

## “Moving from uncertainty toward acceptance”: a grounded theory study on exploring Iranian women's experiences of encountering menopause

Narjes Bahri & Robab Latifnejad Roudsari

To cite this article: Narjes Bahri & Robab Latifnejad Roudsari (2019): “Moving from uncertainty toward acceptance”: a grounded theory study on exploring Iranian women's experiences of encountering menopause, Journal of Psychosomatic Obstetrics & Gynecology, DOI: [10.1080/0167482X.2019.1678018](https://doi.org/10.1080/0167482X.2019.1678018)

To link to this article: <https://doi.org/10.1080/0167482X.2019.1678018>



Published online: 17 Oct 2019.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)

ARTICLE



## “Moving from uncertainty toward acceptance”: a grounded theory study on exploring Iranian women’s experiences of encountering menopause

Narjes Bahri<sup>a</sup> and Robab Latifnejad Roudsari<sup>b</sup>

<sup>a</sup>Reproductive Health, Social Development & Health Promotion Research Center, Department of Midwifery, Faculty of Medicine, Gonabad University of Medical Sciences, Gonabad, Iran; <sup>b</sup>Nursing and Midwifery Care Research Center, Mashhad University of Medical Sciences, Mashhad, Iran

### ABSTRACT

**Purpose:** Menopause as a universal phenomenon is influenced by social norms so that women’s experiences during menopausal transition are related to the social values and cultural symbols. This qualitative study was conducted to discover the Iranian women’s experiences of encountering menopause.

**Materials and Methods:** In this grounded theory study 27 women living in Mashhad and Gonabad, North East of Iran, from May 2013 to July, 2016 were selected using purposive and theoretical sampling. Semi structured in-depth interviews were conducted for data collection until data saturation was achieved. Data was analyzed using Strauss and Corbin’s (1998) recommended method through open, axial and selective coding. MAXQDA 2007 software was used for organizing data and managing the process of analysis.

**Results:** The analysis revealed the core category of “moving from uncertainty toward acceptance”. The interrelated categories subsumed under the core category included challenging aging, observing the symptoms of menopause, responding to the menopausal symptoms, understanding the need for preparation, and assessing the right time to prepare.

**Conclusion:** Moving from uncertainty toward acceptance was identified as the core concept in the Iranian women’s experiences of encountering menopause. Modifying the beliefs of people about menopause and aging as well as increasing their knowledge and information about menopause can help women to experience the menopausal transition with more ease.

### ARTICLE HISTORY

Received 4 December 2018

Revised 20 August 2019

Accepted 4 October 2019

### KEYWORDS

Menopause; menopausal transition; qualitative study; grounded theory; menopausal symptoms; core category

## Introduction

Menopause is a universal phenomenon that all women experience in middle age. On the verge of the third millennium, the aging population in the world has made women’s health at menopause an important health issue [1–3]. It is expected that by 2050, one-third of people in more developed countries and one fifth of people in less developed countries, will be 60 or older [4]. Iran, like many developing countries, is experiencing substantial demographic and epidemiological changes [5] and it is predicted that about 5 million postmenopausal women will live in Iran in 2021 [6]. This raises the need for serious attention to the care planning in health systems to meet the needs of this growing population.

Many researchers believe that menopause is a complicated process that in addition to its physiological and psychological aspects has some sociocultural

dimensions and hence is affected by social and cultural norms and values [3,7–9]. The social context in which women experience menopause is very important in shaping women’s experiences about menopause [10–14].

Meanings of menopause in women’s experience have a very close relationship with social context and cultural symbols, including community dialogs about gender, aging, and reproductive events [15]. Quinn (1991) in this regard stated that women experience menopause in different social contexts, thus reflect different meanings and experiences of this process [16].

Due to the importance of social context in perceptions and women’s experiences of menopause, it is necessary to consider the social context in women’s experiences in dealing with menopause. Therefore, the present qualitative study with a grounded theory approach was conducted to explain the women’s experiences of encountering menopause.

## Materials and methods

### Design

A grounded theory approach was used, which is an appropriate methodology for exploring little known topics and areas and is appropriately fit for recognition of participants' experiences that is shaped through social interactions [17] and according to the literature, menopause is a social phenomenon.

### Study setting

This study was conducted in Mashhad and Gonabad, two cities in the North East of Iran. Mashhad, the second largest city of Iran, is the capital of Khorasan-Razavi province and is the first in terms of population in this province. Gonabad is a small and relatively traditional city in Khorasan-Razavi province and the 13th in population ranking of this province.

### Participants

A total of 27 participants took part in this study. Participants were aged between 42 and 55 years with a mean age of 49.30 years. Seven participants had secondary education, six had diploma, four had associate degree, five had BSc, two had Ph.D and one another was a Bachelor student. One of the participants was widow for four years and the others were married and lived with their husbands. All of participants had children and the number of their children was between 1 to 5. According to the stage of menopause (based on STRAW classification), ten were in premenopausal, nine in perimenopausal and eight in postmenopausal period.

### Sampling and data collection

Purposive sampling was conducted for recruitment of participants. Key informants were selected who could express their in-depth feelings and experiences from health centers. The women who were recruited from health centers were not suffering from menopausal symptoms or related concerns, but they referred to health centers for routine midlife checkup. Theoretical sampling was done after emerging codes and categories and participants were selected from various areas such schools; health centers, hospitals and public places e.g. sport clubs. They were invited to participate in study after explanation about the objective of study.

In-depth semi-structured interviews were conducted for data collection. The interviews were arranged in the most comfortable place for the participants and

**Table 1.** A sample of asked questions in the interview sessions.

Initial Questions	<ul style="list-style-type: none"> <li>• What is (was) your reaction to the word "menopause?"</li> <li>• Express your feelings about "menopause".</li> <li>• Express your experiences during your menopause (or premenopausal period).</li> </ul>
Main Questions	<ul style="list-style-type: none"> <li>• How did (do) you deal with the issue of being on menopause?</li> <li>• What changes have you experienced (are you experiencing) in life after menopause?</li> <li>• How did you deal (are you dealing) with these changes</li> <li>• How did these changes affect (have affected) your life?</li> </ul>
Probing Questions	<ul style="list-style-type: none"> <li>• Can you give me an example?</li> <li>• Do you mean that ... ?</li> <li>• Can you explain more?</li> <li>• Can you say what you exactly mean by ... ?</li> </ul>

lasted between 45 and 85 min. Written informed consent was obtained before each interview. All interviews were conducted between May 2013 and Sep 2016 by the first author, who is an experienced midwife in the field of menopause. Interviews were conducted using interview guild including some questions about the participants' experiences and the way of their dealing with menopause. Based on the responses of the participants, probing questions were used during interviews. Some of the asked questions are listed in Table 1.

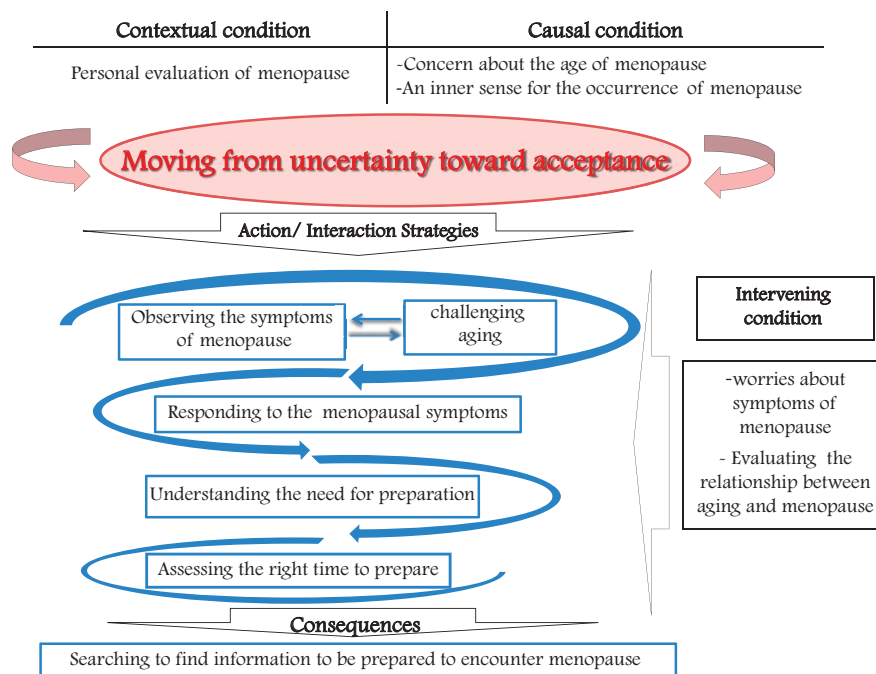
All interviews were recorded electronically and transcribed verbatim by the first author. All transcripts read frequently and this task led to getting deep insight and full sense about the whole content of each interview.

### Data analysis

Data collection and analysis were carried out simultaneously. Data analysis was conducted using Strauss and Corbin's recommended method (1998) and employed a constant comparison method through three levels of open, axial, and selective coding [18].

In open coding transcripts were read repeatedly and coded line-by-line. The codes were then compared constantly within and between interviews, and then similar codes were grouped together in categories. In this stage, 564 codes, ten subcategories, and five categories were developed.

In axial coding categories and subcategories were linked together using a paradigm model, and its different parts, including phenomenon, conditions, action/interaction strategies, and consequences, were identified (Figure 1). In selective coding the integration of main categories into a unified theoretical explanation and the identification of a core category were



**Figure 1.** Theoretical scheme of women's experiences of encountering menopause.

conducted using techniques such as writing a story line, making integrative diagrams, and reviewing and sorting memos. In the final stage, the theoretical scheme was outlined and reviewed for internal consistency and gaps in logic. MAXQDA 2007, the qualitative data analysis software, was used for organizing data and managing the process of analysis.

### Rigor

Guba and Lincoln's components of research rigor were considered to ensure trustworthiness [19]. To ensure credibility, maximum variation in participants' selection, prolonged engagement with data collection, writing memos, and peer debriefing were used. To achieve confirmability transcripts were coded by the first and second authors separately and after discussion about similarities and differences, final codes, sub categories and categories emerged. Main findings were presented for some women who did not take part in the study and they confirmed the findings in order to ensure transferability. To achieve confirmability, decision trail of the research process and data analysis was documented so that other researchers would be able to audit the research process.

### Ethical considerations

The study was approved by the Research Ethics Committee of Mashhad University of Medical Sciences

(code number: IR.MUMS.REC.1393.75). Informed written consent was obtained from all participants after explanation of the research project purpose. The issues of confidentiality and anonymity of the participants were preserved.

### Result

This study developed a theoretical scheme for women's experiences of encountering menopause. The concept of "moving from uncertainty toward acceptance" was the core category and basic social process. Five major categories were identified in this process: challenging aging, observing the symptoms of menopause, responding to the menopausal symptoms, understanding the need for preparation, assessing the right time to prepare (Figure 1).

### Core category

The core category represents the main theme of the research (18). In this study, the concept of "moving from uncertainty toward acceptance" emerged from participants' experiences and was frequently repeated in the data and related to other major categories.

### Action/interaction strategies

Strategic actions/interactions are tactics that individuals adopt to manage a phenomenon [18]. Action/interaction

strategies in this study included: observing the symptoms of menopause, challenging aging, responding to the menopausal symptoms, understanding the need for preparation and assessing the right time to prepare.

### *Observing the symptoms of menopause*

Nearly all women had signs of menopause, and they observed these symptoms in the premenopausal age. Symptoms such as hair growth under the chin, menstrual irregularities, severe bleeding or hot flashes were considered as warnings. For example, participant 11, who had considered hair growth under her chin as a sign of menopause, stated:

It's been a while now that I've realized thick hair has grown under my chin ... I didn't have this before ... I told myself that this would be hormonal, ... you are reaching menopause ... (Participant 11, 42 y, physical education teacher, pre-menopause)

Most of the participants mentioned irregularities in menstrual cycles as a sign of menopause. Participant 1 stated in this regard:

... I think that it hasn't been a year yet, but symptoms of menopause have started in me, that is, my menstrual period has become irregular. Before, it happened every three or four months, it but now it takes longer, for example, it may be eight months. ... I think my last period was eight months ago ... (Participant 1, 49 y, housewife, pre-menopause)

Another participant who had a doctoral degree in a medical discipline identified changes in vaginal discharge as a sign of menopause based on her background knowledge. In this regard, she said:

I feel the differences in vaginal discharge ... It has decreased ... I don't have cervical changes like before ... It's much less now ... I see this as a sign of menopause ... (Participant 13, 50 y, faculty member, pre-menopause)

Feeling hot flushes was another symptom that participants noticed as a warning sign for menopause. Participant 3 expressed her experience as follows:

... Waking up in the morning, I was sitting at the kitchen table, and pouring myself some tea ... Suddenly I felt hot in my ears ... It was a sign that showed me I've reached this stage ... (Participant 3, 50 y, English language teacher, pre-menopause)

As can be seen, each woman considered a specific sign for entering menopause. The sign was entirely based on their past experiences and ideas, which were formed on the basis of their social interactions. Two of the participants stated that:

My sister had been suffering from very severe bleeding lately ... she has a very cold feeling and feels so uninterested in sex. She feels very bad about her life. I see something like depression in her face. When I look at her, I feel that someday I may become like her ... (Participant 22, 48 years old, bank employee, pre-menopause)

I thought that, for example, my big sister when going on menopause, it took about two or three years ... she had severe bleeding ... So, I also thought that at the time of menopause, I would be like that ... (Participant 4, 52 years old, housewife, post-menopause)

### *Challenging aging*

One of the most important action/interaction strategies in response to the phenomenon of the "moving from uncertainty toward acceptance" was the reaction of women to aging. Accepting the aging process was directly related to women's attitude towards aging. In women who considered aging as a natural process and had a positive view towards it, its acceptance was easier. In some other women who had a negative attitude towards aging, accepting the aging process was very difficult and in most cases, it led them to seek ways to resist it. Participant's responses to aging were within the range of acceptance to resistance. It seems that one contributing factor which pushed women towards "resisting aging" was the fear of aging and some participants pointed to this fear in their remarks. Participant 8 repeatedly referred to the fear of aging during the interview. Another participant talked about her fear of aging in this way:

But the concern is that the worst days of your life are when you get old and ugly ... (Participant 15, 54 y, retired from the police force, post menopause)

In addition to the fear of aging, negative emotions such as "hanging off a cliff" or desire to "stay young and beautiful" and "avoiding the unpleasant sensations of aging" were expressed by the participants. It was these negative and unpleasant emotions which pushed women to "search for ways to resist aging". The most important way that most participants chose to resist aging was rejuvenation and protection of the skin. In this regard, one of the participants mentioned using some creams and lotions:

One can keep the skin still young with some creams ... of course, the aging process goes on ... Age goes up, but we can slow it down ... (Participant 8, 42 y, part-time teacher, pre-menopause)

Well, its life ... it passes. There's this concern that, for example, my life passes and I'm approaching the edge of the abyss ... I think that oh no! ... Life has

passed! God help us ... (laughter) ... Then after a while, you have no choice but to accept it. (Participant 1, 49 y, housewife, pre-menopause)

Another participant, while pointing to the effects of aging on the skin, mentioned using sunscreens as a major factor in keeping the skin young, and as a solution to the problem:

Overall, the skin loses its liveliness after the age of 30 ... It becomes loose. Now if you take care of it, it won't be so bad, but if you don't, it will get old sooner. I look more for sunscreens, cuz my skin is sensitive ... I try to cover my skin more ... At school, I wear a mask, with large glasses, and pull my scarf over my face. I wasn't like this from the beginning ... I changed in the past five or six years, when I felt that my skin was getting damaged ... (Participant 19, 44 y, elementary school teacher, pre-menopause)

The use of herbal ingredients was another way for women to cope with aging. Participant 1 stated in this regard:

For I've heard, for example, in a class that I had gone to, that fennel is good for women, cuz it has estrogen and progesterone hormones. They said women can use it, but it's bad for men ... Well, one can use these stuff and prevent early aging ... (Participant 1, 49 y, housewife, pre-menopause)

Dyeing white hair was another way of tackling old age. A premenopausal participant said:

There is another sign of aging ... White hair behind the ears ... Now we dye it and cover it ... (Laughter) ... Yeah ... (Participant 17, 49 y, housewife, pre-menopause)

Against this group of women who, because of their highly negative attitudes and aggression towards aging, were seeking ways to cope with aging, as well as menopause, others accepted aging as a natural phenomenon in their evolutionary process. This group of participants entered the "acceptance of aging" process. A participant expressed her feelings as follows:

I have no reason to show myself young. I'm in line with my age. I'm going ahead. These are natural changes. I've accepted my age and the changes that come with it ... I accept the facts of my life. I don't see aging as something bad ... Aging has added to the meaning of my life ... that means I got something. I gained some experiences that are valuable ... which I didn't have when I was young ... (Participant 13, 50 y, faculty member, pre-menopause)

Another participant who was post-menopausal expressed her experience of passing through life and reaching the end of middle age as follows:

I just don't look at old age as a bad thing ... My children have all been married ... I've reached a certain

age ... Now if you tell me to go back to, for example, age twenty ... oh ... I'd be like to go this way again? ... Well, I've passed it all ... It's really enjoyable ... (Participant 9, 55 y, health expert, post menopause)

A larger group of participants entered the process of "acceptance of aging" because they considered aging as an inevitable and universal process, and in fact believed that they had no choice but to accept it. For example, one of the participants said:

I accept that my body is changing, but it's inevitable ... Nothing can be done about it ... It happens to everyone ... I mean I'm not alone and I can't go back in time. ... As much as we strive to make ourselves beautiful ... to get a face-lift, to do this, do that ... Let's face it ... whatever we try to do we have a trend ahead ... (Participant 12, 43 y, housewife, pre-menopause)

Although the attitude toward aging in the two groups was quite different, the final result in both groups was that women accepted the aging process. Of course, it is obvious that having a positive attitude towards aging and accepting it as a natural process would make it much easier to go through it.

### *Responding to the menopausal symptoms*

The type of responses women had to the first menopausal symptoms depended on their viewpoint and attitude towards menopause, meaning that women who had a positive attitude to menopause were happy about observing menopausal symptoms and had no adverse reactions to it. This fact was well documented in participant 13's experience, who had a positive outlook towards menopause. She stated:

I was happy ... I was happy (about the occurrence of menstrual delay) ... as a sign of menopause ... and because I was waiting for this (menopause) ... I took each menstrual delay as a good sign (Participant 13, 50 y, faculty member, pre-menopause)

On the contrary, those women who had negative attitudes towards menopause became sad and disturbed by the observation of these symptoms, and others became depressed. Participant 8, who had a very negative attitude towards menopause, talked about how she felt about the observation of menopausal symptoms:

Well, I'm the kind of person who doesn't like to feel old ... I see myself as very young ... I think I'll become old when I'm on menopause ... and so I get very upset when I see the symptoms ... I worry ... I get depressed ... (Participant 8, 42 y, part-time teacher, pre-menopause)

There was also another group of women who were so involved in everyday life and were so busy thinking

or doing something that they did not show any attention to menopausal symptoms at all. For example, participant 3, who was very busy with her son's university entrance examination, said:

... No ... No ... Nothing, I didn't do anything when I saw that my period had stopped.... Actually, this happened to me when I was really busy and had lots of things on my mind... The only thing I think about now is my child's exam... night and day... especially, the closer it gets... .... I have forgotten about myself ... (Participant 3, 50 y, English language teacher, pre-menopause)

### *Understanding the need for preparation*

Women decided to prepare for the transition period for two specific reasons. One of these reasons was the feeling of being compelled to accept menopause, because women believed that menopause was an unavoidable phenomenon and that they had no choice but to accept it. The process of getting ready to go through the transition to menopause also began with "understanding the importance of getting prepared" and the feeling of women's need for information to be useful for easier passage of the transition period. Participants stated the importance of preparing for entry into the transition period in this way:

.... Perhaps there are things that you have to do before menopause ... Maybe there are some things that you have to prepare yourself for ... (Participant 7, 47 y, worker, pre-menopause)

Another participant, quoting a colleague's experience of losing menopause opportunities to prevent osteoporosis, concluded that the necessary measures should be taken before menopause occurs. She described her experiences as follows:

Now I don't know what to do about it ... But my co-worker said that I went to the doctor... The doctor had told her that you knew you would be on menopause soon so you had to change your diet beforehand ... Menopause should be considered a few years before it happens ... (Participant 6, 43 y, English language teacher, pre-menopause)

The feeling of need and understanding the importance of getting ready arises from the social interaction of women with their counterparts and is often shaped by questioning their experiences.

### *Assessing the right time to prepare*

At this stage, women who had come to the conclusion, at the previous stage of the process, that it is essentially necessary to prepare themselves for the

transition period and that it helps them to go through the transition more easily, assessed the right time to prepare. Choosing the perfect time to get prepared for menopause was directly related to the positive or negative attitude of women towards the issue. Women who had a negative attitude towards menopause and felt compelled to accept it delayed their readiness, and most of them acknowledged that they would only get ready by observing serious symptoms of menopause. Participant 11 mentioned in this regard:

... Yeah... Yeah ... I have to read about these stuff ... but I haven't seriously gotten it done yet ... But I guess, I'll see what to do once it happens ... Maybe, after I'm forty-five ... I think it's too early now ... (Participant 11, 42 y, Physical education teacher, pre-menopause)

However, women who considered menopause as a natural process and realized the need to be prepared for it believed a longer time was required to begin their proper preparation and believed that it was necessary to adapt themselves to the conditions of the transition period and afterwards, and even some of them deemed it necessary to take into account some issues for healthy menopause years before it occurred.

### *Conditions*

A number of conditions created the various situations, issues, and problems pertaining to all of the aforementioned women's experiences about encountering menopause. Causal conditions led to the emergence of a phenomenon, contextual conditions provided a set of circumstances in which women responded through action/interaction strategies, and intervening conditions altered the impact of causal conditions on the phenomenon [18].

### *Causal conditions*

The findings of this study illustrated "Concern about the age of menopause" and "an inner sense for the occurrence of menopause" as sets of events that influence women's experiences of encountering to menopause.

"Concern about the age of menopause" was a major concern of premenopausal women. Women have made queries about the probable age of menopause and easily remembered the age of menopause among others, family, friends, and colleagues. They even hypothesized different reasons about some variables affecting the age of menopause according to

their knowledge, including heredity, environment, weather, and life stressful events. Most women believed that the age of menopause is related to the genetics and therefore were expecting menopause at the same age as their mother or sister. This belief led them to the creation of “an inner sense for the occurrence of menopause”. Participants with this inner sense entered the process of preparation for the passage of the transition period earlier. Because they felt that menopause is imminent and thus understood that they need to get prepared for it.

### *Contextual conditions*

Women’s experiences of initial encountering with menopause developed in the context of “Personal evaluation or attitude toward menopause” including positive or negative impressions that they had about menopause. The attitude toward menopause is based on the social context as well as social interactions.

Many women at premenopausal age and years before menopause had thought about it and reached an overall sense of menopause based on their background of thoughts, which was formed under the influence of social beliefs or experiences of family and friends. The individual positive or negative assessment had an undeniable role in other stages of the menopause transition, including how women responded to the occurrence of menopause.

Many of participants had negative evaluations about menopause and spoke about it as an unpleasant event. They had varied negative interpretations about it. Negative assumptions like the association of staying young with estrogen and the continuation of menstrual cycles, belief in the usefulness of the menstrual cycles for physical and mental health, belief in dirty blood leaving the body during menstrual bleeding, assumption of feelings of fatigue after menopause and concerns about loss of fertility after menopause were reported by women.

On the other hand, a number of participants had a positive approach towards menopause and considered menopause as a better time in their life. The reasons that this group of women expressed for their positive attitude toward menopause included things such as achieving a perfection and sophistication during menopause, waiting for a better and more beautiful life, and seeing menopause as an opportunity.

In any case, the two contrasting views toward menopause among the participants had a clear and undeniable impact on the acceptance of menopause by them and their adaptation process towards menopause. The acceptance of menopause for women who

had negative views toward menopause was very difficult, while it was very easy for those who had a positive view of menopause.

### *Intervening conditions*

The intervening conditions that affected the action/reaction strategies included “worries about symptoms of menopause”, and “evaluating of the relationship between aging and menopause”. “Worries about symptoms of menopause” had preoccupied women’s minds a long time before the menopause, as worries of severe and disruptive symptoms of menopause in many cases were the most important reason for the unacceptance of menopause by women. Worries of women were about various issues, including concerns about osteoporosis, hot flashes, depression, hypertension and other diseases. Women obtained information from various sources including the media, peers, friends, relatives (mother and daughters), health providers, and books.

The type of women’s response to “evaluating the relationship between aging and menopause” in the middle age, when menopause symptoms gradually appear, had a very important role in how they deal with menopause. Thus women that considered menopause as aging scared to face it and had a status of denial or refusal to accept the reality. On the contrary, women who thought that menopause is not associated with aging had a better attitude toward menopause, too.

### *Consequences*

Consequences represent the outcomes of the adopted action/interaction strategies [18]. Searching to find information about menopause was a result of the action/interaction strategies. At the end of this process, women understood that they must prepare to deal with their menopause and they found “searching to find information about menopause” as the most practical solution for the preparation. This outcome had two clear stages of “understanding the importance of finding information” and “selecting information sources”.

Women who understood the importance of finding information for entering the transition period were able to identify their information gaps and recognize that they need to search for information. In addition to the knowledge that participants had about the importance of finding information, they acknowledged the lack of proper information about menopause, so they sought proper sources of information, too, and

had some ideas in this case. For instance, participants mentioned sources such as the Internet, books, and virtual networks such as Telegram™ or experiences of their counterparts.

## Discussion

“Moving from uncertainty toward acceptance” was the core category that emerged in this study as a phenomenon that Iranian women pass through it in menopausal transition.

It seems that other women who live in different social contexts have similar experiences. The concept of “uncertainty” was also described in the experiences of UK women in the early stage of menopause. They expressed uncertainty about where they were in this transition and spoke of their bodies as becoming less predictable and out of control [20]. The main category of the UK study has reported it as “It’s all part of the big CHANGE”. This means that in the late stage of menopause the women accept menopause as a change in their lives and continue their life story [20]. Also the concept of “acceptance” has been reported in the experiences of three Asian ethnicities, including Chinese, Malay, and Indian Singaporean women. They described an attitude of acceptance surrounding the menopause transition and the changes associated with it [21].

“Observing the symptoms of menopause” was the first strategy that women adopted to “move from uncertainty toward acceptance”. Women observed the symptoms of menopause and somehow expected them in the years close to the menopause based on the intellectual background and understanding they had about the menopausal symptoms. A similar concept was reported by Jamshidi Manesh et al. (2010). They reported a sub-concept of “expecting the experience” in their phenomenological study that addressed women’s expectation for experiencing menopausal symptoms [6].

“Challenging aging” was another action/reaction strategy. The experiences of participants in this study showed that some women did not consider any link between aging and menopause and some other considered menopause equal to aging. The assessment of ideas and beliefs of native women in Australia showed that younger women considered menopause equal to aging [22].

“Responding to menopausal symptoms” was another strategy in response to the phenomenon of “moving from uncertainty toward acceptance”. A group of women showed mild reactions and sought

to manage their symptoms; another group was depressed and upset, and others were too busy with their daily business to consider these symptoms. Native Australian women’s experiences in dealing with menopausal symptoms indicated that they experienced feelings such as embarrassment and distress, and some others avoided people and became reclusive. Another group of native Australian women stated that they simply ignored the symptoms of menopause, because they had more important priorities, such as caring for other family members [22]. Havs and Gannik also have reported similar content from their participants who gave feminist/critical discourse of menopause: “Menopause is a neutral or positive transition, but severe symptoms could arise due to stressful events in women’s lives. Treatment is seldom necessary, but it is important that women be well-informed about bodily changes” [8].

“Understanding the need for preparation” and “Assessing the right time to prepare” were two other stages in the action/reaction strategies. The importance of having the right information and the need to get prepared for menopause has also been reported in previous studies. Pandey (2015) reported menopause and the need to have appropriate information, of the most important priorities in reproductive health studies from the perspective of Scottish women aged 18 to 57 [23]. Since menopause creates a sense of health problems in women, Speroff et al. (2005), Hellstrom et al. (2004) and Quinn et al. (1991) believed that educational interventions are necessary in this case and women need to be familiarized with issues and care during menopause in order to be able to achieve the maximum level of physical, mental and social activity and increase their satisfaction and efficiency [24–26].

“Personal evaluation of menopause” was the underlying condition of dealing with menopause. Women had two different intellectual backgrounds about menopause: Some of them considered it an “unpleasant event” and others saw it as “better times”. Some participants considered menopause as “loss of fertility” or in other words “the end of femininity”. The very negative perception was reported among native Australian women. Jurgenson et al. (2014) conducted a qualitative study on the perceptions and experiences of native Australian women about menopause and reported that negative attitudes toward menopause among women were dominant, one of the reasons of which was the belief in the loss of femininity [22]. Interpretation of menopause as “the end of fertility” was also reported in several other studies [27–29].

On the other hand, it seems that the worry of the loss of fertility is not a concern for some women who choose not to have children. As O'Driscoll & Mercer reported, their participants had no desire to replicate motherhood, due to their negative experiences and memories of traditional family life. Also, their participants had the opportunity for non-gendered education from female teachers who offered exposure to feminist ideas. These ideas may have enabled participants to develop their own sense of agency and exercise choice [3]. Also, in Sergeant & Rizq's study loss of fertility was not an important issue for women because fertility choices were represented as related to age and reached before menopause [20].

The results of this study showed that a group of women had a positive attitude towards the phenomenon of menopause, which was reported in other studies, too. A study in the US showed most postmenopausal women feel relief facing menopause and believe that menopause is a positive personal experience [30]. Donati et al. (2009) in Italy and a Leon et al. (2007) in Ecuador found that more than 90% of the participants considered menopause as a positive and had a positive attitude towards it [31,32]. Hoga & et.al. in a systematic review of qualitative studies have reported that the positive or negative ways in which each woman approaches the changes during menopause are influenced by their personal, family and sociocultural backgrounds [33].

"Worries about symptoms of menopause" was one of the most important intervening conditions in the process of "moving from uncertainty toward acceptance". In other words, women's fear of the nature and severity of menopausal symptoms could sometimes lead to negative attitudes toward menopause and create fear of its occurrence. The relationship between having a negative attitude toward menopause and fear of the symptoms of menopause was approved in some other studies, including the review study by Hunter and Randall (2007) and a study by Ayranci et al. (2010) on Turkish women [27,34]. A study by George (2002) on women living in Massachusetts, USA [35]; a study by Jamshidi Manesh et al. (2010); and a study by Paran Avar et al. (2014) on Iranian women also showed that hearing bad things about bothersome symptoms of menopause from others leads to the formation of negative attitudes toward menopause in women [6,36].

The final consequence of the process of "moving from uncertainty toward acceptance" was that women "searching to find information about menopause". They found that they do not have enough information

about menopause and felt the need to get information and increase their knowledge. It appears that lack of information and adequate knowledge about menopause exists in other populations, too. As Paran Avar et al. (2014) quoted Walter that the women studied by him were not prepared before dealing with menopause and did not have adequate information on the issue [36]. In a qualitative study by Mitchell et al. (2006), all participants stated that they had no information about menstruation and menopause until the time of their occurrence [37].

The main strength of the study was that we used qualitative approach to explore the experiences of women with encountering menopause, which has been addressed in a small number of studies in Iran. However we faced some limitations. Although we did choose maximum variation strategy to select participants but the findings cannot be generalized to all Iranian women. We suggest that in the future studies this issue be investigated in other regions of Iran and also some interviews be conducted with husbands to reach new insights, because the husband is the closest person to the woman and he has the strongest interaction with her. It seems that the way of husbands' interactions as well as their attitude and beliefs about menopause could have strong effects on the process of menopausal transition in women.

## Conclusions

The results of this study showed that dealing with menopause forms in five stages of "observing the symptoms of menopause", "challenging aging", "responding to the menopausal symptoms", "understanding the need for preparation" and "assessing the proper time to prepare". Provision of information would lead women holding less negative beliefs about menopause and in that way they would be helped to move from uncertainty towards acceptance.

## Acknowledgements

This paper has been extracted from the first author's Ph.D. thesis in Sexual and Reproductive Health in relation to exploring the process of transition to menopause among Iranian women. The authors would also like to thank Dr. Mozghan Azimi Hashemi for her valuable comments and all participants who shared their private experiences with the researchers.

## Disclosure statement

The authors declare that there is no conflict of interests.

## Funding

Authors acknowledge the financial support of Mashhad University of Medical Sciences [grant No. 922151].

## References

- [1] Pachana NA, Helmes E, Gudgeon S. An Australian fact on ageing quiz. *Australas J Ageing*. 2013;32(2):117–121.
- [2] Guérin E, Goldfield G, Prud'homme D. Trajectories of mood and stress and relationships with protective factors during the transition to menopause: results using latent class growth modeling in a Canadian cohort. *Arch Womens Ment Health*. 2017;20(6):733.
- [3] O'Driscoll R, Mercer J. Women who choose not to have children: a preliminary study. *Psychol Women Sect Rev*. 2015;17:21–30.
- [4] World health statistics 2010. Available from: [http://www.who.int/whosis/whostat/EN\\_WHS10\\_Full.pdf?ua=1](http://www.who.int/whosis/whostat/EN_WHS10_Full.pdf?ua=1)
- [5] Mohammadpour A, Sadeghmoghadam L, Shareinia H, et al. Investigating the role of perception of aging and associated factors in death anxiety among the elderly. *CIA*. 2018;13:405–410.
- [6] Jamshidi Manesh M, Peyrovi H, Jouybary L, et al. Women's perception of menopause. *Qurtery J Sabzevar Univ Med Sci*. 2010;16(4):196–205.
- [7] Okekunle AP, Akpa OM, Akinyele IO. Sociodemographic factors related to quality of life among premenopausal women in Ibadan, Nigeria. *Women Health*. 2015;55(6):646–662.
- [8] Hvas L, Gannik DE. Discourses on menopause—part II: how do women talk about menopause? *Health (London)*. 2008;12(2):177–192.
- [9] Bahri N, Latifnejad Roudsari R, Azimi Hashemi M. Adopting self-sacrifice": how Iranian women cope with the sexual problems during the menopausal transition? An exploratory qualitative study. *J Psychosom Obstet Gynaecol*. 2017;38(3):180–188.
- [10] Murphy MM, Verjee MA, Bener A, et al. The hopeless age? A qualitative exploration of the experience of menopause in Arab women in Qatar. *Climacteric*. 2013;16(5):550–554.
- [11] Richard-Davis G, Wellons M. Racial and ethnic differences in the physiology and clinical symptoms of menopause. *Semin Reprod Med*. 2013;31(5):380–386.
- [12] Hakimi S, Simbar M, Ramezani Tehrani F, et al. Women's perspectives toward menopause: a phenomenological study in Iran. *Women Aging*. 2016;28(1):80–89.
- [13] Pintiaux A, Desreux J, Hendrickx M, et al. Coping with menopausal symptoms: an internet survey of Belgian postmenopausal women. *Maturitas*. 2016;90:24–30.
- [14] Bahri N, Latifnejad Roudsari R, Hashemi MA. Menopause research studies through passage of time: shifting from biomedical to holistic approaches. *Iran J Obstet Gynecol Infertil*. 2015;18(154):19–34.
- [15] Hunter MS, O'Dea I. Perception of future health risks in mid-aged women: estimates with and without behavioral changes and hormone replacement therapy. *Maturitas*. 1999;33(1):37–43.
- [16] Quinn AC. A Theoretical model of the perimenopausal process. *J Nurse Midwifery*. 1991;36(1):25–29.
- [17] Corbin J, Strauss A. *Basics of qualitative research: Techniques and procedures for developing grounded theory*. California: Sage publications; 2014 [access 2017 Jan 5]. Available from: [https://books.google.com/books?hl=en&lr=&id=hZ6kBQAAQBAJ&oi=fnd&pg=PT19&ots=6hS7QtdD\\_4&sig=FlukAIDioel3ea2hJMbAZZKbbs#v=onepage&q&f=false](https://books.google.com/books?hl=en&lr=&id=hZ6kBQAAQBAJ&oi=fnd&pg=PT19&ots=6hS7QtdD_4&sig=FlukAIDioel3ea2hJMbAZZKbbs#v=onepage&q&f=false)
- [18] Strauss AL, Corbin JM. *Basics of qualitative research: techniques and procedures for developing grounded theory*. California: Sage Publications; 1998.
- [19] Guba EG, Lincoln YS. Competing paradigms in qualitative research. In *Handbook of qualitative research*; Thousand Oaks (CA): Sage Publication Inc. 1994. p. 105. [cited 2019 Oct 13]. Available from: <https://pdfs.semanticscholar.org/f4ee/6f7b09f4b1c9943cc36a8aa5a6391e1a92cf.pdf>.
- [20] Sergeant J, Rizq R. Its all part of the big CHANGE': a grounded theory study of women's identity during menopause. *J Psychosom Obstet Gynaecol*. 2017; 38(3):189–201.
- [21] Mackey S, Teo SS, Dramusic V, et al. Knowledge, attitudes, and practices associated with menopause: a multi-ethnic, qualitative study in Singapore. *Health Care Women Int*. 2014;35(5):512–528.
- [22] Jurgenson JR, Jones EK, Haynes E, et al. Exploring Australian aboriginal women's experiences of menopause: a descriptive study. *BMC Womens Health*. 2014;14(1):47.
- [23] Pandey S, Porter M, Bhattacharya S. What women want from women's reproductive health research? A qualitative study. *Health Expect*. 2015;18(6):2606–2615.
- [24] Fritz MA, Speroff L, Taylor HS, et al. *Speroff's clinical gynecologic endocrinology and infertility*. Philadelphia, USA: Lippincott Williams & Wilkins; 2019.
- [25] Hellstrom Y, Persson G, Hallberg IR. Quality of life and symptoms among older people living at home. *J Adv Nurs*. 2004;48(6):584–595.
- [26] Quinn AA. Menopause: plight or passage? *NAACOGS Clin Issu Perinat Womens Health Nurs*. 1991;2(3):304–311.
- [27] Ayranci U, Orsal O, Orsal O, et al. Menopause status and attitudes in a Turkish midlike female population: an epidemiological study. *BMC Womens Health*. 2010;10(1):1.
- [28] Castelo-Branco C, Blumel JE, Araya H, et al. Prevalence of sexual dysfunction in a cohort of middle-aged women: influences of menopause and hormone replacement therapy. *J Obstet Gynaecol*. 2003;23(4):426–430.
- [29] Malik HS. Knowledge and attitude towards menopause and hormone replacement therapy (HRT) among postmenopausal women. *J Pak Med Assoc*. 2008;58(4):164–167.
- [30] Avis NE, McKinlay SM. A longitudinal analysis of women's attitudes toward the menopause: results from the Massachusetts Women's Health Study. *Maturitas*. 1991;13(1):65–79.
- [31] Donati S, Cotichini R, Mosconi P, et al. Menopause: knowledge, attitude and practice among Italian women. *Maturitas*. 2009;63(3):246–252.
- [32] Leon P, Chedraui P, Hidalgo L, et al. Perceptions and attitudes toward the menopause among middle aged women from Guayaquil, Ecuador. *Maturitas*. 2007; 57(3):233–238.

- [33] Hoga L, Rodolpho J, Gonçalves B, et al. Women's experience of menopause: a systematic review of qualitative evidence. *JBI DB Syst Rev Impl Reps*. 2015; 13(8):250–337.
- [34] Hunter M, Rendall M. Bio-psycho-socio-cultural perspectives on menopause. *Baillieres Best Pract Res Clin Obstet Gynaecol*. 2007;21(2):261–274.
- [35] George SA. The menopause experinces: a women's perspective. *J Obstert Gynecol Neonatal Nurs*. 2002;31(1):1–9.
- [36] Parand Avar N, Mosalanejad L, Ramezanli S, et al. Menopause and crisis? Fake or real: comprehensive search to the depth of crisis experienced: a mixed-method study. *Glob J Health Sci*. 2014;6(2): 246–255.
- [37] Mitchell ES, Woods NF, Mariella A. Three stages of the menopausal transition from the Seattle Midlife Women's Health Study: toward a more precise definition. *Menopause*. 2000;7(5):334–349.