



# Sensing the Change: Women's Perception of Menopause—A Concept Analysis

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## Abstract

**Objectives:** Perception of menopause and meaning of menopause are intertwined. The purpose of this study was to define the concept of women's 'perception of menopause.

**Methods:** Rodgers' six steps for concept analysis were followed. Google Scholar, CINAHL, Pub Med, Science direct, and Medline databases were searched to find the relevant literature about women's perception of menopause. Seventy-one studies published in English between 2006–2025 were included. Content analysis was performed. Antecedents, attributes, and consequences were determined.

**Results:** Perception of menopause among women was defined as a dynamic process derived from the interaction between identified attributes, leading to internal and external individual responses and transformation. Women's perception of menopause incorporated the challenges between perceived negativity and positivity for each of the attributes.

**Conclusions:** The perception of menopause has a significant direct or indirect influence on women's attitudes toward menopause and their ability to adapt.

**Keywords:** Menopause, Perception, Concept analysis, Rodger's evolutionary method

## Introduction

Menopause is defined as the permanent amenorrhea lasting for a year (1-3). Menopause is a transitional period and a milestone in women's reproductive life, which changes a fertile woman to an infertile one (4). During menopause transition, women may deal with many symptoms due to changes in the function of somatic, urogenital, psychological, sexual, and physiological systems (5-9). Symptoms occur due to reduced estrogen and progesterone production (10,11).

The concept of menopause has been evolving by using the term perception and referring to the type of knowledge that originated from women's personal experiences. Thus, the physiological focus on menopause is gradually shifting to real human experiences and perceptions. In a middle-range theory of unpleasant symptoms, symptoms definition is described via patients' perceptions (12). This theory explains that when a patient is experiencing changes in normal functioning, the perceived indicator of the changes is called a symptom (12). They proposed that each symptom is a multidimensional experience and can be assessed and perceived individually or in correlation with other symptoms (12,13).

The process of gaining awareness (or perception) of menopause occurs through an individual's analysis of symptoms, which leads to assigning specific meanings to

menopause for each person.

In phenomenology, perception is the initial mode of contact with a phenomenon (14). Perception in the context of menopause occurs when women encounter the phenomenon either by information or experience (15). In menopausal women, perception is triggered by changes in the body, social environment, spiritual and psychological state leading to sensory-based awareness.

Perception is the early process of engaging with a phenomenon that builds the foundation upon which meaning is later assigned beyond the perceptual content (16). In other words, perception refers to the act of noticing or sensing, while meaning stands for the interpretation or understanding of the perceptual input or what was noticed. On the other hand, attitude develops through an evaluative process influenced by both perception and meaning. For example, a qualitative study showed that experiencing menopause could alter a woman's existence by changing sexual function from active to dysfunctional, youth to aging, health to illness, and the presence of hormones and menstruation to hormone deficiency and amenorrhea. Thus, these perceived changes could bring meaning to menopause, either marking the beginning of a new developmental stage or representing a loss (4).

Also, the importance of an individual's perception is due to its influence in taking health actions (17,18). Although

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the perception of menopause has been considered by many researchers seeking to find a comprehensive approach to understand the transition to menopause, a concept which comprises its various attributes, and normal and or problematic responses has not been developed yet. The concept of women's perception of menopause is significant because it precedes meaning-making and attitudes towards menopause. Therefore, the purpose of this concept analysis is to provide an operational definition for the concept of women's perception of menopause.

## Methods

Rodgers' evolutionary concept analysis method proposed to apply concepts that evolve over a period of time by considering their current usefulness within the discipline (19,20). This paper utilized Rodgers' evolutionary concept analysis method to examine the concept of women's perception of menopause. The study followed Rodgers' six steps for concept analysis without an specific order: (a) determining the concept and its related expressions, (b) identifying and selecting a sample to collect the data, (c) collecting the data and identifying attributes, antecedents and consequences of the concept, (d) performing data analysis on the basis of the characteristics of the concept, (e) identifying an exemplar (if appropriate), and (f) identifying the implications for further study and development of the concept (19). For the purposes of this study an exemplar will not be presented because although not clearly developed, many researchers used the concept of women's perception of menopause in the literature.

## Search Methods

The review examined various existing women's perceptions of menopause. To find relevant literature, the Google Scholar, CINAHL, and PubMed Medline databases were searched using combinations of the keywords "menopause", "perception", and "women". The terms cessation of menstruation, and permanent amenorrhea were used to increase the number of related articles.

The research terms or phrases entered in the databases were: (women's OR Female's) AND (menopause or menopausal or post menopause) AND (Perception OR perceive OR view) NOT (surgical menopause) NOT (premature menopause or early menopause or induced menopause).

Studies were included if: 1) English language studies between 2006–2025, 2) primary studies of how menopause has been perceived including positive and negative perceptions, 3) studies from different countries to provide a global perspective, 4) studies indicating factors influencing women's menopause perceptions, 5) articles using various methodologies including quantitative, qualitative, mix methodologies, literature reviews, and short reports. Articles focusing on menopause symptoms were included because they had an influence on or were in association with women's perception of menopause. In addition,

articles related to religious rules about menstruating women were included because loss of menstruation could impact religious rules and consequently change women's spiritual life. Articles were excluded if the study participants were not women at menopause age. In addition, the unexpected or abrupt nature of surgical menopause and premature menopause could affect the type and severity of menopausal symptoms. Therefore, studies involving premature and surgical menopause were excluded to ensure the generalizability of findings to the broader population of women undergoing natural menopause.

## Search Outcomes

Following the inclusion and exclusion criteria, initial search retrieved a total of 349 articles on CINAHL, 933 on Google Scholar, and 205 on PubMed Medline. Articles were then screened for duplication using both Mandalay and Zotero reference managers. The first author, NS, reviewed all titles and abstracts for relevance, and articles that did not focus on the concept of women's perception of menopause were removed, leading to a sample of 156 articles. Further, articles were excluded if the publication was not peer-reviewed, the full text of the article was not accessed, only the abstract was in English, or a specific disease was the focus of the article. NS read the full text of the 88 remaining articles and conducted a reference check. In total, 71 journal articles from nursing, midwifery, medicine, psychology, and allied health sources were included. In addition, the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) was used to depict the review and screening process (21) (Figure 1).

Thematic content analysis involved the following steps: a) familiarization, b) coding, c) identifying themes, d) revisiting themes, e) defining and naming themes, and f) writing the report (22). For familiarization, articles were reviewed several times. Concurrently, articles were evaluated in terms of their methodology, design, and overall context. Initial ideas and related terms were generated in the coding process. Codes were examined to determine patterns and then were grouped into potential themes. Identified themes were refined by checking them against the dataset, and if necessary, they were modified to ensure they accurately represented the data. Categories were identified for Antecedents, Attributes, and Consequences. Findings were synthesized to provide a comprehensive understanding of the concept, its application, and its broader implications. A figure was designed to visualize the final conceptual structure of women's perception of menopause by antecedents, attributes, and consequences (See Figure 2).

## Results

### Existing and Derived Definitions

Analysis of the literature revealed no clear definition

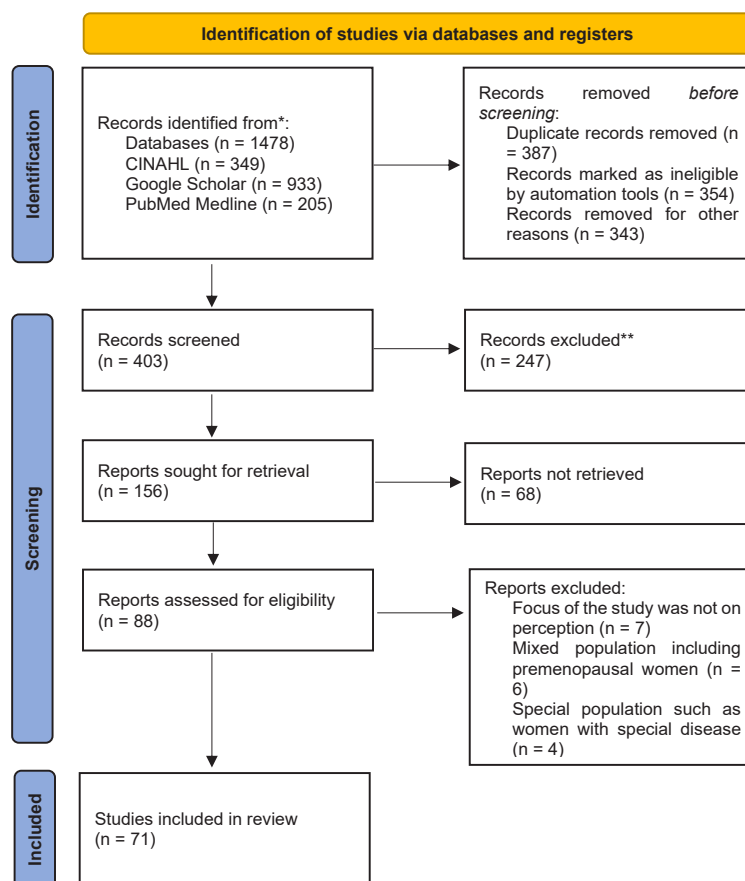


Figure 1. PRISMA Flow Diagram of the Study.

for women's perception of menopause as a concept. The concept perception of menopause has been defined as the two separate concepts of "menopause" and "perception" in the literature. There was a variation in terms used for each concept. The concept of perception has been defined in psychology, philosophy, and cognitive sciences as process of gaining awareness, as an individual's analyzing the process of stimuli to reach a meaningful picture, and as how one can see the world (18). In a concept analysis of perception, McDonald defined perception as an individual's view, using it as a strong force for action. Perception is a multifaceted phenomenon that can differ between people, even when perceiving the same object (23). Menopause has been defined as permanent amenorrhea, permanent cessation of ovulation as a result of ovarian failure, end of menstruation and fertility, permanent cessation of menstruation, transitional period, normal part of the human reproductive lifecycle, natural process, multidimensional process, pathologized or medicalized phenomenon, and biosocial and biocultural phenomenon (2,24-34). In literature, the concept of menopause has been characterized medically, physiologically, socio-culturally, psychologically, spiritually, and individually by many authors (10,35-37).

The proposed conceptual definition that resulted from this concept analysis for women's perception of menopause is made by an individual's understanding

of menopause, constructed by both internal including personal and external components including social forces. Social forces affecting women's menopause perceptions are partner, family, friends, and society and its defined policies. Women's perception of menopause is defined as a dynamic process derived from the interaction between physiological, social, sexual, cultural, spiritual, and psychological changes, resulting in internal and external individual responses and transformation. Women's perception of menopause as a concept encompasses the challenges between perceived negativity and positivity for each attributes (See Table 1).

#### Antecedents

Antecedents are what happens before the concept of women's perception of menopause. Antecedents of women's menopause perception include the challenges between internal, intrapersonal, and external processes of decision-making, being affected by cultural and social influences. Regarding perception, processing information, and coming to an understanding is dynamic and complex. Before perception happens, the person must interact with the environment via at least one of the five senses (18). Therefore, for women's perception of menopause to occur, the individual must have female gender, cognitive ability, encountering and/or confronting information/ and/or experience (See Figure 1). Women's experiences of their

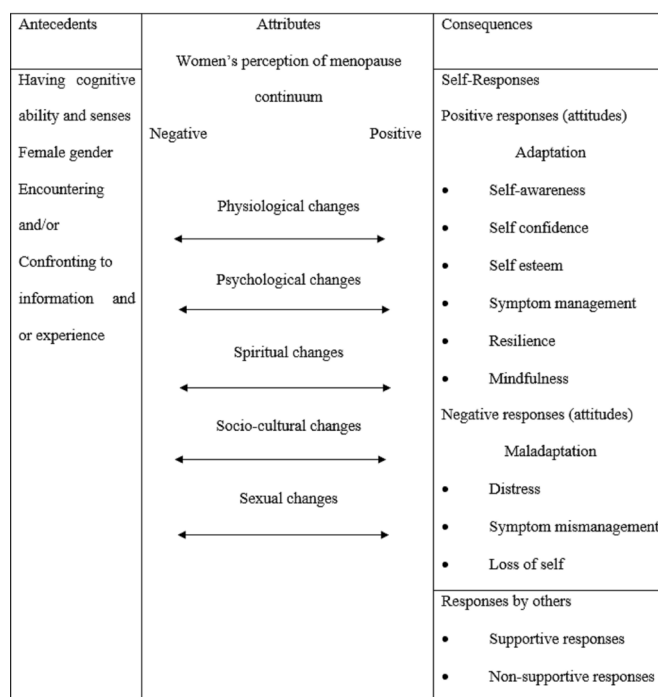


Figure 2. Antecedents, Attributes, and Consequences of Women's Menopause Perception.

encounter with menopause are shaped within the context of personal evaluation of menopause, which encompasses both positive and negative impressions arising from a broader social context and interpersonal interactions (4,38). Cognitive ability enables the processing of stimuli (either encountered information or experience) that, for instance, can be a change in physical, sexual, spiritual, psychological, and social state. For example, some women encountered a decline in libido, which they perceived (the change) as both a decreased libido and an inability to meet their husbands' sexual needs, prompting them to seek solutions or coping strategies (39). Later, these perceptions could make meanings such as loss of femininity or incompetence. However, the focus of this concept analysis is on women's perception of menopause rather than the meanings of menopause. In other words, women's perception of menopause happens while encountering changes. Women's perception of menopause occurs through their cognitive abilities, which enable them to analyze information and gain awareness about changes through constant comparisons between losses and gains (4). Female gender is one of the antecedents for women's perception of menopause. For women's perception of menopause, being there as women transformed their existence through changes such as reproductive capabilities (4).

#### Attributes

The following questions were addressed to create attributes. What are the characteristics of the concept? What is this thing the writer is discussing? (19).

The perception of menopause can range from negative

to positive including neutral and can change over time. Five attributes of menopause were identified: 1) physiological changes, 2) sexual changes, 3) social changes, 4) psychological changes, and 5) spiritual changes.

#### Bio-physiological Changes

The first attribute of the perception of menopause is related to perceived physiological changes. Physiological changes were found to be the most important attribute in women's menopause perception (40,41). During menopause, changes in the production of estrogen and progesterone hormones influence different parts of the body's functioning (40,41). Symptoms are the results of physiological changes that are reflected in women's perception of menopause. Each symptom has several dimensions such as quality, duration, frequency, and perceived level of distress, and is processed and perceived individually or in correlation with other symptoms. Some women reported hot flashes as the most frequent and bothersome symptoms (41). Menstrual characteristics were the responsible predictors of women's self-perceived menopausal status. A positive perception toward the cessation of menses can be related to a history of problematic menstruation, such as heavy bleeding or dysmenorrhea, improved cleanliness and less vaginal discharge, removal of pregnancy risk, and relief from hormone-related conditions, such as migraines (42-44). The negative perception related to the cessation of menstruation is often caused by viewing menstruation as a sign of youth and fertility (42,43,45,46).

In addition, the severity of physical symptoms caused by decreased estrogen production differs among menopausal women. Physical symptoms can affect the perception of

**Table 1.** Summary of Reviewed Articles for the Perception of Menopause with Key Study Findings Related to Antecedents, Attributes, and Consequences

Antecedents	Key Findings	Reference
Having cognitive ability and senses	Analyze information and make constant comparisons between losses and gains	(4,18,39)
Female gender	Being there as a woman	(4)
Encountering and/or confronting information and/or experience	Personal evaluation of the social context and interpersonal interactions	(4,38)
Attributes	Key Findings	Reference
Bio- physiological changes	Changes in production of estrogen and progesterone hormones leading to cessation of menses, symptoms experiences, and infertility	(40-43,45,46,51)
	Differed body functioning, Physical Changes such as appearance including body fat wrinkles, and muscle strength and power	(33,40,41,52,53)
	Disease development	(43,45,46)
Sexual changes	Changes in sexual function	(43,54,63)
	Fertility and birth control	(33,54)
	Genitourinary Syndrome of Menopause	(6,55-62)
Sociocultural changes	Changes in family dynamic, empty nest syndrome	(68)
	Altered personal and social identity such as competency as partner and mother	(65,67,68)
	Working ability at workforce, time and freedom	(65-67)
Psychological changes	Altered socioeconomic status due to employment, productivity, and health care costs	(67-69,72-74)
	Gaining or losing social status related to views about old age leading to either gaining power (community leader, spiritual elder, transitioning to a wise woman), or loss of power (loss of youth and aging)	(40,43,46,67-70)
	A shift in societal stance (social norms and taboos)	(99)
	Support resources in the community (urban vs rural)	(65,75)
	Emotional and psychological symptoms such as irritability, lack of motivation, mood fluctuations, and poor concentration	(65,82-85)
	Mental health illnesses including anxiety depression, stress, emotion regulation difficulties, and cognitive disturbances	(65,76-78,80)
Spiritual changes	Disease initiation due to reduced estrogen such as psychosis, and schizophrenia, eating disorders	(65)
	Changes in physical states, body image and identity and its relation to severity of menopausal symptoms	(81,89)
	A shift in following religious rules related to menstruating women including rules for sexual activity, and practicing rituals, leading to either a feeling of relief or a sense of regret due to loss of menses and fertility	(88-91)
	A state of wise womanhood, or a state of cleanliness associated with beliefs about menstruating blood either being a wise or unclean blood	(89)
	Gaining shamanic and healing powers, becoming priestesses, healers, and spiritual leaders	(55)
Consequences	Faith and spiritual strength associated with physical and mental wellbeing, sense of hope, health, happiness, better coping, decreased symptoms, positive body image, resilience, and peace	(36,37,85,92-96)
	Positive attitude, adaptation, self-awareness, self- confidence, self-esteem, symptom management, resilience, mindfulness, physical activity, optimism	(107-110,113-115)
	Negative attitude, maladaptation losing self, distress, silence and concealment of menopause	(98,112-114)
Responses of others	Supportive responses encompass emotional support, psychological support, caring, helping with coping strategies, and adaptation (via different techniques)	(98,100-106,115)
	Unsupportive responses Persistent stigma and taboo, lack of understanding and communication, neglect	(97-99)

menopause directly or indirectly via the development of diseases. Both the symptoms themselves and their consequences influence the perception of menopause. Menopause is connected to the onset of several diseases associated with estrogen deficiency, including osteoporosis and coronary heart disease, both of which can contribute to a diminished quality of life and influence the perception of menopause (47-50). Ethnic background can affect women's perception of menopause. The Study of Women's

Health Across the Nation (SWAN) included women from different ethnicities in the US. The study showed that symptoms varied by ethnicity with vasomotor symptoms being more prevalent in African American and Hispanic women and vaginal dryness being the most prevalent symptom among Hispanic women (51).

Also, comorbid physical changes due to normal aging have been linked to menopause and have a significant impact on the perception of menopause. Wrinkles, gray



hair, sagging skin, and increased body fat were some physical changes women noted in their appearance (33,40). Furthermore, the menopause transition is often associated with significant weight gain (52). Muscle strength and power were lowered during menopause transition (53). Although some women perceived these changes as natural and possible to accept, others considered them to be troublesome and frightening (53).

### Sexual Changes

The perception of menopause is affected by women's sexual function. Changes in sexual functioning and interrelated factors, such as concerns about fertility, can negatively or positively impact the perception of menopause. Women's perception of menopause can be positive, as it may lead to a better sexual life due to the absence of concerns about pregnancy and birth control (33,54).

Genitourinary syndrome of menopause (GSM) was introduced by the International Society for the Study of Women's Sexual Health (ISSWSH) and The North American Menopause Society (NAMS) in 2014 as a more inclusive term to replace vulvovaginal atrophy and to encompass both genital and the urinary tract symptoms (55). GSM refers to vaginal dryness, irritation, dyspareunia, urinary frequency, and urinary urgency, which arise from decreased estrogen concentrations after menopause (6,56,57). Studies showed GSM is prevalent, ranging between 13% and 87% in different studies (58). GSM can negatively affect women's perception of menopause as it can cause difficulties in their sexual lives (59,60). A study demonstrated that among GSM symptoms, some symptoms are interconnected and can co-occur (61). For instance, vaginal dryness and dyspareunia could aggravate or alleviate each other (61). The study emphasized that the most intense or frequent symptom is not necessarily the priority for women due to variations in perceived importance or the level of bother (61). For example, a less intense or more frequent symptom could be perceived as highly bothersome (61). In a study with the sample of 430 Spanish women, GSM was reported in 70% of participants with vaginal dryness, reduced lubrication, and dyspareunia being the most prevalent symptoms (62). A study in Nigeria revealed that 81.3% of menopausal women experienced vaginal dryness, and 76.7% had painful intercourse (63). As a result, many of them believed that to prevent these adverse effects, menopausal women should avoid sex (63).

### Sociocultural Changes

Societal characteristics including culture, religion, policies, rules and regulations, socioeconomic status, and other members of society all of which influence menopause perception (64). Menopause influences women's perception of their present lives by altering their personal and social identities (65). Socio-cultural aspects of menopause are perceived either negatively or positively.

Some women perceive menopause negatively, feeling less capable and competent as partners and mothers (65). Menopausal women in the workforce experience significantly higher levels of job stress and burnout (65). The severity of menopausal symptoms was negatively associated with perceived working ability (66). Positive perceptions are related to feeling relief and having more time for themselves and their partner (67). Contrarily, negative perceptions of menopause, such as feelings of emptiness, were due to empty nest syndrome, as children were leaving home. (68). Also, socio-cultural aspects of old age have been discussed both as positive and negative in the literature (40,43,44,69). Menopause brings significant power and status to women in indigenous cultures ranging from New Zealand's Maori to the Iroquois Indians, positioning them as community leaders and spiritual elders (70).

In addition, menopause is perceived as a sign of higher social status, symbolizing the transition into a wise woman in some cultures (67,68,70). However, in other cultures, menopause can be negatively perceived as a loss of social status due to the loss of youth (43,46). Menopause was perceived as a taboo or uncomfortable subject to talk about in several studies (44,71). For some Dutch and Turkish women, menopause was an underrepresented social topic. Dutch women perceived a lack of attention and interest toward menopause from men and society (71).

Life course socioeconomic adversity was linked to earlier age at menopause (72). On the other hand, women's perception of menopause was related to socioeconomic changes due to changes in employment status and healthcare costs (73,74). Women with menopausal symptoms and those who received hormone replacement therapy incurred higher healthcare costs (73). Increased absenteeism, reduced work hours, early retirement, and resignation were some of the social changes that were linked to the severity of menopausal symptoms including, hot flashes, insomnia, and cognitive disturbances (74).

Women's perception of menopause was impacted by the community in which they reside. In rural communities, limited awareness and support posed more challenges for women leading to increased interpersonal conflicts. In urban areas, strong social networks and access to resources facilitated a more purposeful and manageable transition (65). A study conducted in Iran showed rural women had a more negative attitude towards menopause compared to urban women due to placing priority on fertility and concerns about their value to their husbands and attractiveness (75).

### Psychological Changes

Perception of menopause is influenced by a variety of emotional and psychological difficulties, including irritability, lack of motivation, mood fluctuations, and poor concentration (65). Some mental health illnesses were related to menopause including anxiety, depression,

and cognitive disturbances (65,76-78). Moreover, fluctuations in estrogen levels can lead to increased aggression and may contribute to the development of psychosis. Decreased estrogen can also affect the circulation of neurotransmitters, putting menopausal women at an increased risk of developing schizophrenia for the first time at menopause (65). Menopausal women may develop eating disorders due to hormonal changes (65). Also, perception of sensations, emotions, physical states, and body identity were significantly correlated with the intensity and frequency of psychological symptoms, as well as vasomotor and somatic menopausal symptoms (79). In addition, severe vasomotor symptoms were associated with increased anxiety, depression, stress, emotion regulation difficulties, and lower quality of life (80). Another study revealed that vasomotor symptoms and weight gain were linked to fatigue, mood swings, sleep difficulties, memory functioning, and distress (81). There has been a connection between insomnia and hot flashes in a way that women who experienced insomnia were more prone to have hot flashes (82). Irritability, feeling of anxiety or worry, introversion, panic attack, and depression were found as changes that affected women's health and consequently women's perception of menopause (83). Emotional instability and feelings of sadness were some of the emotional changes affecting women's perception of menopause (84). Emotional instability or irritability could cause relationship difficulties (85).

### Spiritual Changes

Spirituality can be both within and outside of a religious framework (86). Spirituality is a broad concept, encompassing a range from very spiritual to not at all spiritual (87). Literature shows most religions, including Judaism, Christianity, Islam, Hinduism, and Buddhism have specific rules regarding menstruating women (88). The Jewish code of law, Halakha, articulates firm rules that forbid sexual contact during the menstrual period and seven clean days thereafter, until the woman immerses herself in the ritual bath (88). Similar to Judaism, many Catholics believe that a woman should avoid sex during her menses (88). During menses, women are considered impure in the Iranian Zoroastrian religion (89). In addition, menstruation is considered unclean among Muslims and Eastern Orthodox Christian Church women (43,88). Muslim women in Turkey applied expressions such as "I'm dirty" or "I got dirty" while referring to menstruation (43). In Islam, women abstain from certain religious rituals during their menstrual periods. Muslim women have to perform a ritual bath after their monthly periods to resume their religious practices (43). Thus, the person is always clean if she does not menstruate or is postmenopausal (43). In other words, perceived spiritual changes were related to the cessation of menses, because liberation from menstruation allowed Muslim women to control over their religious activities such as fasting

and praying (90). Although not universally practiced, in the Eastern Orthodox Christian Church, menstruating women should avoid partaking of sacraments, specifically communion, or touching holy items such as the Bible (88). For traditional Hindus, it is 'Tamasic' (inappropriate) to touch a menstruating woman (88). In Hinduism, women are forbidden from entering the kitchen and temples, sleeping during the day, bathing, wearing flowers, having sexual activity, touching others, talking loudly, and touching a pickle or basil plant during their menstrual periods (89). In Buddhism, many temples do not allow women to circumambulate around the Stupas (88,89). Buddhist women are thought that during menopause they lose Qi (spiritual energy) (88). One study in the United States revealed that among all religious affiliations, more than 53 % of women reported a feeling of relief when their periods stopped (91). In addition, the study found that smoking, hot flashes, and difficulty in falling asleep were more likely among Baptist women than Catholic women (91). Also, Unaffiliated and Spiritual women were less likely to experience difficulty falling asleep and more likely to report pleasure in sexual activity than Catholic women (91). Spiritual women were more likely to feel regret on cessation of menses compared to Catholic women (91). In some cultures, such as Mayan women and Cree women in Canada, menopause brings shamanic and healing powers to women. Therefore, menstrual blood is considered a wise blood due to its ability to create life in the womb. Retaining "wise blood" makes women turn into "wise womanhood" and become priestesses, healers, and the spiritual leaders of their communities (70). The literature showed spirituality therapy could significantly improve happiness among postmenopausal women (92). During menopause, the level of stress is negatively correlated with the level of religiosity and the level of self-concept (93).

Spiritual well-being is positively correlated with different domains of physical and mental quality of life (94). One study showed that increased levels of spiritual well-being enhanced women's psychological well-being during menopause (36). A positive relationship was found between spiritual well-being and menopausal symptoms. Spiritual strength was effective in reducing menopausal symptoms, as it contributed to benefit finding, a positive body image, and improved coping strategies (36,37). In addition, contributing to religious activities was used as a coping strategy for menopause symptom management (95). Some Christian menopausal women believed faith brought resilience to the challenges of menopause and a sense of hope for the future (96). In some women, religion played a role in finding peace by connecting them to God through prayer (85).

### Consequences

Consequences are what happen as a result of the concept occurrence (19). The expression of women's perception of menopause has two significant consequences: 1)

responses of oneself (self-attitudes) and 2) responses of others (others-attitudes). Others can respond in several ways, both in supportive and unsupportive ways. Others may include the women's partner, family members, friends, colleagues, society and its members, workplace, government and policy, and health professionals (97,98). Uns supportive responses can be due to the persistent taboo surrounding menopause in workplace environments, leading to neglect. In addition, societal views that frame menopause as a joke or taboo contribute to concerns about being perceived as attention-seeking when discussing symptoms (98). Women who were under the influence of this cultural stigma often feel compelled to conceal their menopause (98). Uns supportive responses from women's partners were due to a lack of understanding, which led to poor communication and, ultimately, silence from menopausal women (99). Support can be provided via emotional support, psychological support, caring, helping menopause women to use coping strategies, and assisting her with adaptation and meeting her needs (98,100). The mindfulness interventional technique is an example of an intervention that has shown positive effects on the psychosocial, physical, and sexual dimensions of menopause (101,102). In addition, spiritual Music improved menopausal depression (103). Literature showed women's attitudes towards menopause were positively affected by strong perceived social support (104–106). Self-responses can range along a continuum from positive to negative. A qualitative study regarding the attitude and feeling towards menopause among Azeri menopausal women revealed five main themes including: positive attitude, neutral attitude, negative attitude, positive feelings, and negative feelings (107,108). Positive responses lead to adaptation due to increasing self-awareness, self-confidence, self-esteem, resilience, mindfulness, and decreased symptom experiences with better symptom management (107,108). A range of psychosocial conditions, such as optimism, emotional stability, emotion regulation, self-compassion, and self-esteem, affect women's resilience and well-being (105). Resilience can positively impact women's symptom experiences. For example, higher resilience was linked to fewer and less severe physical and psychological symptoms. Additionally, it is associated with improved adaptation to menopausal challenges, greater life satisfaction, enhanced overall well-being, reduced stress, fewer depressive symptoms, and other beneficial health and lifestyle outcomes (109). Moreover, high to moderate physical activity reduced the severity of menopausal symptoms compared to inactive women (110). Conversely, negative responses lead to maladaptation and result in increased symptom experiences, distress and loss of self (97,111,112). For instance, the literature revealed that negative attitudes toward menopause were related to more depressive symptomatology, whereas no relation was found between positive attitudes and depressive symptomatology (113).

Another study showed that women who adapted easily to menopause had negative perceptions of sexual activity four times less frequently (114). Any of the consequences can directly (self-responses) or indirectly (others' responses) affect the quality of life of menopause women (97,115).

Perception of menopause results in shaping a mental image and a somatic experience that leads to mental decision making about whether to act or not, an attitude, and how negatively or positively to respond. Perception of menopause is a challenging dynamic event demanding support to avoid distress and maladaptation. Healthcare professionals can support women by helping them navigate their positive feelings. In addition, health care professionals can provide necessary information that can stress positive rather than negative perceptions of menopause. Through appropriate interventions, menopausal women can develop a positive attitude and better cope with the challenges posed by menopausal changes. Since an individual's perception of menopause influences her attitudes towards adaptation, healthcare professionals design educational interventions that address perceptual processes before and during the adaptation phase.

## Discussion

Through a comprehensive literature review and analysis, the conceptual model for women's perception of menopause was developed using Rodgers's evolutionary method (20) (see Figure 2). The model provides a practical guide for developing culturally competent strategies for menopausal women, emphasizing sociocultural, physiological, sexual, spiritual, and psychological aspects of perception.

The attributes found for the women's perception of menopause were interconnected. For example, while cessation of menstruation was perceived as a physiological change (116), it could be perceived as a social change due to infertility, a sexual change owing to freedom in a sexual relationship, and a spiritual change by allowing women to perform religious activities. This study was aligned with studies suggesting that care for menopause is not "one size fits all" (117). Studies have used connected words to show how menopause is bigger than a physiological term. For example, several studies used phrases such as the need for biopsychosocial menopause care, bio-sociocultural aspects of menopause, bio-psycho-socio-cultural perspectives on menopause, and bio-psycho-spiritual complex interplay (35,70,118–120). In addition, literature showed how different attributes for women's perception of menopause were related. For example, a positive correlation between the severity of hot flashes and stress score was found (121). In another study, somatic anxiety was identified as an independent risk factor for hot flashes (122). Also, spiritual intervention could decrease the severity of depression (123).

In a concept analysis, menopause transition was defined



as a period of change that occurs in a woman's normal reproductive continuum as she approaches reproductive senescence, and is characterized by increasing levels of FSH (124). Although the defined concept emphasizes changes during the menopausal period, it carries biological significance and does not address the broader dimensions of changes in a woman's life. The proposed perception of menopause definition encompasses changes in multiple attributes of the menopausal experience, while respecting differences in individuals' perceptions.

Women's perception of premature or surgical menopause was excluded in this study. Additionally, there was an overlap between menopause and aging symptoms. Distinguishing whether perceptions of menopause were related to menopause itself or aging was difficult. Therefore, aging is considered a related concept that influences the perception of menopause before, during, and after the menopause transition. Further studies are needed to either differentiate these concepts or explore their integration. While meaning and perception are distinct concepts, many researchers have used them interchangeably in the literature. Perception refers to organizing, identifying, and interpreting sensory information, which happens prior to meaning-making. Thus, it is significant to provide a clear definition for women's perception of menopause and further explore the association between this concept and the meanings of menopause. Although separating these concepts was challenging, the focus of this concept analysis was on women's perception of menopause, considering perception as the process of gaining awareness about menopause. In this study, attributes are comparable to themes found in another article regarding different meanings of menopause and their contributing factors (33). However, in this study, women identified several changes through their perceptual processes. Since women's perceptions of menopause shape how they understand it, each attribute in this concept analysis can be a contributing piece for formation of diverse meanings of menopause (33). Therefore, this study explains how perception of menopause could contribute in shaping various meanings of menopause.

This concept analysis shows how and why there is no homogeneity among perceptions. By addressing the interconnected attributes of women's perception of menopause, the proposed model can be applied across various disciplines such as nursing, psychology, sexology, medicine, social work, and education. Through understanding women's perception of menopause, health care professionals can design interventions that can help women 1) better able to connect to themselves, 2) make informed decisions about their attitudes, 3) improve their self-response and how they wish to manage and use coping strategies, and 4) receive supportive responses from others. Further studies are needed to find an answer to the following questions: 1) How can changes in one attribute such as women's sociocultural

context or immigration affect other attributes related to women's perception of menopause? 2) How does women's perception of menopause differ in cases of surgical or premature menopause? 3) How can interdisciplinary collaboration among nurses, psychologists, and other healthcare professionals impact women's perception of menopause and improve quality of care?

## Conclusions

According to Rodgers' evolutionary perspective, concepts change over time, and this is true for the perception of menopause. The perception of menopause has a significant direct or indirect influence on a woman's health and their quality of life. The way women perceive and interpret menopause significantly affects their attitudes toward menopause and their ability to adapt.

## Authors' Contribution

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## Conflict of Interests

None declared.

## Ethical Issues

Not applicable.

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