

The Experiences of Menopause Through The Lens of Iranian Women: Content Analysis Study.

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Abstract: Introduction: Menopause is an evolution that all women experienced it. It may make a number of changes biological, psychological, mental and social. The menopause is a natural event in this era which it can be viewed as a complex phenomenon. The aim of this study was women experience complications discovery in postmenopausal Iranian. Method: A qualitative design, based on the content analysis approach, was used for data collection and analysis of the experiences of menopause women in Iran. For data gathering, we used the semi-structured interview method and recorded the responses on audiotape. All of the interview contents were transcribed and then were coded. We interviewed fourteen menopause women, once the main leadership concepts were identified and information saturation was achieved, the interviews were discontinued. This study was approved by the research council affiliated with Tehran University, Tehran, Iran. Results: During the data analysis, four main themes emerged: "the beginning of new phase of life", "removing restrictions and periodic challenges", "unsatisfying in sexual act" and "changing in the physical and mental health". The following narratives explain each theme by using common elements of descriptive words and quotations to expand and communicate the meaning of each theme. Conclusion: The result of this study shows Iranian women regard menopause as a natural event. But exposure to a new situations and deal with a phenomenon depend on the attitudes. So people reaction to the menopause is different.

Key words: Menopausal experience, Qualitative study, content analysis approach.

INTRODUCTION

The menopause is a physiologic event, a transition in life that occurs in all women who reach midlife (Syeda, 2009) It is a complex biologic phenomenon embedded in a sociocultural and psychologic context that may affect the experience of this normal life event. (Donna E. Stewart. 2003) Cultural differences have been explained by differences in attitudes and meanings of menopause, such as the extent to which menopause is seen as a medical condition or a natural phenomenon, or whether mid-life represents positive or negative social changes and/or values within a society (Avis NE, 2008). For example, vasomotor symptoms are not so widely reported in countries such as India, Japan and China (Freeman, 2007; Flint, 1975; Melby MK, 2005). Women's experiences of menopause symptoms may vary considerably, with 25% of Western women reporting sever symptoms and 50% reporting mild-moderate symptoms. Some women also experience a sense of loss at menopause (e.g. loss of maternal role. youth or beauty) which may lead to feel that life has lost its purpose (Rosie B, 2009). As it is well known today that socio cultural factors can alter women's attitude and experience of menopausal symptoms. These symptoms are found to be less common in societies where menopause is viewed as positive rather than negative event. These cultural aspects of menopausal symptoms have been described in number of studies among Asian women, including Japanese and Chinese women (Nisar, 2008). The studies reported the specific menopausal symptoms (vaginal dryness, irritability, sleeplessness, and headaches) women with more negative attitudes were more likely to report more frequent symptoms (Hess, 2008; Cheng, 2005; Hess R, 2006). When symptoms were low, attitude was more positive (Wilbur, 1995). Symptoms can result in significantly reduced quality of life that for some can be debilitating (Avis NE, 2009).

Methods:

A qualitative design, based on the content analysis approach, was used for data collection and analysis of the experiences of menopause women in Iran. For data gathering, we used the semi-structured interview method and recorded the responses on audiotape. All of the interview contents were transcribed and then were coded. We interviewed fourteen menopause women, once the main leadership concepts were identified and information saturation was achieved, the interviews were discontinued.

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Ethical Issues:

This study was approved by the research council affiliated with Tehran University, Tehran, Iran.

All participants were informed about the purposes and the methods of the study. They were informed that participation in the study was voluntary and those they could refuse to participate or withdraw from the study at any time without penalty. In addition, permission for tape recording of the interview was obtained from each participant. Lastly, those who agreed to participate in the study were asked to sign written consent.

Sampling:

Samples are selected by the purposeful sampling method. In this type of sampling, researchers recruit sample respondents who have a rich experience of the phenomenon (menopause) and the ability and tendency to express their experiences. In this study, fourteen menopause women 43-65 year-old who were referred to the health care centers were selected. The interviews were conducted in the private places.

Data Collection:

The semi-structured interviews were employed in a private room to collect in-depth data. Each interviews lasted between 60-90 minute. Participants were given the opportunity, and were encouraged, to talk about the study-related issue.

Data Analysis:

The interviews were conducted in Farsi language and then translated into English. All interviews were transcribed verbatim and then analyzed by using the content analysis method (Rejeh Nahid, 2010). The researchers independently analyzed the data by identifying and categorizing codes for the subject's responses to each question. Then, the two author's codes and their latest analysis development as the themes were compared. In areas where the two did not agree, definitions were clarified. Data acceptability criteria, which are in some forms similar to quantitative research's validity and reliability, were applied completely by the following methods: prolonged engagement; assigning enough time; appropriate relation to understanding real data ;triangulation in data gathering methods (interview, observation, transcription); peer check and member check (review of transcripts by sample) and negative case analysis and objectivity, which is one of the data characteristics of research (Graneheim, 2004; Elo S., 2008).

Results:

The participant's aged range was 43-65 years (mean =54 years and SD=6.84).apart from one of the participants, all of them were married. Three of the participants were widows and their husbands had died. All of the married women had children (mean=4, range=1and7 children). Two participants had an academic degree. Seven of them had Diploma (secondary school education) and five of them were under secondary school. Their menopausal period was 1 and 15 years (mean=7 years and SD=2.43).

During the data analysis, four main themes emerged: "the beginning of new phase of life ", "removing restrictions and periodic challenges", "unsatisfying in sexual act "and "changing in the physical and mental health". The following narratives explain each theme by using common elements of descriptive words and quotations to expand and communicate the meaning of each theme.

The Beginning of New Phase of Life:

The way that menopause women responded to the "menopause phenomenon "was different. Some of them introduced it as a bad phase in their life. One of the participant believed that "the become menopause is the end of menstruation, the youth, the pregnancy and the loss of fertility or generations in the life.

One another of the participant's said "well, we say menopause when month bleeding be stopped. This means that one woman pass young age.

"Generation will not be created. You see menopause starts, but cannot be pregnant. I wish I have a daughter, I have just one son. I don't have any hopeless." One participant said.

On the one hand, some of participants expressed menopause is a good chance in their life. For example, one the participant's said "I think menopause is a good occurrence in my life, because the massive bleeding in every month of my life be stopped and I am very comfortable and happy after the stopping of my periods.

Removing Restrictions and Periodic Challenges:

Menopause is the situation that some of the participants believed it can free them from some restrictions. In the religion "Islam "women cannot present in the mosque or sacred places because of their period. One of the participants disclosed that "I am free now because I can go to everywhere, for example sacred places." Sometimes, many women in the reproductive age have to eat contraceptive continuously to delay their period. Because it is forbidden that a women with vaginal bleeding present in the mosque religious places. Some the

participants said that menstruation was a problem in their life. One another participant said "I was nervous every month. I had headache and back pain due to my period. But it is not exist.

Unsatisfying in Sexual Act:

Some of the participants were unpleasant that told about beginning of menopause to their husbands. They told that the sexual act is not enjoyable for them like last years. Due to drying vaginal and other problems. One of the participants said "I think when a women become menopause she lost sexual relationship with her husband's. I have not any feeling about it. " One another said "the sexual act for me is the worst thing in my life now because it does not any satisfaction for me.

The Changing in The Physical and Mental Health:

Menopause has many effects on the women. Most of the women after menopause, experience different changing in the physical and mental health. This changing can have worry menopause women. One of the participants said " I became more obese about 10 pounds after menopause, this issue angry me".

Another one said that "I feel alone and depressed because my husband had died and my children had married and left home.

"I think, I will die soon. Because I always become sick". one participant said.

Ways For Replacement:

A number of women experienced mood sadness, but none of them haven't problems such as irregular bleeding and severe hot flash in this transition stage. They have activities such as going to public places, taking refuge in the community, employment outside the home were selected to address these problems according to their own statements. Some of them were convinced that having their children are competent.

One of the participants said "I'm coming to park every day. I think that I'm better. I treat myself like this. It impact very positive. I'm comfort in seeing the trees actually treating myself and I am satisfied".

Other participants explained "I have a child now I think my son is very good I've worked hard for his training and I am happy".

Seeking Medical Care:

Seeking medical help emerged in this study. Most of participants and perhaps all of them had seen doctors and midwives when menopause symptoms had started. They had requested help for resolve concerns about complications or annoying symptoms.

One of the participants said "I felt my blood pressure elevated thus I see doctor".

The next participant expressed "I am concerned about osteoporosis. Doctor gave me calcium pills".

Other participants explained" some of doctors give a pill that women become menses period, it cause that women don't suffer osteoporosis".

Discussion:

This study found that women perceived menopause both as ending the reproductive and freedom cyclic problems. These findings are similar to other research describing menopause as freedom from having to use contraception, relief over the termination of a long period of responsibility for bringing up children, a freedom from using tampons and sanitary towels. Not fearing pregnancy was also perceived as a freedom (Hvas Lotte. 2006, Sharon G.A. 2002). Although some of menopausal women also liked to continue bleeding monthly because having the young

feeling, able of pregnancy and better sexuality. According to (Jassim, 2008), this might be due to cultural differences among women in viewing themselves as real women after menopause because menstruation is seen as a marker of womanhood and motherhood in the Arab world. It also applies to Iranian women. For some, menopause may simply be one more transition in life's course. For others, especially those lacking fertility or social support such as nothing child and haven't husband the menopause transition may be difficult to accommodate. The influence of endocrine function on the mood of the menopausal woman continues to be debated and researched. While many women present at the menopause with depression and anxiety, the reasons for these mood disorders cannot be attributed to menopause status alone. The influence of psychological factors, lifestyle, body image, interpersonal relationships, role, and sociocultural factors in predicting levels of depression and anxiety in the menopausal patient cannot be ignored. Women who have experienced negative life events such as the death of a loved one, illness and marital crises had higher scores on psychological morbidity tests. How women cope, and their personality type, are factors which must also be taken into consideration in the menopausal woman who presents with depression and anxiety (Deeks, A.A. 2003). Since monthly bleeding is as trouble for Muslim women. They can't do religious acts such as prayer, fasting, and pilgrimage to Mecca. Menopause can set free them from that deprivation. It seems that understandings of menopausal women are unique and special than other research in this study. The Mayan women in Yucatan and

Guatemala also felt increased freedom and status because they had spent most of their lives for pregnancy or nursing. Menopause allowed them more opportunity to participate in village ceremonies, religious activities, socialization and governance (Stewart Donna E. 2003). Challenging period was one of the things that ended with menopause. This theme emerges as relief cyclic problems. Back pains, excitability, concern about bleeding were most of words that they said as problem. The relief of ending menstruating and attached problems, such as PMS and fear of pregnancy also were expressed in other study (Hvas Lotte. 2001). Some participants expressed decrease sexual desire and it could be caused fear of sexual relationships disruption and family relationships disputes. Of course some of them haven't any change in sexual feeling in this study. Even single women menopause had this imagine which they cannot have a good marriage. Chinese women cohort reported less sexual activity after menopause. In the qualitative study, some women claimed they were willing to allow their husbands to find woman else to satisfy their sexual desire. They also believed that separation from their partner causes early menopause (Liu, J., 2007). A woman's ethnic and cultural background shapes her attitude to the menopause, as well as her expectations regarding sexuality and intimate relations. There are a number of factors that can impinge on sexuality; making it difficult to evaluate. These include hormones, ageing itself, length of a relationship, declining physical health, chronic conditions and their medication, education and mental health. The midlife may produce considerable psychosocial stress for women who are confronted with loss of youth and reproductive function, which has a more negative impact on attitude to the menopause in the West than in traditional Far- Eastern societies (Pitkin, J., 2009). Some of the women mentioned the freedom that came from having known their husband for so many years; this gave them a better sexual life owing to certainty and less inhibition than in their younger days (Hvas Lotte., 2006). To other women the menopause means a reduction of fear of pregnancy and contraception can be avoided (Hvas Lotte., 2001).

Comparison changes in this study was more physical change in the menopausal women that they had experienced such as obesity, skin wrinkles, etc. It seems only reducing estrogen cannot be considered to causes it. Aging and decreased metabolism are also involved. Others studies showed being matured, more independent, better at taking responsibility, better at solving conflicts and more tolerant were in women's experiences (Elo S., 2008; Hvas Lotte. 2006; Sharon G.A., 2002).

It seems that women use defense mechanisms, despite their propensity. They used suppression. Indeed it is a kind of away from myself who do voluntarily conscious and alert by entry imagine, emotions, special experiences and with lack thinking to anxiety and annoying. Results in this study showed that menopausal women try to change their lifestyle. They communicate with friends and other menopausal women. They shared experiences together. When they were irritation or sadness for getting relaxation, they go public places like park and etc, at hours of their daily. Some of them pride themselves upon their past life such as their children that were health and successful. Cifcili's study (2009) showed women also defined menopause as maturity, and that as they went through "all stages of femininity" they could guide youngsters about these issues and therefore they felt more mature (Cifcili, 2009). Some of women stated menopause is like a rebirth or to develop a newfound confidence, arevolution and to explore job possibilities in areas other (Sharon GA., 2002) or some of the women found that life as a middle-aged introduced a new role such as being a grandmother (Hvas Lotte., 2006). Surprisingly, we found that none of the women stated hot flash, but insomnia and the other complications mentioned in this study and there isn't what books and articles have written about flashing. Maybe one of the reasons is that women were natural menopause in this study. Because sudden decrease in estrogen could be caused such as women complain more with ovarian surgery or maybe that occurs less at Iranian women like India, Japan and China women.

Seeking medical help emerged in this study. Seeking more information about morbidity in this stage life was their concern. The participants were anxious about their health. They valued for follow up and prevent from complications, but according to field notes we found those women were confounded about care information. They had contradictory information. They didn't know methods of treatment, time to start it and how the process is followed. Most of the women thought that menopause period is an important phase in their health. In the United States more than half (59.4%) of the women reported that they had consulted a healthcare provider for menopausal symptoms. A large percent of women reported currently taking calcium supplements (76.9%), vitamins and other supplements (22.9%). Compared to a study conducted in Australia where 86% of women reported having consulted physicians at least once for menopausal symptoms (Williams, 2007). In Beirut over a third of the women Sought help in dealing with the symptoms they experience, 20% use calcium supplements (Obermeyer, 1999). Our sample size was small thus it couldn't determine consultation a healthcare provider and taking calcium supplements rate. This phenomenology study sought to explicating personal meanings and ultimately to understand the sensuous (that including expectations, attitudes, and beliefs) as well as no sensuous meaning of the experiences. Eventually we founded that Iranian women's concerns are more related complications like osteoporosis, sexual problems and aging.

Conclusion:

The result of this study shows Iranian women regard menopause as a biological event signaling the cessation of menses as well as viewing the menopausal transition as a natural process in the human life cycle so generally positive attitudes toward menopause among this women, but exposure to new situations and deal with a phenomenon depend on the attitudes, beliefs, expectations and different experiences, so people reaction to the menopause is different. In our study none of the women expressed change in their partners during the menopause, and therefore it was not possible to draw any conclusions as to whether women under such circumstances might report different opinion. Therefore it seems necessary that other study will investigate spouses view menopausal women to determine whether they become concern about sexual relationship. Because in our study were menopausal women naturally. Be recommended to do another study for women who have been menopause surgically.

REFERENCES

- Avis NE, S. Crawford, 2008. Cultural differences in symptoms and attitudes toward menopause. *Menopause Manage*, 17(3): 8-13.
- Avis, NE., A. Colvin, JT. Bromberger, *et al.*, 2009. Change in health-related quality of life over the menopausal transition in a multiethnic cohort of middleaged women: Study of Women's Health Across the Nation. *Menopause*, 16(5): 860-9.
- Cheng, MH., SJ. Wang, PH. Wang, JL. Fuh, 2005. Attitudes toward menopause among middleaged Cifcili, S.Y. M. Akman, A. Demirkol, P.C. Unalan, 2009. "I should live and finish it": A qualitative inquiry into Turkish women's menopause experience. *BMC Family Practice*, 10:2.
- Deeks, AA., 2003. Psychological aspects of menopause management. *Best Practice & Research Clinical Endocrinology & Metabolism*, 17(1): 17-31.
- Donna E. Stewart. 2003. Menopause in highland Guatemala Mayan women. *Maturitas.*, 44(4). 293-297.
- Elo, S., H. Kyngas, 2008. The qualitative content analysis process. *Journal of Advanced Nursing.*, 62: 107-15.
- Flint, M., 1975. The menopause: reward or punishment? *Psychosomatics*, 16: 161-3.
- Freeman EW, K. Sherif, 2007. Prevalence of hot flushes and night sweats around the world: a systematic review. *Climacteric*, 10: 197-214.
- Graneheim, U.H., B. Landman, 2004. Qualitative content analysis in nursing research: concepts, procedures, and measures to achieve trustworthiness. *Nurse Education Today.*, 24: 105-12.
- Healthcare seeking and treatment for menopausal symptoms in the United States. *Maturitas.*, 58: 348-358.
- Hess R, Bryce C, Hays R, et al. Attitudes towards menopause: status and race differences and the impact on symptoms. *Menopause* 2006;13(6):986.
- Hess, R., E. Olshansky, R. Ness, *et al.*, 2008. Pregnancy and birth history influence women's experience of menopause. *Menopause*, 15(3):435-41.
- Hvas, Lotte., 2001. Positive aspect of menopause a qualitative study. *maturitas the European menopause journal*, 39: 11-17.
- Hvas, Lotte., 2006. Menopause Women's positive experience of growing older. *Maturitas the European menopause journal*, 1-7.
- Jassim, G.A., Q. Al-Shboul, 2008. Attitudes of Bahraini women towards the menopause: Implications for health care policy. *Maturitas.*, 59: 358-372.
- Liu, J., J. Eden, 2007. Experience and attitudes toward menopause in Chinese women living in Sydney-A cross sectional survey. *Maturitas*, 58: 359-365.
- Melby, MK, M. Lock, P. Kaufert, 2005. Culture and symptom reporting at menopause. *Hum Reprod Update*, 11(5): 495-512.
- Nisar, N., N. Zehra, G. Haider, A. Munir, A. Naeem, 2008. Knowledge, Attitude and experience of menopause. *J Ayub Med Coll Abbottabad*. <http://www.ayubmed.edu.pk/JAMC/56 PAST/20-1/Nisar.pdf> 56-59.
- Obermeyer, C.M. F. Ghorayeb, R. Reynolds, 1999. Symptom reporting around the menopause in Beirut, Lebanon. *Maturitas.*, 33(3): 249-258.
- Pitkin, J., 2009. Sexuality and the menopause. *Best Practice & Research Clinical Obstetrics and Gynecology*, 23: 33-52.
- Rejeh Nahid, Veismoradi Mojtaba, 2010. Perspectives and experiences of elective surgery patients regarding pain management. *Nursing and Health Sciences*, 12(1): 67-73.
- Rosie, B., F.B. Rhonda, 2009. Stress, psychological factors, menopause symptoms and physical health in women. *Maturitas*. www.elsevier.com/locate/maturitas.
- Sharon, G.A., 2002. The menopause Experiences: A women's perspective, *Journal of Obstetric, Gynecologic, and Neonatal Nursing*, 31(1): 1-9.

- Stewart, Donna E., 2003. Menopause in highland Guatemala Mayan women. *Maturitas*; 44:293-297.
- Syeda B.M, Sabeena R. 2009. Menopause Rating Scale (MRS): A Simple Tool for Assessment of Climacteric Symptoms in Pakistani Women. *Ann. Pak. Inst. Med. Sci.*, 5(3): 158-161.
- Wilbur, J. A. Miller, A. Montgomery, 1995. The influence of demographic characteristics, menopausal status, and symptoms on women's attitude toward menopause. *Women Health*, 23(3): 19-39.
- Williams, R.E., 2007. L. Kalilani, D.B. DiBenedetti, X. Zhou, S.E. Fehnel, R.V. Clark. women: a community survey in an island of Taiwan. *Maturitas.*, 52(3-4): 348-55