

Explaining Self-Acceptance based on Body Image, Gender Role, and Sexual Attitude Mediated via Time Perspective in Postmenopausal Women Aged 45-60 Years Old in Tehran, Iran

Leaila Abbasi¹, PhD Candidate;  Nader Monirpoor^{1*}, PhD;  Hasan Mirzahoseini¹, PhD

¹Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran

*Corresponding author: Nader Monirpoor, PhD; Department of Psychology, Qom Branch, Islamic Azad University, Qom, Iran. Tel: +98 25 32804040; Email: monirpoor@qom-iaiu.ac.ir

Received December 06, 2021; Revised January 08, 2022; Accepted February 01, 2022

Abstract

Background: One of the major events in the evolution of women in the middle age is “menopause”, which poses significant challenges for them. The aim of this study was to explain self-acceptance based on body image, gender role, and sexual attitude mediated by time perspective in postmenopausal women aged 45-60 years in Tehran, Iran in 2020.

Methods: The method of this study was structural equation design. The statistical population consisted of all married women aged 45-60 years in Tehran, Iran. The sample size also included 355 women selected through a cluster sampling method. Multidimensional self-body questionnaire, unconditional self-acceptance questionnaire, gender schema questionnaire, re-gender questionnaire, and time-perspective questionnaire were used to collect data. The collected data were analyzed by the use of Pearson correlation tests and path analysis, all of which were carried out using SPSS /Amos version 25.

Results: The results showed that there is a direct relationship between time perspective and self-acceptance ($\beta=0.54$, $P=0.001$). In addition, the study of indirect relationships also revealed that perception of time mediates the effects of body image ($\beta=-0.39$, $P=0.001$), sexual attitude ($\beta=-0.21$, $P=0.001$), and gender role ($\beta=-0.32$, $P=0.001$) on self-acceptance.

Conclusion: Based on the findings, it can be said that time perspective could moderate the harmful relationship between body image, sexual schema, and sexual attitude on self-acceptance.

Keywords: Body image, Gender role, Sexual attitude, Time perspective, Self-acceptance, Menopausal women

How to Cite: Abbasi L, Monirpoor N, Mirzahoseini H. Explaining Self-Acceptance based on Body Image, Gender Role, and Sexual Attitude Mediated via Time Perspective in Postmenopausal Women Aged 45-60 Years Old in Tehran, Iran. Women. Health. Bull. 2022;9(2):95-103. doi: 10.30476/WHB.2022.94100.1162.

1. Introduction

Examining the ups and downs of change in the span of life demonstrates that each stage of life is associated with some physical or psychological changes that can have several consequences for people's lives. One of the major events in the evolution of women in middle age is “menopause”, which poses significant challenges for them (1). Menopause is defined as the complete cessation of menstruation due to decreased ovarian follicle function, occurring with age and indicating the natural end of the reproductive years in women (1, 2). It is estimated that by 2030 more than 1.2 billion menopausal women will experience menopause, as increased life expectancy will be accompanied by an increase in aging and an increase in the number of postmenopausal women (3). Menopause typically occurs between the ages of 45 and 55, although this range may vary between the ages of 40 and 60.

Previous research indicated that menopause in women is associated with several physical and

psychological changes, such as hot flashes, night sweats, headaches, mood disorders, changes in sexual function, low quality of life, stress (4), and high anxiety (5). In addition to the multidimensional consequences of menopause, some believe that more research focuses on psychological aspects specifically the negative psychological consequences. Since the changes made in a person's life require adaptation to new conditions, a set of psychological skills and abilities can facilitate the situation (6). In line with aging studies, a greater focus on the negative aspects of aging (menopause) has led to the emergence of a positive psychological approach to concepts, namely “successful aging” to provide attention to individual possessions and abilities to increase the quality of life of the elderly. Therefore, in recent decades, we have seen an increase in studies in the field of the elderly with a focus on positive psychological concepts (7).

One of the structures related to aging and menopause that has been taken into consideration in recent decades is the concept of “self-acceptance” (8).

Moshki and co-workers believed that self-acceptance is a factor associated with life satisfaction and happiness (3), which is also associated with physical health. Self-acceptance is defined as the ability and desire of a person to live with all conditions (self) (8). This structure includes three areas of physical acceptance, self-reliance in the judgment of others, and belief in individual abilities and subtleties (9). Additionally, due to some of the physical consequences of menopause, such as inability to reproduce and decrease sexual desire, the feeling of youthful decline and attractiveness of women's attitudes toward themselves and their acceptance may be changed; thus, paying attention to the concept of self-acceptance and the factors affecting it can play an important role in the quality of life of postmenopausal women (8). Deeks and McCabe showed that postmenopausal women report low levels of acceptance (10).

Other related and effective variables in menopause include women's gender schemas (4). In fact, gender schemas are the basis for most sexual processes affecting people's health and sexual satisfaction (11). Considering that sexual acts are one of the dimensions that suffer significantly in menopause, it can be expected that paying attention to this can reduce some of the menopausal stresses (12, 13). Findings also illustrate that gender roles can increase the resilience of postmenopausal women (13, 14). On the other hand, some believed that gender roles are fundamental factors in the formation of identity that can affect a person's attitude and self-acceptance. According to Bem's theory of gender schemas, each person can be placed in three dimensions "feminine, masculine, or androgenic" in terms of gender role. Male personality includes those who have high masculine traits and low feminine traits, which is the opposite of female personality (15). Androgen personality, on the other hand, refers to people who are at a high level of positive masculinity and femininity at the same time. However, what is important in Bem's theory is that androgenic individuals have a high ability to cope with the challenges and stresses of life, therefore are expected to have an adaptive approach to menopause (16).

In line with the previous variables, "sexual attitude and knowledge" is also known as an effective factor in various sexual dimensions, associated with sexual satisfaction in postmenopausal women (17). Sexual knowledge is a set of information about sex and sexual issues that includes various physiological dimensions, reproduction, function, and sexual behavior. On the contrary, sexual attitude refers to the ways of thinking,

beliefs, attitudes, and biases of people regarding sexual issues and information that affect the cognitive function of individuals (18). Studies found that more than 50% of women have negative attitude about sex during menopause (18, 19). Sexual attitude is a known factor related to marital satisfaction that can predict the sexual arousal of postmenopausal women (20). Despite the fundamental role of sexual knowledge and attitude in the sexual satisfaction and health of postmenopausal women, along with the effect that sexual function can have on self-efficacy and acceptance during menopause, there exist limited studies on the role of sexual attitude on self-acceptance, in which menopausal women have been examined.

Based on research findings and theoretical literature, it was found that body image, gender schemas, and sexual attitude are related and effective factors in self-acceptance. Indeed, what prevails in all psychological and physical processes is the concept of time; thus, a person's view of time can be an effective factor in his acceptance. As well Lyu and colleagues confirmed the relationship between temporal perspective and self-control self-esteem and self-regulatory behaviors (21). Indeed, time perspective refers to a person's attitude towards the passage of time during which each person grows in integration with environmental elements and with an emphasis on the future, present, or past that can influence his decisions and behaviors. The time perspective can be divided into three layers: past (positive past and negative past), present (hedonistic present and deterministic present), and future, each of which is related to specific dimensions of pathology or psychological well-being (22). For example, the positive past is associated with positive feelings and happiness while the negative past is associated with pessimistic attitudes, depression, anxiety, and aggression. In the hedonistic present perspective, one focuses only on the hedonism of the present regardless of the possible consequences of future behavior. This approach is associated with risky behaviors and low self-control. The determinist now also expresses the situation in which a person believes that life is destined for him and his efforts to change his position will not be fruitful (Which brings to mind the concept of learned helplessness). Meanwhile, in the futuristic time perspective, one believes that striving and planning for the future will be associated with achieving goals and success (22).

Overall, based on the above statements, it was found that menopause in women is associated with significant challenges which are associated with some current life

changes, such as empty nest, retirement, and loss of loved ones, and adaptation to this period is difficult. As a result, focusing on some basic psychological aspects, including self-acceptance and the factors affecting them can be effective in increasing the quality of life of postmenopausal women. However, there appear to be some empirical limitations regarding self-admission in postmenopausal women. Meanwhile, most studies have been conducted in two variables whereas a comprehensive perception of human behavior requires the study of multiple factors on behavior. Therefore, as illustrated in Figure 1, the present study was conducted to explain self-acceptance based on body image, gender schemas, and sexual attitude mediated by time perspective in postmenopausal women.

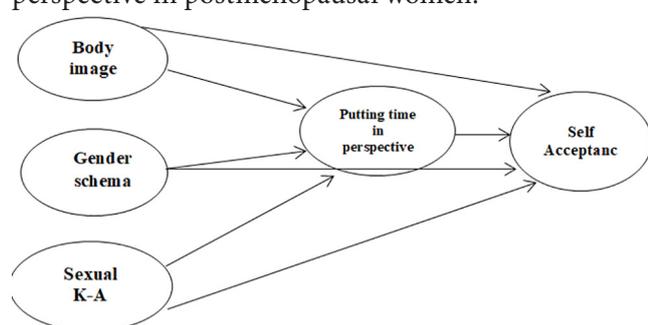


Figure 1: The figure shows the conceptual model of research in explaining self-acceptance in postmenopausal women.

2. Methods

The present work was a kind of correlation study with structural equation design. The statistical population of the study consists of all the married women aged 45-60 years in Tehran, Iran in 2020. The sample size in modeling analyses for each observed variable was 15 people, based on which the minimum sample required for the present study was 300 items. The sampling process comprised obtaining the code of ethics and observing the moral issues and selecting qualified women from the 22 districts of Tehran, Iran. Among all the districts of Tehran Municipality, 13 districts were selected and women who referred to the centers of social and cultural deputy of these districts were examined and research questionnaires were provided to them. Written consent was also received from the participants. Finally, the collected data were analyzed using SPSS/Amos version 25. Ability to read and write, lack of acute mental and physical illness, conscious satisfaction, and non-use of drugs and alcohol were the inclusion and exclusion criteria of the current study. In addition, to comply with ethical issues, the participants were assured that their information was completely confidential and that no personal details were required.

The following tools have been employed to collect data:

2.1. Multidimensional Self-Body Questionnaire:

The multidimensional body-self relations questionnaire is a 46-question test. This tool has a 5-point Likert scale, scoring from 1 (completely opposite) to 5 (completely opposite). This questionnaire evaluates six dimensions of face, face orientation, fitness, fitness orientation, mental weight and physical fitness. In a recent study, the internal consistency cache of subscales was reported to be between 0.79 and 0.94 (23). The study of instrument psychometric indices in Iran also stated that internal consistency via Cronbach's alpha method for subscales has been reported to be 0.88, 0.85, 0.83, 0.79, 0.91, and 0.94, respectively. This confirms the validity of the instrument in domestic research (24). Herein, face validity of the questionnaire was confirmed using the impact score. An agreement of more than 80% between the respondents and a high impact score of 1.5 indicated the clarity, comprehensibility, and fluency of the questions and consequently the face validity of the instrument. Content Validity Ratio (CVR) and Content Validity Index (CVI) were used and the results were respectively 0.76 and 0.79 for each, which was confirmed according to the Lawshe table.

2.2. Unconditional Admission Questionnaire:

This 20-item tool was created by Chamberlain and Haaga, consisting of two subscales of conditional and unconditional admission. This tool is scored on a 7-point scale from 1 (completely incorrect) to 7 (completely correct). Chamberlain and Haaga reported the internal consistency of the questionnaire using Cronbach's alpha of 0.72 (25). The reliability of this questionnaire in Iran via Cronbach's alpha method was 0.82 (26). It should be noted that the internal consistency of the instrument in the present study was 0.79 for the whole scale. The face validity of the questionnaire was confirmed with the impact score (>1.5) for 18 items. In addition, CVR (0.75) and CVI (0.81) indicators confirmed the content validity of in the current work.

2.3. Gender Schemas Questionnaire: The present tool is a 60-item self-report scale that measures three schemas: male, female, and androgenic or (neutral). The scoring of this questionnaire is graded in the form of a 7-point Likert scale from 1 (completely incorrect) to 7 (completely correct). In this questionnarire, there are 20 items to measure masculine traits (power seeking, independence), 20 items for feminine traits (emotional dependence), and the rest of the questions are related to neutral traits, such as being honest and happy. In this tool, a person obtains two general scores related

to femininity and masculinity and being high in both the femininity and masculinity subscales indicates androgenic personality. Bem reported internal homogeneity for the femininity and masculinity dimensions of 0.80 and 0.86, respectively (27). Pourhosein and colleagues reported the reliability of the tool using Cronbach's alpha of 0.83 (28). Additionally, the alpha coefficient of internal consistency of the subscales of femininity and masculinity in this study was 0.78 0.73. The impact score (1.6) for most items of the questionnaire was also a confirmation of the face validity of the instrument (1.5 <). The indicators related to content validity (CVR=0.79, CVI=80) confirmed the content validity in the present study.

2.4. Besharat Gender Rehabilitation Questionnaire: This tool is an internal 30-item scale prepared by Besharat and Ranjbar Kelagar to measure sexual knowledge and attitude. The scoring of this questionnaire is in the form of a 5-point Likert scale. Cronbach's alpha coefficients were respectively reported to be 0.91 and 0.88 by the manufacturers for the two subscales of knowledge and attitude, indicating the appropriate consistency of the instrument (29). Herein, impact score (1.7) for the 17 items of questionnaire showed the confirmation of face validity. Content validity ratio index (0.76) and content validity index (0.78) indicated confirmation of the content validity of the instrument.

2.5. Time Perspective Questionnaire: This list was created by Zimbardo and Boyd in 1999. The present tool consists of 56 questions scored based on a 5-point Likert scale (strongly agree to strongly disagree) (30). Based on this questionnaire positive time perspectives (20, 23, 24, 25, 28, 29, 35), negative past (7, 13, 14, 15, 16, 17, 18, 26, 27), Algebraic present (9, 10, 11, 12), hedonistic present (1, 2, 3, 4, 5, 6, 8, 19, 21, 22), and future (30, 31, 32, 33, 34, 36) were evaluated. The developers tested the validity of the questionnaire using the two following methods: Cronbach's alpha coefficient and retest with an interval of four weeks. The results showed that internal consistency via Cronbach's alpha method for the subscales of positive past, negative past, hedonistic present, deterministic present, and future were respectively 0.80, 0.82, 0.79, 0.74, and 0.77. The retest results were reported for the mentioned subscales of 0.76, 0.70, 0.72, 0.76, and 0.80, respectively (30). Examination of psychometric properties of the instrument inside also found that the internal consistency for the whole instrument by Cronbach's alpha method is 0.71. The reliability coefficient of the instrument through the retesting method after two

weeks was reported to be 0.92, demonstrating the confirmation of instrument psychometric indices for internal research (31). Moreover, the estimation of tool internal consistency in the present study on research subscales was obtained to be between 0.68 and 0.87. A review of instrument psychometric properties in the present paper showed that face validity of the questionnaire was confirmed using the impact score (1.8). Also, the content validity ratio indices (0.77) and the content validity index (0.79) indicate the adequacy of content validity in the present tool.

3. Results

The participants in the present study were 355 postmenopausal women in Tehran, Iran aged 45 to 60 years. Inclusion criteria for participating in the study included the following: being 45-60 years old (1), menopause (2), conscious satisfaction to participate in research (3), and reading and writing skills (4). In addition, having acute physical and mental illnesses, taking menopause-related drugs, or participating in medical or psychological interventions at the same time were among the criteria for exclusion from the study. Mean±SD age of the participants was 54.63±8.13. The mean of the first and last menstrual age in the participants was 13.81 and 48.61, respectively.

As Table 1 shows, the mean and standard deviation of the research variables and their related components are reported. The significant level ($P>0.05$) of the Kolmogorov-Smirnov (K-S) test also depicted that the distribution of variables was normal in the current work.

Along with descriptive indices, Pearson's two-variable correlation coefficients in Table 2 provides the basis for a superficial inference from the research findings.

After presenting the correlation matrix coefficients between the research variables that allow the initial inference from the research findings, with the aim of fitness of the model, structural equation analysis was applied indicators related to the analysis results are presented in Table 3.

By observing the goodness-of-fit indices in Table 3, it can be said that the Chi-square index on the degree of freedom is in the desired condition ($X^2/df=2.98$). Study of goodness fit index (GFI), Adjusted goodness fit index (AGFI) and comparative fit index (CFI) indicated that all these indices are in the desired range. The second

Table 1: Indicators related to descriptive statistics of research variables

Variable	Component	Mean	Std. Deviation	P value K-S test
Self-acceptance	Unconditional	45.69	10.67	0.797
	Conditional	44.03	10.50	0.055
Sexual attitude	Knowledge	14.15	3.60	0.283
	Attitude	16.17	3.76	0.377
Gender role	Femininity	13.17	10.15	0.081
	Masculinity	14.74	10.10	0.86
	Androgenic	14.74	10.10	0.86
Time perspective	Negative past	16.01	8.09	0.067
	Positive past	29.19	10.53	0.091
	Now hedonistic	32.08	12.55	0.287
	Algebraic	14.91	12.55	0.497
	The future	22.74	5.13	0.081

Table 2: Pearson correlation coefficient matrix between research variables

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1- Unconditional	1											
2- Conditional	-0.146*	1										
3- Femininity	0.341**	-0.120**	1									
4- Masculinity	0.309**	-0.703	0.432**	1								
5- Androgenic	0.272**	-0.195**	0.624**	0.572**	1							
6- Body image	0.353**	-0.144**	0.212**	0.247**	0.690**	1						
7- Sexual knowledge	0.305**	-0.190**	0.483**	0.690**	0.483**	0.040	1					
8- Attitude	0.255**	0.191**	0.144**	0.702**	0.318	0.217**	0.568**	1				
9- Positive past	0.310**	-0.299**	-0.160*	0.429**	0.551**	0.233*	0.373**	0.302**	1			
10- Negative past	-0.191**	0.266**	0.413**	0.143*	-0.154**	-0.126*	0.184**	-0.161**	-0.477**	1		
11- Now hedonistic	0.135*	0.057	0.095	0.082	-0.126*	0.211**	0.079	0.056	0.456	0.519**	1	
12- Algebraic	-0.175**	0.210**	0.316**	0.124*	0.054	0.244**	0.132**	0.219**	-0.559**	0.431**	0.603**	1
13- The Future	0.371**	-0.177**	0.231	0.318**	0.454*	0.244**	0.415**	0.459**	0.399**	-0.517**	0.214**	-0.404**

*P<0.05; **P<0.01

Table 3: Indicators related to structural equations in explaining the acceptance of postmenopausal women

Test name	Description	Desired value	Observed value	Condition
χ^2/df	Kolmogorov–Smirnov test	3>	2.981	Favorable
RMSEA	Root mean square error index (RMSEA)	10.0<	0.078	Favorable
GFI	Goodness of fit index(GFI)	90.0<	0.951	Favorable
AGFI	Goodness of Fit Index (GFI)	90.0<	0.911	Favorable
CFI	Goodness of Fit Index (GFI)	90.0<	0.947	Favorable

model of the research fits well with the collected data (RMSEA=0.07) and the direct and indirect effects of the second model of the research are reported in the following table.

According to the estimation of standard coefficients of direct effects obtained in Table 4, it can be stated that there is a direct relationship between the time perspective and its acceptance ($\beta=0.54$, $P=0.001$). Findings also implied that body image ($\beta=-0.25$, $P=0.012$), sexual attitude ($\beta=0.16$, $P=0.000$), and gender

role ($\beta=-0.24$, $P=0.001$) had direct and significant effects on the time landscape. Moreover, the study of indirect relationships showed that time perspective can mediate the effect of body image ($\beta=-0.39$, $P=0.001$), gender role ($\beta=-0.32$, $P=0.001$), and sexual attitude ($\beta=-0.21$, $P=0.001$) on self-acceptance in postmenopausal women.

As seen in Figure 2, the main research model in explaining self-acceptance based on body image, sexual attitude, and gender role are mediated via time perspective.

Table 4: Estimation coefficients of the structural part of the model of the relationship between body image, gender role, and sexual attitude with the mediating role of time perspective

Variable response	Independent variable	Direct impact	Error (t)	Indirect effect	Error (t)	General effect	Explanted variance	T-values
Self-Acceptance	Time Perspective	0.54	0.11	--	--	0.54	0.28	1.98
	Body image	--	--	-0.39	0.12	0.39		
	Sexual attitude	--	--	0.21	0.11	0.21		
	Gender role	--	--	0.32	0.15	0.32		
Time Perspective	Body image	0.25	(2.08) 0.12	--	--	0.25	0.30	2.01
	Sexual attitude	0.16	(2.08) 0.08	--	--	0.16		
	Gender role	0.24	(2.08) 0.08	--	--	0.24		

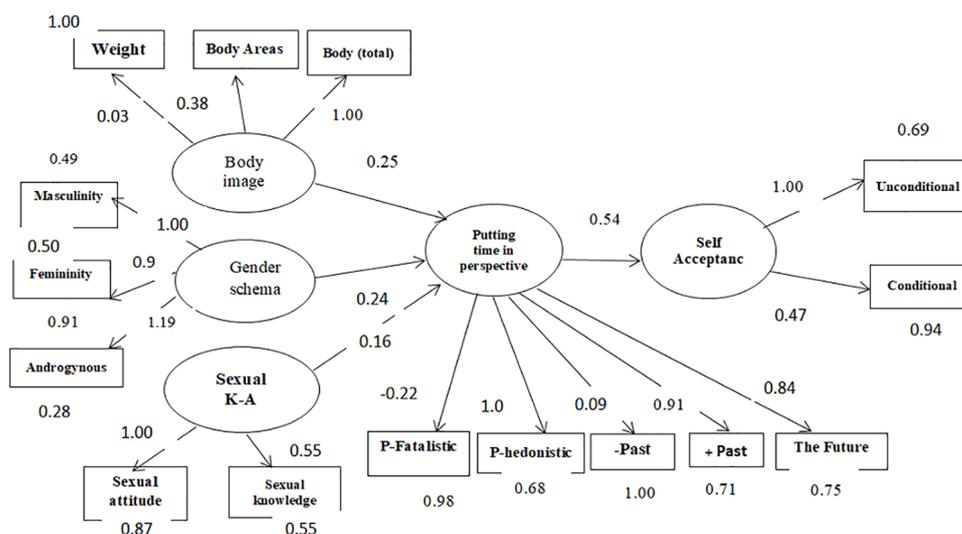


Figure 2: The figure shows the structural model to explain self-acceptance in postmenopausal women.

4. Discussion

The purpose of this study was to explain self-acceptance based on body image, gender role, and sexual attitude mediated through time perspective in postmenopausal women aged 45-60 years in Tehran, Iran.

Based on the first finding of this study, according to the estimation of standard coefficients of direct effects obtained, it could be said that there is a direct relationship between time perspective and self-acceptanc. This finding is consistent with the results of studies by Garcia and Nima (32) and Chen (33).

It seems that the vision of the future is a representation of the attitude according to which the person strives to achieve goals and advantages in the future. Future vision refers to an individual’s efforts to achieve future goals and benefits that can affect the progress of individuals or other factors. Lack of looking to the future within an individual or society has adverse effects on moods, thoughts, morals, and social behavior in general. Living without thinking

and trying is worrying, consequently leading to anxiety and frustration with its results. Hayes and colleagues argued that stereotypes in the fear of the future or the depiction of the past cause people to be inflexible and avoid accepting their mental processes. Therefore, it seems that in the course of years, due to maturity and gaining experience over time, one accepts the current events of life (34).

In general, in explaining the results of this work and the theoretical model fitted with experimental data, it can be stated that menopausal women experience significant challenges in life, which is associated with some current life changes, such as empty nest, retirement and death of loved ones, which makes it difficult to adapt to this transition period. Prospects for the future can be an effective means of combating and overcoming mild mood disorders, anxiety, apathy and reluctance, and states of feeling helpless, disenfranchised, and undecided. Prospects for the future are an important factor in the effectiveness of psychological measures and coping with illnesses. People with a vision for the future perform better in psychological adjustments than their peers with no vision (35). They are happier,

less depressed, more confident, and have the ability, inspiration, or motivation to pursue life's goals and challenges with effort. They also have family and friend networks that turn to them for help when they need it, ultimately making their lives more meaningful. The greater the outlook for the future, the more hope people have for overcoming problems, namely anxiety and stress. Consequently, the future perspective can play an important role in accepting menopausal problems in women by affecting people's hope against the negative effects of stressful conditions (35).

The study of indirect relationships also revealed that body image, sexual attitude, and gender role mediate time perception and affect its acceptance in postmenopausal women; that is, when each of the predictor variables of a standard deviation increases, the response variable increases or decreases by beta. This finding is in accordance with the results of Liu and Eden (36).

Various changes in women's lives, such as changes in roles and responsibilities, change the menopausal person's desires and expectations of themselves, others, and society, so that they feel the need for more support, and in the absence of this support, a negative attitude. Compared to this period is created in them. Some women experience astonishment, disbelief, and restlessness due to negative attitudes (28). On the other hand, a person's body image changes over time. Body image is an essential element of each person's personality and self-concept that affects his mental life and attitudes. This image can be positive or negative, affect a person's mental well-being and become a source for positive or negative emotions. And in this way, affect the quality of life of people. If a person's body image has a lot of inconsistencies, social and marital relationships, daily functions, interpersonal relationships and family relationships, which are among the effective areas of his quality of life, are affected (28). It is predictable that as a person gets older and over time, a person's body image changes, and on the other hand, over time, as women enter menopause and menopause, their sexual attitude and gender role change with age. It can affect the physical health of postmenopausal women. People who have a positive body image have a greater sense of self-efficacy, their value is documented and strong, and their sense of self-worth is high, resulting in more life satisfaction, and vice versa.

4.1. Limitations

The present study was associated with some

limitations that require caution in generalizing and interpreting the results. This study was performed only on women in Tehran, so it may not be generalizable to other different socio-cultural situations. Also, the research method in the present study is descriptive and correlational, so the inference of the causal relationship in it should be done with caution.

5. Conclusion

It can be concluded that sexual attitude should be related to a person's body image. People who have a good body image also accept their gender roles. Thus, women will undoubtedly face physical problems over time and during menopause and beyond, and their mental image of themselves and their bodies, as well as their attitudes, gender, and gender roles in the individual, will be shaken. In particular, the need for self-empowerment and psycho-social readiness to enter menopause and later stages of life is a fundamental step to improve the mental and physical health of postmenopausal women.

Acknowledgements

This article was taken from the doctoral dissertation of Ms. Leaila Abbasi. Also, The authors consider it necessary to express their gratitude and thanks to all the participants in this research.

Ethical Approval

The Ethics Review Board approved the present study with the code of IR.IAU.QOM.REC.1399.070. Also, written informed consent was received from the participants.

Conflicts of Interest: None declared.

References

1. Burger H. The menopausal transition endocrinology. *J Sex Med.* 2008;5(10):2266-73. doi: 10.1111/j.1743-6109.2008.00921.x. PubMed PMID: 18624962.
2. Burger HG, Hale GE, Robertson DM, Dennerstein L. A review of hormonal changes during the menopausal transition: focus on findings from the Melbourne Women's Midlife Health Project. *Hum Reprod Update.* 2007;13(6):559-65. doi: 10.1093/humupd/dmm020. PubMed PMID: 17630397.
3. Moshki M, Mohammadzadeh F, Dehnoalian A. The effectiveness of a group-based educational

- program on the self-efficacy and self-acceptance of menopausal women: A randomized controlled trial. *J Women Aging*. 2018;30(4):310-325. doi: 10.1080/08952841.2017.1366753. PubMed PMID: 28901839.
4. Nazarpour S, Simbar M, Majd HA, Torkamani ZJ, Dodel Andarvar K, Rahnamaei F. The relationship between postmenopausal women's body image and the severity of menopausal symptoms. *BMC Public Health*. 2021;21(1):1599. doi: 10.1186/s12889-021-11643-6. PubMed PMID: 34461857; PubMed Central PMCID: PMC8404323.
 5. Moghani SS, Simbar M, Fakari FR, Ghasemi V, Dolatian M, Golmakani N, et al. The Relationship Between Stress, Anxiety and Depression With Menopausal Women Experiences. *Sci J Hamadan Nurs Midwifery Fac*. 2018;26(5):333-340. doi: 10.30699/sjhnmf.26.a5.333. Persian.
 6. Arab S, Borjali A, Meschi F, Kakavand A, Zakerihamidi M. Effectiveness of self-compassion training on hot flashes and night sweats in postmenopausal women. *Iranian Journal of Obstetrics, Gynecology and Infertility*. 2020;23(2):30-41. doi: 10.22038/ijogi.2020.15961. Persian.
 7. Izal M, Nuevo R, Montorio I. Successful Aging and positive psychology: Two empirically related perspectives. *OBM Geriatrics*. 2019;3(4):19. doi: 10.21926/obm.geri.1904094.
 8. Jafari F. The effectiveness of Quality of Life Therapy in Self-Compassion and Future Time Perspective in menopausal women. *Positive Psychology Research*, 2017;3(2):37-50. doi: 10.22108/ppls.2018.103655.1104. Persian.
 9. Ceyhan AA, Ceyhan E. Investigation of university students' self-acceptance and learned resourcefulness: a longitudinal study. *Higher Education*. 2011;61(6):649-61. doi: 10.1007/s10734-010-9354-2.
 10. Deeks AA, McCabe MP. Well-being and menopause: an investigation of purpose in life, self-acceptance and social role in premenopausal, perimenopausal and postmenopausal women. *Qual Life Res*. 2004;13(2):389-98. doi: 10.1023/B:QURE.0000018506.33706.05. PubMed PMID: 15085911.
 11. Azmoude E, Firoozi M, Sadeghi Sahebzaad E, Asgharipour N. Relationship between Gender Roles and Sexual Assertiveness in Married Women. *Int J Community Based Nurs Midwifery*. 2016;4(4):363-373. PubMed PMID: 27713899; PubMed Central PMCID: PMC5045980.
 12. Eftekhari T, Dashti M, Shariat M, Haghollahi F, Raisi F, Ghahghaei-Nezamabadi A. Female Sexual Function During the Menopausal Transition in a Group of Iranian Women. *J Family Reprod Health*. 2016;10(2):52-8. PubMed PMID: 27648093; PubMed Central PMCID: PMC5026668.
 13. Sternfeld B, Dugan S. Physical activity and health during the menopausal transition. *Obstet Gynecol Clin North Am*. 2011;38(3):537-66. doi: 10.1016/j.ogc.2011.05.008. PubMed PMID: 21961719; PubMed Central PMCID: PMC3270074.
 14. Habibi H, Fatemi M. Study of the relationship between sex and gender role with the level of resiliency. *Journal of Psychological Studies*. 2015;11(2):115-134. doi: 10.22051/psy.2015.1955. Persian.
 15. Bem SL. The measurement of psychological androgyny. *Journal of consulting and clinical psychology*. 1974 Apr;42(2):155.
 16. Bem SL. Gender schema theory: A cognitive account of sex typing. *Psychological Review*. 1981;88(4):354-360. doi: 10.1037/0033-295X.88.4.354.
 17. Golzari N, Farahmand Parsa A, Gollalazadeh Bibalan F, Fallah S. Role of Religious Health, Sexual Knowledge, and Sexual Attitude in Predicting the Sexual Function of Postmenopausal Women. *Health Spiritual Med Ethics*. 2020;7(1):16-24. doi: 10.29252/jhsme.7.1.16. Persian.
 18. Gallegos EC, Villarruel AM, Gómez MV, Onofre DJ, Zhou Y. Sexual Communication and Knowledge among Mexican Parents and their Adolescent Children. *J Assoc Nurses AIDS Care*. 2007;18(2):28-34. doi: 10.1016/j.jana.2007.01.007. PubMed PMID: 17403494; PubMed Central PMCID: PMC2716668.
 19. Jamali S, Javadpour S, Mosalanejad L, Parnian R. Attitudes About Sexual Activity Among Postmenopausal Women in Different Ethnic Groups: A Cross-sectional Study in Jahrom, Iran. *J Reprod Infertil*. 2016;17(1):47-55. PubMed PMID: 26962483; PubMed Central PMCID: PMC4769855.
 20. Soltani F, Eskandari Z, Khodakarami B, Parsa P, Roshanaei G. Factors contributing to fear of childbirth among pregnant women in Hamadan (Iran) in 2016. *Electron Physician*. 2017;9(7):4725-4731. doi: 10.19082/4725. PubMed PMID: 28894527; PubMed Central PMCID: PMC5586985.
 21. Lyu H, Du G, Rios K. The relationship between future time perspective and self-esteem: A cross-cultural study of Chinese and American college students. *Front Psychol*. 2019;10:1518. doi: 10.3389/fpsyg.2019.01518. PubMed PMID: 31333545; PubMed Central PMCID: PMC6617470.
 22. Zimbardo PG, Boyd JN. Putting time in perspective: A valid, reliable individual-differences metric. *Journal of Personality and Social Psychology*.

- 2015;77(6):1271–1288. doi: 10.1007/978-3-319-07368-2_2.
23. Thompson JK. Body image disturbance, assessment and treatment. Pergamon Press; 1990. doi: 10.1037/10502-001.
 24. Parizadeh H, Hasan Abadi H, Mashhadi A, Taghizadeh Kermani A. Investigating Effectiveness of Existential and Reality Group-Therapy in Treatment of Body-Image Problem in Women Who Undergo Mastectomy. *The Iranian Journal of Obstetrics, Gynecology and Infertility*. 2012;15(22):27-35. doi: 10.22038/ijogi.2012.5659. Persian.
 25. Chamberlain JM, Haaga DAF. Unconditional self-acceptance and responses to negative feedback. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*. 2001;19(3):177-89. doi: 10.1023/A:1011141500670.
 26. Hajitabar Firouzjaee M, Sheykhholreslami A, Talebi M, Barq I. Impact of the meaning in life on students' School Adjustment by mediating problem-focused coping and self-acceptance. *Journal of Educational Psychology Studies*. 2019;16(34):59-76. doi: 10.22111/jeps.2019.4944.
 27. Bem SL. The measurement of psychological androgyny. *Journal of Consulting and Clinical Psychology*. 1974;42(2):155–162. doi: 10.1037/h0036215.
 28. Pourhosein R, Zarei J, Tarafdari A, Habibi Askar Abad M. Relationship between sexual schemas and sexual health in menopausal women. *Rooyesh*. 2017;6(3):191-204. doi: 20.1001.1.2383353.1396.6.3.2.8. Persian.
 29. Besharat MA, Ranjbar Kelagar E. Development and validation of Sexual Knowledge and Attitude Scale. *Contemporary Psychology*. 2013;8(1):21-32. Persian.
 30. Zimbardo PG, Boyd JN. Putting time in perspective: A valid, reliable individual-differences metric. *Journal of Personality and Social Psychology*. 1999;77(6):1271–1288. doi: 10.1037/0022-3514.77.6.1271.
 31. Taghilo S, Khaledi A. The Psychometric properties of Zimbardo Time Perspective Inventory (ZTPI) Among Adolescents. *PSYCHOMETRY*. 2015; 4(14): 1-12.
 32. Garcia D, Nima AA, Lindskär E. Time perspective and well-being: Swedish survey questionnaires. *Data in Brief*. 2017;9(1): 183-193. DOI: 10.1016/j.dib.2016.08.057
 33. Chen T. Present-fatalistic time perspective and life satisfaction: The moderating role of age. *Personality and Individual Differences*. 2016; 99(1):161-165. DOI: 10.1016/j.paid.2016.05.017
 34. Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: model, processes and outcomes. *Behav Res Ther*. 2006;44(1):1-25. doi: 10.1016/j.brat.2005.06.006. PMID: 16300724.
 35. Porakbaran E, Mehrabi R, Badihi Zeraati F, Teymorzadeh SK, Dehghanzadeh T. The Relationship of Acceptance and Action and Prospects for the Future with Psychological Flexibility and Adaptation in Mothers of Children with Intellectual Disability. *JOEC*. 2019; 19 (1):81-94
 36. Liu J, Eden J. Experience and attitudes toward menopause in Chinese women living in Sydney--a cross sectional survey. *Maturitas*. 2007;58(4):359-65. doi: 10.1016/j.maturitas.2007.09.007. Epub 2007 Nov 5. PMID: 17980523.