (22.67 ± 8.06) and thus it was different from the present study.[17,25,28,29] Individual characteristics, regional differences in perceptions and attitudes towards menopause, may be the reason for this difference. Chou et al.[29](14.2 ± 8.80), in his study in China, it was stated that the severity of menopausal symptoms was lower than in our study. Socio-cultural and economic factors, cultural differences in perceptions and attitudes towards menopause may be the reason for this difference.

It was determined that somatic and urogenital symptoms subscale scores of the women participating in the study were below the average and the psychological symptom subscale was above the average. In Kurt and Arslan's[30] study, it differs from our study because the psychological and urogenital symptom score averages are close to medium level and the somatic symptom scores are above the medium level. In Celik and Pasinlioglu's[25] study, somatic, urogenital symptom subscale mean scores differ from our study because they are above the middle level. Symptom management skills of women, not expressing their sexual problems by seeing sexuality as a taboo, cultural and environmental factors may be the reason for this difference. In the study of Celik and Pasinlioglu, the psychological symptom subscale mean scores were similar to our study because they were above the middle level.

It was determined in the present study that there was no difference between MSPSS total mean scores in terms of age groups, education levels, working conditions, number of living children, menopause type and education levels. It was stated in the study by Koçak et al.,[8] that there was no difference between MSPSS total mean scores in terms of age groups, education levels, working conditions, number of living children, menopause type and education levels. It was reported that there was no difference between age groups and social support in the studies by Kokkaya and Demirci[11] and Najafabive,[31] and there was no difference between MSPSS total mean scores in terms of the menopause type in the study by Erbil and Gumusay.[11,31,32] The results obtained from the study are similar to the literature. It is believed that social and cultural characteristics and positive or negative perceptions and attitudes of women towards menopause affect symptom severity.

In this study, it was determined that the social support received by the women from their families was higher. In the studies of Kocak et al.,[8] and Erbil and Gumusay,[32] they stated that women received more social support from their families. The study results are similar to the literature. The fact that women included in the study live with their husbands and children, they have communication and support within the family, share the symptoms they experience with their family members and share information about symptom management may cause higher family social support.

In this study, MSPSS mean score (54.74 ± 17.12) was determined to be higher than the moderate level. In the studies of Kocak et al.[8] (53.66 ± 13.10) and Erbil and Gümüşay[32] (54.93 ± 11.63), it was

TABLE 3 Comparison of the descriptive characteristics and MSPSS mean scores of the women

		Multidimensional scale of perceived social support (MSPSS)			
		Family	Friend	Significant other	Total
	n (%)	*SD*	*SD*	*SD*	*SD*
Age					
45–55	313 (62.0)	19.69 (6.07)	16.27 (6.54)	18.36 (6.80)	54.34 (16.56)
56–65	192 (38.0)	19.92 (6.42)	16.83 (6.91)	18.65 (7.08)	55.41 (18.02)
p[a]		0.696	0.361	0.651	0.496
Marital status					
Married	472 (93.5)	19.38 (6.19)	16.51 (6.65)	18.57 (6.90)	54.92 (17.09)
Single	33 (6.5)	19.06 (6.38)	16.18 (7.20)	16.96 (6.76)	52.21 (17.66)
p[a]		0.489	0.784	0.196	0.379
Education level					
Literate	222 (44.0)	19.49 (6.20)	15.84 (6.60)	17.98 (6.80)	53.32 (16.61)
Primary school	224 (44.4)	20.28 (6.30)	17.10 (6.89)	18.71 (7.04)	56.10 (17.81)
Secondary school	40 (7.9)	18.57 (6.08)	16.30 (6.50)	18.65 (6.99)	53.52 (17.04)
Higher education	19 (3.8)	19.84 (5.04)	17.21 (5.07)	20.94 (6.01)	58.00 (14.00)
p[b]		0.329	0.237	0.280	0.281
Working status					
Yes	40 (7.9)	21.55 (5.83)	17.15 (6.90)	20.70 (6.84)	59.40 (16.69)
No	465 (92.1)	19.63 (6.21)	16.43 (6.67)	18.28 (6.88)	54.34 (17.11)
p[a]		0.061	0.517	**0.033**	0.073
Having children					
Yes	486 (96.2)	19.89 (6.21)	16.58 (6.68)	18.52(6.87)	54.99 (17.10)
No	19 (3.8)	17.05 (5.26)	14.15 (6.49)	17.15 (7.59)	48.36 (16.91)
p[a]		**0.050**	0.121	0.398	0.098
Number of children					
1–3	196 (38.8)	18.96 (6.09)	16.82 (6.41)	18.37 (6.84)	54.16 (16.78)
4–6	215 (42.6)	20.56 (5.89)	16.60 (6.70)	18.72 (6.99)	55.89 (16.60)
≥7	94 (18.6)	19.69 (6.93)	15.53 (7.16)	18.11 (6.86)	53.34 (18.92)
p[b]		**0.033**	0.290	0.753	0.401
Menopause duration (years)					
1–5	342 (67.7)	19.62 (6.15)	16.36 (6.62)	18.28 (6.87)	54.27 (17.09)
6–10	115 (22.8)	20.33 (6.40)	16.73 (6.81)	18.79 (7.03)	55.86 (17.24)
≥11	48 (9.5)	19.60 (6.09)	16.81 (6.96)	19.02 (6.88)	55.43 (17.22)
p[b]		0.552	0.821	0.675	0.660
Menopause type					
Naturally	465 (92.1)	19.79 (6.21)	16.50 (6.68)	18.35 (6.88)	54.64 (17.20)
Surgically	40 (7.9)	19.67 (6.16)	16.37 (6.83)	19.85 (7.02)	55.90 (16.34)
p[a]		0.090	0.090	0.189	0.658

TABLE 3 (Continued)

		Multidimensional scale of perceived social support (MSPSS)			
		Family	Friend	Significant other	Total
	n (%)	*SD*	*SD*	*SD*	*SD*
Receiving information about menopause					
Yes	256 (50.7)	20.10 (6.07)	17.47 (6.34)	19.22(6.98)	56.80 (16.79)
No	249 (49.3)	19.45 (6.32)	15.47 (6.89)	17.69(6.74)	52.63 (17.23)
p^a		0.238	**0.001**	**0.013**	**0.006**
MSPSS	505(100)	19.78 (6.20)	16.49 (6.68)	18.47 (6.90)	54.74 (17.12)

Note: Bold values indicate statistically significant at $p < 0.05$.

Abbreviation: ANOVA, analysis of variance.

[a]Independent samples *t* test.

[b]One-way ANOVA.

TABLE 4 The correlation between MRS and MSPSS mean scores

	Multidimensional scale of perceived social support (MSPSS)			
Menopause rating scale (MRS)	Family	Friend	Significant other	Total
Somatic				
r	0.02	0.08	0.06	0.06
p	0.661	**0.005**	0.154	0.164
Psychological				
r	0.08	0.16	0.16	0.15
p	**0.004**	**0.001**	**0.001**	**0.001**
Urogenital				
r	−0.02	0.12	0.08	0.07
p	0.547	**0.004**	**0.005**	0.102
Total				
r	0.06	0.17	0.15	0.14
p	0.177	**0.000**	**0.001**	**0.001**

Note: Bold values indicate statistically significant at $p < 0.01$.

stated that the social support level of women in menopause period was higher than the moderate level. The result of the study is similar to the literature. Since the family support levels of women in the study of Karlidere were low, it was different from the present study.[33] The fact that women included in the study live with their husbands and children, they have communication and support within the family, share the symptoms they experience with their family members and share information about symptom management may cause higher family social support.

In this study, MSPSS mean score (54.74 ± 17.12) was determined to be higher than the moderate level (Table 3). In the studies of Kocak et al.,[8] (53.66 ± 13.10) and Erbil and Gümüşay[32] (54.93 ± 11.63), it was stated that the social support level of women in menopause period was higher than the moderate levelv. The result of the study is similar to the literature. In a study conducted in Iran, MSPSS mean score of women in menopause period (59.73 ± 15.74) was found to be higher than the value of the present study.[34] Social, cultural, geographic, regional, and individual factors may be effective on the result.

In the study, a positive correlation was found between menopausal symptoms and social support. Erbil and Gumusay[32] stated that perceived social support positively affected the women's attitudes towards menopause, Namazi et al.,[35] found that menopausal symptoms decreased when the social support from different sources increased and Zhao et al.[2] stated that menopausal symptoms in people who received family support decreased.[32,35] The result of the study is similar to the literature. The relationship between social support and MRS scores can be caused by changes in mood. Also it is thought that the severity of menopausal symptoms decreases due to the positive effect of social support on women's menopausal perceptions and attitudes. While the individuals have decreases in psychological symptoms, stress and depression as their social support increases, there are increases in health and prosocial behaviors and self-esteem.[36] High correlation can never be evidence of causation, or this relationship cannot be explained as a causal relationship.[37] However, correlation is a good reason to look for a causation. Correlations are starting points for us.

5 | CONCLUSION

Since there was a positive and significant correlation between MRS total score and MSPSS total score in the study, it was found that the severity of menopausal symptoms decreased as the perceived social support of women increased. The severity of menopausal symptoms of women was close to the moderate level, their perceived social support was above the moderate level, and the family social support was higher.

In line with the results, menopausal women should be informed about the positive effect of social support and social relations on the

severity of menopausal complaints. Since healthcare professionals are an important source of social support for women, they should give counseling to women about menopausal symptoms and coping methods, organize training programs, ensure women and their husbands to develop positive attitudes towards menopausal changes, and encourage them to participate in social activities.

6 | IMPLICATIONS FOR NURSING PRACTICE

Since providing social support to women during the menopause period alleviates the complaints arising due to menopause, nurses who have duties, such as health protection and improvement, health education and counseling have important responsibilities in this regard.

Nurses can determine the characteristics, level of knowledge and emotional changes of women regarding menopause and can make necessary interventions. Nurses can inform menopausal women and their families about the symptoms of menopause, and can fulfill their counseling roles in improving women's social relationships and expanding their social support systems. She can provide guidance by stating that women's participation in social activities will alleviate their symptoms.

6.1 | Limitations of the study

The study cannot be generalized to the population, because of the study includes women who applied to the Healthy Living Center at the time of the study.

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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CONFLICT OF INTERESTS

The authors declare that there are no conflict of interests.

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