

**POST-MENOPAUSAL WOMEN'S EXPERIENCE OF GREEN THERAPY (GUIDED IMAGERY, RESISTANCE EXERCISE, ESTROGENOUS NUTRITION) ON MENOPAUSAL SYMPTOMS AND QUALITY OF LIFE - A QUALITATIVE STUDY**

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**KEYWORDS**

GREEN Therapy, Menopausal Symptoms, Quality of life, post-menopausal women.

**ABSTRACT**

**Background and Aim of the Study:** Menopause is a natural biological process. Menopause marks the conclusion of the female reproductive cycle. Menopause occurs when the ovaries stop releasing the hormone. Hormonal changes during menopause cause a multitude of bothersome symptoms. These symptoms may interfere with women's quality of life. Every woman has spent the last three decades of her life in the postmenopausal stage. As a result, the total health and well-being of middle-aged women have emerged as a significant global public health priority. The most effective and risk-free way to treat hormone imbalances and menopausal symptoms is through complementary and alternative therapy, which includes mind-body therapy and botanical treatments. The main aim of the study is to explore the experience of menopausal women regarding GREEN therapy on menopausal symptoms and Quality of life. **Materials and methods:** The participants were 20 post-menopausal women who had practiced GREEN Therapy regularly. The researcher selected the study samples using the purposive sampling technique. The researcher conducted face-to-face, in-depth interviews, asking the study participants semi-structured probing questions about their experiences with GREEN therapy. **Results:** The results reveal three main themes and seven subthemes regarding the experiences of GREEN therapy among menopausal women. The researcher derived the themes from descriptive codes found in a significant portion of data. The themes include “Alleviation of Menopausal Symptoms and Life Satisfaction”, “Initial Behavioural Pattern and coping strategies”, “Acquaintance with GREEN Therapy” **Conclusion:** The study determined the experience of post-menopausal women after practicing GREEN therapy, and it also identified the difficulties of practicing the intervention and coping methods. The study's findings will assist health personnel in managing menopausal symptoms and preserving the quality of life of menopausal women without the need for hormonal treatments.

## **I. Introduction**

### **I.1 Background and Need for the Study**

Menopause, which signifies the end of a woman's reproductive years, is one step in a continuum of life stages. Most women experience menopause between the ages of 45 and 55. It is a normal aspect of biological aging. Approximately 5% of women experience early menopause, which happens between 40 and 45 years. Some women have undergone specific surgical procedures that have caused them to stop menstruating before reaching menopause. Menopause-related hormonal changes can impact one's physical, emotional, mental, and social health. Individual differences exist in the menopausal symptoms that women experience. Some women may have significant symptoms that interfere with their everyday activities and quality of life, while others may just have mild symptoms. (World Health Organization) Women go through menopause for one-third of their lives. (Vaze Nirmala). The literature states that at least 60% of women have mild symptoms, 20% have severe symptoms, and 20% have no symptoms at all (Sagar 2013).

When a woman's estrogen levels drop, she experiences a range of symptoms. Hot flashes, urinary incontinence, sleep disorders, nocturnal sweats, exhaustion, and bone pain are some of the symptoms a woman may experience when her estrogen levels drop. Weakening mood swings, memory issues, and increased belly fat are a few of the typical symptoms.

The ovaries physiologically cause menopause by producing less estrogen. Menarche and menopause are opposites. A woman typically experiences irregular periods in the year prior to menopause. During this period, women may experience hot flashes, which typically last between 30 seconds to 10 minutes. Hot flashes may cause skin reddening, shivering, and nocturnal sweats. There are other menopausal symptoms in addition to hot flashes. Menopause's physical effects include vascular dysfunction, bone loss, and unfavourable changes in women's cholesterol levels. These alterations put postmenopausal women at higher risk for osteoporosis, bone fractures, and cardiometabolic disease. (Davis 2005)

The WHO defines quality of life as an individual's perception of their current state in relation to their goals, expectations, standards, and worries, as well as their cultural and value system. Menopause symptoms adversely affect the quality of life of menopausal women. The symptoms associated with low life quality can be particularly upsetting when they arise in situations where women play important roles in the home, workplace, and society. (Cherrai). Menopause causes a decrease in the quality of life, which is independent from age and other social demographic variables. (Blumel) Researchers have demonstrated the safety of mind-body practices, such as hypnosis and CBT, in treating some of the most common and problematic menopausal symptoms. Biofeedback and relaxation techniques reduce stress and improve the quality of life for women transiting through menopause. (alisha)

Plant substances called phytoestrogens, which resemble estrogen in structure, may be beneficial to those with low estrogen, particularly menopausal women. Insufficient estrogen causes some of the most difficult menopausal symptoms. Dietary supplements identify phytoestrogen as a natural alternative to estrogen replacement therapy.

The study explores non-pharmacological treatments that can alleviate menopausal symptoms and improve the quality of life for women undergoing the menopause. Additionally, the study aimed to investigate the impact of green therapy on menopausal symptoms and overall quality of life. The current study provides valuable insights that can inform the development of clinical practices aimed at improving the quality of life for women experiencing menopausal symptoms.

### **1.2. Aim of the Study:**

Explore the experience of menopausal women with GREEN therapy in terms of menopausal symptoms and quality of life.

### **1.3 Objectives:**

- To understand the unique experience and impact of GREEN therapy on menopausal symptoms and quality of life among post-menopausal women.

## **2. Material and methods**

### **2.1. Study Design:**

The researcher adopted the phenomenological approach to explore the lived experience of the effectiveness of GREEN therapy on menopausal symptoms and quality of life among menopausal women.

### **2.2. Sampling and eligibility criteria**

The researcher used a purposive sampling technique to select the study samples. The present study selected a total of 20 postmenopausal women who regularly practiced the GREEN therapy.

### **2.3. Data collection:**

In this study, the researcher conducted semi-structured interviews among postmenopausal women. The participants provided written consent prior to the implementation of GREEN Therapy.

GREEN Therapy (Guided Imagery, Resistance Band Exercise, and Estrogenous Nutrition Intervention)

GREEN therapy intervention is a mind-body healing technique that corrects hormonal imbalances, thereby reducing menopausal symptoms and improving the quality of life for menopausal women.

### **Guided Imagery:**

In the current study, the researcher employed the pleasant imagery technique to elicit mental images and stimulate sensory perception, with the aim of promoting relaxation among menopausal women. The investigator conducts an initial one-hour session, after which the women use the audiotape for home practice for approximately 10 minutes per day, five days a week, for 12 weeks.

### **Resistance Band Exercise:**

By using elastic bands, the researcher adopted resistance band exercises such as lunges with overhead presses, squats, biceps curls, triceps extensions, and glute squeezes to promote muscle endurance among menopausal women. Initially, the women participated in one-hour training sessions with a researcher, after which they practiced at home for 10 minutes every day, five days a week, for a duration of 12 weeks.

### **Erogenous Nutrient:**

This natural food source, rich in isoflavones and phytoestrogens, has the potential to elevate the body's estriol levels. In the current study, the researcher consumed 20 grams of boiled sprouted chickpeas on an alternate day for a duration of 12 weeks.

After the intervention process, the researcher conducted the in-depth, face-to-face interview to obtain the responses of post-menopausal women by asking them the following non-directive, open-ended questions related to their experiences with green therapy.

1. What significant improvements in menopausal symptoms have you noticed during GREEN Therapy?
2. Do you feel any changes in your quality of life after practicing GREEN therapy?
3. What challenges did you have when practicing GREEN therapy? How did you solve them?

The researcher recorded the postmenopausal women's verbal and nonverbal responses to their personal experiences with GREEN therapy.

### **2.4 Data Analysis:**

The study achieved data saturation through the use of face-to-face in-depth interviews. The researcher adopted the constant comparison method to identify the themes. The researcher independently categorized and examined the line-by-line data acquired from the postmenopausal women to find any recurring patterns. The researcher thoroughly compared and categorized for similarities and differences within and between transcripts. The researcher combined the coded data to create a collective representation of each interviewee's response, and the procedure also yielded a theme, enabling us to build a thematic framework.

### **3. Result:**

3.1. The sample comprised 20 post-menopausal women. Table 1 describes the demographic characteristics of the sample. Table 1 reveals that the majority of post-menopausal women, 16 (80%), fall within the age group of 41-50. Of these women, 12 (60%) have no formal education, 13 (65%) have a low economic status, and 20 (100%) are of them belongs to Hindu religion. Of these women, 11 (55%) do not work, 12 (60%) live in a nuclear family, and 20 (100%) are married. Of these women, 20 (100%) consume a mixed diet, and 7 (35%) have a social support system that includes their relatives. The majority, 18 (90%), of menopausal women reached menarche between 10-15 years, while 13 (65%) experienced menopause for 1-5 years. The

majority, 19 (95%), achieved natural menopause. The majority, 16 (80%) of menopausal women, never had a habit of going for regular health check-ups, and 18 (90%) of them did not practice exercise. The majority of women, 17 (85%), obtain their health information from health personnel.

**Table-1: Demographic variables of study samples:**

<b>Demographic Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
<b>Age</b>		
Less than 40 years	1	5
41 – 50 years	16	80
51 – 60 years	03	15
<b>Educational status</b>		
School education	08	40
No formal education	12	60
<b>Economic status</b>		
Middle class	7	35
Low class	13	65
<b>Religion</b>		
Hindu	20	100
<b>Occupation</b>		
Part time job	05	25
Not working	11	55
Work from home	04	20
<b>Family type</b>		
Nuclear family	12	60
Joint family	08	40
<b>Marital status</b>		
Married	20	100
<b>Diet pattern</b>		
Mixed diet	20	100
<b>Availability of social support system</b>		
Self-group	6	30

<b>Demographic Variables</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Friends	5	25
Relatives	7	35
None	2	10
<b>Age at menarche</b>		
Less than 10 years	2	10
10 – 15 years	18	90
<b>Duration of menopause</b>		
1 – 5 years	13	65
5 – 10 years	07	35
<b>Type of menopause</b>		
Surgical menopause	1	05
Natural menopause between 1-5 years (post-menopause)	19	95
<b>Physical checkup for menopause</b>		
Frequent	2	10
Periodic	2	10
Never	16	80
<b>Habit of practicing exercise</b>		
Very rarely	2	10
Not having practice	18	90
<b>Source of acquiring the health information</b>		
Television	3	15
Health personnel	17	85

Following data collection and analysis, the researcher divided the large segment data into short descriptive labels and then categorized the code. These categories formed the foundation for developing a thematic framework.

**Table 2:** presents the final thematic analysis, which outlines the primary themes related to effectiveness of GREEN Therapy among post-menopausal women. The themes includes

1. Alleviation of menopausal women and increased life satisfaction following GREEN therapy. 2. The initial behavioural pattern and coping strategies associated with the practice of GREEN therapy. 3. Acquaintance with GREEN Therapy. The researcher also identified seven subthemes includes : a) improved functional ability and fewer emotional fluctuations, b) satisfaction with life as a whole, c) challenges in finding the perfect time to practice the therapy regularly, d) motivation from a peer group and integration of the therapy with daily routine. e) Positive thinking, f) Improved sleep quality, g) Enhanced self-care activities.

**Table 2: Themes and Sub themes about women’s experience of GREEN Therapy on menopausal symptoms and QOL**

<b>Themes</b>	<b>Sub Themes</b>
<b>1. Alleviation of Menopausal Symptoms and Life Satisfaction</b> after the GREEN Therapy	1. Improved Functional Ability and fewer Emotional Fluctuation. 2. Satisfaction with the life as a whole.
<b>2. Initial Behavioural Pattern and coping strategies</b> associated with the practicing the GREEN Therapy	3. Challenges in finding the perfect time to practice the therapy Regularly 4. Motivation From Peer group and integrating the therapy with daily routine.
<b>3. Acquaintance with GREEN Therapy</b> Among Menopausal Women	5. Positive thinking 6. Improved Sleep quality 7. Enhanced self-care activities.

**3.2 The Theme-1** Alleviation of menopausal symptoms and life satisfaction following GREEN Therapy, while the Subthemes 1. Improved Functional Ability and fewer Emotional Fluctuation following the Intervention 2. Satisfaction with life as a whole.

The menopausal women reported a decrease in their functional abilities prior to therapy, but their daily activities and functional abilities improved with regular practice. Therapy also makes them emotionally fit and improves their general sense of well-being.

Sample # 11 stated, "I am enjoying cooking and other household activities, and I am also doing my daily routine happily without any hesitation."

Sample #14 expressed that she is no longer prone to anger and feels emotionally resilient, even in the face of physical or mental challenges.

**The Theme 2** discussed the initial behaviour pattern of practicing GREEN therapy, while the subtheme 3. Challenges in finding the perfect time to practice the therapy regularly 4. Motivation from peer groups and integrating the therapy with daily routine.

“Sample # 9 states that my daily routines, household activities, and meeting the needs of family members were affecting the practice of doing GREEN therapy regularly at the same time daily. I am doing the therapy whenever I get the free time.”

Sample #3 states Motivation from other women who were practicing the therapy regularly helped her to do the practice regularly.

**The Theme 3** describes the acquaintance with GREEN Therapy among menopausal women and the sub-theme 5. positive thinking, 6. improved sleep quality 7. enhanced self-care activities.

It has a mutually beneficial impact on both physical and mental health. It develops great physical stamina and healthy mental abilities, promotes undisturbed sleeping during the night, and enhances their self-care habits.

“Sample #2 pronounced, I feel physically refreshed, and my energy level was better than before.

“Sample # 18 said I felt relaxed and calm after doing the guided imagery practice and resistance exercise.”

Sample #7 said I was having disturbed sleeping before the therapy, and now I am getting a good sleep after practicing the green therapy.

Sample # 11 said I am spending around 20 minutes daily listening to music and relaxing myself.

## **Discussion**

The present study aimed to explore the lived-in experience of GREEN Therapy on alleviating the menopause symptoms and improving the life satisfaction among menopausal women. There were three main themes and seven subthemes identified from the collected large segment of data.

Distribution of the samples according to the demographic variable among postmenopausal women: the majority of the women, 16 (80%), belong to the age group of 41-50, and 12 (60%) of the menopausal women had no formal education; 13 (65%) belong to low economic status, and 20 (100%) of the menopausal women were from the Hindu religion; 11 (55%) menopausal women were not working, 12 (60%) were living in a nuclear family, and 20 (100%) of the menopausal women were married; 20 (100%) of the menopausal women were consuming a mixed diet, and 7 (35%) of the menopausal women had a social support system that was their relative. Majority 18 (90%) menopausal women attained their menarche between 10–15 years, and 13 (65%) of their duration of menopause is between 1–5 years; the majority, 19 (95%), of them attained natural menopause. The majority, 16 (80%) of the menopausal women, never had the habit of going for regular health check-ups, and 18 (90%) did not have the habit of practicing exercise. The majority of women, 17 (85%), obtain their health information from health personnel.

**The First Theme** discussed the alleviation of menopausal symptoms and life satisfaction following GREEN therapy, while the subtheme focused on improved functional ability and reduced emotional fluctuations. Satisfaction with life as a whole.

Nguyen et al. (2020), who conducted the meta-analysis, supported the first theme of the study. The study's findings revealed that physical activity, particularly aerobic exercise and yoga, improved menopausal women's physical and psychological well-being. Yoga dramatically relieved physical symptoms while also reducing the hot flashes and sleep difficulties.

Almeida Padovani et al. (2022) conducted a qualitative study to explore the effects of complementary and alternative therapies on the emotional well-being and quality of life (QoL) of menopausal women. Therapies such as mindfulness, yoga, and relaxation techniques significantly improved women's emotional resilience, self-esteem, and overall life satisfaction. Participants reported feeling a greater sense of tranquillity and emotional stability, contributing positively to their relationships with family members and reducing common menopause-related anxiety and depression.

**The Second Theme** discussed the initial behaviour pattern of practicing GREEN therapy, while the subtheme 3 focused on the challenges of finding the perfect time to practice the therapy. Regularly 4. The Peer Group provides motivation and integrates the therapy into the daily routine. Frank et al. (2024) supported the second theme of the study by conducting an investigation into how menopausal women overcome the challenges of implementing therapies to ease menopause symptoms. The study discovered that common obstacles were a lack of time and discomfort with some therapies. Women also indicated early resistance to non-medical therapies such as mindfulness and dietary adjustments. However, the study also identified some coping techniques that assisted individuals in overcoming these challenges, including peer support, encouragement from healthcare practitioners, and the gradual integration of changes into their routines.

**The Third Theme** describes the acquaintance with GREEN Therapy among menopausal women and the subtheme of positive thinking, improved sleep quality, enhanced self-care activities. Smith et al. (2023) supported this theme by conducting a qualitative study among 30 menopausal women, examining their commitment to self-care practices and the impact these practices had on their quality of life. The findings show that self-care is an important aspect of managing menopausal symptoms. Women who reported committing to regular self-care activities experienced improved physical and emotional well-being.

## **CONCLUSION:**

The study sought to investigate the benefits of GREEN therapy on post-menopausal women, including how it changed their functional abilities and emotional and physical wellness, as well as the difficulties in practicing the therapy and the coping method adopted. The study also aimed to provide a holistic, non-pharmacological approach to reduce the menopausal symptoms, increasing the well-being and quality of life among post-menopausal women. The study findings help the menopausal women with menopausal symptoms can learn about how therapy helps them cope with challenges in their physical and emotional conditions.

healthcare providers and researchers better understand the potential advantages of GREEN therapy for menopausal women, as well as implement similar interventions in their own practices or studies. Furthermore the findings helps the healthcare providers and researchers to get better understand about the potential advantages of GREEN therapy for menopausal women, as well as implement similar interventions in their own practices or studies.

## REFERENCE

- Alisha Johnson.,R.lynae Roberts., Gary Ekins.,(2019) Complementary and alternative medicine for Menopause 24(12):2515690X19829380 DOI:10.1177/251590X19829380.
- Barber, K., & Charles, A. (2023). Barriers to Accessing Effective Treatment and Support for Menopausal Symptoms: A Qualitative Study Capturing the Behaviours, Beliefs and Experiences of Key Stakeholders. *Patient Preference and Adherence*, 17, 2971–2980. <https://doi.org/10.2147/PPA.S430203>
- Chedraui P.,Blumel JE.,Baron G.,et.al.,(2008) impaired quality of life among middle aged women 2008 Dec 20;61(4):323-329,doi10.1016/J.maturitas.2008.09.026.PMID:19010618.
- Davis.S., Lambrinouadaki.I., Lumsden.M, et.al., (2005) menopause. *Natural Reviews Disease Primers* 1 (1), 15004.doi.org/10.1038/nrdp.2015.4, PMID-27188659
- De Almeida Padovani, A. R., et al. (2022). *Effects of complementary therapies on menopausal symptoms, emotional well-being, and quality of life in postmenopausal women: A qualitative approach. BMC Women's Health*, 22(1), 1-10. <https://doi.org/10.1186/s12905-022-01960-6>
- Emellia Berin et al. Postmenopausal women's experiences of a resistance training intervention against vasomotor symptoms *BMC Women's Health* (2022) 22:320 <https://doi.org/10.1186/s12905-022-01900-0>
- Frank, M. D., Victoria, A., Atagwung, S. P., et al. (2024). *Strategies for coping with postmenopausal health problems among women in Egbu Community, Owerri North Imo State. Obstetrics & Gynecology International Journal*, 15(5), 180–184. <https://doi.org/10.15406/ogij.2024.15.00757>
- Hayley Hutching., Nia Taylor., Anagha Ramesh., James Rafferty (2023) Quality of life and factors affecting it before, during and after menopause volume 289,P-100-107, DOI:http://doi.org/10.1016/j.ejogrb.2023.08.373.
- J.E.Blumel ., castelo-Branco,Let.al.,(2000) Quality of life after menopause .Volumme 34,issue 1,2000,17-23,ISSN 0378-5122,[https://doi.org/10.1016/s0378-5122\(99\)00081-X](https://doi.org/10.1016/s0378-5122(99)00081-X)
- Nguyen, T. A., et al. (2020). The effects of physical activity on menopausal symptoms, psychological well-being, and quality of life: A meta-analysis of randomized controlled trials. *Journal of Menopausal Medicine*, 26(1), 16-26. <https://doi.org/10.21163/jmm.2020.26.1.16>
- Nirmala Vaze.,sulabha Joshi (2010) yoga and menopausal transition *J Midlife Health* Jul-Dec;1(2)56-58 doi10.4103/0976-7800.76212.PMCID:PMC3122509/PMID:21716773.
- Sagar A. Broker.P., P. Venugopalan., Shruthi Bhat. (2013) *journal of Midlife Health*, Jul-Sep;4(3) 182-187.doi:10.4103/0976-7800.118997