

“Proactive Path to Relief”: A Qualitative Exploration of Women’s Decision-Making Processes in Managing Menopausal Symptoms

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Abstract

Introduction: Menopause is a natural transition often accompanied by symptoms that affect quality of life. Limited evidence exists on how Iranian women manage these symptoms. This study aimed to explore women's decision-making processes in managing menopausal symptoms during the menopausal transition.

Methods: This exploratory qualitative study was conducted in Iran from September 2022 to April 2025 in Mashhad and Gonabad, in the northeast of Iran. Eighteen women in menopausal transition, aged 42–55 years old, were purposively selected from urban health centers and private clinics. Semi-structured in-depth interviews were conducted until data saturation was achieved. Conventional content analysis was used for analysis of data, following the Graneheim and Lundman (2004) recommended method. MAXQDA 2007 software was used to organize data and manage the analysis process.

Results: Data analysis demonstrated one overarching theme entitled "Proactive Path to Relief", consisting of five categories and fifteen sub-categories. Major categories included: (1) Encountering menopausal signs and symptoms, (2) Going through a psychological journey, (3) Navigating the menopausal social landscape, (4) Seeking diagnosis and reassurance, and (5) Using diverse strategies to manage symptoms.

Conclusions: This study revealed that women manage menopausal transition through a proactive and individualized process influenced by personal, social, and cultural factors. Decision-making was dynamic and shaped by experiences and trusted information sources. Clinicians should promote patient-centered care and shared decision-making approaches and provide accessible evidence-based guidelines to support personalized care.

Keywords: Menopause, Decision Making, Signs and Symptoms

Introduction

Menopause is a biological transition that marks the end of a woman's reproductive years. The age of menopause is typically between 45 and 55 worldwide, but in Iranian women, it generally falls between 48 and 49 (1, 2).

Although menopause is a physiologic phenomenon, it is accompanied by some bothersome symptoms, including vasomotor (hot flashes and night sweats), genitourinary (vaginal dryness and urinary problems), sleep disturbances, mood changes, and musculoskeletal complaints that can significantly impact quality of life (3).

Effective management of menopausal symptoms requires an individualized and comprehensive approach. Treatment options range from lifestyle modifications and behavioral therapies to pharmacological interventions (4).

Menopausal symptom management varies worldwide due to differences in medical practices, cultural issues, and healthcare resources (5). International guidelines (NICE, Endocrine Society, ACOG) consistently recommend that menopausal symptom management should be individualized, culturally sensitive, and evidence-based, integrating both pharmacological and non-pharmacological options while considering women's preferences and contextual factors (6-8). Decision-making about the management of menopausal symptoms is inherently complex. This complexity arises not only from the ongoing debates surrounding hormone replacement therapy and the uncertainty regarding the effectiveness of alternative approaches, such as complementary and alternative medicine, but also from the unique nature of menopause compared to other health domains. In this context, healthcare providers are dealing with adult individuals, and as such, decision-making must reflect this distinction. The evidence emphasizes that adult women should not be treated like children, asserting that all adults have the right to make their own decisions (9). In recent years, increasing attention has been paid to how women choose treatment options for menopausal symptoms. This has involved a strong emphasis on factors such as patient autonomy, a spirit of collaboration and interaction, evidence-based decision-making, and the broader application of evidence-based medicine (10).

Several studies have examined the process and factors influencing women's decision-making in managing menopausal symptoms (10-16). However, their findings are highly fragmented, and

women's decision-making concerning menopause remains less explored. In particular, no comprehensive or large-scale study has been conducted on this subject among Iranian women. Given the limited understanding of the process of menopausal symptoms management among Iranian women, a qualitative approach was employed in this study to address the fundamental questions of this research, such as how women manage and treat their symptoms during the menopausal transition, how they care for themselves, and based on what criteria they make these decisions.

Methods

Study design

An exploratory qualitative approach was employed in this study, which is a suitable methodology for investigating lesser-known topics and areas (17). Given the limited research on this phenomenon among Iranian women, an exploratory qualitative approach was appropriate. All methods were performed in accordance with the relevant guidelines and regulations, including institutional and national standards for research involving human participants, and in compliance with the Declaration of Helsinki. The study protocol was approved by the Regional Ethics Committee in Biomedical Research of the Gonabad University of Medical Sciences (IR.GMU.REC.1401.080). This report has been drafted based on the COREQ (COnsolidated criteria for REporting Qualitative research) Checklist (18).

Study setting and participants

This study was conducted in Mashhad and Gonabad, two cities in northeastern Iran. Participants were 18 Iranian women in menopausal transition age, who spoke Persian and had no history of premature menopause, hysterectomy, or oophorectomy. They had at least one menopausal symptom. The mean age of participants was 53.34 years; most had a diploma and were housewives.

Sampling and data collection

Participants were recruited through purposive sampling. Individuals who could articulate in-depth personal insights and experiences from both community health centers and private clinics were purposefully chosen. These key informants were invited to participate in the study after being informed about its purpose.

Data were collected through in-depth, semi-structured interviews conducted at locations most convenient and comfortable for the participants. Each interview lasted between 45 and 60 minutes. All interviews were conducted by the first author, who has expertise in menopause, using an interview guide that included icebreakers, core questions, and probing questions.

Interviews were digitally recorded and transcribed verbatim by the first author. All transcripts were read frequently, allowing for an in-depth understanding and a full sense of the overall content of each interview.

Data analysis

To conduct data analysis, following the approach of Graneheim and Lundman (2004), each interview was treated as an independent "unit of analysis". The transcripts were repeatedly read to achieve a comprehensive understanding of the data. The interview texts were then divided into distinct "meaning units," which were subsequently condensed. These meaning units represented clusters of words or sentences sharing a similar underlying meaning (19). The condensed meaning units were labelled with specific "codes". Groups of related codes formed "sub-categories," which were then integrated into broader "categories" through examining the interconnections among these categories, and overarching "themes" were identified (19). In total, 123 initial codes were generated, resulting in 15 sub-categories, five categories, and one final theme (Table 1). Data organization and analysis were facilitated using MAXQDA 2007, a software program designed for qualitative data management.

Trustworthiness

Guba and Lincoln's criteria for research rigour were applied to establish trustworthiness (20). Credibility was enhanced through strategies such as selecting participants with maximum variation, extended engagement in data collection, maintaining reflective memos, and conducting peer debriefings. To ensure confirmability, the first and second authors independently coded the transcripts, and through discussions regarding similarities and discrepancies, the final codes, sub-categories, and categories were determined. Transferability was supported by presenting the main findings to women who had not participated in the study, who confirmed that the results accurately reflected their experiences. Additionally, a detailed audit trail of the research process and data analysis was maintained to allow other researchers to examine and verify the research procedures, further strengthening confirmability.

Results

Data analysis revealed one overarching theme — "Proactive Path to Relief " — comprising five categories and 16 sub-categories. Major categories, which elaborated on how Iranian women manage their menopausal symptoms, included: (1) Encountering menopausal signs and symptoms, (2) Going through a psychological journey, (3) Navigating the menopausal social landscape, (4) Seeking diagnosis and reassurance, and (5) Using diverse strategies to manage symptoms (Table 1).

Table 1- Sub-categories, categories, and the emerged theme from content analysis of data

Theme	Categories	Sub-categories
Proactive Path to Relief	Encountering menopausal signs and symptoms	Encountering hot flashes
		Experiencing menstrual cycle disturbances
		Facing psychological changes
		Dealing with sexual problems
	Going through a psychological journey	Denial and distancing
		Seeking ways to delay menopausal occurrence
		Embracing the inevitable
	Navigating the menopausal social landscape	Paying attention to and being influenced by peers' experiences
		Affecting by family and social perceptions of menopause
	Seeking diagnosis and reassurance	Responding to delayed menstruation
		Seeking a definitive diagnosis
	Using diverse strategies to manage symptoms	Avoiding hormonal replacement therapy
		Engagement in physical activity and exercise
		Using herbal remedies
		Resorting to religious and spiritual beliefs

1-Encountering signs and symptoms

Encountering menopausal signs and symptoms acts as a causal factor that initiates women into the process of responding to menopausal events. Although participants previously experienced only

mild and transient encounters with menopausal symptoms, these early manifestations primarily served as warnings of the onset of menopause rather than representing severe or intense symptoms. The most prominent symptoms reported by participants included hot flashes, menstrual cycle irregularities, psychological disturbances, and sexual problems, which will be described in more detail below.

1-1-Encountering hot flashes

Hot flashes, recognized as the most common menopausal symptom, also accounted for the largest proportion of data among participants in this study. Participants described their hot flash experiences using expressions such as "feeling on fire," "as if immersed in boiling water," or "feeling suffocated" to convey the intensity and discomfort of these episodes.

"See, I'm just sitting at home, and suddenly my body heats up, my face gets hot... I immediately touch my face to see why it's happening, why I feel like this. I feel kind of suffocated... like there's not enough oxygen in the room. I have to go outside to get some air, take a proper breath... that's the feeling I get"

1-2-Experiencing menstrual cycle disturbances

Another common symptom encountered by women during the menopausal transition is menstrual cycle disturbances, including irregular cycles and heavy menstrual bleeding. Some participants described their experiences with these menstrual irregularities as follows.

"It's been about six months now... Before, I used to get my period a few days early each month, and that had become normal for me. But now, sometimes it happens every 18 days, or sometimes I get it twice a month... When I went on a trip, I got it four or five days early..."

1-3- Facing psychological changes

Psychological disturbances, such as feelings of depression or experiences of anxiety, were other symptoms encountered by women during the menopausal transition. Although these symptoms were less prevalent and less commonly recognized by women as indicators of menopause, some participants reported experiencing them:

"Just recently, when I was having spotting, all of a sudden I'd start feeling anxious, like my heart would race... I wasn't upset or anything, nothing was wrong... but suddenly I'd get this feeling like, what if something happened, what if there's some bad news... then I asked, and people told me, no, this is just related of menopause".

1-4- Dealing with sexual problems

Sexual problems experienced by women during the menopausal transition represented one of their most significant concerns. Women who encountered this challenge were particularly concerned about their ability to respond to their partner's sexual needs adequately. One participant, whose reduced sexual desire had caused considerable anxiety, stated:

"I feel really worried... I think I don't care about sex at all anymore. I wasn't like this before; I used to enjoy it, but now... sex just doesn't interest me at all".

Another sexual problem experienced by women was dyspareunia. Women frequently reported dyspareunia in conjunction with vaginal dryness, which was highly distressing and, in some cases, prompted medical consultation. One of the participants described her experiences with dyspareunia and vaginal dryness as follows:

"Sometimes my vagina gets really dry... I don't know why... The doctor said it's because I'm not having periods anymore and my body's fluids have changed a bit, so that's why it gets dry... For example, when I have sex, it really, really hurts and feels dry... Then the doctor gave me a cream, a gel... I use it, and if I use it, it's fine. Like, I use it when I want to have sex..."

2- Going through a psychological journey

As women confronted the reality of menopause, they exhibited a range of cognitive and emotional responses to its onset. Their attitudes ranged along a continuum—from avoiding thoughts about menopause, to wishing to postpone its occurrence, and finally to coming to terms with and accepting it. These varying approaches reflected their efforts to make sense of the transition and to adapt to its physical and psychological implications.

2-1-Experiencing denial and distancing

Some participants showed no inclination to think about menopause. These individuals represented those who had not yet developed a positive attitude toward menopause. The reasons for their avoidance of menopausal thoughts varied and included factors such as seeking to prevent stress associated with thinking about menopause, perceiving it as a distant event, and fearing its onset. The following excerpts from participants' narratives illustrate these perspectives:

"I try not to think about it... because it makes me so worried that I just don't want to think about it at all. I don't even want to know about it... I really feel like it's not something for me. I just don't want to think about it."

2-2-Seeking ways to delay menopausal occurrence

Some participants, who perceived menopause as an unpleasant event, found it difficult to come to terms with its occurrence. In an attempt to postpone this transition, they sought ways to delay its onset, even though they were aware that menopause is an inevitable life event to which they would ultimately have to accept. The following quotations illustrate participants' inner desire to defer the experience of menopause:

"I kept thinking, 'Wow, it happened so early. I wish I hadn't gone through menopause so soon.' I wanted to do something to get my periods back, because the ovaries, they say, kind of wear out and stop working... I was looking for a way to make my ovaries work again so that I could have my period once more."

2-3- Embracing the inevitable

In contrast to the previous group of women, who resisted and struggled with menopause through engagement with their mental preoccupations, another group perceived menopause as a natural and inevitable event, believing it should be accepted. These participants held that embracing menopause would facilitate a smoother adaptation to the changes it brings. They expressed their perceptions and experiences as follows:

"Even at the time I was going through menopause, I didn't feel bad about it. I thought it was just the natural course of development, something that happens in every woman's body. If it didn't happen, that would be unusual... you have to be prepared for it. I didn't think of it as something abnormal. I felt like I was just going through this natural process... it was completely accepted by me"

3- Navigating the menopausal social landscape

The process of decision-making about the management of menopause was not limited to individual cognitive and emotional issues; interpersonal and social dimensions also played a critical role. Participants described strategies and influences that involved interaction with others, including adopting interpersonal coping strategies, paying attention to and learning from peers' experiences, and considering the family and social perceptions of menopause. These social and relational factors shaped how women understood, interpreted, and adjusted to the menopausal management decision-making.

3-1-Paying attention to and being influenced by peers' experiences

Participants who chose to engage with their peers actively sought out the experiences of others. Through their interactions, they inquired about peers' and acquaintances' experiences with

menopausal symptoms, complications, management strategies, and treatment options, paying close attention to these accounts. Several participants described their peers' experiences as follows:

"Her feet would get so hot that sometimes, whether at our house or at her own, I would see her pressing them against a cool stone slab or tile. She couldn't sleep from the beginning of the night—she would press her hands and feet against something cool, or lie directly in front of the air conditioner with her feet pointed toward it... her hands would even get ice from the heat in her body, that's how hot they were. It went on like this for a long time..."

Participants who paid close attention to their peers' experiences were strongly influenced by them, often imagining that their own menopausal process and symptoms would unfold in the same way. In cases where peers had unpleasant experiences or encountered severe symptoms and complications, these accounts heightened participants' expectations of similar experiences, fostering fear of menopause and leading them to perceive it as an unwelcome event.

My sister had been having really heavy bleeding lately... ever since her hysterectomy, her women's health problems got a bit better, but she's very cold and seems unhappy with her life. I can see it in her face, like she's depressed... when I look at her, I think I might end up like that too..."

3-2-Affecting by family and social perceptions of menopause

Family perception of menopause was identified as an intervening factor that played a decisive role in shaping the process of menopause management. Accordingly, it is natural for family members—particularly spouses—to express opinions regarding a woman's health, including her menopausal transition. Conversely, these perspectives are significant for women and can play a key role in determining how they respond to menopause. Participants described their experiences of sharing the occurrence of menopause symptoms with family members as follows:

For example, that one-month delay I had caused me a little anxiety, but when I realized it was a sign, I felt happy, my kids were happy too, and even my husband—when I told him—said, 'Ah, you're reaching that stage...'"

Also, the participants' accounts indicated that women's responses to menopause are shaped within a complex interplay of contextual and individual factors. Social context, cultural norms, and personal belief systems collectively influence how women perceive and respond to this natural transition. Among these factors, prevailing societal beliefs about menopause appeared to be particularly influential in shaping women's attitudes and coping responses. Negative social conceptions of menopause tended to foster unfavorable perceptions among women, often resulting in resistance to its acceptance or in the emergence of adverse emotional and behavioral reactions. This phenomenon was consistently echoed throughout the participants' narratives:

"You know, I think a lot of what we hear about menopause just gets repeated so much that we start believing it. Those ideas stick in your head, and then you blame everything on them — even when they're not true. I've realized most of it's just in our minds. If I want to change how I think, I actually can. Maybe menopause isn't that scary after all — I think I just made it scary for myself."

4- Seeking diagnosis and reassurance

In response to delayed menstruation, participants experienced a range of emotions from uncertainty and anxiety to cautious optimism. Personal experiences, sociocultural beliefs, and reproductive expectations influenced their initial reactions. As the ambiguity persisted, many sought professional consultation and diagnostic confirmation to resolve their uncertainty. This shift from emotional response to deliberate information-seeking reflected an active effort to regain control and understand their reproductive health status.

4-1- Responding to delayed menstruation

Delayed menstruation was the most prominent and widely recognized symptom that women identified as indicative of menopause. Women's responses to delayed periods were the most frequent, with the initial and most common reaction being apprehension and anxiety, primarily related to the possibility of unintended pregnancy. This sense of worry was particularly pronounced among women using non-permanent contraceptive methods, although some women using permanent methods also reported experiencing similar anxiety. The participants' own words further illuminate these experiences:

"I was a month late... at first, I was scared I might be pregnant... even though, like, I've had a permanent method, I had a tubectomy... still, that one-month delay kinda stressed me out a bit..."

4-2- Seeking a definitive diagnosis

Most participants, upon experiencing the most prominent symptom of menopause—delayed menstruation—initially waited for one to two cycles, assuming the condition was temporary and would resolve spontaneously, without taking any action. However, when the delay persisted, they actively sought to understand its cause and obtain a definitive diagnosis of menopause. Some participants, confident that they were not pregnant, relied on the presence of other symptoms, such as hot flashes, or considered their age as an indicator that the delayed menstruation was related to menopause, and therefore did not pursue further evaluation. The following excerpts illustrate participants' experiences in seeking a definitive understanding of menopause:

"She said, 'Well, just to stop you from worrying, go and do a test.' When I did the test, I finally felt relieved... yeah, my FSH was high — it was 57. That's when I knew for sure, and I felt at ease after that."

5- Using diverse strategies to manage symptoms

Women's management of menopausal symptoms reflected a complex decision-making process, encompassing both conventional and complementary approaches. Participants navigated multiple strategies, including medical treatments, engagement in physical activity and exercise, use of herbal remedies, and reliance on religious or spiritual beliefs, illustrating how personal, social, and cultural factors shape the choices women make in addressing their symptoms.

5-1-Avoiding hormonal replacement therapy

The participants expressed considerable hesitation about hormone therapy. The majority believed that using hormones carried significant risks and was incompatible with the body's natural system. One participant shared her perspective on hormone therapy as follows:

"I was recommended it a lot... especially when I was with friends and I mentioned my hot flashes... they would say, 'Go to the doctor... take this pill,' but I didn't do it. I didn't really believe in medications much and didn't want to take them. I'd heard it's better not to take hormone drugs. I also feel that when the body is naturally balanced, God made it that way..."

5-2- Engagement in physical activity and exercise

Among the strategies employed to manage menopausal symptoms, engagement in physical activity and exercise emerged as particularly prominent. Participants highlighted how incorporating regular exercise not only helped alleviate physical discomfort but also contributed to emotional well-being. Two participants articulated their experiences with using exercise and physical activity as a management strategy as follows:

"I preferred to stick to my exercise routine... I liked exercising more than anything else because I felt it actually worked. For example, if I kept up a regular walking program for ten days straight, I could really feel my hot flashes decreasing. Even when I skipped a bit, I still felt it wasn't ineffective... so I preferred to keep up the routine."

5-3-Using herbal remedies

A subset of participants favored herbal remedies and natural formulations as strategies for managing menopausal symptoms. They perceived these approaches as inherently safe and free from adverse effects, positioning them as preferable alternatives to hormonal or synthetic

medications. The following excerpts illustrate participants' experiences and beliefs regarding the use of herbal remedies in navigating menopause:

"Well, I use a lot of soy... I try to put it in pasta, in other meals, even for the younger ones... because they say soy can help prevent osteoporosis. I think if it's good for me during this period, it's good for them too."

5-4-Resorting to religious and spiritual beliefs

Among the strategies used to manage menopausal symptoms, turning to religious and spiritual beliefs emerged as a meaningful approach for some participants. Their accounts suggested that engaging in spiritual practices provided emotional support and helped alleviate psychological distress. One participant, who experienced depression during the menopausal transition, shared her experiences of seeking comfort and guidance through her connection with Imam Reza as follows:

"I had become withdrawn, and I tried to go to the shrine Imama Reza as often as I could... (choked voice)... even now, it's still the same — I go almost every day... (tears)... because the only one I can really talk to is him. When I go there and stand in front of the shrine, I feel this incredible lightness when I leave. I spend about an hour just talking to him, and when I look at the shrine, I feel completely relieved — from every burden... he's my only refuge... (crying)... Since reaching menopause, I go even more often. When I visit and return, I feel like I don't need anyone or anything else. It's like all my needs — spiritual, emotional, everything — are fulfilled, and I come back with a renewed spirit to face life again."

One participant described using Qur'anic verses to manage her back pain during the menopausal transition. She reported that combining these spiritual practices with conventional medical care had a profound effect, alleviating her pain completely. Her account highlighted how engaging with religious texts provided both emotional comfort and tangible symptom relief, reflecting the meaningful role of spiritual strategies in symptom management (Participant 1):

"It was really amazing for me. I realized that alongside going to the doctor, using these verses really has a positive effect. I followed the instructions from the verse about what to do for my back pain, and I did that along with the medical advice — it was really like water on fire. My back pain completely went away, and I was so surprised at how powerful a Qur'anic verse can be. I thought to myself, the Qur'an has so many good and positive things in it that we never even explore."

Discussion

This study indicates that women's management of menopausal symptoms is a proactive, multifaceted, and individualized process, encapsulated in the core theme of "Proactive Path to Relief." It involves initial recognition of symptoms, cognitive and emotional appraisal, and social influences, with women seeking both professional and informal support. Management strategies—ranging from lifestyle modifications and herbal remedies to spiritual practices—are guided by perceived effectiveness, safety, cultural beliefs, and personal values.

A similar content analysis study introduced the main theme as "waves of menopausal change" to describe the decision-making process regarding hormonal and nonhormonal therapies among American women during menopause transition. This non-linear process comprised five stages: noticing changes, recording initial strategies, modifying approaches, consulting healthcare providers, and adopting and maintaining chosen strategies (13). Although that study focused exclusively on decision-making regarding hormone therapy, the stages identified closely mirror those observed in the present study.

Another American qualitative study highlighted that women's decisions to use complementary and alternative medicine (CAM) for menopausal symptoms are shaped by their perceptions of menopause, health beliefs, and prior experiences. Four key themes emerged: valuing CAM as "natural," viewing menopause as a life transition, seeking information through personal insight and other women's experiences, and drawing on past use of CAM and conventional medicine(21). Although this study specifically examined women's decisions to use complementary and alternative medicine, its findings are consistent with the present study, particularly in highlighting the influence of peers' experiences.

A review of the decision-making regarding the management of menopausal symptoms was categorized into four major categories: individual characteristics; women's values, attitudes, beliefs, and preferences; medical realities and information related to menopause and its symptom management; and healthcare context (12). These results are consistent with the present study in highlighting the significance of women's personal perceptions of menopause and the sources of information they rely on. Both studies emphasize that how women interpret menopausal changes, combined with the credibility and accessibility of information—from healthcare providers, peers, or other sources—plays a critical role in shaping their decision-making regarding symptom management.

The results of another review study indicated that decision-making is a non-linear and dynamic process comprising several stages, including pre-contemplation, contemplation, commitment, critical evaluation, and continuation. Women move cyclically through these stages, frequently revisiting and re-evaluating earlier phases as part of their ongoing decision-making journey(11).

While qualitative studies on menopause may produce varying results across different populations, the body of evidence consistently indicates that decision-making in the management of menopausal symptoms is a complex and multidimensional process(22-24). A previous study highlighted the differential effects of coping strategies on physical and psychological symptoms, suggesting that individualized approaches are necessary (21). A recent study reported that women navigating menopause care must balance perceived benefits and risks within the context of their sociocultural, economic, educational, and personal backgrounds. Media, social networks, and public figures also shape their perceptions and choices. Recognizing these influences can enhance shared decision-making, satisfaction, adherence, and long-term care outcomes(9).

A review study reported that decision-making regarding the management of menopausal symptoms was shaped by internal (needs, perceived benefits and risks, attitudes, beliefs, and values) and external (social interactions, cultural influences, healthcare relationships, and information sources) factors. Women adopted varying decision-making roles, ranging from reliance on healthcare providers to shared or autonomous decision-making. They emphasized the importance of healthcare providers' open communication, information sharing, and support in evaluating risks and benefits(11). Additionally, other studies underscored the importance of peer support and family involvement in managing menopausal symptoms, aligning with this study's findings (25-28).

A key limitation of this study is the inherent lack of generalizability of qualitative research, as findings are context-specific and may not be directly applicable to all populations or settings. Future research should explore decision-making across diverse cultural and socioeconomic contexts and examine the long-term outcomes of different symptom management strategies. Investigating the effectiveness of interventions that enhance shared decision-making and peer support could further inform clinical practice and improve women's satisfaction, adherence, and overall health outcomes during menopause.

Conclusion

This study demonstrates that women's management of menopausal symptoms is a proactive, personalised, and multifaceted process, shaped by individual perceptions, sociocultural context, and prior experiences. Consistent with previous research, decision-making is non-linear and dynamic, with women cycling through stages of symptom recognition, strategy evaluation, consultation, and implementation, while balancing perceived benefits, risks, and personal values. Peer experiences, social networks, and credible information sources play a critical role in women's decision making processes during menopausal transition.

Clinical implementation

Clinicians should adopt a patient-centered communication and shared decision-making approach, considering women's values, beliefs, prior experiences, and social influences. Providing accessible, evidence-based information and acknowledging the dynamic, iterative nature of decision-making can improve engagement, adherence, and satisfaction. Training healthcare providers in open communications and awareness of complementary and alternative therapies may further support informed, personalized menopausal care.

Declarations

Ethical considerations

The study protocol was reviewed and approved by the Research Ethics Committee of Gonabad University of Medical Sciences, Gonabad, Iran (Ethical code: IR.GMU.REC.1396.118). All participants were provided with a detailed explanation of the study objectives and procedures, and written informed consent was obtained prior to their enrollment.

Consent for publication

Not applicable

Availability of data and materials

The datasets generated and analysed during the current study are not publicly available but are available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests

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Authors' contributions

NB and RLR contributed to the conception and design of the research protocol. NB carried out the interviews; NB and RLR contributed to coding and analysing the data. NB and RLR reviewed the drafts and approved the final version of the article.

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