



Copyright © The Author(s). 2023 This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



DOI:10.29052/2413-4252.v9.i1.2023.41-46

Citation: Alam R, Mukhtar A. Beyond Menopause: An Integrative Women-Centered Health-Care Approach. *IJWE*. 2023;9(1): --41-46

Corresponding Author

Email:ramsha@maliruniversity.edu.pk

Funding: The author(s) received no specific funding for this work.

Conflicts of Interests: The authors have declared that no competing interests exist.

Received 12/03/2023

Accepted 14/09/2023

First Published01/12/2023

Original Article

Beyond Menopause: An Integrative Women-Centered Health-Care Approach.

Ramsha Alam¹, Amna Mukhtar¹ & Neha Amber Sajid²

¹Malir University of Science and Technology, Karachi-Pakistan

²Jinnah University for Women, Karachi-Pakistan

Abstract

This study explores the impact of an innovative integrative women-centered health-care model on women's experiences during the climacteric stage. As women undergo the transition to menopause, they face diverse physical and psychological changes, necessitating healthcare approaches beyond conventional models. The research, involving 200 women aged 40 to 65 in counseling group sessions, assesses the effectiveness of the integrative model. Quantitative results show a significant increase in post-intervention knowledge scores and improved self-care practices, highlighting the model's success in meeting informational needs and positively impacting well-being. Thematic analysis reveals key narratives, emphasizing heightened awareness of physical changes, empowerment, and a positive shift in perception about the climacteric stage. The discussion underscores the significance of holistic approaches, with empowerment emerging as a central theme, instilling a sense of control and autonomy among participants. In conclusion, this study advocates for a paradigm shift in healthcare services during the climacteric stage, emphasizing empowerment and comprehensive care. By informing future healthcare practices that address the unique needs of women in this transition, the research contributes to a more holistic and empowering approach to women's health.

Keywords

Menopause, Women, Health-Care, Model, Psychological Changes.

Introduction

The climacteric stage, representing the transition from reproductive to non-reproductive years, marks a pivotal period in a woman's life. This phase, commonly associated with menopause, is characterized by a complex interplay of physical, psychological, and social changes¹. As women navigate through the climacteric stage, they often encounter diverse health needs that extend beyond the scope of traditional health-care models². Recognizing the dynamic nature of this transitional phase, there is a growing imperative to develop innovative health-care services that address the holistic needs of women and empower them toward self-care³.

The existing discourse on women's health during the climacteric stage underscores the importance of a comprehensive approach that goes beyond a narrow focus on reproductive biology⁴. While the biological aspects of menopause are well-documented, the broader spectrum of physical, psychological, and social challenges faced by women during this phase requires careful consideration¹. This paper aims to explore the transformative effects of an integrative women-centered health-care model, emphasizing empowerment for self-care, on women's discourse about their concerns and needs during the climacteric stage⁵.

In recognizing the need for a paradigm shift in women's health care, this study adopts a mixed-methods approach, combining qualitative inductive thematic analysis with quantitative assessments⁶. The intervention targeted not only the provision of information but also the empowerment of women to take an active role in their health management during the climacteric stage³. The rationale for this study arises from the observation that traditional health-care models often fall short in providing tailored and comprehensive support for women undergoing the climacteric stage^{2,7}. There is a critical gap in addressing the multifaceted nature of women's health needs, encompassing physical symptoms,

psychological well-being, and the potential long-term impacts on aging⁸. This study seeks to contribute to the evolving discourse on women's health by investigating the impact of an innovative health-care model that integrates empowerment strategies into the climacteric stage experience⁹.

Methodology

Study Design:

The research employed a mixed-methods design, combining both qualitative and quantitative elements to gain a comprehensive understanding of women's experiences during the climacteric stage.

Participants:

A total of 200 women aged between 40 and 65 years were recruited for the study through purposive sampling. Participants were selected to ensure diversity in terms of socio-economic status, cultural background, and geographic location to capture a broad spectrum of experiences.

Recruitment Process:

Participants were recruited through community health centers, women's support groups, and online platforms. The inclusion criteria involved women in the climacteric stage, defined as the transitional phase leading to menopause¹⁰.

Integrative Women-Centered Health-Care Model:

The study implemented an integrative women-centered health-care model that focused on addressing the physical, psychological, and social needs of women during the climacteric stage. The model incorporated counseling group sessions as a central component to facilitate open discussions and sharing of experiences.

Data Collection:

Qualitative data were collected through in-depth narratives obtained during counseling group sessions. These sessions were conducted by trained facilitators with expertise in women's health, using semi-structured interview guides to

ensure consistency while allowing for flexibility in exploration. Participants were encouraged to share their experiences, concerns, and needs related to the climacteric stage. Audio recordings and field notes were taken during the sessions to capture both verbal and non-verbal expressions. Quantitative data were collected through pre- and post-intervention surveys designed to measure baseline knowledge, perceptions, and self-care practices related to the climacteric stage.

Thematic Analysis:

Qualitative data were analyzed using a qualitative inductive thematic analysis approach. Initial codes were generated through open coding, followed by the identification and refinement of emerging themes. The analysis was iterative, involving multiple rounds of coding and discussions among the research team to ensure reliability and validity.

Empowerment for Self-Care:

The empowerment aspect of the intervention was operationalized through targeted activities within the counseling group sessions. These activities included education on self-care practices, goal-setting exercises, and discussions on autonomy in health decision-making.

Ethical Considerations:

Ethical approval was obtained from the Institutional Review Board (IRB) before initiating the study. Informed consent was obtained from all participants, ensuring that they were aware of the study's purpose, procedures, and their right to withdraw at any point without consequences.

Data Analysis:

Quantitative data from surveys were analyzed using descriptive statistics to assess changes in participants' knowledge and self-care practices before and after the intervention. Qualitative and quantitative findings were triangulated to provide a comprehensive understanding of the impact of the integrative women-centered health-care model.

Data Integration and Interpretation:

The qualitative and quantitative findings were integrated during the interpretation phase to provide a holistic understanding of women's experiences during the climacteric stage and the effectiveness of the empowerment-focused intervention.

Validity and Reliability:

Strategies such as member checking, peer debriefing, and inter-coder reliability checks were employed to enhance the validity and reliability of the study's findings.

Data Dissemination:

The results were disseminated through academic publications, conferences, and community workshops, contributing to the broader discourse on women's health during the climacteric stage and the potential impact of innovative health-care models.

Results

Quantitative Findings:

Baseline Characteristics: The demographic profile of the participants revealed a diverse sample in terms of age, socio-economic status, and cultural background.

Pre-Intervention Survey: Participants exhibited varying levels of knowledge about the climacteric stage, with a significant portion expressing concerns about the physical, psychological, and social aspects of this life phase.

Post-Intervention Survey: Following participation in the integrative women-centered health-care model, there was a statistically significant increase in knowledge scores related to the climacteric stage.

Self-Care Practices: Participants reported an improvement in self-care practices after the intervention, indicating a positive impact on their ability to manage physical and psychological changes during the climacteric stage.

Qualitative Findings:**Themes Emerge from Narrative Analysis:**

Thematic analysis of narratives during counseling group sessions revealed several key themes, including a heightened awareness of physical changes, a shift in perception about the climacteric stage, and a desire for more comprehensive health information.

Empowerment and Autonomy: Empowerment emerged as a central theme, with participants expressing a newfound sense of autonomy in making health-related decisions. This was particularly evident in discussions around self-care practices and preventive measures.

Impact on Perception: Participants commonly reported a positive shift in their perception of the climacteric stage, emphasizing the importance of empowerment and self-care in navigating this life transition.

Knowledge Translation: The integrative model successfully translated health information into actionable steps, with participants demonstrating an increased ability to apply knowledge gained during counseling sessions to their daily lives.

Long-Term Health Concerns: Participants expressed a deeper understanding of the potential long-term health impacts of the climacteric stage on aging, fostering a proactive attitude toward preventive health measures.

The combined qualitative and quantitative findings suggest that the integrative women-centered health-care model, with a focus on empowerment for self-care, positively influenced both knowledge and behaviors related to the climacteric stage. The themes that emerged from the qualitative analysis underscore the importance of addressing not only physical but also psychological and social aspects of women's health during this life transition.

Table 1: Quantitative Findings of Quantitative Score and Self-Care Practices (Pre- and Post-Intervention).

Quantitative Findings	Pre-Intervention	Post-Intervention	Statistical Significance
Knowledge Scores on Climacteric	65%	82%	$p < 0.05^*$
Self-Care Practices Improvement	45%	72%	$p < 0.01^{**}$

*significant **highly significant

Table 2: Qualitative Findings of the Study Variables.

Qualitative Findings	Themes
Awareness of Physical Changes	Heightened sensitivity to bodily changes
Shift in Perception of Climacteric Stage	Positive change in how participants view this phase
Desire for Comprehensive Health Information	Increased need for detailed information
Empowerment and Autonomy	Feeling more in control of health decisions
Impact on Perception	Positive shift in how participants perceive the stage
Knowledge Translation	Successful application of knowledge into daily life
Long-Term Health Concerns	Greater understanding of potential aging impacts

Table 3: Overall Implication of Study Variables.

Overall Implications	Summary
Positive Influence on Knowledge and Behaviors	Integrative model contributes to increased awareness and positive changes in self-care practices
Importance of Addressing Multiple Aspects	Recognizes the need for holistic health approaches during the climacteric stage

Discussion

The findings of this study shed light on the transformative effects of an integrative women-centered health-care model with a focus on empowerment for self-care during the climacteric stage.⁸ The combination of quantitative and qualitative data provides a comprehensive understanding of the impact of the intervention on women's knowledge, perceptions, and behaviors.¹¹ The statistically significant increase in knowledge scores after the intervention suggests that the integrative model effectively addressed the informational needs of women in the climacteric stage.¹² This aligns with the broader goal of empowering women through education, allowing them to make informed decisions about their health. The notable improvement in self-care practices further reinforces the positive influence of the intervention on practical aspects of women's well-being during this transitional period.

Thematic analysis of narratives revealed several key themes. The heightened awareness of physical changes signifies a successful communication of health-related information during counseling sessions. The positive shift in perception regarding the climacteric stage indicates that empowerment initiatives contributed to changing women's attitudes toward this life transition.¹³ The desire for more comprehensive health information suggests an ongoing need for accessible and detailed resources tailored to the multifaceted nature of the climacteric stage.¹¹ Empowerment emerged as a central theme in the qualitative findings. Women expressed a newfound sense of autonomy in making health-related decisions, particularly in adopting self-care practices. This empowerment not only enhances individual well-being but also has broader implications for public health, as empowered individuals are more likely to engage in proactive health behaviors.¹⁴

The success in translating knowledge into actionable steps is a crucial outcome of the intervention.¹² It highlights the practical applicability of the information provided during counseling sessions, demonstrating that the

integrative model not only imparts knowledge but also equips women with the skills to incorporate this knowledge into their daily lives.¹⁵ The participants' deeper understanding of the potential long-term health impacts of the climacteric stage on aging emphasizes the importance of addressing health concerns beyond the immediate transitional period.¹⁶ This insight can inform the development of targeted interventions aimed at mitigating the long-term effects of the climacteric stage on women's health.

Conclusion

In conclusion, this study underscores the significance of adopting innovative health-care models that prioritize women's unique needs during the climacteric stage. The integrative women-centered health-care model, coupled with empowerment for self-care, has demonstrated positive outcomes in both knowledge enhancement and practical application of health-related information. The findings highlight the importance of holistic approaches that encompass not only the physical aspects of menopause but also the psychological and social dimensions.

The empowerment achieved through the intervention fosters a sense of control and autonomy, contributing to a positive shift in how women perceive and navigate the climacteric stage. As women become more proactive in their health decision-making and embrace self-care practices, the potential long-term impact on their overall well-being is promising. The study's implications extend to the broader healthcare landscape, advocating for the integration of empowerment strategies into women's health services. By addressing the multifaceted nature of the climacteric stage, healthcare providers can contribute to improved outcomes and a more positive experience for women undergoing this significant life transition. This research contributes valuable insights to the ongoing dialogue on women's health, emphasizing the importance of empowerment and comprehensive care during the climacteric stage.

Acknowledgment

We would like to acknowledge all our internees at the ECD PREP Program. For their interest and dedication towards research and innovation in the early years of childhood development.

References

1. Dillaway H. Living in uncertain times: experiences of menopause and reproductive aging. *The Palgrave Handbook of Critical Menstruation Studies*. 2020:253-268.
2. Low LK, Roosevelt LK. Women's across the Growth Life Span and Development. *Gynecologic Health Care: With an Introduction to Prenatal and Postpartum Care: With an Introduction to Prenatal and Postpartum Care*. 2020:39.
3. Seaward BL. *Managing Stress: Skills for Self-Care, Personal Resiliency and Work-Life Balance in a Rapidly Changing World: Skills for Self-Care, Personal Resiliency and Work-Life Balance in a Rapidly Changing World*. Jones & Bartlett Learning. 2020.
4. Pickard S. Beauvoir or Butler? Comparing 'Becoming a Woman' with 'Performing Gender' Through the Life Course. *Analyse & Kritik*. 2023;45(2):215-241.
5. Wilson CR, Pacheco J, ten Hoop-Bender P. Person-centered Women's Health and Maternity Care. *In Person Centered Medicine* 2023 Apr 14 (pp. 355-365). Cham: Springer International Publishing.
6. Oliveira GM, Almeida MC, Rassi DD, Bragança ÉO, Moura LZ, Arrais M, Campos MD, Lemke VG, Avila WS, Lucena AJ, Almeida AL. Position Statement on Ischemic Heart Disease—Women-Centered Health Care—2023. *Arquivos Brasileiros de Cardiologia*. 2023 Aug 4;120:e20230303.
7. Nastiti AA, Pandin MG, Nursalam. Philosophy of Maternity Nursing: Women Centered Care. *medRxiv*. 2022 Oct 7:2022-10.
8. Ganapathy T, Al Furaikh SS. Health-related quality of life among menopausal women. *Archives of Medicine and Health Sciences*. 2018 Jan 1;6(1):16-23.
9. White M, Shroff S. A closer look at women's health centers: Historical lessons and future aims. *Journal of Women's Health*. 2022 Mar 1;31(3):408-14.
10. King EM, Kaida A, Prior J, Albert A, Frank P, Abdul-Noor R, Kwaramba G, Gormley R, de Pokomandy A, Loutfy M, Murray MC. Resilience and psychosocial factors linked to symptom experience during the menopause transition for women living with HIV. *Menopause*. 2022 Apr 1;29(4):430-9.
11. CLARKSON C, MacNutt M. WOMEN-CENTERED HEALTH: BARRIERS TO WOMEN'S REPRODUCTIVE AND SEXUAL HEALTH IN RURAL CANADA.
12. Kumar N, Epstein DA, D'Ignazio C, Lazar A, Parker A, Haseki M, Tuli A. Women's Health, Wellbeing, & Empowerment. InConference Companion Publication of the 2019 on Computer Supported Cooperative Work and Social Computing 2019 Nov 9 (pp. 116-121).
13. González-Rodríguez A, Seeman MV, Natividad M, Barrio P, Román E, Balagué A, Paolini JP, Monreal JA. Review of male and female care needs in schizophrenia: A new specialized clinical unit for women. *Women*. 2023 Feb 21;3(1):107-20.
14. Cvetkovic A, King E, Skerritt L, Loutfy M, Tseng A, Murray M, van Schalkwyk J, Boucoiran I, Marcotte S, Hankins C, Savoie É. A practical clinical guide to counselling on and managing contraception, pre-conception planning, and menopause for women living with HIV. *Official Journal of the Association of Medical Microbiology and Infectious Disease Canada*. 2021 Dec 1;6(4):278-95.
15. Gutschow K, Davis-Floyd R, Daviss BA. Conclusion: Sustainable maternity care in disruptive times. Sustainable birth in disruptive times. 2021:295-308.
16. Kumar N, Karusala N, Ismail A, Tuli A. Taking the long, holistic, and intersectional view to women's wellbeing. *ACM Transactions on Computer-Human Interaction (TOCHI)*. 2020 Jul 20;27(4):1-32.