

MENOPAUSE:Health promotion strategies from a nursing perspective.

A LITERATURE REVIEW

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Title:	MENOPAUSE: Health promotion strategies from a nursing perspective.
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<p>Background</p> <p>Menopause has a significant physical and emotional consequences whereby in some cases women may experience symptoms for many years. Nurses are considered to be a part of a patient's decision making tool as well as promoting healthy living for these women. This paper has been commissioned by Basic sexology course. The aim and purpose of this study is to facilitate a better understanding of the menopause for the nurses to help menopausal women through health promotion strategies. Nola Pender's Health Promotion theory was used to guide this paper.</p> <p>Methodology</p> <p>Literature review was used to conduct the whole paper in conjunction with the inclusion and exclusion criteria. Ebsco, Ebsco, Cinahl, Sage and Google scholar search engines were used to search articles while incorporating the Medical Subject Headings (MeSH). There were 12 articles identified which were later analyzed through inductive content analysis approach. The two questions that guided this paper are namely:-</p> <ol style="list-style-type: none"> 1. What is the impact of menopause on women? 2. How can nurses promote health in menopausal women through using health promotion strategies? <p>Results</p> <p>The review emphasized the importance of health promotion strategies, role of education and routine health care visit. Through Nola Pender's Health Promotion theory, nurse's ability to understand the concept of individuality, holism and human needs can enhance the client individual planning.</p> <p>Conclusion and recommendation</p> <p>It is the work of the nurse to not only educate but also signpost women and also their spouses to the information required. Further studies are required as well as an evaluation of the quality of the internet information in relation to evidence based information that is reliable for women.</p>	
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CONTENTS

1	INTRODUCTION	6
2	BACKGROUND	8
2.1	Impact of menopause on health	10
2.2	Menopausal Treatment	12
2.2.1	<i>Hormonal Replacement Therapy (HRT)</i>	13
2.2.2	<i>Non-hormonal therapy</i>	15
2.3	Nurses role in health promotion during menopause	16
3	THEORETICAL FRAMEWORK	18
3.1	Variables of Health Promotion Model (HPM)	18
3.1.1	<i>Prior related behavior: (Individual characteristics)</i>	19
3.1.2	<i>Personal Factors (Individual Characteristics)</i>	20
3.1.3	<i>Behavioral outcome</i>	21
3.1.4	<i>Health promotion and menopause</i>	21
4	AIM AND RESEARCH QUESTION	23
5	METHODOLOGY	24
5.1	Data Collection	24
5.2	Data analysis	28
5.3	Validity and Reliability	29
5.4	Ethical consideration	29
6	RESULTS	30
6.1	Promoting health in menopausal women through health promotion strategies	31
6.1.1	<i>Health promoting lifestyle</i>	31
6.1.2	<i>Role of education</i>	31
6.1.3	<i>Routine health care visits</i>	32
7	DISCUSSION	34
8	CONCLUSION	37
	Recommendations	38
	REFERENCES	39
	APPENDIX	47

FIGURES

Figur 1. Health promotion (revised).....	19
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Tables

Table 1: Summary of the Search process.....	25
Table 2: Including and excluding crirteria.....	26
Table 3: The result the analysis of question 2.....	30

Appendix

Appendix 1: Summary of the chosen articles.....	47
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FORWARD

I would like to thank the almighty God for seeing me through this tough moment. Thank you Arcada University of applied sciences for a second chance to better my life. I would like to express my gratitude to Pamela Gray for your support, I really appreciate. Thankyou Eva Kagiri, Nancy Kamau, Peter Kalanzi and my family for guiding me through the dark days when I lost hope. Thank you again so much!!

1 INTRODUCTION

Hautamäki (2014) and Holloway (2011) define menopause as a time when the body of a woman does not receive menstruation period for a duration of 12 consecutive months. It is also considered a new phase in life after the child bearing stage. There are over 1.1 million Finnish women who are said to be 51 years old. It is also considered the mean age when the menopause is set to commence. In consistence with this findings is Goswami & Conway (2005) who also noted the same mean age although it may differ in other different part of the world. According to Lindh-Åstrand et al (2009) it was noted that when it comes to African Hispanics and Mexican women the menopausal age may be few years earlier than Caucasian women in regards to what is considered average age. Mayo Clinic (2015) noted that in some cases this mean age may differ due to what exactly may trigger the menopause stage. It was concluded that menopause can also start between the ages of 40 to 50. In some women menopause may come early as below 40 years of age. According to Hernández-angeles & Castelo-branco (2016) some women experience premature ovarian insufficiency (POF) which is said to trigger menopause below the age of 40. Roush (2010) also noted that surgical procedures, cancer treatment such as chemotherapy or radio-therapy experience premature menopause but in this case is known as induced menopause. Premature menopause can be severe thus higher health risks of having osteoporosis and cardiovascular diseases.

Menopause has a significant physical and emotional consequences and in some cases women may experience symptoms for many years Hamoda & Savvas (2014). According to Lindh-Åstrand et al (2007) women experiences were reported to be individual. Most of these women experience both physical and psychological symptoms. In spite of their variance, there is one menopausal symptom that is experienced by this women known as hot flushes. Health care providers should understand and have a holistic view of women menopause and its symptoms in order to be able to communicate optimally about care, give support and empower women. This is in accordance with WHO`s (2009) which claims that caring, holism and ecology are seen essential in terms of strategies for health promotion. According to Roush (2010), nurses are the closest people in the healthcare settings that spend the longest time with the patient. This means that nurses play a crucial role in a patient`s decision making process concerning treatment

options available for menopausal women. In this regard, nurses are considered to be part of a patient's decision making tool as well as promoting healthy living for these women. This can be done by advising and informing about menopause in general, educate on how to maintain health through health promotion strategies irrespective of the symptoms. According to Okeke et al (2013) the information delivered will help in preparing the woman expectations realistically as well as understanding the importance of leading a healthier life. Women in general require information and a well-tailored support since menopause is experienced by all despite the quality of life and symptoms being individual.

The purpose of the study is to facilitate a better understanding of menopause for the nurses to help menopausal women through health promotion strategies. This study has been commissioned by the basic sexology course being conducted at Arcada University of Applied sciences. Nola Pender's Health promotion model will be used to guide this paper. Pender's model suits best people of all kinds due to its broad coverage of health benefits not merely at the presence of a disease. The model supports more the level of well-being of a person thus a healthy living. Literature review was employed to search for articles as well as inductive method to analyze data. The findings show that health promoting habits/strategies are connected to moderate to intense physical activities, eating healthy, attitude, social support and perceived self-efficacy as well as holistic approach.

After the introduction is the background chapter which outlines the different stages of menopause, symptoms and treatment which are important for nurses, menopausal women and anybody in the field dealing with women. The next chapter is the theoretical framework which is used to support the whole thesis work. The aim and research questions have been listed in chapter 4. Limitations encountered was some articles had only the abstract and needed subscription. Chapter 6 presents the findings and later followed by chapter 7 and 8 with discussion and conclusion respectively. At the end is a list references used in the whole literature review as well as a list of the articles chosen for the results part.

2 BACKGROUND

As earlier mentioned in the introduction, menopause is the stage whereby the body of a woman does not receive menstruation period for 12 consecutive months. There are different factors that may lead to menopause such as natural decline of hormone brought by aging, surgical procedures, Chemotherapy and radiation therapy, conditions such as premature ovarian failure (Roush, 2010 & Mayo clinic 2015). According to Hautamäki (2014), there is evidence that smoking has been linked to triggering the start of menopause earlier than the expected time. Okeke et al (2013) noted that regardless of the cause at which the menopause started, women who have a lack of estrogen at an early age are at a risk of having premature morbidity and mortality.

There are three stages of menopausal transition namely: - perimenopause, menopause and post menopause. *Peri-menopause* is the first stage before actual normal menopause. At this stage, periods may still be experienced at intervals of 2-4 months in a period of one to two years (Hautamäki 2014, Goswami & Conway 2005). Roush (2010) has pointed out that the transitioning around perimenopause period is quite complex and varies from woman to woman. It is at this point where fewer follicles are less maturing thus leading to less estrogen production and unpredictable periods and lasts for several years. *Menopause* is considered a new phase in life after the child-bearing stage as it is at this point the woman's ovaries cease to function therefore the ability to become pregnant ends. Roush (2010) claims the transition changes varies as there is evidence that in some situation the FSH level fluctuates between normal reproductive age levels and in other cases, elevates to levels expected in a menopausal woman. FSH level of 30 IU/I is considered to be postmenopausal whereby it fluctuates around the menopause time thus causing hormonal instability. It is at this point where the woman is at high risk of depression due to symptoms like mood swings, hot flushes and lack of sleep also known as insomnia (Hautamäki, 2014)

Looking at the biological changes, ovaries are considered the main source of female hormones. The breast, body shape and body hair depends on the ovaries as well as the menstruation cycle and pregnancy. The bones are protected by estrogen therefore when there is less production, the woman is prone to thinning of the bones later in life which is also known as osteoporosis. The woman is also at risk of cardiovascular diseases, uri-

nary incontinence, sexual function decline due to vaginal dryness and weight gain. (Women Health Council, 2008) & (Mayo clinic 2017).

Post-menopause is the final stage of menopause and it lasts for the rest of the women's life. Women at this stage are at higher risk of diseases like osteoporosis, heart disease and stroke. Even at post menopause stage the women are encouraged to continue using hormonal replacement therapy. In addition, post-menopausal women are encouraged to consider initiating life changes such as doing light to intense exercises, healthy eating and taking supplements such as vitamin D, magnesium and calcium. It is also advisable to start as early as possible. (Lindh-Åstrand, 2009)

Okeke et al (2013) have defined *premature menopause* as ovarian failure before the age of 40. This premature ovarian failure is distinct by amenorrhea, increased gonadotrophin levels and estrogen deficiency. Premature menopause can also be induced through medical interventions such as chemotherapy or happen extemporaneously due to surgical interventions such as bilateral oophorectomy. According to Okeke et al (2013) there is no definite etiology for the premature menopause but mentioned some of the reasons that may be a catalyst. They are: - genetic disorders, autoimmune diseases, smoking, iatrogenic radiation and chemotherapy, surgery and drugs are some of the identifiable causes of premature menopause.

Hysterectomy is a surgical procedure whereby the uterus is removed through an incision in the lower abdomen. It is the uterus where the baby grows therefore after the surgery a woman cannot become pregnant. There are three types of hysterectomy namely: partial, total and total plus the fallopian tubes are removed Mayo Clinic (2015). After the removal of the womb, ovaries (necks) and cervix surgically, the menopause symptoms start immediately which can be very severe. The reasons that may lead to hysterectomy procedure are fibroids tumors, endometriosis and uterine relapse. (Roush, 2010, Women health concern, 2015) According to Roush (2010), women who have had hysterectomy even though the ovaries remain have risk for menopause which is 5 years earlier than what is considered the normal menopausal age.

2.1 Impact of menopause on health

The menopausal transition is the most complex time where the woman is at a high risk of depression due hormonal changes, mood swings, hot flushes and sleep disturbance. Signs and symptoms may be experienced for many months or years leading to the menopause. These symptoms mentioned have been grouped as subjective and objective when it comes to typical menopausal symptoms. In the subjective it included hot flushes, palpitation, night sweats, poor sleep, depressive symptoms, headaches difficulty concentrating, poor memory, joint aches, irritability, nervousness and anxiety. On the other hand, objectives includes vaginal atrophy, osteopenia, osteoporosis, pelvic floor defects, urine control problems and degradation of the connective tissues and bones (Hautamäki, 2014) In the following paragraphs below are a descriptions of the main symptoms.

Hot flashes

Hot Flashes are vasomotor symptoms that affect most women during the menopausal transition, although their severity, occurrence, and spell vary widely between women. Hot flashes are reported by up to 75% of menopausal women who also seek treatment to ease the symptom (Hautamäki, 2014). Many women complain of hot flashes as a primary menopause symptom. There is a sudden feeling of heat either in the upper portion of body or all over, face and neck turning red and also sweaty or flushed feeling (Reed et al, 2014). Hot flashes affect in as many as 55% of women even before the onset of the menstrual irregularity that defines entry into the menopausal transition and their incidence and severity increases as women traverse the menopause, peaking in the late transition and tapering off within the next several years (Reed et al 2014). Intensity of a hot flash can range from mild to very strong to an extent lasting for less than 5 minutes which can also disturb the woman's ability to sleep well. Most women experience hot flashes for months to years. Hot flashes may still continue after menopause, but they usually lessen in intensity over time. In some women hot flashes may reappear immediately after stopping hormone therapy (Hautamäki, 2014).

The exact cause of the hot flash has not been clarified. According to Hautamäki (2014) ,Freeman et al (2007) the most accessible theory suggests there is a resetting and narrowing of the thermoregulatory system in association with fluctuations in or loss of estrogen production. The authors further argue that in the past, hot flashes were thought to be linked solely to a withdrawal of estrogen; however, there is no acute change in serum estradiol during a hot flash. Hot flashes has been linked to variability in both estradiol and follicle-stimulating hormone (FSH) levels.

Vaginal dryness and dyspareunia

The decreased production of estrogen and progesterone can affect the thin layer of moisture that coats the vaginal walls. Urogenital tissues are delicately sensitive to estrogen and the fluctuations in estrogen that occur during the menopausal transition, followed by sustained low levels after menopause. Women can experience vaginal dryness at any age, but it can be a particular problem for women going through menopause. Signs can include itching around the vulva and stinging or burning. Vaginal dryness can make intercourse painful and may cause feeling need to urinate frequently. Furthermore vaginal atrophy and shortening of vagina and uterine prolapse can occur due to dyspareunia. (Santoro & Komi, 2009).

Urinary incontinence

Menopause reduces the amount of the female hormone estrogen and a lack of estrogen reduces the urinary tracts ability to control urination. Advanced age, which usually coincides either menopause, also has various debilitating effects on the pelvic area organs and tissues. It is common for women in menopause to lose control of their bladder. Other symptoms are feeling of constant need to urinate even without a full bladder and/or experiencing painful urination. This is due to the tissues in vagina and urethra losing their elasticity and the lining thinning. The surrounding pelvic muscles may also weaken. Urinary incontinence can be prevented by abstaining or reducing alcohol intake,

staying hydrated and strengthening the pelvic floor muscle with Kegel exercises. (Hendrix et al, 2005)

Insomnia

Kravitz et al (2008) noted that sleep quality deteriorates with aging. Approximately 61% of women who are postmenopausal experience frequent spells of insomnia. Women report more trouble sleeping as they enter into the menopausal transition and sleep has been shown to be worse around the time of menses. Alexander et al (2007) adds that hormonal changes alone are not likely to stipulate the complete clarification for the relationship between sleep difficulty and menopause. Consistent with this findings is the fact that hormones are not always successful in treating sleep problems in midlife and beyond. Chronic poor sleep habits and mood disorders contribute further to sleep problems. The authors further suggest that the nature of the sleep disturbance can help guide the clinician to appropriate treatment of the client.

2.2 Menopausal Treatment

As mentioned earlier, from menopausal transition is can be a challenging point of life for women. Hautamäki (2014) noted that symptoms of menopause in some women may last for many years. In addition, the result of this menopause symptoms can lead to substantial physical and emotional consequences. Therefore, Hormonal Replacement Therapies are used in relieving vasomotor symptoms. There are also non-hormonal therapy for women who are not willing to use the hormonal therapy and those that are bound by their medical situation. The hormonal and non-hormonal therapies have been briefly discussed below.

2.2.1 Hormonal Replacement Therapy (HRT)

Hormonal Replacement Therapy (HRT) are medications used to alleviate menopausal symptoms and to replace hormones the body cannot produce. HRT can be comprised of a number of different forms or combinations of estrogen, progestogens (progestin) and testosterone. There are over 50 different forms of HRT that have been modified to offer a wide range of choices for the women in menopause stage irrespective of the age at which it started. The HRT can be provided in the form of tablets, skin-patches, gels or nasal spray. To combat dryness, water-based lubricant or a vaginal moisturizer helps to prevent these symptoms. This helps keep the vagina more lubricated and also may prevent the vagina from becoming smaller. These treatments are individual and depend on the personal medical history. The other mentioned treatment for easing symptoms such as hot flushes, vaginal dryness, and urinary discomfort, cream pessary or vaginal ring which contains estrogen can also be used. (Hamoda et al 2016, Panay et al 2013).

Estrogen and estrogen combined are the two main types of HRT which again may depend on the medical history that affects the choice. Estrogen is said to be the main fundamental ingredient found in all HRT. It is used to relieve the hot flushes, prevent vaginal symptoms and maintains bone strength. Depending on the form, estrogen can be taken as a daily tablet, a daily gel, an implant or as a weekly or twice a week patch. The doses also vary therefore, the varieties consisting of lower dosed are aimed at reducing side effects while relieving symptoms and maintaining the bone strength. (Hamoda et al 2016, Panay et al 2013).

Women who have had hysterectomy are advised to consider using estrogen together with a second hormone progesterone so as to stop the interaction effects estrogen does to the endometrium. This is because, estrogen alone HRT stimulates the lining of the womb thus leading to excess growth which may lead to cancer. The other name for this combination is known as “combined HRT” which is available in form of patch or tablet. In cases whereby partial hysterectomy has been done, this combined HRT is recommended. This is because some of the womb lining may have remained after surgical procedure due to heavy bleeding. (Holloway 2011, Panay et al 2013)

In a systematic review done by Canderelli et al (2007), it was claimed that easing of post-menopausal symptoms can be improved when using HRT. In addition, the study showed that some comorbid illnesses such as osteoporosis, type 2 diabetes, certain cardiovascular diseases, and bowel or colon cancer can also be improved by HRT. Although, further research is required since some inquiry in areas concerning HRT was limited. It was therefore seen to be crucial that the healthcare provider should consider individual needs based on quality of life and potential risks versus benefits. It is evident that recent studies show that HRT has produced substantial positive outcomes to post-menopausal women. Although, further exploration of benefits should be validated as well as benefits and risks of those who have used HRT for a longer time. In consistent with, Sveindóttir (2005) findings, it was note that the patients were more satisfied with information form from the doctor and also discussion done together. However, she emphasized the need for further research on health interview and what kind of involvement from friends, and family members may impact the decision making.

Roush (2010) has suggested that, since every woman experiences menopause differently, it is upon the woman to decide which one of the hormones to use. Despite the reported risk factors of using Hormonal therapy, the benefits experiences when using HRT is more than the risk. Appling et al (2000) adds that basic explanation must also be discussed on the impact of menopause which must be included in the counselling session. In their descriptive survey done with 215 women, it was concluded that majority of these women will not use or even start the treatment if they are aware of the health risks associated with HRT. The same study reported that, when women use HRT in their post-menopausal period, there are significant long term benefits when it comes to aging. The results showed that there was a 35%-50% decrease in the risk of cardiovascular (CVD) diseases and a 37% de-crease in overall mortality. In addition, 50% reduction in fracture is associated with HRT. This is because a decrease in bone density is experiences after post-menopausal period.

According to Panay et al (2013), a number of benefits of Hormonal replacement therapy (HRT) have been laid out. It was noted that the woman is the one who makes the decision of whether to use the HRT or not. Therefore, the health care provider should give information in order for the women to make informed choices. Also the dosage of HRT

should be individualized as well as the duration of how long the medication should be used. If the HRT was started before the age of 60, the benefits are more favorable than the risk. In other cases, the woman may be over 60 years the HRT should be introduced in low doses and more preferably through transdermal route of administration. Women with premature ovarian failure should be encouraged to use the HRT until the time of what is considered the normal age of starting menopause. Hormone therapy has been referred as a remedy for psychological distress and mood disturbances typically attributed to menopause (Hamoda et al 2016). Hormonal replacement therapy (HRT) restores declining hormonal levels associated with menopause. This helps alleviate many discomfort that are associated with menopause and allows the body to continue receiving the beneficial effects hormones have against comorbid conditions. It is also seen of essential that women should have access to counselling, sufficient information and support. There should be both verbal and written formats when it comes to giving information (Holloway, 2011)

2.2.2 Non-hormonal therapy

Japanese women experience minimal menopausal distress and report the minimal rates of coronary artery disease and cancer from whose diets are high in plant-derived estrogens, particularly soy. The natural phytoestrogens ingested in food and herbs that are capable of exerting estrogenic effects are attributed from health phenomenon. It has been suggested that the relationship between the onset of menopause and diet has to do with a good quality and quantity of protein. Another recommendation is to take food high in B vitamin which may help postpone the beginning of menopause. The vitamin mentioned, helps in supporting the pituitary gland which regulates the ovaries and the female cycle. However, there is no magic pill to prevent heart disease after menopause, it was further suggested that health diet and nutritious food that nourish the heart and circulatory system are essential (Roth-Donnell, 2017)

Other alternatives therapies that women may use include using herbal medicine which could be based on used of plants or plant extracts for relieving menopausal symptoms which can be bought over the counter. The examples are black cohosh and ginseng have been used by some women whereby there was a relief in anxiety and depression.

Memory also has been found to improve for women who are using ginkgo. There are complementary therapy intervention which are likely to be used together with conventional medicines example given are aromatherapy with HRT. Other therapies used instead of conventional medicine include acupressure, acupuncture, homeopathy, life changes as well as healthy living combined with exercises. (Mcbride 2015). There are medical treatments which are normally prescribed by the Doctor for example antidepressants. Unfortunately there is limited scientific evidence that these therapies can relieve menopausal symptoms. It is noted that there is no requirement to prove safety value before entering the market therefore lacking Food and Drug Administration (FDA) regulation approval. This makes it hard to know what to expect from alternative therapies. It is recommended though that since some of this treatment react with each other and become fatal, it is very important to let the doctor know beforehand (Women's Health council 2008, Holloway, 2011)

2.3 Nurses role in health promotion during menopause

According to Berman & Snyder (2012), it has been noted that the important component of nursing is based around health promotion. It is somehow understood to people that the relationship between lifestyle and illness develop through health promotion habits. It is also argued that health promotion habits are getting enough exercise, rest and relaxation, maintaining good nutrition and controlling the use of tobacco and other drugs. When nurses understand the concept of individuality, holism, homeostasis and human needs, the assessing and planning of the individual client is enhanced. It is also the understanding of the beliefs and values of an individual person and how much support has to be received from the family and later strengthened by the community. The World Health Organization, WHO (2009) defined health promotion as the process of enabling people to increase control over and to improve their health. According to Holloway (2011), WHO (2009), it was reported that health education and availability of information help in coping in connection to menopause symptoms that are mild and last for a short time. Coping with the symptoms is seen best in women who choose to do regular exercise and have good diets. In study done by Lee & Kim (2008) to determine the relationship between the intensity of menopausal symptoms and depression in Korean

women who were between 40-60 years of age, the findings showed that depression affected more those women who had menopausal symptoms than those without. Additionally, women exercising regularly were less depressed than those who did not exercise at all. Nurses are advised to give all the information required by the woman so as to make informed choices when it comes to lead a healthier life.

Menopause happens in every woman and the symptoms vary from one person to another. The nurse's competence as a registered nurse is to have some understanding of what the impact of menopause are to women. Evidence based knowledge of menopause from both nurses and physicians is seen of importance when it comes to counselling women in every day's life. In places where nurses can meet this situation are cervical screening centers. Nurses should be prepared to introduce discussions about vaginal dryness and menstruation periods. It is also a chance for the nurse to give more information about the menopause. It is through nurses where women are able to receive good information and how to optimize them through the menopause transitions. In addition, it is the nurse's responsibility to assist women in finding reliable information and also where exactly to get them. The woman's interpretation of information will solely depend on experiences, how much knowledge they have, what are the expectations and also their attitudes. It is also important to emphasize that menopause is a normal episode which in some cases can be managed through life changes as well pharmacological and non-pharmacological interventions or therapies (Lindh-Åstrand et al, 2007). Health promotion strategies such as eating healthy and exercising are just a milestone to be emphasized by nurses in managing some of symptoms like weight gain, lack of sleep and night sweats. McBride (2015) wrote that those women who adopt a healthy lifestyle are beneficial at the time of menopause. Luoto (2009) noted that Health promotion is a suitable future resolution that should be emphasized. This is because some of the menopausal side effects such as body weight are considered to modifiable thus a good health promotion intervention.

3 THEORETICAL FRAMEWORK

Nola Pender Health promotion model was first coined in 1982 and later revised in 1996 with an aim to “complementary counterpart to models of health protection.” Health is defined as a positive self-motivated state rather than only the presence of disease. Health is pursued by a multidimensional nature of people as they cooperate within their environment. Pender describes the function of this model that health is a lifestyle accustomed by the amount of choices made by the distinct person to essentially live a healthy lifestyle (Pender, 2011). It was her background in nursing, human development, experimental psychology and education that led her to use holistic nursing perspective, social psychology and learning theory as the foundations for the Health Promotion Model Marriner-Tomey & Alligood (2006)

3.1 Variables of Health Promotion Model (HPM)

This health promotion model focuses mostly on three areas namely: individual characteristics and experiences, behaviour-specific cognitions and affect and behaviour outcomes. The first category is individual characteristics and experiences which are later divided into sub-categories of prior related behaviour and personal factors. The second category included is behaviour specific cognitions and affect, sub-categories are:- perceived benefits of action, perceived barriers to action, perceived self-efficacy, activity related affect, interpersonal influences and situational influences; commitment to plan of action, immediate competing demands and preferences. The final category is the behaviour outcome, hoped to be health-promoting behaviour (George, 2010). Below is figure 1 which illustrates how the components have been grouped

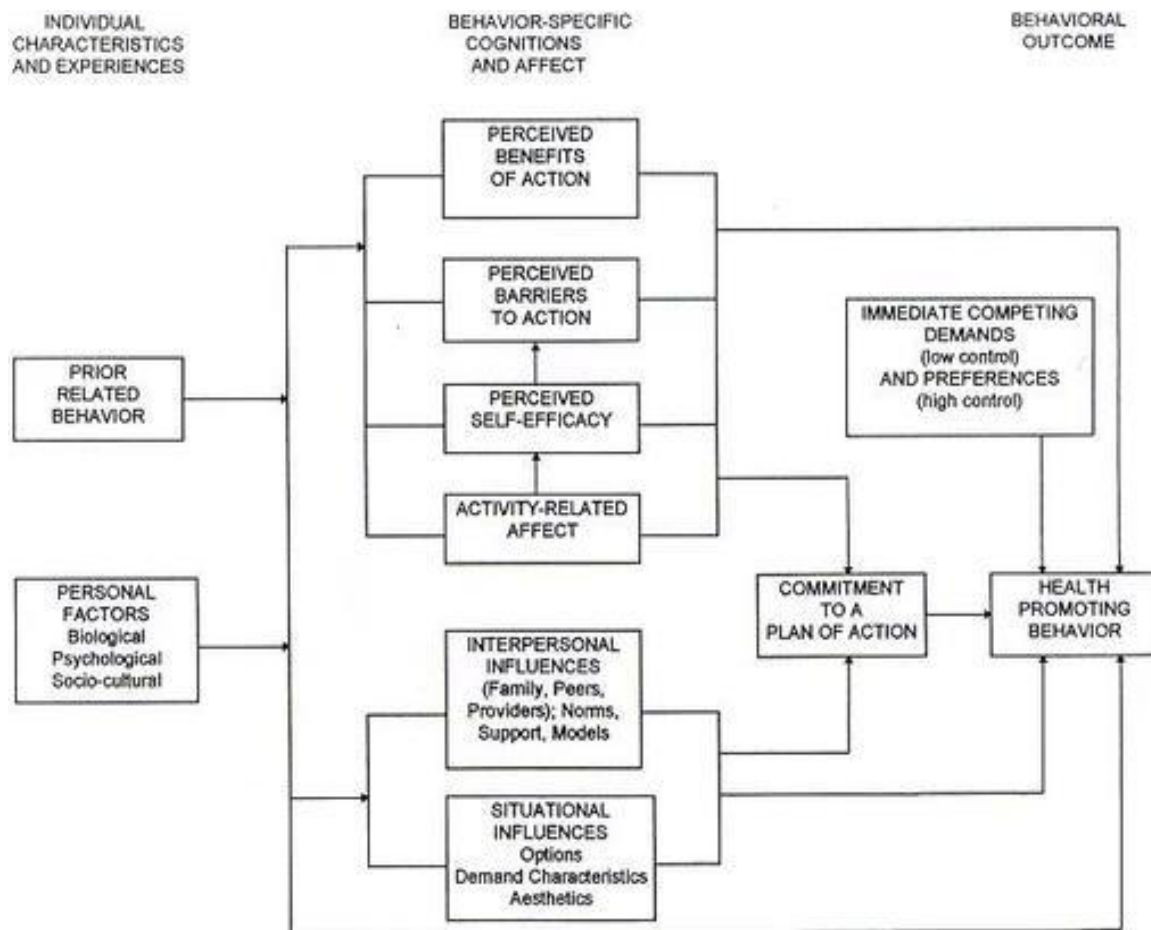


Figure 1: *Health Promotion Model (revised) George (2010 p. 546)*

3.1.1 Prior related behavior: (Individual characteristics)

This falls under the individual characteristics and experiences category and further leads to four different behavioral cognitions. Prior related behavior acts as a core value in the Health Promotion Model because it predicts the future behavior of an individual. It explains that a person maintains their earlier lifestyle and the likelihood of the same behavior to appear again is very possible. Therefore as a nurse, it is important to help the client focus on the positive benefits and try and find a way to identify the barriers and overcome them with a goal to health promoting behavior through encouragement. The four subcategories are explained below.

Perceived benefits of action: These are the expected positive or negative outcomes that occur after the health behaviour. This perceived benefit could moderate the behaviour

both directly or indirectly. A past personal experience or observing others with positive outcomes increases the motivational importance of the targeted behaviour and re-counts to the expectation of positive or negative outcomes. *Perceived barrier to action*: which has been considered as a factor of participation of health –promotion behaviour whereby it influences the action directly by blocking the action or indirectly by decreasing any action to act. *Perceived self-efficacy*: is listed as the third which asserts that it is the degree at which the person has the ability to execute a health promotion behaviour. The higher the degree of self-efficacy, the lower the perception of barriers to the performance of the behaviour., *Activity-related affect*: which claims that the effect may differ from slight to quite strong that will be cognitively labelled, remembered and continued to be connected with thoughts about a specific behaviour Marriner-Tomey & Alligood (2006)

3.1.2 Personal Factors (Individual Characteristics)

Personal factors also falls under the individual characteristics and experiences category and includes biological, psychological and sociocultural that leads to two behavior specific cognitions and affect. In the biological factor, the changes that happen in the body such as age , menopause status, aerobic, capacity strength, agility or balance just to mention a few have been noted by (George, 2010). Self-esteem, self-motivation and perceived health status are grouped under psychological factors while race, ethnicity, acculturation, education and socioeconomic status are grouped under sociocultural factors (Marriner-Tomey & Alligood 2006). In the Health Promotion Model, Personal factors are divided in two subcategories namely interpersonal influences and situational influences.

Interpersonal influences: This entails an individual perception towards the behavior attitudes and beliefs or other people`s attitudes. Health care providers, families, peers are the primary sources of interpersonal influences. *Situational influences*: It asserts that personal judgements and understanding of any given condition or setting are those that can simplify or obstruct behavior. These judgements include perceptions of available option, characteristics that are demanded, and the appealing features of the surroundings

where the health promoting behavior is suggested to take place. (George 2010, Marriner-Tomey & Alligood 2006)

3.1.3 Behavioral outcome

Commitment to a plan of action which states that the perception of the purpose and a planned strategy is identified as that will lead to execution of health behavior. This is the care plan which can lead to positive outcome of health promoting behavior. It outlines that a behavioral event is introduced by being committed to action not unless there is a challenging circumstance that cannot be avoided or a challenging predilection that one cannot resist. Example given is smoking which some people find too hard to stop.

Immediate competing demands and preferences which addresses those issues that a person has no control of because of environmental emergencies for example work and responsibly of taking care of the family. This are demands if not taken care of may lead to negative consequences to the persons self or significant other. Competing demand are also seen as those things that a person has likely a higher degree of control and can be powerfully reinforcing. The overpowering urge to eat burger, fries or milkshake as opposed to eating salad. This competing demands and preference can one or both overturn a plan of action but neither is identified as a barrier. Therefore when a commitment of action is stronger due to exercises of control and controlling oneself will assist in diverge the immediate competing demands and preference from overturning the plan of action.

Health promoting behavior the end result or outcome that is directed at attaining positive health outcomes as well as optimal well-being, individual fulfillment and a life that is productive. (George 2010, Marriner-Tomey & Alligood 2006)

3.1.4 Health promotion and menopause

Health promotion effect according to Pender's model is to put the health care obligation on the individual and not on the healthcare professional. Healthcare is seen as a sequence of intelligent, rational choices and also ingredients that promote healthy living which includes things like good diet, exercise and positive thinking. On the other hand,

health professionals, doctors and nurses real struggle starts when it comes to eliminating the self-destructive nature of unhealthy choices and substitute them with healthy ones. (Pender, 2011). Menopause is seen as a catalyst for the decline in women's health and it is also considered as the risk group compared to young people. According to Morris & Symonds (2004) it was reported that women have been taught to put up with the symptoms and not share any negative views about menopause. The unhealthy lifestyles includes the distorted thinking that may originate from ignorance of lack of self-esteem. Despite the idea that these thoughts take a long life process, when reformed, the rational choices can take their places therefore leading to a healthy lifestyle. It is upon the health care profession to not only target curing a disease but also to promote and educate healthy lifestyles so as to prepare the women to a more realistic issue that come with menopause. The model is directed at accumulating a patient's status of well-being whereby the nature of this reasonableness is tightly restricted by things like self-esteem, perceived advantages of healthy behaviors', psychological states and previous behavior. (Pender, 2011).

Since menopause is not a disease, the ability of the woman to maintain the healthy way before menopause is important. The whole health promotion model touches majority of what a person should do in order to remain healthy through holistic approach. The question remains on how much is this person able to channel all the individual characteristics to be able to reach the behavioral outcome as well as health promoting behavior. Therefore this model is of importance since it is one way nurses through the holistic approach can use to be able to enhance positive attitudes as well as empowering women. Through health promotion, there is an elimination of poor health, burden on the economy and creating well-being of individual's thus good quality of life. The importance of this model to the study is to enhance positive and active approach towards life not merely at the presence of a disease.

4 AIM AND RESEARCH QUESTION

The purpose and aim of this literature review is to facilitate a better understanding of menopause and to highlight the nurse's role in helping women going through menopause through health promotion strategies.

The study will be guided by the following two research questions:-

1. What is the impact of menopause on women?
2. How can nurses promote health in menopausal women through using health promotion strategies?

5 METHODOLOGY

An illustration of the method employed to interpret information used in building the entire study will be done in this chapter. The method used is literature review whereby selected literatures chosen were in relation to health promotion principals. This thesis paper is also entirely based on qualitative study and inductive content analysis. The theoretical framework, back-ground and progression of the study were used to develop this thesis work. Content analysis with an inductive approach was used to analyze data which were found in the previous researches in order to arrive at the results that answer the question relating to the study.

Kumar (2008, 2011) asserts that literature review is a method of data collection that involves searching of articles and analyzing them through reading reports, books and published articles and journals. It also provides a way of acquainting the writer on the available knowledge on the areas of interest. Theoretical roots are also established, ideas are clarified and the methodology is developed or refined. There is also comparison of findings whereby literature review plays an extremely big role. The writer gets an opportunity to get acquainted with knowledge that surrounds the area of study. Polit & Hungler (1995) reported that literature review is an important tool that helps in building a large “conceptual context” in which the research will be appropriate. The more a study is linked to each other the more famous it will be thus make a contribution at some point.

5.1 Data Collection

An expansive study of the literature while considering health promotion theory has been done using Ebsco, Ebsco host, Cinahl, Sage and Google scholar search engines from year 2009 to date. A precise search approach was done to the database which incorporated the Medical Subject Headings (MeSH) connected with key terms that reflected the topic of the study. A number of key terms which were adjoined in finding the relevant articles are listed as follows- Menopause AND Health Promotion, Health promotion strategies AND Menopause, AND evidence based strategies AND menopause. Together with the key words, the inclusion and exclusion criteria were used. Apart from PubMed

which had 5 years old inclusion criteria, all the other databases had 10 years ranges. See table 1 below

Table 1: Summary of the Search process

Data base	Key words	Hits	Article retrieved	Articles chosen
Ebsco host	Menopause AND Health promotion	33	5	3
	Health promotion AND Menopause AND Strategies	8	1	0
Ebsco cinahl	Menopause AND Health promotion	1	1	0
Google scholar	Health promotion evidence based strategies and Menopause	620 000	4	2
Sage	Menopause AND Health Promotion	2174	0	0
Pubmed	Menopause AND Health promotion model	88	9	7

Liamputtong, P. (2013) defined inclusion and exclusion criteria to be guidelines set before in order to help in determining which studies will be included in the study and which one would be left out. This is because not all studies are eligible to answering the question intended for the study. The review question provides a guideline on how articles should be searched depending on the relevancy to the question being answered. Therefore, secondary articles utilized in this paper were chosen according to the inclusion and exclusion criteria. Articles that were published from 2010 to date were included in the results even though in the background study there are articles that were older than the year mentioned. PubMed search criteria only included articles that were not more than 5 years due to the large number of hits. Only on this data base did the writer of this paper perused through the hits while looking at the topic and abstracts. Scholarly peer reviewed and the articles relevant to the research question were chosen. Article

with abstracts, free to access and written in English were also included. The writer of this paper concentrated on the hits that appeared on the first and second pages respectively by sorting the articles by relevancy and most recent ones. Any article that was not scientifically written, lack information on menopause information in general, older than 10 years, lack of concrete result and references not available were excluded. Articles that needed subscription were also excluded. There was no consideration on age limit since the writer found out that menopause can be triggered earlier than the expected age. (See chapter 2). Table 2 below illustrates the phrases used in the exclusion and exclusion criteria and there after a list of articles chosen to answer question 2.

Table 2: Including and excluding criteria

INCLUDING CRITERIA	EXCLUDING CRITERIA
<ul style="list-style-type: none"> • Articles published between 2009 to date • Scholarly (Peer review) • Source type all result • Article relevant to the research questions. • Articles with abstract • Articles that were free to access the full article • Written in English 	<ul style="list-style-type: none"> • Articles that were not scientifically written. • articles that do not include menopause information in general information for women • More than 10 years • lack a concrete result • References not available • With subscription • Age limit

In the appendix chapter is appendix 1 which has been presented with a brief summary of the results of the chosen articles. As mentioned earlier, below is a list of the chosen articles. After the extensive search through databases as mentioned earlier, in conjunction with the inclusion and exclusion criteria, 12 articles were chosen as presented in the list in the next page.

1. Carbonell-Baeza et al., 2015, 'Cost-effectiveness of an exercise intervention program in perimenopausal women: the Fitness League Against MENopause COSt (FLAMENCO) randomized controlled trial', *BMC Public Health*, 15, 1, pp. 1-11.
2. Hollis et al., 2015, 'The 40-Something Randomised Controlled Trial improved fruit intake and nutrient density of the diet in mid-age women', *Nutrition & Dietetics*, 72, 4, pp. 316-326.
3. Kolu et al., 2015, 'Cost-Effectiveness of Physical Activity among Women with Menopause Symptoms: Findings from a Randomized Controlled Trial', *Plos ONE*, 10, 8, pp. 1-14.
4. Norozi et al., 2013, Factors affecting quality of life in postmenopausal women, Isfahan, 2011. *Journal of Education and Health Promotion*, 2, 58, pp.1-10.
5. Yazdkhasti et al., 2015, "Empowerment and Coping Strategies in Menopause Women: A Review." *Iranian Red Crescent Medical Journal* 17.3, pp 1-7.
6. Asrami et al., 2016, Health Promoting Lifestyle Behaviors in Menopausal Women: A Cross-Sectional Study. *Global Journal of Health Science*. 8(8):128-134. pp 1-7
7. Kalahroudi, M. A., 2013, Strategies for Improvement Quality of Life in Menopause. *Nursing and Midwifery Studies*, 2(2), 240–241. pp 1-2
8. Sood et al., 2014, Prescribing menopausal hormone therapy: an evidence-based approach. *International Journal of Women's Health*.6:47-57. pp 1-13
9. Trudeau et al., 2011, Identifying the Educational Needs of Menopausal Women: A Feasibility Study. *Women's Health Issues : Official Publication of the Jacobs Institute of Women's Health*,21(2),pp 1-10
10. Yoshany et al., 2017, The Effect of Husbands' Education Regarding Menopausal Health on Marital Satisfaction of Their Wives. *Journal of Menopausal Medicine*, 23(1), 15–24. pp 1- 8
11. Rutanen et al., 2014, Short- and Long-term Effects of a Physical Exercise Intervention on Work Ability and Work Strain in Symptomatic Menopausal Women. *Safety and Health at Work*, 5(4), 186–190. pp 1-8.
12. Almeida et al., 2014, Reducing depression during the menopausal transition: study protocol for a randomized controlled trial. *Trials*, 15, 312.

5.2 Data analysis

As defined by Patton (1990), content analysis usually refers to analyzing text, scientific articles, newspapers, interviews, scripts, diaries, journals or documents instead of observation-based filled notes. Any qualitative data reduction and sense making effort that takes a big area of qualitative material and attempts to identify the main point and bring meaning is generally referred to as content analysis. The core meanings found through this analysis are later called themes or patterns. On the other hand the process of searching for the same outline and themes may be distinguished in that order as pattern analysis or theme analysis. A systematic reading of scientific articles was done pointing out the specific areas with the help of the research question. As Patton (1987) describes, content analysis involves identifying logical and important words which are pulled together to address a certain question.

The articles chosen according to the inclusion and exclusion criteria were read carefully in order to extract relevant information in regards to health promotion principles as well as Graneheim & Lundman (2003) content analysis guidelines. This content analysis method was chosen due to its qualitative approach which is usually used in nursing research and education Graneheim & Lundman (2003). As mentioned earlier, key words helped in choosing the right articles for this thesis. The abstract, findings, discussion and conclusion parts of the 13 articles chosen were read carefully. There was marking of the relevant information with different colored pens which were red and blue. At the same time notes were made at the side of the articles for easy retrieval of information as well as similarities. After thoroughly reading the articles for the second time, the author came up with common themes and grouped them into different categories. These categories were named sub-categories, category and main category. The main idea of data analysis is to get a clear understanding of the data being collected through reading the articles to group the data into subgroups and link them to the main part. These main part in this case is the main category as well as the research question. The last part is the coding section which was used to show which article had the same information. The illustration of content analysis process has been shown in table 3 found in the results chapter.

5.3 Validity and Reliability

Validity refers to the extent in which the research method used in this study measures the objectives set out to be measured at the beginning of the study. In addition, validity bears upon measurements and is concerned with the integrity of the conclusions that are generated from a piece of research. The strength of the research can be evaluated in both qualitative and quantitative research approaches to find out how reliable the findings are. The word “trustworthiness” has been used within the qualitative approach which means that the contents found can be used by practitioners without daunting. Therefore *reliability* is the evenness and trustworthiness the result yield by a research. The consideration is done in accordance to if the research findings can be produced again at other times by different researchers under same conditions. This means that this study should be able to produce content that can be relied by other writers and that the results remain consistence. (Liamputtong, P. 2013, Kumar (2011).

5.4 Ethical consideration

As mentioned earlier, this thesis paper will be conducted using literature review method. This entails the writer of this paper to properly quote the words of another writer so as to give credit to their work. According to the Herten et al (2014), the writer read the guide beforehand in order to be acquainted with what is required to be able to write an academic paper. In addition, good ethical norms are which forbids false reporting of information.

This guidelines have been made available on the web pages of Arcada University of applied sciences. Therefore, each of the articles used in this work will be well referenced to the best of the author’s ability so as to avoid plagiarism.

6 RESULTS

This chapter will outline the results found by the author based on the findings of the articles chosen. The purpose and aim of this literature review is to facilitate a better understanding of menopause and how nurses can help the women by educating the potential of health implications that can be achieved through health promotions strategies.

The first question has been answered in the background. The second question will be answered in this chapter. While reading the chosen articles the following themes emerged as shown in table 2. They were: - health promoting lifestyle, role of education, and routine health care visits.

Table 3: The result the analysis of question 2

Main category	Promoting health in menopausal women through Health Promotion strategies		
Category	Health promoting lifestyles	Role of education	Routine health care visits
sub-category	<ul style="list-style-type: none"> -Preventive strategies or Sound multi-layered strategies. E.g. -Physical activities which alleviates symptoms -Eating healthy -Attitude -perceived self-efficacy 	<ul style="list-style-type: none"> -Importance of finding information about symptoms, -Up to date information -How to communicate to providers. -How to cope -Menopausal health training -Educating spouses - Holistic approach 	<ul style="list-style-type: none"> -Right place to initiate the information on menopause -Support groups -Education
units	1,2,3,4,11,12	4,5,6,10	1,4,7,8,9

6.1 Promoting health in menopausal women through health promotion strategies

6.1.1 Health promoting lifestyle

During menopause transition and post-menopausal period, physical activity has been noted to improve mental health, prevent weight gain, increase bone density and also muscle mass. The risk of getting diseases such as cancer, diabetes, heart diseases are also reduced through physical activities. These health promoting lifestyles reported includes sound multilayered strategies to reduce depression such as physical activities, eating healthy, attitude, perceived self-efficacy and holistic approach. Women who suffer from menopause symptoms evidence suggests that physical exercise is one of the safest way to alleviate symptoms. It has also been reported that physical activities has no side effects whereby findings show that regular activity of at least moderate intensity was found to be cost-effective for comorbid conditions. Article 11 reported that through this physical activities intervention, women who are still working and experiencing menopausal symptoms are able to continue with their work thus saving the cost of early retirement. Having all these positive outcomes, it is importance for policy makers to consider encouraging general PR actioners to prescribe exercise programs. This can be done in primary settings in conjunction with exercise specialists. However, there is a need for future studies that will allow women to tailor their support according to their self-identified areas of improvement from applicable health professionals. There is also an effectiveness in increasing fruit servings like iron and potassium nutrients density of middle age women when it comes to eating healthy (1, 2, 3, 6, 11 and 12).

6.1.2 Role of education

Knowledge has been reported to be the most important part of women in menopause. Increased awareness of the menopausal symptoms was seen to improve the women's attitude. Women who had empowering factors had a better quality of life than those without. Their health is guaranteed during over one third of their life as well as benefiting them in them in their final reproductive years. Holding training classes that dealt

with menopause issues, through making protective environment, social support network women's sense of being responsible to oneself is increased thus effect on quality of life. Attitude, perceived self-efficacy, perceived social support and empowering factors are connected to quality of life in menopausal women. Attention should be emphasized to this factors when it comes to planning the women's health (4 and 5).

Training menopausal health to husbands can increase satisfaction in the women's marital life at the time of transitioning. It is asserted that after the educational program, the marital satisfaction scores increased due to this educational program. Therefore, it was recommended to design and implement an educational program for husbands as well as family members through physical and mental health promotion. There seems to be a link between the levels of education of women's husband which can predict menopausal women devotion to health promotion behavior. Therefore careful training and planning should be emphasized in this regard, on men who are less educated (10, 5, 6 and 7)

6.1.3 Routine health care visits

According to articles (1, 4 and 8) it has been reported that a larger population visit the healthcare centers, making it the most appropriate place to initiate the exercise intervention programs. The best and most accessible way to improve quality of life is through social support networks to offer suitable emotional and instrumental support for post-menopausal women. Holding training and consultation classes with regards to menopause with health promotion tactics are essential. Most of this interventions at primary care have been found to be very cost effective.

There has been a lot of information change on menopausal hormonal therapy thus being very challenging for health care providers. The time and age at which the onset of menopause started will affect the balance of benefits and risks of hormonal therapy use in post-menopausal women. In addition, women who experience premature or early onset of menopause, the estrogen therapy is recommended until the time for the average age of menopause. Women who start their menopause at the average age are considered to benefit more when using menopausal therapy and thus less side effects. On the contrary,

menopausal therapy may be associated with risks such as cardiovascular diseases when initiated at an older age. It is therefore important not to withhold information about menopausal hormonal therapy since it might pose a risk especially with regard to cardiovascular disease and osteoporosis. A personalized decision-making about hormones is emphasized in order to boost care for women with menopausal concerns. In the science evolving around menopausal hormone therapy, it is important to stay up to date and keep an open perception to this understanding as these agents' advances (8). Social, emotional physical and sexual aspect of quality of life are the impacts associated with menopause therefore a more holistic handling with special attention to non-pharmacological intervention is vital (7).

The need for information and social support is paramount during the menopausal transition. The amount of women around the age associated with menopause is reported to be 30 million. Through an online intervention program in article (9), some of both exact and circumstantial needs were identified and later a plan was defined based on the inputs from the women and health experts. It was noted that although the internet provides a wide massive range of information for women's health, there is still need for support and education since information is more readily available and confusing. This web 2.0 technology has been noted to become increasingly promising since it continually allows time for refinement and interactive of content the online application. Potentially, programs like "Chart the change" may offer a personal relevant resource directly to help women get health care need in an era of "patient centered health". These program can also help through the public health to empower women with researched based information. (9)

7 DISCUSSION

In this chapter, the author analyses the findings according to the 12 articles analyzed in the content analysis chapter which answered the second question. The first question outlines the basic information on menopause and the different stages as well as the impact on women. Thereafter, the common sign and symptoms, hormonal and non-hormonal treatments which have been outlined in the background.

The results are in consistence with Berman & Snyder (2012) findings, whereby health promoting habits/strategies are connected to physical activities, eating healthy, attitude, and perceived self-efficacy as well as holistic approach. The results also showed that physical activity has been reported to decrease menopause symptoms without side effects. Through nurses, women are urged to engage in this physical activities as well as leading a healthy behavior to be able to overcome the impact of menopause. The results also show that women who are still at working age are able to continue with their life irrespective of the menopausal condition. The findings of these study indicate the importance of education to both women and spouses as well as the community. Educating the spouses was reported to be important although attention should be paid on husbands who are not educated. In consistence with this findings is Holloway (2011) who states that through the nurses, health education and providing information can play a role in reducing the menopausal symptoms as well as attitude. This is because the women already has a reality of what is to be expected and receives the symptoms positively. Healthy lifestyle changes are seen as an intervention that helps in managing short term menopausal symptoms which are considered mild. The attitude of women who had knowledge about menopause symptoms was reported to be better than those who did not know. Since majority of the people attend health care centers, nurses and other PR actioners can initiate the information as well as offering up to date information. Nurses can also assist in directing the women to the right web-pages for instance “Chart the change” which filters the search to the most appropriate information. These findings also correspond to Lindh-Åstrand et al (2007) whereby the woman’s perception will solely depend on the knowledge they have, what are the expectations and also the attitudes they have about menopause. Therefore through nurses having evidence based information, they are able to give up to date information. Nurses can emphasize that men-

opause is a normal stage in life and that in some cases can be managed through healthy lifestyles as well as medical and non-medical therapies.

Pender's Health promotion model focuses on the following factors; individual characteristics and experiences, behaviour-specific cognitions and affect and behaviour outcomes. George (2010). The results in this thesis show that, physical activities, eating healthy, attitude, perceived self-efficacy and holistic approach has been outlined as health promoting strategies for menopausal women to lead a healthy life. The results found were also in consistence with WHO (2009) whereby Health promotion strategies can improve and change lifestyles that determine health such as an impact on the social, economic and environmental conditions. In addition, regular physical activity combined with good diet can help women to cope best with their symptoms at the same time slows down the post-menopausal complications. The other positive impact of exercise are improving complications such as coronary heart diseases, weight loss, increase in bone density and lastly increase quality of life are experienced. Hot flushes and night sweats and also cardiovascular risks are lowered through weight reduction. The woman should do a dietary assessment that identifies food that trigger or aggravate the hot flushes and the list can be presented to the nurse upon request. Hot drinks and spices have been listed as an example of such foods that may activate the hot flushes. Managing hot flushes can also be managed by dressing in light layers of clothing that are easy to remove. Others are caffeine and alcohol intake which may help in improving bone health and urinary symptoms. Women are advised to stop smoking since there is evidence according to Hautamäki (2014) that smoking leads to onset of menopause. Any vaginal dryness can be managed by using appropriate moisturizes. In the night, keeping cool pack and sprays under the pillow in case of night sweats and hot flushes would be a quick solution to the symptoms. The other complementary treatments and hormonal replacement therapy that are considered as menopause interventions have been discusses in the background chapters.

Pender's theory emphasizes that nurse's ability to understand the concept of individuality, holism, homeostasis and human needs can enhance the client individual planning. Berman & Snyder (2012). Perceived self-efficacy is the ability of a person to execute what has been planned for them. Menopause is a difficult time in women life even

though it is considered a natural event. Women without the best knowledge and perceived self-efficacy, the influence of how they think, feel, get motivated to achieve a healthy life is greatly affected. (Marriner-Tomey, A. & Alligood, M. R 2006).

Nurses should be in a position to avail information as well as educating this women. Apart from the “Chart the change” program mentioned in the results part, Roush (2010) has also presented a list of reliable websites that can give evidence based information for women who are not sure of at what stage is their menopause.

8 CONCLUSION

In conclusion, it is the work of the nurse to not only educate but also to signpost all women and their spouses to the relevant information required. Helping the women by explaining the potential of health implications that can be achieved through health promotions strategies. Through nurses, health promotion can be applied in empowering and motivating menopausal women to be better self-managers and reinforce positive attitudes. In addition, a better understanding of menopause in general can help the nurses to better intervene their clients with best nursing practices pertaining the symptoms experienced. Through nurses, the women also get best up to date knowledge to enable them to cope. Nurses have to remember that all the menopausal assessments should be individualized as well as in cooperate with holistic care.

The strength of this thesis is that it gives a step by step guidance for all nurses who come across women in their line of duty. It gives a clear health promotion point of view where women can be guided through as well as support from spouses and the community at large. These paper not only contains basic knowledge from the beginning of the menopausal symptoms but healthy life in general.

Limitations found in the whole process was that there were too many information on menopause which was confusing to the writer. The whole topic was very difficult to narrow down due to many articles which were partially relevant to the study. Since menopause is not a disease, it was very difficult to place a theory that blended with it. Some of the theories just passed by the menopause word and not much was discussed about it. There was though some attempt on one middle range theory called transition theory. It discussed more the woman's point of view and not much that a nurse can do which might have led to being biased. Although some points from the theory can paint a picture of the woman's own feelings and therefore give the nurses a better and clear understanding of the sensitivity of this stage in a woman's life. There was no specification of the age limit since menopause can start at a lower age other than the average age mentioned previously. Majority of the articles limited the age range therefore the author had to find a way to in cooperate the information found to suit other women whether menopausal or not and can benefit from this information. As noted in the content analy-

sis and result part, majority of the articles targeted physical activity as one of the main strategy of promoting health in menopause. The author of this thesis also came across very few articles that dealt with women who underwent procedures that activated menopausal symptoms. This could have been a result of the search criteria since if modified, it would have resulted to very few articles.

Recommendations

As much as it is a natural cause of life, the impact that come with it if educated can help in simplifying the whole menopause process in majority of women. There is also a need for education in those women who are about to undergo procedures that will trigger menopausal symptoms. An evaluation of the quality of the internet information should be done in relation to evidence based information that is reliable for women.

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APPENDIX

Appendix 1: Summary of the article chosen according to the health promotion strategies

No	Title/ Journal	Author/country	Result
1	'Cost-effectiveness of an exercise intervention program in perimenopause women: the Fitness League Against Menopause Cost (FLAMENCO) A randomized trial BMC Public Health	Carbonell-Baeza et al 2015 Amsterdam, Netherlands	Physical activity during menopause transition and post-menopause period has been reported to improve health in general
2	'The 40-Something Randomized Controlled Trial improved fruit intake and nutrient density of the diet in mid-age women', Nutrition & Dietetics	Hollis et al 2015 Queensland, Australia	There was more emphasis required for women to engage in physical activity. The trial also reported an improvement in iron and potassium nutrients in women soon to start menopause
3	'Cost-Effectiveness of Physical Activity among Women with Menopause Symptoms: Findings from a Randomized Controlled Plos ONE	Kolu et al 2015 Tampere, Finland	Regular physical activity of at least moderate intensity was found to be cost effective for women in menopause when it comes to cardiorespiratory fitness and lean muscle mass.
4	Factors affecting quality of life in postmenopausal women, Isfahan Journal of Education and Health Promotion,	Norozi et al 2011 Birjand, Iran	Attitude ,perceived efficacy, perceived social support and enabling factors are related to quality of life of postmenopausal women
5	Empowerment and Coping Strategies in Menopause Women Iranian Red Crescent Medical Journal	Yazdkhasti et al 2015 Tehran, Iran	Empowerment of women in menopause will ensure their health during the last third of their life.
6	Health Promoting Lifestyle Behaviors in Menopausal Women: A Cross-Sectional Study.	Asrami et al 2016 Mazandaran Province, Iran	Suggestions on including men to promote healthy behavior among rural

	Global Journal of Health Science		women was seen to be important
7	Strategies for Improvement Quality of Life in Menopause. Nursing and Midwifery Studies	Kalahroudi 2013 Kashan IR Iran	Social support networks and programs to promote physical activity and mental health
8	Prescribing menopausal hormone therapy: an evidence-based approach. International Journal of Women's Health.	Sood et al 2014 USA	The importance of personalizing the decision – making about hormone therapy
9	Identifying the Educational Needs of Menopausal Women: A Feasibility Study. Women's Health Issues : Official Publication of the Jacobs Institute of Women's Health	Trudeua et al 2011 Newton MA	Menopausal women can benefit with online health education programs as well as inclusion in curriculum
10	The Effect of Husbands' Education Regarding Menopausal Health on Marital Satisfaction of Their Wives. Journal of Menopausal Medicine,	Yoshany 2017 Yazd, Iran	Training healthy lifestyles to the husbands of the menopausal women was seen to increase the marital satisfaction in the menopause period
11	Short- and Long-term Effects of a Physical Exercise Intervention on Work Ability and Work Strain in Symptomatic Menopausal Women. Safety and Health at Work,	Rutanen et al 2014 Tampere, Finland	Positive short term as well as long term effects were noted in women who engaged themselves in physical activity for a period of six months
12	Reducing depression during the menopausal transition: study protocol for a randomized controlled trial. Trials	Almeida 2014 Australia	There is evidence that depressive symptoms and disorders lead to causing disability. Therefore if risk population are targeted with preventive measures with a cost effective may reduce risk of further morbidity and mortality