

Women's Experience on Menopause - A Qualitative Study

Rukmani R¹, Tamilarasi B², Padmavathi P³

¹Ph.D. Research Scholar, The Tamil Nadu Dr. MGR Medical University, Chennai, India

²Principal, Madha College of Nursing, Chennai, India

³Principal, Dhanvantri College of Nursing, Namakkal, India

Corresponding Author: Rukmani R

DOI: <https://doi.org/10.52403/ijhsr.20230923>

ABSTRACT

Background: Menopause is the point, where a woman has gone 12 consecutive months without a menstrual period. It is a natural part of aging and marks the end of reproductive years. While transition to menopause, women may be experiencing some or all of the symptoms such as hot flashes, night sweats, vaginal dryness etc. which may affect their day-to-day life leading to decrease in the quality of life. Objective: To study the experience of women during menopause.

Materials and Methods: Through purposive sampling 20 women were selected who experienced menopause. They were in the age group between 41 to 60 years. The study was conducted in Suthanthirapuram Panchayat, Mettupalayam, Coimbatore. Data was collected by adopting semi-structured interview method. The duration of study was one month. Collected data were analyzed using Colaizzi's analysis method.

Results: Four (04) themes emerged from the findings, which are: affects health, affects work, Emotional wellbeing and loss of woman hood. Further there were psychological encounters such as mood swings, anger, depression and emotionally detached with others. They had experiences in health issue such as hot flashes, palpitation, night sweat and sleep disturbances.

Conclusion: Results evidence that health care practitioners should give advice in order to maximize assistance for women during this developmental phase. Health care needs to be personal and tailored to the individual needs, preferences and expectations of women, with due regard to social and cultural contexts. Coping strategies should be developed to enable women who are struggling to manage the psychological impact of menopause

Keywords: Menopause, Hot flashes, Menstruation, quality of life, mood swings

INTRODUCTION

The most attractive, prized, and distinctive creation of the God on our magnificent planet are women who are able to bear children. Women in this world are extremely unusual. The natural progression of a woman's life includes many stages, from puberty through menopause, as well as pregnancy, labour, parenthood, and death. A woman's life starts when she is born a female. A woman goes through the stages of infancy, childhood, and adulthood. The first and biggest change a woman will

experience when she turns thirteen is the start of her menstrual period. After that, a woman goes through childbirth, marriage, and pregnancy. Each of these phases involves significant physical and psychological changes for the woman. Because it brings about so many changes and turning points, middle age is the most important stage for any woman. Usually, it starts throughout the first forty years of life. Women naturally go through menopause as a transition between the challenges of maturity and the hopelessness of old life.

Women experience one or more symptoms as listed while approaching menopause. Hot flashes, sometimes referred to as vasomotor symptoms (a sudden, all-over warm feeling), cold flashes and/or night sweats, discomfort from vaginal dryness during intercourse, Urinary urgency, or the urgent need to urinate more often, insomnia, or difficulty sleeping, Mood swings, impatience, or moderate depression are examples of emotional shifts dry eyes, dry mouth, or dry skin, breast sensitivity. Premenstrual syndrome (PMS) is getting worse. Periods that are heavier or lighter than usual or that are irregular. As a result, it is crucial to consider how well they are living. In order to provide better care for women and raise their quality of life, it is crucial to comprehend their experiences.

MATERIALS & METHODS

Qualitative phenomenological approach was used. The experiences are qualitative and challenging to put a number on. Additionally, because participants are free to speak openly, this form of study methodology is ideal for thorough and in-depth exploration of women's "lived experiences." The participants of this study were menopausal women who were in the age group of 41 to 60 years. Random sampling method was used and have experienced menopause for a period less than one year. Their willingness to discuss experiences of menopause was also considered when selecting the sample.

STATISTICAL ANALYSIS

DATA COLLECTION

Semi-structured interviews were used for data collection. Supplementary words such as "How, What, why..." were added accordingly to encourage women to explain their experiences in detail. The interviews were conducted in a room without any interruption from others and mainly focusing on issues related to their experiences on menopause. The content of the interviews was recorded, transcribed verbatim after each interview is

conducted. Tested interview skills were used to conduct more effective interviews. Tape recorders were used to collect data effectively. Also nonverbal communications such as crying, sighing were analyzed. Data was collected for a period of 1 month with each interview duration ranging from 40 minutes to 1 hour.

DATA ANALYSIS

The data was analyzed by Colaizzi's analysis method. Data was collected on a one-to-one basis, to enable participants to explore their own experience of menopause, without having to adhere to a rigid schedule. The recordings were listened to carefully to get a view and sense of the whole content given by the participants. Then it is transcribed into text. Statements which are vital for study was recorded on separate sheet. The meaning of phrases was described and defined. The formulated meanings were categorized in to sub themes and then themes and these categories were referred to initial protocols for confirming their validity.

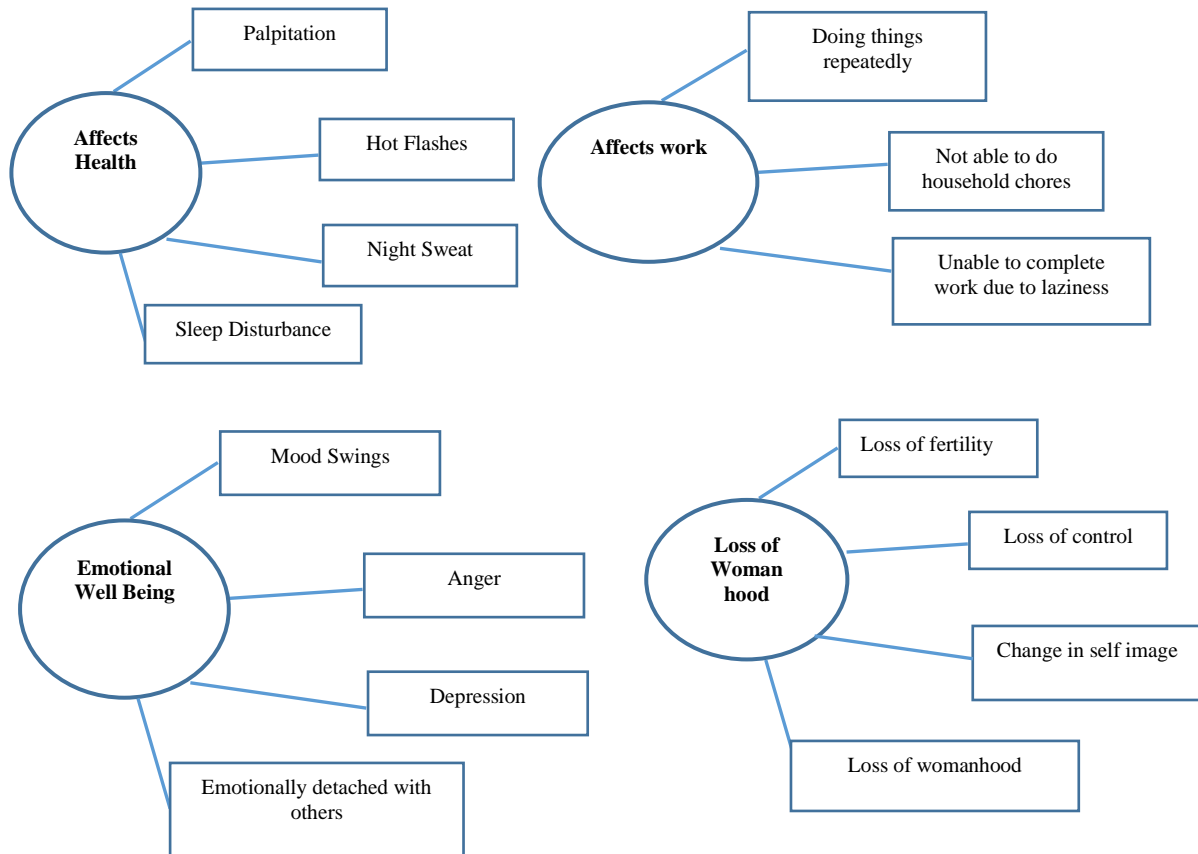
The individual transcripts were first read several times to become comfortable with them and to start looking for patterns in the data. After that, codes were manually created by making notes and underlining patterns on the printed transcripts in order to find unique aspects of the data and group them into appropriate categories. The groupings of codes were then divided into potential themes and sub-themes, each of which captured an essential aspect of the research issue. To allow for cogent differences between topics, these groups were regularly amended and improved, which required combining and modifying themes as necessary.

In order to ensure that the themes reflected the substance of each notion and the reason why they are an intriguing element of the data, an initial thematic map was manually created. The individual themes were then finalized in relation to all other themes, making sure that each has a clear "story"

that matches the overarching narrative of the data.

RESULT

During the analysis of the interview transcripts, four key themes captured the essence of the data: (i) Affecting Health, (ii) Affects work (iii) Emotional wellbeing and (iv) loss of woman hood



Affects Health:

I used to experience day sweats and would just start pouring down my face, making people think I was going to pass out. This became embarrassing because they were staring at the beads of sweat and it didn't do your confidence any good to constantly feel like you needed to take a bath (P5). One of the participants described as feeling like a hot wave that starts at their feet and moves up their body till it reaches their head. It just lasts a few minutes and quickly ends two to three minutes after it started. Also, she has experienced scorching throughout their entire body throughout this time. (P4).

“I am feeling like my ears are going to blow off my head, just fire, it lasts few minutes and then become relaxed. Suddenly I felt

that it starts at my feet and my toes feel as if they are burning, and then it goes up my legs and it goes like a wave throughout the body”.

These women have also reported having sleep problems. They had numerous nighttime awakenings. A sleeping issue called insomnia is linked to menopause. Hot flashes and night sweats have both led to difficult-to-tolerate sleep disruptions that have exacerbated irritation and stress in women's working life. Additionally, they said that it was getting harder and harder to fall asleep, and that their sleep was less restful.

“During night my body is feeling very hot. Hence, I take bath during such time, to reduce heat. But however still I feel more

heat. I drink more water. But still heat is dissipating throughout the body and unable to sleep" (P9).

"At times, I do get unbearable burning sensation. I do experience palpitations and, in such instance, I drink more water" (P6)

Affects Work:

Many women had experience of forgetting things and had to do thing repeatedly. They feel lazy and tired. Due to which they were unable to complete their household chores.

"I experienced body pain and went for sleep in the afternoon. Due to this, I am unable to cook time this afternoon and my husband scolded me badly. I was never like this before" (P3).

Other participants felt feelings of worthlessness at a less extreme level, describing that they felt like a "failure" due to their inability to carry out every-day tasks as a result of tiredness.

Nearly majority of the subjects mentioned memory loss related to menopause. Women discussed how forgetting affected their daily tasks and employment. Many women admitted to the necessity of keeping a reminder of their daily obligations. Women discussed changes in their mood that they and their family members had noticed.

Emotional well being

Many women have found that they struggle to remember things and get mental blocks as a result of menopause. This can be perplexing, worry-inducing, and significantly affect all facets of daily life. As a result, people encounter challenges when making judgments in both their personal and professional lives. Women had disclosed that their cognitive processes had also changed. The inability to concentrate and make sound decisions can also be caused by insufficient sleep or sleep interruption.

Menopausal women are surprisingly prone to mood swings and aggression, which can be challenging to manage. A woman who had mood fluctuations felt as though she was riding an emotional rollercoaster: one minute she was up, the next minute she was

down. Even though every woman experience mood swings differently, they were abrupt and powerful. The mood is also negatively impacted by other menopausal symptoms, such as exhaustion.

"I believe, I am not emotional stable. I'm more sensitive; all of a sudden, I start to consider how old my parents are and how soon I'll be the oldest. I have a lot of thoughts. Well, it's hard to process, I suppose. These emotions make me depressed" (P4).

Some women claimed that their forgetfulness, mood swings, and diminished cognitive abilities occasionally made them feel frustrated with their lives. These women thus believed that their immediate family, acquaintances, and others had abandoned them. They became frustrated and impatient with their life due to feelings of irritation. These issues made it necessary for them to seek medical help and had a negative impact on their ability to do their jobs and their relationships with friends, family, and co-workers. The women participated in religious activities when they were going through those emotions.

Women acknowledged that they experienced family issues, particularly those involving their partners. Conflicts appeared to be primarily caused by emotional instability or irritation. They claimed that they were incredibly sensitive and often irritated, and that this irritability was straining their relationships with their families.

Loss of Woman Hood:

I am losing my fertility. And obviously, the way you think in your head about who you are, you don't rate yourself as a person or as a woman anymore (P15)

"I felt as a woman, I was losing being a woman, basically, if I was losing my periods and I was losing all of that end of things. (P1)". "I believe I went through the grieving process and that there was a loss. There is a dread of losing my fertility, being unable to have any more children, and feeling like you're just disappearing

into the background because you're no longer young and vigorous" (P12).

And if your period doesn't come, you decide it's over and move on to a fresh phase. Many participants felt that they had lost who they were before menopause.

"You are looking not good as you used to be earlier (P2). I am feeling just became pretty much like a shell (P5). The body feels different. Feeling...like we, our skin feels different too. The sense, I feel I'm already old. 'I just felt I was invisible. I just felt like I was a nobody.'" (P1). This loss of identity was captured in the way many women spoke about being "back to" themselves at the end of perimenopause/reaching menopause: "I'm back to my old self again." (P4).

DISCUSSION

The most recent research shows that each woman's menopausal experience is unique. The results of this study showed that the women had several types of menopause during the transition to menopause. Four main themes were drawn from the findings through analysis: 1. Affects health (2) Affects work (3) Emotional Wellbeing and (4) Loss of woman hood

Affects Health:

During menopause, the majority of women have experienced hot flashes, night sweat and sleep disturbances. Similar results were reported by Waidyasekera *et al.*, (2009). They reported that hot flashes, joint and muscle discomfort, and physical and mental exhaustion were the most prevalent menopausal symptoms. Sleep disturbance and is the other major issue which majority of the respondents had faced. Similar results were reported by Waidyasekera *et.al* which revealed that 66% of Srilankan women have experienced sweats following menopause. Also analysis conducted by Ramulaeka (2015) revealed that African women were experiencing sleep disturbances during menopause.

Affects work

Doing things repeatedly, unable to complete work and feeling lazy were the issues which were felt by the respondents. This result is supported by study done by Hoda Sahorb and Luma (2014) which revealed that forgetfulness was experienced by 48.3% of women and it had affected their day-to-day work.

Emotional well being

According to the findings, mood swing, anger, depression and emotionally detaching with other were the predominant complaints experienced by the participants. This finding supports study conducted by Bauld and Brown (2009) which concluded that difficulty in concentration and loss of confidence will affect emotional stability.

Loss of womanhood

Loss of control, Loss fertility, change in image and loss of womanhood were the difficulties experienced by the respondents. This finding is in contrast to study conducted by Carolan (2000) which concluded that women had a positive menopausal experience.

CONCLUSION

In addition to the physical and psychological symptoms of menopause, women may also experience negative changes in their self-concept, such as worries about their shifting identities, unfavourable self-evaluations, low self-esteem, etc. These changes may have an impact on their quality of life as well as other areas of their lives, such as their families, relationships, and jobs. In contrast, some women will not be affected by the menopausal transition at all or will experience positive changes in their perception of themselves. These findings should advise health care practitioners in order to maximize assistance for women during this developmental phase. Health care needs to be personal and tailored to the individual needs, preferences and expectations of women, with due regard to

social and cultural contexts. Coping strategies should be developed to enable women who are struggling to manage the psychological impact of menopause.

Declaration by Authors

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. Bauld, R., & Brown, R. F. Stress, psychological distress, psychosocial factors, menopause symptoms and physical health in women. *Maturitas*. 2009; 62(2), 160-165.
2. Burns, N., & Grove, S.K. *The Practice of Nursing Research: conduct, critique and utilization*. (5th ed.). St Louis: Elsevier Saunders.2009
3. <https://my.clevelandclinic.org/health/diseases/21841-menopause>
4. Polit, D.F., & Beck, C.T. *Essentials of Nursing Research: Appraising Evidence for Nursing Practice*. Lippincott Williams & Wilkins.2003
5. Ramakuela, N. J., Akinsola, H. A., Khoza, L. B., Lebeso, R. T., & Tugli, A. Perceptions of menopause and aging in rural villages of Limpopo Province, South Africa. *Health SA Gesondheid (Online)*,2014; 19(1), 01-08
6. Ramakuela, N.J. Experiences of women, menopause and aging in the rural villages of Limpopo Province, South Africa. *Women's Health & Gynecology*. 2015;1(1),1-5.
7. Shosha, G.A. Employment of Colaizzi's Strategy in Descriptive Phenomenology: A Reflection of a Researcher. *European Scientific Journal*, 2010;8(27), 31-43
8. Singh, P., Somers, V. K., Romero-Corral, A., Sert-Kuniyoshi, F. H., Pusalavidyasagar, S., Davison, D. E., & Jensen, M. D. Effects of weight gain and weight loss on regional fat distribution. *The American journal of clinical nutrition*. 2012; 96 (2), 229-233.
9. Soules, M.R. Development of a staging system for the menopause transition: a work in progress. *Menopause*;2005; 12:117-120
10. Waidyasekera, H., Wijewardena, K., Lindmark, G., & Assen, T. (2009). Menopausal symptoms and quality of life during the menopausal transition in Sri Lankan women. *Menopause*. 2009;16, 164-70.

How to cite this article: Rukmani R, Tamilarasi B, Padmavathi P. Women's experience on menopause - a qualitative study. *Int J Health Sci Res*. 2023; 13(9):157-162.
DOI: <https://doi.org/10.52403/ijhsr.20230923>
