NEAR EAST UNIVERSITY
GRADUATE SCHOOL OF SOCIAL SCIENCES
APPLIED (CLINICAL) PSYCHOLOGY MASTER PROGRAM

MASTER THESIS

THE RELATIONSHIP BETWEEN MENOPAUSE SYMPTOMS, DEPRESSION, SELF-ESTEEM AND MARIATAL ADJUSTMENT IN MENOPAUSAL WOMEN

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The Relationship Between Menopause Symptoms, Depression, Self-Esteem and Mariatal Adjustment In Menopausal Women

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TEŞEKKÜR

Yüksek lisans eğitimim boyunca bilgi ve tecrübelerini bize aktaran akademik ve bireysel gelişimim için sağladıkları destekler için Assoc. Prof. Dr. Ebru ÇAKICI, Assoc. Prof. Dr. Mehmet ÇAKICI'ya teşekkür ederim. Çalışmamın her aşamasında bana yardım eden, desteklerini benden esirgemeyen tez danışmanın Dr. Deniz ERGÜNE'e içtenlikle teşekkür ederim. Öğrenciliğim sırasında beni destekleyen maddi ve manevi olarak desteğini hiçbir zaman esirgemeyen Anneme ve sabrı, anlayışı ve sonsuz desteği için hayatıma anlam katan eşim İzzet Bozcan'a teşekkür ederim.

ÖZET

MENOPOZ DÖNEMİNDE OLAN KADINLARIN MENOPOZ SEMPTOMLARI, DEPRESYON, BENLİK SAYGISI VE EVLİLİK UYUMU İLE İLİŞKİSİ

DAMLA ILGAZ

ŞUBAT, 2014

Menopoz dönemi kadınlar için fizyolojik yönden bir çok etki yaratırken psikolojik yönden de bir çok etki yaratmaktadır.

Bu çalışma da KKTC'de yaşamakta olan kadınların menopoz dönemindeki şikayetleri ile evlilik uyumu, depresyon, benlik saygısı ve bazı sosyodemografik özellikleri arasındaki ilişki incelenmiştir.Çalışmaya 110 menopoz dönemindeki kadın alınmış ve kartopu tekniği kullanılarak anketler toplanmıştır.

Araştırmaya katılan kadınlara sosyodemografik bilgi formu, Menopoz Semptomları Değerlendirme Ölçeği (MSDÖ), Beck Depresyon Ölçeği (BDI), Evlilik Uyum Ölçeği (EUÖ) ve Rosenberg Benlik Saygısı Ölçeği (RBSÖ) uygulanmıştır.

Ekonomik durumu yüksek olan kadınlarda menopoz şikayetlerinin daha az olduğu tespit edilmiştir. Çalışmada menopoz semptomlarının şiddeti ve evlilik uyumu arasında bir farklılık tespit edilmiştir.Menopoz semptomlarının şiddeti ile depresyon puanlarının arasında pozitif yönde bir ilişki bulunmuştur. Menopoz semptomları ve Benlik saygısı arasında ise negatif yönde bir ilişki bulunmuştur.

Menopoz döneminde olan kadınların bu dönemde tıbbı ve hormonal yardımın yanında psikiyatrik ve psikolojik desteğinde verilmesi gerekmektedir. Çünkü kadınlar bu dönemde ruhsal yönden birçok sıkıntı yaşamaktadır.

Menopoz döneminde olan kadınlara bu dönemle ilgili bilgi verilmeli ve bu dönemi daha rahat geçirmesi sağlanmalıdır.

ABSTRACT

THE RELATIONSHIP BETWEEN MENOPAUSE SYMPTOMS, DEPRESSION SELF-ESTEEM AND MARIATAL ADJUSTMENT IN MENOPAUSAL WOMEN

DAMLA ILGAZ

ŞUBAT, 2014

Menopausal period causes many psychological effects on women in addition to physiological effects.

In the present study the effects of marital adjustment, depression, self esteem, and some socio-demographic features of menopausal women on their menopausal complaints on the women who live in TRNC was investigated. 110 women in menopause period participated in the present study.

Socio-demographic information form, Menopause Symptoms Assessment Scale (MSAS), Marital Adjustment Inventory (MAI), Rosenberg Self Esteem Scale (RSES), and Beck Depression Inventory (BDI) were used for data collection.

It was found that women with higher economical condition had lower menopausal complaints. There was no relationship between intensity of menopausal symptoms and marital adjustment. In addition, it was found that there was a positive relationship between menopausal symptoms and depression; and there was a negative relationship between depression and self-esteem.

Women in the menopause period need to get psychiatric and psychological support in addition to medical and hormonal support; because, women experience psychological distress in menopause period.

More information needs to be given to women on menopause period to make them experience this period more easily.

ACKNOWLEDGEMENT

MRS: Menopause Symptoms Assessment Scale
BDI: Beck Depression Inventory
MAI: Marital Adjustment Inventory
RSES: Rosenberg Self-Esteem Scale

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1. INTRODUCTION

1.1 DEFINITION OF MENAPOUSE

World Health Organisation (WHO) defines menopause period commonly as ovarian activity is completely lost and reproduction is completely finished. The word menopause produced from the words men (month) and pausis (termination) in Greek (Atasü and collegues 2007).

Word meaning of menopause is last menstrual flow (Seyisoğlu, 2002).

Menopause period does not happen suddenly for women. Until it happens, many changes start before years. A woman in this period, if she did not have menstruation for the last 12 months, period after her last menstruation is called menopause.

While menopause period is coating a woman's life's significant portion, period after menopause is starting to be important for women, and becoming a period in which concerns and question marks increase (Atasü and collegues. 2007).

Being aware of that they do not experience this period alone, and perceiving this period as a women's life's' natural process instead of an illness, would make menopause period easier for women (Kıroğlu, 2005).

According to the researches in the literature, commonly in the world the age of menopause is accepted as 51; on the other hand, the researches on Turkish women showed that, this age fort hem is approximately 47-48 (Seyisoğlu, 2006). In the world, the average human life span is increasing. In the early 1900s, average human life span was 49 years, so women were dying before they experience menopause. At the present time, average life span increased as women

lives averagely 40 years after menopause. This means that women would spend averagely their 25 years of life in menopause period (CEDAD).

Average lifespan is increased to ages of 80s. Taking this into consideration, it can be said that women's menopause period covers their life's' significant portion. It is found that, age of menopause is highly related to genetic factors. In addition, stress in business life, life style, genetic factors and many other reasons effect age of menopause (Menopoz Website, 2014).

Although the period of change in menopause is certain, symptoms can be experienced in different forms and levels (Seyisoğlu, 2006). In addition to individual differences of women, cultural features effect these changes as well (CEDAD).

Period after menopause is a significant period for women's lifes. Women should be informed about this period; also, support need to be given to them about social environment and business related issues. In menopause period, vasomotor symptoms emerge. These symptoms are primarily, hot flushes, night sweating and sleeping difficulties, excessive sweating, tremors, spasm of the gastrointestinal tract, tingling sensation and pins-and-needles sensations (Atasü and collegues, 2007).

For some women, menopause is considered as biologically, psychologically, and social environmentally obtrusive period. On the other hand, for some women this period can be experienced psychologically and physiologically very easy (Kıroğlu, 2005). Forstly, women need to get information about menopause period and then they need to accept this period. (Görgel and collegues, 2007)

1.2. CLIMACTERIC PERIOD

1.2.1 CLIMACTERIUM

Another word which is being used for menopause period is climacterium (stairway). Climacterium consists of the period between the ages 45 and 60, and is known as the period before elderliness. The word climacterium was used in 18th century as period of transition for both men and women (Atasü and collegues 2007).

Climacterium involves the period in which ovarian functions decrease and stop (Seyisoğlu, 2006).

In many researches, words climacterium and menopause are being used instead of each other. While the word menopause is being used for end of menstruation periods, the word climatric is being used for the period in which ovarian functions and femininity of women changes slowly towards agedness. Primary symptoms of climacterium period are menstrual irregularities. In this period, for example menstruation is not experienced for a month and then it is experienced again; and this ending period becomes completed in a few years. For the minority of women, menstruation ends suddenly. As estrogens decrease in climacterium period, in womens' body structure and metabolism, there are many changes being happened. Some of these changes cause symptoms and complaints which are specific to this period. In this period, 80% of women experience these problems, It is assumed that most of these probles are caused by decreased estrogen hormones (Kazancıgil, 1973). Deficiency of estrogen is one of the most important reasons of menopause period (Görgel and colleagues, 2007).

1.2.2 CLIMACTERIUM PERIODS

1.2.2.1 PREMENOPAUSE

In the period before menopause, menstrual irregularities are being seen in women. In this period, early vasomotor symptoms can start to be seen. Hot flushes, sweating, tremors, sleep difficulties, nervousness and head aches can be seen (Kazancıgil, 1973). The period from the time decreases in women's ovaries start until menopause is called pre menopause (CEDAD).

1.2.2.2 MENOPAUSE

In this period, menstruation totally ends. Vasomotor impairments start to be seen frequently. Generally, women's feelings of tiredness towards life increase in this period (Kazancıgil, 1973).

1.2.2.3 PERİMENOPAUSE

Peri menopausal period is a risky period because of irregular bleedings caused by estrogens deficiency, concerns about getting pregnant or not being able to get pregnant, and with regards to cardiovascular diseases. In addition, as in this period bone loss becomes faster; women are affected both psychologically and socially. For most of the women, in peri menopausal period, very varied and intensive symptoms are experienced. On the other hand, for some women, no symptoms are seen and the period is experienced very easily (Atasü and colleagus, 2007). For women, the period 3 years before than the symptoms start, and 1 year after the last menstruation is called peri menopause (CEDAD).

1.2.2.4 POSTMENOPAUSE

The period until the age of 64 (margin of senility for women) is called post menopause (CEDAD).

In this period, as the vasomotor symptoms can be repeated occasionally, also, osteoporosis, decrease in bone tissue, fracture risk, and loss of weight can be seen (Kazancıgil, 1973).

1.3 SYMPTOMS EXPERIENCED IN MENOPAUSE PERIOD

1.3.1 VASOMOTOR SYMPTOMS

Symptoms and changes that seen in menopause:

1. Vasomotor symptoms (hot flushes, sweating)
2. Symptoms on skin (drying, corrugation, thinning, reduction in skin hydration, xerasia, nail fracture)
3. Neuro psychic symptoms (sleeplessness, restlessness, nervousness, concentration impairment, feeling bad, tiredness, decrease in sexual desire, depression, dizziness, migraine, head ache)
4. Symptoms about digestive system (indigestion, feverish gas, constipation, intestine spasm)
5. Symptoms about cardiovascular diseases (chest pain, heartbeat disorder, tremor)
6. Symptoms related to motion system (muscle pain, arthralgia, and decrease in body mass)
7. Ocular symptoms (xerophthalmia, mottling)

8. Symptoms related to decrease in progestogen (voice changes, tendency to oedema formation, mammalgia)
9. Woman voice and hormone

10. Changes related to reproductive system
11. Changes in sub-urogenital system (Atasü and collegues, 2007)

1.3.2 OSTEOPOROSIS

Another name of osteoporosis is bone loss (Jinekoloji Website, 2014). Decrease in bone tissues causes increase in fracture. Osteoporosis is one of most the important health problems in United States. Generally, fractures caused by osteoporosis after menopause cause serious results (Atasü and collegues, 2007). Risk of osteoporosis increases by the age increases (Jinekoloji Website, 2014). 75% of bone loss of women in their lifetime happens after menopausal period. In post menopause period, in 15-20 years, 30% decrease in total bone mass in the body happens (CEDAD).

1.4 TYPES OF TRANSITION TO MENOPAUSE

Most of the women experience transition to menopause naturally by the ending of fertility. On the other hand, some women experience transition to menopause by surgery operations on ovaries.

The period after a woman experience surgery on ovaries and experience menopause, at any age, is called surgical menopause (Seyisoğlu, 2006). For any reasons, removing fertility organs of women such as uterus and ovaries by surgery is called surgical menopause (Atasü and collegues, 2007).

For some women the word menopause indicates a physiological period. After a surgery, because of the effects of radiotherapy and chemotherapy women loose their fertility ability and transit to menopause (Atasü and collegues, 2007).

1.5 PSYCHOLOGICAL ASPECTS OF MENOPAUSE

This period is inescapable for women. With this period, psychological burdens get into women's lives. In this period, in addition to somatic symptoms, psychological symptoms can be seen. Some of these psychological symptoms can be nervousness, restlessness, hopelessness, and attention deficit (Kazancıgil, 1973). In menopausal period, in addition to biological difficulties that can be experienced related to estrogens and androgen deficiency, heavy symptoms such as depression anxiety, chronic stress, and sleeplessness can be seen (CEDAD).

Research done by Sağsöz and colleagues showed that, depression scores of menopausal women were found significantly higher than the depression scores of women who were on the period before menopause. According to these results, it can be said that menopause period effects women psychologically in a negative way.

The symptoms that are experienced in the period of menopause, as women feel sad for reaching this age period, becomes psychological problems. Loosing fertility abilities raises the feelings of losing femininity. In addition, at this period, most probably children of a woman grew up and left the house. Because of this, women feel that they are not needed any more and they are aging. Also, they tend to think that they are not that beautiful anymore and afraid of loosing sexuality (Kazancıgil, 1973).

Charmchi and colleagues, 2011, showed that in this period of life, psychological process in menopause period need to be realized, perspective towards middle-aged group need to be changed, new roles in the new age group need to be accepted, and life standards need to be changed in this direction by women.

Şahingöz (2008), showed that, in 57.3% of women psychological problems begin. It was indicated that, for women mood and anxiety disorders increase extensively in the period after menopause.

Charmchi et. al., 2011, indicated that, sleep problems and vasomotor symptoms in the menopause period effect women's psychological health significantly.

Kıroğlu 2005, revealed that, for women who are experiencing menopause period, their relationships with their husbands and social relations with friends are very important fort his period.

1.6 MENOPAUSE AND QUALITY OF LIFE

Healthy quality of life means that individuals are physiologically, psychologically, and socially in a good condition. In addition, individuals' expectations and hopes, also in what extend they achieved their expectations and hopes is important as well (CEDAD).

Yurdakul, Eker and Kaya (2007), studied the quality of life of women in menopause period. They found that, there were not any significant relationships between quality of life and age, education level, living children number, getting service, getting information, getting medical help, and physically exercising.

Women in menopause period, as in all other periods of life, culturally and environmentally how they value and give importance to their life style, and health affect their life. Women's health perception in menopause period affects their quality of life.

In another research on women's quality of life after menopause it was found that, there was a significant difference between older age, low level of educational background and quality of life. In addition, there was significant relationship between income, being able to get medical services about menopause and quality of life (Ertem, 2010).

Problems being experienced in menopause period and changes that happen in this period effect women's quality of life. Women have many roles and responsibilities in this period. As

women have many roles socially, the difficulties they experience in the menopausal period effect their quality of life in this period (Yurdakul and collegues, 2007).

Esen ve Çam (2006), did a research to explore the quality of life of women who had hysterectomy. The researchers found that, women who experienced changes in their relationships with their partners and sexual lives had lower quality of life and lower social dimension scores.

Inconveniences which arise in this period such as hot flushes, sweating, sleep problems, and psychological problems affect menopausal women's quality of life (Ertem, 2010).

Portion of symptoms which arise in menopause period are experienced at night. This case causes sleep problems (Atasü and collegues, 2007).

When we look at the problems being experienced in menopause period, it can be said that one of the most common problems is sleep. For example problems like difficulties in falling

asleep, waking up early and not being able to sleep again can be seen. These problems effect individuals' quality of life. These problems which start with menopause, continue to effect women's lives negatively for a while (Timur and colleagues, 2010).

Ulusoy and colleagues, 2013, conducted a research on women who were in the post menopause period. They found that, there was a significant relationship between women's sleep problems, vasomotor symptoms which raised in menopause period and depressive affect.

In addition to all the problems stated below, sexual problems are common in menopause period as well. When we look at the sexual problems which are experienced in menopause period, sexual desire loss, difficulties in achieving an orgasm can be mentioned. Estrogens deficiency, atrophy, and the changes in vagina are some of the reasons of sexual problems. Some of the reasons of sexual problems in menopause period are, women do not consider their selves attractive in this period, they do not like to be touched by others, and even when they are touched by their partners they do not get any pleasure (CEDAD).

1.7 MENOPAUSE AND MARITAL ADJUSTMENT

Marriage is an agreement done by common consent of two people. For many people, marriage is interpersonal relationship. Along the marriage, the difficulties experienced effect all the individuals' emotionally in a negative manner. The pairs who can establish healthy communication about marriage and family related issues can be considered as successful on marital adjustment. Marital adjustment is important issue which gives individuals happy relationships and satisfaction. Marital adjustment, when we look at the basics of marriage, is one of the most important factors which keep partners together. The researches done on marital adjustment and duration of marriage showed that, in the first years of marriage, marital adjustment is generally high. By the inclusion of a child to the family marital adjustment decreases. By the child leaves the house, marital adjustment increases and after that decreases again (Psikiloloji İstanbul Website, 2014).

Nehir and colleagues, 2009, researched the relationships between menopause symptoms, marital adjustment and quality of life. Their results showed that, women who were in menopause period had higher marital adjustment scores and higher quality of life scores. In

the research, it was indicated that there were reverse relationship between marital adjustment and menopausal symptoms.

2.METHOD

2.1 Aim of the Study

Aim of the present study is to investigate the effects of marital adjustment, depression, self esteem, and some socio-demographic features of menopausal women on their menopausal complaints.

2.2 Data Collection

The present study was done by snowball technique. 110 women participated in the present study. Some of the participants' data was removed as the participants were not appropriate for conditions of accession. 3 of the participants were on period of menopause but were not married, 4 of the participants left some questions unanswered, and 6 of the participants were not appropriate for the age criteria; so, those 13 participants' data were removed.

2.3 Materials

Firstly, a question pack consisted of Socio-demographic information form, menopause symptoms assessment scale, marital adjustment inventory, Rosenberg self esteem scale, and Beck depression inventory were used for data collection.

2.3.a Demographic Information Form

This form is designed to obtain information about participants, and it consists of 18 items. In addition to general questions such as age, education status, economical condition, children

number; there are questions about period of menopause (for example, how long have you been in menopause period, how your menstrual periods ended).

2.3.b Menopause Symptoms Assessment Scale (MSAS)

This scale consists of 11 items that assesses menopausal complaints. It is five point likert scale; 0: not at all, 1: mild, 2: medium, 3: bad, and 4: very bad. It consists of three sub-scales

which are somatic, psychological, and urogenital. This scale was designed by Heinmann and colleagues (2000). Validity and reliability were studied by Gürkan, 2005. High scores show more menopausal complaints and reduced quality of life. Internal consistency coefficient was found as 0.84. The minimum score that participants can get from this scale is 0, and the maximum is 44 (Çoban et. al., 2008).

The scale which is about menopausal complaints consists of three sub-scales.

1.Somatic complaints sub-scale: 1., 2., 3., and 11. items are questions about somatic complaints. In somatic complaints sub-scale there are complaints such as, hot flushes, night sweating, stenocardia, tremor, sleeping difficulties, not being able to sleep for a long time, arthralgia and myalgia, and rheumatism.

2.Psychological complaints sub-scale: 4., 5., 6., and 7. items are questions related to psychological problems. Psychological complaints sub-scale comprises symptoms such as, the individuals' feelings of him/her bad, sad and tearful, suffering from concentration difficulties, being forgetfulness, feelings of panic, anxiety, nervousness, tension, irritability, and dysmnesia.

3.Urogenital complaints sub-scale: 8., 9., and 10. items are questions related to urogenital problems. Symptoms such as difficulty in urination, thamuria, urinary incontinence, vaginal dryness and burning, difficulty in sexual intercourse, decrease in sexual intercourse, decrease in sexual desire and satisfaction are included (Tepe, 2012).

2.3.c Marital Adjustment Inventory (MAI)

This scale was designed by Locke and Wallace in 1959. Validity and reliability were studied Tutarel and Kışlak, 1999. Internal consistency coefficient was found as .84. This scale

consists of 15 items (Özbey, 2012). In the marital adjustment inventory, there are 8 items which question general adjustment, and accord and disaccord. The remaining 6 items are related to husband-wife commitment and communication (Çoban et. al., 2008).

2.3.d Rosenberg Self-Esteem Scale (RSES)

This scale was designed by Rosenberg (1965). Scale consists of 10 items. High scores show high self-esteem. Validity and reliability study in our country was done by Çuhadaroğlu in 1986 (Kılıç et. al., 2007).

2.3.e Beck Depression Inventory (BDI)

BDI consists of 21 items. Each item is evaluated between 0 and 3 points. High scores show increased intensity of depressive symptoms. Score interval is 0-63. Turkish validity and reliability study was done by Hisli in 1989 (Karlıdere ve Özşahin, 2008).

2.4 Data Analysis

Data analysis was done on SPSS 20.0. Various t-tests, correlation and ANOVAs were employed for the analyses of the variables.

3. RESULTS

Table 1a.Socio-demographic Variables of Sample

		n(%)
Education Level	Literate	3 (2,7)
	Primary School	20 (18,2)
	Middle School	18(16,4)
	High School	51(46,4)
	University or Above	18(16,4)

	Total	110(100)
How long have you been married?	10-20 years	4(3,6)
	20-30 years	55(50)
	30-40 years	49(44,5)
	40-50 years	2(1,8)
	Total	110(100)
How many children do you have?	None	4(3,6)
	1	13(11,8)
	2-3 children	87(79,1)
	4 and above	6(5,5)
	Total	110(100)
Employment	Retired	30(27,3)
	Never been employed	21(19,1)
	Employed	59(53,6)
	Total	110(100)

2.7% of the participants were literate, 18.2% primary school graduate, 16.4% middle school graduate, 46.4% high school graduate, and 16.4% university or above. 3.6% of the participants were married for 10-20 years, 50% of them were married for 20-30 yıl, 44.5% were married for 30-40 years, and 1.8% of them were married for 40-50 years. 3.6% did not have any children, 11,8% had one child, 79.1% had 2-3 children, 5.5% had 4 children and above. 27.3% of the participants were retired, 19.1% were not employed for any time, and 53.6% were employed.

Table 1b.Socio-demographic Variables of Sample

		n(%)
Economical Candition	Very Good	1(.9)
	Good	56(50,9)
	Medium	50(45,5)
	Bad	3(2,7)
	Total	110(100)
Partner's Education Level	Primary School	27(24,5)
	Middle School	16(14,5)
	High School	41(37,3)
	University and Above	26(23,6)
	Total	110(100)
Does your partner work?	Employed	70(63,6)
	Not Employed	40(36,4)
	Total	110(100)

With who do you live in the house?	With my partner	31(28,2)
	With my partner and my children	71(64,5)
	With my partner, children, and relatives	7(6,4)
	Other	1(.9)
	Total	110(100)

Economical condition of 9% of the participants were vey good, 50.9% of them were good, 45.5%of them were medium, and 2.7% of them were bad. 24.5% of the participants' partners

were primary school graduate, 14.5% of them were middle school graduate, 37.3% of them were high school graduate, and 23.6% were university graduate or above. 63.6% of the participants' partners were employed and 36.4% of the participants' partners were not employed. 28.2% of the participants were living with their partners, 64.5% were living with their partners and children, 6.4% were living with their partners, children, and other relatives, and 9% said other.

Table 2. Comparison of economical condition and total means scores MSAS

	N	m±sd	F(p)
Very Good	1	32.00± 0.00	2.887 (0.039)*
Good	56	12.80±7.58	
Medium	50	15.00±7.76	
Bad	3	9.00±13.07	

Total men scores of MSAS were compared according to the economical status of the participants by One way ANOVA. It was found that there was statistically significant difference (p=0.039). The menopause symptom scores were lower among participants whose economical status were good, comparing to the participants whose economical status were medium

The present study includes 110 participants. Their mean age was 51.20±3.22(44-57). All participants were in menopause period. And their menopause period as monthly was 47.50±43.54(5-192).

Mean scores of somatic sub-scale of MSAS (p=0.590), mean scores of psychological sub-scale (p=0.449), and mean scores of urogenital sub-scale and number of children was compared. Statistically significant difference was not fround. .

Mean scores of somatic sub-scale of MSAS (p=0.386), mean scores of psychological sub-scale (p=0.467), and mean scores of urogenital sub-scale (p=576) and education level of partner was compared. Statistically significant difference was not found.

Mean scores of somatic sub-scale of MSAS (p=0.824), mean scores of psychological sub-scale (p=0.414), and mean scores of urogenital sub-scale (p=0.505) and with who women live within the house was compared. Statistically significant difference was not found.

There was not any statistical differences between MAI score and how many months women had been in menopause period (p=0.870).

There was not any statistical differences between the comparison of MAI score and marriage duration of women in T-test result (p=0.604).

Table 3. Comparison of employment of women and total mean scores of MSAS

	n	m±sd	F(p)
Retired	30	14.23±8.47	0.062 (0.940)
Have never been employed	21	14.04±7.98	
Employed	59	13.62±7.90	

Total men scores of MSAS were compared according to the employment of the participants by One way ANOVA. It was found that there was not any statistically significant difference.

Table 4. Comparison of year of marriage woman and total means scores MSAS

	n	m±sd	F(p)
10-20 years	4	13.00±7.44	0.364 (0.779)
20-30 years	55	14.49±7.91	
30-40 years	49	13.12±8.21	
40-50 years	2	17.00±11.31	

Total men scores of MSAS were compared according to the year of marriage of the participants by One way ANOVA. It was found that there was not any statistically significant difference.

Table 5. Comparison of education level and total means scores MSAS

	n	m±sd	F(p)
literate	3	11.00±9.85	0.915 (0.458)
primary school	20	16.75±9.83	
Secondary school	18	14.05±8.28	
High school	51	12.96±7.75	

University/college	18	13.55±8.00	

Total men scores of MSAS were compared according to the education level of the participants by One way ANOVA. It was found that there was not any statistically significant difference.

Table 6. Comparison of marital adjustment and MSAS scores

	m±sd	t(p)
There is no adjustment	13.82±7.92	-0.141 (0.928)
There is adjustment	14.09±8.54	

MAI according to scale was grouped into two as there is no adjustment and there is adjustment. These two groups were compared by T-test according total means scores of MSAS. There were not any significant differences between two groups.

Table 7. The relation between means scores of MSAS, BDI and RSES

	MSAS r (p)
BDI total score	r=0.41(0.000)*
RSES total score	r= -0.28 (0.003)*

When the correlation between MSAS total mean scores and BDI and RSES scores was examined, it was found that there was a medium positive correlation between MSAS scores and BDI scores (r= 0.41); there was a low negative correlation between MSAS scores and RSES scores. This means that, as the intensity of menopause symptoms increase, depression increases as well. As menopause intensity increases self-esteem decreases.

4.DISCUSSION

Aim of the present study was to determine the relationship between menopause symptoms and factors such as marital adjustment, self-esteem, depression, year number of marriage,

economical condition, and educational background of the women in menopause period, in our society.

Mean age of the participants in menopause period was 51.20±3.22 (44-57). Demirgözbal found similar results in her study (51.8±5.3). In another study, it was found as 48.2±5.7 (Chedraui and colleagues, 2009). The mean age we found in the present study is in the worldwide accepted age range.

It was determined that, 81.8% of the participants in the present study experienced menopause naturally. İntepe, 2007, found similar results in his/her study. In addition, Er found similar results as well.

In the present study, there were not any relationships between educational background, total menopause symptoms scores, and all of the sub-scales found. Karlıdere (1999), showed that there was a significant difference between surgical menopause and educational background. Miller and colleagues conducted a research on 354 women. They indicated that, low education levels of Brazilian women affected menopause period. The research that Gözbal conducted showed that, there was no statistically significant difference between urogenital sub-scale scores of menopause complaints scale and educational background; but there were statistically significant differences on psychological and somatic sub-scales. Nehir and colleagues did not find any statistically significant differences between menopause symptoms and educational background of women. Some of the researches in the literature found similar results with the present study; on the other hand, some researches found different results. In the present study, as the education levels of women were generally high, we might assume that women were informed about this topic and had many resources to get informed. Because generally in Cyprus, education level of women is high; that's why women might be informed about menopause and might prepare their selves to this period.

In the present study, there were not any relationships between employment of women, total menopause symptoms scores, and all of the sub-scales found. Nevber, 2007, compared MSAS total and somatic, urogenital sub-scale scores and employment of women, They found statistically significant difference. It is suggested that this fact might be because, as most of the employed women are also educated and they have their own economical powers.

In the present study, there were significant differences in the comparisons of MSAS total scores and somatic sub-scale sores, psychological sub-scale scores and urogenital sub-scale sores of both women who naturally experienced menopause and women who experienced

menopause naturally. Er found similar results in his/her study. Also, Müler and colleagues found similar results as well.

In our study, there were not any significant relationships between marital adjustment and menopause symptoms. Nehir and colleagues indicated a relationship between menopause symptoms and marital adjustment in negative direction. Chedraui and colleagues stated that, there were relationship between menopause symptoms of women (somatic and psychological) who were in climacteric period and their relationships with their partners. In our study, it is assumed that women do not reflect their menopausal complaints to their partners and they live it alone. When we look at our society, we can see that women try to be strong even when they are ill. So, it is thought that they live menopause alone and do not reflect it to their husbands.

Marital adjustment and depression scores were compared in this study. It was found that women who had higher marital adjustment had higher depression scores. A study done with 226 married women showed that, women who had higher marital adjustment had less menopausal complaints (Çoban and colleagues, 2008). These results made us to think that, the fact that women had high marital adjustment and depression scores at the same time, might be that third factor might play role on this fact.

In our study, comparison of self-esteem and marital adjustment showed that, women who had lower marital adjustment had better self-images. There are not many researches on this aspect in the literature. Other factors might be influencing marital adjustment.

In our study, there was a statistically significant difference between economical condition and menopause total scores and sub-scale scores. Kıvanç 2004 did not found any statistically significant differences between depression frequency of women and income level. In addition, Gözbal found that there were not any statistically significant differences between income level and menopause complaint scale and its' sub-scales (somatic, psychological, sexual).

In the present study, we did not find similar results with the researches done on the area in the literature. The participants of the present study were in socio-economically high class. In this case, they might be able to get enough information and support. One of the reasons of our

In the present study, there was not any statistically significant difference between number of children and menopause symptoms. İntepe 2007, showed that there was statistically significant relationships between premenopause and postmenopause period women on depression scores.

In this study, between menopause symptoms and depression scores there was medium correlation in positive direction found. In the research of Chedraui and colleagues, it was found that there was no correlation between menopause symptoms (somatic and psychological) of women in climacteric period and depressive symptoms. There was not any statistical difference between premenopause and postmenopause on frequency of depression (İntepe2007). Karlıder and colleagues found positive relationship between surgical menopause and menopause symptoms total, depressive symptoms and intensity. When natural menopause and menopause symptoms total, depressive symptoms and intensity was compared, similar positive relationship was found. There was not any statistical differences were found between anxiety, depression, menopause symptoms and sexual satisfaction of women who were on natural and surgical menopause (Varma and colleagues, 2006). There were not any statistically significant differences between anxiety and depression levels of group of women in menopause period and group of women on premenopause period (Bezircioğlu and colleagues, 2004). Tonuç and colleagues found that, there were significant relationships between depression scores and somatic sub-scale, psychological sub-scale and total scores. Reasons of these results might be women's perceptions style in menopause period, restlessness happens caused by environmental factors, and roles that society gives to women. There were not any

statistically significant differences between hormone intake of women and menopause symptoms total and sub-scale scores. Bezircioğlu and colleagues did not found any statistically significant differences between women who take hormones in women who do not, according to psychological symptoms and ability loss in the period after menopause.

In the present study, there was low correlation between menopause symptoms and Rosenberg scores in negative direction. As menopause complaints increased, self-esteem decreased. According to these results, it can be said that, increase of somatic complaints affect women socially and culturally. Women might be thinking that they are not young, beautiful and attractive anymore because of the vasomotor symptoms they experience in this period (Atasü and colleagues, 2010)

5. CONCLUSION

According to the results of the present study, as menopause symptoms increase, depression scores increase as well .Women in the menopause period need to get psychiatric and psychological support in addition to medical and hormonal support; because, women experience psychological distress in menopause period.

It was thought that researches on groups with more participants can find different results than this study. More information needs to be given to women on menopause period to make them experience this period more easily.

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7. APPENDIX

Aşağıda sizin için bulunan anket formu bilimsel bir araştırmanın parçasıdır. Anket formunda yaşantılarınız ile ilgili sorular yer almaktadır. İsminizin verilmesi istenmemektedir. Size ait bilgiler kesinlikle gizli kalacaktır. Anket formu bilimsel amaçlar ile düzenlenmiştir. Yanıtlarınızın içten ve doğru olarak vermeniz bu anket sonuçlarının toplum için yararlı bir bilgi olarak kullanılmasını sağlayacaktır.

SOSYODEMOGRAFİK BİLGİ FORMU

1. Yaşınız…….
2. Eğitim durumunuz?
    a) Okur-yazar
    b) İlkokul
    c) Ortaokul
    d) Lise

e) Üniversite/yüksekokul

3.Medeni Durumunuz ?.....

4.Kaç yıldır evli?

a) 10-20 yıl
b) 20-30 yıl
c) 30-40 yıl
d) 40-50 yıl

5.Kaç yaşında evlendi? .....

6.Kaç çocuğu var?

a) yok
b) bir
c) 2-3 çocuk
d) 4 ve yukarısı

7.Çalışma durumunuz?

a) Emekli
b) Hiç çalışmamış
c) Çalışıyor…

8. Ekonomik durumunuz?

a) Çok iyi
b) İyi
c) Orta
d) kötü

9.Eşinizin eğitim durumu?

a) Okur-yazar
b) İlkokul
c) Ortaokul
d) Lise
e) Üniversite/yüksekokul

10.Eşiniz çalışıyor mu?

a) Çalışıyor
b) çalışmıyor

11.Evde kiminle yaşıyorsunuz?

a) eşimle birlikte
b) Eşim ve çocuklarımla birlikte
c) Eşim ,çocuklarım ve aile yakınlarımla

12.kaç yıldır menopozdasınız?.....

13.Adet döneminden nasıl kesildiniz ?

a) Doğal yolla menopoz
b) Cerrahi yolla menopoz

14.menopoza girdikten sonra hormon tedavisi aldınız mı?

a) Evet b) Hayır

15.Menopoz dönemini nasıl geçiriyorsunuz?

a)çok rahat
b)orta rahatlıkta
c)az rahat
d)sıkıntılı

16.Menopoz dönemiyle ilgili bir bilgiye ne kadar sahipsiniz?

a)çok b)yeterince c) az d)hiç

17. Herhangi bir psikiyatrik hastalığınız var mı ? (Geçmişte ya da şimdi)

(a) Evet Geçmişte ( ) Şimdi ( ) Nedir?.....

(b) Hayır

18.Herhangi bir jinekolojik ameliyat geçirdiniz mi?

(a) Evet (b) Hayır

Nedir?.....
Ne zaman?.....

BÖLÜM 1

Aşağıda belirtilen Menopoz semptomlarını değerlendirme ölçeğimizdeki yakınmalardan yaşadıklarınız varsa lütfen bu yakınmaları ne düzeyde yaşadığınızı ölçeğimiz üzerinde işaretleyiniz. Şikayetinizin olmadığı yakınmalar için "hiç yok" seçeneğini işaretleyiniz.

	Hiç yok	**Hafif**	**Orta**	**Şiddetli**	**Çok şiddetli**
1. Sıcak basması, terlemeler (terleme nöbetleri)	**0**	**1**	**2**	**3**	**4**
2. Kalp rahatsızlıkları (normalde hissetmediğiniz şekilde kalpte sıkışma, tekleme, çarpıntı hissi)	**0**	**1**	**2**	**3**	**4**
3. Uyku sorunları (Uykuya dalmada güçlük, uzun süre uyuyamama, erken uyanma)	**0**	**1**	**2**	**3**	**4**
4. Keyifsizlik hali (kendini kötü, üzgün, ağlamaklı hissetme, isteksizlik, ruh halinde değişiklik)	**0**	**1**	**2**	**3**	**4**
5. Sinirlilik (Sinirlilik, gerginlik ve çabuk öfkelenme hissi)	**0**	**1**	**2**	**3**	**4**
6. Endişe (içsel huzursuzluk, panik hissi)	**0**	**1**	**2**	**3**	**4**
7. Fiziksel ve zihinsel yorgunluk (Gün içinde yaptığı işlerde azalma, hafızada zayıflama, konsantrasyon zorluğu, unutkanlık)	**0**	**1**	**2**	**3**	**4**
8. Cinsel sorunlar (cinsel istekte, cinsel ilişkide ve tatmin olmada değişiklik)	**0**	**1**	**2**	**3**	**4**
9. İdrar sorunları (idrar yaparken güçlük, sık idrara çıkma, idrar kaçırma)	**0**	**1**	**2**	**3**	**4**
10. Vajinada (haznede) kuruluk (vajinada kuruluk ve yanma hissi, cinsel birleşmede zorlanma)	**0**	**1**	**2**	**3**	**4**
11. Eklem ve kas rahatsızlıkları (eklemlerde ağrı, romatizmal şikayetler)	**0**	**1**	**2**	**3**	**4**

BÖLÜM II

Aşağıda evlilik uyumunuzla ilgili sorular verilmiştir. Size en uyun olanı lütfen daire içine alınız.

1.**Bu maddede** yer alan ölçeği kullanarak, bütün yönleri ile evliliğinizdeki mutluluk düzeyini en iyi temsil ettiğine inandığınız noktayı **daire** içine alınız. Ortadaki **'**mutlu**'** sözcüğü üzerindeki nokta, çoğu kişinin evlilikten duyduğu mutluluk derecesini temsil eder ve ölçek kademeli olarak sol ucunda evliliği çok mutsuz olan küçük bir azınlığı, sağ ucunda ise evliliği çok mutlu küçük bir azınlığı temsil etmektedir.

0 1 2 3 4 5 6

Çok mutsuz — Mutlu — Çok mutlu

Aşağıdaki maddelerde verilen konulara ilişkin olarak, siz ve eşiniz arasındaki **anlaşma ya da anlaşmazlık** derecesini yaklaşık olarak belirtiniz. Lütfen her maddeyi değerlendiriniz.

Her Zaman Anlaşırız (1)	Hemen Her Zaman Anlaşırız (2)	Ara Sıra Anlaşamadığımız Olur (3)	Sıklıkla Anlaşamayız (4)	Hemen Her Zaman Anlaşamayız (5)	Her Zaman Anlaşamayız (6)

2.Aile bütçesini idare etme (1) (2) (3) (4) (5) (6)

3.Boş zaman etkinlikleri (1) (2) (3) (4) (5) (6)

<u>Aşağıdaki maddelerde</u> verilen konulara ilişkin olarak, siz ve eşiniz arasındaki **anlaşma ya da anlaşmazlık** derecesini yaklaşık olarak belirtiniz. Lütfen her maddeyi değerlendiriniz

Her Zaman Anlaşırız (1)	Hemen Her Zaman Anlaşırız (2)	Ara Sıra Anlaşamadığımız Olur (3)	Sıklıkla Anlaşamayız (4)	Hemen Her Zaman Anlaşamayız (5)	Her Zaman Anlaşamayız (6)

4.Duyguların ifadesi (1) (2) (3) (4) (5) (6)

5.Arkadaşlar (1) (2) (3) (4) (5) (6)

6.Cinsel

ilişkiler (1) (2) (3) (4) (5) (6)

7.Toplumsal kurallara uyma (1) (2) (3) (4) (5) (6)
(doğru,iyi veya uygun davranış)

<u>Aşağıdaki maddelerde</u> verilen konulara ilişkin olarak, siz ve eşiniz arasındaki **anlaşma ya da anlaşmazlık** derecesini yaklaşık olarak belirtiniz. Lütfen her maddeyi değerlendiriniz

Her Zaman Anlaşırız (1)	Hemen Her Zaman Anlaşırız (2)	Ara Sıra Anlaşamadığımız Olur (3)	Sıklıkla Anlaşamayız (4)	Hemen Her Zaman Anlaşamayız (5)	Her Zaman Anlaşamayız (6)

8.Yaşam felsefesi(1) (2) (3) (4) (5) (6)

9.Eşin Akrabalarıyla anlaşma (1) (2) (3) (4) (5) (6)

Lütfen evliliğinizi en iyi ifade ettiğine inandığınız bir cevabın altını çiziniz.

10. Ortaya çıkan uyumsuzluklar genellikle:
a)erkeğin susması ile
b)kadının susması ile
c)karşılıklı anlaşmaya varılarak sonuçlanır

11. Ev dışı etkinliklerinizin ne kadarını eşinizle birlikte yaparsınız?
a)hepsini
b)bazılarını
c)çok azını
d)hiçbirini

12. Boş zamanlarınızda genellikle aşağıdakilerden hangisini tercih edersiniz?
a)dışarıda bir şeyler yapmayı
b)evde oturmayı

Eşiniz genellikle aşağıdakilerden hangisini tercih eder?
a)dışarıda bir şeyler yapmayı
b)evde oturmayı

13. Hiç evlenmemiş olmayı istediğiniz olur mu?
a)sık sık
b)arada sırada
c)çok seyrek
d)hiçbir zaman

14. Hayatınızı yeniden yaşayabilseydiniz,

a)aynı kişiyle evlenirdiniz
b)farklı bir kişiyle evlenirdiniz
c)hiç evlenmezdiniz

15. Eşinize güvenir, sırlarınızı ona açar mısınız?
a)hemen hemen hiçbir zaman
b)nadiren
c)çoğu konularda
d)her konuda

BÖLÜM III
ROSENBERG BENLİK SAYGISI ÖLÇEĞİ

Aşağıdaki maddeler kendiniz hakkında ne düşünüp genel olarak ne hissettiğinize ilişkin olarak hazırlanıştır. Lütfen her maddeyi dikkatlice okuyup kendiniz hakkında ne hissettiğinizi işaretleyin.

MADDE 1

1. Kendimi en az diğer insanlar kadar değerli buluyorum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

2. Bazı olumlu özelliklerim olduğunu düşünüyorum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

3. Genelde kendimi başarısız bir kişi olarak görme eğilimindeyim.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

MADDE 2

4. Ben de diğer insanların birçoğunun yapabildiği kadar birşeyler yapabilirim.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

5. Kendimde gurur duyacak fazla birşey bulamıyorum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

MADDE 3

6. Kendime karşı olumlu bir tutum içindeyim.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

MADDE 4

7. Genel olarak kendimden memnunum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

MADDE 5

8. Kendime karşı daha fazla saygı duyabilmeyi isterdim.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

MADDE 6

9. Bazen kesinlikle kendimin bir işe yaramadığını düşünüyorum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

10. Bazen kendimin hiç de yeterli bir insan olmadığımı düşünüyorum.

a. ÇOK DOĞRU b. DOĞRU c. YANLIŞ d. ÇOK YANLIŞ

BÖLÜM IV

BECK DEPRESYON ENVANTERİ

Aşağıda,kişilerin ruh durumlarını ifade ederken kullandıkları bazı cümleler verilmiştir. Her madde, bir çeşit ruh durumunu anlatmaktadır. Her madde maddede o durumun derecesini belirleyen 4 seçenek vardır. Lütfen bu seçenekleri dikkatlice okuyunuz. Son bir hafta içindeki (şu an dahil) kendi ruh durumunuzu göz önünde bulundurarak, size en uygun olan ifadeyi işaretleyiniz.

1. a) Kendimi üzgün hissetmiyorum
b)Kendimi üzgün hissediyorum
c)Her zaman için üzgünüm ve kendimi bu duygudan kurtaramıyorum
d) Öylesine üzgün ve mutsuzum ki dayanamıyorum

2. a) Gelecekten umutsuz değilim
b)Gelecek konusunda umutsuzum
c)Gelecekten beklediğim hiçbir şey yok
d)Benim için gelecek olmadığı gibi bu durum düzelmeyecek

3. a) Kendimi başarısız görmüyorum
b)Herkesten daha fazla başarısızlıklarım oldu sayılır.
c)Geriye dönüp baktığımda, pek çok başarısızlıklarımın olduğunu görüyorum.
d)Kendimi bir insan olarak tümüyle başarısız görüyorum.

4. a)Her şeyden eskisi kadar zevk alabiliyorum.
b)Her şeyden eskisi kadar zevk alamıyorum.
c)Artık hiçbir şeyden gerçek bir zevk alamıyorum.
d) Beni doyuran hiçbir şey yok. Her şey çok sıkıcı.

5. a) Kendimi suçlu hissetmiyorum.
b) Arada bir kendimi suçlu hissettiğim oluyor.
c)Kendimi çoğunlukla suçlu hissediyorum.
d)Kendimi her an için suçlu hissediyorum.

6. a)Cezalandırılıyormuşum gibi duygular içinde değilim.
b)Sanki , bazı şeyler için cezalandırılabilirmişim gibi duygular içindeyim.
c)Cezalandırılacakmışım gibi duygular yaşıyorum.
d) Bazı şeyler için cezalandırılıyorum.

7. a)Kendimi hayal kırıklığına uğratmadım.
b)Kendimi hayal kırıklığına uğrattım.
c)Kendimden hiç hoşlanmıyorum.
d)Kendimden nefret ediyorum.

8. a)Kendimi diğer insanlardan daha kötü durumda görmüyorum.
b)Kendimi zayıflıklarım ve hatalarım için eleştiriyorum.
c)Kendimi hatalarım için her zaman suçluyorum.
d)Her kötü olayda kendimi suçluyorum.

9. a)Kendimi öldürmek gibi düşüncelerim yok.
b)Bazen , kendimi öldürmeyi düşünüyorum ama böyle bir şeyi yapamam.
c)Kendimi öldürebilmeyi çok isterdim.
d)Eğer fırsatını bulursam kendimi öldürürüm.

10. a)Herkesten daha fazla ağladığımı sanmıyorum.
b)Eskisine göre şimdilerde daha çok ağlıyorum.
c)Şimdilerde her an ağlıyorum.
d)Eskiden ağlayabilirdim,şimdilerde istesem de ağlayamıyorum
11. a)Eskisine göre daha sinirli veya tedirgin sayılmam.
b)Her zamankinden biraz daha fazla tedirginim.
c)Çoğu zaman sinirli ve tedirginim.
d)Şimdilerde her an için tedirgin ve sinirliyim.

12. a) Diğer insanlara karşı ilgimi kaybetmedim.
b)Eskisine göre insanlarla daha az ilgiliyim.
c)Diğer insanlara karşı ilgimin çoğunu kaybettim.
d)Diğer insanlara karşı hiç ilgim kalmadı..

13. a)Eskisi gibi rahat ve kolay kararlar verebiliyorum.
b)Eskisine kıyasla, şimdilerde kara vermeyi daha çok erteliyorum.
c)Eskisine göre, karar vermekte oldukça güçlük çekiyorum.
d)Artık hiç karar veremiyorum.

14. a)Eskisinden daha kötü bir dış görünüşüm olduğunu sanmıyorum.
b) Sanki yaşlanmış ve çekiciliğimi kaybetmişim gibi düşünüyor ve üzülüyorum.
c)Dış görünüşümde artık değiştirilmesi mümkün olmayan ve beni çirkinleştiren değişiklikler olduğunu hissediyorum.
d)Çok çirkin olduğumu düşünüyorum.

15. a)Eskisi kadar iyi çalışabiliyorum.
b)Bir işe başlayabilmek için eskisine göre daha fazla çaba harcıyorum.
c)Ne iş olursa olsun , yapabilmek için kendimi çok zorluyorum.
d)Hiç çalışmıyorum.

16. a)Eskisi kadar rahat ve kolay uyuyabiliyorum.
b)Şimdilerde eskisi kadar kolay ve rahat uyuyamıyorum.
c)Eskisine göre 1 veya 2 saat erken uyanıyor ve tekrar uyumakta güçlük çekiyorum.
d)Eskisine göre çok erken uyanıyor ve tekrar uyuyamıyorum

17. a)Eskisine göre daha çabuk yorulduğumu sanmıyorum.
b)Eskisinden daha çabuk ve kolay yoruluyorum.
c)Şimdilerde neredeyse her şeyden kolay ve çabuk yoruluyorum.
d)Artık hiçbir şey yapmayacak kadar yoruluyorum.

18. a) İştahım eskisinden pek farklı değil.
b)İştahım eskisi kadar iyi değil.
c)Şimdilerde iştahım epey kötü.
d)Artık hiç iştahım yok.

19. a)Son zamanlarda pek kilo kaybettiğimi sanmıyorum.
b)Son zamanlarda istemediğim halde iki buçuk kilodan fazla kaybettim.
c)Son zamanlarda beş kilodan fazla kaybettim.
d)Son zamanlarda yedi buçuk kilodan fazla kaybettim.

20. a)Sağlığım beni pek endişelendirmiyor.
b)Son zamanlarda ağrı,sız,mide bozukluğu,kabızlık gibi sıkıntılarım var.
c)Ağrı,sızı gibi bu sıkıntılarım beni epey endişelendiği için başka şeyleri düşünmek zor geliyor.
d)Bu tür sıkıntılar beni öylesine endişelendiriyor ki, artık başka şeyleri düşünemiyorum.

21. a)Son zamanlarda cinsel yaşantımda dikkatimi çeken bir şey yok.
b)Eskisine göre cinsel konularda daha az ilgileniyorum.
c)Şimdilerde cinsellikle pek ilgili değilim.
d)Artık cinsellikle hiçbir ilgim kalmadı.