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Development of Grounded Theory on Opinion of Menopausal Women Regarding Post-Menopausal Care and Preventive Measures

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Abstract

Introduction: Menopause marks the permanent cessation of menstruation and is accompanied by various physical, psychological, and social changes. Women often experience symptoms such as mood swings, depression, anxiety, and social isolation. Understanding menopausal women's opinions on postmenopausal care and preventive strategies is crucial for improving their quality of life.

Objectives: To identify the perception of psychological and social problems among menopausal women. To develop a grounded theory based on menopausal women's opinions regarding postmenopausal care and preventive measures.

Research Approach and Design: A descriptive qualitative research approach with grounded theory methodology was employed. Data werecollected using structured in-depth interviews from 30.00 menopausal women aged 45-60 years in a selected community in Mangalore.

Data Collection and Analysis: Participants were selected using snowball sampling. Data were analyzed through open and axial coding togenerate categories and formulate a substantive theory related to menopausal women's psychosocial experiences.

Major Findings: Two major problem categories emerged: psychological problems (fear, depression, mood swings, lack of concentration) and social problems (lack of support, dissatisfaction, shyness, lack of communication). Preventive measures recommended include social engagement, stress reduction techniques, family support, healthy lifestyle adaptations, and improved communication.

Conclusion: The study reveals significant psychological and social challenges faced by menopausal women. Postmenopausal care protocols focusing on education, social support, and coping strategies are recommended to enhance wellbeing. Nurses and healthcare providers play a pivotal role in implementing these measures.

Keywords: Menopause; psychological problems; social support; grounded theory; postmenopausal care; preventive measures.

1. Introduction

"Going through menopause is like on an unfamiliar, twisting road with an unclear destination. You may not be sure of all that is happening, where you are going or what's coming next. In fact, you won't realize you have reached your destination (menopause) until you are passed it and see it in your rear view mirror"

– U. S. National Institute of Aging

Women play a very vital role in human progress and have a significant place in the society. The main responsibility of a woman is to preserve the human race. As a mother, her position is unique. She brings up the children with extreme care. Women are not at all inferior to men. They are capable of sharing all the responsibilities of life. Man and woman have been rightly compared to the wheels of the same carriage. Islam has accorded an equal position to women in the society. Islam realised the importance of women and granted them a very dignified position equal to men. Women have always played an important role in the progress of a nation. In the early days of Islam, women worked side by side with men. In the battlefield, they nursed the injured, kept up the supplies and in certain cases even fought bravely. Florence Nightingale was the woman, who led a very successful campaign for the reforms of hospitals and nursing profession. Women had been great saints, scholars, poets, writers, reformers and administrators. Women should be given proper education and training. They should known what life is and how it should be lived.

Educated women can do much to reform the society. Many disturbances in the society is created by those anti-social persons, who were brought up by wrong hands. In modern age, women are going very well in all the fields of progress. They are demonstrating their talents in best. They are serving as teachers, doctors, Engineers, Administrators and even head of the states. The literacy rate among the women so in Pakistan is very low. The need is to increase this ratio. More education among the women means the more progress of the society[1].

Menopause means a permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity[2]. Approximately 4000 women in the world begin menopause a day .Once a women has gone full 12 months without a period, she can fairly sure that she has been through menopause and is now in post menopause[3]. The ovaries also make the hormones oestrogen and progesterone, which control menstruation and ovulation. Menopause happen when the ovaries no longer release an egg every month and menstruation stops. Menopause is considered a normal part of aging when it happens after the age of 40. Changes to the menstrual pattern are the first noticeable symptoms of menopause. Dryness, itching and discomfort of the vagina tend to occur during perimenopause. Night sweats, disturbed sleep, urinary problems, emotional changes, obesity these are the problems women's experience in the menopause[4].

Psychologically there is increased frequency of anxiety, headache, insomnia, irritability and depression they also suffer from dementia, mood swings and inability to concentrate[5]. Menopausal women deserves special attention and education with regard to the physical and emotional upsets they experience undergoing menopause. Menopause is something that all women will have to go through in their life times[6]. There are different types of menopause, different stages, different symptoms and different treatments. Each is depend on the women. There are other factors that affect a women's menopausal experience and the women may have to make changes to their nutrition and their exercise plan[7].

Need for the study

Menopause is unavoidable change that every women will experience assuming she reaches middle age and beyond. An early menopause can related to cigarette smoking, higher body mass index, racial, ethnic factors, illness, chemotherapy radiation and surgical removal of uterus or both ovaries[8]. A major area of concern among researchers on menopause has been the question whether some women are more susceptible to the menopausal syndrome than others. Undernourished women are found to get their menopause as much as four years earlier than others. Smokers are supposed to reach the stage of menopause one or two years earlier than non-smokers[9].

This study was carried out to establish the age at onset of menopause and the prevalence of menopause and menopausal symptoms in South Indian women. Three hundred and fifty-two postmenopausal women attending the outpatient clinics of obstetrics and gynaecology department of Dr. T. M. A. Pai Hospital, a tertiary care Hospital in South India, were included in the study. The Menopause-Specific Quality of Life questionnaire was used in the study. Data were presented as percentages for qualitative variable. The mean age at menopause was 48.7 years. Most frequent menopausal symptoms were aching in muscle and joints, feeling tired, poor memory, lower backache and difficulty in sleeping. The vasomotor and sexual domains were less frequently complained when compared to physical and psychological domains. The age at onset of menopause in southern Karnataka (India) is 48.7 years which is four years more than the mean menopause age for Indian women. This could be attributed to better socioeconomic and health-care facility in this region[10].

According to doctors, a low fat diet rich in calcium, frequent intake of green and leafy vegetables, regular exercise and avoidance of smoking can help reduce menopausal symptoms which include osteoporosis and cardiovascular disease. Menopausal usually occurs with women over the age of 45 years old. It usually occurs due to the dysfunction of the ovary organ and degeneration of body systems. It can causes disturbance within the endocrine system and parasympathetic nerves. Approximately 85% of menopausal women will manifest some symptoms[9].

The symptoms of menopause usually last for the whole menopause transition, but some women may experience them for the rest of their lives. The most common symptoms are hot flushes, night sweats, irregular periods, loss of libido, mood swings, sleep disorders and depression etc. In this condition, the menopausal women feel difficulty to manage these situations. So the researchers were interested to give health education regarding menopausal syndrome under its management[11].

A population based cross-sectional study was conducted in Dichaon Kalan village, Najafgarih, located in South west district, New Delhi. Dichaon Kalan village comes under one of the sub centres of rural health training centre (RHTC). Najafgarih, New Delhi. At the time of the study, their where three sub centres under RHTC, Najafgarih study area Dichaon Kalan village was selected from their these Three sub centres using simple random sampling (lottery Method).The study was carried out from October 2011- March 2013. All post menopausal women between the age of 40 to 54 years living in the study area who satisfied the inclusion and exclusion criteria where included in the study. Inclusion criteria for the study were postmenopausal women with at least one year of amenorrhea and those who had attained natural menopause in last 5 years. Postmenopausal women who have recently attained menopause, that is, within 5 years were included in the study to minimize recall bias. Women with a known history of chronic disease such as hypertension, diabetes, migraine, cardiovascular disease, tumours, tuberculosis, rheumatoid arthritis and osteoarthritis were excluded from the study. A total 539 women were approached by House to House survey in the village among theme, 252 post menopausal women fulfilled the inclusion criteria and were included in the study. The mean age at attaining menopause was determined. The self-reported menopausal symptoms of post menopausal women were studied. The prevalent of anxiety and depression among post menopausal women was also determined. The study instrument consisted of a pretested, self-designed, semi-structured, oral, interview based questionnaire. The pre testing of the study instrument was done in village of Fatethpur Sikir, New Delhi. After analysis of the results from pre-testing, changes were made in the study instrument[12].

There are three stages

Peri-menopause: Women's cycle become irregular, but it hasn't stopped most women hit this stage around age 47. Even though women might notice symptoms like hot flashes, woman can still get pregnant.
Menopause: This is when women will have their final menstrual period. Women won't know for sure it's happen until she have gone a year without one. Hot flashes, vaginal dryness, sleep problems, and other symptoms are common in this stage.
Post menopause: This begins when women hit the year mark from her final period. Once that happens, the women will be referred to as postmenopausal for the rest of her life[13].
Physical symptoms (fatigue, night sweats, insomnia, hot flushes, memory loss, tension). These symptoms can cause emotional distress. Mood changes (irritability, feeling of sadness, lack of motivation, aggressiveness problems focusing, stress, difficulty concentrating, depression mixed with cognitive changes)[14].
According to Hill (1995) the number of postmenopausal women in the world will rise from 467 million in 1990 to 1.2 to 2 billion by 2030. Most of the increase in number will occur in developing countries. Menopause often meant that their life was nearing an end. But this is no longer true. Today women are living longer. Today's women will live a third of her life after her menopause. By educating her, planning ahead for this time of challenges and opportunities, every women can make this period as one of the most rewarding and enriching time of her life. The real importance of menopause today lies in the increasing longevity of the 21st century women. By making wise decisions about menopause and healthy life style, we can make the most of the 20, 30 or more years we have ahead[15].

2. Objectives

This chapter deals with the main objectives of the study, the concepts involved and the conceptual framework on which the study is based.

Statement of problem

Development of grounded theory on opinion of menopausal women regarding post menopausal care and preventive measures.

Objectives of the study

1. To identify the perception of psychological and social problems among menopausal women.
2. Development of the grounded theory based on the opinion of the menopausal women regarding post menopausal care and preventive measures.

Operational definitions

Opinion: A view or judgement of menopausal women regarding psychosocial problems.
Menopausal women: Refers to the women in the age group of 45 to 60 years residing in a selected community, who have attained a permanent cessation of menstruation for a period of not less than 12 months and are experiencing menopausal problems.
Postmenopausal care: Refers to the care given for menopausal women to reduce the symptoms and complications of menopause.
Preventive measures: Refers to the measures taken to reduce the complications and symptoms of menopause.

Assumptions

- The menopausal women may have some opinion regarding post menopausal care and preventive measures.
- The menopausal women's opinion may be similar.

Delimitations

- Able to understand and speak English.
- Able to understand the questions and answers the questions.
- Willing to participate in the study.
- Have interest to answer the questions.

3. Review of literature

a. Literature related to the psychological problems of postmenopausal women

It has been reported that most women in developed countries will live a third of their lives after the menopause (Rozenberg et al., 2000) and vasomotor as well as psychosomatic symptoms occur frequently during this period of life although their severity and duration may vary widely between individuals. The menopausal symptomatic reaction can be taken to be the sum of the impact of the three components of (a) the amount of estrogen depletion and the rate at which estrogen is withdrawn (b) the inherited and acquired propensities to succumb or withstand the imposition of the overall aging process and (c) the psychological impact of aging and the individual`s reaction to the emotional implications of a change of life (Speroff et al., 1999). The psychological or psychosomatic symptoms (including insomnia, depression, irritability, dizziness, nervousness) are sometimes grouped together as the menopausal syndrome and their causal relation with estrogen is uncertain. It is also known that many postmenopausal women obtain inadequate sleep and that sleep problems are common during the menopausal transition (Landis and Moe, 2004). It can be argued that sleep quality is an important determinant of health status and quality of life for women during and beyond menopause. Similarly many studies are conducted on post menopausal women to assess the psychological problems and coping strategies which highlights the post menopausal women were experiencing severe psychological problems and they are using coping strategies moderate[16].

A study is done by Hunter M, et al (1986), on the 'Relationships between psychological symptoms, somatic complaints and menopausal status' concludes that the importance of distinguishing climacteric symptoms from other psychological and somatic complaints has been repeatedly stressed, Eight hundred and fifty pre-, peri- and post-menopausal women, aged 45-65 year, took part in a cross-sectional survey of general health, psychosocial factors and current symptomatology. They were a non-menopause clinic sample and were blind to the purpose of the study. Using a principal components analysis, the relationships between symptoms were examined. Certain psychological and somatic symptoms occurred together in specific clusters. Some of these symptom clusters, e.g., vasomotor symptoms and sexual difficulties, were best predicted solely by menopausal status, while others, such as psychological and somatic symptoms, were more clearly associated with psychosocial factors[17].

A study was conducted by Discigil G, et al (2006) on 'Profile of menopausal women in west Anatolian rural region sample,' proved that urogenital, and psychological problems in post-menopausal women are the most prevalent symptoms.[18]

A study conducted by Lagos X, et al (1998) on,' Prevalence of biological and psychological symptoms in postmenopausal women from different socioeconomic levels in the city of Temuco,' proved that Bone and muscle aches were the most frequent referred symptoms in 36% of women. Thirty one percent complained of vaginal dryness and 28% of headache. No differences in symptom frequency per age or between post or pre menopausal women were observed. Depressive disorders were found in 39% of women, mostly in women not working outside their houses. 67% of women had a PAP smear and 58% had a mammography

performed. Women of low income levels had a greater prevalence of biological and psychological symptoms and a lower frequency of self care behaviors[19].

Shipra Nagar, Parul Dave, 2005, conducted a study on,' Perception of women towards psychological problems faced at post menopause,' proved that the post menopausal women faced psychological problems like headache, backache uneasiness, fatigue, hot flushes & sleep disturbances.[20]

A study conducted by Juang KD, et al (2005) on 'Hot flashes experienced by post menopausal women are associated in the higher level of anxiety and depression & has low prevalence of vasomotor symptoms[21].

Similarly such study conducted by Osinowo HO, (2003) conducted a study on,' Psychosocial factors associated with perceived psychological health, perception of menopause and sexual satisfaction in menopausal women,' proved that post-Menopausal women reported better psychological health compared to the pre-menopausal women but no significant differences in their attitude regarding their sex role. Post menopausal women had more positive attitude to sex and were more knowledgeable about menopause. Women with conservative/reactionary preference for traditional sex roles reported negative perception of menopause compared to those with liberal attitude toward sex role. Menopausal Status, Educational level and social support predicted positive attitude to sex, Age, self-image and attitude to sex domain of the marital satisfaction scale predicted better psychological health, and marital cordiality predicted better psychological health as measured by GIIQ. Marital satisfaction significantly predicted better sexuality. Sources of information on menopause included health institutions, books, doctors, and books/health workers & concludes that the study highlights the need for sensitizing menopausal Nigerian women on how to improve their self image, marital satisfaction, and sexual satisfaction. Conventional treatment options emphasizing hormone replacement therapy, need for nutritional supplement, dietary changes, marital and sex therapy are emphasized.[22]

Yasui T, et al (2007) conducted a study on 'Association of serum cytokine concentrations with psychological symptoms in post menopausal women' suggests that psychological stress manifested as climacteric symptoms in post menopausal women may be associated with increases in serum concentrations.[23]

Amore M, et al (2007) conducted a study on 'Sexual and psychological symptoms in the climacteric years,' suggest that depressive and sexual symptoms presented greater severity in the post-menopausal group. Both clusters of symptoms were strongly associated with life events. The parallel course of the two clusters could be related with a common pathoplastic action of life events, both on sexual symptoms and on depressive symptoms, occurring right at the time that a woman has to face the transition into menopause.[24]

Similar such study was conducted by Kalpakjian CZ et al (2007) on 'Menopause as predictors of subjective sleep disturbance in poliomyelitis survivors,' proved that Psychological symptoms is the basic reason for sleep disturbance in postmenopausal women .[25]

b. Literature related to the psychosocial problems related to peri and post menopausal women

A descriptive cross sectional study 100 peri and post menopausal women (40-60 years) in Dearch village of West Bengal, India during February to March 2014. The menopause specific quality of life questionnaire MEN-QOL azioccurence of vasomotor symptoms was average with 60% of them reporting hot flushes and 47% sweating. Most prevalent psychosocial symptoms reported were feeling of anxiety and nervousness (94%) and overall depression (88%).Assessment of psychosocial problems and coping strategies among post menopausal women in selected rural and urban area at Ludhiana the finding of this study showed that 37 (74%) of post menopausal women were having moderate psycho social problems, 13 (26%) of them were having mild psychosocial problems and none of them were having severe

psychosocial problems. The findings also showed that 58% of sample had psycho social problems in the area of depression, anxiety and fear (57.4%), anger (38.8%), suspiciousness (36.8%), self-concept (40.8%)[22]. The findings can be compared with the study to assess the psychosocial problem among 243 postmenopausal women purposive random sampling technique was used to collect the data. The psychological symptoms were present in 32% post menopausal women while sleep disturbance and decreased concentration were reported by nearly 34%. Irritability, nervousness and depression were the presenting companies in 31.5%, 28.5% and 23.5% women respectively. Mild depression was present 41.5%, whereas 3% women suffered from clinical (moderate to severe) depression.[26]

c. Review of literature related to prevention of problems of menopausal women

The themes of the research studies reviewed was related to the various aspect of the women's health and wellbeing. Women in their midlife phase of life where at a greater a risk. For profound health, social and emotional changes such as depression, sadness, and anxiety. Related studies also indicated the importance of providing these women with more intervention options, such us incorporating health promoting activity programs and opportunities for improved wellness.[27]

The studies also focused on the preventive measures and treatment of stressors for women going through menopause. The women stressors were successfully treated with nutritional or herb supplements, massage therapy, chiropractic sessions. Almost 66% of the women surveyed preferred. natural therapies over medicines.[28]

Others studies explored the physiological effects of menopause, age, and stress on the post menopausal women. Key operating systems and overall wellbeing. The research concluded there was a negative impact caused by stress on the autonomic nervous system increased production of free radicals overwhelmed the body's defense mechanism and resulted in increased cardio vascular disease.[29] This study suggested that the use of preventative alternative therapies did reduce the occurrence and intensity of vasomotor negative responses in many cases.

A study of 300 Turkish women illustrated how they experienced greater stressors associated with menopause when their attitude towards this phase of life was negative. To assist women in adequately coping with this conditions the authors suggested the benefits of engaging in a preventative wellness program that provided a more positive experience for women.[30]

In contrast to others studies, Glazer (2002) stated that it was difficult to isolate stress as being the primary and sole contributing factor to a menopausal women's unhappiness or lack of comfort and overall wellbeing. Glazer (2002) also indicated there is little objective evidence to support social and community assistance as being beneficial in treating the stress associated with menopause. The study does, however, suggest the importance of a positive attitude for midlife women who are suffering from anxiety and depression."Women who had more positive attitude towards menopause and higher levels of coping effectiveness had higher levels of health promoting activities".[31]

Finally, it should also be noted that there are women who do not suffer from the effects of menopause. These women have a more positive attitude towards the stages of life, which they perceive as a natural occurrence that that takes place in a women's life. Inconveniences associated with menopause were perceived as completely normal and to expected.[32]

d. cLiterature related to grounded theory

Appropriate approaches to extant literature have been a topic of debate among grounded theorists who generally value the ability to approach data with an open mind (Dey, 1999). Throughout the evolution of grounded theory (GT), researchers have repeatedly questioned traditional approaches towards utilization

of existing literature within the research study (Bryant & Charmaz, 2007). In The Discovery of Grounded Theory, Glaser and Strauss (1967) encouraged researchers to remain theoretically sensitive to their research topics: that is, to develop and make use of existing theoretical insight into one's area of research while simultaneously considering the emerging data. Nevertheless, Glaser and Strauss were unequivocal in directing researchers to write the literature review only after completing analysis so as not to contaminate research findings. They added that reviewing literature in advance influences researchers' theoretical preconceptions and, therefore, should be delayed until completion of data analysis. Glaser and Strauss originally adopted the objectivist school of thought where researchers were expected to approach the field as a tabula rasa. In later publications, Glaser and Strauss and Corbin separately offered increasingly ambiguous positions on the status of extant literature leading to a degree of confusion. For example, Glaser (1978) argued against "naïve inductivism" suggesting that researchers incorporate theoretical sensitivity and use established coding families (p. 57). Strauss and Corbin (1998) stressed the importance of using accumulated knowledge during GT data analysis, asserting that because "there is always something new to discover" (p. 36), it was unnecessary to review all of the literature prior to the start of the study. Subsequently, there is confusion as some contemporary grounded theory authors (Christiansen, 2011; Glaser, 1978) and graduate students (especially those using Glaserian GT); continue to posit that researchers enter the field with no formal review of the literature, while others note the importance of understanding discourse surrounding their topic (Bryant &Charmaz, 2007) as necessary to both "situate your work within the body of related literature" (p. 123), and to "set the stage for what you do in subsequent sections or chapters" (Charmaz, 2006, p. 166).

In summarizing and clarifying these debates, Charmaz (2006) argues that the literature review provides an opportunity for researchers to summarize and evaluate the literature as well as situate themselves in relation to current discourse. She highlighted the importance of sensitizing concepts, "ways of seeing, organizing, and understanding experience that are embedded in our disciplinary lenses" (Charmaz, 2000, p. 515). Using this position as a starting point researchers can incorporate sensitizing concepts into inquiry without forcing preconceived notions on emergent theory (Charmaz, 2006). Over three decades of discourse among grounded theorists has done little to quell the controversy related to literature review. A conundrum continues to exist, as researchers are increasingly under pressure to meet methodological expectations, along with requirements of institutional funding agencies and research ethics boards.[33]

4. Methodology

Research methodology is the systematic way of doing a research to solve a problem. The main problem in nursing research is to find appropriate measurement tools or techniques to measure nursing- related phenomena. Nurses frequently use tools developed by other disciplines, such as psychology, sociology, etc. These tools from other disciplines can be useful if they are found appropriate to measure the nursing-related phenomena, but most of the time these tools are used because of the unavailability of the reliable and valid tools to measure the nursing related phenomena. methodological studies are conducted to develop validate, test, and evaluate the research instruments and methods. A methodology or involves specific techniques that are adopted in research process to collect, assemble and evaluate data. It defines those tools that are used to gather relevant information in a specific research study. Survey, questionnaires and interviews are the common tools of research.

Research Approach

Research approach indicates the basic procedure of conducting research. The choice of the appropriate approach depend on the purpose of the study. Descriptive qualitative research approach was used to enable the researcher to learn about the perception of menopausal women social and psychological problems.

Credibility

The notion of credibility recognises that when we are dealing with research in human settings there is no single correct answer, instead there are always multiple perspectives .The questions is not whether the researcher offers the correct version of events, but whether the account is credible. The corollary of this is that there may be more than one credible account depending on the perspective one adopts. In fields such as art and design history for example this is noncontroversial, the issue is not whether one offers the right interpretation for which there is supporting evidence. The researcher may be called to arbitrate between different possible arguments and explain why they choose one account in preference over another social and psychological problems.

Transferability

Transferability refers to the degree to which the result of qualitative research can be generalized or transferred to other context or settings. The qualitative researcher can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research. The person who wishes to 'transfer' the result to a different context is then responsible for making the judgement of how sensible the transfer is.

Dependability

The idea of dependability, on the other hand, emphasises the need for the researcher to account for ever changing context within which research occurs. The researcher is responsible for describing the changes that occur in the setting and how these changes affected the way the researcher approached the study.

Conformability

Qualitative research tends to assume that each researcher brings a unique perspective to the study. conformability refers to the degree to which the results could be confirmed by others. The researcher can document the procedures for checking and rechecking the data throughout the study. After the study, an expert can conduct a data audit that examines the data collections and analysis procedures and makes judgments about the potential for bias or distortion.

Grounded theory

Grounded theory was used to generative substantive theory on perception of adolescence on healthy lifestyle and factors contributing to health and its barrier. in the grounded theory the researcher does not commence the process of research with a predetermined theory in mind, the formulation pf theories stem of the data that allows one to explain how people experiences and respond to events. in the present study also, investigators does not referred any theory related to the present concept.

Grounded theory is most accurately described as a research method in which the theory is developed from the data, rather than the other way around. that makes this is an inductive approach, meaning that it moves from the specific to the more general. The method of study is essentially based on three elements: concepts, categories and propositions or what was originally called "hypotheses". However, concepts are the key elements of analysis since the theory is developed from the conceptualization of data, rather than the actual data.

The grounded theory approach is qualitative research method that uses a systematic set of procedures to develop an inductively derived grounded theory about the phenomenon .The primary objective of

grounded theory is to expand upon an explanation of a phenomenon by identifying the key elements of that phenomenon, categorising the relationships of those elements to the context and process of the experiment. In other words, the goal is to go from the general to the specific without losing sight of what makes the subject of a study unique.

The phrase "grounded theory" refers to theory that is developed inductively from your set of data. This kind of study aims at discovering or generating a theory. Here theory means an abstract analytical scheme of phenomenon. In other words, a theory is understood as a plausible relationship, as any concept or sets of concepts. In this case, theory is discovered in the context of a particular situation. This situation is one in which individual interact, take actions, or engage in a process in response to a phenomenon. The researcher intends to explore how people act and react to a phenomenon. The process involved in data collections can be through continuous visits to the field interviews with participants, and in-depth observations of activities etc. The researcher develops and interrelate categories of information and writes theoretical propositions or hypotheses.

Steps of grounded theory

- In the context of a particular situation, the researcher makes several visits to the field, makes in-depth observation, and conducts interviews. The data collection process continues till the researcher comprehends the totality in a situation. However the major focus remains on in-depth interviews.
- With the help of data available, the researcher makes categories of information. A unit of information composed of events happening and instances is presented in the form of one category.
- Often it happens that during the data collection process the researcher analysis the data and gradually categories are formed on specific instances or happenings. Hence the data collection process and data analysis are integrated on many occasions.
- After data analysis, the researcher may like to be back to the field to gather more information, analyze the data and so forth. Hence, this zigzag process continues till a saturated state is identified for arriving at a theoretical framework.
- Towards the end of the study, the researcher presents a elaborate theoretical framework to understand the complexity of an event.

Setting

The research setting is the environment in which research is carried out. The qualitative research is conducted in the natural settings. Hence the term naturalistic inquiry, the setting selected for the present study community, Mangalore.

Population

Population is any set of people or events from which the sample is selected and to which the study result will generalize. In this study, the population were the menopausal women in a community.

Sample and sampling technique

Sample/participant

Sampling is a process of selecting units [e.g., people, organisation] from a population of interest so that by studying the sample, we may fairly generalise the result back to the population from which were chosen. Sampling refers to the process of selecting portion of the population to represent the entire population. In this study the participant were the women of menopausal age in the community who met conclusion criteria was selected as subjects.

There is no set sample for sample size for qualitative studies but generally they involve around 6-8 people or events due to the large amount of data generated and the complexity of analyzing qualitative data .25 subject were reqruited a sample for present study.

Sampling technique

Sampling technique is a defined plan from obtaining a sample from the given population, in the studies snowball sampling techniques as used from the selection of the sample .snowball sampling technique has used to select the subject of the study .in a community there were 25 women at menopausal age. By means of network sampling method 25 women of menopausal age was selected and data was collected from them.

Sampling criteria

Inclusion of criteria

- Able to understand and speak Kannada.
- Both psychological and social problems are included.

Exclusion criteria for sampling

- Women who are not willing to participate in the study.

Data collection

Data collection is an important aspects of any type of research study.in accurate data collection can impact the result of a study and ultimately lead to invalid result. Data collection methods for impact evaluation very long a continuum. At the one end of this continuum are qualitative method and at the other end of the continuum are qualitative method for data collection.

Description of the tool

Part A

It comprises the questions .it is used to collect the baseline information from the menopausal women .it includes age of menopausal women,social problems, psychological problems previous knowledge regarding menopausal problems .

Part B

It comprises of semi -structured closed ended questions to explore perception of women on menopausal age with social and psycholagical and social probblems.

In-depth interview

In depth interview is a method of research used as standardized interview .structured interview is a quantitative research method commonly employed in survey research. The aim of this approach is to ensure that each interview is presented with exactly the same question in the same order. This ensures that answer can be reliably aggregated and that comparisons can be made with confidence with sample subgroups or between different survey periods. The interview in a structured interview generally has framework of themes to be explored.

Data collection procedure

- Data were collected through structured in depth interviews, which is one of the researchers personally conducted interview in a private setting, in a community.
- These interviews were conducted to elicit information regarding women perception on menopause and its barrier.
- The investigator personally met the sample and explained the importance of the study and informed that all the data collected will be kept in confidential. Privacy was made during interview.
- After obtaining consent, the closed ended questions were asked.

- During the interview, field notes of observation emerging categories, relationship of theories were recorded manually, followed by a review of the audio tape recordings and field notes before subsequent interviews.

Data analysis

Using the iterative process between data collection and analysis within grounded theory, the researcher seeks to identify patterns of vincoorection__ between and among subjects by logically liking two or more data categories, i.e., similar topics sharing same meaning. Strauss and Corbin explained the three major data coding strategies used in grounded theory research; Open coding; as the initial coding effort, data are deconstructed into the simplest form possible, examined for commonalities, and sorted into categories.
Data were transcribed and microanalysis was used to generate initial categories using closed codes. Axial coding consisted of relating these initial categories back to their subcategories. Relational statements, grounded in the data, were connected using memos created during data analysis.
As categories emerged and involved from the data, relationship between categories were investigated via systemic comparison. Theoretical and operational notes directed the next step in the research process to finalize the theory.

Summary

This chapter has dealt with the research methodology used for the study. It specifies the research approach, research design, setting of the study, population, collection procedure, and plan for the data analysis.

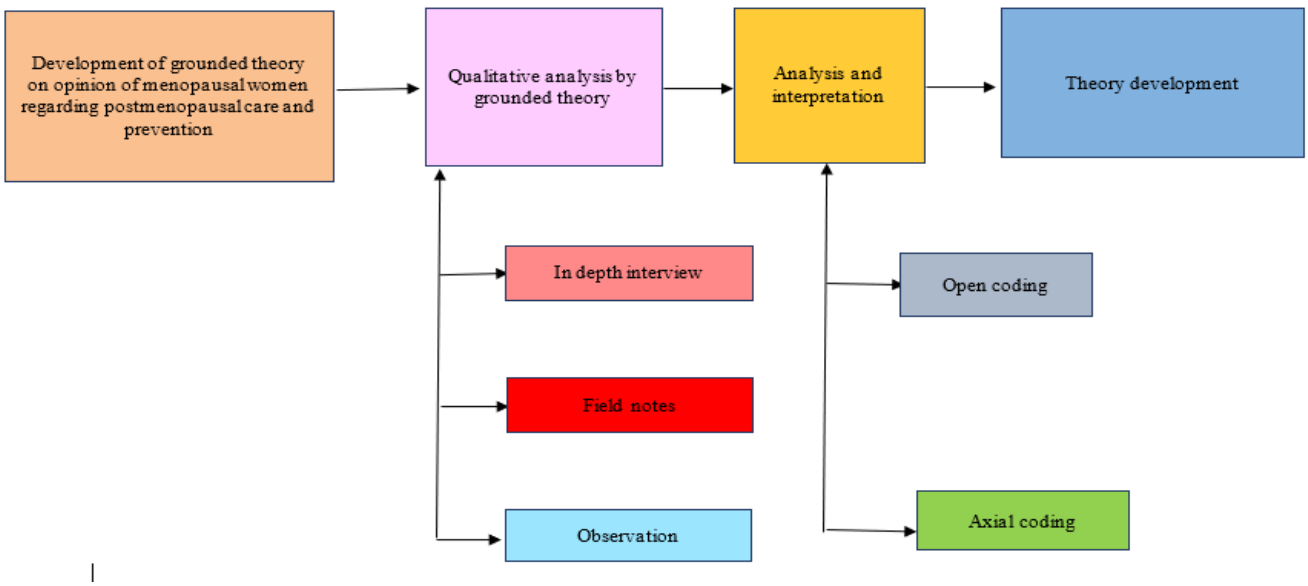


Figure 1: Schematic representation of the research design

5. Analysis and interpretation

Analysis is the process categorising, organising, synthesising, and summarising data so was to answer research questions. The qualitative analysis explicates how individuals experience the world. The major element of qualitative analysis is to find, build, clarify, illustrate and explain a phenomenon. The analysis should take the form of a research easy containing certain expected elements, how the researcher introdu-

ces them and sequences them must be logical and help readers to "get it" but otherwise has much leeway with regard to the structure of the report. In qualitative studies the purpose of the analysis is to organise the data into a meaningful pattern and to develop a structure that explains the phenomenon under the study, based on individual interpretation.

The analysis or results are presented under two headings:

- Description of the demographic profoma of the participants.
- Analysis of the verbatim of the participants.

Description of the participants

The participants of the studies consist of menopausal women in a selected areas.

Demographic data

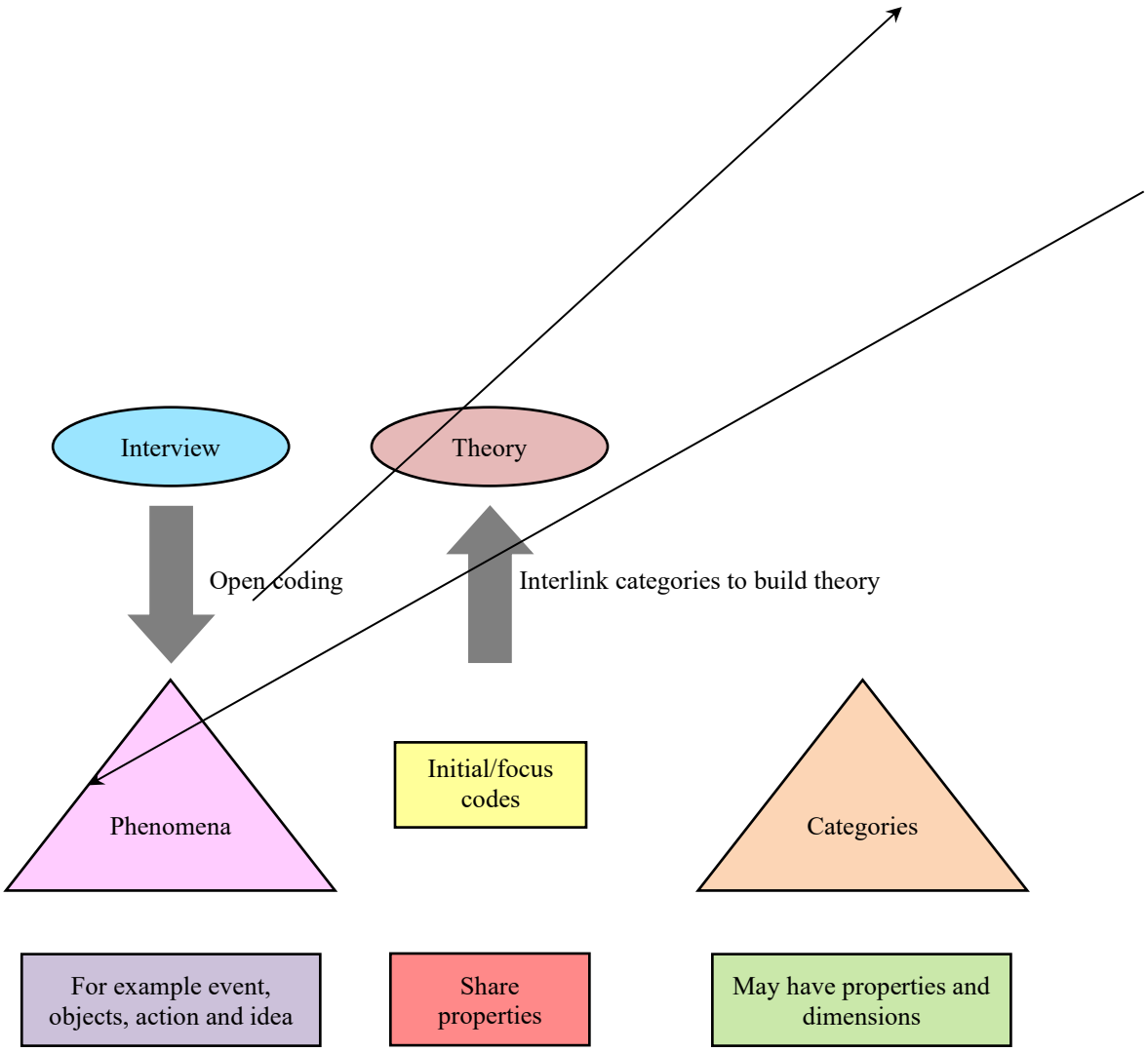
Table 1: Demographic characteristics of the sample

N=30

Sl. No.	Sample characteristics	Frequency
1.	Age	
a.	45	15
b.	48	8
c.	50	7
2.	Gender	
a.	Male	0
b.	Female	30
3.	Religion	
a.	Hindu	18
b.	Christian	10
c.	Muslim	2
d.	Others	0
4.	Type of family	
a.	Joint	4
b.	Nuclear	26
5.	Monthly income	
a.	>10000	15
b.	<10000	15
6.	Previous knowledge regarding menopause	
a.	Yes	16
b.	No	14

Developing categories

The general process of how to code and interview and develop a theory is depicted in simplified from in the figure below. After coding several interview transcripts the researcher can identify many issues that are of importance to the respondents.



It should be stressed that categories have to 'earn' their way into an emerging theory (Glaser, 1978). Grounded theory methodology typically does not use quantifying data to obtain meaning. However, counting the frequency with which categories occur in interview transcripts can be useful to confirm their importance for the interviewees. Categories can carry so-called properties and dimensions. A property is a general or specific characteristic of a category, whereas a dimension denotes the location of a property along a continuum or range (Strauss and Corbin, 1998).

The central or core category is a distinctive category that sits at the heart of the developed theory and summarises what is happening. All other major categories should relate to the core category, which ought to appear frequently in the data (Strauss and Corbin, 1998). The development of the core category for this study is described in Chapter 4 - Presentation of Findings, Section 4.2.4 to demonstrate the development of categories from codes .

Coding shapes the analytic frame and provides the skeleton for the analysis (Charmaz, 2006). Charmaz sees coding as an important link between collecting data and developing theory but also as a connection between empirical reality and the researcher's view of it. Coding highlights problems, issues, concerns, and matters of importance to those being studied. Strauss and Corbin (1998) refer to categories as having

'analytic power', due to their potential to explain and predict. 'Constant comparisons' between collected data, codes, categories and initial findings help to crystallise ideas to become part of the emerging theory. Analysis has been done on the basis of Chapter 4 – Methodology. To perform the analysis the researchers asked questions regarding Menopausal problems and after subject's feedback, asked another 15 questions to analyse the perception of women on menopausal problems and symptoms contributing to questions used for analysis and subjects feedback are as follows:

No.	Question	Participant	Transcribed data	Open coding	Axial coding
1.	Do you have depression what is the reason and tell me how it is barrier for your menopause period.	1, 6, 11, 17, 20, 21	I having depression because family members are not supporting me. So I am getting sadness, angry, lack of interest to communicate.	• Sadness • Angry • Lack of interest to communicate	• Lack of family support
		2, 7, 12, 18, 24.26	I am having depression because of that I feel loneliness, so that I will get lack of communication , fear, angry	• Lack of communication • Fear • Angry	• Lack of knowledge
		3, 5, 19, 23, 30	I am having depression at menopausal period because Suddenly I get angry, so I am not interested to talk with other people.	• Angry	• Lack of interest
		4, 8, 10, 13, 15	Yes I am having depression . because of fear about menopause .because of that I will get more tension, angry,	• Tension • Lack of communication • Angry	• Fear about menopause

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			and lack of communication		
		9, 14, 16, 22, 25, 27	I am having depression because of heavy work so I will get more tension.	Depression	Heavy work
2.	Do you have any fear about menopausal period, How it is affect you?	1, 4, 6, 8, 10, 13, 15	I am having fear about menopause because suddenly I feel that I am getting very old and I will get more tension	Tension	Getting old
		2, 5, 7, 9, 11, 14, 16	I am having fear about menopausal period because of lack of knowledge about menopause and I feel mood changes, depression, lack of interest	Lack of interest, Mood changes, Depression	Lack of knowledge
		3, 6, 12, 17, 19, 21	I am having fear about menopause, because of I feel that I am getting very old and sadness.	Sadness	Getting old
		18, 20, 25, 27, 28	Yes I am having fear about menopause because I feel that I am getting	Tension	Fear about, menopause

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			very old and I will get more tension		
		22, 24, 26, 29, 30	Yes I am having fear about menopause I feel that dissatisfaction with life	Fear	Feeling dissatisfaction with life
3.	Do you have angry during menopause What is the reason?	1, 7, 12, 15, 21, 25	Yes, I am getting angry because I am not able to attend function because of that I feel sadness, loneliness, irritation.	• Sadness • Loneliness • Irritation	• Unable to attend function
		2, 11, 14, 18, 20	I am getting angry at menopause because of irritation, So I will get more tension and sleep disturbances .	• Tension • Sleep disturbance	• Irritation
		3, 9, 13, 17, 22, 25	Yes I am getting angry because I am not interest to talk another person	_____	
		4, 8, 19, 24, 27, 30	Yes I am having anger, because irritation during menopausal period.	• Irritation • Angry	• Lack of interest to talk
		5, 6, 10, 16 23, 28	Yes I am having angry at menopausal	• Angry	• Irritation

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			period because I cant sleep properly		
4.	Would you please tell me what is your opinion about menopause period?	1, 5, 8, 13, 18, 22, 25	I feel shyness, dissatisfaction with life	• Dissatisfaction with life	• Lack of sleeplessness
		2, 7, 10, 12, 15, 16, 21, 30	I am getting fear because of aging, so I will get more tension	• Tension	• Aging
		3, 9, 14, 17, 19, 24, 28	I have negative impact on menopause because I have more tension and mood swings	• Tension • Mood swings	_____
		4, 6, 11, 20, 23, 26, 27	I am getting angry depression and I am not interested to participate in any function because I think that society will avoid me.	• Angry • Depression	• Fear of society
5.	Does menopause change your personality? Can you please tell me your experience?	1, 6, 11, 16, 21, 16	No, menopause didn't change my personality	_____	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
		2, 7, 12, 17, 12, 22, 27	Yes, menopause changed my personality because of stress. So I am getting mood changes and memory loss.	• Mood changes • Memory loss	• Stress
		3, 8, 13, 18, 23, 28	Yes my character was changed. I am getting more angry I am not interested to communicate with each other.	_____	_____
		4, 9, 14, 19, 24, 29	Nothing	• Mood changes • Memory loss	_____
		5, 10, 15, 20, 25, 30	Yes, menopause changed my personality now I don't like speak more	• Angry • Lack of communication	• Lack of speech
6.	Have you ever felt lack of concentration during menopausal period, What and all are the other problems you have faced?	1, 4, 5, 6, 7, 26	Yes, I had lack of concentration and I feel loneliness and memory loss.	• Loneliness • Lack of concentration • Memory loss	_____
		2, 8, 10, 15, 16, 28	Yes I felt lack of concentration during menopausal period I faced	• Depression • Loneliness • Fear	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			loneliness, depression, fear		
		3, 9, 11, 17, 18, 27	Yes I had lack of concentration because I feel loneliness so that I will get more tension and memory loss.	• Tension • Memory loss	• Loneliness
		12, 13, 14, 19, 20, 29	I have lack of concentration in menopausal period I faced loneliness restlessness fearfulness because of lack of family support	• Loneliness • Restlessness • Fearfulness	• Lack of family support
		21, 22,, 23, 24, 25, 30	Yes I felt lack of concentration during menopausal period because I can't adjust with people	_____	• Difficulty to adjust with people
7.	What is your attitude towards menopause can you tell me your feedback?	2, 6, 14, 20, 28, 30	I had more depression and anxiety So I am doing breathing exercise to reduce the anxiety	• Depression • Anxiety	_____
		1, 3, 8, 15, 21, 25	Nothing	_____	_____
		5, 10, 12, 16, 22, 27	I had more anxiety and tension, so I am doing breathing exercise to	• Anxiety • Tension	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			reduce the problem.		
		4, 7, 9, 19, 29	I am having more sadness and anxiety so I am doing breathing exercise	• Sadness	_____
		23, 11, 13, 17, 18, 24, 26	I am having irritation and mood swings so I am doing walking exercise and yoga	• Irritation • Mood swings	_____
8.	Have you ever feel shyness while facing people, what will be the exact feeling occur in you?	1, 3, 14, 15, 26, 29	Yes, I felt shyness while facing the people. I feel that people will think negatively about me.	• Shyness	• Negative thought by people
		2, 4, 8, 9, 17, 20, 27	Yes, I feel shyness while facing the people. I am thinking that people will laugh about my character	• Shyness	• People will laugh
		11, 13, 6, 12, 23, 19	Yes I felt shyness while facing the people I feel that people will think negatively about me.	• Shyness	• People will think negatively
		7, 16, 25, 18, 30, 16	Yes I feel shy while facing	_____	• People will avoid

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			people. I think people will avoid me		
		5, 24, 28, 22, 10	Yes I felt shyness while facing the people because of people will think that I am aged	• Shyness	• People will think aged
9.	Did you express your feelings towards your loved one weather they support you?	1, 6, 11, 16, 21, 26, 30	Yes I am Express feeling with my husband. No he is not supported me, because he didn't have the knowledge of menopause	_____	• Lack of knowledge
		2, 7, 12, 17, 22, 27	Yes I expressed feeling with my family .No they didn't support me, because of lack of care about me	_____	• Lack of care
		3, 8, 13, 18, 23, 28	Yes I am expressed feeling with my husband, he is not supported me because he didn't have knowledge of it	_____	• Lack of knowledge
		4, 9, 14, 19, 24, 29	Nothing.	_____	_____
		5, 10, 15, 20, 25	Yes, I am expressed feeling with my	_____	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
			husband. he is supporting me		
10.	Did feel any changes in your lifestyle, food habits, coping mechanism? Can you please share your experience?	5, 9, 13, 17, 21, 4,, 2	Nothing	_____	_____
		8, 12, 16, 22, 27, 3	Yes I changed my lifestyle now I cant mingle with people	_____	• Difficulty to mingle with people
		10, 14, 18, 23, 28, 15, 19, 24	Yes I changed my food patterns. Includes more nutritious food like egg, milk, fish etc.		_____
		1, 6, 7, 11, 29, 30	Yes, I felt change in my food habit because after menopause I can't eat sore and spicy food.	_____	• Unable to eat sore and spicy food
11.	What is your response towards menopause?	1, 7, 13, 19, 25	I feel that sudden mood changes, laziness .to overcome from this problem I doing exercise and mingle with friends	• Mood changes • Laziness	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
	How did you overcome from this	2, 8, 14, 20, 26, 6, 12, 18, 30	Nothing	_____	
		3, 9, 15, 21, 27, 17, 23, 24	I feel that sudden mood Changes, angry, tension, depression to overcome from this problem every day I am doing exercise and mingle with friends	• Mood swings • Angry • Tension • Depression	_____
		4, 10, 16, 22, 28, 5, 11	I feel that lack of concentration, poor memory, and restlessness. so I am doing exercise and meditation .	• Lack of concentration • Restlessness • Poor memory	_____
12.	Have ever found a negative response or superstition behavior towards menopause from society?	1, 7, 8, 14, 20, 26, 10, 16, 22, 28, 5, 11, 17	Yes, I faced superstial behavior from the society. The society will avoiding me.	_____	• Society will avoid
		2, 13, 19, 25, 3, 9, 15, 21, 27, 4, 23, 24, 6, 12, 18, 29, 30	Nothing	_____	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
13.	Do you feel stress in menopausal period, What is the reason?	1, 8, 15, 22, 25, 6, 12, 18, 24	Yes I feel stress because of heavy work at menopausal period. because of that I will get tension, angry, fear	• Tension • Angry • Fear	• Heavy work
		7, 13, 19, 30, 23, 17	Yes, I felt stressed on menopausal period because of mood changes and heavy work	• Stress	• Mood changes • Heavy work
		2, 3, 9, 14, 20, 29, 4	No, I don't feel stressed	_____	_____
		10, 16, 27, 28, 26, 5, 11	Yes, I feel stressed on menopausal period because my Family members are not supporting me so I am getting tension, sadness and fear	• Tension • Sadness • Fear	• Lack of support from the society
			I felt stress on menopausal period because society not supporting me so I am getting angry and tension	• Stress • Angry • Tension	• Society is not supporting
14.	Do you get any previous education about menopause	2, 7, 8, 13, 14, 19, 25, 22, 26, 9, 15, 21, 27, 3	No I didn't had any previous education about menopause	_____	_____

No.	Question	Participant	Transcribed data	Open coding	Axial coding
	problem .What is it?				
		1, 4, 5, 6, 10, 16, 17, 12, 11, 23, 18, 22, 28, 29, 30, 24	Yes I had previous knowledge about menopause	_____	_____
15.	Did you consult the doctor after the menopause? What are the education you got?	2, 3, 1, 4, 6, 5, 8, 9, 14, 22, 26, 7, 13, 19, 25	Yes I consulted a doctor after the menopause. He suggested that to do meditation or yoga for relaxation or to reduce stress level	• Stress	_____
		15, 21, 27, 10, 16, 22, 28, 11, 12, 17	Yes, I consulted doctor after menopause, he advised me to drink more water to avoid stress	• Stress	_____
		18, 23, 24, 29, 30	No I didn't consult doctor	_____	_____

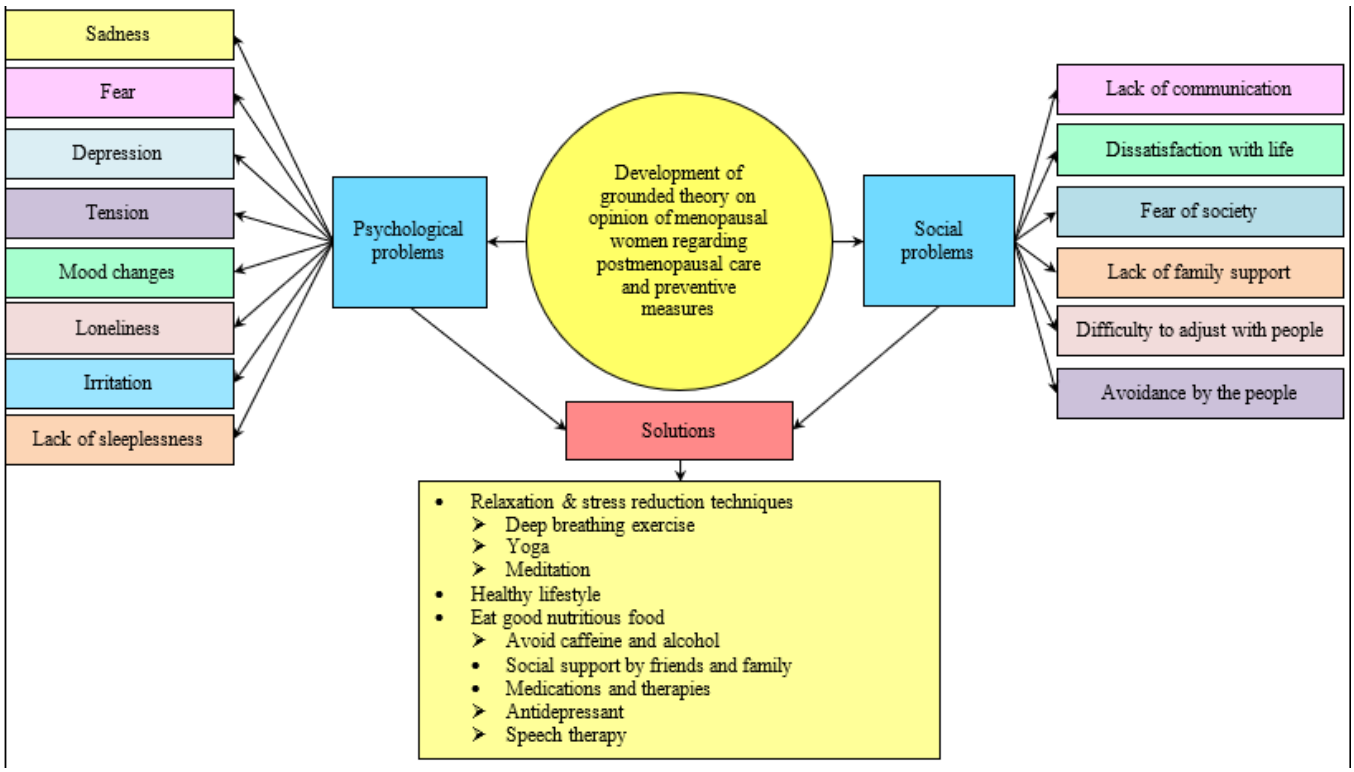


Figure 3: Development of Grounded Theory

Explanation of the theory

Major concept and definitions

From this qualitative analysis "Development of grounded theory on opinion of menopausal women regarding post menopausal care and preventive measures" two problems are emerged:

1. Psychological problems
2. Social problems

Psychological problems

Prevention of psychological problems of menopausal women are:

- Advice the women to mingle with friends and family
- Advice the women to drink more water to reduce stress
- Avoid fear about menopause
- Avoid sound while sleeping at night
- Avoid tension
- Avoid day sleep
- Advice the women to listen to music in order to deviate the mind

Social problems

Prevention of social problems of menopausal women

- Advice the women to mingle with friends and family
- Advice the family members to encourage the menopausal women
- Advice the mother to adjust with the people for a certain life situations
- Advice the mother to take support by the family
- Advice the women to maintain good communication with the society

These issues are also known as phenomena and are conceptualized to become a code, also known as concept by Strauss and Corbin (1998) scene codes or concepts will share the same or similar characteristics and can be pulled together into some abstract categories which can typically be inter linked and build the basis for a theory.

7. Discussion

This chapter includes the discussion of the finding of the present study in relation to reviewed literature. The findings of the study have been in the accordance to core concept discussed in. From the analysis of the data, we came to understand the exact psychological and social problems faced by menopausal women, they are:

- fear
- depression
- lack of social support
- dissatisfaction
- mood swings
- lack of communication

Explanation

The theory emerged above from the expressed view of the menopausal women .so that they have problems like fear, depression, lack of social support, dissatisfaction, mood swings, and lack of communication. These concepts are further discussed and the concept analysis is discussed under following sub categories:

Fear

Approaching menopausal age often brings fear, anxiety, etc. The fluctuation in hormones can cause anxiety or fear. Practice stress reduction technique like aerobic exercises, shift your focus to positive emotions in daily life. Work to identify meaning and purpose in life, get support from others, go for a walk, or run in a park.

Supportive study

A study was conducted to develop a conceptual framework for understanding the exact problems of menopausal women. This framework accounts into 2 main components: psychological and social problems. Thus fear is caused due to fluctuation in hormones that comes under psychological problems. Effective remedies like aerobic exercises, and focusing on positive emotions was implemented.

Depression

This is a normal. Brief period of feeling sad that is commonly experienced and rarely requires treatment. It is usually short term and most often does not require treatment, methods to overcome, break large tasks into small ones, set some priorities, and do what you can. Participate in activities that make you feel better such as mild exercise. Postpone important decisions until the depression has lifted.

Supportive study

The study was conducted to develop a conceptual framework on menopausal women and their problems. Depression is the second main problem faced by menopausal women .depression can be broken up by setting off some priorities, giving importance for their problems, focusing on positive outcomes.

Lack of social support

Approaching menopausal women often brings grief of lack of social support .these can be overcome by getting adequate sleep, doing regular exercise, trying some relaxation techniques, seek support groups, etc. and develop general wellbeing of women by sharing their emotions feelings with friends, families,

support groups.

Supportive study

This is the third social phenomenon faced by menopausal women .this concept was solved by recommending general well being , trying out some relaxation techniques, focusing on positive aspects, rejecting of harmful behaviour or people, facing people with a brief smile, doing regular exercises, postpoding overloaded works, and getting adequate sleep.

Dissatisfaction

Headache, trouble sleeping, mood swings, vasomotor symptoms such as hot flash and night sweat these are the dissatisfaction problems faced by menopausal women's problems to overcome achieve and maintain healthy weight, go to exercise regularly, eat lots of fruit and vegetable, eat more food that are high in phyto-oestrogens, drink enough water.

Mood swings

Mood can be affected by many things from and argument with a loved one and it not always clear what causes mood swings and the irritability that often accompanies them to overcome this problems get enough sleep, performing aerobic training, do exercise and running one day, go cycling every day, taking a brisk walk before work or after dinner, do yoga.

Lack of communication

Communication one of the most effective way to overcome any barrier to understanding menopause is to communicate many women are embarrassed to discuss menopause especially with male supervisors and managers. Method of overcome this problem things nobody ever tells you about menopause, divert the mind, to communicate with family member and friends, to involve the social works.

8. Conclusion

This chapter deals with the findings, conclusions, implications and recommendations of the study expressed views of women regarding post menopausal care and preventive measures.

Findings

The findings of the study subjects are following psychological and sociological problems in the menopausal women.

Implications for nursing

The findings of the study have an impact on the nursing profession. The implications on nursing practice, nursing administration and nursing education and nursing research are discussed below.

Nursing practice

Nursing is a noble profession. Nurses when compared to other health care workers, have greater opportunities for unique and productive interaction with students, children, families and people around them. The findings of the study indicate that the angry, depression, loneliness, feeling of aging, social isolation can lead to social and psychological problems in menopausal women. The nurse should be aware of impact of post menopausal care and preventive measures. Nurse should educate the post menopausal women regarding the psychosocial problem and help them to overcome the problem. The nurse must empower the menopausal women to educate themselves.

Nursing Administration

Nurse administrator should organise education programmes so that the other members in the health care team will also get acquainted with the extent of the problems.

Nurse administrator can collaborate with the other health care team members in educating the public about

the psychosocial problems of post menopausal women. Nurse administrator can also collaborate with social welfare organisations and other non-governmental organisations to acquaint public about the effects of postmenopausal problems. Nurse administrator can also take necessary steps to prevent the psychological and sociological problems in menopausal women.

Nursing research

Review of literature revealed that there is a deficiency of studies regarding the menopausal women's opinion about psychological and sociological problems. Studies using qualitative research methods would help to identify the psycho social problems in menopausal women.

Nursing education

At higher education levels, especially at the postgraduate level the students should be encouraged to take up qualitative research projects which will give a better idea of the situation in the rural and urban area of the country.

Limitation of the study

- Only menopausal women participated in the study.
- Only nursing students participated in the study.

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