



Threat of the feminine identity: The emerging structure in exploring the process of women's empowerment for menopause management: A grounded theory study

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ABSTRACT

Women empowerment in different spheres of life especially menopause is among the key elements of health promotion in all communities. However there is no realistic images of empowering women in menopausal symptoms management. The present survey aimed to explain the process of women's empowerment for menopausal symptoms management. This qualitative study is part of a larger project which was conducted using Grounded Theory between 2013 and 2015. The article's main focus was to explore the underlying conditions and factors affecting the process of women's empowerment. Using a purposive and theoretical sampling method, 25 participants were interviewed 28 times. Data was collected through some in-depth, semi-structural and open ended interviews with the participant and also memoing and field notes. The interviews were conducted in Neighborhoods House affiliated to Tehran municipality and two gynecological clinics affiliated to Tehran University of Medical Sciences. Data analysis was applied through Strauss and Corbin approach (2008) using MAXQDA10 software. Threat of the feminine identity has been noted as the women's most common concern to being empowered in menopause management. The key theme emerged in the present study (threat of the feminine identity) included four main categories (consciousness about the likelihood of femininity decline, negative attitude towards herself, inadequate supportive context, latent opportunity), two subcategories and 109 first-level codes. There is a logical, coherent and integrated relationship between all these concepts and the theme of feminine identity threat. This theme is considered as an underlying social problem and a major concern for postmenopausal women in the context of this group of women's empowerment. The factors (barriers and facilitators) affecting women's empowerment in menopause management are associated with social context, intensity and origin of each society. Evaluation of Iranian women's empowerment for management of menopause outcomes revealed that it is seriously influenced by gender and cultural and social beliefs. Further identification of these affecting factors as well as gaining insight and vision will help healthcare providers to make better design of applications to facilitate the process of postmenopausal women's empowerment.

Key words: Threat of feminine identity, Women's empowerment, Menopause, Qualitative study, Grounded theory

INTRODUCTION

The main objective of human development is to foster its capabilities, abilities and talents. Improving quality of life, increasing incomes and having health lifestyle are among the determining factors of measuring empowerment

indications (Habibi, 2013). So women's empowerment is an extremely important determinant and global focal point for sustainable development; so that in any society status of women during different stages of their life (including puberty, pregnancy and menopause) is an indicator of its development. In the latest session of sustainable development based on the Millennium development goals 2005-2015, empowerment of all girls and women is of the fifth goal of sustainable development. On the other hand, Iran took an active participation in the meetings holding rotating presidency of the Non-Aligned Movement and providing scientific and practical guidelines, helped to address the global challenges related to sustainable development (Upadhyay et al, 2014a, Abbott & Bernstein, 2015). Given the World Health Organization policy empowerment lies at the hearth of health promotion that is the focal point of self-care and exposure in health sector. Indeed this is defined as a process through which people gain greater control over their decisions and actions affecting their health status (Christopoulos, 2009). Much of the literature defines empowerment as a complicated process at the individual, organizational and social levels. Most of the health literatures emphasize the individual aspects of empowerment such as self-efficacy and intention to carry out an activity nevertheless individual empowerment is directly related to the social context (Delbosc & Currie, 2011). Therefore empowerment is a construct full of different concepts and variables that everybody interprets them in different ways. In fact its potential is based on individual abilities, social structure. Social context shapes individual dynamics (Hermans & Martensson, 2011).

People gain health and life skills through behavior acquisition that derive from the individual's interaction with the social world.

Health skills, a type of self-regulatory strategy, help to empowering individuals for healthcare management (Ryan, 2009). The concept of menopause and postmenopausal women's empowerment is different affected by cultural, socio-psychological and spiritual norms (Mahadeen et al, 2008). Given the medical advances as the life expectancy increases, more women are living to the age of menopause (Rubinstein, 2013). In the United States of America the postmenopausal population is expected to increase two-fold by 2025 compared to 1990. Thus about half of million people will be added annually to the middle-aged women population (Knopp-Sihota, 2012). It is also estimated that by 2025 postmenopausal women will make up 15% of Iran population (2012). The global average age of menopause is 51.4 years old. But in Iranian studies it is said to be 47.8. Given Iranian women's life expectancy (74 years) more than one-third of their lives will be spent after menopause (Norozzi et al, 2013).

Social, psychological and physiological complexity of menopause can affect the quality of life of this group of people (Nosek et al, 2012. Yazdkhasti et al, 2012). Some experience border some symptoms that interfere with their life and affecting functional capacity and quality of life (Bener & Falah, 2014). 80% of women in the Middle East reported unpleasant symptoms such as headache, sexual dysfunction (vaginal dryness, decreased libido), heart beat, hot flushes, sweating, insomnia, irritability and all of these can reduce quality of life (Rotem et al, 2005). According to a survey on 350 Iranian postmenopausal women residing in Sabzevar city (Iran), initial signs of menopause include forgetfulness and lack of concentration (56%), mental health problems and mental disorders (52.6%), insomnia (50.6%), hot flashing and feeling faint (48.9%) (Kalarhoushi et al, 2011). Empowerment recognized as not only an important indicator of individual compatibility but an essential component for management of health issues in distinct situation of life. Empowerment is based on the sense of personal control over life. Studies revealed that this is a very important feeling directly influences physical and mental health promotion (Koelen & Lindstrom, 2005, Christopoulos, 2009). Findings of a study on 90 menopause women residing in Zarandieh (Iran) indicated that performing educational intervention based on individual empowerment model on the QoL there is significant and positive correlation between health promotion behaviors and structures of empowerment model. Therefore, empowering postmenopausal women is a process that health promotion will be its consequence (Karimi et al, 2010). Then women's empowerment will result in promotion of their health and QoL. Since women have been the main axis of family and social health then caring about their wellness is indispensable (Hermansson & Martensson, 2011, Shearer et al, 2010).

Most of the researches have focused on conceptualization of empowerment from societal perspective (communication and social services embodies a sense of having control and power). However it seems that implementing projects successfully on empowerment requires to uncover the target population view of empowerment because it is dependent with personal, environmental and social context. Indeed, it is a kind of process that is achieved with the participation of people through interaction with social context and has been subject to multiple interpretations in different health fields (Shearer et al, 2010). Therefore, the present study has taken into

account the nature of empowerment and explain this phenomenon and its determinative components from menopausal women's perspective.

A quantitative approach can't be useful in processing and formation of complex and multidimensional concepts such as empowerment. There are, also, other variables and elements need to be discussed in this process that qualitative researches are not able to explore them or failed to determine the relationships among these variables. Qualitative study method mostly assess confined variables and don't reveal the entire picture of reality. Then qualitative study methods will be appropriate (Nosek et al, 2011, Abdoli et al, 2012). If the health professions try to evaluate how and why phenomena occur and explain the events affecting the health status, they will be able to apply theory with the practice in the utmost integrity. To continue to develop innovative and successful interventions they need to improve their knowledge of health behaviors and determine individual's behavior and factors affecting it (ONG, 2012). Therefore, we used Grounded Theory approach to explore the process of menopausal women empowerment to help them to manage their health. Examining the women's experiences of menopause reveal that how to empower women to manage menopause in a better way. Given priority to prevention and control the adverse consequences of menopause in Iran and also because of scientific evidence about empowering women's role in improving quality , preventing complications and reducing healthcare costs, we decide to perform the present study because in Iran the concepts of empowerment are not defined explicitly.

On the other hand, it seems that introducing effecting factors (on this period of life) to family members, healthcare providers, and healthcare staff of referred centers will lead to more helpful social support. Moreover, an appropriate planning for effective and efficient intervention with better social interaction leading to empowering women to manage menopausal symptoms is feasible.

MATERIALS AND METHODS

Individual empowerment takes place through interactions with others. Multiple factors can influence empowerment. People develop various types of empowerment in different fields. The main question of the present study is that how women's empowerment for managing menopausal outcomes develop. To answer this query and, also, to understand the experiences of the participants, we used the method of Grounded theory of Corbin and Strauss (2008), based on the deductive approach. For according to Corbin and Strauss, people make up situations. They create and change the world around them through their own performance and interactions (Strauss, 2008). Regarding Grounded theory method the process begin with purposively then used theoretical sampling until data saturation (Corbin and Strauss, 2014). This study was conducted between 2013 and 2015. Firstly the researchers used the purposive sampling approach in order to select information, rich subjects with active participation, the one who be able to give the researcher a better understanding of their own lives and social interactions. Then it followed by theoretical sampling until data saturation.

Accordingly, we sent SMS to the postmenopausal women living in Tehran municipality districts 5, 2, 22, 17 in collaboration with the Neighborhood houses asking them to attend a scheduled briefing. After this briefing in which the researcher explained about the study and its objectives, all willing and eligible postmenopausal women were asked to take part in the survey. Participants included menopause women 40-60 years of age (absence of menstrual cycles for more than one year), those with total hysterectomy or oophorectomy. Inclusion criteria were as follows: Persian speaking, willing to participate, experienced menopausal symptoms. Exclusion criteria were: unwilling to participate, having hearing or speech impairment. Then preparing a list of willing and eligible ones, each was phoned to schedule for interview. Date and location of the interview were determined according to each participant's preference. With the advancement of research and emerging major categories, data led the researcher to other ones (family members, healthcare providers including midwives and gynecologists) who can provide most information needed for development of Grounded theory. A total of 28 interviews were conducted with 25 participants (19 postmenopausal women, 3 members of family, and 3 members of healthcare team). Most of them were conducted in Neighborhood house, in a quiet room without disturbance and with adequate lighting and ventilation. The five remaining interviews were conducted in two women' health clinics (a room next to clinic reception desk) done in coordination with two hospitals affiliated to Tehran University of Medical Sciences.

Open ended and semi-structured in-depth interview techniques were used as the main method of data collection conducted individually and face to face. The earlier interview queries had been designed with minimal structure. For example" Please describe a typical day of your postmenopausal life." and then focus on the specific issues related to

the research questions. Use probing questions, if needed, examples of which are given in Table 1. In this way, all the interviews were completed until data saturation was reached. Data saturation refers to the point at which interview will not lead to more information related to this data.

Table 1. Example of Questions

<ul style="list-style-type: none">-What concerns and problems do you encounter during your postmenopausal years?-How did you get the ability to cope with its symptoms?-What did help you to deal with menopause complications?-What obstacles you faced with when managing menopause symptoms?
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Each interview lasted about 30-90 minutes (averaging 57 min.) and all of them were recorded with consent of participants and were typed within 24 hours and were transcript. All the subjects were interviewed twice with the exception of interviewees 7, 10, 20, 5.

Another tool used in data collecting of the present study was field notes which was performed in women health clinic of the Neighborhood house to investigate nonverbal behavior and individual interactions. Field notes recorded immediately following each interview session. In addition to interview and field notes.

Memoing approach was utilized for this study the researcher took note of the codes or categories that came to his mind while interviews evaluation. This guided the researcher to determine the direction of the interviews, theoretical sampling and deepening on the subjects expressed when analyzing the data. Data was analyzed based on the systematic steps suggested by Corbin and Strauss (2008) using Data Managing Software (MAXQDA10). For open coding data was broken down into distinct units for concept processing and classification. At this stage of coding, the recordings were transcribed, reviewed and read out (Corbin and Strauss, 2008). Evaluating word by word, line by line and paragraph by paragraph the research team determined and encoded basic concepts. Encoding was done by using researcher made words or in vivo coding. At this stage of data reduction technique integrating duplicated phrases, primary classes were identified (Giachello et al, 203).

Then field analysis was conducted along with the data analyzing, the research team tried to identify the concepts related to the field and the ones influence women's empowerment in managing menopause symptoms. Additionally in the stage authors repeated the classification process that has been performed previously for all codes. So that they tried to classify based on the properties and common dimensions and reach to saturation stage.

In the present work we used the data authentication measured developed by Corbin and Strauss (2008) that were a series of measured approved by other researchers and are comprehensive involving all intended dimensions. Data credibility involves believability, acceptability and generally, usability (Corbin & Strauss, 2008). So after completing the initial coding. Examining the codes again, the research team and the participants discussed similarities and differences in coding and compared the categories to reach a preliminary agreement. Then they were evaluated in terms of supporting and unsporing data and several discussion and adjustment sessions were held with research team. To increase credibility, sufficient time was allocated to gather data and also for prolonged engagement with the participants. Creating new insights and enhancing basic knowledge of women's empowerment for menopause management.

Findings of our study will be applicable to this group in the population. Given the impact of contextual factors that shapes the selection of response strategies, the research team tried to accurately determine background factors affecting postmenopausal women for managing its consequences then the subjects would understand what happened during the research process. The authors tried to enrich the research by deepening the study and attending to the descriptive details about the way of empowering them therefore the findings were shifted from superficial findings to be more abstract. They, also, deepened the results by entering multiple quotes in the "Results" section of the article, by extracting the common language of the target group. Besides, the complexity of the phenomenon of women empowering to manage their menopause complications was explored by selecting diverse samples having different dimensions and features and the data contraction. On the other hand, considering the statements and respondents of the participants the questions needs for data collection were analyzed and the statement were extracted. Authors noted not impose assumptions or ideas of the researchers.

Ethical approval of the present study was obtained from ethical committee of Tehran University of Medical Sciences. This study (dissertation code 9121151011-147562) was carried out with the written informed consent of the eligible participants and after coordinating with the Neighborhood houses managers (distinct 22,2,5,17) and referring to women's health clinics affiliated to Tehran University of Medical Sciences. Participants were assured about confidentiality of their personal information. They also were assured that their participation is completely voluntary and they might choose to stop participating at any time. Audio recording permission was taken from the interviewees and date and location of the interview were determined according to each one's preferences.

RESULTS

The methods used in this research were 28 interviews with 25 persons (19 postmenopausal women, 3 their family members, 3 healthcare providers).

Threat of the feminine identity:

Our study aimed to explore micro and macro level factors influencing women's empowering in managing menopause symptoms. Regarding conditions due to menopause women's empowerment key concepts include: reducing the risk perception of femininity, change of self-attitude, contextual support insufficient, and latent opportunities. Evaluating of these concepts reveals threat of feminine identity as the women's main concern in the process of empowerment for managing menopause. Then it emerged as the main theme of the present research is considered the social infrastructure problem and one of the main concerns of postmenopausal women, and expressed in women's empowerment process. Femininity identity threat is well-correlated to all major categories and Grounded theory. So that it is incorporated with the process of empowerment as if empowering women to be capable of managing menopause is impossible without the threat of femininity identity.

Threat of femininity identity indicates changes in personal, interpersonal and social relationships. Individual identity reflects the perception of oneself as a unique individual different from anyone else. Interpersonal identity is how someone thinks of themselves in relation to other ones. Whereas social identity means self-definition as a member of community. All three of these aspects influence postmenopausal women's perception of themselves and people's interpretation of her. Therefore the basic theme of "threat of femininity identity" is composed of four categories: "reducing the risk perception of femininity, change of self-attitude, contextual support insufficient and latent opportunities, and 12 subcategories of: fear of being different, absence of control over herself and life, feeling of insecurity, reflexivity, internal evaluation, self-esteem, feelings of lack of family support, interpersonal support, lack of coherent information support, lack of comprehensive support from healthcare providers, change in wisdom, relative peace of mind, as well as 109 primary or first-level codes.

Risk perception of femininity: it emerged as the main category of this study, associated with the theme of "threat of femininity identity" including fear of being different, absence of control over herself and life, and feeling of insecurity. Changes caused by menopause made participants to perceive this transition as a risky period in a women's life. They experience distorted image of female identity and, also, change of self-attitude because this stage marks the end of fertility. They feel worry about being perceived different and wanted to be seemed the same. Most of this group of subjects believed that menopause is transition from fertility to infertility and has lost their childbearing opportunity. As if this role is so important to her that perceives her own effectiveness on her social duty of fertility. This issue was more prominent in single women (widowed and divorced).

"When I become menopausal, I get rid of menstrual cramps and bleeding. I thought myself I've changed so that I can no longer pregnant. You would feel like losing the hallmark of femininity that is continuity of the generations.. (Sighs).It is finished, no offspring. No one wants to marry me, having children is an important issue. Having children is an essential part of life of men (p. 6).

A sense of loss of control over her and life is among the features proposed for "risk perception of femininity". It suggests that symptom management is beyond control of the women especially those who have recently reached menopause. Despite to adherence to medical and nonmedical, this group of population cannot get the good result in taking control of its annoying symptoms and this makes them unstable and moody.

"Hot flashes for me were so severe that I took cold shower five times a day and felt a little bit better. I tried to clean up my overdue tasks. I felt like I had less control over myself and my life (p.2)."

“My moods changed so fast that my family noticed it as well. This in turn led to lack of control over me and my kids.”

“Three years ago my mother went through menopause. At the beginning she was not feeling well. She did not care about herself, did not cook, and of course with less fuss over us (laughing), not control my sister and me any longer. She always was keeping pretty much to herself. Hot flashing overwhelmed her, and could not help herself... let alone us (p.20)

A sense of insecurity is another feature of risk perception of femininity. It involves various family individuals and social issues that is an unpleasant, frightening and humiliating condition that appears as damage on dignity and identity. Subjects felt menopause and its changes had brought them sudden drop in status. They thought their position was undermined in family. They were always afraid of the disintegration of the family foundation and loss of security. Shortcoming in the accomplishment of marital duty terrified them and created a sense of insecurity.

“I feel bad inside, I cannot fulfill my sexual marital duty. It is very important that your partner be satisfied with your sexual prowess. Otherwise your influence over family members may fade away. Then your man might leave you for other woman (p.9).

Changing perception of herself:

Given the sense of threat of femininity identity and reducing the risk perception of femininity, this group of participants thought about premenopausal period of their life comparing themselves with their previous selves. Privately, they tried to weigh their strengths and weaknesses. In the meantime, thinking about her past and present life, they were willing to take a look at their beliefs and values. They were willing to re-interpret their own lives re-examining own thoughts and manners and asking themselves “where am I in life as a woman living in natural menopause transition?” and “Where was I in life prior to transition to this stage?”. Such Questions had occupied the minds of the participants. In this regard, the main category, “changing perception of herself” was identified as the underlying factor which included: reflexivity, internal evaluation, self-esteem.

“When I went through menopause, I thought to myself: alas, how soon it passed... (Pouted her lips). I think about my children, raised them with great difficulty. Because my husband was a military man so we forced to move from town to town several times.... It was a very difficult time for me. Furthermore, settling meant that the guests were starting to arrive. Hospitality would be difficult when it coincided with my menstrual period.... with pain and bleeding.... But looking back I wish I put less pressure on myself, not so hard on myself (p. 11). Willing to self-assessment and reflection on the past events were evident in the participants’ statements as one of the most important aspects of “changing perception on her”. Postmenopausal woman is seeking self-discovery with insight and reevaluate her life. Recalling past behaviors, they were dissatisfied with their inner negligence. The women perceived menopause as a stage that stimulates internal evaluation. Self-evaluation along with self-knowledge and behavioral analysis affect individual’s attitude towards herself.

“Looking back I don’t agree with certain behaviors of my own. At that time I thought otherwise. I was unaware of my inner feelings. I spoke without thinking. Now I am more aware of myself, know what to say and where to start. Menopausal woman has extensive experiences.

“Life is a good teacher teaching us a lot of lessons only if we got to know ourselves and be aware of our approaches (p.13).

The participants’ statements suggested their fully appreciate their aging and going through menopause. That is self-esteem, which is a reflection of valuing and evaluating is the other aspect of “changing perception of herself”. In this case, postmenopausal women’s statements showed self-love and feel good about her selves creating more free time for themselves and enjoying the life.

“Formerly I was unresponsive to myself, neglecting myself to focus on my husband and children.... never had time to myself. My happiness depended on theirs that is my worth became dependent on the happiness of my husband and kids. But when I got older I felt I had right to enjoy my life. Now I try to make free time for myself and enjoy my life (p.1).”

Contextual support insufficient:

By creating of the first and second categories “risk perception of femininity” and “change of self-attitude” the research team thought about the underlying reason of formation of these categories. Although they are somehow the results of underlying factors, we have always been concerned about reliving their internal and external nature. Performing focused interviews to explain the structural causes showed that contextual support insufficient is considered as an important setting related factor but contribute to creating of the prior categories. The participants reported menopause as a natural event but this needs multilateral support in the community regarding vasomotor, physical, psychological, social and sexual complications’ protection. Existing support, despite inadequate, have been able to empower postmenopausal women. The main category of “Contextual support insufficient” include: “lack of family support”, (lack of) interpersonal support”, “lack of information support”, “lack of comprehensive support of healthcare providers”. The subcategory of “lack of family support” is one of the underlying causes of insufficient support for women’s empowerment in managing menopause complications. The pointed comments about menopause led to a feeling of helplessness, similar to what they experienced during pregnancy. They have never had supporter and those faced with indifference from their husbands believed that the issue may stem from men’s lack of knowledge about menopause transition.

“My husband was not supportive at all....not even when I was pregnant and raising children and not now that my fertility period is over.... I mean childbearing.... and gone through menopause. I’ve always felt alone. I don’t want his support; just expect him to hold his tongue not saying sarcastic language. He always behaved the same, now , when I have hot flashes and fan myself he doesn’t care at all and never ask me what is wrong...he treats me with disregard.....maybe due to lack of knowledge about my menopause transition for he never received training about it (p.9).”

The participants suggested interpersonal support as the effective and friendly social relations with peers. In this way they talked about their problems sharing own knowledge with each other and using experiences. During the exchange of information they experience loneliness, too.

“We are an intimate and friendly group of peers that many of us have gone through menopause. After praying in the mosque we gather talking to each other. For example I say that overwork makes my knee pain since going through menopause....my friends say we too. Then any one suggests a solution to it. I mean we share our knowledge and experience together. I feel that I’m not the only one going through all of this (p.8)”.

On the other hand, information support is one of the main aspects of social protection was seen among the participants. In the other words, joining a social network and exchange information can figure out another way of communicating that seems to be able to fill the loneliness gap and lack of information. However it cannot replace face-to-face communication. Another issue was uncertainty about the information received. They seemed reluctant to use the information received concerned about wrong or contradictory information.

“Social networks are a good option but you can’t trust them. Some have been saying that eating nuts helps to relieve hot flashes while others believe not. Because menopause makes a woman’s temperament becomes warm so eating nuts is not likely to help her. But soybeans are suitable. And then next one answer: no....not all women experience thismenopause has not changed my temperament. I cannot believe what I’m hearing. I don’t use this information (p.10)”.

Peers and media are identical as the main supportive sources. However, the participants believed that the role of healthcare professionals in providing information undeniably crucial. Although healthcare workers are verbally acknowledge the importance of educating all postmenopausal women, they confine the training one-dimensional stereotypes, without considering the real needs of this group of population.

“Most of the time I give medical training and I encourage them to go for cervical cancer screening. And I will test there if the participant be willing to. I advise them refer whenever they notice even a drop of blood because it is dangerous. Any kind of postmenopausal bleeding can be dangerous. I also tell my clients that they are at risk of osteoporosis (p.25).”

Physician oriented systems (physician oligarchy) was evident in the statements of the healthcare members representing pathological and one dimensional view towards menopause.

“I suggest hormone replacement therapy in the absence of a family history of uterus or breast cancer. Of course firstly I recommend mammography and Pap smear tests for her. In case of no problem, I want her to start because their ovaries are not active anymore. I explain that hormone therapy increases bone density so I try to make them to pay more attention to themselves (p.24)”.

So explaining the complications of menopause period, healthcare providers intimidate them.

Latent opportunities:

Along with the conditions underlying formation of empowerment for managing symptoms participants gradually learned through experience to accept menopause as an integral part of own life. In the other hand, menopause as a relativistic reality is associated with both pleasant and unpleasant events. They considered this as a warning sign for threat of feminine identity. But changing nature of menopause and lack of adequate support was the underlying reason for “changing perception of herself”. This group of women perceived the experience of menopause period as a latent opportunity to redefining life, experiences that are intrinsically embedded in menopause due to the changing nature of this phenomenon.

The group of participants who at the beginning of the interview were afraid of being different and regarded menopause as the termination of feminine identity went on to confirm some latent opportunities.

“Going through menopause, I did not anymore consider myself a “woman” because in my opinion when a woman is not able to have children, then its expiration date is past. I felt frustrated and had little control over my life (p.9)”.

The same participant went on to say: “My attitude has changed towards myself. Now I do believe that the woman’s role is not limited to childbirth. Menopause also made me more aware of my own capabilities....you know, I learned to live for myself,....make more time to myself.... not to sacrifice myself for the sake of my husband or kinds (p.9)”. The main category of “latent opportunity” was divided into two subordinate categories of “change in wisdom” and “relative peace of mind”. Having multilateral and critical thinking and, also, change in wisdom” in the second half of life, they evaluated own troubling thoughts and called them the result of superficial. They acknowledged the kind of mindset evaluation. They realized that these thoughts were caused by their own insufficient maturity.

“Before starting menopause I was worried about minor things and tormented myself about trivial matter. But now I think why I was so annoyed with myself. Was it really worth all the stress? As the saying goes: soul has to be tormented forever in the lack of knowledge (p.15)”.

“Relative peace of mind” was one of the main features of “latent opportunity” implied the cessation of pain and bleeding with a sense of relief and freedom, reduce in concern about children, change in social roles ending all job duties. For example one of the subjects said: “I am a retired teacher, so I need not worry about being on time for classes and I am getting a lot more mental rest. Now that I think about it I see when I was working, I got anxiety the days prior to my period. Then I got weak.... I had a lot of bleeding and used to receive strengthening medications. Indeed this stage of life had good consequences for me: not bleeding... not going to work.... My children have grown up.... enjoying peace of mind (p.10)”.

DISCUSSION

Our study aimed to explain the process of women’s empowerment for menopausal symptoms management. Data analysis suggested that postmenopausal women’s empowerment in symptom management is closely dependent on social background and origin. In the present research fear of being different, absence of control over her and life, and feeling of insecurity were among the features suggested for risk perception of femininity, rooted in threat of feminine identity. Our participants spoke about their fear of being different and saw this stage as a threat to woman’s identity which was an important component of them. In this regard, endangerment of the health generates a sense of identity threat among people. Two qualitative studies quoted by Sheppel on midlife crisis of identity in middle aged women (45-60 years old) revealed that especially widowed women experience a break with own past identity (Sheppel, 2008) which is consistent with the present study’s findings. In most of the Asian societies, including Iran, marriage is influenced by the force of traditional beliefs of gender and cultural barriers, to the extent that woman’s fertility and playing a role in fertility are considered a key segment of women’s life and greatly influence the probability of marriage of girls and remarriage for widowed persons and cannot be simply ignored. So menopause transition that marks the permanent end of fertility in women provokes the threat of the feminine identity and is

among main factors affecting women's empowerment in cross-cultural studies (Upadhyay et al, 2014b). In a study on menopause described from the men's perspective conducted on 33 married men in Turkey, most of the participants defined this event as loss of fecundity, increased weight and loss of beauty in which the most important concern mentioned was men's own sexual life. In this study ending of fertility emerged at the first category (the risk perception of femininity) posed threat of the feminine identity among the participants (which is consistent with the findings of their survey), but in the research on the men's attitude towards women's menopause stage, ending fertility due to menopause was associated with men's concerns about sexual matters (Hidrioglu et al, 2014).

Given the findings of our study, annoying symptoms of menopause including hot flashes and low libido induced negative emotions in the subjects that is due to the negative attitudes of society towards postmenopausal women which in turn induces negative emotions. So that, this group of population begins to lose the control over its lives and expressed the feeling of frustration and mental disturbances. Menopause annoying symptoms associated with social context can cause psychological problems, too. Indeed, social attitudes have significant effect on women's empowering and explain the strategies for empowering this group of population (Sax, 2007). Qualitative studies on the women with vulvar pain revealed the subjects' main concerns included three fear of losing femininity, threat of the feminine identity and lack of diagnosis. However, their major concern was feeling of insecurity due to shortcoming of marital sexual relationships resulting from decreased libido and pain during intercourse that is consistent with the notions of this study: feel of shortcoming of marital sexual relationships and feel of insecurity. Unpredictable events in life can transform individual's identity and distort self-image by changing the feelings (Ahmad, 2013). However according to the results of the present survey, perception of risk and threat of the feminine identity experienced by the participants, as a stimulus, helped them reflect on their life experiences as well as self-esteem and self-assessment. Regarding the study a by Corbin and Strauss (2008), people with chronic illness lose part of their identity and given the social context followed by feeling of being undervalued and low self-esteem (Corbin & Strauss, 2008). In this study we concluded that the reason of inconsistency between findings of our survey and other similar studies is that people consider menopause as a natural life event and the participants did not think of it as a disease, despite numerous complications. Besides, the women of north India described menopause stage as a natural life transition and, although it is associated with loss of female advantages (such as ending childbearing), menopause causes experiences of gratitude, feel of being valued and playing a deeper role for family and social (Singh & Arora, 2005). Japanese women called menopause stage as "flourishing period" and a new chapter in woman's life. These group had a sense of self-esteem and superiority and considered it as a step towards power and glory. They believed that menopause is a time when woman rediscovers herself that is consistent with the notions emerged in the present study.

Lack of proper safety net increases vulnerability to health crisis. In our study, inadequate supportive context intensify feeling of threat of the feminine identity. Indeed, sense of incapability was being causes by lack of family support especially that of husband. That is they believed that their family not only could not play a proper supportive role but they were to deal with the family members' verbal abuse who tried to hurt them with sarcastic comments arose from men's lack of knowledge of the nature of menopause transition. In this regard, qualitative study on Australian postmenopausal women showed that husbands and generally men failure to understand women stems from a lack of awareness among men which is consistent with the implications from this study. Besides, inadequate awareness of Australian women about menopause intensified their vulnerability. So they described menopause as the end of femininity and were afraid of it (Jurgenson et al, 2014). Based on the documentation provided, healthcare workers often have one-dimensional view of menopause. That is teaching stereotypical materials, creating fear and anxiety in the postmenopausal women and, also, highlighting ill effects of menopause (such as the risk of cervical cancer and osteoporosis), they try to encourage their clients to get screened and medical care instead of considering the needs of an individual postmenopausal woman. These underlying factors cause a sense of identity threat among this group of people. In this regard, conducting a meta-synthesis study on women's health concepts in social theme, Seyedfatemi et al (2014) suggested that the support women receive from healthcare professionals is one-dimensional, adopting only medical and pathological approach to menopause. They limited their training to stereotyped context and did not try to meet the postmenopausal one's psychological and emotional needs. Then they conclude that this is probably due to underestimation of menopause phenomenon and lack of understanding (Seyedfatemi et al, 2014). The findings of Seyedfatemi is consistent with ours. In the report on factors affecting empowerment, insufficiency of supportive context was one of the affecting agents to manage health hazards that plays an important role in selecting empowering strategies (2014). In a research on 22 type two diabetic patients, using fear strategy hindered patients' self-care behavior. The ones with frequent visits to the doctor felt that played a very inconspicuous role in own self-care. This was one of the barriers to empowering diabetic patients in

collaborative care. For individual is the main decision maker in health management and effective decision making is a key factor in empowerment. That requires relationship and mutual respect between people as individuals and health staff (Nagelkerk et al, 2006). Healthcare providers in our study using fear strategy represented menopause as a disease that underlays threat for feminine identity. Our survey can positively affect the process of postmenopausal women's empowerment interfering with collaborative care of clients.

Our participants approved relativity of nature of menopause that has latent opportunities. Change in wisdom is characterized by some concepts including lack of superficiality, multilateral evaluation issues. Then in a study examining the perception of menopause a total of 20 semi-structured in-depth interviews were held and two main concepts emerged: paradox of positive and negative changes. This means that getting rid of the annoying symptoms that are more severe at early stages of menopause, women experience different opportunities such as intellectual development including maturity of mind and reflection on the issues which is consistent with the findings of our survey. Also, concepts such as feel of freedom, convenience and relief of the job were among the "latent opportunities" which was consistent with the experiences mentioned in the study (by murphy et al, 2013).

Findings of the present study conducted in sociocultural setting of Iran suggested that postmenopausal women define themselves in the eyes of others. Because identity is an interactive phenomenon and a social product that is formed in interaction with others. Therefore negative interpretation of the value of woman in society and traditional views on gender roles of women have significant impact on defining feminine identity. According to the study documentation women's empowerment process in managing menopause complications is a continuous evolutionary-cognitive transition that is rooted in the social context threaten feminine identity. This highlights leading role of socio-cultural context in Iran. Finding of the present investigation provide a partial picture of a bigger and complex world of factors affecting women's empowerment process. Using these findings in practical planning, design and interventions with a more comprehensive view can help to facilitate postmenopausal women's empowerment for managing symptoms and improving quality of life.

Qualitative research seek to create fundamental knowledge in a particular social context. However given the nature of qualitative studies, their results may not be generalizable to other populations. Every community has a unique cultural content and this is a limitation of the present study. But we tried to minimize this limitation by adopting a maximum variation sampling technique.

As for limitations of this study, it was performed on a small sample size. The nature of the study limits the ability to generalize the results .However, as with all qualitative studies, results are not intended to be generalized. Nevertheless, we used maximum variation in sampling.

Ethical considerations

Ethical issues (Including plagiarism, Informed Consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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Or perceived interest that relate to this article that relate to this article that could be construed a conflict of interest.

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