

Original Article

Effects of Menopause on the Life of Women Who Experience Hot Flashes and their Health-Seeking Behaviours

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Abstract

Background: Vasomotor symptoms affect most of women in the menopausal period and cause serious physical complaints. A lot of women who don't get sufficient health care in this period develop chronic illnesses; and inability to cope with the menopausal complaints causes negative effects on their quality of life.

Objectives: The purpose of this study is to identify what health seeking behaviours women who experience hot flashes use with a view to eliminating these complaints.

Materials and Methods: The target population of this study which is qualitative in nature is the women who applied to menopause polyclinic. The participants were 40 women who volunteered to participate in the study, who had the complaint of hot flashes, and who went through menopause naturally

Results: Results showed that the quality of life of the women with the complaint of hot flashes in the menopausal period was affected significantly; the women displayed various health seeking behaviours, and they had expectations from both their relatives and health professionals. In line with the data obtained, the themes emerging from the study included negative perceptions about menopause, decrease in quality of life, preparedness for menopause, complaints, coping, expectations from health professionals, and expectations from family.

Conclusions: This study revealed that the quality of life of the women with the complaint of hot flashes decreased considerably, that they made use of various practices in order to cope with the complaints in this period, and that they could not cope with the complaints effectively due to their lack of knowledge on the issue. It is recommended that health professionals who provide women's health services should help women to increase their quality of life and to cope with the complaints effectively by providing them with the training and guidance regarding the menopausal period and dealing with complaints during this period.

Key words: Menopause, Hot Flashes, Nursing, Health Care Seeking Behavior

Introduction

Menopause is a natural and inevitable phenomenon which affects all women. The menopausal period is characterized by different features in every woman (Holloway, 2011; Nehir et al., 2009). The combination of hot flashes and night sweats, the most typical indications of this period, are defined

as vasomotor symptoms. Vasomotor symptoms affect from 60 to 90 % of women in the menopausal and early postmenopausal period and cause serious physical complaints (Yücesoy & Çakıroğlu, 2007).

Having a healthy menopausal period is of great importance for women. A lot of women who do

not get sufficient health care in this period develop chronic illnesses; and inability to cope with the menopausal complaints causes negative effects on their quality of life. Hot flashes, one of the most common menopausal complaints, affect women's quality of life negatively (Nehir et al., 2009; Yurdakul, Eker, Kaya, 2007).

For many years, oestrogen-based therapies have been a treatment option for women who experience vasomotor symptoms. However, according to the results of the "Women's Health Initiative" (WHI) published in 2002 and the Million Women Study published in 2003, hormone replacement therapies (HRT) used over long periods had more risks than potential benefits, causing a decrease in oestrogen use and calling for the necessity of reviewing knowledge about HRT (Gokuyıldız, Bayram, Beji, 2011; Jacques et al., 2002; Krieger et al., 2005). A lot of women are reluctant to use this treatment option because they have heard about the serious side-effects of HRT use over a long period of time. Thus, as an alternative option for HRT, most menopausal women seek alternative natural treatments to help them manage menopausal problems (Borrelli & Ernst, 2010).

Women who seek alternative treatments during their menopausal period usually prefer treatment methods which fit their cultural predispositions. Some of these methods include acupuncture, yoga, relaxation exercises, manipulation techniques, meditation, exercise, homoeopathy, traditional Chinese medicine, natural oestrogen sources, diet, and vitamins and minerals (Amanak, Karaöz, Sevil, 2013; Hall, Frey, Soares, 2011; Tortumluoglu & Pasinlioglu, 2003).

Aim

The purpose of this study is to identify what health seeking behaviors women who experience hot flashes use with a view to eliminating these complaints.

Methods

Design

The target population of this study which is phenomenological qualitative research is the women who applied to Çukurova University Balcalı Hospital. Balcalı hospital located in the south of Turkey, in Adana was chosen because it is

the biggest hospital in the city of Adana. The data were collected between February 2014 and July 2014, in the Menopause Polyclinic of Çukurova University Balcalı Hospital. As the study aimed to collect in depth data, maximum variation sampling method which is one of the nonprobability sampling techniques in qualitative data collection methods, was utilised (Yıldırım & Şimşek, 2008).

Participants

The participants were 40 women who volunteered to participate in the study, who had the complaint of hot flashes, having untreated hot flashes complaints for at least two months, and who went through menopause naturally.

Exclusion Criteria

Women who are treated with HRT; had diseases with symptoms similar to hot flashes, were treated with non-hormonal climacteric medicine within the past two weeks before the study was conducted or had less hot flashes complaints without having any treatments, had hysterectomy or bilateral oophorectomy, had regular menstruation were excluded from the study.

Ethical Considerations

Ethics committee approval was received from Çukurova University Medicine Faculty Ethics Committee before the study was conducted. The purpose of the study was explained to the women participating in the study and their written Informed Consent Form was obtained.

Data collection

Data were collected using semi-structured interview forms through an in-depth interview method conducted face-to-face by the researchers. The data collection process was ended as data saturation was achieved after interviewing 40 women.

The data were collected through interviews, one of the qualitative data collection methods. An interview form with open-ended questions was prepared in line with the titles identified beforehand with a view to analysing the issue more deeply. This form also included questions regarding personal information. While preparing the interview forms, special attention was given to the appropriateness of the questions to the

purposes and scope of the study. For content validity, expert opinion was obtained in terms of the content, order, and clarity of the questions. The questions were piloted with five participants and then were revised in line with the feedback received from the pilot study. The interview form included questions which aimed at identifying the participants' socio-demographic and obstetrics features, duration of their complaints of hot flashes, perceptions of menopause, and health seeking behaviors.

The interviews were tape-recorded with the consent of the participants. Each interview lasted about 40 minutes. An interview form with open-ended questions was prepared in line with the titles identified beforehand with a view to analysing the issue more deeply.

These records were then written on a text on computer. Word by word transcription of the recording was performed by the researchers together. The things participants told throughout the interview process were written and a 35-page text was obtained.

Data analysis

The data obtained from the semi-structured interview form were analysed using the content analysis method, one of the qualitative data analysis methods (Patton, 1990; Yıldırım & Şimşek, 2008). Interview transcriptions were created by transferring the interviews onto the computer. Similar groups were coded so as to create themes; and then the data were analysed (Srivastava & Thomson, 2009).

Presentation of the data also included direct quotations with a view to reflecting the participants' views. These were indicated in Appendix 1 section with RP abbreviations and numbers given to the participants (e.g. RP1).

Results

Table 1 displays some of the characteristics of the participants. Results showed that the quality of life of the women with the complaint of hot flashes in the menopausal period was affected significantly; the women displayed various health seeking

behaviors, and they had expectations from both their relatives and health professionals. In line with the data obtained, the themes emerging from the study included negative perceptions about menopause, decrease in quality of life, preparedness for menopause, complaints, coping, expectations from health professionals, and expectations from family.

Appendix 1.

List of Reference Person

Reference Person , Age, education, work

- RP1- 52, primary school, nonworking
- RP2- 48, university, nonworking
- RP3- 47, university, working
- RP4- 48, high school, working
- RP5- 47, university, working
- RP6- 50, primary school, nonworking
- RP7- 46, high school, working
- RP8- 58, high school, nonworking
- RP9- 51, primary school, nonworking
- RP10- 53, high school, nonworking
- RP11- 47, high school, nonworking
- RP12- 43, primary school, nonworking
- RP13- 48, university, working
- RP14- 48, high school, nonworking
- RP15- 53, high school, nonworking
- RP16- 47, university, working
- RP17- 59, primary school, nonworking
- RP18- 44, university, working
- RP19- 53, primary school, nonworking
- RP20- 49, university, working
- RP21- 43, high school, nonworking
- RP22-53, primary school, nonworking
- RP23- 58, primary school, nonworking
- RP24- 46, primary school, nonworking
- RP25- 54, high school, nonworking
- RP26- 58, high school, nonworking
- RP27-54, primary school, nonworking
- RP28- 53, primary school, nonworking
- RP29- 50, primary school, working
- RP30- 48, university, working
- RP31- 48, primary school, nonworking
- RP32- 47, primary school, working
- RP33- 47, university, working
- RP35- 48, high school, nonworking
- RP36- 48, university, working
- RP37- 46, primary school, working
- RP38- 48, high school, nonworking
- RP39- 47, university, working
- RP40- 45, primary school, nonworking

Table 1. Some of the Characteristics of the Participants

Features	Reference Person (n=40)
	(X±SD)
Age	49.7±4.4
Number of pregnancies (X±SD)	3.2±1.5
Number of deliveries (X±SD)	2.4±1.2
Age of menarch (X±SD)	13.1±1.4
The last menstrual period	n (%)
1-2 years ago	29 (72.5)
3-4 years ago	4 (10)
more than 5 years ago	7 (17.5)
Complaint of hot flashes	
Less than a year	16 (40)
More than 5 years	16 (40)
1-2 years	6 (15)
3-4 years	2 (5)

Perceptions about Menopause

The majority of the women participating in the study stated that the menopause period affected them negatively.

“There was a loss in my life. I was stressed, it caused trouble. There was intolerance in the family. I began to be angrier. I was affected first psychologically” (RP16).

“You really have troubles. You have a sense of loss. It is a troubling period; you can call it a period of losses. Beside the complaints, going through menopause causes a sense of loss in women” (RP5).

Decrease in Quality of Life

The participants stated that menopause affected their quality of life negatively; they had less tolerance for the people and events around them. They were found to experience these problems more significantly especially during the times they had hot flashes (RP1-RP9,RP11-RP22,RP24-RP27,RP34-RP40).

“Menopause really affects a woman’s quality of life. Adaptation to the environment changes especially during palpitation and hot flashes. You have troubles. You cannot stand the person next to you; you become impatient. People can

misunderstand you; changes in your facial expressions can be taken personally” (RP18).

Although the majority of the participants mentioned negative effects on their quality of life, some participants stated that they saw menopause as a relief (RP10,RP23,RP28,RP33,RP38).

“It did not affect me at all. On the contrary, I felt relieved. I got rid of extensive bleedings. I felt relieved. I got rid of carrying pads. I felt more peaceful” (RP23).

Preparedness

The present study has shown that preparedness for menopause is effective in the perception of menopause. Those who went through early menopause stated that they did not feel ready (RP10,RP21,RP28,RP30,RP33).

“I experienced early menopause; it affected me very much, first psychologically. I thought that I had suddenly gotten old at the age of 38. I thought it would be followed by many diseases, osteoporosis for instance. I thought I would have bone pain. I had the perception that menopause is the starting point of aging” (RP21).

Complaints

Complaints of the participants during the menopausal period included sweats, anger,

intolerance, sleeping problems, fatigue, lack of sexual drive, and forgetfulness (RP1-RP40).

“I feel suffocated. I get bored, then I experience hot flashes and headaches. I sleep normally but I wake up around 3-4 o'clock in the morning and have difficulty in falling asleep again. I wake with the feeling of hot flashes, too. However, it does not disturb me much. It is not very often, maybe once a week” (RP3).

Coping

The most common practices the participants used with a hope of coping with hot flashes included taking off their clothes, going to a cool place, taking a shower, drinking plenty of water, and applying a cold compress (RP17,RP23,RP32).

The participants were also found to benefit from herbal products, exercise or walk, and use inspirational methods such as praying, reading books or trying to think of something else with a purpose of decreasing or eliminating the complaints experienced in the menopausal period (RP2,RP7,RP13,RP16,RP18,RP25).

“When I feel like I'm burning, I relax by taking a shower. Some people suggest herbs; they say it helps to relieve the fever. I bought something with yellow flowers. It might be chamomile or aaron's beard. I drank it two times a day for a period of two months, in the mornings and in the evenings. But I saw no benefits. I drink ginger, I do not know its benefits. When I feel like I'm burning too much, I take a very cold shower and feel relieved” (RP9).

“I wash my hands and face. People suggest chamomile, but I have never drunk it. I try to comfort myself. I tell myself that this is a natural process that everyone goes through. I try to feel relieved like this, and it helps. Sometimes, I solve puzzle” (RP32).

“For hot flashes, red onion is divided into four pieces and boiled with its shells for 5 minutes. It is prepared fresh in the morning, at noon and in the evening, made tepid, and drunk. It relieves hot flashes when taken regularly. Milfoil is boiled and drunk” (RP2).

“For hot flashes and osteoporosis, one should eat two bowls of yoghurt and walk for a period of 20-25 minutes if possible” (RP34).

“Milfoil is said to help hot flashes. People drink milfoil teabags two times a day, in the morning and in the evening. Soybean is also said to have oestrogen, but I have not tried it yet” (RP13).

Expectations from Family

The majority of the participants stated that they expected understanding from their families.

“No one understands me. For instance, I want them not to expect anything from me during hot flashes; but you are alone with your illness. I try not to reflect on it too much because they expect me to do the chores” (RP26).

Expectations from Health Professionals

Almost all of the participants mentioned expectations from health professionals regarding training and consulting about the menopausal period and the ways of coping with the complaints and changes experienced in this period. They stated that they wanted to get over this period comfortably.

“Just like pregnant women are given trainings, women going through menopause should be given trainings, too” (RP23)

“I want health professionals to explain menopause in a way that we can understand and to approach us in an understanding way” (RP28).

Discussion

The majority of the women in the present study stated that the menopausal period affected them in a negative way. In the study investigating Turkish women' perceptions of menopause, Yangin et al. found that 57.7 % of the women perceived the menopausal period negatively while 42.3 % perceived it positively (Yangin, Kukul, Sozer, 2010). In a study conducted by Akkuzu et al., almost half of the participants defined menopause as “problematic” (Akkuzu, Orsal, Keciyan, 2009). A high number of symptoms experienced in menopause cause the development of negative attitudes towards menopause (Ayers, Forshaw, Hunter, 2010). Studies in relation to the positive perceptions of menopause indicate that Asian women perceived menopause more positively than the women in other nations did; thus, they could get over this process more comfortably (Huang et al. 2010; Khademi & Cooke, 2003; Tortumluoglu,

2004). Similarly, studies show that menopause was perceived positively in African and Arabic societies (Jassim & Al-Shboul, 2008; Odiari & Chambers, 2012). Not only biological but also psychological and socio-cultural factors should be considered in order to understand menopause better. Studies indicate that great differences both within and between cultures affect menopausal attitudes as well as complaints during this period (Jassim & Al-Shboul, 2008; Tortumluoglu, 2004).

Although the majority of the women in the present study stated that menopause affected their quality of life negatively, some participants reported that they saw it as a relief. Studies show that physical and psychosocial factors are related to women's quality of life and the severity of the symptoms experienced in this period affect their quality of life and the physical and psychological health of women negatively (Ertem, 2010; Krajewska-Ferishah et al., 2010; McGinnis et al., 2008; Nehir et al., 2009). Findings of the present study are in line with the related literature. Protecting the quality of life in menopause is one of the most important goals in the field of health. Identifying factors that affect quality of life badly and using the results in a way that improves women's health are the most important responsibilities of health professionals (Nehir et al., 2009; Yurdakul et al., 2007).

This study revealed that the participants' perceptions of menopause were affected by their preparedness. Especially those who went through early menopause stated that they did not feel ready for it. Women should be informed about the changes to be experienced in this period so that they can be ready. A study conducted in Portugal showed that even educated women do not have sufficient knowledge about menopause (Fagulha, Goncalves, Ferreira, 2011). The majority of women were found to have a lack of knowledge regarding healthy lifestyles and self-care approaches during the menopause period. In this regard, women need to be informed about menopausal symptoms and health practices during menopause (Loutfy et al., 2006).

Although some women may see getting rid of menstrual bleeding and risk of pregnancy as an advantage, their quality of life decreases dramatically with hot flashes, sweats, headaches,

and sleeping and psychological disorders (Ertem, 2010). Beside hot flashes, other complaints mentioned by the participants of the present study include sweats, nervousness, intolerance, sleeping problems, fatigue, lack of sexual drive, and forgetfulness. Women going through early menopause experience vasomotor changes such as hot flashes, sweats, palpitation, headaches, and insomnia; and diseases such as muscle-bone pain, depression, lack of concentration, forgetfulness, low libido, vaginal atrophy and urinary problems (Holloway, 2011). In a qualitative study which investigated women's experiences in the perimenopausal and menopausal periods, Marnocha et al. identified women's complaints as sense of sudden fever and hot flashes, night sweats, changes in menstrual cycles, fatigue, psychological changes, sleeping disorders, weight gain, skin changes, and vaginal dryness (Marnocha, Bergstrom, Dempsey, 2011). Kızılırmak and Sevig identified these complaints as hot flashes, forgetfulness, muscle pain, nervousness, and backache (Kızılırmak & Sevig, 2011). The menopausal period is an important process which has effects not only on women but also on family and society with the complaints and changes it brings with it. Not only biological, but also psychological and socio-cultural factors should be considered in order to understand menopause better (Tortumluoglu, 2004).

The practices used by the participants in order to cope with hot flashes included taking off clothes, going to a cool place, taking a shower, drinking plenty of water, and applying a cold compress. The participants were also found to benefit from herbal products, exercise or walk, and use inspirational methods such as praying, reading books or trying to think of something else in order to decrease or eliminate the complaints in the menopausal period. It is possible to cope with vasomotor complaints by exercising regularly, having a healthy diet, having a diet that contains fitoestrogen, taking Omega 3 oil acids, taking Vitamin E preparats, benefitting from herbal plants, controlling stress, using relaxation-respiration techniques and acupuncture, wearing appropriate clothes, or taking a shower frequently (Altunbay & Yurdakul, 2009; Fisher & Chervenak, 2012; Tortumluoglu & Pasinlioglu, 2003). Studies indicate that women used complementary and alternative treatment products

in order to eliminate the complaints in the menopausal period (Shams et al., 2010). Women seeking alternative treatment during the menopausal period usually prefer treatment methods in line with their cultural predispositions. Some of these methods include acupuncture, yoga, relaxation exercises, manipulation techniques, meditation, exercises, homoeopathy, traditional Chinese medicine, natural oestrogen sources, diet, and vitamins and minerals (Amanak et al., 2013; Tortumluoglu & Pasinlioglu, 2003). Odiari and Chambers investigated the menopausal perceptions, attitudes, and self-management of Ghanaian women and found that 25% of the women used only alternative therapies in managing the symptoms, 29% preferred medical treatment, and 46% used alternative treatments and medical treatments together (Odiari & Chambers, 2012). Huang et al. conducted a study with Asian women and found that 37% of the women used natural or herbal products to reduce menopausal symptoms (Huang et al., 2010). In their qualitative study which investigated the menopause symptoms management of women from different ethnic groups, Im et al. found that white women first preferred using pills; however, ethnic minority groups avoided using pills and preferred alternative methods instead (Im et al. 2012).

The majority of the women participating in this study stated that they expected understanding from their families. The menopausal period is an important process which affects not only women but also their families and society due to the complaints it brings with it. Despite the similar biological changes, women experience menopause differently. Therefore, not only biological but also psychological and socio-cultural factors should be considered in order to understand menopause better. Cultural features such as traditions, ethnicity, value given to the elderly and women by the society, women's roles, sexuality, the life philosophy of women, and the meaning attributed to menopause by women and their societies have significant effects on the menopausal period (Tortumluoglu, 2004).

Almost all of the participants stated that they had expectations about training and guidance from health professionals regarding the menopausal period as well as ways to cope with the complaints experienced in this period. They said they wanted

to get over this process comfortably. Williams et al. investigated the health care seeking behaviors regarding menopausal symptoms and found that 63.2% of the perimenopausal women and 42 % of the postmenopausal women consulted professional health care 1-3 times within that year (Williams et al., 2007). Altunbay and Yurdakul found the proportion of getting help from health professionals low in all complaints (Altunbay & Yurdakul, 2009). In their study which investigated the annual health consultancy of menopausal problems, Guthrie et al. found the proportion of getting consultancy from health professionals 30 %; and 86% of the participants were found to have sought consultancy once or more (Guthrie et al., 2003). Similar studies also indicate low proportions of seeking help from health professionals (Krajewska-Ferishah et al., 2010; Tortumluoglu, 2003). Women and their families should be supported and provided with education so that they can understand the special period they are going through. Education would be helpful in decreasing women's anxiety by making the physical and psychological problems that they are experiencing and will experience familiar and also in prompting different coping mechanisms (Yazdkhasti, Simbar, Abdi, 2015; Yurdakul et al., 2007).

Health professionals' approaches in this period should involve careful diagnosis, support and training; health professionals should also provide women with care and guidance in order to increase their quality of life.

Limitations of the study

A limitation of the study is that its qualitative findings cannot be generalised to all menopausal women who experience hot flashes in Turkey. Another limitation is that the sample was limited to volunteer women participants.

We have observed that the women we met at the polyclinic were reluctant to use hormone pills for their menopausal complaints, especially vasomotor complaints, thus they did not apply to the polyclinics with the complaints of hot flashes. While we were talking with a woman who applied with a gynaecological complaint, we incidentally learned that she experienced hot flashes. This situation caused problems in reaching the patients.

Conclusion

This study revealed that the quality of life of the women with the complaint of hot flashes decreased considerably, that they made use of various practices in order to cope with the complaints in this period, and that they could not cope with the complaints effectively due to their lack of knowledge on the issue.

It is recommended that health professionals who provide women's health services should help women to increase their quality of life and to cope with the complaints effectively by providing them with the training and guidance regarding the menopausal period and dealing with complaints during this period.

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