

# “I feel good!” Factors Related to Subjective Ratings of Health in Midlife Women Experiencing Menopausal Symptoms

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## INTRODUCTION

Nearly 1.5 million U.S. women experience the menopausal transition each year. (Santoro et al., 2015). Of the women who experience menopause, most will report moderately distressing symptoms. These types of symptoms, whether urogenital, psychological, or somatic, often have a negative impact on perceived health and overall quality of life.

Recent research indicates that various factors, such as subjective menopause symptom severity, impact one's perception of general health and wellness (Gallagher et al., 2016). Menopause symptom severity likely influences how a woman perceives her overall health and wellbeing as well. Constructs like mindfulness and acceptance have shown to influence how one perceives her level of impairment and disability (Beacham, 2015). Therefore, understanding wellbeing during perimenopause and its various influencing factors could improve overall and health and health perception in midlife women.

The current study sought to identify predictors of health perception in midlife women who were also experiencing menopausal symptoms. We expected women with more severe menopause symptoms to self-rate their general health lower.

## METHOD

- The study sample consisted of 225 women.
- The sample data was collected from multiple online menopause support groups.
- The data included participants between the ages of 39-59 and most participants identified as White/Caucasian (87.2%).
- Participants completed demographic items such as age, race, socioeconomic status, education.
- Participants then completed measures related to menopause status, menopause symptom severity, self-rated health, the Five Facet Mindfulness Questionnaire (Baer et al., 2006) and the Menopause Symptom Acceptance Questionnaire (Kelley, 2017, p. 51) as part of a larger dissertation survey related to menopausal symptoms.

Table 1. Menopausal-related symptom predictors of Self-Rated Health

	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	3.236	.706		4.587	.000
Psychological Symptoms	.039	.027	.149	1.444	.151
<b>Somatic Symptoms</b>	<b>.113</b>	<b>.031</b>	<b>.342</b>	<b>3.600</b>	<b>.000</b>
Urogenital Symptoms	-.054	.031	-.145	-1.740	.084

a. Dependent Variable: SRH - In general, would you say your health is excellent, very good, good, fair, or poor?

Table 2. Acceptance and Mindfulness Predictors of Self-Rated Health

	Unstandardized Coefficients		Standardized Coefficients		Sig.
	B	Std. Error	Beta	t	
(Constant)	5.008	.519		9.643	.000
Menopause Activity Engagement	-.003	.008	-.041	-.428	.670
<b>Menopause Willingness Acceptance</b>	<b>-.021</b>	<b>.009</b>	<b>-.236</b>	<b>-2.351</b>	<b>.020</b>
Mindfulness Observance	.015	.015	.084	1.010	.314
<b>Mindfulness Describing</b>	<b>-.026</b>	<b>.012</b>	<b>-.182</b>	<b>-2.121</b>	<b>.036</b>
Mindfulness Awareness	.001	.015	.006	.067	.947
Mindfulness Non-Judgement	-.019	.013	-.154	-1.474	.143
Mindfulness Nonreactivity	-.031	.018	-.153	-1.736	.085

a. Dependent Variable: SRH - In general, would you say your health is excellent, very good, good, fair, or poor?

## RESULTS

Within this sample:

- 13.0% of women fell in the pre-menopause stage, 27.0% in the perimenopause stage, and 31.4% fell in the post-menopause stage.
- Somatic symptom severity ( $p < 0.001$ ), but not psychological or urogenital symptom severity, predicted lower perceived health. See Table 1.
- Individually, menopause acceptance predicted self-rated health  $F(2,148) = 16.641$ ,  $p < 0.001$ , and accounted for 17.3% of the variance.
- Further, mindfulness also predicted self-rated health  $F(5,135) = 8.066$ ,  $p < 0.001$ , and accounted for 2.01% of the variance.
- Specific subfactors of menopause acceptance and mindfulness, such as willingness acceptance and mindfulness describing, predicted higher perceived health (All  $p$ 's  $< .05$ ). See Table 2.

## DISCUSSION

In our sample, women who experienced more somatic symptoms such as impaired sleep and vasomotor symptoms reported lower health. Interestingly, subjective factors such as acceptance of menopause symptoms and mindfulness were also salient predictors of perceived general health. Given the documented association of self-rated health with lifestyle-related diseases and mortality (Idler & Benyamini, 1997; Bozick, 2021), factors affecting self-rated health (such as acceptance and mindfulness) are worthy of further examination, especially in this understudied population (Sakson-Obada & Wycisk, 2015). Better understanding the mechanism of how acceptance and mindfulness influence self-rated health could improve overall health perception of women in perimenopause.

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