

Resilience, Health-Related Quality of Life, and Attitudes toward Menopause among Middle-Aged Women

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Abstract – This study explored the resilience, health-related quality of life, and attitudes toward menopause of middle-aged adults; compared the resilience, health-related quality of life, and attitudes toward menopause of these adults when grouped according to stage of menopause, civil status, educational attainment, and employment status; found if there is a significant relationship between the resilience, health-related quality of life, and attitudes of the respondents, and proposed a psychological intervention based on the results of the study. Mixed method of research was employed with sequential explanatory design as model using standardized tests and interview guide as main tools in gathering the quantitative and qualitative data involving 300 middle-aged menopausal women. Results have shown that the respondents have low level of resilience, high in their level of energy/fatigue and low in the physical functioning and role limitations due to emotional problems. Their attitude towards menopause was found to be average and resilience did not have any significant relationship to all the profile variables. However, there were a number of health-related quality of life form scales that were linked to the profile variables. Attitudes toward menopause of the respondents were found to be significant to civil status. The authors recommended that the proposed intervention program be evaluated by guidance counselors and psychologists before its implementation.

Keywords – resilience, health-related quality of life, attitudes, menopause, middle- adulthood

INTRODUCTION

Life is full of predictable and sometimes, unpredictable changes may it be physically, emotionally, or spiritually. This may bring a positive and negative impact on an individual and affects one's way of living. Since birth, a person experiences several changes especially in the development of one's self. Next to

puberty, changes in middle adulthood are one of the most significant turn one can experience.

Most people say that life begins at 40. For some middle-aged adults, this may be good news while for others this may not. Middle adulthood ranges from ages 40 to 60. That is why, according to Erik Erikson as cited by Myers [1], it is in this stage where these people discover a sense of contributing to the world, usually through family and work. Also, in this stage, they may feel a lack of purpose. These adults, at this point of life, experience many stressful events like changes in the body such as the appearance of wrinkles, and gray hair, changes in the way they learn, and the challenges of dealing with aging parents [2]. Accordingly, some become so conscious on how they present themselves to others that sometimes, they go to great lengths to prove their vibrancy. Also, some describe this point of their life where they experience the so- called "midlife crisis." But, according to some developmental psychologists, this does not exist for some are satisfied and contented with their lives [3]. Some also celebrate for they do not have to deal with the pressure from the previous stage of young adulthood. They also achieve new perspective in life, reevaluate life-long goals, develop adult relationships with their children, and some may enter grandparenthood.

Cavanaugh and Kail [2] cited Robert Havighurst's seven significant tasks in the middle years and one of these is adjusting to physiological changes such as menopause. This is the time when the ovaries of a woman start producing progesterone and estrogen and stop the ripening and releasing of an ovum. It typically occurs at mid-life, and the transition can last up to five years. A woman's loss of menstrual cycle is to be considered the hallmark of menopause; meaning this would result to the inability to conceive a child from that moment on. Moreover, a woman undergoing menopause experiences many additional changes physically aside from the typical modifications a middle-aged adult experience.

These are both physical and psychological including hot flashes, night sweats, irregular heartbeat, headaches, and sleep difficulties. On the other hand, psychological symptoms are mood swings, irritability, depression, and anxiety, as well as cognitive symptoms like forgetfulness [4]. This usually happens at an average age of 51 years in U.S. women; its typical range is at 48 - 55 years old [5].

Some women take treatments to ease these symptoms of menopause, but it is not actually a disease that deserves to be cured. However, medical practitioners provide a wide range of treatment to alleviate the symptoms. One of these functions to avoid and limit the level of cholesterol and bone loss. Still, not all women in menopause take medications to help lessen pain. Another way done by menopausal women calming themselves is by changing their lifestyle. To relieve pain brought by hot flashes, some women felt that aerobic exercises help ease the pain. They also avoid food that are spicy, caffeinated, and alcoholic beverages. Diet must also be low in fat and cholesterol to prevent the risk level of heart disease. It is also important to take enough calcium and perform regular exercise to strengthen bones [5].

This study tackled three different variables – resilience, health-related quality of life, and attitudes toward menopause. Several studies have shown this stage of their lives considered to be a tough one so how can a person in menopause adapt and cope to the changes happening in their bodies – physically and emotionally. Resilience is defined by Cohen [6] as how good an individual adapts to the numerous changes of life. This person can bounce back easily with a lower level of stress than the others who have less developed resilience. On the other hand, health-related quality of life aims attention to the effect of health on one's ability to dwell on a fulfilling life [7]. Lastly, attitudes toward menopause are also discussed.

Coming up with this topic was not difficult for the researchers were eager to read different articles on Psychology online. Having seen an article regarding how menopausal women tend to be happier than they were in their previous years gave the researchers the idea that it would be nice to study about how these middle-aged women deal with this change in their lives. Also, over the years, only a handful researches were conducted on examining the condition of females in menopause. And so, this study aims to have more new reviews to be done in this area of psychology. This study is also significant to the experimenters and other psychology majors for in-depth knowledge of the symptoms, stress-level, coping, and interventions for this condition.

OBJECTIVES OF THE STUDY

This academic manuscript assessed the relationship between resilience, health-related quality of life, and attitudes of middle-aged menopausal women toward the creation of a psychological intervention program. Specifically, it aimed to determine the resilience, health-related quality of life, and attitudes toward menopause of middle-aged adults; compared the resilience, health-related quality of life, and attitudes toward menopause when grouped according to civil status, educational attainment, employment status, and stage of menopause; tested if there is a significant relationship between the resilience, health-related quality of life, and attitudes of the respondents, and proposed a psychological intervention focused to further improve their physical functioning.

METHODS

Research Design

The researchers of this study used mixed method of research. As defined by Wisdom [8] in her study, it is the process of performing a study that analyses, collects, and integrates quantitative and qualitative research. Specifically, they used the sequential explanatory design of research. This integration of two research designs equipped the researchers a better understanding of the problem studied than studies separately. According to the

FoodRisc Resource Centre [9], qualitative design consists of data including open-ended information that is gathered through interviews, observations, and focus group discussions. The data gathered were usually in words, text or also behaviours from the participants. They were analyzed by aggregating them into groups of information that present diversity in ideas gathered. On the other hand, quantitative research design was used for analysis through numerical comparisons and statistical inferences. This consists of data including close-ended information gathered from rating scales, observation checklists, performance instruments, and others.

Participants

The study was composed of a total of 300 participants who reside in Batangas Province within the age group of 40-65 years old. In this study, respondents were chosen using the systematic sampling, specifically the purposive sampling and snowballing technique where participants were chosen based on the required characteristics of the population and objectives of the study. Majority of them were married, university graduates, employed and on their perimenopausal stage.

Measures

Connor-Davidson Resilience Scale (CD-RISC). This was used in determining the level of resilience of the respondents. It is a self-rating scale which consists of twenty-five questions that are designed for the respondents to answer each with reference to the preceding month, if ever the respondent has not experienced a situation, then her response should be determined on how she would be if ever it arises. It is composed of various measures which relate to different aspects such as positive and negative affect, resilience, successful aging, hardiness, life satisfaction, social support, self-esteem, and stress-coping ability. The authors, Connor and Davidson, presented a test-retest reliability of .87. Its internal consistency is measured by Cronbach's alpha which is ranges from .87-.89.

36-Item Short Form Health Survey (SF-36). This scale was used to affirm the health-related quality of life of the respondents. It is a set of coherent, generic, and easily administered quality of life measures. It has 36 questions which are categorized to eight health concepts such as general health population, physical functioning, energy and fatigue, bodily pain, social functioning, role limitations caused by physical health problems, emotional well-being, and role limitations due to emotional and personal problems. These subscales may be further grouped into three categories – Physical Health, Mental Health, and General Health. Under physical health is physical functioning, role limitations due to physical health and pain. Physical functioning refers to the basic actions and complex activities that are essential for maintaining independence and those considered discretionary that are not required for independent living but may have an impact on quality of life. The second dimension, role limitations due to physical health, refers to the extent to which the respondents' performance on their roles in daily activities is impeded by their physical state of health. Pain is defined as the continuous pain or discomfort that lasted for six months or longer due to non-life-threatening cause.

Moreover, the second category is Mental Health that includes role limitations due to emotional problems. This domain assesses the level on which the emotional condition of the respondent limits his/her daily functioning and ability to perform roles. Under the last category, general health, falls social functioning, pain, general health, and energy/fatigue. Social functioning refers to the social activities and interaction with other people. Bodily pain indicates the level to what extent the respondents' experience of pain hinders their

performance of daily activities. General health, on the other hand, is an individual's perception of how healthy he/she is. The overall Cronbach's alpha of this scale is .791, except for one subscale, specifically the social function dimension which is .631

Attitudes toward Menopause Scale. This 35-item scale by Neugarten et al. was employed to measure attitudes of women toward menopause. It is rated from strongly agree (1) to strongly disagree (4) or on a 4-point Likert scale. Positive items were reversely scored so that agreement with positive items and disagreement with negative items had the same score. Higher scores indicate more positive attitudes. Its internal validity measured by Cronbach's alpha is equal to 0.80 and 0.63 for its concurrent validity with Bowles' Menopause Scale using the Pearson r.

Interview Guide. This is the tool used to gain an understanding as to underlying reasons, opinions, and motivations. It provides insights into the problem or helps to develop ideas or hypotheses on the quantitative research. The interview guide used by the researchers was based on related literatures that relate to the variables such as resilience, health-related quality of life, and attitudes toward menopause.

Procedure

Before proceeding to the research proper, the researchers read literatures, articles and published theses online and in the library to formulate a concept for this thesis. Once they found interesting topic/s, they searched for the right dependent and independent variables as well as their interrelationship and were discussed and proposed with their thesis adviser. They were asked to present several literatures and articles supporting their idea. Upon approval, the researchers started the initial steps in conducting a research study by looking for standardized instruments that fit the qualifications.

During the data gathering, the researchers went to their respective localities in the province of Batangas to look for women aged 40-65 years old. The respondents were given three questionnaires (Connor-Davidson Resilience Scale (CD-RISC), 36-Item Short Form Health Survey (SF-36), Attitudes toward Menopause Scale from the researchers. Along with this, the respondents filled out consent form upon agreement. For the qualitative analysis, the researchers conducted an interview with selected participants in the study. The interview was aimed to get personal views and ideas regarding their experiences as an aging woman as well as their experiences in going through menopause and how it affected them.

After the data gathering process, the researchers of this study extended their deepest gratitude to the participants for their participation and cooperation. It was made sure that the respondents understood their rights and that any information gathered from them will be used for research purposes only. When both quantitative and qualitative data were gathered, checked and tabulated, they were immediately sent to their respective statistician for statistical treatment, analysis and interpretation.

Analysis

The study “Resilience, Health-Related Quality of Life, and Attitudes toward Menopause among Middle-Aged Women” used three phases in analyzing the data. First, descriptive statistics was used to determine the frequency of the respondents’ demographics. Second, in the main analysis, Analysis of Variance or ANOVA was used to test if there is a significant relationship between the resilience, health-related quality of life, and attitudes toward menopause of the respondents. Lastly, qualitative analysis, specifically through the Interpretative Phenomenological Analysis (IPA), was used. With this, the researchers were able to understand the life experiences of the respondents and how these affect them in their everyday life. It is a relatively recent qualitative approach that tries to understand participants’ lived experiences and how they make sense of these [10]. Data were gathered through interview and focus group discussion with the use of simple questions with the 30 respondents (10 per stage of menopause) after answering the questionnaires. The qualitative data were also organized into conceptual categories called codes. These codes serve as a label for the compiled descriptive information which are the words or phrases from the interview with the participants.

Ethical Considerations

Ethics is an essential part of every research study. In this study, the researchers took into consideration the General Ethical Standards and Procedures - Standard III.J of the 2017 Code of Ethics by the Psychological Association of the Philippines states. Stipulated in the said ethical code that respondent should have read and understood the consent form and accepted the terms of the study before participating. Confidentiality of the participants’ personal information and their answers to the questionnaire and interview were given utmost importance. The researchers did not force any of the participants to answer questions they do not want to. Ethical consideration was also applied in the related

literature gathered in this study by citing their appropriate sources.

RESULTS AND DISCUSSION

Table 1. Resilience among Respondents (n = 300)

	Mean	Verbal Interpretation
Resilience		
Perimenopause	68.799	Low
Menopause	67.731	Low
Post menopause	66.299	Low

Table 1 presents the respondents’ level of resilience. Result demonstrates that the computed mean of the respondents’ resilience is 67.860 with a verbal interpretation of low. This means that middle-aged women cannot work through tough challenges and experience difficulty in coping up with crisis and return to their pre-crisis status at once. Some of the factors that these women lack are positive attitude, optimism, the ability to regulate emotions, and the ability to see failure as a form of helpful feedback.

Findings of the study affirmed to the result of the research undertaken by Coronado et al. [11] by concluding that mid-aged women have lower resilience associated with severe menopausal symptoms, unemployment status and depressed mood. Middle adulthood brings numerous stressors such as woes of raising children, death of a parent, retirement worries, career setback or changes, and financial struggles. Though there are a number of potential stressors during this stage, only a few have developed the coping skills or resilience needed to overcome these challenges. Since one factor in having resilience is having a caring and supportive relationships within and outside of the family, this may be one of the reasons why the respondents in this study have low resilience. They may lack relationships that create love and trust that may help bolster one’s resilience. Another reason is that since in this stage most women feel insecure of themselves especially of how they look, they lack a positive view of themselves and confidence in their strengths and abilities. Lastly, women in menopause are known to be emotional. Since one primary factor in resilience is having the capacity to manage strong feelings and impulses, this may be another reason.

Psychological resilience is greatly associated with improved ability to cope with health challenges [12] such as changes in the body due to menopause. These challenges may be rather minor, while others are much more destructive. The way people deal with these problems plays an important role in the long-term psychological consequences not only in the immediate

outcomes [13]. The data above show that women in their midyears have a low resilience. Adulthood, specifically middle age, is the time resilience is needed the most. For midlife brings all possible stressors such as marital problems, a death of a parent, retirement, and career setbacks [14]. People with low resilience as to Payne [15] are quicker to develop anger and irritable, start isolating themselves, overreact to normal stress, feel sad a lot, have significantly poor memory and lacks hope. They also experience constant illness, changes in body hormones that cause mood swings, have trouble sleeping, and lose social control. Resilience may deteriorate over time if people are bouncing back from normal stress and pressure. Also, it can fluctuate rapidly after going through a significant emotional event or a stressful period. People in middle-aged often have low resilience for they experience difficulty in standing up from the multiple adversities they encounter in life. Further, bouncing back to their normal state after several life problems is not an easy task. And if better health is associated with greater resilience, women who are in the stage of menopause experience many changes in the body which contributes to the worsening of their health. Hence, the lower level of resilience. They may also have decreased their social interaction with their family and

peers due to the time they dwell over personal problems. Due to these, middle-aged adults, especially women, experience difficulty in coping up with stressful live events.

In a study conducted by Coronado, et. al. [11] to mid-aged women of Spain, results showed that lower resilience is related to unemployment status. This is in relation to the number of unemployed respondents this study has which is 32.30% of the total number. Moreover, Aguirre et al. [16] have found in their study that lower resilience of mid-aged women was related to several partner, lifestyle and health issues. Since resilience is a process in which multiple factors contribute to allow an individual to continue to function [17], these factors may be a reason why this study's respondents' resilience is low. As stated earlier, issues with relationships, lifestyle, and health may be possible factors to this. According to a news report from Shandong, People's Republic of China, cited by NewsRx [18], it was found that higher resilience is significantly associated with the changes that a woman undergoes during the stage of menopause. The more changes they encounter, the less resilient they become. They also found that since changes vary across the three stages, resilience may also vary and change over time.

Table 2. Emergence of the theme Dealing with Menopausal Life in the aspect of Resilience among Middle-Aged Women (n = 24)

Respondent Number	Transcripts	Emerging Concept	Sub Categories	Categories	Themes
Menopause 6	Nung mga time na ang bigat na ng dibdib ko doon na ako nagshare sa mga kaibigan ko para mailabas at sabi nila mas okay daw yung naiilabas ko yung nararamdaman ko.	Openness			
Perimenopause 5	Ang ginagawa ko nalang eh mas nagiisip ako ng positive na bagay kesa isipin ng isipin yung negative na nangyayare dahil kapag positive ang iniisip mo mas madali masolusyonan yung mahirap na problema na dadaan sayo.	Having Positive Outlook in Life			
Post menopause 2	Wag din masyadong magisip ng magisip ng mga negative na bagay dahil isa din yun sa nakakadagdag ng stress natin sa buhay eh.	Avoidance of Negative Thoughts	Personal Well-being	Coping Mechanisms	Dealing with Menopausal Life
Post menopause 2	Pahinga lang naman para maging maayos ang pakiramdam mo.	Self-Care			
Perimenopause 5	Oo ang asawa ko at mga anak ko, close kasi ako sa pamilya ko nakatulong na din siguro yung lagi kaming may time lumabas kaming buong pamilya para mag bonding. Kapag naman may problema dumadaan samintulungan lang kami lagi ng asawa ko para masolusyonan yun.	Having Family Support	Social Well-being		

In summary of Table 2, it shows how the respondents deal with the menopausal life. Here, they use several coping mechanisms that help them manage the changes they deal with their body and selves during this stage. This is divided and grouped into two such as the personal and social well-being. Under the personal well-being, the coping mechanisms they use are openness, having a positive outlook in life, avoiding negative thoughts, and self-care. On the other hand, under social well-being is the presence of family support.

The respondents are very much willing to express what they feel with other people because they think it can help them to reduce the burden they feel inside. They act positively in every struggle that comes to their life. They are comfortable in dealing with the person around them and confident enough that they can be trusted to be there whenever one of them needed a help. The respondents do not forget on taking care of themselves and think for a successful outcome of what they do and expect. Although the respondents are very much willing to socialize with others, there are instances that rest makes them feel better.

On the other hand, Table 2 shows that the respondents strongly believe that being positive in life will make the feel better and forget the negativity in life. They do not find it hard to socialize to other people if they need someone who will listen to them. Moreover, even they consider that it is okay to talk to other people at the end it is still their own selves who will solve the problem they are facing.

However, there was a conflict as to the quantitative data and qualitative data attained regarding the resilience of the respondents. The quantitative data resulted that the respondents have a verbal interpretation of low but their answers to the interview questions tell otherwise. Most of the respondents reported being able to think positively in every situation in their life rather than negativities. The researchers think that a possible explanation for this is that the respondents maybe confused in the questionnaire, therefore resulting to lower ratings but through a deeper reflection of themselves during the interview, they know that they have a positive outcome in life no matter how hard the situation they experience.

This can be supported by the article of Fleming and Ledogar [19] which cited Luthar and group's (2006) article defining resilience as a construct with two distinct dimensions: significant adversity and positive adaptation. From this perspective, resilience is never directly measured but is indirectly inferred from evidence of these dimensions.

The data presented in Table 3 show the respondents' health-related quality of life. It can be gleaned that the respondents in the perimenopause stage have low physical functioning, role limitations due to physical health and emotional problems. On the other hand, they possess high social functioning, pain, general health, and health change. Moreover, menopausal has low role limitations due to emotional problems, emotional well-being, pain, and health change. They also possess high physical functioning, role limitations due to physical health, energy/fatigue, social functioning, and general health. Lastly, women in post menopause are likely to acquire low emotional well-being and high physical functioning, role limitations due to physical health and emotional problems, energy/fatigue, social functioning, pain, general health, and health change. Table 3 shows the low level of physical functioning it may be deemed that the respondents have minimal ability to perform physical and everyday routine activities. This may lead to limitations in physical functioning which may be permanent or temporary [20]. Similar to this, role limitations due to emotional problems are also low. Due to this, they may work limitedly in terms of their job or housework for they experience problems with daily activities and work which resulted from emotional ill health [21]. Scale forms that have high verbal interpretation are energy/fatigue, pain, general health, and health change. Buchbinder and group [21] also stated that high energy/fatigue which falls under the vitality scale means these people are full of pep. High scores on pain scale are characterized by people who have no pain or pain-related limitations. Lastly, high scores on general health scale represent people who see high level of excellence in their health.

Overall, it can be deduced from the data above that the respondents do not experience much negativity in their health-related quality of life, since lower scores represent worst quality of life in terms of health [22]. Similar to his group's study, it showed that most scales that were constructed to assess interference which includes role limitations to emotional problems and physical functioning were not very much impacted. It is then interpreted that middle-aged women do not allow changes in their life to interfere with most aspects of their lives, despite feeling bad.

In summary to health-related quality of life, the respondents do not show a negativity when it comes to the physical changes which occur in their body. Even they are experiencing menopause most of the respondent's general health have a high level of excellence in their health. They are experiencing changes

in their life, but they can still manage to do their role as a person. The respondents said that even they are experiencing menopause their health is still okay and they can perform physical and everyday routine activities but there also some respondents who think that after menopause they will start experiencing such health problems in their life.

Table 3. Health Related Quality of Life among Respondents n = 300

	Mean	VI
Health Related Quality of Life		
Physical Functioning		
Perimenopause	68.8926	Low
Menopause	62.0149	High
Post menopause	56.0714	High
Role Limitations Due to Physical Health		
Perimenopause	60.5705	Low
Menopause	43.2836	High
Post menopause	39.5833	High
Role Limitations Due to Emotional Problems		
Perimenopause	193.9597	Low
Menopause	150.7463	Low
Post menopause	138.0952	High
Energy/Fatigue		
Perimenopause	56.3087	High
Menopause	55.8955	High
Post menopause	56.9048	High
Emotional Well-Being		
Perimenopause	63.6779	Average
Menopause	62.2090	Low
Post menopause	65.0952	Low
Social Functioning		
Perimenopause	63.7584	High
Menopause	65.2985	High
Post menopause	56.8452	High
Pain		
Perimenopause	68.8255	High
Menopause	73.7687	Low
Post menopause	62.2321	High
General Health		
Perimenopause	61.7785	High
Menopause	65.2985	High
Post menopause	56.3095	High
Health Change		
Perimenopause	63.5906	High
Menopause	73.1343	Low
Post menopause	58.0357	High

Some of the respondents show some positive emotion because they think that it will help them feel better and do more task in their everyday routine. Even though there are changes occurring in their life they can still socialize

to other people and the changes they experience do not affect them much. The main objective of the respondents is that even there are a lot of changes occurring in their life they need to be positive because it will help them feel better.

Table 4 (Appendix) shows the emergence of the theme General Well-being from the qualitative data gathered in the aspect of the second variable which is health-related quality of life. It shows that the respondents general well-being is categorized into two such as their general health and personal attributes. These two are divided into their own subcategories such that general health covers the physical and psychological aspect. On the other hand, personal attributes cover positive emotion, behavioral approach and social functioning.

From the quantitative data in the previous table it shows that respondents do not experience much negativity in their health-related quality of life. Like what they have disclosed in the interview, the respondents do not perceive much negative thoughts regarding the changes they experience in their life because they aim for the betterment of their health condition. They still manage to have a positive emotion though they usually experience physical fatigue. The respondents fear of having disease because they think that after menopause, they will be experiencing different health problems in their life. Moreover, when they encounter difficulties and changes in their life, they make sure that they still show positive outcome and overcome those changes problems. They are instilling in themselves that even they encounter changes in their life, this would not affect their relationship with other people.

Table 5. Attitude towards Menopause among Respondents n = 300

	Mean Verbal Interpretation	
Attitudes Toward Menopause		
Perimenopause	2.5472	Average
Menopause	2.5536	High
Post menopause	2.5396	Average

Table 5 above shows the respondents' attitudes toward menopause. It presents that both perimenopause and post menopause respondents possess an average attitude towards menopause while women in menopause have a higher or more positive attitude.

Most attitudes toward menopause are led to believe by social and cultural beliefs about aging women, and that this transition is often anticipated as the point of

emotional and health changes. Still, ancient studies showed how this transition stage could be positive especially that it focuses on the change in social status. It is during this stage that women go through numerous changes in physical, psychological, and social aspects. It is also believed that a woman's attitude towards these changes will verify one's experience [23]. This study's respondents' attitudes are greatly influenced by the cultural norms of one's roots and current status specifically her surroundings. They may have average attitudes toward menopause for in this stage they both gain advantages and disadvantages. The most common and known disadvantages are the hormonal changes, mood swings, hot flushes, and women's view of themselves being washed up. On the other hand, this period in a woman's life could be the perfect time to get physically fit. Scientists have argued to the fact that the less number of estrogen in a woman's body promotes oxygen uptake in the muscles [24].

In a study conducted by Ayers, Forshaw, and Hunter [25], they stated that numerous studies came into conclusion that attitudes toward menopause were more positive and/or average than negative. This is in relation to the number and severity of symptoms experienced by women. Positive attitudes are reported to lead to a more positive experience. Likewise, negative attitudes affect the symptom experience to a negative direction. Davari et al. [26] cited Oviss and McKinley's result of study in 1991 which showed that most positive attitudes of women during menopause was a sense of relief and freedom. Also, they saw it as a reward and a positive event [25].

Table 6 shows the emergence of the theme Understanding the Self from the qualitative data gathered in the aspect of the third variable which is attitudes toward menopause. It shows that the respondents beliefs is composed of their personal dispositions which is subdivided into positive and negative tendencies.

The respondents disclosed that menopause period is part of the stages of a woman's life. They have accepted that sometime in their life, they will experience the menopause period. They experience different symptoms when menopause occur in their life, some of them affect their social relationship when they transfer an intense emotion to other people. The respondents think that it is normal to experience different symptoms since they are in the menopause period.

Presented in Table 6 (Appendix), there was no incongruence between the quantitative data and the qualitative data. The quantitative data indicated that numerous studies came into conclusion that attitudes

toward menopause were more positive and/or average than negative and their responses to the interview tell the same.

The respondents do not show negativity about menopause period and they accept that they are experiencing it. They realize the importance of being emotionally strong because they must use their emotions into good use. There are times that they feel frustrated, irritated, and stressed maybe because it is part of the symptoms in menopause but they still choose not to be affected by those and just control such negative emotions. Whenever they experience some symptoms their family members just understand them because they know that it is part of the menopause period. The respondents accepted the changes in their life and do not get affected by it to lessen the negativity in their life.

In support to this, according to Berry et al. [27] integrated the results of numerous qualitative studies and concluded that although many women had positive experiences as they progressed through menopause, ambivalent feelings were common. Ayers et al. [25] cited also that women with a positive attitude towards menopause tended to view this change as a natural life process and transition. Erbil [23] cited Cheng et al. [28] statement that while women with negative attitudes were younger and premenopausal, post-menopausal women tended to have more positive attitudes towards menopause.

Table 7. Differences on Resilience when grouped according Profile Variables n = 300

	t/F	p – value	Interpretation
Civil Status	1.523	0.209	Not Significant
Educational Attainment	2.275	0.061	Not Significant
Employment Status	1.456	0.235	Not Significant
Stage of Menopause	0.473	0.623	Not Significant

For interpretation: Mean difference is significant at 0.05 level

Table 7 shows the differences on resilience when grouped according to profile variables such as civil status, educational attainment, employment status, and stage of menopause. As shown in the table above, resilience has no significant difference when grouped according to the profile variables.

Since resilience is a skill which can be learned at any point of time, the profile variables stated above would not matter that much as long as a woman experiencing menopause is willing to strengthen her said skill. Though resilience is an important skill to develop for a healthy childhood, studies show that it is never too late for middle-aged adults to take extra steps to enhance and

boost their resilience. It is for in this stage that they will be needing this the most. This is the time where all types of stressors are to be encountered. Pope [14] cited Dr. Adam Grant’s statement of how a set of behaviors that greatly contributes to resilience through natural learning. She also cited that scientists specialized in stress and resilience say that resilience could be thought of as an emotional muscle which can be enhanced at any time.

In a study by Miyaoka [29], it showed that resilience was higher in women who are married. It also cites a supporting study in 2012 by Aguirre et al. [16] which states that less resilience is correlated with several factors and one of these is a woman’s discomfort with the partner in the relationship. The data show that educational attainment is not significant in resilience, which is contradictory to what Aucott, Duffy, Hannaford and Iversen [30] has found in her study that those who are vulnerable to resilience and night sweats, one of the main symptoms in menopause, are those who has low educational attainment. Although Wells’ [31] study on resilience used a different age group which is older adults, it resulted to similar results that employment status was not significantly correlated with resilience.

Table 8 shows the differences on the health-related quality of life when grouped according to the profile variable. Civil status and educational attainment have a significant influence on health-related quality of life specifically on physical functioning, role limitations due to physical health and emotional problems. Moreover, employment status has a significant influence on health-related quality of life form scales except role limitations due to emotional health. Lastly, there is a significant difference on the health-related quality of life of the respondents when grouped according to their menopausal status.

It has been found out that there is a significant difference as to single and married women’s responses on role limitations due to emotional problems experienced when compared to responses of widowed women. As per the educational attainment, it has been found out that there is a significant difference to preparatory school graduates when compared to university graduates specifically on physical functioning. Next profile variable considered was the respondents’ employment status. Data revealed that a status of employed when compared to unemployment results to a significant difference especially under the form scale of role limitations due to physical health.

In the last profile variable, which is the respondents’ menopausal stage, numerous significances in difference were deduced. Perimenopause when compared to post-menopause signifies a significant difference under physical functioning. On the form scales of role limitations due to physical health and role limitations due to emotional problems, perimenopause when compared to the other two stages such as menopause and post-menopause shows a significant difference. Moreover, perimenopause and menopause compared to post-menopause present a significant difference in the variable social functioning and general health. As per the form scale pain, menopause when compared to post-menopause demonstrates a significant difference. Lastly, perimenopause contrasted to menopause and menopause to post-menopause exhibits a significant difference.

In contrary to the health benefits associated with partnership, there are a number of stressful aspects of divorce and negative effects between singlehood and health [32]. This relationship between marital status and health are influenced by economic, social, and behavioral factors as cited by Clouston et. al. [32].

Table 8. Differences on Health-Related Quality of Life when grouped according to Profile Variables n=300

	CS			EA			ES			MS		
	t/F	p-value	VI	t/F	p-value	VI	t/F	p-value	VI	t/F	p-value	VI
Physical functioning	2.656	0.049	S	3.205	0.013	S	3.08	0.047	S	6.866	0.001	S
Role Limitations (Physical Health)	3.319	0.020	S	3.402	0.010	S	8.132	0.000	S	10.745	0.000	S
Role Limitations (Emotional Problems)	4.191	0.006	S	3.655	0.006	S	1.796	0.168	NS	6.99	0.001	S
Social	0.619	0.603	NS	1.521	0.196	NS	3.272	0.039	S	5.407	0.005	S
Pain	0.515	0.672	NS	0.475	0.754	NS	4.128	0.017	S	6.458	0.002	S
General Health	1.324	0.267	NS	2.297	0.059	NS	4.236	0.015	S	8.758	0.000	S
Health Change	0.32	0.811	NS	1.024	0.395	NS	4.642	0.010	S	8.882	0.000	S

For interpretation: Mean difference is significant at 0.05 level

CS – Civil Status, EA – Educational Attainment, ES – Employment Status, MS – Menopausal Stage VI = Verbal Interpretation, S = Significant, NS = Not Significant

In terms of the educational attainment, Johar, Lagergren, Mälberg, and Schandl [33] stated in their research that women's low education was associated with worse health functioning and worse emotional function. Moreover, employment status has been found significant. Alajbegović and Šabanagić-Hajrić [34] stated that positive impact on physical health specifically on physical and mental health has been found significant to employment status. Lastly, Liu et al. [35] asserted that within the first five years of menopause, reduction in physical function was found. This is primarily caused by the changes women experience biologically, socially, and culturally. These make them sensitive to physical and mental health disorders [35].

Table 9. Differences on Attitudes Toward Menopause when grouped according to Profile Variables n = 300

	t/F	p-value	Verbal Interpretation
Civil Status	3.627	0.013	Significant

For interpretation: Mean difference is significant at 0.05 level SAT – Satisfaction, EFF – Efficiency, INT – Interest

Table 9 shows the differences in the respondents' attitudes toward menopause when grouped according to profile variables such as civil status, educational attainment, employment status, and stage of menopause.

It has been found that when responses from married women are compared to widowed women, it exhibits a significant difference. One's marital status is a great factor to consider unto why one's attitudes toward menopause is either positive or negative. A woman's better half can serve as her support system during these tough times. Women may feel more conscious of how they appear to their partners especially that they may feel that they lack sex appeal and unattractive [36]. This could also be a pressure for some because this marks the end of their childbearing years. On the other hand, widowed women go through all these, along with other life stressors brought about by middle adulthood, alone.

Menopausal women react to this life transition differently. Some take it positively while others negatively. Their attitudes toward this event influence the actions that in turn influences health and life pattern. People hold the belief that a couple's marriage is at its peak of happiness during the early years and not during the mid-years. Marital satisfaction increases over time as finances get stable and responsibilities as a parent end. But as they say, the love and passion felt between couples fades as intimacy and commitment arose [37]. This may be a great factor as to why marital status is significant with the attitudes a woman holds during menopause.

Also, going through this process without a significant other is worsening as a woman.

The table 10 below shows the correlation between the three variables of the study – resilience, attitudes toward menopause, and health-related quality of life. Out of the nine form scales of health-related quality of life, seven of these have shown a significant relationship with resilience. These form scales are physical functioning, role limitations to physical health, role limitations to emotional problem, energy/fatigue, emotional well-being, social functioning, and pain. On the other hand, the form scales that have shown significant relationship with the attitudes toward menopause are physical functioning, role limitations to physical health, role limitations to emotional problems, social functioning, pain, and general health.

The data show how each variable is correlated positively to the other variables. Compared to women who have low resilience, women who show higher resilience experience less complaints regarding menopause [38]. Because women during menopause experience biological, social, and cultural changes, they are more vulnerable to physical health problems and mental health disorders [35]. Several studies have been conducted to test the effect of menopause on the quality of life specifically in health. One study by Bryce and group [22] found that menopause has a negative impact on some domains of health-related quality of life, regardless of the menopausal symptoms. Also, Liu et al. [35] concluded in their study that within the first five years of menopause, there is a reduction in the physical function. Associated with the health-related quality of life include the chronic disease history, education level, cigarette smoking, and physical activity.

Multiple studies have shown how resilience and health-related quality are directly related to each other. Specifically, that when an individual has a higher resilience, there is an increase in quality of life [39]. This helps them get over traumatic and stressful events and experience quality of life [40]. Given these findings, it suggests that interventions that enhance resilience would be effective to improve health-related quality of life. Moreover, in a study conducted by Aucott, Duffy, Hannaford and Iversen [30], they found several factors that are associated with resilience to hot flushes or symptoms a menopausal experience. Some of these are number of pregnancies, body mass index, frequency of exercise, and more. Also, one these is the health-related quality of life. They found that the severity of psychological, physical, and social factors associated

with resilience towards the severity of symptoms have relation to a good quality of life.

It can be deduced from the results of the study that middle-aged women in the stage of menopause have a low level of resilience, physical functioning and role limitations due to emotional problems. Therefore, the researchers of the study came up with a psychological intervention to resolve this dilemma. To help the women boost their resilience, a seminar composing lectures that discusses 1) what resilience is and what contributes to, and 2) how to bounce back from adversity and hardships caused by middle adulthood. This activity will provide middle-aged adults the necessary skills to achieve resilience. This will be possible with the help of psychologists and/or motivational speakers. To assess the effectivity of this program, the researchers will be distributing evaluation forms to help them check what the participants understood from the lectures delivered.

Regarding the decline in level of physical functioning and role limitations due to emotional problems, a workshop that aides to improve these aspects is proposed. It aims to deliver a lecture on the importance of maintaining the health-related quality of life and offer a physical activity particularly a Zumba exercise. To assess the effectivity of this workshop, a survey regarding the participants' physical functioning and role limitations due to emotional problems will be answered

before the activity. Also, they will be filling out evaluation forms for the researchers to know what they understood of the lecture and to see if there were improvements in the given form scales.

Table 10. Correlation Matrix for the Variables of the Study (n = 300)

	Resilience	p-value	Att. towards Menopause	p-value
Physical functioning	.386*	.000	.188*	.001
Role Limitations (Physical Health)	.340*	.000	.176*	.002
Role Limitations (Emotional Problems)	.320*	.000	.289*	.000
Energy/Fatigue	.206*	.000	.109	.060
Emotional Well-Being	.186*	.001	.105	.069
Social Functioning	.255*	.000	.119*	.039
Pain	.185*	.001	.151*	.009
General Health	.074	.201	.158*	.006
Resilience	1	-	.168*	.003
Attitude Towards Menopause	.168*	.003	1	-

*. Correlation is significant at the 0.05 level.

VI – Verbal Interpretation, S – Significant, NS – Not Significant

Table 11. Psychological Intervention for the Resilience, Physical Functioning and Role Limitations due to Emotional Problems of Middle-Aged Women

Program/Services	Objectives	Strategies/Activities	Target Person	Evaluation
Seminar Title: The Road to Resilience: A Seminar on Successful Coping with Middle Adulthood Crisis	This program aims to develop and boost resilience among middle- aged adults This activity will provide middle- aged adults the necessary skills to achieve resilience.	Lecture on what is resilience and what contributes to it Lecture on how to bounce back from adversity and hardships caused by middle adulthood	Speaker: Psychologist/Motivational Speaker Participants: Middle-aged Adults	After the workshop, the researchers will be handing out evaluation forms to know what the participants understood of the lectures.
Workshop Title: Improving Health-Related Quality of Life through Physical Activities	This workshop will help middle- aged women to improve their health- related quality of life specifically physical functioning and role limitations due to emotional problems	Lecture on the importance of maintaining the health-related quality of life Zumba exercise	Speaker: Health Psychologist Participants: Middle-aged women	Before the workshop, participants will be answering a survey regarding their physical functioning and role limitations due to emotional problems. After the workshop, the participants will be answering evaluation forms for the researchers to know what they understood of the lecture and to see if there were improvements in the given form scales.

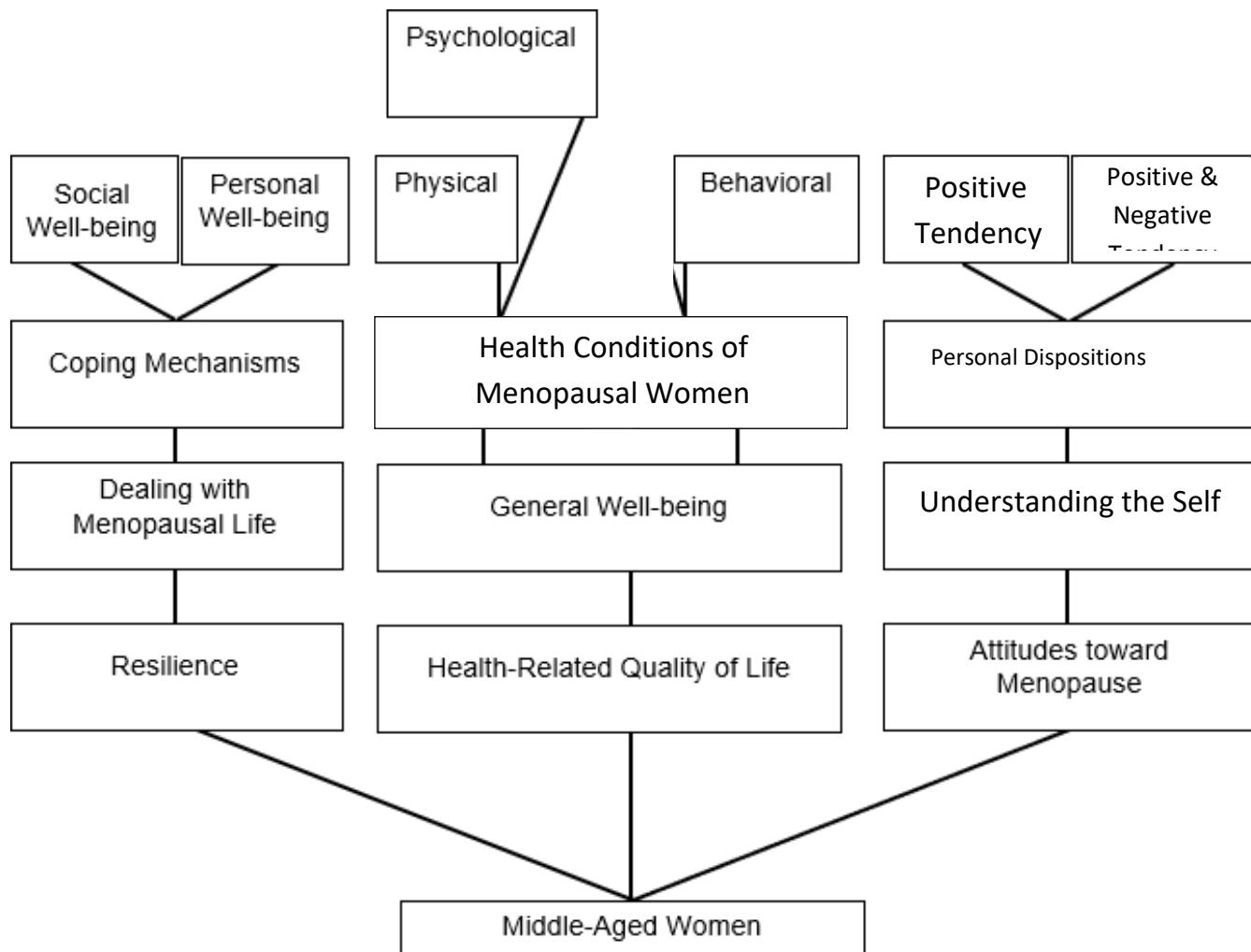


Figure 2. Framework of Resilience, Health-Related Quality of Life, and Attitudes toward Menopause of Middle-Aged Women

Figure 2 shows the qualitative framework from the gathered data. The resilience of the respondents of the study has emerged with the theme dealing with menopausal life. It has been found that there are coping mechanisms used to deal with this stage of life which may affect one’s personal and social being. On the other hand, middle aged-women’s health-related quality of life has arrived with the concept of general well-being. Under this idea are general health and personal attributes which are both divided into two more subcategories. General health is subdivided into the physical and psychological aspect while personal attributes into social functioning and behavioral approach. Lastly, the respondents’ attitudes toward menopause had developed to approach of beliefs in menopause. With this, personal attributes

have been categorized into two subcategories – compliance and defense mechanisms.

CONCLUSIONS

Respondents were found to have a low level of resilience, high level in energy/fatigue, low in physical functioning and role limitations due to emotional problems and employ an average attitude towards menopause. Respondents’ way of dealing with the menopausal life, general well-being, and beliefs in menopause have emerged from the gathering of qualitative data through an interview. All four profile variables were found not to have any significant relationship to resilience, as per health-related quality of life, civil status, educational attainment, employment status, and menopausal status were linked to a number of

health-related quality of life form scales, lastly on attitudes toward menopause were found to be significant to the profile variable, civil status. Women in middle adulthood's attitude towards menopause has a significant relationship with resilience and health-related quality of life.

RECOMMENDATIONS

Respondents may develop and improve their level of resilience to easily adapt to the events in their life and experience less stress from these situations. Respondents may enhance their physical functioning in order to perform vigorous activities and perform better on moderate activities even during tough situations.

Future researchers may be advised to increase the number of participants in the interview to have a more in-depth understanding of qualitative and quantitative data gathered and study the perspective of the people surrounding the middle-aged women undergoing menopause. Future researchers may explore other causes of low level of resilience and physical functioning among menopausal women.

Results of the study may be incorporated in teaching professional subjects in Psychology like Developmental Psychology. A psychological intervention program may be utilized to help middle-aged menopausal women to become more resilient and improve their physical functioning. The proposed psychological intervention program may be evaluated by helping professionals like counselors and psychologists before its implementation.

REFERENCES

- [1] Myers, D. G. (2013). *Psychology* (10th ed.). New York: Worth.
- [2] Cavanaugh, J., & Kail, R. (2015). *Human Development: A Lifespan View*. Cen-gage Learning.
- [3] All Psychology Careers (2010). *Middle Adulthood Development*. Retrieved from goo.gl/TcDDbR.
- [4] Al-Shboul & et al., (2017). Emirati Women's Knowledge and Attitudes Towards Menopause and Hormone Replacement Therapy: Implications for Health Care Policy. Zayed University.
- [5] Stoppler, M.C. (2014). *Menopause (Symptoms, Remedies, and Treatment Medications)*. Retrieved from <http://goo.gl/XZ4zLk>.
- [6] Cohen, H. (2017). What is Resilience?. Retrieved from <http://goo.gl/J6bLRH>.
- [7] John Hopkins Arthritis Center (2015). What is Health Related Quality of Life. Retrieved from <http://goo.gl/Qoe59t>.
- [8] Wisdom, J., Ph.D. (2013). *Mixed Methods: Integrating Quantitative and Qualitative Data Collection and Analysis While Studying Patient-Centered Medical Home Models*. Retrieved from <http://goo.gl/UNEhF2>.
- [9] FoodRisc Resource Centre (2013). *Mixed Methods Research*. Retrieved from http://resourcecentre.foodrisc.org/mixed-methods-research_185.html.
- [10] Smith, J.A., Flowers, P. and Larkin, M. (2009) *Interpretative Phenomenological Analysis: Theory, Method and Research*. London: SAGE.
- [11] Coronado, P. J., Oliva, A., Fasero, M., Piñel, C., Herraiz, M. A. & Pérez-López, F. R. (2015). Resilience and related factors in urban, mid-aged Spanish women, *Climacteric*,18:6, 867872, DOI: 10.3109/13697137.2015.104548
- [12] Dehghani, S., et al. (2017). Low psychological resilience is associated with depression in patients with cardiovascular disease [Abstract]. *SAGE Journals*, 16(1), 64-69. doi: <https://doi.org/10.1177/1474515116640412>.
- [13] Cherry, K. (2017). *Importance of Resilience*. Retrieved from <http://goo.gl/UZCLp6>.
- [14] Pope, P.T. (2017). *How to Build Resilience in Midlife*. Retrieved from <http://goo.gl/Tr2zUK>.
- [15] Payne, B. (2017). *How Do You Know When Your Resilience Is Low?* Retrieved from <http://goo.gl/N3CC8j>.
- [16] Aguirre, W., Astudillo, C., Chedraui, P., Martínez, N., Miranda, O., Narváez, J., Zambrano, B. (2012). Resilience and related factors during female Ecuadorian mid-life [Abstract]. *Maturitas*,72(2), 152-156. Retrieved from <http://goo.gl/B5by2o>.
- [17] Longe, J. L. (Ed.). (2016). Resilience. In *The Gale Encyclopedia of Psychology* (3rd ed. ed.). Retrieved from <http://goo.gl/eRfh3D>.
- [18] NewsRx (Ed.). (2018, October 8). Recent Findings from Shandong University Provide New Insights into Menopause (Menopausal symptoms in different substages of perimenopause and their relationships with social support and resilience). Retrieved from <http://goo.gl/rpgFyL>.
- [19] Fleming, J., & Ledogar, R. J. (2010, October 18). Resilience, an Evolving Concept: A Review of Literature Relevant to Aboriginal Research. Retrieved from <http://goo.gl/Gt5qt5>.
- [20] Deeg, D., Oostrom, S., Picavet, S., Rooth, V., & Verschuren, M. (2016). Common trajectories of physical functioning in the Doetinchem Cohort Study. *Age and Ageing*,45(3), 382-388. Retrieved from <http://goo.gl/sw4BpY>.
- [21] Buchbinder, R., Busija, L., Haines, T., Haymes, S., Osborne, R., & Pausenberger, E. (2011, November 7). Adult measures of general health and health-related quality of life: Medical Outcomes Study Short Form 36-Item (SF-36) and Short Form 12-Item (SF-12) Health Surveys, Nottingham Health Profile (NHP), Sickness Impact Profile (SIP), Medical Outcomes

- Study Short Form 6D (SF-6D), Health Utilities Index Mark 3 (HUI3), Quality of Well-Being Scale (QWB), and Assessment of Quality of Life (AQOL). Retrieved from <https://goo.gl/Z6r5MU>.
- [22] Bryce, C., Chang, C., Dillon, S., Hays, R., Hess, R., Kapoor, W., Matthews, K., Ness, R., & Thurston, R. (2012). The impact of menopause on health-related quality of life: results from the STRIDE longitudinal study. Retrieved from <https://www.ncbi.nlm.nih.gov>.
- [23] Erbil, N. (2018). Attitudes towards menopause and depression, body image of women during menopause. *Alexandria Journal of Medicine*, 54(3), 241-246. Retrieved from <https://goo.gl/hYdVUP>.
- [24] Bel Marra Health. (2017, June 18). The unexpected health benefit of getting older. Retrieved from <https://goo.gl/b5Zgds>.
- [25] Ayers, B., Forshaw, M., & Hunter, M. (2011, May). The menopause. Retrieved from <https://goo.gl/xK5M9w>.
- [26] Davari, S., Dolatabadi, N. K., Eslami, A. A., Hassanzadeh, A., & Noroozi, E. (2013). Knowledge and attitude toward menopause phenomenon among women aged 40–45 years. Retrieved from <https://goo.gl/1X3Cpk>.
- [27] Berry, J., Callister, L., Hall, L., & Matsumura, G. (2007). Meanings of Menopause: Cultural Influences on Perception and Management of Menopause. *SAGE Journals*, 25(2), 106-118. Retrieved from <https://goo.gl/gvaLKt>.
- [28] Cheng, M., Wang, S., Wang, P., & Fuh, J. (2005). Attitudes toward menopause among middle-aged women: A community survey in an island of Taiwan [Abstract]. *Maturitas*, 52(3-4), 348-355. Retrieved from <https://goo.gl/w1njji>.
- [29] Miyaoka, Y. (2016). Impact of the Resilience to Menopausal and Depressive Symptoms among Middle-aged Women. Retrieved from <https://goo.gl/8E4Q11>.
- [30] Aucott, L., Duffy, O.K., Hannaford, P.C., & Iversen, L. (2013). Factors associated with resilience or vulnerability to hot flushes and night sweats during the menopausal transition. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23250082>.
- [31] Wells, M. (2010). Resilience in older adults living in rural, suburban, and urban areas. *Online Journal of Rural Nursing and Health Care*, 10(2), 45-54.
- [32] Clouston, S., Lawlor, A., & Verdey, A. (2014). The Role of Partnership Status on Late-Life Physical Function. *Canadian Journal on Aging*, 33(4), 413-425. doi:10.1017/S0714980814000282.
- [33] Johar, A., Lagergren, P., Mälberg, K., & Schandl, A. (2018). Education level and health-related quality of life after oesophageal cancer surgery: A nationwide cohort study. *BMJ Open*, 8(8). Retrieved from <https://goo.gl/8L1tG2>.
- [34] Alajbegović, A., & Šabanagić-Hajrić, S. (2015). Impacts of education level and employment status on health-related quality of life in multiple sclerosis patients. *Medicinski Glasnik*, 12(1). Retrieved from <https://goo.gl/B1eTMZ>.
- [35] Liu, K., et al. (2014). Relationship between menopause and health-related quality of life in middle-aged Chinese women: a cross-sectional study. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893455/>.
- [36] Bracy, K. (2018). Best Ways Husbands Can Support Partners During Menopause. Retrieved from <https://goo.gl/ua46rY>.
- [37] CliffsNotes. (2016). Relationships: Age 45–65. Retrieved from <https://goo.gl/ZqpxNB>.
- [38] Llana, P. (2015). Resilience, depressed mood, and menopausal symptoms in postmenopausal women. Retrieved from <https://goo.gl/G35RpW>.
- [39] Heckman, C. et al. (2015). Resilience, positive coping, and quality of life among women newly diagnosed with gynecological cancers. *US National Library of Medicine National Institutes of Health Search Database Search Term Search*, 38(5), 375-382. doi:10.1097/NCC.0000000000000215.
- [40] Ebbeck, V., Nery-Hurwit, M., & Yun, J. (2018). Examining the roles of self-compassion and resilience on health-related quality of life for individuals with Multiple Sclerosis. Retrieved from <https://goo.gl/J4hxtM>.

Table 4. Emergence of the theme General Well-being in the aspect of Health-Related Quality of Life among Middle-Aged Women (n = 24)

Respondent Number	Transcripts	Emerging Concept	Sub Categories	Categories	Themes
Post menopause 3	Siguro nakaapekto saakin eh nung medyo tumaba ako dahil mas madali na mapagod hindi tulad ng dati	Being Physically Weak	Physical	Health Conditions of Menopausal Women	General Well-being
Perimenopause 5	Ang kalusugan ko naman sa ngayon ay ayos na ayos pa nakakaya ko pa naman magtrabaho at gumawa ng mga gawaing bahay.	Ability to maintain strength			
Menopause 4	Ako naman ay lively pa din hanggang ngayon kahit menopause na, mas maganda kasi sa pakiramdam na ikaw ay laging energetic mas madami kang nagagawa.	Ability to Maintain Energy			
Post menopause 3	Kaya ngayon nagbabawas na ako ng kain para mabawasan din ang aking timbang.	Being Health Conscious	Psychological		
Perimenopause 5	Ang epekto saakin ng menopause malaki dahil natatakot nga ako na baka maging sakitin kapag tuluyan ng nawala ang menstruation ko.				
Post menopause 4	Kapag nakaramdam nga ako ng sakit at hindi ko na matiis nainom na agad ako ng gamot at pahinga nalang.				
Post menopause 3	Syempre nagkaroon ng pagbabago dahil nga mas madali na ako mapagod kaya nababawasan yung mga nagagawa ko sa bahay	Feelings of Fatigue	Behavioral		
Perimenopause 4	Kahit naman may mga physical changes na nangyayari sa akin hindi ko naman nililimitahan ang role ko sa aking pamilya at kaibigan. Kung ano ako sa kanila dati ganoon pa din naman hindi naman siguro yun magbabago kahit dumami pa ang pagbabago sa aking katawan.	Ability to Maintain Consistency			
Menopause 4	Wala naman naging pagbabago dahil nakakalabas pa din naman ako kasama ang aking mga kaibigan, hindi naman nakaapekto ang menopause sa akin.	Ability to Maintain Social Connections			

Table 6. Emergence of Understanding the Self in the aspect of Attitudes toward Menopause among Middle-Aged Women n = 24

Respondent Number	Transcripts	Emerging Concept	Subcategories	Categories	Themes
Perimenopause 1	Para sa akin okay lang naman maranasan ang menopausal dahil part naman talaga ito siguro n gating buhay lalo na ng mga kababaihan syempre tatanggapin ko nalang.	Openness	Positive Tendency	Personal Dispositions	Understanding the Self
Post menopause 3	Parang wala naman treatment sa menopause dahil hindi naman ito sakit na kelangan gamutin para mawala dahil kusa naman itong dadating sa ating mga kababaihan.				
Post menopause 2	...nainit lang ang ulo ko, minsan naiibaling ko sa mga anak ko kaya lagi nila sinasabi sakin na bakit daw lagi umiinit ang ulo kahit simpleng dahilan lang. pero kahit ganon hindi naman nakaapekto sa relsyon ko sa kanila naiintindihan naman siguro nila ako.	Being Mindful Being Irritable	Positive and Negative Tendencies		