

WOMEN'S ATTITUDES AND PERCEPTIONS
TOWARDS
HORMONE REPLACEMENT THERAPY

by

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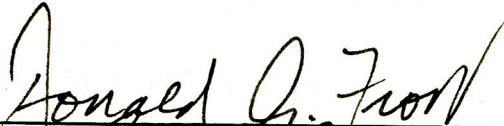

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ABSTRACT

The purpose of this study was to determine women's attitudes and perceptions of Hormone Replacement Therapy during the menopausal transition.

Research literature and popular press articles were reviewed concerning the issue of women's attitudes and perceptions towards Hormone Replacement Therapy during the menopausal transition. In addition, a patterned interview was used to collect data from a convenience sample of twenty women 42 to 61 years of age.

Women's attitudes and perceptions toward Hormone Replacement Therapy during the menopausal transition evolved and changed during their own personal experiences. Many of the women were not educated about, or prepared for, the menopausal transition. The respondents' attitudes and perceptions were formed by observations of other women, published articles relating to menopause, attitudes towards aging, and personal experiences with menopause. Most of the premenopausal women were undecided about the use or benefits of Hormone Replacement Therapy, while the majority of

the perimenopausal and postmenopausal women had made definite decisions about the use of Hormone Replacement Therapy.

Forty percent of the women in this study were users of Hormone Replacement Therapy, thirty five percent of the women were non-users at this time, and twenty five percent were still undecided.

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CHAPTER 1

THE PROBLEM

Introduction

Aging in women is associated with profound changes in reproductive function. A woman's "change in life" as it is sometimes called, is another way of describing menopause.

For women, the middle years constitutes the phase in the life cycle during which a gradual but persistent decrease in ovarian hormone occurs. The menopausal years encompass the years of progressive ovarian functional failure. For most women, this coincides with what is commonly understood to be the years of middle age (40-60). Mood complaints are frequent during this phase of life (Sitruk-Ware and Utian, 1991). Mood and feeling of well-being or satisfaction with self and surroundings are perceived differently by individuals.

Menopause can be expected to occur in the lives of most women. Anticipatory planning with regard to what the experience may be like and how to manage it is possible. This study will determine women's attitudes and perceptions of Hormone Replacement Therapy.

Background of Study

Improving the health status of women over the life span has been identified as a top priority issue by a United States Public Health Service Task Force on Women's Health (Hammond et al., 1989). The concept of menopause as a disease that could be medically treated with "hormone replacement therapy" has existed since the 1960s. Hormone replacement therapy is often used to relieve menopausal symptoms. The idea of menopause as an illness first emerged in medical textbooks at the beginning of the nineteenth century. For years, the classic picture of menopause presented was women in physical and emotional turmoil, exhibiting a multitude of signs and symptoms (Sitruk-Ware and Utian, 1991).

Mood symptoms of the menopause are reported to include diminished energy and drive, difficulty with concentration, irritability, aggressiveness, nervous exhaustion, fluctuations in mood, tension, depress introversion, sense of internal frustration and inadequacy, intolerance of loneliness, marital troubles, and antisocial behavior patterns, as well as anxiety, headache, and insomnia. (Sitruk-Ware and Utian 1991, p. 87)

Since the turn of the century, female life expectancy has steadily increased while the average age of menopause has remained essentially unchanged. Therefore, the average woman will spend more than one-third of her life in the postmenopausal years. Concerns about the quality of life in

the advancing years are being increasingly addressed with more attention being directed to disease prevention and health promotion endeavors. In 1990, there were more than 43 million women older than forty-five years in the United States, a number expected to exceed 52.5 million by the year 2000 (Hoffman, 1990).

Purpose of Study

The purpose of this study was to determine women's attitudes and perceptions of Hormone Replacement Therapy during the menopausal transition.

Statement of the Problem

What are women's attitudes and perceptions towards Hormone Replacement Therapy during the menopausal transition?

Rationale for the Study

As knowledge regarding the benefits and risks of Hormone Replacement Therapy continues to grow, women are expected to make the personal choice of whether to use or not to use Hormone Replacement Therapy. Medical opinions differ and consequences of Hormone

Replacement Therapy have not been defined long term. There are likely to be important differences between physicians' views of Hormone Replacement Therapy as a medical treatment and the meaning this treatment may hold for women who are candidates for its use.

Hormone Replacement Therapy has benefits as well as risks, cost, and potential side effects. Each woman entering menopause is solely responsible for forming the ultimate decision of whether or not to administer Hormone Replacement Therapy. The viewpoints of women are often presumptive rather than research-based. Clinical experience suggest that many women who are considered appropriate candidates for Hormone Replacement Therapy are reluctant to take it (Notelovitz, 1989).

Significance of the Study

The main benefactors to this study will be women who are nearing the menopausal phase and those currently in the transitional stage of menopause. Moreover, these women may adapt an increased awareness of the issues that arise with respect to Hormone Replacement Therapy as a result of the information obtained in this study.

By examining mid-life women's attitudes and perspectives regarding Hormone Replacement Therapy, this study may assist physicians and mental health professionals to better understand attitudes and concerns of women considering Hormone Replacement Therapy.

Definition of Terms

Attitude. "An attitude . . . is a predisposition to think, feel, perceive, and behave toward a referent or cognitive object. It is an enduring structure of beliefs that predisposes the individual to behave selectively toward attitude referents" (Fitzgerald, 1979, p. 11).

Menopause. The permanent cessation of menstruation, normally between the ages of 40 and 50, or the period during which this occurs (Merriam-Webster, 1990).

Menstruation. The discharge of the menses (the periodic flow of blood and sloughed-off tissue from the uterus), or the period when this occurs (Merriam-Webster, 1990).

Perception. The understanding knowledge and ability to grasp an object or concept, by means of awareness or comprehension (Merriam-Webster, 1990).

Perimenopausal. The time surrounding menopause (Wilson, 1966).

Premenopause. The time prior to menopause (Wilson, 1966).

Postmenopause. The time following menopause (Wilson, 1966).

Limitations of the Study

Although the researcher is not in the medical profession, the researcher has a personal interest in the overall effects of Hormone Replacement Therapy. The researcher assumes that the women utilized in the sample population have been open and honest in their responses.

The sample of participants in this study, although appropriate for the qualitative research, limits the applicability of these results. The study population was comprised of well educated women who volunteered to be interviewed and who were able to thoughtfully reflect on their attitudes and perceptions concerning Hormone Replacement Therapy.

This study was conducted on healthy, well educated, medically knowledgeable, middle and upper middle class women. Therefore, the results of this study cannot be generalized to the wider population of women's attitudes and perceptions towards Hormone Replacement Therapy. Women of this study indeed have the societal advantage to have the option

with regard to the use of Hormone Replacement Therapy. However, these women provide credible sources of information for women who are currently or will soon be facing decisions about Hormone Replacement Therapy.

The qualitative or naturalistic research design is most usefully viewed as a starting point rather than a final blueprint for action (Sandelowski et al., 1989).

Organization of the Remainder of the Study

Chapter 2 is a review of the literature. There are seven components to this chapter. These components include: 1) the history of Hormone Replacement Therapy, 2) the opposition to Hormone Replacement Therapy, 3) unsettled issues of Hormone Replacement Therapy, 4) women's attitudes towards Hormone Replacement Therapy, 5) physicians' attitudes toward Hormone Replacement Therapy, 6) Alternatives to Hormone Replacement Therapy, and 7) Summary of the literature review.

Chapter 3 includes a detailed description of the methodology used to solicit and gather data pertaining to the individual participants point of view. This methodology is the descriptive qualitative method and utilizes one on one interviewing techniques. The sources of the data are women between

the ages of 42 to 61 who are expected to, or have already faced the issue of Hormone Replacement Therapy. The final section of Chapter 3 discusses the questions used in the patterned interviews with the respondents.

Chapter four discusses the data gathered through the interviews with premenopausal, perimenopausal, and post menopausal women.

Chapter five presents an overview of the entire study along with conclusions and recommendations.

CHAPTER 2

LITERATURE REVIEW

History of Hormone Replacement Therapy

Research concerning menopause has largely been dominated by the medical field. The development of the origins of Hormone Replacement Therapy in the United States has been traced back to the discovery and eventual isolation of natural sex hormones in the 1930s and the synthesis of estrogen in 1938 by Dodds (McCrea, 1983). By the early 1960s, exogenous estrogen became widely available to large numbers of women in the United States. R. A. Wilson (1962) is reported to be the most influential in promoting the use of estrogen treatment at the time of the menopause. He was a Brooklyn gynecologist and the founder and head of the Wilson Foundation, which was established in 1963 to promote the use of estrogen. Wilson (1962) asserted that menopause was a hormonal deficiency disease similar to diabetes and hypothyroidism and claimed that estrogen prevented breast and genital cancer as well as other problems known to be common in aging women. Writing in the Journal of the American Geriatric Society

(1962) and in his book Feminine Forever (1966), Wilson advocated that women should have estrogen from “puberty to the grave.”

Opposition to Hormone Replacement Therapy

In the late 1960s and early 1970s, feminist and women's health advocates challenged what they considered the “disease model of menopause,” and asserted that menopause is a normal biological event and non-problematic for most women (McCrea, 1983). Ms magazine published an article in 1972 stating that menopause was not a traumatic event for most women and the attempt to keep women “feminine forever” was cited as an example of male exploitation by relegating women to the status of sex objects (Solomon, 1972). Grossman and Bart (1979) claim that the so called “deficiency disease” of menopause was invented by the medical and pharmaceutical companies to promote a drug that had the potential to increase the incidence of cancer in women. The 1981 edition of the MS Guide to a Woman's Health warned women that Estrogen Replacement Therapy was a dangerously overused treatment and should be avoided if at all possible (Cooke and Dworkin, 1981).

Feminist opposition to the use of estrogen was based on ideological grounds. An article published in Ms magazine in 1972 maintained that menopause was not a traumatic event for most women and the attempt to keep women "feminine forever" was cited as an example of male exploitation by relegating women to the status of sex objects (Solmon, 1972).

Unsettled Issues of Hormone Replacement Therapy

Several issues remain in regard to the use and overall safety of Hormone Replacement Therapy (Whitehead and Fraser, 1987). The influence of Hormone Replacement Therapy and the risk of breast cancer continues to be a concern. It is reported that many women have decided not to take replacement hormones because of fears that hormones will cause them to develop breast cancer (Kelly, 1991). A positive relationship between breast cancer and estrogen is biologically plausible (estrogen is known to act as a promoter of breast cancer in experimental animal models) and potentially has significant clinical and public health importance (Wingo et al., 1987). Currently, the relationship between the use of Hormone Replacement Therapy and breast cancer is considered to be complex and inconclusive (Colditz et al., 1990). Further studies are needed to determine

whether the risk of breast cancer differs in women taking estrogen before or after the menopause, whether different estrogen preparations affect breast cancer risk differently, and what effect progestrin has on breast cancer (Steinberg et al., 1991). Even if there is a risk between estrogen and breast cancer, the risk appears to be relatively small and women who are taking Hormone Replacement Therapy have careful medical supervision which improves the possibility of early detection of disease (Kelly, 1991). Some experts are reluctant to discourage the hormone's use because without it, overall mortality rates for all causes are increased (Wingo et al., 1991).

The major problem is that almost all research data available today on replacement therapy have been based on estrogen given alone without addition of synthetic progestrin (Barret-Connor, 1987). At the present time, the effect of an added progestrin on components of the risk-benefit equation of Hormone Replacement Therapy is considered to be unclear (Ross et al., 1988).

To some extent, all contemporary aging women are faced with a dilemma of choice and uncertainty regarding medical interventions for healthy living in their later years. In response to growing complaints that researchers have paid little attention to the diseases of older women,

especially heart diseases, cancer and osteoporosis, the National Institutes of Health has recently launched a major long-term study to see how these diseases in women are affected by hormonal treatment, smoking, diet, and exercise (Cotton, 1992). Time and research should allow additional information needed regarding aging women. Yet, at the present time, a growing number of women are being confronted with the dilemma of choice regarding Hormone Replacement Therapy.

Women's Attitudes Towards Hormone Replacement Therapy

Attitudes toward the use of Hormone Replacement Therapy have been more often related to a woman's overall approach to medical intervention or philosophy about natural as opposed to artificial treatments than to an understanding of the research evidence (Lichtman, 1991). Judd and Utian (1987) estimated that 90 percent of postmenopausal women do not undertake such therapy. They proposed several possible explanations for women's concerns and reluctance to use hormonal therapy including (1) lack of awareness of the ways in which treatment can affect disease factors, (2) lack of knowledge that menopausal status is related to an increased risk for osteoporosis and heart disease, (3) lack of willingness to assume the risks

involved with Hormone Replacement Therapy, and (4) lack of willingness to cope with the side effects of hormone treatment (Judd and Utian, 1987).

In one of the first studies to examine elements that might influence a woman's decision to use Hormone Replacement Therapy (Ferguson et al., 1989), it was found that the most important person involved in a woman's decision to utilize Hormone Replacement Therapy was her physician. Sixty-four percent of the women who had never taken Hormone Replacement Therapy had never discussed it with their physicians. When asked if a physician's recommendation would have a positive effect on hormone use, seventy-five percent of the women studied agreed. The investigation concluded that simple communication between a woman and her physician could significantly alter the use of Hormone Replacement Therapy. These authors have a clearly stated bias toward increasing the use of Hormone Replacement Therapy and advocate education of women by physicians in order to alter beliefs and attitudes of women so that menopause will be viewed as a medical condition. In addition, the authors believe that natural approaches are less preferable than hormonal medications for menopausal symptoms.

Physicians' Attitudes Towards Hormone Replacement Therapy

While physicians may acknowledge the benefits of Hormone Replacement Therapy, their prescribing practices do not necessarily correspond to their stated beliefs (Holzman et al., 1984). A theoretical analysis of physicians' decisions regarding Hormone Replacement Therapy showed that more weight was given to avoiding potential cancer outcomes than was given to osteoporosis risk reduction (Elstein et al., 1986).

Most physicians who care for women during the menopausal transition are reported to believe that Hormone Replacement Therapy is beneficial and highly influenced women's and a woman's decision to use Hormone Replacement should be seriously considered for most postmenopausal women.

Alternatives to Hormone Replacement Therapy

Although the medical literature about menopause is predominantly concerned with hormonal treatment, other advocates of improved health status for aging women stress the importance of developing and maintaining lifestyle behavior that will reduce the risk of disease and promote health. Doress and Sigel (1987) state that "it is unethical and medically unsound to prescribe hormones for all menopausal women" (p. 271). These women's

health activists endorse public health efforts to prevent osteoporosis and cardiovascular disease through education about risk factors. They encourage women to exercise, avoid accidents, maintain good nutrition, and avoid smoking rather than promoting the use of postmenopausal Hormone Replacement Therapy. Greenwood (1989), a physician and author of the book entitled Menopause Naturally, encourages women to make their own informed decision about the use of postmenopausal hormones and stresses the special needs of women during and after menopause for more calcium, increased exercise, and more attention to healthful balanced living.

Summary

From a review of the literature above, Hormone Replacement Therapy continues to remain questionable regarding health risks.

The literature points to a lack of knowledge with respect to long term use of Hormone Replacement Therapy. The influence of Hormone Replacement Therapy and the risk of breast cancer continue to be a concern. Research indicates that the hormone, estrogen, is known to act as a promoter of breast cancer in experimental animal models. Cooke and Dworkin (1981) believe that estrogen, one type of hormone, is dangerously

overused and should be avoided. Judd and Utian (1987) conclude that women are not willing to take risk or cope with potential side effects of hormones.

In addition, the research indicates that further studies are needed to determine the long term outcome of Hormone Replacement Therapy.

It was found that the most important person involved in a woman's decision to use Hormone Replacement Therapy was her physician. Therefore, women were highly influenced by physician recommendations.

CHAPTER 3

METHODOLOGY

Purpose of the Study

The purpose of this study was to determine women's attitudes and perceptions towards Hormone Replacement Therapy during the menopausal transition.

Identification of the Research Methodology

The research design selected for this study is the descriptive qualitative method. The central focus of descriptive research is to examine the facts about people, their opinions and attitudes (Merriam and Simpson, 1995). A descriptive mode is appropriate when little is known about a given subject. The aim of qualitative research is to produce a description of a given reality and the truths it contains (Van Maanen, 1982). According to Field and Morse (1985),

qualitative methods should be used when there is little known about a domain, when the investigator suspects that the present knowledge of theories may be biased or when the research question pertains to understanding or describing a particular phenomenon or event about which little is known. (p.11)

The interest in qualitative designs is directed toward discovering or uncovering new insights, meanings, and understandings (Munhall, 1989). Hormone Replacement Therapy has not been studied in an in-depth manner from the perspectives or point of view of the women who are candidates for its use.

Exploring the values of women who are potential users of Hormone Replacement Therapy are essential in determining the opinions and concerns of women who are directly affected with the decision making of the use of Hormone Replacement Therapy. A key assumption of the qualitative paradigm in studies of human behavior is the importance of understanding the situation from the view point of the participants themselves (Benoliel, 1984). The topic and purpose of this research lend themselves to the qualitative approach.

Description of the Methodology

The research design selected to gather data for this study was a patterned interview administered to each individual woman who agreed to participate in the study. The patterned interview consisted of a questionnaire which was orally administered to each participant by the researcher. The

questionnaires were designed by the researcher and administered with the use of an audio recorder.

Participants were either known to the researcher or recruited by informing individuals who had contact with women who meet the study criteria. The researcher personally contacted each potential participant who was interested in the study.

The participants were interviewed in a quiet setting in a one on one session. Each woman was informed of the conditions of the study and screened for eligibility. Eligibility criteria consisted of answering yes to the screening question number one and yes to one of the questions in number two of the screening questions (See Appendix A.) Upon meeting this criteria, each participant was approved and agreed to be interviewed and discuss her attitudes and perceptions of Hormone Replacement Therapy during the menopausal transition. Participants were assured of confidentiality and anonymity in the study. Selected demographic characteristics of the participants can be found in Appendix B.

Sample and Population

In qualitative research, sampling is considered to be theoretical or selective rather than statistical (Morse, 1988). The intent of the researcher was to select a group of healthy aging women, ages 42 - 61, who will soon be or are currently experiencing issues pertaining to Hormone Replacement Therapy. The sample size was 20. The women selected in this sample are women known to the researcher or women who have heard of the study and have volunteered to participate. The researcher attempted to sample women during various stages of the menopausal transition. However, the sample may not be representative of all healthy women ages 42 to 61.

Selection criteria included the first two questions in the questionnaire (See Appendix A).

Instrumentation

The instrument used in this study consisted of a patterned interview (See Appendix A) focused on the womens' attitudes and perceptions of Hormone Replacement Therapy. Lofland and Lofland (1984) describe the intensive interview as "a guided conversation whose goal is to elicit from the interviewee rich, detailed materials that can be used in qualitative analysis"

(p. 12). Open ended questions are designed to focus on an individual's thoughts while allowing freedom of expression. The questionnaire consisted of two screening questions and eight patterned questions.

A pilot study was conducted on two women who met the study criteria. One of the pilot subjects was premenopausal while the other was postmenopausal. The screening questions for this study prompted women to inform the researcher of their current status pertaining to menopause. These questions asked if the women were familiar with menopause, currently experiencing menopause, at a transition to menopause stage, or postmenopausal.

As a result of the pilot study, questions two, seven, and eight of the interview questions were adjusted to assure that the questions were not "closed" and would elicit detailed responses from the participants. The content of the questions were not changed.

Data Collection

The data collection occurred through a structured interviewing process over a period of eight weeks. Open ended questions were utilized to promote completeness of personal responses regarding attitudes and

perceptions. Each interview session was approximately forty minutes. An audio recorder was used for all interviews.

Data Analysis

The goal of the analysis was to extract meaning from the data and to present the results and conclusions of the study in a credible manner. The outcome of the descriptive mode is a descriptive narrative report (Artinian, 1988). Interviews were tape recorded and transcribed. Selected responses were utilized in this study to report findings which identified women's attitudes and perceptions towards Hormone Replacement Therapy during the menopausal transition.

Responses reported in Chapter 4 of this study were selected as being representative of the responses of the sample overall.

CHAPTER 4

PRESENTATION AND ANALYSIS OF THE DATA

Introduction

At some point in time during the menopausal transition, a growing number of women will be faced with the decision of whether or not to use Hormone Replacement Therapy. Just as attitudes and perceptions about menopause and its symptoms differed among women in this study, so did their responses to the Hormone Replacement Therapy questions.

All the women in this study were familiar with menopause and Hormone Replacement Therapy. In this study of twenty participants, fifteen reported that they had made a definite decision about the use of Hormone Replacement Therapy compared to five women who either had not made a decision, or thought of Hormone Replacement Therapy as a possibility. The goal of this study was to draw out and present the attitudes and perceptions towards Hormone Replacement Therapy of the women who participated in this study.

Table 1 provides data on respondents' use of Hormone Replacement Therapy.

Table 1
USE OF HORMONE REPLACEMENT THERAPY

User	8	40%
Non-User	7	35%
Undecided	5	25%
Total	20	100%

The presentation of the data in this chapter is organized according to the order in which the items appear on the questionnaire. Each respondent has been numbered and their representative number will follow their statements (See Appendix B).

Learning About Hormone Replacement Therapy

The first interview question to all the participants asked them how they learned about Hormone Replacement Therapy. The learning process of menopause and the use of Hormone Replacement Therapy seemed to be unimportant to many of the women interviewed until it became important for them to know. Many of the women in this study heard about menopause

during their adolescence when they began to menstruate or when their mothers experienced menopause. However, their interest in Hormone Replacement Therapy did not begin until signs of their own menopausal transition were acknowledged.

When asked how they learned about Hormone Replacement Therapy, many of the responses were similar. For example, this 49 year old perimenopausal woman stated:

I was surprised that mine came so early. I had no symptoms. One day I realized that I hadn't had my period for over two months. So I went to see my doctor and he said, "You're probably approaching menopause". I hadn't thought much about it until that point (R11).

A common response from the women in this study was that menopause was not something in the foreground of life. Usually, symptoms such as hot flashes, sleep disturbances, or cessation of menstrual cycles awoke the awareness of menopause. One postmenopausal woman stated:

I didn't know what was wrong with me. I was having these awful attacks. I thought I was over working myself and stressed out. The anxiety attacks scared the hell out of me. I thought I was going to die. Then, I would get all hot and my left arm would go numb. I couldn't get a decent nights sleep. Finally, after several doctor visits, he determined I was going through menopause. I thought menopause meant your periods stopped. I had no idea all these other symptoms came with it. So, my doctor said I needed hormones. I have been on them ever since (R15).

Another postmenopausal woman recalls:

Hot flashes rang the bell for me. . . . and boy were they ever hot! That was when I realized it was time to learn about estrogen and whatever else I need to know (R17).

The above statements represent several of the symptoms mentioned by the participants in this study that alerted women to learn about Hormone Replacement Therapy.

Another perimenopausal woman chuckled as she remarked:

Talk about a rude awakening. . . I thought I was too young at 44! Then I found out that both my mother and grandmother had gone through menopause in their early forty's. I learned real quick about Hormone Replacement Therapy. I think my kids and husband are glad too. I am a much better person since I have been on the hormones. I have been on them for over four years (R10).

A typical statement from the women in the sample was that their education regarding Hormone Replacement Therapy came at the onset of menopausal symptoms. Physicians played an important role in the learning process of Hormone Replacement Therapy.

Hormone Replacement Therapy During the Menopausal Transition

Several women commented positively about the availability and use of Hormone Replacement Therapy to today's mid-life women compared to women in past generations. These women perceived that in today's society,

women are more aware of the menopausal transition and therefore, modern medicine has provided alternatives to ease the transition.

One perimenopausal woman found her experience to be similar to that of several of her friends. She stated:

As far as I know, all of my friends and my sister all used hormone treatments when we started having hot flashes. The treatments definitely help ease the transition. And, I am quite certain that everyone is still on them (R9).

This statement seem to be the most common type of response among women using Hormone Replacement Therapy.

Forty percent (8) of the women in this study used or intended using Hormone Replacement Therapy during the menopausal transition, thirty five percent (7) of the women studied did not use Hormone Replacement Therapy during the menopausal transition, while twenty five percent (5) of the women in this sample were undecided.

Advantages and Disadvantages of Hormone Replacement Therapy

The following statements are related to the advantages of Hormone Replacement Therapy. A premenopausal 45 year old woman who believes she will be a user of Hormone Replacement Therapy illustrated this attitude:

I think if there are drugs available to help us through the transition, then by golley we should take advantage of it! Isn't that what modern

medicine is all about? Things are much different today. If we are lacking nutrition, we take a pill. If we have a headache, we take a pill. So why not take a pill for menopause? We live in a world of medical miracles, so we should take advantage of what's been given to us (R 3).

One of the current users of Hormone Replacement Therapy believes that life is much easier with the help of added hormones during the transitional period on menopause. She remarked:

Menopause is worse than I thought it would be. It's like having a baby. You just don't understand until you have personally experienced the situation. I am very glad we have the opportunity to have help through hormone treatments (R 12).

In this study, women who viewed menopause as a combination of a developmental stage and a medical condition were found to be more likely to use Hormone Replacement Therapy than those who viewed menopause as a normal developmental stage of life.

On the other hand, Hormone Replacement Therapy was also seen as a disadvantage. One of the premenopausal women explained:

There have been studies that hormones increase the risk of breast cancer. Don't you think that's a disadvantage? I don't think women are listening. The slightest risk of cancer is enough to keep me away from hormones. I don't think they are worth it (R7).

A perimenopausal woman states:

Disadvantages? Well, maybe the only disadvantage is that the

hormones become a part of your life and we need to remember to take them every day (R 8).

Long Term Hormone Replacement Therapy

The following illustrates the attitudes of the responses about Hormone Replacement Therapy in relation to health and long term use. One postmenopausal woman explains:

Well, without hormone therapy, our bodies could deteriorate drastically. I'm sure everyone is aware of the fact that without hormones we (women) are prone to osteoporosis. This is a condition that requires medical attention (R 18).

Although osteoporosis was mentioned by several of the women interviewed, cancer seemed to be very prominent in the responses to the question on long term use of Hormone Replacement Therapy. An X-ray technician stated:

Yes, I am concerned about the breast cancer, but on the other hand I am not in a high risk category. I don't smoke, I exercise, and I only drink occasionally. I think I have a greater risk of cancer because of the type of work I do (R 1).

A retired postmenopausal women responded:

I have been taking hormones for so many years and I have yet to have any side affects. Hormones have done nothing but help me. I truly believe they are needed to help us function properly. I don't plan on giving them up (R 20).

Several of the women in this study depended highly on the suggestions of their physicians in their decision whether or not to use Hormone Replacement Therapy. A 56 year old postmenopausal woman who continues to use Hormone Replacement Therapy stated:

I have always had faith in my doctor and he has always been able to treat what every my symptoms have been. That's why he's a doctor. I am no expert when it comes to things like this and I know he has prescribed what was best for me. Taking Estrogen really helped me (R 16).

Several of the women in this study reported receiving health care from professional providers upon whose opinions, knowledge, and medical care they have grown to trust. In fact, some women attributed their easy decision to take Hormone Replacement Therapy to the confidence and respect they developed in their health care providers in the years preceding menopause.

Another premenopausal woman decided not to use Hormone Replacement Therapy after talking with her homeopathic nurse practitioner. She explained:

I have been seeing her for so many years and she knows so much more about this than I do. I will always assume that she has the knowledge regarding the latest information and would give me the best recommendations. I trust that she will get me through without hormones (R4).

Health Issues Using Hormone Replacement Therapy

While the research literature noted that many women do not use Hormone Replacement Therapy because of perceptions of increased risk of developing cancer, only two women in this study reported that their fear of breast cancer kept them from taking Hormone Replacement Therapy. While women in this study occasionally mentioned cancer as a possible risk associated with the use of hormones, it was rarely cited as a principle reason for non-use. Many of the women in this study were confused or unclear about the association of increased risk of cancer with the use of Hormone Replacement Therapy. One woman who has been on Hormone Replacement Therapy for a year remarked:

I still get confused about the different types of cancers. I have heard that you are more likely to get some cancers if you do take it and other cancers you're more likely to get if you don't take it (R 8).

In another statement a 59 year old postmenopausal woman responded:

I can't remember exactly what I've heard about it (Hormone Replacement Therapy) relating to cancer in women. Only that there is some link between hormone therapy and cancer in older women (R19).

Women in the study who talked about being at higher than average risk due to breast cancer in their families did not give emphasis to cancer as a potential risk associated with Hormone Replacement Therapy.

Change in Views Regarding Hormone Replacement Therapy

A postmenopausal woman had a change in attitude while going through the transitional phase of menopause. She recalls:

I don't like to admit it, but I told everyone I was not going to participate in any part of hormone treatments. But it (menopause) was so awful, I had no choice. I have been taking treatments for years now and have no intention of quitting (R 19).

One woman in the study said she stood strong to her original decision concerning the use of Hormone Replacement Therapy. She stated that because of the lack of scientific proof and precise knowledge of the subject concerning Hormone Replacement Therapy, she was not willing to be a guinea pig or a statistic.

Use of Hormone Replacement After Menopause

Women in this study reported having an ongoing dialogues with their health care providers about Hormone Replacement Therapy. A 52 year old

postmenopausal woman who has been using Hormone Replacement

Therapy for eleven years responded:

My gynecologist, who is a woman, and who I have great respect for, started talking to me about it (Hormone Replacement Therapy). She was very honest and gave me the pros and cons, but it was obvious that she was in favor of it. So, I went on it and I have been on it ever since. I can go off when ever I want. But I feel fine taking it, so I don't have any reason to stop (R13).

One woman who recently started taking Hormone Replacement

Therapy stated:

I have yet to find a consistent or correct answer about it (Hormone Replacement Therapy). I know that some women are doing it and some are not. But, I have found that several of the women taking it feel much better with it. I am a little worried about the risk of possible side affects regarding cancer. But, I don't plan to stay on it for long. I just need help over the hurdle (R 8).

Transition to Menopause

The premenopausal women in the study said that menopause seemed so far away or not something to think about until it was time to seriously consider it. One of the undecided premenopausal women believed that at 47 she was reaching her time of menopause. She had been reading articles and talking to friends for advice. When asked if she was prepared to make the menopausal transition she replied:

I don't exactly know how I will react when my time comes. Everybody

seems to have something different to say about it. I'm going to wait and see just what happens and how my body reacts. If the symptoms are too uncomfortable, I may decide to try the hormones. I just don't know (R 7).

In previous statements, it was noted that several women were not prepared for the menopausal transition. The onset of menopausal symptoms generated the need to become educated for the transition into menopause.

Decisions Regarding Hormone Replacement Therapy

The percentage of perimenopausal and postmenopausal women in this study who made a definitive decision about Hormone Replacement Therapy were slightly higher for users than non-users (See Table 2).

Seventy percent of the women interviewed were either perimenopausal or postmenopausal. Thirty percent of the women interviewed were familiar with menopause and were expecting to enter the transitional phase soon. Three of the fifteen women who made definite decisions about Hormone Replacement Therapy were premenopausal, the remainder were peri or postmenopausal. Of these fifteen women who had made decisions, eight were users or intended users while seven had decided not to use Hormone Replacement Therapy.

Table 2
MENOPAUSAL STAGE AND HORMONE REPLACEMENT
THERAPY DECISION

	Pre	Peri	Post
User or Intended User	1 (17%)	2 (40%)	5 (56%)
Non-User	2 (33%)	1 (20%)	4 (44%)
Undecided	3 (50%)	2 (40%)	-
Total	6 (100%)	5 (100%)	9 (100%)

The women in this study who chose not to use Hormone Replacement Therapy agreed that it would be an appropriate and acceptable choice for other women and possibly for themselves if conditions warranted its use.

Women in this study commonly expressed both a recognition and appreciation that there will always be differences among women in the experiences that are associated with changes during the life cycle. It was acknowledged by many participants that some women may have a greater need than others for medical treatment for their menopausal symptoms.

All of the women in the study displayed an accepting and open attitude about the availability and use of Hormone Replacement Therapy regardless of their personal choice regarding its use. Eighty percent (16) of the women in this study expressed concerns about unanswered questions concerning the long term use of Hormone Replacement Therapy. Thirty percent (6) of the women interviewed stated that they relied on past life experiences in their decision about using Hormone Replacement Therapy during the menopausal transition.

CHAPTER 5

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

The purpose of this study was to determine women's attitudes and perceptions towards Hormone Replacement Therapy during the menopausal transition.

The sample of participants in this study, although appropriate for the qualitative research, limits the applicability of these results. The study population was comprised of well educated women who volunteered to be interviewed and who were able to thoughtfully reflect on their attitudes and perceptions concerning Hormone Replacement Therapy.

This study was conducted on healthy, well educated, medically knowledgeable, middle and upper middle class women. Therefore, the results of this study cannot be generalized to the wider population of women's attitudes and perceptions towards Hormone Replacement Therapy. Women of this study indeed have the societal advantage to have the option with regard to the use of Hormone Replacement Therapy. However, these

women provide credible sources of information for women who are currently or will soon be facing decisions about Hormone Replacement Therapy.

In this study, women's attitudes and perceptions about the menopausal transition often changed based on their attitudes and perceptions about aging, observations of other women, and women's own personal experiences with the menopausal transition.

Most women in this study postponed an interest in thinking about menopause until they perceived it to be a personal imminent event. For many of these women, interest in menopause set in at the onset of menopausal symptoms such as hot flashes or change in menstrual patterns. The timing and intensity of menopausal symptoms appeared to affect women's attitudes, perceptions, acceptance, and option to the menopausal experience.

In the study, the majority of mid-life women regarded menopause exclusively as a developmental stage in the life of a woman. None of the women in the study viewed menopause primarily as a medical condition. The availability of Hormone Replacement Therapy was a factor that appeared to influence the women's view of menopause.

Most women in this study showed accepting and open attitudes about the availability of Hormone Replacement Therapy regardless of their personal choice concerning its use. However, some women expressed concerns about unanswered questions concerning the long term use of Hormone Replacement Therapy.

Women in this study who decided not to use Hormone Replacement Therapy commonly reported that they did not see the need for it in their personal circumstances. They found menopausal symptoms tolerable and believed that the use of Hormone Replacement Therapy was counter to the natural order of life. Some of these women compared their Hormone Replacement Therapy decision to past health care decisions citing similarities to how they dealt with medical interventions during their pregnancy and childbearing experiences. One woman stated: "this is just another part of life, you have to tough it out and you will get through it." Several of the women interviewed had a "wait and see" attitude regarding future use of Hormone Replacement Therapy.

The major reason women in this study reported that they began to use or would consider using Hormone Replacement Therapy, was to deal with the unpleasant symptoms associated with the menopausal transition. When

menopausal symptoms caused enough personal discomfort, some of the women in this study did have a change in attitude and demonstrated little resistance in making a decision to use Hormone Replacement Therapy.

Conclusion

This study demonstrated that women's attitudes and perceptions towards use of Hormone Replacement Therapy during the menopausal transition can be complex for some women. Although it has been assumed that a personal evaluation of the risks verses the benefits has been the major determinant in the use of Hormone Replacement Therapy during the menopausal transition, the results of this study suggest that perceived need is the major factor which ultimately determines women's use or non-use of Hormone Replacement Therapy. Perceived need for Hormone Replacement Therapy was usually determined by the actual or potential experience of uncomfortable responses to menopausal related symptoms.

According to the literature review, most physicians who care for women during the menopausal transition are reported to believe that Hormone Replacement Therapy is beneficial and should be seriously considered. However, as a warning to women, Cooke and Dworkin in the

1981 edition of MS Guide to a Woman's Health stated, Estrogen Replacement Therapy was a dangerously overused treatment and should be avoided if at all possible. Several issues remain in regard to the use and overall safety of Hormone Replacement Therapy (Whitehead and Fraser, 1987).

Answers to all questions regarding long term use of Hormone Replacement Therapy are not yet available. This makes decision making for many aging women a difficult and perplexing experience. In a study conducted by Ferguson and associates (1989), women who used Hormone Replacement Therapy were found to be more likely than those not taking Hormone Replacement Therapy to view menopause as a medical condition.

The researcher interprets this study as suggesting that women's attitudes and perceptions may change as they grow in their awareness, understanding, or experiences related to the use of Hormone Replacement Therapy during the menopausal transition.

Recommendations

One of the goals of the qualitative research is to identify and describe patterns that can be used in the development of new theoretical formulations.

Given the limitations of this study, additional research is recommended to determine the commonalities and differences of women's attitudes and perceptions in a wider socio-economic context. Based on the results of this study, the following hypotheses are offered for consideration in future investigations on this subject.

1. Women who are able to acknowledge and accept the reality of their own aging will be more likely to discuss and adapt in a normative way to the menopausal transition better than the women who deny or resist aging.

Therefore, this first group of women would perceive a more positive attitude.

2. Women whose expectations are not consistent with their actual experience will demonstrate greater difficulty adapting to the menopausal transition.

3. There will be greater use of Hormone Replacement Therapy among women who demonstrate acceptance of medical interventions compared to women who are cautious or resistant to medical interventions.

4. The use of Hormone Replacement Therapy among menopausal women will be strongly related to symptom relief.

Women need assistance from informed sources in making the best decision for themselves. All women undergoing the menopausal transitions

should be made aware of the availability of Hormone Replacement Therapy, the indications for its use, and the uncertainties of long term use.

Health care providers to women in the menopausal stage need to be abreast of current findings that may be helpful in assisting and assessing an individual woman's needs for information and guidance.

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APPENDIX A

PATTERNED INTERVIEW QUESTIONNAIRE

Questionnaire

Screening questions

1. Are you familiar with menopause and Hormone Replacement Therapy?
(The answer must be yes)

2. Have you personally experienced menopause? Yes ___ No ___
 Are you entering the transition period of menopause? Yes ___ No ___
 Are you experiencing menopause at this time? Yes ___ No ___
 Are you post menopausal? Yes ___ No ___

Interview Questions

1. How did you learn about Hormone Replacement Therapy?

2. Have you ever used or are you considering using Hormone Replacement Therapy during the menopausal transition? Please explain the reason (why) to your answer.

3. What do you think are the advantages of Hormone Replacement Therapy? Disadvantages?

4. How do you feel about using Hormone Replacement Therapy long term?

5. What are your views related to health when using Hormone Replacement Therapy?

6. How have your views, attitudes, and/or perceptions on Hormone Replacement Therapy changed over the years, if any?

7. Do you plan to or have you continued using Hormone Replacement Therapy after menopause? Please explain.

8. Do you feel you were (or are) prepared to make the transition to menopause? Please explain your reason for this answer.

APPENDIX B

DESCRIPTION OF PARTICIPANTS

DESCRIPTION OF PARTICIPANTS

Premenopausal

<u>Respondent #</u>	<u>Age</u>	<u>Occupation</u>
R1	43	X-Ray Technician
R2	44	ICU Nurse
R3	45	X-Ray Technician
R4	45	Teacher
R5	45	Housewife
R6	46	Manager
R7	47	Salesperson

Perimenopausal

<u>Respondent #</u>	<u>Age</u>	<u>Occupation</u>
R8	44	Office Coordinator
R9	47	Nurse
R10	48	Dental Hygienist
R11	49	Director Medical Records
R12	49	Counselor

Postmenopausal

<u>Respondent #</u>	<u>Age</u>	<u>Occupation</u>
R13	52	Manufacturing Supervisor
R14	52	Doctor
R15	56	Procurement Manager
R16	56	Secretary
R17	58	ER Nurse
R18	59	Homemaker
R19	59	Real Estate Agent
R20	61	Retired

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