ORIGINAL ARTICLE

FACTORS ASSOCIATED WITH THE SUBJECTIVE WELL-BEING OF MIDDLE-AGED WOMEN SEEN IN A CLIMACTERIC OUTPATIENT CLINIC

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ABSTRACT

Objective: to evaluate factors associated with the subjective well-being of middle-aged women treated in a climacteric outpatient clinic **Method:** cross-sectional, analytical study. Data collected from October 2020 to January 2021 by phone. We used sociodemographic data, health and psychosocial conditions, Subjective Well-Being scale, Menopause Rating Scale, Cut Down/ Annoyed/Guilty/Eye Opened, Patient Health Questionnaire-9 and Generalized Anxiety Disorder-7. **Results:** 116 women participated in the study; in relation to Subjective Well-Being, the mean general index of middle-aged women was 3.24, 71.55% of them evaluate it as moderate, most (79.31%) have a moderate index of Satisfaction with Life and high rates of Negative Affect (51.72%). Variables of color and non-white race remained positively associated with Satisfaction with life and non-white race negatively associated with moderate symptoms of menopause. Women with a family income of one to two or two or more minimum wages and those who did not have depressive symptoms had greater Positive Affects in their lives. Women who experienced negative affect had severe menopausal symptoms, did not have leisure habits, and had depressive symptoms and anxiety symptoms. **Conclusion:** these results offer subsidies to better understand women in this age group and the aspects related to their life and health.

Keywords: Women. Middle-aged person. Health.

INTRODUCTION

The longevity of women is a striking phenomenon that has been occurring in the demographic dynamics of the population. In general, they live about seven years longer than men[1], mainly because they follow recommended treatments, practice physical activity, seek health services more frequently and perform preventive health activities[2].

Middle age is a phase of human life that is still poorly defined. In chronological terms, Western society determines the "middle" of human life[3]. For the United Nations (UN), middle age is the period between 40 and 59 years[4].

Nowadays, middle-aged women belong to a generation that has experienced countless changes and were responsible for the struggles and conquests through which they achieved a new social role. In addition to family responsibilities, they also assume professional activities and their growing challenges, having to deal with the growth of their children, a possible divorce or widowhood, the prospect of retirement, leaving home and/or the arrival of grandchildren[5]. In addition, they are more active in politics, in the social and cultural artistic field, and continue to exercise their femininity and sexuality in various ways[6].

Studies carried out with middle-aged women have contributed to the understanding of aspects of their life and health. The investigations are focused on hormone replacement[7], climacteric, menopause[8,9], physical appearance[10], labor market[11],

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domestic violence and women as caregivers[12].

Considering the new social role of middle-aged women, in addition to knowing the aspects related to their health, it is important to know those related to their lives. One indicator that has been used to understand people's assessment of their lives is Subjective Well-Being (SWB). This indicator encompasses dimensions of life satisfaction, positive affects and negative affects[13].

The literature on SWB is diverse in several areas such as medicine, public health, health situations, with emphasis on psychology. In general, there are studies on SWB with all age groups, different genders[14,15] and sexual orientation[16]. Most of these studies were conducted with mixed groups, men and women. Studies conducted only with women investigated SWB related to body image[16] and physical activity[17].

There is a lack of studies of SWB specifically with middle-aged women. Those studies that exist explored certain themes, such as aging[18], leadership at work and psychological issues[19]. In addition, little is known about the factors that are related to the SWB of these women.

To the best of our knowledge, studies show that middle-aged women evaluate some aspects of their lives negatively, due to the physical and psycho-emotional changes that occur in the climacteric period[21]. In relation to middle-aged men, they are more dissatisfied with life[22].

Considering that middle age is an important phase of women's life cycle for a healthy old age, and that the understanding of their SWB and the factors that are associated with it contributes to the improvement of these women's quality of life, the objective of this study was to investigate the subjective well-being of middle-aged women and the factors that influence it.

METHOD

This is a cross-sectional and analytical study carried out at the climacteric outpatient clinic of the Júlio Muller University Hospital (HUJM) in the municipality of Cuiabá – Mato Grosso. The study population consisted of 455 women, which corresponded to the total number of patients treated at the climacteric outpatient clinic of HUJM in the last five years, that is, from March 2015 to March 2020. To contact these women, the outpatient clinic made the medical records available. After consulting the medical records, 208 women who were in the middle age group were identified. It was used as inclusion criterion the woman to be between 40 and 59 years old[4] on the date of the interview, and exclusion the non-attendance to three attempts of telephone calls on different days and times and alternating. After telephone contact, 69 telephone numbers were incorrect or did not exist, 16 women did not answer the call after three attempts to contact them, and 7 refused to participate in the study. The final sample was 116 women.

Data were collected through a telephone interview, from October 2020 to January 2021, by the researcher. Before the interview, the researcher made telephone contact with the participant to present the study, its objectives and methodologies used, followed by the invitation to participate in the research. Those who accepted, date and times were scheduled for interview. Some wished to conduct the interview at the same time. At that time, the researcher read the Informed Consent Form (ICF) that, after verbalizing the acceptance (recorded), a copy of the document with the researcher's signature was sent via a messaging application.

The dependent variable SWB was measured using the subjective well-being scale developed by Albuquerque and Trocolli (2004)[13]. The Likert scale consists of 62 items, divided into two domains: (1) **Positive Affects** (PAF) (21 questions) and **Negative Affects** (NAF) (26 questions). The answers were obtained using a 5-point Likert scale, where 1 point (not at all), 2 points (a little), 3 points (moderately), 4 points (a lot) and 5 points (extremely), (2) **Satisfaction with Life** (SL). These domains were assessed by 15 items on a 5-point Likert scale, where 1 point (strongly disagree), 2 points (disagree), 3 points (don't know), 4 points (agree) and 5 points (strongly agree). Then, the classification of the SWB was outlined from its score, considering the cutoff point 3. For PAF and SL, the higher the score, the better the SWB. For the NAF, the lower the

score (below mean 3), the better the SWB can be considered[23].

The independent variables were **sociodemographic** (age, marital status, self-assigned color or race, religion or cult, home residents, education, occupational status, individual income, family income and participation in social groups). **Health conditions** (physical activity, sexually active life, smoking, self-reported morbidities, regular use of medication). For screening and detection of alcoholism, the questionnaire Cut Down, Annoyed By Criticisms, Guilty, Eye-Opener - CAGE was applied; the items are classified as 0 (zero); for negative responses and 1 (one) for positive responses, the final result with a score of 2 (two) or more points is indicative of alcohol problems[24]. The assessment of climacteric symptoms was performed by the Menopause Rating Scale (MRS), which brings together 11 questions distributed in 3 subscales: (1) somato-vegetative symptoms (shortness of breath, sweating, hot flashes; heart changes, sleep problems; muscle and joint problems), (2) psychological symptoms (depressive mood, irritability, anxiety, physical and mental exhaustion) and (3) urogenital symptoms (sexual, bladder and vaginal dryness problems), the answer to each question is classified on a severity scale ranging from zero (absence of symptom) to four (very severe symptom). The total MRS score is obtained by summing the score of each domain, the higher the score, the more severe the symptomatology and the worse the quality of life. The general intensity of climacteric symptomatology can be categorized into: absent or occasional (0-4 points), mild (5-8 points), moderate (9-15 points) or severe (≥ 16 points) symptomatology. **Psychosocial conditions** (leisure habits, and the Patient Health Questionnaire-9 (PHQ-9), which has nine items on a scale from 0 (never) to 3 (almost every day), with a score ranging from 0 to 27 points, in which the positive indicator of depression value greater than or equal to 10 is estimated. The symptoms of generalized anxiety were evaluated by the Generalized Anxiety Disorder 7- (GAD-7), using seven items, arranged on a four-point scale: 0 (never) to 3 (almost every day), with a score ranging from 0 to 21, when measuring the frequency of

signs and symptoms of anxiety in the last two weeks[25]. Data were organized using the Microsoft Excel 2010® software and statistical analysis was performed in STATA, version 12.0 (Stata Corp., College Station, USA). First, absolute and relative frequencies were calculated for categorical variables; for continuous variables, mean and standard deviation were calculated. The prevalence of SWB and its domains was estimated. The mean scores of SWB, PAF, NAF and SL were calculated according to the sociodemographic, health and psychosocial variables.

Simple and multiple linear regression was used to analyzed the association between the SWB, PAF, NAF and SL scores and sociodemographic, health and psychosocial variables. Variables that presented a p value ≤ 0.20 in the bivariate analysis were included in the multiple regression model. This more liberal criterion allows the inclusion of variables that, although not highly significant in isolation, can contribute in a relevant way to the final model when considered together with other variables. Subsequently, variables with p ≤ 0.05 were maintained in the multiple linear regression model, except for the age group that was included as an adjustment variable. The assumptions of normality, linearity of the linear regression model were verified through residual analysis.

This research followed Resolution number 466/2012. It was approved by the Research Ethics Committee (REC) of the Júlio Muller University Hospital (HUJM), under opinion number 4,622,209.

RESULTS

Of the 116 women interviewed, most (73.28%) belonged to the age group of 50 to 59 years with a mean age of 51.65 years (SD=5), of brown color/race (56.03%) and Catholic (56.03%), and had a partner (68.97%). Of these women, 47.41% had 09 to 11 years of schooling, 58.62% worked and, in relation to individual and family income, most received up to a minimum wage (68.97% and 37.93% respectively), and 58.62% of these women did not participate in social groups (Table 1).

Table 1. Distribution of sociodemographic variables of middle-aged women treated at the climacteric outpatient clinic of the Júlio Muller University Hospital Cuiabá Mato Grosso, Brazil. 2021 (n=116).

Variables	N	%
Age group		
40 – 49 years	31	26,72
50 – 59 years	85	73,28
Years of schooling		
5 a 8 years	11	9,48
9 a 11 years	55	47,41
12 > years	18	15,52
Religion		
Catholicism	65	56,03
Evangelical	42	36,21
No religion	3	2,59
Other religions.	6	5,17
Color or Race		
White	21	18,1
Black	27	23,28
Brown	65	56,03
Indigenous	1	0,86
Yellow	2	1,72
Occupational status		
Not employed	48	41,38
It works	68	58,62
Individual Income		
Up to 1 minimum wage	80	68,97
1 to 2 minimum wages	24	20,69
Two or more minimum wages	12	10,34
Family income		
Up to 1 minimum wage	44	37,93
1 to 2 minimum wages	35	30,17
Two or more minimum wages	37	31,9
Number of residents in the household		
She lives alone	12	10,34
She lives with other people	104	89,66

Source: The author, 2021.

As for health conditions, most (75%) make regular use of medications and most have two or more morbidities (39.66%). Regarding behavioral aspects, 56.90% of women do not practice physical activity, 57.76% have a sexually active life, and 70.68% do not smoke, are not alcoholics 92.2% and do not use illicit drugs 90.24%. Regarding psychosocial aspects, 50.86% have leisure habits, 43.10% of women have signs and symptoms of depression and 36.21% have a positive indicator for anxiety disorders (Table 2).

Table 2. Distribution of health and psychosocial variables of middle-aged women treated at the climacteric outpatient clinic of the Júlio Muller University Hospital, Cuiabá - Mato Grosso, Brazil. 2021 (n=116).

Variables	N	%
Practice of physical activity		
Yes	50	43.10
No	66	56.90
Sexually active life		
Yes	67	57.76
No	49	42.24
Smoker		
Current smoker	09	7.76
Never smoked	82	70.69
Former smoker	25	21.55
Alcoholic		

Yes	009	7.76
No	107	92.24
Medication use		
Yes	87	75.00
No	29	25.00
Participates in social groups		
Yes	48	41.38
No	68	58.62
Morbidities		
No disease	39	33.62
One disease	31	26.72
Two or more diseases	46	39.66
Menopause symptoms		
Absent or mild	27	23.28
Moderate	23	19.83
Severe	66	56.90
Leisure habits		
Yes	59	50.86
No	57	49.14
Depressive signs and symptoms		
Yes	50	43.10
No	66	56.90
Signs and Symptoms of Anxiety		
Yes	43	36.21
No	73	63.79

Source: The author, 2021.

Regarding SWB, the general index of middle-aged women was 3.24 (SD = 0.50). The majority (71.55%) of women evaluate their SWB as moderate, the majority (79.31%) have a moderate SL rate and high NAF rates (51.72%). The results of the bivariate analysis show that the highest mean score obtained was PAF (mean=3.20) (SD = 0.94) followed by SL (mean=3.06) (SD = 0.47) and NAF score (mean=2.54) (SD = 0.90) (Table 3).

Table 3. Multiple analysis of the association of SWB and the sociodemographic, psychosocial and health variables of middle-aged women treated at the climacteric outpatient clinic of the Júlio Muller Hospital. Mato Grosso, Brazil. 2021.

Variables	Coefficient[1]	p[1]	95% CI	Adjusted R^2
SWB				0.395
Age group				
40-49 years	1			
50-59 years	-0.01	0.996	-0.18; 0.18	
Color or Race				
White	1			
Non-white	0.35	**<0.001**	0.16; 0.54	
Leisure habits				
Yes	0.18	0.018	0.32; 0.34	
No	1			
Signs and depressive symptoms				
Yes	1			
No	0.47	**<0.001**	0.32; 0.62	

Source: The author, 2021.
[1]multiple linear regression; 95% CI - 95% confidence interval.

In the multiple regression analysis, the variables that remained associated with SL were: color and race (p ≤ 0.001) and menopausal symptoms (p=0.039). Thus, among the women surveyed, those most satisfied with life are non-white women who have moderate

symptoms of menopause (Table 3).

Table 4 shows that PAF were associated with the variables family income and depressive signs and symptoms. Women who had a family income of two or more minimum wages had higher PAF (p=0.017) and those who did not have depressive symptoms had higher PAF in their lives (p ≤ 0.001).

Table 4. Multiple analysis of the association between positive affects and the sociodemographic, psychosocial and health variables of middle-aged women treated at the climacteric outpatient clinic of the Júlio Muller Hospital. Mato Grosso, Brazil. 2021. (n=116)

Variables	Coefficient[1]	p[1]	95% CI	Adjusted R[2]
AFP				0.169
Age group				
40-49 years	1			
50-59 years	0.01	0.996	-0.37;0.37	
Family income				
Up to 1 minimum wage	1			
1 to 2 minimum wages	0.49	**0.015**	0.10; 0.88	
4 or more minimum wages	0.47	**0.017**	0.09; 0.86	
Signs and depressive symptoms				
Yes	1			
No	0.70	**<0.001**	0.38; 1.02	

Source: The author, 2021.
[1]multiple linear regression; 95% CI - 95% confidence interval.

The NAFs were associated with variables of menopausal symptoms, leisure habits, depressive and anxiety signs and symptoms. Thus, women who have experienced NAF are those who have severe menopausal symptoms (p=0.006), do not have leisure habits (p=0.010), have depressive symptoms (p ≤ 0.001) and have anxiety symptoms (p=0.040) (Table 5).

Table 5. Multiple analysis of the association between negative affects and the sociodemographic, psychosocial and health variables of middle-aged women treated at the climacteric outpatient clinic of the Júlio Muller Hospital. Mato Grosso, Brazil. (n=116)

Variables	Coefficient[1]	p[1]	95% CI	Adjusted R[2]
AFN				0.408
Age group				
40-49 years	1			
50-59 years	0.13	0.417	-0.18; 0.43	
Menopause symptoms				
Absent or mild	1			
Moderate	0.25	0.220	-0.15; 0.66	
Severe	0.50	**0.006**	0.14; 0.86	
Leisure habits				
Yes	1			
No	0.37	**0.010**	0.09; 0.64	
Signs and depressive symptoms				
Yes	0.50	**0.003**	0.17; 0.83	
No	1			
Signs and symptoms of Anxiety				
Yes	0.36	0.040	0.02; 0.71	
No	1			

Source: The author, 2021
[1]multiple linear regression; 95% CI - 95% confidence interval.

DISCUSSION

This study adds knowledge about the SWB of middle-aged women and brings new contributions to the understanding of the studied variables. The higher frequency of moderate SWB in the women in this study is a finding corroborated by the study by Silva et al. [23] who found better rates of SWB in

women who were in middle age when compared to younger women. This phase of life is a period in which women experience various situations (children leaving home, divorce, retirement) that can generate negative affects such as irritability, anxiety, anger and depression. But, as people age, emotions present better regulation, which consequently increases SWB[26].

In this study, it is observed that women who have never smoked and have leisure habits have better positive rates of SWB. This association is probably due to the fact that the good health behaviors of these women are reducing the impact of menopausal symptoms and depression. Older individuals tend to intensify positive affects and decrease negative ones. This is possible due to a kind of adaptation to daily life events and changes experienced that occur in the context of social coexistence[27]. On the other hand, at this stage of life, women experience situations that can bring satisfaction (autonomy, independence, raised children, grandchildren)[23]. Thus, the women in this study probably presented moderate SWB because they are experiencing situations that make them satisfied with life even when experiencing negative facts.

Another finding of this study showed that the absence of symptoms of depression and anxiety in women is related to better PAF scores. The SWB indicates that when experiencing PAF, the person behaves with enthusiasm, efficiency, energy, surrounded by pleasant feelings and pleasure[10]. Thus, these are averse affects to those presented by people who develop depression or anxiety.

This study showed that higher NAF rates are associated with women with severe menopausal symptoms, symptoms of depression, and anxiety. A similar result was found in this study that analyzed the experience and conception of women about the climacteric and analyzed the psychoemotional changes most present in this phase of women's lives[28]. In fact, for women, middle age is a phase marked by several events and some of them can generate a higher frequency of negative emotions in their lives, potentiating the appearance of symptoms of depression and anxiety. In addition, menopause is mainly a phase marked by several physical and psychological transformations, understood as a negative phase of their lives[23,29].

Some limitations can be pointed out in this research. Considering that the population of this study involved only middle-aged women treated at the SUS reference climacteric outpatient clinic, the generalization of its results should be considered with caution. In addition, the study sample was restricted to women with valid telephone numbers on the date of the interview as well as those who agreed to participate. Another limitation is that the cross-sectional design of the study prevents inferences of cause and effect. However, the research also has strengths: the assessment of SWB included several aspects of the lives of these women that go beyond the signs and symptoms of menopause, as well as the use of recognized and validated scales that give rigor to the method.

CONCLUSION

In this study, middle-aged women reported a higher prevalence of moderate SWB. Factors associated with SWB were color or race, leisure habits, and depressive symptoms. The variables that remained associated with the positive aspects of SWB (SL and PAF) were color and race, menopausal symptoms, family income of two or more minimum wages and depressive signs and symptoms. Regarding NAF, the association was with menopausal symptoms, leisure habits, depressive and anxiety signs and symptoms.

These results offer subsidies to better understand women in this age group and the aspects related to their lives and health. In addition, they point to the need for health professionals to consider the particularities of this phase of life that go beyond the signs and symptoms of climacteric and, based on this, propose strategies to better welcome and assist these women, thus contributing to the comprehensiveness of women's health care.

FATORES ASSOCIADOS AO BEM-ESTAR SUBJETIVO DE MULHERES DE MEIA-IDADE ATENDIDAS EM UM AMBULATÓRIO DE CLIMATÉRIO

RESUMO

Objetivo: avaliar fatores associados ao bem-estar subjetivo de mulheres de meia-idade atendidas em ambulatório de climatério. **Método:** estudo transversal, analítico. Os dados foram coletados de outubro 2020 a

janeiro 2021 por telefone. Utilizou-se dados sociodemográficos, condições de saúde e psicossociais, escala de Bem-Estar Subjetivo, *Menopause Rating Scale, Cut Down/ Annoyed/Guilty/Eye Opened, Patient Health Questionnaire-9 e Generalized Anxiety Disorder-7.* **Resultados:** participaram estudo 116 mulheres. Com relação ao Bem-Estar Subjetivo, a média do índice geral das mulheres de meia-idade foi 3,24, 71,55% delas o avaliam como moderado, a maioria (79,31%) apresenta índice moderado de Satisfação com a Vida e elevados índices de Afeto negativo (51,72%). Variáveis cor e raça não branca mantiveram positivamente associadas à Satisfação com a vida e raça não branca negativamente a sintomas moderados da menopausa. Mulheres com renda familiar de um a dois ou dois ou mais salários-mínimos e as que não apresentavam sintomas depressivos tinham maior Afetos Positivos em suas vidas. Mulheres que experienciaram afeto negativo possuíam sintomas severos da menopausa, não possuíam hábitos de lazer, tinham presença de sintomas depressivos e sintomas de ansiedade. **Conclusão:** esses resultados oferecem subsídios para melhor compreender as mulheres nessa faixa-etária e os aspectos que se relacionam com sua vida e saúde.

Palavras-chave: Mulheres. Pessoa de meia-idade. Saúde.

FACTORES ASOCIADOS AL BIENESTAR SUBJETIVO DE MUJERES DE MEDIANA EDAD ATENDIDAS EN UNA UNIDAD DE CLIMATERIO

RESUMEN

Objetivo: evaluar factores asociados al bienestar subjetivo de mujeres de mediana edad atendidas en unidad de climaterio. **Método**: estudio transversal, analítico. Los datos fueron recolectados de octubre 2020 a enero 2021 por teléfono. Se utilizaron datos sociodemográficos, condiciones de salud y psicosociales, escala de Bienestar Subjetivo, *Menopause Rating Scale, Cut Down/ Annoyed/Guilty/Eye Opened, Patient Health Questionnaire-9* y *Generalized Anxiety Disorder-7*. **Resultados**: participaron del estudio 116 mujeres. Con relación al Bienestar Subjetivo, el índice general medio de las mujeres de mediana edad fue 3,24, 71,55% de ellas lo evalúan como moderado, la mayoría (79,31%) presenta índice moderado de Satisfacción con la Vida y elevados índices de Afecto negativo (51,72%). Las variables de color y raza no blanca se mantuvieron positivamente asociadas con la Satisfacción con la Vida y la raza no blanca negativamente a los síntomas moderados de la menopausia. Las mujeres con ingresos familiares de uno a dos o dos o más salarios mínimos y aquellas que no presentaban síntomas depresivos tenían mayores Afectos Positivos en sus vidas. Las mujeres que experimentaron afecto negativo tenían síntomas severos de la menopausia, no tenían hábitos de ocio, tenían presencia de síntomas depresivos y síntomas de ansiedad. **Conclusión**: estos resultados ofrecen aportes para comprender mejor a las mujeres en esta franja de edad y los aspectos que se relacionan con su vida y salud.

Palabras clave: Mujeres. Persona de mediana edad Salud.

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