

Empowerment and Coping Strategies in Menopause Women: A Review

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Context: Menopause is described as a period of psychological difficulties that changes the lifestyle of women in multiple ways. Menopausal women require more information about their physical and psychosocial needs. Empowerment during the menopause can contribute to improving the perception of this stage and the importance of self-care. It is essential to increase women's awareness and adaptation to menopause, using empowerment programs. The aim of this study was to review the empowerment and coping strategies in menopause women.

Evidence Acquisition: In this review, PubMed, EMBASE, ISI, and Iranian databases were scanned for relevant literature. A comprehensive search was performed, using the combinations of the keywords "empowerment, menopause, coping with" to review relevant literature and higher education journals.

Results: Most interventions for menopause women have focused on educational intervention, physical activity/exercise, healthy diet, stress management, healthy behaviors, preventing certain diseases and osteoporosis. Health education intervention strategy is one of the alternative strategies for improving women's attitudes and coping with menopause symptoms, identified as several of the subcategories of health promotion programs.

Conclusions: Empowerment of menopausal women will guarantee their health during the last third of their life. It will also help them benefit from their final years of reproductive life. The results of the present study can pave the way for future research about women's health promotion and empowerment.

Keywords: Menopause; Empowerment; Coping with.

1. Context

Menopause, also known as change of life, is a normal part of a woman's life. Women, who constitute half of the world population, are currently enjoying a life expectancy of 84.3 years in developed countries (1). Since age at menopause has remained 50-52 years (2), perimenopause, menopause, and postmenopause comprise a half or a third of a woman's life, particularly in developing countries (3). The substantial biological and psychosocial changes occurring in 50 - 85% of women during menopause can cause great stress and disability (2, 4, 5). Women in the climacteric stage require more information about their physical and psychosocial needs. Empowerment during the menopause can contribute to improving the perception about this stage and the importance of self-care (6). Interventions that employ suitable learning methods to increase the awareness of postmenopausal women, improve their adaptation to menopause symptoms, and eventually promote their quality of life (QOL) are of utmost importance, since enhancing QOL is the main goal of health care and health promotion and is, in fact, considered as a criterion in the planning and evaluation of care programs (2, 7). Due to the increasing

population of 45 to 60-year-old women and insufficient research on menopausal women's empowerment techniques, it is essential to increase women's awareness of and adaptation to menopause, by using empowerment programs that fit social and cultural norms in a particular social context. The aim of this study was to review the empowerment and coping strategies in menopause women.

2. Evidence Acquisition

Data of this review were collected from our previous studies and experiences plus various data banks such as PubMed, EMBASE, ISI Web of Science, Scopus, Google Scholar and Iranian databases, including Iran medex and SID. A comprehensive search was performed using the combinations of the keywords "empowerment, menopause, coping with" to review relevant literature and higher education journals. The searches were done by using Boolean operators OR, AND between main phrase and the mentioned keywords were extracted from specific themes of the topic under study. A search strategy was built by applying the advanced search capability of the search engine. Based on this search strategy, only

those articles that had one of the first three keywords, in either the title or abstract, were retrieved. This strategy retrieved 65 articles. The inclusion criteria selected only articles that explicitly dealt with empowerment and coping strategy in menopause women. We also looked at the reference list of the retrieved papers and searched other search engines. A total of 65 articles were found in the primary search. However, after elimination of duplicates or irrelevant papers, only 40 records remained to be reviewed. The rationale for selecting these articles was their popularity among researchers in the field. All published data from 2001 to 2013 have been included in this review.

3. Results

3.1. Menopause

Cessation of menstrual cycles at menopause is accompanied by decreased bone mass, increased risk of cardiovascular diseases, sleep disturbances, and reduced concentration and sexual desire (2). As these biological changes may coincide with considerable psychosocial events, menopause is described as a period of psychological difficulties (8).

With the beginning of the 3rd millennium, menopause attracted the attention of medical and health communities, as a major health problem in multiple countries. Today, postmenopausal women's inability to adapt to the symptoms of menopause is the most common reason for them to attend health care centers (9).

3.2. Coping With the Symptoms of Menopause

Currently, the women's inability to cope with the symptoms of menopause, especially vasomotor, is the most common cause of referral to health centers. Menopausal problems, including psychosocial aspects, can affect women's life (2). Several cases of menopause symptoms are so severe that interfere with their daily life and negatively affect their QOL. However, fear of side effects of hormone therapy, increased risk of breast cancer, its negative possible impact on prevention of cardiovascular diseases, as well as indirect relation between the drop in ovarian hormones and menopause symptoms, the effects of sociocultural and psychological factors on menopausal signs and menopausal body image issues may increase females' willingness to use alternative strategies (3, 10). Several studies have developed educational strategies to prevent osteoporosis or to improve healthy diet and physical activity in menopausal women, demonstrating the feasibility and effectiveness of moderate physical activity, which in turn improves muscle strength, blood pressure, bone density and health-related QOL. Other studies that examined the impact of information on healthy behaviors and stress management during the climacteric stage have reported the favorable effect of education groups on the women's knowledge, increase of healthy habits and sexual interest (6). Among the various

attempts to improve women's QOL, the empowerment of women, which is usually applied through community-based interventions, can enhance their self-confidence, ability to achieve goals, sense of control over life and processes of change, and hope for the future (11). Menopause changes the lifestyle of patients in multiple ways and impacts physical, emotional, social and financial QOL (12). When dealing with menopause, lack of awareness and access to appropriate knowledge is a major challenge that can be augmented by the provision of contradictory information (13).

3.3. Menopausal Women Empowering

Middle-aged women are vulnerable to physiologic, psychosocial, and economic factors. In addition, factors such as their understanding of health problems, and access to health care, social factors (education, employment, and marital status), and cultural and economic factors affect women's health, and are important in planning their health program. On the other hand, several of the chronic diseases, such as hypertension, arthritis, heart disease, and diabetes, occur in the middle-aged women (14). Therefore, women must be empowered to take decisions concerning their health. Empowerment is a person's right, along with which comes the responsibility of seeking education and support, utilizing available health care resources, and practicing active self-care of oneself (15). Most interventions for menopause women have focused on: educational intervention, physical activity/exercise, improving a healthy diet, stress management, healthy behaviors, preventing certain diseases and osteoporosis.

Research has revealed that postmenopausal women living in rural areas of Iran have more negative attitudes towards menopause than their urban counterparts. Cross-cultural studies have also confirmed the impacts of social and cultural factors on menopause symptoms (4). In other words, consistency between a person's psychological and physical changes and social conditions, personal values, and the belief in health systems can reduce the severity of menopause symptoms (16). By accepting menopause, women become more physically and mentally prepared to confront changes of this period and will seek ways to lessen the severity of its disturbing symptoms. Therefore, in order to help women better understand and adapt to the inevitable challenges during menopause, training methods applied in this field, besides having to be tailored to the individual needs and characteristics and sociocultural context of the participants (17), must also be comprehensible and diverse to facilitate women's adjustment to their work and living environment (18). Various training methods may be selected under different circumstances and according to the goals, motivations, individual characteristics, and available facilities, time, equipment (19). During group discussions about experiences of menopause in Japan, women emphasized on the need for information

provision (83% of women sought for information about menopause symptoms and adaptation strategies) (20). A survey in Iran showed that menopausal women preferred to receive training through various techniques including lectures, support group, and individual training (21).

3.3.1. Health Education Intervention

Health education intervention strategy is one of the alternative strategies (7) for improving women's attitudes and coping with menopause symptoms (8), identified as one of the subcategories of health promotion programs (10). In a group discussion considering postmenopausal women's opinion about application of instructional methods, 83% of participants were demanding information about menopause and strategies to deal with it through educational methods. There was significant relationship between severity of menopausal symptoms and decreasing level of QOL, too (20). Therefore, the first and most important step in designing successful interventions is to collect the required information about the issue and to increase women's awareness via learning methods relevant to social norms and context. Understanding the physical, psychosocial, and lifestyle changes that arise following menopause is a way to acclimate to this physiological event (3). Rotem et al. suggested that giving updated and efficient information to postmenopausal women can improve their adaptation and power to accept menopause (2). Information provision through training programs pertinent to the needs of different groups will increase postmenopausal women's awareness and understanding of this period and its associated physical, mental, and sexual issues and can consequently improve their QOL (22). The symptoms of menopause vary across cultures. This should be understood by health providers, who should strive for cultural competence, especially when dealing with multiethnic patient populations (23).

Comparison between the experiences of western and eastern women showed that eastern women regarded menopause as a natural process of life, i.e. they had a more positive, more optimistic approach toward menopause compared to western women (24). Moreover, women who resist accepting menopause experience more menopause symptoms (8). The model designed by Foxy Yang to measure women's attitudes toward menopause revealed that women with a positive attitude toward menopause encountered significantly fewer problems than those with a negative attitude (25). More precisely speaking, negative attitude toward menopause decreases women's QOL. Hence, improving postmenopausal women's QOL requires interventions to promote physical and mental health while focusing on sociocultural conditions (26).

3.3.2. Self-Management Learning

Influencing health education policy to promote health

and adopt a menopause lifestyle requires alternative strategies, including health training programs with community-based interventions (10). Numerous interventions, e.g. health education interventions, have been suggested to improve health and QOL in postmenopausal women (2). Learning and awareness can be achieved by using a variety of methods, such as self-reliance, social impact, group reinforcement, and increased participation in structured activities (27). Self-managed learning (28) and support group have been introduced as effective, affordable, and practical learning methods in this regard (21). Self-managed learning is a dynamic and responsibility-based method to improve the health of postmenopausal women by believing in humans' natural tendency to learn. In this method, fewer classes are held, since the learners are motivated to learn due to their own inner needs (29, 30). Therefore, the learner controls her learning process without class participation (19). Educational packages are generally used as a practical self-managed learning technique. It provides the subjects with educational material in the form of manuals, booklets, or packets, based on their educational needs. The materials are prepared in accordance with the preset objectives and delivered at specific intervals (31).

3.3.3. Support Group

Another efficient method called support group assists groups in objective-based decision-making by creating positive and constructive relationships between them. It also modifies the attitudes and beliefs of the participants, expands their knowledge, and promotes their critical thinking and verbal skills (32, 33). Rotem et al. found that support group training programs have significant effects on accepting physical, psychological, and social changes induced by menopause (2). A support group is an efficient tool in QOL research due to mutual exchange of experiences, promotion of critical thinking and verbal skills (33).

3.4. Complementary and Alternative Medicines

Complementary and alternative medicines (CAM) may have the potential to provide relief from menopausal symptoms and promote long-term wellbeing in menopausal women. The efficacy of black cohosh and phytoestrogens in reducing hot flashes has been assessed in clinical trials. In the one conducted by Gollschewski et al. empowerment was an important issue, and the authors highlight the importance of empowerment in adjusting to the physiological and psychological changes accompanying menopause (34). In a study involving 82 American women, CAM was used to reduce menopausal symptoms and as a preventative measure for long-term health. Herbal preparations, vitamin supplements, healthy living and mental healing were mentioned as possible alternatives for managing symptoms (35, 36).

4. Conclusions

The key to solve it is to foster women's awareness of learning strategies in accordance with social norms and contexts (37). Since women are the basis of family care, the empowerment of postmenopausal women will guarantee their health during over one third of their life. It will also help them benefit from their final years of reproductive life (2, 38). Therefore, the application of various methods, including the establishment of social support networks, is warranted to enhance postmenopausal women's behaviors in different aspects. Accordingly, along with the empowerment-based education, other empowerment models and adaptation techniques are recommended during menopause (10, 39). On the other hand, considering the influential role of social support in improving the QOL in postmenopausal women, participation of other family members, especially spouses, in physical and mental health promotion programs, can contribute to a greater improvement of women's QOL. The results of the present study can pave the way for future research about women's health promotion and empowerment.

4.1. Strong Points of Our Study

Due to no awareness of health care providers about empowerment techniques, the empowerment of postmenopausal women will guarantee their health during over one third of their life.

4.2. Weak Points of Our Study

Limitation of access to journals and articles due to international problems.

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Authors' Contributions

Mansoureh Yazdkhasti: Designed the study, performed the literature review and preparation of the manuscript, Fatemeh Abdi: Management of the study, writing the paper, designing the search strategy and literature review. Masoumeh Simbar: Participated in the design of the search strategy and literature review. All of the authors had the same contribution in various process performed in this project.

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