Original Article

The effect of self-efficacy counseling on the management of menopausal symptoms in psychological dimension in perimenopause women referred to health centers in Mahabad city

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ABSTRACT

Background: Menopause is one of the most important stages in the life of every woman on the path to growth and development, which is considered as a physiological event and end of menstruation and fertility. This study was aimed to investigate the effect of self-efficacy counseling on the management of menopausal symptoms in perimenopause women. Methods and materials: This study was a quasi-experimental with control group. The selection of health centers in Mahabad city, Iran was randomized and samples were randomly selected from each center, so that 80 women were randomly assigned to the control (n = 40) and intervention (n = 40) groups. The intervention included self-efficacy counseling on management of the menopausal symptoms, which was held at Six 45-60-minute sessions at intervals of one week. The data collection tool in this research was demographic characteristics questionnaire and menopausal grading scale. Data analysis was done using SPSS software version 16 and Chi-square, independent t-test and paired t-test. Less than 0.05 was considered significant. Results: The results of the study showed that the mean score of menopausal symptoms in the psychological dimension between intervention group (3.18±1.61) was lower than the score in the control group (7±2.64) after the end of the intervention, which was statistically significant (P <0.001). Conclusion: The results showed that counseling based on the self-efficacy could be effective in reducing menopausal symptoms in the psychological dimension. Therefore, considering the increasing number of postmenopausal women, the use of counseling methods can be considered by the authorities in their quality of life and promotion of their health.

Keywords: Counseling, Menopausal symptoms, Menopause, Perimenopause, self-efficacy.

Introduction

Menopause is one of the most important stages in the life of every woman on the path to growth and development, which is considered as a physiological event and end of menstruation and fertility [1, 2]. Menopause is inevitable that affects the quality of life, health and well-being of women, and, beyond its useful and valuable aspects, creates a series of physical and psychological problems that are attributed to hormonal changes in menopause [3-5].

Menopause is a permanent termination of menstruation with estrogen reduction and an increase in follicle stimulation hormone to more than 40 international units per liter, which occurs at an average of 51 years [6]. Perimenopause is the period before, during and after menopause. The duration of this period varies, but it usually takes about 7 years [2, 7]. The post-

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menopausal period is a period of partial ovarian omission which women are prone to illnesses caused by estrogen deficiency [2, 7]. According to global statistics in the seventeenth century, only 28% women met menopause, while nowadays, with the advances in medical science, it can be expected that postmenopausal women will survive longer and many of them live up to 80 years of age or more. Therefore, the health of women in the postmenopausal years is an essential part of life, and women have the right to enjoy their life in this period [3, 8].

By 2025, the number of postmenopausal women in the United States is expected to double compared to 1990 [9]. According to studies, the average age of menopause was significantly different in different geographical areas with environmental conditions, socioeconomic status, developmental level, and biological and behavioral characteristics [10], so that the average age of menopause in Taiwan is 49.5 years, Australia 51 years, US 51.4 years, Japan 49.3 years, Nigeria 48.4 years, Finland 51 years, Africa 48.4 years, Spain 51.7 years, Malaysia 49.6 years as well as in Iran according to Askari et al., the mean age of menopause is 47.6 years which is lower than other countries [1, 10, 11].

Some symptoms of menopause include dementia and dementia, skin changes, genitalia-urinary atrophy, osteoporosis, urinary incontinence, sexual dysfunction, cardiovascular disease which are some of the physical problems of menopause, and include symptoms such as insomnia and fatigue which occurs in 30-40% of postmenopausal women as psychosocial problems of menopause [4, 5, 7].

One of the most important approaches to improving the health of perimenopause women is counseling on menopause. Consultation is a helpful process in which the ability and decision-making power of the individual are created and it is a mutual communication in which the needs, knowledge and attitudes of individuals are assessed in relation to the subjects of interest [12].

Consultation is one of the most important ways of women empowerment and is the first step in counseling, cognition and experience, and analyzing the knowledge and attitude of individuals. Positive knowledge and attitude of women about menopausal symptoms can improve their quality of life during this period [13].

Consultation may be done in a variety of ways, which seems to suggest that self-efficacy counseling can play a more important role in controlling menopausal symptoms [14]. Self-efficacy refers to the sense of value and self-esteem, the sense of adequacy and effectiveness in dealing with life events. Research shows that self-efficacy can relate to a person's feelings about overall well-being, and that one's sense of well-being is one of the most important dimensions of quality of life [15].

Hamidzadeh et al. [12] and Mishra et al. [16] believe that one's confidence in his ability to treat menopausal symptoms is one of the most important factors. Some studies also found that the adjustment and resilience power of individuals who have a great deal to do with their self-efficacy is a very important factor in improving the mental health of postmenopausal women. If their perceived self-efficacy is higher, more people will continue their efforts to succeed [17]. Therefore, considering the importance of recognizing menopausal symptoms in relation to the health of women and the lack of information on this phenomenon, as well as the lack of similar study in databases, the effect of self-efficacy counseling on the management of menopausal symptoms in perimenopause women was investigated.

Method and Materials

The present study is quasi-experimental with control group with clinical trial code (IRCT2015100424340N1) and ethics code (IR.umsu.rec.1395.391). All women in perimenopause women living in Mahabad who had criteria for entering, were included in this study. The research environment consisted of health centers in Mahabad city. Four centers were randomly selected in 2 levels (by lootary), which included health centers of Bodagh Soltan- Farhanghiyan-Shafei and Farabi.

In this study, the inclusion criteria included women who were willing to participate in research, Iranian nationality, age between 45-55 years, residence in Mahabad, lack of physical, psychological and neurological diseases, no history of ovaryectomy and hysterectomy, and the absence of artificial menopause, having at least reading and writing ability, not using hormone therapy and other drugs that affect menopausal symptoms.

In this research, exclusion criteria include an individual's reluctance to continue the research, absence of more than two sessions in counseling sessions, the occurrence of any stressful events for participants or family members, ovaryectomy and hysterctomy, diagnosis of mental illness and psychiatric disorders (severe anxiety disorder and the diagnosis of any patient with severe illness, etc.). According to the study of Mohammad Zeidi et al. [18] in 2013 using the mean and standard deviation of the self-efficacy score of the intervention group before and after the study, with confidence 95% and power of 95%, minimum number of samples was calculated 33 for each group. Considering the 20% attrition of the samples, 40 women were enrolled in aeach group.

$$N = (Z\alpha + Z\beta)^2 (S_1^2 + S_2^2) / (\mu_1 - \mu_2)^2 = (1.96+1.96)^2 (5.43^2 + 6.12^2) / (14.42-20.06)^2 \approx 33$$

Then, using random numbers table, the samples were randomly selected (20 women for each center). In order to participate the samples to the health center, the researcher invited them using telephone calls and the presentation of general explanations for the research, and, if they did not agree, others were replaced. At the time of referral, the required explanations were given and, if they were willing to participate in the study, informed consent were obtained.

The instruments used in this study were demographic questionnaire and menopausal grading scale. Menopause Grading Scale is an international standard for grading the severity of menopausal symptoms in three areas including physical (4 questions), mental (4 questions), and genital urinary

(3 questions). This questionnaire is valuable and modern tool for assessing menopausal complaints, in practice, is highly applied and highly reliable, and can also be used as an adequate diagnostic tool for menopause quality [19].

This sacle includes 11 items: in the area of physical problems, such as hot flashes and night sweats, heart problems, sleep disorders and muscle and joint pain, and in the mental arenas such as depression, nervousness, anxiety, memory weakness and decentralization. In the genitourinary area, there are questions related to the reduction of sexuality and sexual satisfaction, urinary problems, vaginal irritation and dryness. These questions are scored on a 5-point Likert scale, none (0 points), mild (1 point), moderate (2 points), severe (3 points), high score (4 points), and total score of the menopausal grading scale questionnaire is in the range of 0-44. As far as the overall score of the menopause score or score for each of the areas or scores related to questions in that area is less, the severity of the symptoms experienced in menopause will be lower [20-22] .

The intervention group consisted of 40 women (each with separate groups of 10 subjects). The investigator first identified the issues at each session. Challenging coping behavior was challenged and encouraged clients to suggest alternative behaviors. In this regard, in order to implement alternative coping behaviors, clients were encouraged to practice in practice between the two sessions of practical exercises at home and report in each session on the process of doing so. In the final 10 minutes, the researcher as leader summarized and presented the content od session. The intervention was held as a counseling session for women around menopause, in Six 60-45-minute sessions with intervals of one week. At the beginning of the consultation, pre-test in the first session and post-test at the end of the sixth session were taken. During the intervention, the researcher did based on counseling information of the content of the Menopause Grading Scale, with regard to the culture and level of women's literacy used tools such as pamphlet, powerpoint, whiteboard, short speeches and group discussions, educational pamphlets and individual counseling for more impact. The control group did not receive any intervention program before the intervention, and only received the routine care. The menopausal grading scale questionnaire was completed again one month after the completion of the intervention by women of both groups in the presence of the researcher. After the post-test, all the leaflets and educational materials were provided to the control group.

Statistical analysis

T-test and paired t-test were used to compare the quantitative effects between the two intervention and control groups. Comparison of qualitative variables between the two groups was performed using Chi-square test and Fisher's test, if necessary. Data analysis was done using SPSS software version 16. The significance level was considered less than 0.05. In examining the normality of the data, according to the Kolmogorov-Smirnov test, the mean scores of total menopausal symptoms in the two intervention and control groups before and after the intervention had normal distribution (P >0.05).

Results

Table 1 shows that according to the results of independent t-test, there was no significant difference in the demographic characteristics of the quantitative variables of the research units such as: age (P = 0.226), marriage age (P = 0.982), menopausal age (P = 0.932), and body mass index (P = 0.242) between intervention and control groups.

Table 2 shows that according to the Chi-square test, there were not significant differences in qualitative demographic characteristics of the research units such as female education (P = 0.946), female occupation (P = 1), menopausal status (P = 0.5), menstrual status (P=0.88), economic status (P = 0.758) and exercise status (P = 0.444) between the two intervention and control groups.

Table 3 shows that according to independent t-test, there was no significant difference between the mean scores of psychological dimension between the two intervention and control groups before intervention (P = 0.337), but the mean scores of this dimension in the intervention group was statistically significantly lower compared to the control group after the intervention (P <0.001).

Table 1. Comparison of demographic characteristics of the quantitative variables of perimenopause women in the two intervention and control groups

Variable	Intervention		Control		Statistics
	Mean	SD	Mean	SD	
Age (year)	49	2.97	49.83	3.06	t=2.88 P = 0.226
Marriage age	19.28	5.59	19.30	4.35	t=0.022 P = 0.982
Menopausal age	47.8	2.8	49.50	3.92	t=-0.086 P = 0.932
BMI	29.53	4.3	30.70	4.59	t=1.179 P = 0.242

Table 2. Comparison of demographic characteristics of the qualitative variables of perimenopause women in the two intervention and control groups.

Variable	Intervention	Control	Statistics

		Frequency	Percent	Frequency	Percent	
Education	Primary	19	47.5	20	50	X^2=0.278
	Middle	9	22.5	10	25	df =2
	Diploma and higher	12	30	10	25	P =0.964
Menopausal status	Yes	14	35	15	37.5	X^2=0.54
	No	26	65	25	62.5	df =1
						P =0.5
Menstrual status	No(menopaused)	14	35	15	37.5	X^2=0.238
	Regular	13	32.5	11	27.5	df =2
	Irregular	13	32.5	14	35	P =0.88
Economic status	Income more than expenditure	2	5	4	10	
	Income equal expenditure	26	65	22	55	X^2=0.55
						df =2
	Expenditure more than income	12	30	14	35	P =0.758
Exercise status	Always	5	12.5	5	12.5	X^2=1.61
	Occasionally	14	35	9	22.5	df =2
	No	21	52.5	26	65	P =0.445

Table 3. Comparison of the mean score of menopausal symptoms in the psychological dimension between the two intervention and control groups before and after intervention in perimenopause women

Variable		Intervention		Control		Statistics
		Mean	SD	Mean	SD	
Psychological dimension	Before	8.48	2.95	7.90	2.78	t=0.897
						p=0.373
	After	3.18	1.61	7	2.64	t=7.814
						p<0.001

Discussion

The purpose of this study was to determine the effect of counseling based on self-efficacy on management of menopausal symptoms in postmenopausal women referring to health centers in Mahabad city of Urmia, Iran in 2017.

In the present study, the two intervention and control groups were homogeneous in terms of demographic characteristics (P <0.05). These factors can influence the management of menopausal symptoms in perimenopause women. So, various studies have shown that there was a significant relationship between age, educational level, economic status and lifestyle with menopausal symptoms [1, 13, 20, 23].

Ferguson et al. in their study showed that increasing the awareness, attitude and skill of individuals is one of the factors influencing self-efficacy [24]. The study of Kazemian et al. showed that self-efficacy by focusing on the thoughts and opinions of others and physical appearance can lead to identifying the views and needs of these women and designing appropriate intervention programs to improve their quality of life [25]. The study of Mohammad Zeidi et al. (2012) showed that educational intervention based on the individual empowerment model on knowledge, attitude, self-esteem, self-efficacy and quality of life in postmenopausal women is significantly different from the pre-interventional level [18].

Women's awareness about the phenomenon of menopause plays an important role in their mental and physical health. Awareness will have a positive impact on health care and will advance the benefits of receiving services and increasing the use of health care. Then all women must be educated and guided [26]. The results of Faraji et al. showed that about half of women do not have a proper knowledge of the effective factors and symptoms of menopause [13].

A study by Asbury et al. found that cognitive-behavioral counseling is a successful way to reduce anxiety and boost resiliency in postmenopausal women. Methods such as muscle relaxation, activity planning, and proper respiration can be effective in reducing anxiety [27].

Conclusion

According to the findings of this study, the use of counseling based on the self-efficacy can play an important role in managing and controlling menopausal symptoms, because improving the lifestyles of women in perimenopause plays a very important role in promoting sustainable development.

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Conflict of Interest

The authors declare no conflict of interest.

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