

Short report

Qualitative inquiry into women's menopause experiences in southeastern Iran

Kobra Alidoosti,* Abbas Abbaszadeh* and Ali Hosseininasab†

*Midwifery and Nursing College, Kerman University of Medical Sciences, Kerman, Iran; †Clinical Research Unit, Afzalipour Hospital, Kerman University of Medical Sciences, Kerman, Iran

Correspondence: Kobra Alidoosti. Email: koboo9@yahoo.com

Abstract

Menopause is defined as amenorrhea for one year. Signs and symptoms are categorized as physical and psychological changes, including depression, hot flushes and ageing. Woman's responses to menopause are governed by lifestyle factors. The purpose of this study was to determine how Iranian women experience menopause and hormone therapy. A qualitative inquiry was conducted through semistructured, in-depth interviews to explore study questions in 11 menopausal women. Participants had positive and negative menopause experiences. Negative menopause experiences are due to severity of symptoms. Menopause can be facilitated by increasing women's knowledge about this phase and ways to cope with it.

Keywords: Menopause, experience, women, Iran

Introduction

Menopause is the permanent cessation of menstruation, and marks the end of a woman's reproductive capacity. It leads to changes in biopsychosocial points of view, which in turn impair female quality of life.¹ Physiology and clinical manifestation of menopausal symptoms are still not fully understood.² Menopausal symptoms can be perceived as unpleasant but unavoidable manifestations of the ageing process in women. In this study, we sought to determine how Iranian women experience menopause and hormone therapy (HT).

Methods

Semistructured in-depth interviews were conducted to explore experiences, beliefs and attitudes of women towards menopause and HT in southeastern Iran. The study was approved by the Ethical Committee of Kerman University of Medical Sciences. Inclusion criteria were amenorrhea for at least 12 months and ability to communicate with investigators. After an agreement, the interview was conducted at the interviewer's office. The interview questions focused on two areas:

- (1) Beliefs, attitudes, knowledge and experiences about menopause and its related problems

- (2) Ways of coping with menopause and HT.

The interviews continued until no new data were gathered, leading to 11 participants. Interviews were audiotaped, and the tapes were transcribed within 24 hours. Each note was read sentence by sentence, and the main phrase was underlined. Phrases with the same meaning and content were categorized together. All categories were coded and considered saturated when no new code was found. Categories that were more focused are presented in the Results section.

Results

The participants were aged 45–55 years. Nine were educated. Most of them were from middle-class families. Ten were not employed and one was retired. The participants had positive and negative menopause experiences.

Menopause as a positive experience

Some participants mentioned that menopause had provided them with a feeling of cleanliness and relief because of the absence of discharge, bleeding and risk of pregnancy. Most of them believed that menopause was a social improvement.

Menopause as a negative experience

Some participants expected that they would experience discomfort during menopause. Negative experiences were as follows:

Hot flushes

Ten participants experienced hot flushes in their climacteric period. Some participants required medications. Severe hot flushes interfered with their routine activities, thereby affecting quality of life. One participant said: 'I am always hot, I am in fire and then I become cold, this kills me.'

Feeling of getting old

Some participants believed that menopause is the fear of ageing and that when a woman enters menopause, ageing problems such as osteoporosis, fatigue and other age-related disorders will also occur. Menopause is the end of the woman's fertile period; this is a disability for women and is another reason for feeling old. Half the participants mentioned that menopause led to sleep disorders, such as reduced sleep time. Most participants had problems with their family members, particularly their partner.

Nine participants believed that physical attractiveness was lost due to menopause. Some declared that vaginal dryness was the cause of sexual dysfunction. Only one participant indicated that her sexual activity was very good after menopause.

Coping with menopause

Although most participants had various problems with menopause, only one participant had sought medical advice. Almost all of them believed that herbal products could help to tolerate menopause. They declined HT because of its side-effects.

Discussion

Menopausal status may affect women's attitudes. Menopause can be called a 'life change.' Seventy-five percent of women experience acute menopause symptoms. As seen in other studies, some participants considered menopause as a natural phase.^{3,4}

Hot flushes were the most bothersome symptom of the menopausal women in the present study. However, the participants did not wish to consult a physician about HT.

The most common complaints of Italian women were hot flushes and muscle ache, but they were satisfied with HT.⁵

Fatigue and insomnia were the most common complaints for which the use of herbs, dietary supplements and exercise was considered. All these approaches have been found to be helpful to various degrees.⁶

Iranian women decline the use of chemical medicines. Women who currently used HT appeared to have a 'biological' perspective on menopausal transition than non-users. HT has been shown to relieve stress incontinence and urinary symptoms.⁷

Hot flushes, sleep disorders, decrease in libido and dyspareunia led to negative experiences in 66.7% of the participants in this study. However, positive attitude was derived from a lack of bleeding and infection, feeling of cleanliness and ability to participate in religious ceremonies. (According to Islamic religion, women cannot participate in religious activities during their menstrual period.) Limited or inadequate information on menopause may cause negative feelings.⁸

Women's knowledge about menopause and ways of coping with it influence their menopause experience. A small percentage of women use HT. In our community, knowledge on the treatment of menopausal problems is limited. Health-care personnel should advise women about the changes during this phase.

Competing interest: None declared.

Accepted: 19 November 2011

References

- 1 Bruce D, Rymer J. Symptoms of the menopause. *Best Pract Res Clin Obstet Gynaecol* 2009;23:25-32
- 2 Theisen SC, Mansfield PK, Seery BL, Voda A. Predictors of midlife women's attitudes toward menopause. *Health Values* 1995;3:22-3
- 3 Cifcili SY, Akman M, Demirkol A, Unalan PC, Vermeire E. 'I should live and finish it': a qualitative inquiry into Turkish women's menopause experience. *BMC Fam Pract* 2009;10:2
- 4 Biri A, Bakar C, Maral I, Karabacak O, Bumin MA. Women with and without menopause over age of 40 in Turkey: consequences and treatment options. *Maturitas* 2005;50:167-76
- 5 Donati S, Cotichini R, Mosconi P, *et al.* Menopause: knowledge, attitude and practice among Italian women. *Maturitas* 2009;63:246-52
- 6 Hackley B, Rousseau ME. Managing menopausal symptoms after the women's health initiative. *Midwifery Womens Health* 2004;49:87-95
- 7 MacLennan A, Lester S, Moore V. Oral estrogen replacement therapy versus placebo for hot flushes: a systematic review. *Climacteric* 2001;4:58-74
- 8 Hasan Pour Azghadi B, Abbasi Z. Effect of education on middle-aged women's knowledge and attitude towards menopause in Mashhad. *J Birjand Univ Med Sci* 2006;2:48-54