



Formation of Diverse Meanings of Menopause: An Integrative Literature Review

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Abstract

Objectives: To identify the diverse meanings of menopause in various contextual settings and to be mindful of how these meanings are formed.

Methods: An integrative review was performed to analyze the existing literature on the meanings of menopause. Whittemore and Knaf's five-step process was followed. Literature published between 2005 to 2022 was reviewed. Medline, CINAHL Scopus, Nursing Reference Center Plus, and Google Scholar databases were searched. The PRISMA flow diagram was used to illustrate the review process. For the quality appraisal of the articles, the Critical Appraisals Skills Programme (CASP) checklists were used depending on the study design. Qualitative, quantitative, mixed method, and systematic review articles were included. A data extraction form was designed encompassing author, year, methods, context, setting sample, country, related theme. For each study, findings were coded inductively, and codes were reviewed for their commonalities and differences. Key contributing pieces relating to meanings of menopause were grouped into themes.

Results: A total of 65 studies were analyzed for this review. Different menopause meanings and their contributing pieces were identified. The five main categorized themes were bio-physiological, socio-cultural, sexual, psychological, and spiritual meanings and contributing factors.

Conclusions: Although meanings of menopause among women can differ, the contributing pieces for meanings of menopause are common across countries. It is significant to consider a holistic care approach to support women achieve their optimal health. This study proposes additional sexual piece for holistic care model as it was identified a major theme and concern among menopausal women.

Keywords: Attitude, Integrative Review, Meanings, Menopause

Introduction

The global population of menopausal and postmenopausal women is expected to grow to 1.2 billion by 2030 (1,2). Due to increasing life expectancy, the postmenopausal period is anticipated to take about one third of a woman's life (3,4). Natural menopause normally occurs between the ages of 45 and 54 and is recognized when amenorrhea lasts for one year without any pathological cause (5,6). Menopause is considered a hormone deficiency event that happens due to loss of ovarian function (7). This perspective, medicalizes menopause as a biological hormone deficiency event, needing hormone replacement therapy (HRT) as a treatment (8,9). The current physiological definition of menopause does not embrace the big picture as this definition excludes many aspects of women's menopause experiences. This is while the interaction between biology and society has been emphasized when exploring menopause-related topics (9,10). Health status, genetics, diet, attitude, and cultural beliefs as well as the applicability of HRT for symptom management were reported as some factors influencing

how differently women experience menopause (11-13). Ambiguity exists in terms of the meaning of menopause among women because menopause transition can be a unique experience. Hence, there is a need to gain a comprehensive understanding of menopause based on women's health needs and what menopause means to them. In addition, the meanings of menopause can be very different from negative to neutral to positive (14-17). Therefore, negative and/or positive feelings are significant contributing factors to the meaning of menopause. By bringing meanings to menopause, women do not only define it for themselves, but after embracing this meaning, decide on what actions they should take that encompass the actual menopause experience. (18). In other words, the meanings of menopause coincide with the diversity of menopausal experiences, attitudes, and perspectives. Current health care given to menopausal women is dominantly based on the current menopausal meaning and, thus, is restricted to physiological changes. This is while some studies suggest taking a holistic approach when planning for the care of menopausal women (19,20).

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Key Messages

- ▶ During menopause transition, changes in production of estrogen and progesterone hormones affect different parts of body functioning and produce different symptoms.
- ▶ Meanings of menopause can be very different among women ranging from negative to positive. Severity of menopause symptom experiences affects the meanings of menopause.
- ▶ The current physiological definition of menopause does not embrace the whole picture of it as this definition excludes many aspects of women's menopause experiences.
- ▶ The bio-physiological, socio-cultural, sexual, psychological, and spiritual contributing pieces of natural menopause interlink with each other adding meaning to the word, menopause.
- ▶ All contributing pieces of menopause are critical and should be considered while providing holistic care for menopausal women. If one contributing piece is missing care remains incomplete and will not reach its potential.
- ▶ The holistic care model categorizes sexual aspects of menopausal life changes under different headings and not as its own theme. This study proposes a separate sexual piece not as a subcategory, but as its own theme to be added to the holistic care model.

According to the American Holistic Nurses Association (AHNA), holistic nursing holds every nursing practice that advances healing the whole person during the life span (21). The holistic approach considers the physical, psychological, and social needs of menopausal women (22,23).

The purpose of this integrative review was to summarize research illustrating the influential factors related to meanings of menopause in a variety of contextual settings to better understand how the meanings of menopause are formed. The following questions were addressed: How are meanings of menopause made and defined across a variety of contextual settings? What are the internal and external factors contributing to the meanings of menopause?

Methods

This systematic integrative review pursued Whittemore and Knaf's five-step process via articulation of the problem, literature search, data evaluation, data analysis, and data synthesis to achieve a comprehensive understanding of the topic (24).

Search Strategy

Literature published from 2005 to 2022 was reviewed. Medline, CINAHL Scopus, Nursing Reference Center Plus, and Google Scholar databases were searched to find the relevant literature by combining the following key words: (meaning OR definition OR description) AND (menopause OR menopausal OR post-menopause) AND (attitudes OR perceptions OR opinions OR thoughts OR feelings OR beliefs). The search utilized 'Apply related

words,' 'Search within the full text of the articles' and 'Apply equivalent subjects.' In addition, forward and backward searching the reference lists and citations of the articles was performed (24). The terms aging, midlife, transitional period, cessation of menstruation, and permanent amenorrhea were used to increase the number of related articles.

To be included studies had to 1) be written in English, 2) be primary studies of how menopausal women explained their menopause experiences and meanings including positive and negative attitudes, 3) include subjects from a variety of contextual settings and different countries of origin, and 4) indicate influential factors on women's menopausal experiences. Premenopause, and premature or surgical menopause were excluded. After reading the full-texts, four additional exclusion criteria were formulated: 1) if authors only used men's or health care professionals' perceptions 2) if the word menopause was only mentioned in the title or abstract, and not in the full-text, 3) if authors included participants under 40 years old, and 4) if the focus of the article was coping strategies.

Screening and Selection Process

All articles retrieved from the databases were exported into the Mendeley reference manager. Once duplicates were removed articles were selected based on a two-level screening process: 1) all titles and abstracts were double screened by NSh and were classified as "include," "exclude," or "unclear." 2) A consensus meeting was held with MAS to discuss the final set of articles to include.

Critical Appraisal

For the quality appraisal of the articles, the Critical Appraisals Skills Programme (CASP) checklists were used depending on the study design (25). NSh independently appraised the studies, and discussed the assessments with NR, CSP, and MAS. A total of 65 eligible articles were used for the integrative analysis. The PRISMA flow diagram was applied to illustrate the review process (Figure 1) (26).

Data Extraction and Synthesis

A data extraction form was created based on study characteristics (e.g. author, year, methods, context, setting sample, country, related theme).

Considering the main findings, various factors affecting menopause experience and meaning were first extracted and then summarized. Then common meanings and central issues for each study were considered, data were reduced and then findings were coded inductively. All codes were listed and reviewed for their commonalities and differences. Key contributing pieces of menopausal meanings that presented in different studies were grouped into themes. One study could consist of several different themes. Themes derived from synthesis of common codes were then visualized by drawing a conceptual mind map (24).

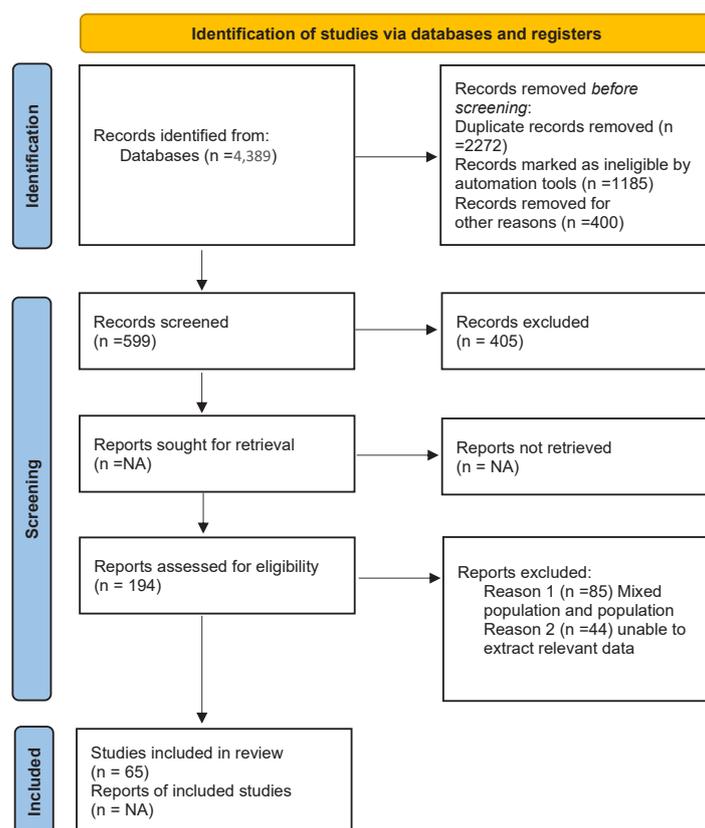


Figure 1. Flowchart of the Study.

Results

A total of 65 studies meeting the criteria were selected: 25 non-experimental quantitative studies and 25 qualitative studies, 12 different types of literature review, and three mixed-methods studies (Table 1). In this literature review, different menopause meanings and their contributing pieces were categorized into five main themes, including mainly bio-physiological, socio-cultural, sexual, psychological, and spiritual.

Bio-physiological

Bio-physiological was the most focused contributing piece linked to meanings of menopause in the literature. The bio-physiological piece included biological, hormonal, menstrual and physical experiences related to estrogen and progesterone deficiency. During menopause, women can experience variety of symptoms due to lack of estrogen and progesterone hormones. Combination and frequency of these symptoms lead to a unique understanding of menopause that produce meanings on a scale anywhere from negative to positive for individuals. The Bio-physiological piece included women's race and was affected by geographical region. The Biophysiological theme included two subthemes: (a) hormonal changes and cessation of menstruation, and (b) physical experiences.

Hormonal Changes and Cessation of Menstruation

Meanings of menopause were related to and affected

by the meanings of menstruation, having or losing hormones, and fertility. For example, menopause meant a physiological condition, end of menses, and loss of reproductive function for Italian women (87). Cessation of menstruation and hormone related bodily changes caused menopause to mean a new phase of life for women in Sri Lanka (7). For some Turkish and Iranian women menopause meant cleanliness or the end of unclean days (29,32,89). This meaning was impacted by some women's religious beliefs that considered blood from menstruation unclean (32,89). Among some Jordanian and Iranian women, menopause meant feeling free from unwanted pregnancy, sexual freedom and feeling of cleanliness (56,62). Similarly, for some women in United Kingdom, menopause coincided with liberation from reproductive and pregnancy concerns and a new beginning due to decreased workload and children leaving home (36). In a study in Turkey, menopause was perceived negatively as "the end of youth" and "the end of fecundity" (32). While losing menstrual and reproductive functions could negatively mean fertility loss in some women (30,62), it could positively mean menstruation relief, especially among those who had a history of heavy bleeding or dysmenorrhea (55,67,76,88). Menopause did not indicate an infertility in some women because reproduction could actively be avoided many years before the menopause (38). In a study in the United Kingdom, fertility was a source of power, and therefore, loss of fecundity was grieved

Table 1. Summary of Reviewed Studies for the Meanings of Menopause with Key Study Findings

Method	Context/Setting/Sample	Country	Theme	References
Quantitative	500 women aged 41-65	Hospitals in Basra Southern Iraq	Biophysiological	(27)
Quantitative	345 women 45-55 years	Ferrara, Italy	Sexual, Socio-cultural	(28)
Quantitative	382 women aged 40-64	10 Family Health Centers serve Malatya province center, Turkey	Biophysiological, psychological	(29)
Qualitative	15 women, 47 and 58 years	Chilean	Bio-physiological, sociocultural	(30)
Quantitative	n = 2718 women aged between 42 and 52	US	Bio-physiological	(31)
Quantitative	1551 women 40-65 years	Turkey	Bio-physiological, Socio-cultural	(32)
A narrative review			Socio-cultural, Psychological	(33)
Qualitative,	27 between 42 and 55 years	Schools; health centers, hospitals and public places e.g. sport clubs living in Mashhad and Gonabad, North East of Iran	Biophysiological, psychological	(34)
Quantitative	148 women with mean age 55.3 + 5.2	Bangkok, Thailand	Bio-physiological	(35)
Qualitative	48 women aged 49 to 56 years	United Kingdom	Psychological, Spiritual, Social, Sexual	(36)
Qualitative	61 women aged 38 to 60	Midwestern USA	Socio-cultural	(37)
Qualitative	45 middle-class, heterosexual, menopausal women aged 38 to 60	Midwestern state, USA	Bio-physiological, sexual	(38)
Qualitative	146 participants including professionals, women diagnosed with hypoactive sexual desire disorder and ordinary people,	Italy	Bio-physiological	(39)
Quantitative	317 women 40-60 years	Turkey	Sexual	(40)
Qualitative	35 Palestinian women aged 40-55	Occupied Palestinian Territory	Socio-cultural	(41)
Literature review a systematic review			Sexual	(42)
Literature systematic review of qualitative evidence			Bio-physiological, Sexual, Socio-cultural, Spiritual	(43)
Literature review			Sexual	(44)
Qualitative	24 women aged 52–53-year	All over Denmark	Psychological	(45)
Qualitative	20 women of 46–55 years of age	Western province of Sri Lanka	Biophysiological, spiritual	(7)
Qualitative	20 Black women 40-58 years,	USA	Socio-cultural	(46)
Qualitative	27 mean age 50,0 Hispanic women	USA	Socio-cultural	(47)
Quantitative, cross-sectional	1054 women aged 40 to 60 (316 non-Hispanic [NH] Whites 255 Hispanics, 250 NH African Americans, and 233 NH Asians)	National internet surveys	Biophysiological	(48)
Qualitative	20 women 49-61 years old	Kuantan, Pahang, Malaysia	Sexual, spiritual, bio-physiological	(49)
Systematic literature review			Socio-cultural	(12)
Quantitative	208 women with average age 48.7 ± 2.3	Northern India	Socio-cultural	(50)
Qualitative	Nine married women aged 45-55	Indonesia	Spiritual	(51)
Literature review			Bio-physiological	(52)
Qualitative	52 women with average age at menopause 47.6		Bio-physiological	(53)
Quantitative	349 women with mean age 48 ± 6.8 years	Ecuador	Bio-physiological	(54)
Qualitative,	20 women 44-59 years, 19 Swedish women and one Asian	Sweden	Bio-physiological, psychological	(55)
Qualitative	25 Jordanian women aged 40-55 years	Jordan	Socio-cultural	(56)

Table 1. Continued

Method	Context/Setting/Sample	Country	Theme	References
Qualitative	18 women aged 45-60 years	Tshwane district, South Africa	Bio-physiological, Socio-cultural	(57)
Systematic review and meta-analysis of observational studies			Sexual	(58)
Literature review			Socio-cultural	(59)
Quantitative	200 women 40-65 years	Iran	Sexual	(60)
Quantitative	1525 British women of 48 to 54 years	United Kingdom	Psychological	(61)
Qualitative	17 Iranian women 40-65 years	Iran	Sexual, bio-physiological	(62)
Literature review			Bio-physiological, sexual, socio-cultural, psychological	(63)
Mixed method	300 women 44-54 years	Iran	Psychological	(64)
Qualitative	41 women age 40-60	Qatar	Socio-cultural, spiritual	(65)
Quantitative	500 women aged 40-60	Erbil city, north of Iraq	Bio-physiological	(66)
Quantitative	200 women 40-56 years	South Karnataka India	Biophysiological, psychological, sexual	(67)
Quantitative	3,460 women aged 40 to 65 years		Bio-physiological	(68)
Quantitative	300 postmenopausal women, aged 45 to 65 years old	Attendees to health care centers Tehran. Iran	Psychological, biophysiological	(69)
Quantitative,	300 women aged 45 to 55	Lebanon, Morocco, Spain, and USA	Socio-cultural	(70)
Qualitative		Nigeria	Sexual	(71)
Quantitative,	300 married female teachers aged 40-50	Nigeria	Bio-physiological	(72)
Quantitative	710 women 42 and 60 years	Portugal	Spiritual	(73)
Literature review			Bio-physiological	(74)
Literature review			Sexual	(75)
Mixed-methods	Survey with 270 women, qualitative with 12 women aged 45 to 61	United Kingdom,	Bio-physiological	(76)
Qualitative	178 women older than 40 years, mean 57.2±1.2	Nigeria	Socio-cultural, Spiritual	(77)
Qualitative study	20 women 40-60 years	Matale, Sri Lanka	Bio-physiological, Socio-cultural, Psychological	(78)
Qualitative	11 women 46-56 years	United Kingdom	Biopsychosociocultural	(79)
Mixed method		China	Sociocultural	(80)
Quantitative	70 Emirati women aged 40 to 64 years	Emirate, Dubai from five primary health care centers	Biophysiological	(81)
Quantitative	1744 women between age 40 and 65 years	USA/ women's health clinic at Mayo clinic	Psychological	(82)
Qualitative	21 women	Edinburgh, UK	Sociocultural	(83)
Quantitative	218 women aged 45-70 years members of the Church of Jesus Christ of Latter Day	Saints Utah, USA	Spiritual	(84)
Quantitative	106 women aged 40-60	Bangladesh	Bio-physiological, socio-cultural	(85)
Critical review			Sexual	(86)
Quantitative	1028 women (aged 45-65 years)	Italy	Physiological	(87)
Quantitative,	300 women with the mean age 53.61 ± 6.43	Turkey	Bio-physiological	(88)
Qualitative,	30 postmenopausal women	Iran	Bio-physiological, psychological, sociocultural,	(89)

(76). Several studies reported that negative meanings and attitudes related to the cessation of menstruation were related to the idea that menses were a sign of youth and that menopause was linked with aging (30,32,34,55,76,90-92). In a study in Ecuador, many women would feel younger if menses were returned (54). In addition, menopause meant a positive reproductive aging event when placed within the context of previous reproductive experiences (38). In some Indian women, loss of female hormones meant loss of feminine character due to end of reproductivity (53). Additionally, menopause was a natural process in some women because complaints regarding menopausal vasomotor and psychological symptoms were not considered as problems requiring a search for treatment (66,85). Also, in a qualitative systematic review, menopause meant natural and normal event of aging, change, part of life cycle, unavoidable and transitional event, phase, biological change, part of being female, and last chance for pregnancy and motherhood (43).

Physical Experiences

Some of the physical experiences women experience were seen as typical menopausal symptoms such as hot flashes and sweating, sleep disturbances, urogenital dryness and heart palpitations (55,78). The Majority of women from Europe, United states, and Japan reported moderate to severe vasomotor symptoms (68). Hot flash was the most common symptom among some Iraqi women followed by back and joint pain (27). Women in the United Kingdom experienced changes in their bodies such as skin and vaginal dryness, weight gain around waist, hot flashes, tiredness and physical pain (79). These women felt less confident about their physique. However, some of the physical experiences referred to aging (92). Malay women referred to menopause as the beginning of growing old and a health deterioration phase (49). Muscle and joint pains were experienced as the most common and severe menopausal symptom in some women (35,67,81). Menopause was a pathologic event which required treatment among this population (35). Joint stiffness, general feelings of bodily pain, and less physical capacity decreased the professional and leisure time activities for these women (55). For rural menopausal women in Bangladeshi, common problems were weakness, vertigo, and general body pain (85). Fatigue was the most common symptom among women from Iraq which caused a negative attitude towards menopause (66,85). Similarly, about 75 percent of women in the US, Europe, and Japan reported feeling tired as the most common menopausal symptom (68), and weight gain as the most bothersome symptom (68). In a study in South Africa, general pain was the most common menopause symptom and was believed to be caused by blood accumulating in the body not lost through menses (57). In addition, accumulation of the blood in the body after cessation of menstruation was linked to diseases that could occur in

body (57). Also, skin pigmentation and weight gain were blamed on hormones and retention of blood in the body (57). Changes in body shape can happen due to increase in waist circumference which was addressed as menopause-dependent redistribution of body fat (52,63). Moreover, menopausal transition was related to decreased lean muscle mass (52). Menopause and aging were linked together in some studies (76). Menopause meant an inevitable step and an important and natural milestone among some women (76). Women's concerns about changes in physical appearance included changes to body shape, wrinkles, and grey hair (76). Among these women, menopause meant loss of attractiveness due to physical changes and was affected by how others, especially men, would look at them (76). Menopause was a sense of physical insecurity due to feeling less beautiful (39). Some women who viewed aging positively as a natural process, could accept physical changes easier than those who viewed aging negatively. Women with negative views towards aging sought ways to resist it (34). Coloring hair and controlling weight were some strategies in response to body changes (79). In some women, menopausal symptoms, mainly physical changes due to ageing and the consciousness of the loss of fertility, could modify self-image (39). One study showed that for 83% of Nigerian women menopause meant an unpleasant event, and 91% of women believed that at menopause women need to visit a physician due to temporary discomforts (72). Moreover; menopause is known as the onset of several diseases relating to estrogen deficiency (67,74). Several health complaints including osteoporosis, coronary heart disease and a decreased quality of life are linked with menopause (74,75).

Sexual Contributing Piece

In the literature several studies documented that women's sexual function decreases after menopause (28,40,58,71). The reasons for reduced sexual function are complicated. Many studies reported sexual problems for menopausal women such as reduced sex frequency, decreased libido, dyspareunia, and feeling forced to have sex (42,44,75,93,94). There is a debate whether reduction in sexual function is due to ageing or menopausal changes in hormone levels. Some studies have demonstrated that decline in sexual activity is related to aging (60). However; some others have considered menopause as the responsible variable for the reduction of the sexual function due to reduced sexual desire (63).

Menopausal women's sexual function is affected by menstrual cessation and infertility. The extent of sexual life satisfaction among menopausal women is different (86). For some menopausal women, menopause positively meant having a better sexual life because they were not worried about pregnancy and birth control (38,49). Also, sex in midlife was more pleasurable due to becoming more experienced and reduced shame in the relationship (62). However, sexual life was not satisfactory or ended

in some other women causing menopause to mean end of sex life (36,67). These women were in a state of grief due to loss of hormones (36). Bad sexual life was reported due to unpleasant sexual experiences such as vaginal dryness, pain during sexual intercourse, and decreased libido. Some women felt menopause rendered them asexual or perceived as non-sexual by others. (43,62). Menopause with the meaning of loss of sexual desire was a reason for concealment of menopause from women's spouses (62). Rejection of sex due to decreased sexual desire in some menopausal women caused sexual discrepancies between some couples that caused a sense of guilt among menopausal women. Sexual disharmony can lead to divorce. (43). Experiencing dyspareunia had a negative influence on sexual intimacy and satisfaction. Loss of sexual intimacy with a partner was associated with a reduced self-esteem and altered well-being after menopause. However, women in long-term relationship had a positive outlook about their sex life. (63).

Social Contributing Piece

Menopause, like other life events, occurs within the context of society. As shown above, several studies indicate that socio-cultural factors affect women's menopause experiences and meanings (36,43,85).

Menopause causes changes in women's social lives (63). Menopausal women may face changes in their social roles such as mother role, partner role, family role, and community role (30,33,36). Empty nest syndrome was used to show psycho-social changes that take place in menopausal women (33). Empty-nest syndrome—one of the family changes that can happen for women when their children leave home, sometimes coincides with, and can be amplified by menopause. (33). In an epidemiological study in Turkey, around one third of the women believed that divorce could rise during menopause (32). Social roles affected menopausal symptom experiences. For example, working status affected the symptom experiences among Indian women in a way that working women suffered more from psychological problems while non-working women experienced more somatic symptoms (50,85). One study showed menopausal women either hid, endured, learned to live with, or reluctantly accepted the influence of symptoms while at work (83). Perceptions of others on their appearance at work was important to menopausal women (83).

Culture affected the severity of the menopausal symptom experiences (59). Asian women, and non-Hispanic Asian women in the US experienced less somatic and psychological symptoms compared to western counterparts (48,85). Similarly, Mayan Indian women from Mexico reported no menopausal symptoms. Thus, the only way of understanding their menopause was cessation of their menses (12). Mayan women experienced very strict restrictions regarding activity and food taboos during menstruating periods. Consequently, menopause

provided more freedom and was positively accepted by menopausal women (12). For Native American Indians the menopausal transition was a neutral or positive experience because their communities view post-menopausal women as women of wisdom (12). Similarly, for Black women in the US, menopause meant aging, maturing, increased wisdom, and more love for themselves. Since older women were usually respected and honored in their culture, bodily changes associated with aging such as grey hair and weight gain were not significant concerns for them (46).

Among some Asian and African cultures, talking about menopause and its related symptoms in public, and sometimes in private, were considered taboo (43,57). Similarly, among some Hispanic women in the US, menopause meant being silent because it was considered a female issue, and a private issue not to be shared even with their mothers (47). However, some African older menopausal women positively considered natural menopause as normal aging and could talk about it without embarrassment (57). Menopause meant a desirable event among rural women of India due to freedom from cultural obligations on younger women, the burden of childbirth, and menstruation discomforts (85). Cultural meanings about menstruation affected the meanings of menopause. A study among Nigerian women revealed menstruation was the only way for cleaning dirt from women's bodies which added to the importance of having monthly periods among these women (77). Menstruation with the meaning of healthiness and youth could cause menopausal women to welcome abnormal bleeding and fail to perform necessary medical care (77).

The language and the related terms used for menopause varied among various cultures. Literature showed there was no equivalent word for menopause among Native Americans and no word for hot flash among Japanese (12,70). For some African American women menopause was unpleasant, not easy and worrisome, and hot flashes were considered private summers (37). The medicalized language used in the western world for menopause was reproductive failure or ovarian failure which points towards a disease state (12). The word used for menopause among many Arabic countries was *sinn al yas* which means desperate age or hopeless age with a pessimistic outlook (12,65). Arab women in Qatar, Jordan, and Bahrain criticized the phrase *sinn al yas* (age of despair or hopeless age) as they believed it is not appropriate for menopause (41,56,65). For Jordanian women menopause meant a life transition and a the age of hope rather than the age of despair (56). A study of among Palestinian-Arab women found that women gained more power in midlife compared to younger women (41). Among Chinese women the applied language divides menopause into two overlapping concepts of *juejing* or end of menstruation and non-gender specific *gengnianqi* or "transition between middle and old age." (80)

For women in Qatar menopause meant a period of

maturity and wisdom and an aging stage of life. For these women experience of menopause was affected by their religion. Postmenopausal women could become more socially active than before because they could participate in religious activities that they were not able to attend previously during menses (65).

Menopause experience also relied on the husband's level of support (65). Men could either provide emotional support for women or be a source of fear due to possibility of leaving them to marry a younger woman. This could cause insecurities about aging and preserving beauty and caused some women to hide their menopause from their husbands (65). Concealing menopause was a strategy for some women in the UK because they could continue their lives without worrying about negative stereotypes related to older women (79) or feeling ashamed as menopause was a sign of being old (36). In Nigeria, 98 percent of women had concerns about their husbands' feelings about them after menopause (72). Among Hispanic women in the US, menopause meant change of life (*Cambio de vida*), and living for themselves with little regard to what others would say (47). This could be a sense of adulthood and independence. In addition, menopause among some Hispanic women in the US meant as the word says, or to take a pause from men and socialize with women (47). In a study in Nigeria, women used several phrases to explain the meaning of menopause such as *Kolelo agbala moo*, which meant woman cannot go to the toilet anymore, *Alejo reetilo*, which meant her visitor was gone, *Asiko re ti to*, with the meaning of her time is up, and *o tidi okunrin*, meaning that she is now a male (77). Among this population, while menopause meant a disease for some women, it was caused by witchcraft or sorcery among other women (77). A social consequence of menopause as a disease could be divorce or husband's leaving for another wife, which could be due to fear of getting the disease through sexual intercourse (77). In contrast, cultural meanings of old age were aligned with more respect towards older women, wisdom, and gift of God (77).

Psychological Contributing Piece

Some psychological problems including anxiety, depression, and cognitive disturbances were related to menopause (61). Some emotional and physical states experienced by menopausal women were; feeling tired, clean, angry, intolerant, and happy (29). Other psychological experiences encompassed emotional instability (78), feelings of sadness and emptiness, and feeling depressed (55). In contrast, some positive psychological experiences were feeling braver with increased self-confidence (55). Empty nest syndrome was considered a significant risk factor of depression among some women (33). Although among some women menopause was a natural process which one does not need to worry about (55), it was a source for concern when it was linked to aging (34,79). Some negative emotions towards aging were shared

by expressions such as "hanging off a cliff," a desire to "stay young and beautiful" and "avoiding the unpleasant sensations of aging" (34). Some women experienced uncertainty about menopause transition because their bodies were less under their control. These women felt less confident because of their unstable bodies (34,79). Some women in the United Kingdom experienced a discrepancy between their bodies and their sense of self. These women were fearful to be seen as a frumpy menopausal woman. Therefore, menopause meant becoming invisible to these women (79). Menopause was a threat to some Iranian women's feminine identity due to the risk of infertility, fear of change, and lack of support. Menopause meant a change in self-awareness and self-image in these women. (89). Some Indian women felt menopausal women are no longer real women and postmenopausal women lose purpose in life (67).

Menopause meant developing wisdom (79,89) and a sense of growth from motherhood among some women in the United Kingdom (79). One study showed growing older had some positive aspects related to psychological and existential nature of becoming older. Positive aspects of growing older in these women included becoming more experienced and competent, obtaining more freedom, holding on to their opinions and speaking their minds (45). However, menopause can be negatively understood as a period where women experience worries about their life and aging (55). In some Iranian women, negative body image was linked to severe menopausal symptoms, and improving them led to a more positive body image (69).

Some women concealed menopause to avoid becoming a target of negative narratives linked to becoming an older woman. Managing menopause was a challenge among these women because they were hiding an important part of their lives (79). Some of these women felt they were not heard and were under pressure to meet the family and work roles expectations. Therefore, they were 'just getting on with it' applying their own ways.

Menopause was distressing while experiencing severe symptoms and feeling out of control (36,79,82). Some studies emphasized the potential role of mindfulness in alleviating menopausal symptoms, especially among women with higher stress levels (82). In addition, the way menopause is experienced has been associated with women's self-esteem in a way that women with higher self-esteem experienced fewer menopausal symptoms (36). Among some women life changes and menopausal imagery were more distressing than physical sensations. For example, some women enjoyed experiencing hot flashes but were extremely distressed by their children leaving, menses stopping, and considering menopause as "the end" (36). Distress which was triggered by shifts in family life, was expressed during menopause by negative symptoms or by the image of menopause as loss, death, or ending (36). Therefore, menopause was a multivocal expression of distress. This expression was only evident

to the women themselves. Also, silence and stigma about menopause were parts of women's distress (36). Similarly, the Study of Women's Health Across the Nation (SWAN) that was conducted in the US showed that a stressful event caused 21% more vasomotor symptoms (31).

In a study focusing on psychological experiences related to menopause as a developmental crisis, women experienced changes in their emotion and mood that prohibited them from living a normal life. Furthermore, they experienced binary feelings and attitudes towards menopause, an altered self-concept which involved feeling regret for loss of youth, depression, sadness, and disablement. Finally they found their interpersonal relationships changed in undesirable ways such as isolation, and feeling altered and insensitive towards their husbands (64). Also, midlife and the menopausal transition was a time of crisis for some women with distressing menopausal symptoms. This led to the perception of failing mental and physical health (63).

Spiritual Contributing Piece

Spirituality could positively impact menopausal symptoms (73). In addition, spirituality had a significant effect on reducing depressive mood, anxiety, cognitive impairment, pain, vasomotor, and sexual symptoms in some women (73). Among some Christian women who were members of the Church of Jesus Christ of Latter Day Saints, being spiritually strong reduced levels of menopausal symptoms (84). Among these women, spiritual strength was associated with enhanced positivity and benefit finding during menopause, fewer body image concerns, and willingness to apply adaptive coping strategies (84). Spiritual strength was positively linked to adaptive coping strategies including active coping, planning, and acceptance, and low spirituality was negatively linked to maladaptive coping strategies, specifically behavioral disengagement (84). Women who were spiritually strong were more likely to consider menopause a positive experience, and a time of growth with new opportunities. (84). The ability to let go and trust in God as a part of spirituality brought peace and less distress in some women (43). This attitude has been related to decreased negative emotions encompassing anger, guilt, and fear (84). Meditation and religious practices by Buddhists helped women feel more energetic (7).

For Muslim women, menopause meant a time for increasing religious activities (36,49,77,85,91). For these women, cessation of menstruation made them free to participate in their religious practices such as obligatory prayers and fasting that used to be stopped during their menstruations (77). Therefore, menopause was a liberating experience along with happiness and was related to women's self-awareness, and having a strong faith in God (77). Religion had a supportive role for some women who saw it as a protective factor helping them better cope with stressful life transitions. For some

women, religion secured close social networks, and therefore prevented some depressive outcomes including suicide (65). Another study suggested that acceptance of menopause was gained from a cultural and religious construction that proposed women to acknowledge menopause as "destiny" which should not be taken as stressful phenomenon (51). Acceptance of menopause can affect the hormone system causing better mood and happiness and decrease menopausal symptoms (51).

Discussion

This study offers many existing meanings of menopause in the literature and illustrates how these meanings are formed. Different meanings from 65 included studies were integrated into five themes. The themes included: bio-physiological, socio-cultural, sexual, psychological, and spiritual. In other words, menopause was given a meaning while it was experienced socio-culturally, spiritually, sexually, psychologically, and bio-physiologically. These meanings could carry positive, neutral, or negative weight. Suggested meanings were related to and originated from women's perceptions and experiences. Therefore, this review emphasizes the significance of considering women's menopausal perceptions and experiences in the meaning making processes. Although not all pieces of menopause have been put together collectively, many studies in the literature referred to several contributing pieces while addressing menopause. For example, a review of five cross-cultural studies showed that menopausal symptoms were caused by a mixture of physical changes, cultural influences, and individual perceptions and expectations (95). Menopause has been referred to as a biological, psychological and social crisis (64). In a literature review study, personal factors, familial factors, and community and societal factors affected the menopausal transition for immigrant women (96). Another study among Pakistani women also emphasized the role of social, psychological and physical changes during menopausal transition (97). In a systematic review of qualitative studies menopause was presented as a natural event which was related to psychosocial events and the aging process, and as a time understood through losses and gains (43). The study showed menopause was influenced by the physical and emotional changes (43). In addition, the study suggested several contributing factors for having a pleasant or unpleasant sexual relationship such as health issues, family and marital relationship status, sociocultural context and meanings related to the women's sex life (43). Some scientific studies offered a new definition for one contributing piece of menopause and defined various symptom experiences under one definition. For example, Genitourinary Syndrome of menopause was a term developed for defining a collection of signs and symptoms resulting from a decline in estrogen and other sex steroids which encompassed genital symptoms such as dryness, burning, and irritation; sexual symptoms

including absence of lubrication, dyspareunia, and urinary symptoms such as urgency, dysuria and recurrent urinary tract infections (98). This definition did not cover the array of symptoms that could constitute the menopausal experience in real life. For example, menopause was an additional hardship for some women because their spouse misinterpreted vaginal dryness and lack of sexual desire as infidelity (99).

A study among various racial-ethnic groups in the United States illustrated while European American women focused more on bothersome symptoms and were worried too much about menopause, African American women claimed being realists, and were worried about life rather than menopause (37,100,101). In addition, literature showed an increase in studies about spirituality during menopause (36,43,73,84,102,103). Taking into account that many Western cultures are Christian, some researchers found it conceivable to seek a Biblical example through which menopausal women could gain strength while coping with the emotional challenges related to menopause (102). Using the Bible example as strategy, they stressed that the absence of sexual and physical appeal does not denote worthlessness (102). Therefore, menopausal women could make the emotional transition in a way that they shift their worth from being mainly sexual to being figures of wisdom (102). In terms of religiosity, Muslim women found menopause was a time of increased religious practices, and increased socialization because they were no more restricted by their menstruation which prevented them participating in religious rituals (36,77,91,104). The present study showed that menopause can have a bio-physiological, socio-cultural, sexual, psychological, and spiritual meaning. Holistic nursing incorporates identifying the interconnections of the bio-psycho-social-spiritual aspects of the person and consideration of the individual in a common process with the environment. Therefore, to provide holistic care, health professionals, including nurses and midwives, should equally stress dimensions other than the biophysical aspect of the individual's health.

Limitations

One of the limitations of the study was that studies written in other languages were excluded.

Conclusions

Consideration of all contributing pieces of menopause are critical while providing holistic care for menopausal women. If one contributing piece is missing, care remains incomplete and will not reach its optimum. This study suggests an additional sexual piece as a separate concept for holistic care model as it was a major theme and concern among menopausal women.

Authors' Contribution

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Conflict of Interests

Authors declare that they have no conflict of interests.

Ethical Issues

Not applicable.

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