"YOU'RE ACTING WOMANISH!" A QUALITATIVE DESCRIPTIVE STUDY OF THE EXPERIENCES OF AFRICAN AMERICAN WOMEN IN MENOPAUSAL TRANSITION

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DEDICATION

This dissertation is dedicated to the memory of my mother Jean Ann Sampson. She was an inspiration to me. My mom was a unique woman, who was not afraid to take the “road less traveled.” I am indeed grateful that she encouraged me to be who I am, and to seek my own truths. Memories of her love and belief in me have made the completion of this educational endeavor possible.

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ABSTRACT

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"YOU'RE ACTING WOMANISH!" A QUALITATIVE DESCRIPTIVE STUDY OF AFRICAN AMERICAN WOMEN IN MENOPAUSAL TRANSITION

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Menopause is a natural transition that occurs for all women as they approach middle age and marks the end of their reproductive period in life. Menopausal transition is the phase leading up to menopause. There are a variety of symptoms that occur during menopausal transition which increase women's risk for diseases and poor health outcomes. Symptoms vary and affect women differently across and within ethnic groups. African American women experience many health disparities that commonly occur around the age for menopausal transition that need to be addressed from a medical, psychosocial, and socio-economic context. This study used a qualitative descriptive methodology to explore the experiences of African American women in menopausal transition. Black Feminist Thought and Womanist Thought were the philosophical frameworks used to center the experiences of the participants. Content analysis was used to analyze data from individual interviews and a focus group. Meanings were captured and themes emerged from the data. Four overarching themes identified were silence as a form of survival, resilience amidst the chaos, socialization for self-preservation and empowerment, and reshaping and reclaiming womanhood. The findings contribute to understanding how intersecting oppressions affect the way African American women experience and manage the symptoms associated with menopausal transition.

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CHAPTER I

INTRODUCTION

Menopause is a natural hormonal transition that all women experience as they approach middle age. However, the symptoms that occur during menopausal transition increase women's risk for diseases and poor health outcomes. Specifically, hormonal imbalances during this transition could be contributing factors to heart disease, stroke, diabetes, breast cancer, and depression (Mathunjwa-Dlamini, Gary, Yarandi, & Mathunjwa, 2011). Changes in the body's natural distribution of fat whereby central body fat is increased due to hormonal changes contribute significantly to cardiovascular disease and metabolic disease risk for women in menopause. Increased serum concentration of lipids also increases the risk of death from coronary artery disease (CAD) after menopause (Tehrani, Behboudi-Gandevani, Ghanbarian, & Azizi, 2014). During menopause, there is an elevation in the inflammatory cytokines as is seen in chronic inflammatory diseases that are associated with cardiovascular diseases, and immune and autoimmune disorders (Malutan, Dan, Nicolae, & Carmen, 2014). At different phases during menopausal transition, a woman's risk is increased not only for cardiovascular disease, but also for osteoporosis and estrogen-dependent cancers such as occurs with breast and endometrial cancers (Bandera et al., 2015; Lobo et al., 2014).

Quality of life is also influenced by symptoms of menopausal transition and menopause as it relates to the health of women. Vasomotor symptoms (VMS) occurring during menopausal transition such as hot flashes and night sweats often lend to fatigue, discomfort, and sleep problems for women (Ayers & Hunter, 2013). A high body mass

index (BMI) and aging also predispose women to urinary incontinence, which further increase a suboptimal quality of life after menopause (Mitchell & Woods, 2013). Existing literature supports lifestyle changes, body image, and sociocultural factors as negatively affecting women in menopausal transition often leading to psychological symptoms such as depression and anxiety. These mood disorders are often recurring and lead to functional difficulties in work and daily activities for women in menopausal transition and menopause (Brown, Bromberger, Schott, Crawford, & Matthews, 2014; Jafari, Hadizadeh, Zabihi, & Ganji, 2014). Biological and psychosocial factors affect women in menopausal transition and menopause in complex ways. There are changes in the vaginal microbiome and there is vaginal atrophy, which predisposes women to recurrent urinary tract infections (UTI) after menopause. There is also an increased risk for UTI due to reduced urine flow and an increase in the residual volume of urine in the bladder (Portman & Gass, 2014).

The symptoms exhibited by women in menopausal transition are very complex in their presentation. These symptoms vary in their occurrences and intensity among various ethnic groups and are exhibited as biological, psychosocial, and psychological changes in women (Bromberger & Kravitz, 2011; Newhart, 2013). The symptoms exhibited during menopausal transition could create a myriad of health care problems specifically for African American women. African American women experience many health disparities that commonly occur around the age for menopausal transition that need to be addressed from a medical, psychosocial, and economical context.

African American women are more likely than other ethnic groups to die from cardiovascular disease, breast cancer, and cervical cancer (Centers for Disease Control and Prevention [CDC], 2016; U.S. Department of Health and Human Services, Office of Minority Health, 2016). Studies have also shown that obesity, socioeconomic status, smoking, alcohol consumption, dietary habits, and sedentary lifestyle all are factors contributing to cancer risk and cardiovascular disease for African American women in menopausal transition (Rosenberg, et al., 2013; Zollinger et al., 2010). Lack of preventative screening for diseases and reduced levels of health insurance coverage by African Americans gravely affect the quality of care experienced as they seek emergency care as compared to Caucasian women (Butts & Seifer, 2010). African Americans also tend to not trust health care institutions when accessing care. Rice (2005) noted the past experiences of racial disparities as factors undermining their trust in medical research and health system.

Racial and gender inequalities affect African American women at various socio-economic levels. In fact, the intersectionality of racism, sexism, and classism add to the complexity of life experiences for African American women. Intersectionality is defined as systems of interloping oppression such as racism, sexism, classism, ethnicity, and age all mutually working together to shape and are shaped by Black women's experiences (Collins, 2009). This multiple marginalization can create real challenges for African American women in all aspects of life (Hankivsky, 2012; Terhune, 2008). Racial and health care disparities increase their risks for chronic diseases and even death and exist across socioeconomic status, sexual orientation, and geographic location. These gaps in

health care delivery and inequalities of the quality of care have caused detrimental effects on the health and quality of life for African American women (Belgrave & Abrams, 2016).

Even though there is a large amount of research on menopause and menopausal transition, little evidence exists in the literature related to African American women's experiences and perceptions about menopause and menopausal transition. Most findings of menopausal experiences are based on studies done with Caucasian women. The few studies pertaining to menopausal experiences of African American women show urgent need for these experiences to be addressed, for improvement of quality of life and health promotion (Green & Santoro, 2009; Huffman, Myers, Tingle, & Bond, 2005; Im, Lee, & Chee, 2010). Awareness of symptoms that are specific to African American women would be significant for health care providers in delivering culturally appropriate care (Im, 2009). The gap in research and the link between menopause transition and chronic illnesses that disproportionately affect African American women indicate the need for future research in understanding the menopausal transition symptoms experiences of African American women, utilizing a cultural specific perspective to explore and understand their experiences (Im et al., 2010).

Purpose

The purpose of this study was to explore and understand menopausal transition symptoms experiences in African American women, from their own perspectives and understand the impact on their health and well-being. There is need to better understand

African American women's experiences with menopausal transition. While menopausal transition is considered a normal stage of development for women, the symptoms do affect health and quality of life. This study was able to afford new insights and inform health care professionals in culturally sensitive care for this population in menopausal transition. Specifically, the main questions of this study were, "What are the perceptions and experiences of African American women regarding menopausal transition and how do these experiences influence their health and well-being?" and, "What are the cultural meanings of menopausal transition for African American women?" Identifying perceptions and experiences of African American women during menopausal transition provided a more focused understanding of their symptoms experiences and management that can aid health care providers in providing interventions to prevent or identify health risks.

Researcher's Relationship to Topic

As an African American woman, myself, I realized a few years ago that I was actually experiencing symptoms of menopausal transition and this created challenging issues for me negotiating physical and emotional concerns. I just could not understand the feelings of hopelessness and lack of energy I was experiencing, despite living what one would consider a fulfilling life. My decreasing motivation to complete tasks was quite unlike my usual approach to solving problems and it was quickly becoming quite daunting to accomplish normal everyday tasks. I discovered in researching my symptoms that not only were these symptoms in menopausal transition universal for many women, but they were also unique to individuals and ethnic groups. I was not satisfied with the

existing literature because there were not sufficient studies that elaborated on the menopausal and menopausal transition experiences of African American women. The lack of sufficient literature with symptoms management for African American women meant that not only would they find these experiences challenging but health professionals would also find providing individualized and appropriate care to this population quite difficult.

Working as a Registered Nurse Manager in a community health clinic that caters to a large minority population, the issues pertaining to women's health have always been prominent on my agenda for improving health within communities at large. On many occasions, as I encounter and triage our patients who were middle-aged African American women, they would identify a range of complaints such as depression, fatigue, insomnia, generalized body aches, and hot flashes just to name a few, and yet not identify or verbalize these symptoms as part of menopausal transition experiences. African American women tend to connect these symptoms with other stressors in their lives, such as loss of job, financial hardships, poor relationships with friends and loved ones, medical illnesses and other social concerns. I realized that African American women actually surmised and managed their symptoms differently. African American women also have an interloping of social concerns that affect their approach and understanding of their menopausal transition experiences. Their approach or lack of approach to symptom management of menopausal transition presented many questions on the way their care could be individualized to optimize the health of African American women.

As I became more familiarized with my research topic in my doctoral preparation, I knew that there was more to be discovered than just menopausal transition experiences. Conversations with my female African American patients conveyed to me the significance of other social issues that further complicated the way these experiences could be explained. Gender, race, and class certainly created a myriad of disadvantages to the experiences for African American women. This research journey allowed the discovery of a lens that is appropriate for examining these experiences. Womanist Thought (WT; Phillips, 2006) and Black Feminist Thought (BFT; Collins, 2009) provided the necessary lens needed to explore menopausal transition experiences of African American women in this study.

Assumptions

Assumptions are statements made by the researcher that are accepted as true. These statements reflect the given thought process of the researcher regarding the topic being researched (Bloomberg & Volpe, 2012). I do acknowledge that the assumptions being made are influenced by my racial and ethnic background.

1. African American women will feel more comfortable discussing menopausal transition with other women of same racial and ethnic background. This assumption is based on the premise that research has shown a comradery between African American women in sharing their stories with each other in a safe environment (McCloskey, 2012; Richard-Davis & Wellons, 2013).
2. African American women want to learn more about issues pertaining to their health

but in an environment that they find safe and non-threatening. This assumption is based on research that has demonstrated that African American women felt discriminated against when accessing care for their health concerns in emergency rooms and other health care delivery institutions (Jacobs et al., 2014).

3. African American women have a story to tell, want to be heard, and are experts of their experiences. This assumption is based on studies that show that women of diverse ethnic backgrounds experience and discuss their understanding of menopausal symptoms differently (Dillaway, Byrnes, Miller, & Rehan, 2008).
4. African American women experience oppression and marginalization in their quest to understand their health. This assumption is based on the premise that studies have shown that racial, societal and gender issues culminate and create uniquely stressful experiences affecting the health of African American women (Rosenthal & Lobel, 2011).

Rationale for the Study

To fully understand the impact of menopausal transition on the health of African American women, I will discuss areas of significance to this research. This discussion will address (a) menopause and menopausal transition, (b) relationship between health and menopausal transition/menopause, (c) African American women and health disparities, and (d) African American women and menopausal transition. Recognition of these risk factors for chronic illnesses associated with menopausal transition is essential for early treatment and prevention.

Menopause and Menopausal Transition

Menopause refers to the cessation of menstruation for women, usually at an average age of 50 years. It is defined by a year of absence from menses after the final menstrual cycle. As the ovarian follicles decline in their function, the process of menopause occurs within a woman's body (Li et al., 2013; Nejat & Chervenak, 2010). This decline in ovarian follicles leads to a reduction in the hormones known as estrogen and progesterone. Lack of hormone production affects the normal functioning of the female reproductive organs producing symptoms that affect the health of women undergoing this transition (DeSouza & Ogava, 2014).

Menopause is a natural process for women but can also be induced artificially through surgical intervention or chemically. Medical issues such as uterine cancer or ovarian cysts can lead to hysterectomy or ovary removal and thus surgical induction of menopause in women (Newhart, 2013; Pinkerton & Stovall, 2010). Chemically induced menopause occurs when the body has been exposed to chemotherapeutic agents. A form of temporary menopause could also occur when medications are given to treat certain conditions such as endometriosis or fibroids in women (Desouza & Ogava, 2014). Menopause is a biological, psychological, sociological, and cultural phenomenon and involves complex transitions that affect the health and life outcomes for women (Newhart, 2013).

Menopausal transition, also known as perimenopause, refers to the period of time of which changes start to occur within women's ovaries as they age. These changes cause irregularity of menstrual cycles and are accompanied by fluctuation of reproductive

hormones including estrogen and progesterone until this period evolve into menopause (Butler & Santoro, 2011; Martin, 2014; Nejat & Chervenak, 2010). Menopausal transition is divided into two stages usually presented by a cluster of symptoms (Cray, Woods, & Mitchell, 2013; Harlow et al., 2012). The first stage or early menopausal transition also known as Stage -2 is presented by a persistent variability in menstrual cycle. The follicle-stimulating hormone (FSH) level is usually still elevated but shows signs of variability. The second stage is known as late menopausal transition or Stage -1, and is characterized by amenorrhea of 60 days or more. The FSH levels fluctuate rapidly and anovulation becomes normal during this stage (Harlow et al., 2012).

The fluctuation and then decline of hormones estrogen and progesterone serum levels during menopausal transition and menopause, decrease the operating body processes for reproduction and metabolism. Estrogen plays an important role in stabilizing the immune system of women. Lack of this hormone leads to an acceleration of bone loss in women which causes health problems such as osteoporosis and fractures for women in menopausal transition. Estrogen also plays prominent roles in cardiac protection through is vascular anti-inflammatory response. It also contributes to enhancing cognitive function by increasing the production of neurotransmitter acetylcholine (Vitiello, Naftoilin, & Taylor, 2007).

Progesterone affects the way in which the central and peripheral nervous system respond to inflammation and stress. Progesterone also affects the cardiac function, so a decrease in this hormone significantly affects cardiovascular health of women. The deprivation of progesterone and estrogen in menopausal transition can significantly

impair the quality of life for some women (Cagnetta & Patella, 2012; Nedergaard, Henriksen, Karsdal, & Christiansen, 2013). Since menopausal transition has different cultural meaning for diverse racial and ethnic groups, different treatment models should be developed to manage women's experiences taking cultural norms into consideration.

Relationship between Health and Menopausal Transition/Menopause

Cardiovascular disease. Cardiovascular disease is the leading cause of death for women. Studies show that cardiovascular disease is the highest cause of mortality in the United States and the risk increases for women after 50 years of age (Davis et al., 2012; El Khoudary, Shields, Chen, Matthews, 2013; Lisabeth & Bushnell, 2012; Sassarini & Lumsden, 2015). The cardiovascular symptoms that occur may be vague and often are not recognized or reported by women, which often lead to a delay in diagnosis and treatment. Comorbidities such as diabetes mellitus (DM), obesity, hypertension, and hormonal imbalances increase the risk for CVD in women. Biochemical factors including hot flushes, elevation in cortisol levels, alterations in lipid metabolism and elevated inflammatory markers are all considered risk factors for CVD in midlife for women (Cagnacci et al., 2015; Worrall-Carter, Ski, Scruth, Campbell, & Page, 2011). The incidences of these biochemical changes occurring during menopausal transition, are significant in the benefits of treating these symptoms as soon as they are presented, so as to reduce CVD risk (Cagnacci et al., 2015).

VMS such as hot flashes are associated with physiological changes within the arteries that increase cardiovascular risk. However, there are different implications for symptoms of VMS early in menopausal transition versus symptoms in late menopausal

transition and how these differences change cardiovascular risk. Early VMS are associated with decreased cardiovascular risks whereas late symptoms associated with more risks of cardiac events (Pines, 2011). The use of oral contraceptives and menopausal hormone therapy have been proven as safe methods in reducing VMS, thus lowering risk for CVD (Shari, Bassuk, & Manson, 2015). However, research has shown that starting hormonal therapy late in menopause could adversely affect and increase clinical CVD in midlife (Sassarini & Lumsden, 2015).

The number of years in menopause significantly affects development of atherosclerosis. Women who rapidly transition from pre- to post menopause tend to have a higher rate of CVD progression. These women have an increased risk for developing atherosclerosis and its complications (Johnson et al., 2010; Lambrinoudaki et al., 2013). However, BMI, triglycerides, and insulin resistance were also associated with this atherosclerosis risk regardless of age at menopause (Lambrinoudaki et al., 2013). Lifestyle choices such as smoking enhance atherogenic changes in carotid arteries during menopausal transition (Pitha et al., 2013).

Other lifestyle and dietary choices affect CVD risk at midlife for women. Studies show that an increase in central adiposity, especially when complicated by DM is associated with all-cause mortality for women in midlife (Colpani, Oppermann, & Spritzer, 2014). Obesity usually indicates a high BMI and is associated with aortic and artery calcification (Cagnacci et al., 2015; Gutierrez et al., 2015). Metabolic disorders are also more prevalent for women in midlife and further increase risks for heart disease and cancer. Evaluating women in early menopausal transition for abdominal obesity and

metabolic syndrome could be significant in prevention of risk of CVD (Siseles & Berg, 2010).

Breast cancer. Breast cancer is one of the most common causes of death for women. Studies show that several reproductive factors increase the incidence of breast cancer. Women who enter into menopause late in life, are more predisposed to breast cancer due to prolonged levels of estrogen in body (Chunyan et al., 2012; Kapil, Bhadoria, Sareen, Singh, & Dwivedi, 2014; Huang, Malone, Cushing-Haugen, Daling, & Li, 2011). Surprisingly, research also indicated that women who enter natural menopause at an earlier age tend to have more benign breast disease (Rosner & Colditz, 2011). As women age, with increase in adiposity that results in increased BMI, there is an associated increase in oestradiol concentration levels within the breast. Increased oestrodiol levels occur intra-breast versus systemic levels that are lower. These elevated levels are associated with breast cancer risk in post-menopausal women (Eden, 2011). Researchers discovered that estrogen plays a significant role in the pathogenesis of breast cancer. Because of these findings, menopausal hormonal therapy should not be considered for women who are genetically predisposed to breast cancer. Recommendation of prevention strategies such as diet, lifestyle changes, and medical intervention also aid in decreasing breast cancer risk (Kaminska, Ciszewski, Topacka-Szatan, Miotia, & Staroslawska, 2015).

The diagnosis of breast cancer is quite distressing to women in midlife. The resulting psychological stress affects their quality of life. Studies have shown that women in menopause are often not informed about the long-term complications of this phase in

their lives, including risks for breast cancer. Women have limited knowledge on managing their menopausal symptoms and on treatment options after being diagnosed with breast cancer. These findings highlight the limited understanding of women regarding menopausal treatments, including bioidentical hormones and other herbal therapies (Anderson et al., 2011; Sayakhot, Vincent, & Teede, 2012). Researchers suggest that a high dietary intake of soy also decreases breast cancer risk for women who are post-menopausal. However, researchers recommend further studies to understand the factors related to this association (Cho et al., 2010).

Ovarian and endometrial cancer. Ovarian cancer and endometrial cancers are also associated with women around the age of menopause and are the seventh most common causes of cancer mortality in the world. Post-menopausal women between the ages of 55 to 64 years are most commonly diagnosed and only 45% of women survive for longer than five years after diagnosis. Ovarian cancer is usually asymptomatic in early stages and so could be undetectable if screening in not done on a timely basis for women at risk. The risk factors associated with ovarian cancer are familial genetic predisposition, advancing age, and family history of breast cancer and ovarian cancer (Besevic et al., 2015; Doubeni, Doubeni, & Myers, 2016). Reproductive factors such as age of menopause are not associated with ovarian cancer survival; rather having an increased ovulatory period was more associated with a poorer survival rate (Besevic et al., 2015; Schindler, 2011). Risks for endometrial cancer include chronic anovulation as occurs in polycystic ovary syndrome (PCOS), late menopause and incidences of prolonged exposure to estrogen (Schindler, 2011).

Diabetes. The relationship between diabetes and menopause is unclear. There is no distinct correlation between the decreases in estrogen levels and development of diabetes. However, during midlife, body composition changes affect the way glucose is metabolized, predisposing women to diabetes (Karvonen-Gutierrez, Park, & Kim, 2016; Monterrosa-Castro et al., 2013). There is an incremental weight increase that occurs in menopausal transition into post-menopause, independent of lifestyle factors and sociodemographic characteristics (Pimenta, Maroco, Ramos, & Leal, 2014). Women who enter into menopause at an earlier age tend to have an increased risk for type 2 diabetes, and having a shorter reproductive life is also associated with increased risk for diabetes (Brand et al., 2013). Women in early menopausal transition who are diabetics are also more at risk for cardiovascular events compared to women who are not diabetic at this phase (Garcia, Perez, Spence, & Armando, 2014). Women who have type I diabetes find it challenging to manage their diabetes while in menopausal transition due to lack of information from their healthcare providers about managing their glucose levels during this time (Mackay, Horsburgh, & Kilbride, 2014).

Osteoporosis. Osteoporosis is a disease that affects the skeletal system by causing rapid deterioration in bone strength. Due to decrease in bone quality and strength, the disease process of osteoporosis could lead to fractures for women starting in midlife. The bone matrix is composed of osteopontin (OPN), which is expressed as osteoblasts and osteoclasts, and as women age their serum OPN levels increase. An elevated OPN correlates with a high predisposition for osteoporosis in menopause (Chang, Chiang, Yeh, Lee, & Cheng, 2010). During the late phase of menopausal transition, the bone mineral

density (BMD) of women decreases at a significant rate. This decrease in BMD rate correlates with the decreasing FSH levels in the body as women age (Neer, 2010). Estrogen is essential for bone formation and the decrease of endogenous estrogen in the body, as occurs in menopause, increases the risk for osteoporosis (Parker et al., 2014).

The elevation of bone markers in the body signifies bone density loss for women in midlife (Seifert-Klauss, Fillenberg, Schneider, Luppa, & Kiechle, 2012). Some researchers have conducted studies that also indicate that women who experience increased severity of menopausal symptoms tend to have a lower BMD, versus asymptomatic women (Perez, Palacios, Garcia, & Perez, 2011). Women who experience early menopause are at high risk for osteoporosis by age 77 and tendencies for fractures also increase (Svejme, Ahlborg, Nilsson, & Karlsson, 2012). Women in midlife who have clinical conditions such as diabetes and obesity are predisposed to develop osteoporosis due to bone degradation (Neglia et al., 2016).

Treatment for osteoporosis to reduce incidence of fractures may include pharmacological interventions and lifestyle modifications. Hormonal and estrogen therapy is usually indicated in the first ten years of menopause (Tella & Gallagher, 2014). Even though several studies have touted the risks of estrogen therapy for menopausal women in developing breast cancer, evidence also indicates that the benefits of estrogen therapy for women less than 60 years outweigh the risks for long-term prevention of osteoporosis (Gurney, Nachtigall, Nachtigall, & Naftolin, 2014; Tella & Gallagher, 2014). The use of bisphosphonates for women with osteoporosis over the age of sixty years is recommended, and studies demonstrate that it aids in increasing BMD, reducing

fractures (Eriksen, Diez-Perez, & Boonen, 2014; Tella & Gallagher, 2014).

Depression and other mood disorders. Menopause is the time in life that physiological and psychological symptoms affect women, their health, and quality of life. The low estrogen phase that occurs in menopause is associated with depression and mood disorders for women in midlife (Chou, Ko, Wu, Chang, & Tung, 2015). In menopausal transition and post menopause, women tend to have a greater vulnerability for depression rather than in pre-menopause (Bromberger & Kravitz, 2011; Kruif, Spijker, & Molendijk, 2016). Women who enter into menopause at a later age in life are at increased risk for postmenopausal depression (Jung, Shin, & Kang, 2015). Past medical history that involves psychiatric evaluation is indicated to help in the identification of risk for depression during midlife. Women without a prior history of depression have a lower risk of developing major depression in midlife (Bromberger, Schott, Kravitz, & Joffe, 2014).

A propensity of psychiatric symptoms such as depression, anxiety, and sleep disturbance during menopausal transition is a high indicator for psychiatric disorders after menopause (Hu et al., 2016). These disorders cause psychological distress for women in midlife, often impinging on their health-related quality of life (Masood, Rashid, & ShamaMazahir, 2016; Wariso et al., 2017). Some women do view their experiences in menopause as negative and could also become symptomatic (Katz-Bearnot, 2010). Some vasomotor and somatic symptoms are more prevalent in women with depressive symptoms in both menopausal transition and post menopause, and so are causally related (Borkoles et al., 2015). The prevalence of depression and other psychological disorders that occur during menopause are often influenced by stress,

socioeconomic factors, ethnicity and educational status (Llaneza, Garcia-Portilla, Llaneza-Suarez, Armott, & Perez-Lopez, 2012; Strauss, 2011). Treatment for these psychological disorders during menopause should be varied, biologically, and socially appropriate and according to the severity of the disorders (Hickey, Bryant, & Judd, 2012).

African American Women and Health Disparities

Research on health disparities show that African Americans experience the greatest number of health disparities when compared to all other ethnic groups (Jull et al., 2014; Mauas, Kopala-Sibley, & Zuroff, 2014). The prevalences of cancer, heart disease, stroke, diabetes, influenza, pneumonia, and HIV/AIDS are higher for African Americans than Caucasians (U.S. Department of Health and Human Services, 2016). Socio-economic factors are significant determinants that influence health disparities for African Americans. The average Black household median income is $36,515 compared to $61,394 of Whites in America. Health insurance coverage is less for Blacks, 54.4% compared to 75.8% for Whites. The disparity of education status is also significant with 84.8% of Blacks with high school diplomas versus 92.3% Whites (U.S. Department of Health and Human Services, 2016).

African American women experience social, biological, and psychological factors that adversely affect their health (Belgrave & Abrams, 2016). According to the CDC (2016), African American women have the highest rates of obesity compared to other ethnic groups, and are 1.5 times more obese than Caucasian women. Type II diabetes is noted in eighty percent or more of Americans who are obese. Lifestyle and behavior

choices influence disparities in health care. Smoking cigarettes accounts for 19.6% of African American women between the ages of 45 and 64 years, and obesity among African American women 20 years and over is approximately 16.1% (U.S. DHHS, 2013). Although HIV infection rates have decreased over recent years for African American women, they are still disproportionately affected by HIV disease. African American women account for 61% of HIV infection among all women, compared to 19% of Caucasian women being infected with HIV among women (Centers for Disease Control and Prevention, 2015b).

Cardiovascular disease is the highest cause of mortality for women, and findings from studies reported African American women as having the highest concentration of C-reactive protein (CRP) than other ethnic groups in the study. CRP is a marker that is associated with inflammatory responses such as myocardial infarction and other systemic inflammation (El Khoudary et al., 2013; Kelly-Hedgepeth et al., 2008). Increased levels of CRP combined with obesity are predictive of cardiovascular disease and higher mortality rates (Reiner et al., 2012).

Even though Caucasian women have the highest rates of breast cancer, African American women are more likely to die from breast cancer (CDC, 2015b). In comparison to white women and other ethnic groups, African American women are diagnosed at an earlier age and have a much lower survival rate after being diagnosed with breast cancer. African American women who are premenopausal and younger than 45 are most likely to die from breast cancer. These women are often diagnosed with tumors that have poor prognosis and with increased risks of recurrences even after treatment (Holmes, Opara, &

Hossain, 2010; Phillips & Cohen, 2011). Younger premenopausal African American women tend to have a higher prevalence of basal cell-like subtype cancer, which indicates that the microenvironment of premenopausal breast composition actually promotes cancer and predisposes this group to a much more dire prognosis of breast cancer disease (Fleming et al., 2010).

Hormonal therapy during menopausal transition has raised many concerns of risks and benefits for women. In a study to examine impact of menopausal status and hormone replacement therapy (HRT) on cancer risk, data from three groups of African American women in the Jackson Heart Study (pre-menopausal women not on HRT, post-menopausal women without HRT and post-menopausal women on HRT) were examined for cancer risk. Findings from this longitudinal study indicated that African American women who were post-menopausal and not on HRT had a higher chance of cancer risk than pre-menopausal women (Campbell Jenkins et al., 2011).

Factors that influence stress levels for African Americans also affect their health care needs. Findings from a prospective Study of Women's Health Across the Nation (SWAN) that examined depression in African American and Caucasian women reported no significant differences in severity of depression but found that there were differences in the factors that were associated with depression between these two races/ethnicities. These findings reported African American women as experiencing seven times more episodes of depression than Caucasians (Brown et al., 2014). Depression if left untreated is associated with poor quality of life for African American women.

As women approach midlife, reproductive health declines and the risks of

developing chronic health conditions increase. Owens (2008) discussed the escalating health care costs that significantly affect the delivery of care to women; with women's reproductive health utilizing more services and accounting for 16% of health plan costs. Qi et al. (2013) conducted a retrospective study with African American women to examine the relationship between hysterectomies and race reported findings of higher occurrences of hysterectomies being performed on African American women than with any other ethnicity. Findings from the study suggested an association between hysterectomies and African American women with hypertension, lower educational status, and increased adipose fat tissue (Qi et al., 2013).

The intersectionality of African American women's experiences with racism, sexism, classism, biological, social, and psychological factors all influence their quality of life and well-being. Dillaway et al. (2008) noted that African American women discussed their lived experiences with racial discrimination and oppression as affecting their decision-making and responses to menopausal symptoms management. African American women are more likely to experience inadequate access to health care, which leads to poorer health care outcomes than other ethnic groups (Belgrave & Abrams, 2016). Reports by the Institute of Medicine also reveal poor quality and type of care that is experienced by African Americans who seek care for their health issues in emergency rooms (Butts & Seifer, 2010; Williams & Braboy, 2005). African American women living in poverty, as well as those with a lack of knowledge of menopausal transition often do not access health care for their symptoms (Mathunjwa-Dlamini et al., 2011). The inequities in health care and access increase African American women's risks for chronic

illnesses and increase their mortality rates.

African American Women and Menopausal Transition

Positive attitudes despite enormous stress. The existing literature suggests that African American women adopt positive attitudes to understand and manage their symptoms in menopausal transition. Researchers have also discovered that societies play pivotal roles in the way symptoms are perceived, whether it be in a positive or negative way by these women. The positive aspects of African American women's lives such as family, career and friends are accentuated within social settings, rather than symptoms and symptom management in menopausal transition (Lanza di Scalea et al., 2012; Nixon, Mansfield, Kittel, & Faulkner, 2001). Another study suggested that African American women accepted their menopausal symptoms much more readily than Caucasian women (Dillaway et al., 2008).

Im et al. (2010) discussed previous qualitative studies that distinguished the mindset of African American women from other ethnic groups of women as they expressed thoughts such as "think," "believe," and "self-forgiveness," to combat menopausal symptoms. These studies suggest that some African American women create a strong sense of self and security based on their past historical struggles against discrimination and oppression and learned behaviors such as reinforcing positive aspects of life. African American women expressed thoughts such as "think," "believe," and "self-forgiveness," to motivate themselves when symptoms were unbearable (Im et al., 2010).

Holistic approach. African American women who suffered most from menopausal symptoms have also been reported to be less physically active. The combination of mind control, exercise and herbal or other forms of alternative therapy were considered as major factors in their symptom management of menopause (Chang, Chee, & Im, 2012; Im, Ko, Hwang, & Chee, 2012). Daily exercise was reported to improve mental health of menopausal African American women by relieving mood fluctuations and reducing symptoms of depression (Wilbur et al., 2009)

Self-reliant – no need to bother anyone. Throughout history, the role of the African American woman has been one of self-sacrifice for the wellness and upbringing of others within their community. The ability of African American women to recreate their family structure in order to survive is vital for sustenance of the black communities (Collins, 2009). The needs of their communities are so many and complex, that African American women tend to rely on themselves and not seek help to manage symptoms of menopause, so as not to disturb or further strain society. The other stresses of life take more precedence over symptom management strategies for this population (Im et al., 2012; King & Ferguson, 2008). African American women were 'realists' and were more concerned in navigating the challenges in their lives, rather than focus on their experiences of menopause (Dillaway et al., 2008).

Acceptance of symptoms – natural process of life. Some studies recommend that health care providers become more aware of how menopause symptoms are experienced by a variety of ethnic groups in order to provide effective coping and management strategies. These studies show that not only did African American women

see this transition as natural, but also their attitudes improve as they go through each stage. African American women saw this process as a natural one, and to be endured since it was an inevitable stage in life (Huffman et al., 2005; Im et al., 2010).

Similarly, researchers have examined the symptom experiences and strategies for self-care among African American women reported passive acceptance of these symptoms. By exploring symptom experiences of a diverse group of African American women, researchers identified self-talk of 'faith', and 'acceptance', being used to normalize the menopausal transition (Hudson, Taylor, Lee, & Gillis, 2005). These findings reinforce that African American women viewed menopausal as a normal form of developmental stage in life.

Lack of knowledge. Lack of information on menopausal symptoms and management was noted in a study of 226 African American women to evaluate their symptoms and attitudes towards menopausal transition (Huffman et al., 2005). Findings indicated 53% of women being unclear of what symptoms to expect while going through this transition. African American women in this study did perceive this experience as challenging, and did have concerns with myths and uncertainties of expectations during menopausal transition. African American women also tend to seek out perspectives of their elders or others within their social circle to understand symptoms presentations. This often leads to inaccurate information being shared and lack of effective treatment to relieve symptoms of menopause (Mathunjwa-Dlamini et al., 2011; McCloskey, 2012; Richard-Davis & Wellons, 2013).

The impact of not being informed was also reported in a study done among an

inner-city minority population of Hispanics and African American women. Findings indicated that information of HRT risks and benefits determined whether HRT was considered for treatment of menopausal symptoms. Fifty percent of these women received information from television, 34% from physicians, and 32% from newspaper or magazine sources. This study also indicated that the findings of the World Health Initiative (WHI) in 2002 of the cardiovascular risks involved in HRT use definitely affected the prescription and acceptability of this treatment by African American women (Helenius, Korenstein, & Halm, 2007). African American women were not aware of new trials of Biological Hormone Replacement Therapy (BHRT) and its effectiveness on menopausal symptom management (Strickland & Dunbar, 2000).

A paucity of studies explores menopausal transition with African American women. Since studies show that there is a linkage between symptoms that occur in menopausal transition to disease and poor health outcomes, then waiting to address symptoms and symptom management until after menopause has occurred might be too late. This study addresses the symptoms and symptom management experienced by African American women in the process of menopausal transition.

Philosophical Frameworks

African American women are at risk for chronic diseases and increased mortality, and need to understand the health risks inherent with menopausal transition and menopause. Health providers must become more informed of the specific needs of African American women, from their perspectives and develop strategies and interventions to promote better health outcomes. Most researchers have not centered

African American women and their experiences in studies, so there is a need to center their experiences and discover how these experiences are shaped (Taylor, 1998). Research studies using culturally relevant theories to explicate the health perceptions and experiences of African American women, treatment for their health needs and related health care outcomes are needed to generate knowledge for this population (Banks-Wallace, 2000; Im et al., 2010; Wilson, 2007). The philosophical frameworks of BFT and WT will provide the grounding for this study about African American women and their experiences with menopausal transition.

The few studies that address African American women and menopause experiences indicate themes that include positive thoughts, self-reliance, holistic measures, and acceptance of symptoms as ways of dealing with their experiences. Many of these approaches correlate with the attributes in the epistemology framework of WT, also used interchangeably with Womanism and its contribution to understanding and empowering African American women. According to Collins (2009), the BFT framework recognizes the struggles experienced by African American women within a larger construct of struggles towards social justice and empowerment.

The term 'womanist' was articulated by author and activist Alice Walker as (a) a black feminist or feminist of color, (b) a woman who loves other women, sexually or nonsexually and who was committed to survival of their entire race, male and female, (c) and a woman who loves the spirit, loves others and loves herself (Walker, 1983). Even though womanist is considered a feminist, Walker compares womanist to feminist as differences in shades of purple, likening womanist to purple and feminist to lavender.

This description allows womanist to be able to articulate the issues of women from the standpoint of Black women's experiences and not just from the perspectives of white feminists (Phillips, 2006). WT creates a space that values the differences among African American women in their experiences of oppression (Collins, 1996). Alice Walker used the expression, "you're acting womanish" often used by black mothers to their daughters who emulate characteristics of their mother and other women who they admire (Maparyan, 2012).

The African American worldview differs from the European American worldview in that it is more inclusive, shared groupness and sameness and demonstrates humanism, contrasting to the exclusiveness, individualism and supremacy or racism of the European American worldview (Taylor, 1998). Race, gender, and class affect the way people generate knowledge. BFT (Collins, 2009) and WT (Banks-Wallace, 2000) are congruent with African American women and their ways of knowing, which aid in promoting change that is healthy for this population (Banks-Wallace, 2000).

WT was able to provide an insight into health of African American women in menopausal transition and their life experiences. This framework gave a voice to a population who historically has been silenced and is frequently underrepresented in research. African Americans have learned how to live in multiple spaces or communities simultaneously and have adopted ways of adapting to changes within their social conditions (Phillips, 2006). African American women have shared individual experiences of living in communities that are disparaging and insensitive to their struggles. African American women and their experiences of survival and articulation of their struggles

against interloping oppressions, and their methods of coping, vary from woman to woman living in different spaces. WT recognizes the interdependence of these experiences, different consciousness, and actions and is able to articulate these different standpoints of African American women (Banks-Wallace, 2000).

Phillips (2006) discusses WT/womanism as grounded in the daily experiences of black women and women of color, as they contend with various oppressions in their lives. WT is focused on problem-solving in everyday spaces of black women so that a balance between their environment and their representation of spirituality is achieved. This theory encourages social transformation within communities to decrease inequalities. WT employs humanist attributes in quest of social transformation that includes harmonizing and coordinating; dialogue; arbitration and mediation; motherhood; spiritual activities; hospitality; mutual aid and self-help; and physical healing (Maparyan, 2012). In a study that examined the perceptions of depression and suicidal risks for African American women through a womanist lens, African American women expressed that living in spirit and in community with others as a protection against suicide. Having a strong sense of self and identity also protected against suicidal thoughts (Borum, 2012). The findings reiterate how Womanist attributes were being applied to solve problems or challenges for African American women.

Womanism is a worldview that gives insight on how one sees and interprets her world. It is considered as a 'way of being' in the world, and incorporates energies of feeling such as mental, physical, emotional, material, social, and environmental as influencing the human experience (Maparyan, 2012). In a study done to analyze a

framework that supports self-management strategies for the health of African American women, Womanist theory provided the paradigm to articulate and understand their experiences. The Womanist concept of spirituality was related to the women's ability to guide their self-management practices, allowing older African American women to transcend the challenges faced in their life experiences (Harvey, Johnson, & Heath, 2013).

The literature has shown that African American women have adapted to their social environment. WT/womanism as a framework for this study will provide understanding of the context whereby long-standing oppression created many ways of negotiating their environment. This theory captured the various strategies employed by African American women to understand their experiences and management of symptoms of menopausal transition from an intersectional standpoint within their social environments. WT as an epistemological framework will enable interventions to be created that are consistent with the way that African American women define and claim knowledge (Banks-Wallace, 2000). Opportunities that highlight the personal expression of African American women and participation of the researcher were significant for the success of this study. Having a sense of community and relationship between the African American women in this study and the researcher, enhanced knowledge development. African American women used their vernacular throughout the research process, and activities incorporating the ability of each woman to showcase their uniqueness was encouraged (Banks-Wallace, 2000).

BFT allows for validation of the importance and value of black women's

experiences. It seeks to understand the individual and collective voices of black women in their experiences (Collins, 2009). The BFT perspective provides us with lens to examine society based on women's experiences of oppression, and highlights the relationship between knowledge and power. This relationship between knowledge and power is strategic to giving a larger meaning to how African American women navigate their individuality in relation to their communities (Alinia, 2015). BFT examines the "meanings" that women may attribute to their experiences or situations through their own voice (Hesse-Biber & Leavy, 2007).

BFT was utilized in this study because it provided the standpoint from where African American women are able to express their experiences. It provided the lens to capture self-definition and self-valuations of African American women as they experience intersecting oppressions within these experiences. BFT stems from critical scientific theory and is specific in validating the unique realities of African American women to create knowledge. The marginalization of African American women creates a shared worldview that affects their daily negotiations and interactions. BFT includes four tenets, namely a) a criterion on meaning of experiences, b) a criterion for assessment of knowledge through discussion, c) criterion for members being a part of community and articulating for that community, and d) a criterion on knower adequacy (Collins, 2009).

BFT highlights the way social worlds are interpreted by African American women. Their experiences are placed at the center to yield information on social problems. African American women are considered agents of knowledge and are able to identify the complexities that interfere with their survival (Collins, 2015). BFT is a

critical framework in exploring the complexity of African American women's existence and survival within their communities (Few, Stephens, & Rouse-Arnett, 2003). Understanding how African American women in menopausal transition navigate their world with interloping oppressions would add to the body of knowledge for this phenomenon.

The theoretical framework of BFT is guided by the lived experiences of black women. This framework recognizes that each individual has their own unique experience and will have some commonalities in the experiences they share with each other. BFT recognizes the diversity of African American women as it relates to sexual orientation, class and other contexts, despite their shared experiences. It contends that African American women share a historical reality and therefore shared experience (Collins, 2009). African American women have unique experiences in menopausal transition due to the intersectionality of race, class, and gender. BFT provides the appropriate 'lens' to capture the day-to-day lives of African American women who are experiencing menopausal transition.

Using BFT as a conceptual framework and 'lens', helped in identifying how intersectionality played out in the everyday lives of African American women. Their everyday experiences shaped their lives and how they responded to various situations such as health care practices in menopausal transition. BFT is based on the knowledge that only the person who lives the experience is able to fully define that reality or experience (Collins, 2009). Therefore, the African American women in this study had the primary responsibility of explaining their perspectives of their lived experiences. Lack of

evidence specifically about African American women and menopausal transition leaves us with questions about how to best help African American women in menopausal transition.

African American women were the central focus in this research as insight was gained into their menopausal transition experiences.

Significance to Nursing

Understanding the symptomatology of menopausal transition and the changes that African American women experience during this phase enables nurses to design long-term lifestyle interventions that could prevent risks of cardiovascular disease and other chronic illnesses. Incorporating lifestyle changes for African American women in menopausal transition would improve their quality of life. Nurses are in unique positions of forming rapport with women and must display cultural sensitivity, which will lead to culturally appropriate, individualized, and respectful care for African American women. Restoring African American women's trust in health care is imperative in the effort to decrease the health disparities that disproportionately affect this population.

Nurses and other health providers will benefit from this study because it revealed how an individual's race and ethnicity, socioeconomic status, culture, family, gender, sexuality, religion/spirituality all converge in different ways, in contrast and congruence with social and cultural norms. This discernment will allow nurses and other health providers to develop intervention strategies that are specific to African American women in menopausal transition. Working with legislators to develop and reinforce policies that address these multiple marginalizations could also introduce potential solutions to

improve health for African American women.

Summary

In this chapter, the impact of menopausal transition on the health of women was discussed. The purpose of this study was to explore the experiences of African American women in menopausal transition. This study aimed to provide new information and inform health providers on providing culturally specific care for African American women in this important phase of their lives. The theoretical frameworks that were used to guide this study BFT and WT that captured African American women's experiences with menopausal transition within their environment.

Even though menopause is considered a natural midlife experience for women, the menopausal symptoms could be problematic for the health of women, even contributing to conditions that are deadly and disproportionately affect African American women. The symptoms experienced are biological, psychosomatic, and psychological. As the changing demographics include the rapid increase of women in midlife, there is a need for health providers to fully understand the ethnic and cultural perspective of the communities they provide health services daily. African American women are subject to significant health disparities, which need to be addressed as they enter menopausal transition.

Health disparities have affected African American women in all levels of their socio-economic strata. Inadequate or lack of appropriate screening and treatment for a variety of diseases could lead to disability or increase in mortality. Menopause presents unique experiences and challenges for African American women that if left untreated,

could have detrimental effects on their health. This study will be beneficial for African American women and health providers, who provide care to manage menopausal symptoms for this population. Qualitative descriptive methodology was used to explore African American women's experiences with menopausal transition.

CHAPTER II

INTEGRATIVE REVIEW OF THE EXPERIENCES OF AFRICAN AMERICAN WOMEN IN MENOPAUSAL TRANSITION

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ABSTRACT

Menopausal transition affects all women as they age, resulting in a decrease in fertility and reproduction. Experiences of menopause, however, vary for women among racial and cultural ethnicities worldwide. African American women are a vulnerable minority group that experience many health disparities that commonly present during the years of menopausal transition. Nineteen peer-reviewed articles were reviewed focusing on the perceptions, attitudes, and experiences of African American women during this phase in life and how they managed their symptoms. Understanding the experiences of African American women and their management strategies of these symptoms from a socio-cultural context will help health care providers approach the symptom management of menopausal transition in a more meaningful and appropriate way for this population. Our synthesis shows that research regarding African American women in menopausal transition using feminist intersectional theories as philosophical frameworks are recommended.

Introduction

Menopause refers to the cessation of menstruation for women, usually at an average age of 51 years (Nejat & Chervenak, 2010). As the ovarian follicles decline in their function, the process of menopausal transition occurs within a woman's body (Li et al., 2013). This decline in ovarian follicles leads to a reduction in the hormones known as estrogen and progesterone. Lack of hormone production affects the normal functioning of the female reproductive organs producing symptoms that affect the health of women undergoing this phase (DeSouza & Ogava, 2014). This long period of menopausal transition is also known as perimenopause, climacteric, or change of life. Women are considered to be in the stage of post menopause 12 months after the cessation of menses (amenorrhea).

Even though the menopausal transition phase may vary in duration for women, the average length is a period of 2 to 8 years (Hoyt & Falconi, 2015; Ibrahimi, Couturier, & MaassenVanDenBrink, 2014). Cray et al. (2013) define the early stage of menopausal transition (Stage -2) as persistent variation in women's menstrual cycle. The second or late stage of menopausal transition (Stage -1) is characterized by the absence of menses for 60 days or more (Cray et al., 2013). During this period, there is a fluctuation and eventual decline of hormonal levels which leads to a variety of symptom experiences for women (Mauas et al., 2014; Smith-DiJulio, Sullivan Mitchell, & Fugate Woods, 2005).

The symptoms experienced in menopausal transition are complex and are exhibited as a combination of biological and psychological changes in women. These symptoms also may vary in intensity or occurrences among various ethnic groups of

women (Bromberger & Kravitz, 2011; Newhart, 2013). Research has also shown that these symptom variations occur both inter-ethnically and intra-ethnically. The Study of Women Across the Nation (SWAN) done from 1994 through 1999 suggested that the symptoms of perimenopause could not be generalized among different populations of women. Findings actually show that incidences and severity of symptoms vary among women within the same ethno-cultural background and between different cultures (Huffman et al., 2005; Paramsothy et al., 2014).

A myriad of symptoms including hot flashes, night sweats, sleep deprivation, and mood changes occur during menopausal transition (Ayers & Hunter, 2013). Mood changes and reduced cognitive performance affect the productivity and physical health of women in this phase of life (Gava et al., 2019; Raglan, Schulkin, & Micks, 2019). Sleep difficulties are also linked to depression and cardiovascular disease, affecting the quality of life for women in menopausal transition (Baker, Zambotti, Colrain, & Bei, 2018). These symptoms exhibited during menopausal transition are related to many chronic health conditions that disproportionately affect African American women. Fear and distrust of healthcare systems affect how African American women seek care for their reproductive symptoms and needs (Dillaway, 2016).

The authors' purpose is to present an integrated review of the literature that synthesizes the current state of the science of menopausal transition symptom experiences and interpretation and the management strategies of African American women during this phase of life. The integrative review process described by

Whittemore and Knafl (2005) guided this literature review and provided methodological rigor.

Background

Health care disparities affect African American women from various socio-economic levels and increase their risks for chronic diseases and even death. Specifically, hormone imbalances in African American women during menopausal transition could be a contributing factor to health disparities including heart disease, stroke, diabetes, breast cancer, and depression (Mauas et al., 2014). Cardiovascular disease (CVD) presents a significant threat to the health of African American women during menopausal transition. C-reactive protein is directly associated with coronary artery calcification through obesity (Wang, Matthews, Barinas-Mitchell, Chang, & El Khoudary, 2016). The prevalence of obesity is highest in African American women at 54.8% compared to 38.0% in non-Hispanic whites and 50.6% in Hispanic women (U.S. DHHS, 2017). In an analysis of obesity in menopausal women, African American women who were in late menopausal transition and post menopause show substantial risk for coronary heart disease, diabetes, and hypertension (McTigue et al., 2014). Another study that examined CRP and arterial stiffness in a cohort of African American women and Caucasian women found that inflammation and arterial stiffness were associated with the changes that occur in menopausal transition, mostly occurring in late stages of menopausal transition (Woodard et al., 2011). These findings were also collaborated by the SWAN Health study that used aortic pulse waves to measure cardiovascular disease risk of women in menopausal transition and beyond (Khan et al., 2018). Metabolic abnormalities are also increased for

women who exhibit poor sleeping characteristics during menopausal transition (Gaston, Park, McWhorter, Sandler, & Jackson, 2019).

The changes that occur in menopausal transition have also been associated with increased breast and ovarian cancer incidence and mortality. Historically, African American women have had a lower incidence of breast cancer than Caucasian women. However, in recent years, there has been a slight increase for African American women (Richardson, Henley, Miller, Massetti, & Thomas, 2016). In the years 1999 through 2004, there was a decrease in breast cancer rates for Caucasian women ages 50 or more. Overall, breast cancer death rates have decreased for African American women and Caucasian women, but at a much faster rate for Caucasians at -1.9% per year versus -1.5% for African American women (Richardson et al. 2016). There is a strong correlation also with African American women who are obese and later-stage diagnosis of breast cancer (Sarkissyan, Wu, & Vadgama, 2011). Another study concluded that death rates due to breast cancer are attributed to socio-economic factors regarding access to breast cancer screening and treatment (Costantino, Freeman, Shriver, & Ellsworth, 2016).

Educating African American women and improving health care screening has improved care and decreased mortality for women diagnosed with breast cancer (Rizzo et al., 2011). However, African American women perceive racial discrimination when accessing screening for breast and cervical cancer, which results in fewer women seeking and receiving screening and care (Jacobs et al., 2014). Ovarian cancer risk has been frequently diagnosed in African American women in post menopause with variables such

as breastfeeding and oral birth control use in the reproductive years influencing the occurrence of ovarian cancer during this phase of life (Moorman et al., 2016).

Estrogen plays an important role in stabilizing the immune system of women during their reproductive years. Lack of estrogen increases the acceleration of bone loss in women leading to bone disorders such as osteoporosis and fractures for women during menopausal transition (Bummel, Lavin, Vallejo, & Sarra, 2014; Cagnetta & Patella, 2012). Progesterone affects how the central and peripheral nervous systems respond to inflammation and stress. Progesterone also affects cardiovascular health in women. The decrease of estrogen and progesterone impairs the quality of life for women in menopausal transition, therefore conventional medical treatment for perimenopausal transition and menopause has been pharmaceutical hormone replacement to treat symptoms and to replace what is deficient (Cagnetta & Patella, 2012; Kamel, Perry, & Morley, 2001; Nedergaard et al., 2013; Stephenson, Neuenschwander, Kurdowska, Pinson, & Price, 2008). However, African American women have expressed ambivalence in choosing to treat symptoms with hormone replacement fearing that it could be a form of experimentation and interference with the natural course of this phase of life (Shelton, Lees, & Groff, 2005).

The prevalence of depression is expected to increase to 6.6 million in 2025 for older Americans, and mental illness disparities between older Caucasians and African Americans are significant for adverse health care outcomes (Zurlo & Beach, 2013). African American women in menopausal transition, especially those who are in medically underserved areas, suffer depressive symptoms that are often impacted by the

treatment and care they receive to improve their quality of life. Fear of vulnerability and exposure hinders the ability of women to address issues that challenge their abilities to cope with stress during this time in life (Poleshuck, Cerrito, Leshoure, Finocan-Kaag, & Kearney, 2013). Factors such as functional disabilities at work and decreased coping with daily activities are associated with persistent and recurrent depression for African American women in midlife (Brown et al., 2014). Even though frequent VMS such as hot flashes and night sweats are also associated with major depression for women in midlife, history of anxiety disorders and life stressors are more impactful for major depression in African American women in menopausal transition (Bromberger et al., 2009). Socio-economic factors and menopausal status have significantly influenced the prevalence and severity of cognitive symptoms across ethnic groups during this phase (Im et al., 2019).

VMS such as hot flashes are recognized as contributing to African American women's experiences with menopausal transition. VMS have a longer duration for African American women compared to other ethnicities (Avis et al., 2015). African American women also tend to have more frequent hot flashes than Caucasian women, and this is oftentimes disruptive to their health and quality of life (Simpkins, Brown, Bae, & Ratka, 2009). Bladder symptoms such as nocturia and incontinence also affect women in the late reproductive stage of menopausal transition, but incontinence was not as prevalent for African American women compared to Caucasians and Latinas (Jones, Huang, Subak, Brown, & Lee, 2016).

The socio-economic status of African American women significantly influences their ability to access needed health care. Lack of health care coverage and cultural

factors all contribute to health disparities for this population (Eltoukhi, Modi, Weston, Armstrong, & Stewart, 2014). Racial and ethnic disparities affect health care received by African American women in their reproductive years. These disparities create more stress for African American women and shape their experiences with health care providers and health care systems (Braveman, 2012). Intersectionality plays an important role in the lives of African American women. Intersectionality refers to systems of interloping oppression such as racism, sexism, classism, ethnicity, and age all mutually working together to shape and are shaped by Black women's experiences (Collins, 2009). Menopausal transition symptoms affect quality of life and are associated with health risks for African American women. An integrative literature review was conducted to gain a greater understanding of how African American women experience menopausal transition and manage their symptoms.

Methods

The integrative review methodology of Whittemore and Knafl (2005) was used for this literature review to provide a general understanding of menopausal transition of African American women. Menopausal symptom management literature was examined using a sociocultural lens from the perspective of African American women as well as a medical lens. Methodological rigor was promoted in this integrative review by adopting the five-stage process indicated by Whittemore and Knafl including problem identification, literature search, data evaluation, data analysis, and presentation (Whittemore & Knafl, 2005).

Search Strategy

The literature search was conducted using computerized databases including PubMed, CINAHL Complete Plus with Full Text, Medline with Full Text, Health Source: Nursing/Academic Edition, Academic Search Complete, Women's Studies International, and SocINDEX. Google Scholar search engine was used to search for variations of keywords. Reference lists of articles obtained were searched manually for relevant subject matter. Whittemore and Knafl (2005) encouraged the inclusion of experimental and non-experimental quantitative research and qualitative research in integrative literature reviews. Keywords included *menopause, menopausal transition, African American women, black women, climacteric, midlife,* and *perimenopause.* Literature inclusion criteria included published high-quality primary research articles that explore menopausal transition experiences, perceptions, and symptom management of African American women. Articles between 1996 through 2014 were selected. Articles from 1996 were selected because they were seminal studies regarding African American women and their experiences in menopausal transition. There were no articles found that met inclusion criteria after 2014. Exclusion criteria included news articles, unpublished dissertations, published articles that did not include comparative data of African American ethnic group of women, and African American women in post-menopause. Articles were excluded if they exclusively described symptoms but did not explore perceptions on how African American women managed their symptoms.

The database search yielded an initial total of 251 articles for review. Some articles were excluded from this initial search because of duplication. Articles that

discussed chronic health conditions not associated with menopausal transition were screened and excluded if not relevant. A total of 78 articles were identified as potential sources for this review. Articles were excluded that discussed African American women strictly in post-menopause. Further review of articles resulted in 59 articles being excluded because even though symptoms experienced were mentioned, authors failed to discuss how these symptoms were perceived and managed. A total of 19 articles met the inclusion criteria (see Figure 1).

Data Evaluation

The studies selected were all conducted in the United States. Whittemore and Knafl (2005) recommended using a rating scale to calculate quality scoring of sources, when there are diverse methodologies being used. All sources that met methodological rigor and quality and relevance were rated either high or low on a 2-point scale. This integrated review included 13 quantitative studies and seven qualitative studies. The rating system was based on the sample size of participants of study. Studies were considered high relevance if these studies consisted of 50% or more of African American participants. No article was excluded based on this rating system.

Data Analysis and Synthesis

The studies were all conducted in the United States and a thematic structure was used for synthesizing the findings in the articles. Whittemore and Knafl (2005) recommend constant comparative method as an approach in data analysis and extracting themes. Thematic structuring includes the progression of ideas and topics that come together, giving coherence to a concept or unified idea (Torraco, 2016). An evidence

table was constructed to facilitate comparison and synthesis of methods and findings of the 19 articles included in the review (see Table 1). Data were initially categorized by type of research, whether qualitative or quantitative, and then grouped according to menopausal symptom management strategies. Themes emerged as data were grouped according to symptom management.

Results

Synthesis of the data resulted in three themes that focused on the experiences and symptom management by African American women regarding menopause and menopausal transition. The three themes include (a) acceptance of symptoms as a normal process of aging, (b) insufficient knowledge about menopausal transition, and (c) self-reliance in symptoms management. One challenge encountered in the review was that the term menopause was used interchangeably with menopausal transition in some articles. Similarly, some researchers examined menopause using the traditional definition of absence of menses for one year (Dillaway & Burton, 2011), some refer to broad midlife changes (Brown, Matthews, & Bromberger, 2005), while others used the specific term menopausal transition (Nixon et al., 2001).

Acceptance of Symptoms as a Normal Process of Aging

Menopause or menopausal transition symptoms are experienced differently among various ethnic groups (Brown et al., 2014; Chang et al., 2012; Lanza di Scalea et al., 2012). A majority of the studies in this review revealed that African American women tend to accept the symptoms associated with menopausal transition as a normal and

natural process of aging (Hudson et al., 2005; Huffman et al., 2005; Im et al., 2010; McCloskey, 2012). Some important factors of acceptance in this phase include maintaining a positive attitude while dealing with life stressors, and adopting holistic and natural ways of treating symptoms experienced in menopausal transition (Hudson et al., 2005; Im et al., 2012).

Brown et al. (2005) conducted a longitudinal, observational study of African American women and Caucasian women, examining their perceptions of themselves in midlife. Univariate and bivariate analyses of midlife perceptions and their health status and multivariate analysis of predictors and positive self-perceptions were conducted. Their findings indicated that despite enormous stress in their lives, African American women reported having a stronger sense of personal identities and fewer insecurities than white women during midlife (Mann-Whitney U = 4,177.50, z = -2.93, p = .003). African American women were more optimistic about changes in midlife and redefined negative qualities into positive ones. Likewise, Nosek et al. (2010) in a longitudinal study of women in midlife used the Attitudes Toward Menopause and Attitude toward Aging scales to measure how African American women, European American women, and Mexican/Central American women perceive stress and their attitudes toward menopause and aging. Their findings indicated that despite no ethnic group differences in perceived stress, African American women had a more positive attitude toward aging than their Mexican/Central counterparts ($p < .01$).

In a qualitative analysis of interactions in an online forum, Im et al. (2010) examined the experiences of menopausal symptoms for Black women in midlife.

One identified theme in this study was that the Black women accepted their menopausal symptoms similarly to how they had accepted all other challenges in their lives. Menopause was seen as inevitable and embraced as a natural stage of life. In a correlational quantitative study, Huffman et al. (2005) used survey instruments to elicit information from African American women about their attitudes toward menopause and midlife changes. Similar to a previous study by Im et al., women in this study also viewed menopause as a natural stage of life, but approached this stage with some apprehension about the advantages of being in this phase of life.

African American women have also reported that they frequently rely on other non-medical ways of treating menopausal symptoms (Dillaway et al., 2008). Since menopausal transition is seen as a natural part of aging rather than an illness, African American women frequently respond to symptom management by adopting natural forms of treatment. Holmes-Rovner et al. (1996) surveyed low-income perimenopausal African American women to explore their understanding of menopause and HRT. Findings suggested that these women did not see their symptoms as troublesome but instead normal during this phase of life, with low health risks. On a 1-5 Likert type scale African American women reported the probability of taking hormonal therapy below the middle of scale between "probably would not take" and "may or may not take" with Estrogen Replacement Hormone (ERT) 2.83 (+/-1.12), and Progesterone Estrogen Replacement (PERT) at 2.68 (+/-1.07) (Holmes-Rover et al.1996, p. 422).

Chang, Chee, and Im (2012) conducted a secondary data analysis from a larger study that examined types of physical activities performed by women from four different

ethnic groups, to manage their perimenopausal symptoms. Findings revealed that not only did African American women report more menopausal symptoms than the other three ethnic groups, but they also reported the least amount of physical activity to reduce these symptoms. Secondary analysis by Im et al. (2012) of a large Internet-based study found that African Americans chose to attend support groups, exercise classes, yoga classes, and used dietary management to improve their health rather than traditional medicine to alleviate menopause related symptoms. Several studies demonstrate that African American women chose not to access traditional medicine or see medical help to alleviate menopausal symptoms, including anxiety and depression, choosing instead to accentuate their families, careers, and personal lives (Brown et al., 2014; Lee, Im, & Chee, 2010; Scalea et al., 2012).

Insufficient Knowledge of Menopausal Transition

Studies have revealed that African American women often do not have adequate knowledge about menopause and menopausal transition and were uncertain as to how they should manage their symptoms (Dillaway & Burton, 2011; Huffman et al., 2005; Mathunjwa-Dlamini et al., 2011). Huffman et al. (2005) examined how minority women, specifically African American women, understand menopause and midlife transition. Findings indicated 53% of participants reported feeling unclear about what symptoms to expect while going through menopausal transition. African American women in this study did perceive this stage in life as challenging and did have concerns with myths and uncertainties of expectations during menopausal transition. Dillaway and Burton (2011) conducted a phenomenological study with interviews over a period of seven years (2001

through 2008), with 98 Midwestern multiethnic women who identified themselves as either menopausal or in menopause to explore how different women of different ethnicities understood the changes in their bodies during menopausal transition and the definitions, they used to interpret these changes. Dillaway and Burton (2011) found that African American women did not know what to expect or how long they would have to manage symptoms, which caused frustration for these women. Further investigation into these frustrations revealed the lack of trust African American women had in the health care institutions, preventing them from seeking help.

In the previously described qualitative study, Im et al. (2010) found that African American women did not have sufficient information about menopause. Women also reported that they did not discuss menopause or menopausal related symptoms with their family. These women reported confusion about symptoms experienced and did not connect their symptoms with risks for chronic illness. Likewise, Mathunjwa-Dlamini et al. (2011) conducted a descriptive correlational study using secondary analysis of 206 rural African American menopausal women, and found that there was a knowledge deficit regarding menopause. These participants had a range of 0 to 15 (M = 5.16, SD = 3.15) out of a score of 24 on the Knowledge of Menopause Questionnaire. Im et al. (2012) in a secondary analysis of qualitative data from an Internet-based study found that African American women often relied on internet or newspaper/journal articles to gather information about dealing with menopausal symptoms.

African American women have reported feeling ambivalent about using HRT (Im et al., 2012; Shelton et al., 2002). Shelton et al. (2002) conducted focus groups with groups

of African American women from a multisite project to understand their beliefs and knowledge of HRT. The women in this study expressed concerns about cancer risks and uncertainty of whether HRT was a form of experimentation on their bodies or an evidence-based treatment for their symptoms. Misinformation and knowledge deficit resulted in frustration and decreased quality of life related to menopausal transition symptoms. Mistrust of healthcare providers perpetuates myths and misinformation about menopause and menopausal transition. There is a need for meaningful dialogue between healthcare professionals and African American women about menopause and menopausal transition including the benefits and risks of HRT.

Self-Reliant in Symptom Management

African American women in menopausal transition have reported that they use self-reliance to cope with the symptoms inherent with this phase in life (Im et al., 2010; Im et al., 2012). One possible reason is the need to be strong amidst of adversities so that women could continue caring for families. African American women have reported that the needs of their families were deemed more important than their personal challenges (Im et al., 2012; Scalea et al., 2012). Im et al. (2012) examined ethnic differences among whites, Hispanics, African Americans, and Asians in managing their symptoms during menopausal transition using surveys and online forum sites. Findings indicated that African American women felt the need to deal with their symptoms alone and did not want to bother family members or other support structures with their physical ailments. An earlier internet online forum study was conducted by Im et al. (2010), and the researchers reported that African American women relied on themselves for emotional,

psychological, and physical support during most life challenges. Some of these challenges were associated with physical and psychosocial changes in menopause, but women felt that they could only share their experiences with other Black women who would understand their experiences.

Nixon, Mansfield, Kittell, and Faulkner (2001) interviewed 44 low-income rural African American women, interpreted and responded to menopausal changes. The African American women were asked about their coping strategies, and the women expressed that to counteract feelings of being out of control, they relied on the concepts of "staying strong" and drawing from their inner strength to endure and survive these experiences (Nixon et al., 2001). Hudson et al. (2005), in a study exploring symptom prevalence, symptom distress, and self-care strategies of midlife African American women, concluded that African American women incorporated self-care strategies such as "faith", "acceptance," and "finding ways to feel good" to assuage their symptoms through menopausal transition (p. 11). Similarly, Holmes-Rover et al. (1996) surveyed low-income perimenopausal African American women' attitudes towards menopause and found that these women preferred to have an attitude of stoicism, rather than discussing their symptoms and experiences with other family members.

Another reason that African American women report being self-reliant in coping with menopausal transition is their mistrust for health care providers and health care systems (Dillaway & Burton, 2011; Dillaway et al., 2008; Im et al., 2010; Nixon et al., 2001). Nixon et al. (2001) qualitatively interviewed African American women on their responses to menopausal changes (n = 47) and about their perceptions of menopause and

seeking resources. The women reported not trusting their physicians and their recommendations regarding HRT. African American women also reported that their personal experiences with racism and sexism within health care structures also hindered their ability to access needed health care. Kim-thu, Pham, Grisso, and Freeman (1997) corroborated Nixon et al. (2001) finding in their study that surveyed African American women and white women to understand their expectations of menopause and roles of health care providers. Kim-thu et al. (1997) concluded that African American women viewed medical intervention in a negative light, choosing not to discuss symptoms or HRT during their medical visits. In this study, only one-third of African American women reported having such discussions with their healthcare providers, compared to two-thirds of their white counterparts (68.6% vs 36.4%, $p < .01$).

Discussion

Three themes were identified in this review that describe the way African American women experience and cope with menopause and menopause transition. Themes such as the lack of knowledge in symptom management, mistrust of health care system to attend to needs, and yet acceptance of this phase as natural in aging, begin to paint a picture of the similarities and differences among African American women's experiences with menopause and menopausal transition. Interactions with healthcare professionals in healthcare settings, as reported by African American women, frequently are negative experiences leaving feelings of mistrust and frustration with the resulting substandard care (Cuevas, O'Brien, & Saha, 2016). This integrative review highlighted the need for

culturally appropriate information about menopause that could improve African American women's knowledge about symptom management. The development of chronic illnesses is related to and frequently occurs during menopausal transition, particularly for African American women. African American women need to be encouraged to develop open and honest relationships with healthcare providers for optimal health promotion and disease prevention.

African American women enter into the phase of menopausal transition as a normal transitionary period in life. Downplaying the severity of menopausal symptoms and the resulting impact on quality of life is a direct result of a lack of communication among older women and other family members from discussing reproductive health with each other. Breaking the generational silence would improve the quality of life for African American women and demystify reproductive issues that occur in menopausal transition (Davis-Carroll, 2011). Cultural expectations within African American communities exist to protect their personal vulnerabilities within communities that are not sensitive to their issues. Therefore, African American women tend not to share their reproductive difficulties as a way of protecting themselves and being able to survive (Ceballo, Graham, & Hart, 2015). The use of natural home remedies and relaxation techniques are often preferred for symptom management.

Lack of knowledge also affects quality of life for African American women in menopausal transition. Even though social media and popular magazines are sources of information, African American women are skeptical about the messages received about the use of medicine or hormones to treat menopausal symptoms. African American

women tend not to trust health care systems and providers in being attentive and sensitive to their health care needs. African American women and their experiences of racial-ethnic oppression negatively affects their acceptance of care from health care professionals (Benkert, Hollie, Nordstrom, Wickson, & Bins-Emerick, 2009; Dillaway, 2016). Developing positive self-image, positive self-talk, and having faith affected the way that African American women managed their symptoms experiences in menopausal transition.

It is important to acknowledge that there are gaps in the literature that future studies could explore. One such gap is the difficulty in differentiating between women's experiences with menopause versus menopausal or perimenopausal transition; therefore, there is a clear need to understand African American women's experiences with early perimenopause and to explore how they identify and manage their symptoms. Another consideration is that perimenopausal phase can last greater than 10 years, and the literature clearly shows that African American women are unclear about what perimenopause is, and that most do not talk about it with their families, friends, or healthcare providers. A deeper exploration of the factors associated with how African American women perceive perimenopause is essential. In this review, seven of the studies were qualitative, however only 3 of these studies focused solely on African American women as participants (Im et al., 2010; Nixon et al., 2001; Shelton, Lees, & Groff, 2002). Health disparities and institutional racism represent an increased risk for poor health outcomes for African American women. None of the 19 articles used a theoretical or philosophical framework that considered the unique cultural perspectives

and standpoints of African American women. The literature reviewed reveals that there is no singular menopausal transition experience and that African American women likely have both shared and unique experiences with this phase of life.

Implications for Clinical Practice

The synthesis of the findings of the reviewed studies reinforces the need for clinical implications for optimizing the quality of life and health care for African American women in menopausal transition. African American women would benefit from being able to engage within their communities in ways to increase knowledge of menopausal transition and enhance their abilities to treat and manage symptoms. Support groups and seminars could be promoted within communities that target African American women in menopausal transition. Online websites with information that is tailored for African American women would enable women to make decisions for their specific needs. Health care providers should be made aware of the gaps in the delivery of services to African American women in menopausal transition and develop culturally specific health promotion models to improve the health of these women during this phase of their lives. Health professionals should receive communication and cultural sensitivity training skills to meet the complex needs of African American women navigating menopausal transition with considerations of the intersecting oppressions that affect their daily living experiences.

Conclusion

African American women experience an intersectionality of race, sexual orientation, geographic location, age, and socio-economic status as they seek quality

health care (Belgrave & Abrams, 2016). Even though menopausal transition is considered a normal life experience for all women, it also presents unique experiences and challenges for African American women that, if left untreated or mismanaged, could have detrimental effects on their health. Dysfunctional coping strategies lead to poor quality of health for African American women. The results of this review offer timely implications for healthcare providers in caring for African American women in menopausal transition.

The discrepancies and gaps identified in this literature synthesis provide justification for priorities for future research. Given that African American women are at a greater risk for chronic health conditions that can develop during the period of menopausal transition, it is important that health care providers and institutions are aware of the intersecting oppressions that define experiences of and influence decisions made by African American women (Belgrave & Abrams, 2016). Research that further explores African American women's experiences with menopausal transition using feminist philosophical underpinnings could lead to designing culturally sensitive interventions that address African American women's specific concerns and needs. WT and BFT are intersectional frameworks that consider how Black woman's historical and current lived experiences create specific knowledge that is necessary for their survival as they navigate structural oppressions (Collins, 2009; Phillips, 2006). Studies utilizing feminist intersectional frameworks, such as WT and BFT, could help to explore African American women's experiences with menopausal transition and understand how they interpret and

make decisions about managing their symptoms both from individual perspectives and within the shared context of race.

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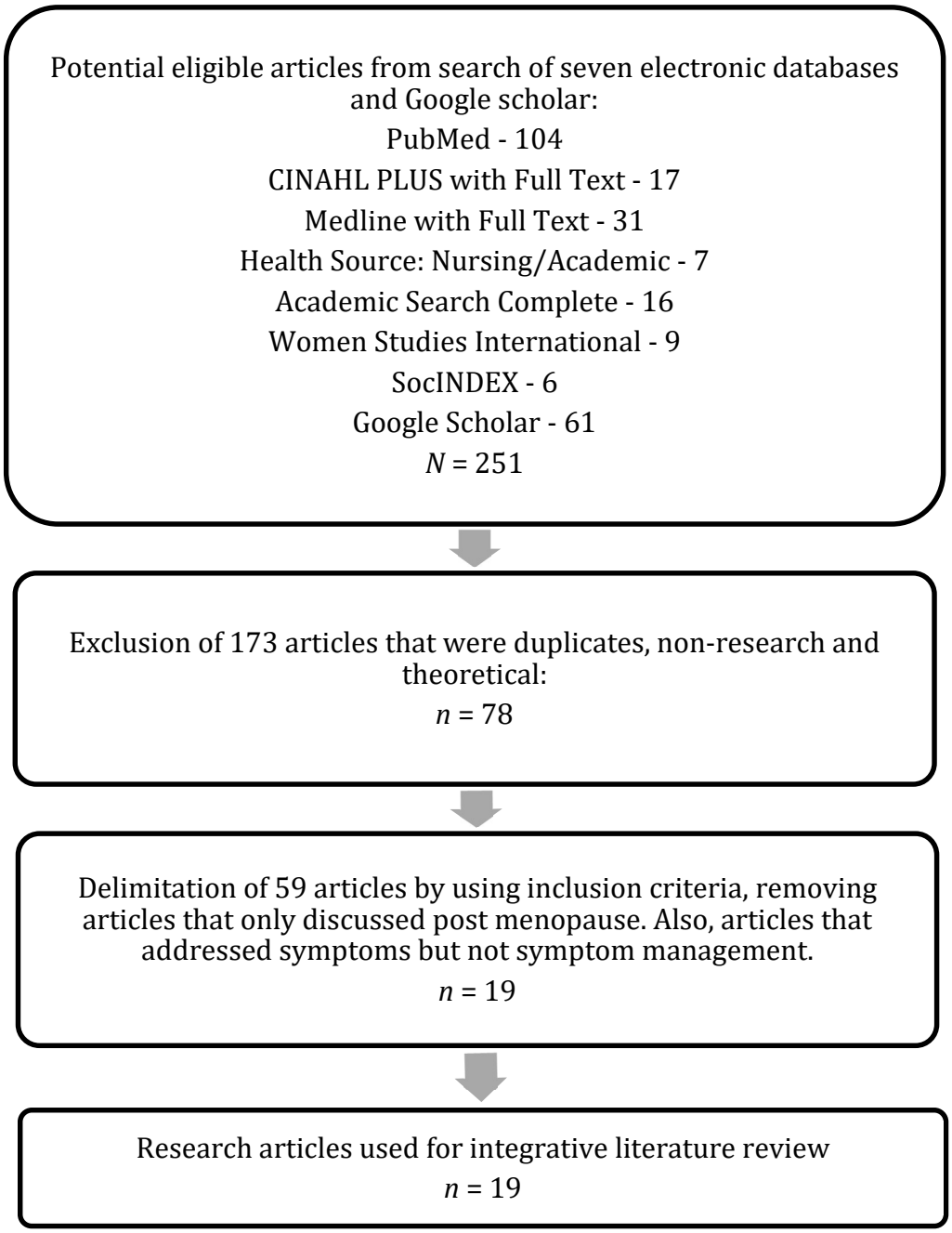

Figure 1. Flow chart depicting data search and extraction of review articles.

Table 1

Summary of experiences

Authors	Purpose	Participants % African Americans	Methods	Findings
Brown et al. (2014)	To explore racial differences in depression and severity of symptoms during midlife and early perimenopause.	*n* = 423 AA = 34.5%	Quantitative	Fewer AA women sought help for mental health problems. AA women reported lower trait anxiety than Caucasian women
Brown et al. (2005)	To examine midlife perceptions of AA and Caucasian women.	*n* = 211 AA = 45%	Quantitative	AA reported higher personal identity and security than whites, despite more stressful life events. Redefines negative stereotypical qualities as positive.
Chang et al. (2012)	To explore effects of women's physical activity on menopausal symptoms.	*n* = 481 AA = 23.4%	Quantitative	Family life takes precedence in AA women. Women with severe menopausal symptoms reported low level of physical activity.
Dillaway & Burton. (2011)	To understand how women, think and use biomedical definitions to decipher the end of menopause.	*n* = 98 AA = 35.7%	Qualitative	Expressed impatience and exasperation about when end will come. Pre, peri and post menopause confusing to women. Positive, neutral or indifferent to long-term signs.

Dillaway et al. (2008)	To understand how privilege and oppression might determine the meanings and experiences of menopausal transition.	*n* = 61 AA = 18%	Qualitative	AA women do not view menopausal transition as negative as white counterparts. Afraid of health care institutions, relying on nonmedical ways to curb menopausal transition.
Holmes-Rovner et al. (1996)	To understand the expectations of health outcomes, attitudes and knowledge of menopause and hormone replacement therapy.	*n* = 197 AA = 100%	Quantitative	AA women lacked knowledge of menopausal transition. AA women were not knowledgeable of long-term health risks.
Hudson et al. (2005)	To identify symptom prevalence, symptom distress, and self-care strategies used by midlife AA women.	*n* = 87 AA = 100%	Quantitative	Predominant self-care strategies were "faith", "acceptance", and "finding ways to feel good". Accepted symptoms as normal part of aging process.
Huffman et al. (2005)	Using instrumentation scales to elicit information about health, stress, support of AA women responding to midlife changes.	*n* = 226 AA = 100%	Quantitative	Felt menopausal transition was a natural midlife transition that should be dealt best with natural means.
Im et al. (2012)	Examining ethnic differences in menopausal symptom management.	*n* = 90 AA = 30%	Qualitative	AA women tend to deal with symptoms without complaining to others. Felt insufficient information available. Got

				information from online, journals and newspapers.
Im et al. (2010)	To describe menopausal symptom experiences of black midlife women in the US from their own perspectives.	*n* = 20 AA = 100%	Qualitative	Used inner power to cope with menopausal symptoms. Stoicism noted in four themes. Themes were raised to be strong, accepting a natural aging process, silent and without knowledge, and our own experience.
Kim-Thu et al. (1997)	To characterize reproductive hormone level symptoms, and attitudes related to menopause among healthy menstruating white and African American women aged 44 to 49 years.	*n* = 68 AA = 48.5%	Quantitative	AA women viewed symptoms more positively than white women. AA women viewed medical intervention neutrally or slightly negatively. Tend not to discuss symptoms or HRT with medical professionals.
Lanza di Scalea et al. (2012)	To understand how privilege and oppression might determine the meanings and experiences of menopausal transition.	*n* = 61 AA = 18%	Quantitative	AA women emphasize the positive aspects of family rather than report on their poor mental health. Respond to role stress by seeking social support.
Lee et al. (2010)	To measure menopausal symptoms in a group of multiethnic midlife women.	*n* = 232 AA = 23.2%	Quantitative	AA women reported lower prevalence of psychological and psychosomatic symptoms than white counterparts.

Mathunjwa-Dlamini et al. (2011)	To examine the relationship between personal characteristics and health status of rural southern African American menopausal women.	*n* = 206 AA = 100%	Quantitative	AA women lacked knowledge of menopause. Obtained minimum score of 0 and maximum score of 15 points, out of 24 points
McCloskey. (2012)	Exploring women's definitions, meanings, and considerations as they move through midlife transition.	*n* = 19 AA = 26.3%	Qualitative	Black women consider menopausal transition as normal and a part of aging process. Becoming wise and centering self.
Nixon et al. (2001)	To examine African American women's perceptions of their menopause experiences.	*n* = 47 AA = 100%	Qualitative	Women believe in "staying strong". Used three coping strategies of enduring, fighting and praying to cope with unexpected menopausal changes.
Nosek et al. (2010)	To describe intensity of menopausal symptoms in relation to level of perceived stress.	*n* = 266 AA = 22.9%	Quantitative	AA women had a more positive attitude toward menopausal transition and aging.
Scalea et al. (2012)	Examines women in midlife and in menopausal transition. Examines role stress, mental health among race/ethnicity.	*n* = 2549 AA = 26.9%	Quantitative	AA women emphasized positive aspects of family and fail to report poor mental health.

Shelton et al. (2002)	To investigate beliefs, attitudes, and knowledge about hormonal replacement therapy.	*n* = 38 AA = 100%	Qualitative	Attitudes and beliefs garnered from personal experiences, and relatives. Themes include hormones seen as replacement or supplemental therapy, ambivalent about use of HRT, Positive comments about it decreasing physiological symptoms, positive comments about reduction in emotional and psychological symptoms, and mistrust of physicians.

CHAPTER III

"YOU'RE ACTING WOMANISH!" A QUALITATIVE DESCRIPTIVE STUDY OF THE EXPERIENCES OF AFRICAN AMERICAN WOMEN IN MENOPAUSAL TRANSITION

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Journal of Women and Aging

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ABSTRACT

This study explores how African American women understand and experience menopausal transition. Data were collected from 14 women in individual interviews and a focus group of seven participants. Transcripts were analyzed using content analysis. Black Feminist Thought and Womanist Thought were the frameworks used to understand the experiences of participants. Key themes emerged including silence as a form of survival, resilience amidst the chaos, socialization for self-preservation and empowerment, and reshaping and reclaiming womanhood. African American women need to be approached from a culturally sensitive care model to address their care during this phase and to optimize health outcomes.

KEYWORDS: African American women, menopausal transition, perimenopause, menopause, midlife.

Introduction

Menopause is a natural and normal phase in life that occurs to all women as they age. The symptoms that occur during menopausal transition increase women's risk for diseases and poor health outcomes during this time in life. Specifically, hormonal imbalances during this transition can be contributing factors to heart disease (Ley et al., 2017), stroke (Sohrabji, Okoreeh, & Panta, 2019), diabetes (Slopien et al., 2018), breast cancer (Warren et al., 2018), and depression (Mathunjwa-Dlamini et al., 2011; Mitchell & Woods, 2017). As menopause occurs, there are elevations in the inflammatory cytokines within a woman's body, as is seen in chronic inflammatory diseases that are associated with cardiovascular diseases, immune and autoimmune disorders (Malutan et al., 2014). At different stages during menopausal transition, a woman's risk is increased for cardiovascular disease, for osteoporosis and, estrogen-dependent cancers such as breast and endometrial cancers (Bandera et al., 2015; Lobo et al., 2014).

Quality of life is also impacted by symptoms of menopausal transition and menopause as it relates to the health of women. Problematic vasomotor symptoms occurring during menopausal transition such as hot flashes and night sweats often lend to fatigue, discomfort, and sleep problems for women (Ayers & Hunter, 2013). Poor sleep characteristics during menopausal transition increase the risk for metabolic abnormalities for women (Gaston, Park, McWhorter, Sandler, & Jackson, 2019). Obesity and aging also predispose women to urinary incontinence, which further increase a suboptimal quality of life after menopause (Mitchell & Woods, 2013). Changes in the vaginal microbiome and vaginal atrophy predisposes women to recurrent UTI after menopause. Incidence of

reduced urine flow and an increase in the residual volume in the bladder is also associated with increased risk for UTI (Portman & Gass, 2014). African American women with a high BMI and in the late reproductive stage of life were associated with an increased risk for bladder symptoms such as nocturia and urinary incontinence (Jones, Huang, Subak, Brown, & Lee, 2016).

Existing literature supports lifestyle changes, body image, and sociocultural factors as negatively affecting women in menopausal transition often leading to psychological symptoms such as depression and anxiety. These mood disorders are often recurring and lead to functional difficulties in work and daily activities for women in menopausal transition and menopause (Brown et al., 2014; Jafari et al., 2014).

Biological and psychosocial factors affect women in menopausal transition and menopause in complex ways. The symptoms exhibited by women in menopausal transition are very complex in their presentation. These symptoms vary in their occurrences and intensity among various ethnic groups and are exhibited as biological, psychosocial, and psychological changes in women (Bromberger & Kravitz, 2011; Im et al., 2019; Newhart, 2013). The symptoms exhibited during menopausal transition could create a myriad of health care problems for African American women. African American women experience many health disparities that commonly occur around the age for menopausal transition that need to be addressed from a medical, psychosocial, and socio-economic context.

Racial and gender inequalities affect African American women at various socio-economic status levels. In fact, the intersectionality of racism, sexism, and classism add to the complexity of life experiences for African American women. Intersectionality is defined as systems of interloping oppression such as racism, sexism, classism, ethnicity, and ageism all mutually working together to shape and are shaped by Black women's experiences (Collins, 2009). This multiple marginalization creates real challenges for African American women in all aspects of life (Hankivsky, 2012; Terhune, 2008). Racial and health care disparities increase African American women's risk for chronic diseases and even death and exist across socioeconomic status, sexual orientation, and geographic location. These gaps in health care delivery and inequalities of the quality of care have caused detrimental effects on the health and quality of life for African American women (Belgrave & Abrams, 2016).

African American women are more likely than other ethnic groups to die from cardiovascular disease, breast, and cervical cancer. (CDC, 2016; U.S. Department of Health and Human Services, Office of Minority Health, 2016). Studies have also shown that obesity, socioeconomic status, smoking, alcohol consumption, dietary habits, and sedentary lifestyle all are factors contributing to risk of cancer and cardiovascular disease for African American women in menopausal transition (Rosenberg et al., 2013; Zollinger et al., 2010). Lack of preventative screening for diseases and reduced levels of health insurance coverage by African Americans gravely affect the quality of care experienced as they seek emergency care as compared to Caucasian women (Butts & Seifer, 2010). African Americans also tend to not trust health care providers and institutions when

accessing care. Rice (2005) notes the past experiences of racial disparities as factors undermining their trust in medical research and health system.

Even though there is a large amount of research on menopause and menopausal transition, little evidence exists in the literature related to African American women's experiences and perceptions about menopause and menopausal transition. Most findings of menopausal experiences are based on studies done with Caucasian women. The few studies pertaining to menopausal experiences of African American women show urgent need for these experiences to be addressed, for improvement of quality of life and health promotion (Green & Santoro, 2009; Huffman et al., 2005; Im et al., 2010). The purpose of this study was to understand the experiences of African American women by exploring their transition into menopause and how they manage their own symptoms from their own perspectives. The specific research questions of this study were: 1. What are the perceptions and experiences of African American women regarding menopausal transition? 2. How do menopausal transition experiences influence the health and well-being of African American women? and, 3. What are the cultural meanings of menopausal transition for African American women?

Theoretical Frameworks

Studies that use culturally relevant theories to explicate the health perceptions and experiences of African American women, treatment for their health needs and related health care outcomes are needed to generate knowledge for this population (Banks-Wallace, 2000; Im et al., 2010; Wilson, 2007). The theoretical frameworks used to guide this research and articulate the experiences of African American women were BFT and

WT (Banks-Wallace, 2000; Collins, 2009). BFT and WT highlight the validation of the importance and value of black women's experiences. These frameworks reveal how the intersection of race, class, gender and other oppressions simultaneously influence their experiences and perceptions of African American women. These perspectives examine the meanings that women may attribute to their experiences or situations through their own voice. WT and BFT are congruent with African American women and their ways of knowing, which aids in promoting change that is healthy for this population (Banks-Wallace, 2000; Collins, 2009; Hesse-Biber & Leavy, 2007).

BFT places the experiences, thoughts and practices of African American women in a context that illustrates the connection between lived experiences of oppression and their perspectives about those experiences (Collins, 2009). WT recognizes the interdependence of these experiences, different consciousness, and actions and is able to articulate these different standpoints of African American women (Banks-Wallace, 2000).

African Americans have learned how to live in multiple spaces or communities simultaneously and have adopted ways of adapting to systemic oppression (Phillips, 2006). African American women have shared individual experiences of living in communities that are disparaging and insensitive to their struggles. African American women and their experiences of survival and articulation of their struggles against interloping oppressions, and their methods of coping, vary from woman to woman living in different spaces. Taylor (1998) discusses WT and BFT as empowering African American women in dealing with issues of social injustice through their intersecting oppressions by raising awareness of the issues, promoting change and healing. WT and BFT were the lenses used to examine how

the intersection of the various systemic oppressions complicate the perimenopausal experiences of African American women.

Methodology

A qualitative descriptive study design was used to explore the experiences and symptom management of African American women in menopausal transition. Descriptive qualitative research stays close to the vernacular of participants, in a natural setting without manipulation of variables. Facts of events were presented in everyday language of participants and meanings of events were described accurately by participants (Sandelowski, 2000; Sandelowski, 2010). WT and BFT use articulation of personal experiences to validate issues pertinent to the struggles of African American women, and therefore, are theoretical frameworks consistent with qualitative descriptive design in providing a realistic view of their experiences. BFT and WT aim to place the experiences and perceptions of African American women in menopausal transition at the center of the construction and validation of knowledge. The first author of this manuscript was the principal investigator and the second author was my dissertation chair.

Sample and Setting

Inclusion criteria for this study were (a) female gender, (b) women who self-identified as African Americans, (c) experiencing natural menopausal transition, (d) presence of at least one ovary, and (e) between the ages of 35 and 55. Exclusion criteria included (a) African American women who were in menopause, meaning they have had at least a year of amenorrhea, (b) women in post menopause, and (c) women who have

had both ovaries removed and are surgically induced or medically induced menopausal transition.

Participants were recruited from an urban, a suburban, and rural regions of Texas, using purposeful a sampling technique with maximum variation sampling. Recruitment targeted African American women participants from a variety of socioeconomic backgrounds, ages, and geographic locations. Some participants were also recruited through snowballing sampling. Recruitment flyers were placed in churches, hairdresser salons, private doctors' offices, community colleges and universities, and community centers. I presented to several community organizations for African American women about the importance of study. I participated in a Women's Health Fair Day for Historical Black Colleges and Universities with a booth displaying flyers to generate a discussion of research being conducted. Participants were also recruited at local grocery stores and supermarkets.

Data Collection

Institutional Review Board (IRB) was obtained from Texas Woman's University prior to recruitment. After informed consent was obtained, potential participants were contacted by phone or face-to-face, and interview process explained. Face-to face interviews were conducted with participants at dates, times and locations convenient for participants. Participants chose pseudonyms which were used in interviews and throughout study. A semi-structured questionnaire was used to guide the interview. The opening questions were: 1. What is your understanding of menopausal transition? and 2. Tell me about your experiences with menopausal transition. Probing questions were

asked to elicit the participants' perceptions, experiences, and symptom management. Interviews lasted between 18 mins and 55 mins. Participants received a $25 gift card to either Walmart or Target upon completion of interview.

Upon completion of the individual interviews, a focus group was held with participants who consented to group meeting and evaluation of preliminary themes. These participants all met the same criteria as individual interview participants. The purpose of the focus group was to allow African American women to evaluate and contribute to the preliminary themes gathered from the analysis individual interviews. The emerging themes from the individual interviews were presented to the focus group participants for discussion. Participants were able to describe their perspectives and also discussed the appropriateness about said themes and validated their experiences with menopausal transition. The focus group meeting lasted one hour and fifteen minutes. Each participant in focus group received a gift card to either Walmart or Target and a journal at end of meeting.

Interviews and focus groups were digitally recorded and transcribed verbatim by a transcription service. Transcripts were then read and verified for accuracy with digital recording. Transcripts were then uploaded in NVivo software to aid in data analysis. Additional data collection included field notes taken during the interviews and focus group to acknowledge contextual information such as body language and mood or affect. A reflexive journal was used to document the researcher's thoughts and experiences during the study.

Data Analysis

Qualitative content analysis was used to analyze data from interviews and focus group. In inductive content analysis, the researcher is able to immerse in the data and categories are derived inductively from the raw data. NVivo software was used in data organization and to code the data based on the content represented. Phrases were coded into meaning units, then into codes and eventually into themes. Content analysis consists of manifest and latent content which allow for varying degrees of interpretation and abstraction (Graneheim, Lindgren, & Lundman, 2017; Graneheim & Lundman, 2004). Granehein et al. (2017) described content analysis interpretation and abstraction on a continuum from high to low interpretation and high to low abstraction. The level of abstraction and interpretation of the data in a qualitative study is dependent on the methodological approach. This study employed a qualitative descriptive approach with the aims of describing the menopausal transitions experiences of African American women in their own words through the theoretical lenses of BFT and WT. The aim of analysis was to stay close to the women's experiences to describe the multiplicity of experiences within the shared context of race.

In the first stage, the data was read to gain rich descriptive information and capture the meaning connected with the research questions. Content areas that were significant were grouped with other concepts and grouped into codes. These categories were then revised as necessary and subcategories with similar events were identified. The categories were then linked into a hierarchical structure and the abstraction process of generating categories continued until themes emerged that described the phenomenon of

interest (Graneheim et al., 2017). Table 2 is an example of how data was read, meaning was captured, and assigned themes from transcripts.

Results

Fourteen African American women participated in the face-to-face interviews. Seven African American women participated in the focus group including five of the participants who were interviewed and two additional participants who were not part of the individual interviews. So total of 16 participants were included in this study. Table 3 summarizes the demographics of the participants in this study. With respect to geographic location, six participants were recruited from an urban area, 10 participants were recruited from a suburban area. Despite efforts to recruit in a rural area of Texas, no African American women from rural areas agreed to participate. Several participants discussed in the interviews and focus group about comorbid chronic conditions they experienced alongside menopausal transition including hypertension, weight issues, depression and hypothyroidism.

The experiences of the African American women participants in this study were representative of varying forms of subjugation as they experienced symptoms and management of menopausal transition. Four major themes emerged from these data: 1) Silence as a form of survival; 2) Resilience amidst the chaos; 3) Socialization for self-preservation and empowerment; and 4) Reshaping and reclaiming womanhood. Subthemes were identified within each theme providing detailed experiences and description of the theme. Identifying themes and writing thematic sentences is

fundamental to conveying findings in qualitative research (Sandelowski & Leeman, 2012). A summary of themes and subthemes is shown in Table 4.

Silence as A Form of Survival

A theme that emerged very early in individual interviews and focus group was the way in which women tend to keep all of their feelings and symptoms management to themselves. The issue of generational silence was expressed by several women. There was some apprehension in the beginning of interviews by several participants on discussing something that they deemed to be very personal and private. As Ann succinctly noted,

> For us, um – I think there's just, you know, in our generation, I – I was grateful. It was just they kept – they kept – certain things they just thought you – you didn't talk about it. It was private, and kept things private um, and didn't share. I mean, even, you know, normal sexuality in our house with females was something you didn't talk about it. You know, sex was a bad word.

Some women expressed a general perception that the health care system and providers did not really care about African American women and their issues, so these women felt that they could not trust the care they would receive. The fact that menopausal transition and other reproductive issues were not discussed with family members and health care providers left many participants feeling very vulnerable in identifying and understanding their experiences. According to Denise,

> Once again, just like the black women in our community lack knowledge, the practitioners in the healthcare field lack the knowledge on how to actually deal with African American women when it comes to, um – not only menopausal transition, but healthcare in general and they tend to, um, give us the same fixes, for lack of a better word, or treatment [laughs] I had to think about it, but they tend to give us the same treatment as other women.

Mary described that finding someone you can relate to certainly made a difference in trusting healthcare providers, "Um – I know as an African American woman, like – um, even for my mom and for myself, I got the sense of you look for doctors who can relate to you." Providers in the healthcare system were seen as uncaring because they never broached the subject of menopause. Desiree expressed,

> The healthcare system don't give a rat about nobody to me. You know? So, I guess – you don't hear nobody talk about those things and stuff like that. So, it's kind of like it's under a bush right now. It's here and it's there, but it's hidden. Nobody cares about it, you know.

Womanhood and motherhood were also seen as important parts of being an African American woman, so any issues that compromised these parts of themselves created feelings of shame and loss. The women in this study did not usually identify symptoms as part of menopausal transition but instead saw these symptoms as inherent in aging, as if menopausal transition should be publicly denied. During the study the authors noted examples of the word *menopausa*l used in the media as an adjective meaning weathered, tired, old, and barren. For example, Ben Broadbent, the deputy governor of

the Bank of England, described the European economy as “menopausal,” meaning it was “past its peak” (Isaac, 2018). Desiree shared her frustration:

> So that’s how I feel about it, and it's something that most people shy away from it – when you first realize that, okay, I think I’m going through it. You shy away from it. You try to back up and, you know, try not to talk about it or tell anybody about it. Say, somebody asks you about it, you say, Oh, no, no, not yet.

Isabella further suggests that it was much more than just denial, but it also compounded her fears about aging,

> And I think part of it is that a lot of women are in denial. Like, let’s just get about the suffering in silence. They don’t even wanna acknowledge that they’re suffering in – like that they’re suffering. And that’s in their silence. They’re in denial that it’s even happening to their bodies. And I think that’s where it starts. Like, it’s not happening to me, because that’s a sign of getting older. And they don’t wanna acknowledge they’re getting older. So, oh it’s not happening to me.

Denise described the identity of a woman as being tied to having children and with the loss of her reproductive abilities, creating a loss. She shared,

> But then also I think that if you had to say that you know that value is placed on reproducing and that’s a part of us and just like when women can’t have children at all they are – it’s something wrong with them. But they're not being able to continue on when that’s been such an integral part of your life.

This theme of silence as a form of survival was used as a defense mechanism by African American women in dealing with health concerns such as in symptoms

management of menopausal transition. This silence is often generational in nature due to mistrust of health care providers and institutions, and often the negative connotation given to menopause leads to shame and denial that such phase is even occurring in one's life.

Resilience Amidst the Chaos

Many of the women agreed that being strong in the face of adversity was their way of coping. They expressed that relying on themselves and putting up a strong exterior or front was important to survive, amidst all of the other complexities and stressors of life. Nina shared:

> Well – a lot of times I don't really open up to people unless I just really, really know them. So, for everybody on the outside, it's – I'm always happy, no matter what. I'm – I'm – I'm just like that person, like: 'Oh, my God, why is she always smiling?' That's who I am but, on the inside, when I'm home, or whatever, like I said, I'm very emotional and just – a lot of things bother me.

Putting up this strong exterior was also exhibited in their hesitancy to trying hormonal therapy and replacement. As Kay described,

> I could manage it and not have to seek extra help, like hormone replacement, or any kind of medication, or any kind of therapy. No. I don't know. I would have to do a lot of research because I – I read a lot about the negative side effects that, you know, some of the hormone replacement, and I already have high blood pressure, and I know that some can cause some cardiac problems. So, I don't know. I'll just ride it out if – if possible.

Spirituality was also an integral part in how African American women managed their menopausal transition experiences. Praying through their experiences offered some comfort and hope. These participants left their struggles to a higher spiritual power. Nina expressed, "My mom is just always, you know, talking about good or bad, you know, it's always a spiritual thing for her, you know, just pray about it, it'll be okay." Kendra expressed a similar feeling,

> Well, I try to seek guidance in all things. How to take care of my body, and so if I have a pain or something, I'm like okay what is – I tend not to ignore it and I pray about it. Um, because I didn't make the body so I seek God in the whole spirit of what I need to do. Guidance. Like I had, um irregular – they saw a spot on my breast and we prayed.

Praying through these symptoms, also meant spending time in nature for some participants to enjoy what they saw as God's work and being in His presence. Violetta discussed how depending on a higher power to see her through her struggles,

> I will – I will retreat for a few moments if I feel like I need to realign. I usually take time out, maybe a day or so, you know, whatever, just to go and just watch ants go up and down the – the tree or something. I call it positioning myself to hear from God. And just to – it's my offer. My personal – my personal offer. He's actually met.

These African American women adopted an attitude of resilience amidst the chaos during the menopausal transition phase. They responded to these changes to their

personal and psychosocial lives by becoming self-reliant. Praying also offered a sense of peace and comfort that everything will eventually work out right, despite their challenges.

Socialization for Self-Preservation and Empowerment

A number of women discussed at length the need to have connection with other women, to increase their knowledge about menopausal transition and to form bonds of support, Isabella expressed:

> But from woman to woman… and I would like to hear that from another woman… another woman who looks like me, who is same age or group or maybe slightly ahead of me who are embarking – who maybe have some of the same goals and dreams that's along the same lines.

Lola discussed how living in her friend's experience provided a way for her to learn and become more informed about this phase in life,

> So, you know, it – I got most of my information, you know, through – how to treat the symptoms through her, sitting right through her experience and her experimenting with different things.

Kay fervently expressed the need for action within our community to address the concerns of African American women going through this phase in life,

> How can we do more of this [talking about menopausal transition]? Because I think within our community – maybe because there's fewer of us in the bigger, you know like in the city we're not as many as the other races. So, maybe there's the hunger for people like experiences to talk about what they're going through

and …I don't know if that makes sense. Like a sisterhood to talk about, you know, this is what's happening.

Several participants in interviews acknowledged that they felt that the general population was not sensitive to African American women in this stage of life. These women felt that that there was negativity connoted with these symptoms. Desiree discussed her frustration:

> I think it's looks in a negative way. I mean, especially both male and female – because when they look at you, I think they feel like – oh, she's getting old. It's time to put her aside or put her in a corner, you know, and look for something younger. I mean, I – I honestly see negativity. Also, and I think that sometimes we, our self, are negative about it, and there's this thing where I say: 'I'm hitting 50. I'm getting menopausal,' and all of this, you know, and I don't want to get there yet. You know? So, I feel about it in a negative way.

Nina who identifies as a lesbian, alluded to this negativity coming from her partner within their home, "My partner says I'm crazy, point blank. She's like… 'you are certified crazy.' She's like… 'you go from high to low." Janet tearfully expressed the toll her symptoms, such as night sweats and hot flashes, had on her marriage and sexual relations with her husband:

> You know, let's go back to shame a little bit with that. It's not really where – well, sometimes when I go out with my husband, you know, and it comes on and he's like… 'why are you so – so sweaty you – you know, you know, why don't you wipe your face off?' so now, I think he feels a little ashamed that I'm always

sweating, you know? But I – feel bad. I mean, like embarrassed. Like, it's not me. It's just -just I'm having a flash. I can't help it.

Mary expressed the need for more research to be done with and for African American women regarding health and wellbeing were suggested as being instrumental for health improvement in this phase,

I wouldn't say they understand, you know, about the black woman and everything like that. I don't think they actually put enough study into – you know, because there's a lot of Hispanics here and so then they try to kinda like compare you to the Hispanics or the whites and it's like well no because I'm different.

Denise shared her belief that more resources and funding are necessary to create programs that support this stage of life for African American women,

Putting some research and some real numbers behind what's going on in our community, um, because one thing that I know is, in order to get money for programs, you know, people want to seek donors, sponsors, whatever we want to call it.

The theme of socialization for self-preservation and empowerment draw upon the need of African American women to connect with other women during this time of their lives. The women in this study felt that there was a lack of knowledge about this phase, but believed that having a sisterhood connection with other African American women going through this phase also would increase their knowledge and awareness of menopausal transition and its impact on their health. They felt that the negative connotation of menopausal transition within their communities often led to this phase not

being seen as desirable and would certainly benefit from more research being done about and for African American women.

Reshaping and Reclaiming Womanhood

Interestingly, women used this platform of reproductive changes as a time of renegotiating relationships with themselves and others. Initially, sense of loss of control of their emotions, and physical well-being caused some distress, as Nina expressed:

> Wow. How does it impact – it – it makes me feel weak because I am so – because I can get so emotional about things, and it could be just the simplest thing. And I feel like – especially when – when I'm with my partner, or whatever, and we just get through talking about something, and I start crying, and I feel like I'm losing myself, it's just not who I am. And so, I feel like it's just making me somebody different.

Amina described the frustration over the loss of energy to participate in her usual physical activities, which created a hindrance in her daily activities,

> Maybe my hormones have changed. It's like one day I'm like super happy, and the next day I don't wanna do anything. Um, I stopped being super active. I used to always just wanna do things; either running 5Ks, or doing things, and I just didn't wanna do anything. Um, a decrease in sexual drive. Not even interested at all [laughs]. Um [laughs], and I guess overall just mentally feeling tired. Feeling like: I know I have work to do; I just don't feel like doing it, but knowing that I'm not like that usually. Like, I'm usually like sharp [snaps fingers].

Several women also expressed feeling a lack of self-worth whenever they were out of control with their emotions, Mary described these emotions:

> Yeah, that and it's just like um I'm – like I said, it's another chapter in my life and everything and I don't know how to actually identify myself with menopausal stuff because I just don't know and my – my self-worth right now, I feel like I'm useless and then I throw myself a pity party. I don't know how to control the emotions. You know what I'm trying – you know?

Oftentimes, women felt the need to decompress or be alone so that they could recover from the challenges of emotional rollercoasters and physical symptoms. Some women saw this phase as an opportunity to nurture themselves. They yearned for time to be alone so they could deal with their emotional, and physical wellbeing, and to heal. As Isabella described it:

> I've got to be alone. I've just got to be alone. I just need to be alone [laughs] especially when it comes to, like, the mood changes and just being in a space of being really emotional. I just – I – I'm really loving that I turned 40 being alone, sitting in my recliner being alone, having some me time. Like, really doing – when I say that, I mean really just removing myself from situations that I know I shouldn't be upset about or worried about and just removing myself and that's probably the one.

Selma reveled in this feeling of enjoying being by herself, "You know, I can go eat by myself. I can go to, uh – to a movie by myself. I just wanna be by myself."

Some of the women also expressed less concern about being seen as antisocial. Mary remarked,

> I don't know. I wouldn't say I'm antisocial or anything like that, but I like to keep to myself. I don't know if that's just the way I am or is it just because I'm getting older. I just don't want to be bothered with a whole lot.

The dilemma faced by some women in putting their healthcare needs first over others in their families portrays how strongly African American women embrace strong matriarchal roles and the difficulty they have in choosing to care for self. In general, women also saw this stage in life as a time to rediscover themselves and their new definition of womanhood. Kay describes her feelings:

> [Sighs] You know, I was even just thinking about that this morning, just randomly to say that I don't know what the future holds, but this is a very fulfilling and happy stage. Um, getting to – I feel that I'm doing what I wanna do, and how I wanna do it, and just technically being in fake control [laughs] of things, like you just feel like, Oh, you know? Yeah, that – I think that's the part in me for the things that I can control. Now, the things that I cannot control, um, I find a way to manage it and handle it. Like, you know, the kids, my mom, help. All this stuff that are beyond my control, every day I take it as I see it. But generally, there's a kind of, um, contentment.

This feeling of contentment about going through life and dealing with all the complexities of life experiences were further expressed by Denise,

> I, even with all the hormonal changes, I feel like I'm living my best life. I don't – I had my children. We didn't talk about that, but I had my daughter at 17, my oldest son at 19, and then my youngest son at 25 so, um, the majority of those years, probably up until 35 when I separated from my first husband, all around my children, family, husband, so there's a lot of things I did not do for myself.

Denise relished in this new sense of acceptance in being able to define womanhood the way she saw it,

> Womanhood to me is embracing the, you know, our femininity, um, all the joys and pains that go along with being a woman – and that's um, motherhood or not. You're still somebody's daughter, sister – friend, because I know infertility is also really big in our community and so everybody may not be a mother, so I – I think we have to get away from just finding our womanhood – based on who we are as a mother. I think just embracing, uh, the femininity and the, um, strength, the strengths that we bring to the table – and, uh, not being afraid to simply be who we are um, and to – not make an adjustment – Not be afraid to be who we are – and just, um, not adjusting to what other people's perceptions of us are, just be uniquely you as a woman.

Many of the women participants who were in menopausal transition described reshaping and claiming womanhood as a process that took time. Even though this experience was fraught with emotional, physical, and psychosocial difficulties, often leading to feelings of loss of control over their lives, these women sought the time to be alone to heal and rejuvenate themselves. In the process, they were able to articulate

personal meanings of menopausal transition and expressed content in a new found sense and definition of womanhood.

Trustworthiness

In all research, steps should be taken to maintain the integrity of the study. In order to ensure trustworthiness in qualitative research, several overlapping criteria are recommended to provide the benchmark for assessing the quality of a study including credibility, dependability, confirmability, transferability, and authenticity (Graneheim & Lundman, 2004; Lincoln & Guba, 1985; Tobin & Begley, 2004; Whittemore, Chase, & Mandle, 2001). Triangulation of data collection sources and methods enhanced the credibility of the study. Data from this study was gathered from multiple sources such as field notes, digital recordings, interviews, observations, and focus groups aided in triangulation. The principal investigator and dissertation committee chair discussed each interview and on a weekly basis to review coding and emerging themes discovered through analysis to ensure credibility of study (Graneheim & Lundman, 2004). Dependability and confirmability were established through audit trail using a methodological journal. A methodological journal was kept with calendar of interviews, focus group meeting, phone calls made, and attendance to meetings and conferences pertaining to research. Transferability of study was promoted by maximum sampling variation done in recruiting diverse participants from two urban cities in south Texas. Probes questions were used during interviews to clarify any areas that were unclear and

to also to validate understanding. Field notes were incorporated in the data analysis to collaborate findings and confirm authenticity.

Discussion

The results in this study demonstrate that African American women are faced with many challenges and complexities that affect the way they experience menopausal transition. BFT and WT provided lenses that situated their experiences within a historical context. Even though this phase in life is met with a lot of uncertainties, feelings of shame, and lack of knowledge regarding menopausal transition and symptoms management, most of these women were able to adjust to changes and challenge negative attitudes regarding the physical and emotional changes related to menopausal transition. These women were able to dispel past perceptions that told them to accept these changes associated with menopausal transition as a loss of womanhood, and instead were able to redefine womanhood. Several women expressed that being a part of a sisterhood group helped to negotiate their environment and how to understand their everyday experiences and meeting the challenges consistent with the changes of menopausal transition.

Being overweight, having decreased sex drive, and hair loss were some of the symptoms perceived by a majority of women in this study. Body image has been reported to be negatively perceived during this phase due to loss of ovarian function, decreased sex drive, and decreased in reproduction for women leading to poor quality of life (Pearce, Thogerson-Ntoumani, & Duda, 2014; Thomas, Hamm, Borrero, Hess, & Thurston, 2019). However, women who develop an increased self-acceptance and have a

positive body image during this phase also can have increased sexual satisfaction in this phase of life (Thomas et al., 2019).

The findings from this study substantiate previous studies that described how African American women have historically survived their oppressions through silence. African American women tend to be observers in societies where they do not feel like they belong or are valued, so to survive oppression they remain silent as they hide their own self-defined views (Collins, 2009).The philosophical lens of WT illuminates the marginalization of African American women's experiences and allows for their voices to be heard (Phillips, 2006). This study emphasizes that silencing is a behavior that African American women use to protect themselves from racism, inequities, and oppression. WT and BFT provided the lens to situate the experiences of African American women in menopausal transition within the context of racism, inequities, and oppression related to their health. Womanist attitudes, including resistance to any form of oppression, help African American women to moderate discrimination within their social environments (Velez, Cox, Polihronakis, & Moradi, 2018). Menopausal transition was a seemingly difficult concept to grasp among many of the women. There was some apprehension in the beginning of interviews by several participants on discussing something that they deemed to be very personal and private. Women expressed apprehension in accessing healthcare institutions and exposing their health issues and concerns about this stage in life and what to expect. African Americans are less likely to trust health care providers, and reluctant to participate in research (Corbie-Smith, Thomas, & St. George, 2002). Several women discussed being told by their mothers and grandmothers not to discuss

their sexuality and body reproductive issues with others who may not understand them. The unspoken message that women received from their families was silence is a way of protecting African American women from being hurt by people in power (Collins, 2009).

It is important to note the historical context of black women not speaking about the incomprehensible horror of their experiences and their silence being reinforced by a white paternalistic system that further legitimizes gender inequality (Borrego, 2014). Black mothers have a unique relationship with their daughters and often provide them with culturally specific information so that they could navigate societies plagued by racism and sexism (Ridolfo, Chepp, & Milkie, 2013). African American women often feel compelled not to share their perceptions and opinions because of fear of not being accepted within a community where they are marginalized (Gatison, 2015). In a study examining the perceptions of 30 Black women regarding the strong Black women (SBW) stereotype, participants were able to evaluate SBW using the characteristics of being independent, taking care of family and others, overcoming adversity, emotionally contained, and hardworking and high achieving. The findings not only underscored the meaning of this role to African American women, but participants described being silent and self-reliant as protective measures against disparaging views and negative stereotypes of Black women (Nelson, Cardemil, & Adeoye, 2016). The study substantiates other studies that discuss Black women as being raised to be strong and endure their challenges in life (Huffman et al., 2005; Im et al., 2010).

Several women in the study denied naming their symptoms a part of menopausal transition as a denial of the aging process occurring in their bodies. In the focus group,

there was a general consensus that African American women relied on prayers or believing that the body will heal itself as a way of coping with their symptoms. Within Black communities, there is an issue of not claiming illnesses as a way of not giving it any power over their bodies. This concept is often expressed in Black churches and so not *claiming* illnesses but instead believing in the power of prayer to heal and cure is often chosen over seeking medical or other health care systems (Hotz, 2015). Social institutions such as the Church have historically been seen as safe havens for African American people to gather and promote activism. These institutions validate their expressiveness and support an ethic of caring for African American women, informed by their oppressive historical experiences with health care institutions (Collins, 2009).

Spirituality is defined by the individual woman and may not be centered in religion. Spirituality can be self-defined in ways that promote survival and solve problems which could include being around other like-minded individuals (Maparyan, 2012). Even though the Black Church and family units have provided faith-based support (Edwards, 2015), Black women have found other ways to empower themselves. In this study, a majority of the women looked to their faith as a source of strength, and also expressed many views in alignment with being self-reliant, not only trusting those in their community to support their emotional, physical, and spiritual well-being. Versey and Newton (2013) discuss spirituality as being a constant, and of high value within African American communities, and so is consistent with their cultural norms for all aspects of their lives, including aging.

Historically, Black mothers have taught their children how to navigate a world full of oppressions through self-reliance and resiliency (Collins, 2009). Undoubtedly, the connection of these themes portrays an underlying practice for how African American women survive health challenges as one of many oppressions in their lives. We can see that strength is often conveyed by African American women as an effort to be self-reliant and silence so as not to show their weaknesses, need for assistance, and to protect themselves from adversities.

Several African American women in this study shared their frustrations over uncaring attitudes and behaviors regarding their menopausal transition symptoms by their closest family members and spouses/partners. Rodolpho, Quirino, Hoga, and Santa Rosa (2016) examined how men perceived their wives during menopausal transition. Rodolpho et al. (2016) found that men were not well informed about menopause and the symptoms attributed to this phase. Husbands expressed difficulty in coping with and knowing how to respond to the physical and emotional changes displayed by their wives. WT framework recognizes that the community, cultural norms, and history play integral roles in shaping the experiences of the African American women. This framework emphasizes the impact that intersecting oppressions such as race, culture and gender underlie the way African American women express and interpret their health risks, oftentimes leading to depression and other dysfunctional ways of coping during this time in life (Borum, 2012; Carr, Szymanski, Taha, West, & Kaslow, 2014). African American women experiencing discrimination and other forms of chronic stressors are often associated with having more psychological symptoms such as depression (Keith, Lincoln, Taylor, & Jackson, 2010).

Menopausal transition and menopause represent an extended intersection of ageism, sexism, and racism for African American women (Calasanti, 2019).

Intersecting oppressions affect the way African American women experience and manage their symptoms associated with menopausal transition. As discussed by the women in this study, many competing priorities took precedence over their health and health maintenance. The participants who were not employed or employed in low-income jobs articulated more feelings of confusion, and mistrust regarding seeking information and medical attention for their health care needs during this phase of life. The women who were employed and sought medical attention all had varying experiences whereby some were more familiar of options but needed some guidance of how to access appropriate care; whereas, others did not know what questions to ask medical professionals since they themselves were not knowledgeable about this phase. This study was consistent with other studies that observed issues of racial discrimination in health care settings, low educational status, and low income impacting the way in which health care was sought out, obtained, and interpreted (Allen et al., 2019; Nguyen, Vable, Gymour, & Allen, 2019). As noted in this study, 25% of participants were not employed and 38% had an income of less than 25,000. These women expressed a sense of frustration over not having sufficient information about menopausal transition and the lack of support for their care.

The topic of sisterhood was brought up several times during this study, both in individual interviews and focus group setting. Having a tight knit, trustworthy circle of women friends to share information and guidance through the challenges of life was

significant for all of the African American women in this study. Informal settings are generally the way that African American women receive information about their health and management of symptoms in menopausal transition (Im et al., 2010). All participants of this study emphasized the need to have a safe and comfortable place to share their personal struggles. All women expressed the need to have a template or guide on how to navigate menopausal transition. The participants in the focus group setting were excited and eager to discuss with each other the challenges they were experiencing with menopausal transition. There was a lot of laughter and sharing of stories of their experiences. Even upon completion of focus group, all participants expressed desire to form a group to discuss reproductive issues at this stage of life. They also expressed holding forums within their communities that addressed these issues for all African American women.

The communicative style used by the African American women in the focus group conveyed a sense of sisterhood and comradery. In BFT, sisterhood is discussed as a way for African American women to establish not only their political identities but also a space to place value on their lived experiences (Collins, 2009). This space is further described by Maparyan (2012) as "the kitchen table," as an informal space for communing with other black women (p. 59). The kitchen table immediately conjures up an image of a warm setting, where there is laughter, food, and intimacy between friends. Communicating with other women creates a forum for truth to be revealed through personal experiences, realities, and acts as a form of validation for African American women. Womanist theory provides the logic for this process of creating bonds or

networks as a space for knowledge sharing (Maparyan, 2012). The many complexities of relationship dynamics were portrayed by the participants in this study who felt the need to share and develop friendships with other African American women, yet the issues of silence, shame, and negative attitudes that surround menopausal transition led several of these women to suffer alone.

The African American women in this study shared a range of issues concerning the transition into menopause. These women were experiencing emotional and physical changes that were sometimes difficult to manage, yet at the same time saw this phase as a process coming through difficulties to a new sense of self. Within this process, they were able to redefine their roles in their homes and communities. Even though the participants valued being a part of a family and community, several women expressed the need to spend moments by themselves and redefined their roles within their homes and communities. This finding of redefining roles and feeling positive in the freedom and change in life is also noted in other studies conducted about African American women (Huffman et al., 2005; Green & Santoro, 2009). BFT discusses womanhood as a platform for self-actualization, and the double jeopardy faced by mothers who find it difficult negotiating their own self-empowerment and creativity against conducting motherly duties (Collins, 2009). WT portrays self-actualization, wellness, and self-care as concepts that are vital for African American women to embrace for their survival (Maparyan, 2012).

As African American women age, there is a positive connotation, however, to the archetype of Matriarch as someone who has a wealth of experience and has shown

strength and resilience through all life's triumphs and tragedies (Baker, Buchanan, Mingo, Roker, & Brown, 2015). Another study suggests however, that African American women often feel the need to redefine strength as portrayed by mothers and grandmothers and instead see vulnerability and connecting with other black women as showing their humanity and being strong (Nelson et al., 2016).The voices of black women defining their womanhood are a form of strength and not of weakness. BFT asserts that self-defined and sisterhood-defined womanhood is also integral to African American women's survival (Collins, 2009). Understanding how African American women saw themselves in this stage of life as it relates to their womanhood is significant for this body of research. Listening to African American women and valuing how they self-define their experiences of womanhood, or the newfound stage of womanhood, can have a positive impact on mental and physical health (Browdy, 2018).

Conclusion and Recommendations for Future Studies

The findings of this study contribute to understanding how intersecting oppressions affect the way African American women experience and manage the symptoms associated with menopausal transition. How African American women respond to these changes in their reproductive lives is important to their emotional, psychological, and physical well-being. The findings highlighted that African American women play integral roles within their communities, so it is important for health care providers to be sensitive to the intersecting identities of African American women as they traverse this phase in life. The stigma of menopause negatively affects the health and

physical well-being of African American women, so changing the narrative of this phase of life will help to destigmatize and encourage health-promoting behaviors for African American women. Lack of support from the community and health care providers and institutions could be overcome by outreach programs designed to be culturally sensitive to the needs of African American women in menopausal transition.

Future research should be geared toward interventions that would destigmatize menopausal transition and remove the barriers for optimum health care for African American women in this phase of life. The philosophical frameworks of WT and BFT are culturally relevant and could be incorporated in health promoting models of practice, that are based on the experiences and perceptions of African American women in this phase of life. These models of practice could include support groups for African American women and family members and include spiritual practices that are in alignment with their beliefs to promote health.

BFT and WT underscore how valuing of lived experiences is important to African American women as individuals and in their roles as mothers and wives. Creating forums that address menopausal transition could include testimonies from African American women and their experiences to promote an exchange of ideas that would allow them to understand and find meaning in this phase of life. The lived personal and shared experiences of African American women who have experienced menopausal transition could serve as mentors to others through their lived personal and shared experiences (Collins, 2009). Allowing African American women to aid in the construction of

menopausal transition through dialogue, incorporating their values and priorities will lend to credibility and trust between African American women and their health care providers.

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Table 2

Examples of how themes were deduced from qualitative data

Meaning Unit	Condensed Meaning	Code	Theme
For us, um – I think there's just, you know, in our generation, I – I was grateful. It was just they kept – they kept – certain things they just thought you – you didn't talk about it. It was private, and kept things private um, and didn't share. I mean, even, you know, normal sexuality in our house with females was something you didn't talk about it. You know, sex was a bad word.	Private family business, and secrecy around reproductive issues.		
		Secrecy about symptoms	
And I think part of it is that a lot of women are in denial. Like, let's just get about the suffering in silence. They don't even wanna acknowledge that they're suffering in – like that they're suffering. And that's in their silence. They're in denial that it's even happening to their bodies. And I think that's where it starts. Like, it's not happening to me, because that's a sign of getting older. And they don't wanna acknowledge they're getting older. So oh it's not happening to me.	Shame and denial so suffering through symptoms rather than seek help and be exposed.		Silence as a form of survival
The healthcare system don't give a rat about nobody to me. You know? So, I guess – you don't hear nobody talk about those things and stuff like that. So, it's kind of like it's under a bush right now. It's here and it's there, but it's hidden. Nobody cares about it, you know.	Not trusting health care system to care about their issues.	Mistrust	

Note. Codes extrapolated into themes

Table 3

Demographics of African American women

	Number of Participants	Percentage of Participants
Age		
35 - 45	8	50
46 - 55	8	50
Marital Status		
Married	12	75
Never married/Single	1	6
Divorced	2	13
Widowed	1	6
Employment		
No current employment	4	25
Employed	12	75
Income		
< 25,000	6	38
26,000 – 50,000	1	6
51,000 – 75,000	4	25
76,000 – 100,000	3	19
Not reported	2	12
Education		
High School	2	13
Trade School	1	6
Some college	3	19
Associate degree	3	19
Bachelor's degree	1	6
Master's degree	5	31
Doctoral degree	1	6

Note. Fourteen women from interviews, seven from focus group, and five included in both.

Table 4

Themes and Subthemes

Themes	Subthemes
Silence as a form of survival	Generational silence Mistrust of healthcare systems/providers Shame and denial
Resilience amidst the chaos	Self-reliance Pray through
Socialization for self-preservation and empowerment	Striving for knowledge and the power of connection Wanting more community support
Reshaping and reclaiming womanhood	Struggling for control Being alone to heal Rediscovery of self

Note. Summary of African American women's experiences with menopausal transition

CHAPTER IV

SUMMARY

The present study explored the experiences of African American women in menopausal transition. The study was undergirded by the philosophical underpinnings of BFT and WT (Banks-Wallace, 2000; Collins, 2009). Menopause refers to the period in a woman's life, when there is a decrease in production of the ovarian hormones' estrogen and progesterone due to the depletion of ovarian follicles (Nelson, 2008). The term menopausal transition is also used interchangeably with perimenopause that usually begins for a woman at the age of mid to late 40s lasting for several years, before culminating in menopause (Hoyt & Falconi, 2015; Nelson, 2008). Menopausal transition is a personal experience for women and some women feel unprepared on how to deal with the symptomatic changes that occur in this phase of life (Marnocha, Bergstrom, & Dempsey, 2011; Morgan, Merrell, Rentschler, & Chadderton, 2012). Symptoms such as insomnia, depression and other cognitive declines, chronic inflammation, bone loss that occur in menopausal transition and beyond, all create negative cardiometabolic risks and increase mortality for women (Ciano, King, Redmon Wright, Perlis, & Sawyer, 2017; McTigue et al., 2014; Neer, 2010; Smith, Flaws, & Mahoney, 2018; Weber, Maki, & McDermott, 2014; Wang et al., 2011).

African American women who develop CAD under the age of 55 have a higher mortality and morbidity rate than white women (Williams, 2009). Research also shows that despite having a lower incidence of breast cancer than White women, African

American women had lower survival rates (Smith, Conway-Phillips, & Francois-Blue, 2016). The symptoms that are related to underlying chronic health conditions and are exhibited during menopausal transition disproportionately affect African American women. There are societal, institutional, and socio-economic oppressions and disparities that affect the health care of African American women (Baffour & Chonody, 2009). Health disparities experienced by African American women occur across geographic location, age, sexual orientation, and socioeconomic status (Belgrave & Abrams, 2016). The critical lens of BFT and WT was used to examine how African American women conceptualize menopausal transition and provided an insight to the societal, institutional, and socio-economic barriers that affect their health during this phase.

This chapter includes my discussion of the themes and subthemes that emerged from the study with the implications of BFT and WT, trustworthiness of the study, personal reflection, and implications for clinical practice and research. The IRB approval letter, consent forms, semi-structured interview guide, and recruitment flyer are included in Appendices A, B, C, D, and E.

Discussion

In this study, four themes emerged with 10 subthemes. The overarching themes include silence as a form of survival, resilience amidst the chaos, socialization for self-preservation and empowerment, and reshaping and reclaiming womanhood. The subthemes further capture the ideas conveyed in the themes. The themes and subthemes are discussed.

Silence as A Form of Survival

The themes that emerged from this study amplify the relationship between knowledge and power as discussed by Collins (2009). The experiences of the African American women participants in this study were representative of varying forms of subjugation as they experienced symptoms and management of menopausal transition. The theme of *silence as a form of survival* encompassed three subthemes of how African American women experienced and managed symptoms in menopausal transition. These subthemes were *generational silence, mistrust of healthcare systems/providers, and shame and denial.* These subthemes resonated throughout the individual interviews and in the focus group discussion.

The theme of *silence as a form of survival* is representative of a long historical perspective of not being seen as valuable. Many women in this study used silence as a way to protect themselves from oppression and discrimination. BFT notes that African American women become observants of their environment, hiding their viewpoints as a form of survival (Collins, 2009). In a study that examined association of sexist and racist discrimination with poor work outcomes for women of color, and the protective role of womanist attitudes, 276 women of color were surveyed. Findings revealed that having Womanist attitudes, such as resistance to any form of oppression, helped to moderate discrimination (Velez et al., 2018). Similarly, an African American woman in this study who was also in graduate school felt the need to reach out to their communities and to highlight and value the experiences of black women.

Some of these women were also encouraged by friends to experiment mainly with natural or holistic forms of therapies to deal with their symptoms. One participant retrieved images on her cellular device displaying natural products that she was contemplating use from her local Walmart. Her friend had shared that she was using such products so she was willing to try it too. This same participant mentioned that her gynecologist prescribed an antidepressant drug but she chose not to fill the prescription. Access to care seemed to be intertwined with women's level of education and socio-economic status. The purpose of WT is to define the realities of African American women whose lives are historically shaped by the intersection of oppressions (Phillips, 2006).

Resilience Amidst the Chaos

Collins (2009) discussed how social structures systematically over time oppress and deny vulnerable minority groups access to resources. Collins (2009) described the struggles of black women and the need for empowerment. The author discusses the concept of intersectionality as the intersection of social markers such as race, class, sexuality, and gender that intertwine in the oppression of black women (Collins, 2009). The practice of WT is anti-oppressive and aims to increase the awareness of African American women and their oppressions, creating spaces to redefine themselves (Phillips, 2006). These attitudes were displayed in the theme of *resistance amidst the chaos*, where African American women found ways to adapt and cope with their issues during this phase of life.

There were two subthemes within this theme that captivated how African American women found the strength to deal with menopausal transition and the changes within their bodies, despite feeling overwhelmed. The two themes were *self-reliance and pray through.* Most participants felt that they could not reach out to family or friends for emotional support. Because most of the women in the study were employed and contributing to the financial stability of their homes, they oftentimes felt the burden of putting their emotions and physical challenges on the back burner, focusing instead on the needs of their families. Several participants would sigh or even have lengthy pauses as they discussed the burdens they were carrying at this stage in life. One woman saw her symptoms as "crosses to bear," hence, no need to complain. Other participants left their struggles to a higher spiritual power. One such participant discussed how she was always encouraged by her mother to pray in all situations; however, she found that advice to be frustrating at times. Another participant discussed the healing power of prayer in healing her in other life infirmities that kept her faith strong and carried her through challenges in menopausal transition.

Socialization for Self-Preservation and Empowerment

BFT validates African American women as agents of knowledge (Collins, 2009). The theme of *socialization for self-preservation and empowerment* recognizes how crucial it is for African American women to construct alternative viewpoints that are central for growth and transcendence of oppressions. Becoming informed about menopausal transition and the risks for chronic and life-threatening diseases during this phase and beyond will help African American women and their families to prioritize

health and wellbeing. Encouraging African American women to realize the importance of refocusing on self during menopausal transition could create visibility for change to occur and ultimately reduce health disparities. Rodriguez (2016) noted that gender, poverty, motherhood, and the politics of race actually shape the experiences of African American women and their roles in activism. WT illuminates the voices of African American women, promoting equality and inclusiveness and empowers women to be activists in their communities. Activism provides the connections needed to eliminate all forms of oppression (Phillips, 2006). WT is grounded in the understanding that the experiences of African American women are embedded in their past historical, social, and political experiences. Therefore, empowerment and community activism of African American women could transform the stigmatism of menopause and menopausal transition.

The subthemes identified for socialization for self-preservation and empowerment were *striving for knowledge and the power of connection,* and *wanting more community support.* I attended a community gathering of African American women who met to promote their local businesses, to further recruit for my study. This was actually my first opportunity to discuss my research topic. My initial introduction was met with some puzzled looks but as I started discussing symptoms of menopausal transition the small group of women nodded their heads in approval and had several questions at the end of the discussion. These women saw this gathering as a form of connecting with others, forming new friendships, and exchanging ideas to better their communities. Davis (2018) noted that the daily conversations of African American women affirm their uniqueness

and value to their families and communities. WT describes this communal experience of African American women, having women centered space such as the "kitchen table" where fears, joys, laughter and problem solving occur to demonstrate inclusiveness (Maparyan, 2012. p. 59).

Several participants in interviews acknowledged that they felt that the general population is not sensitive to African American women in this stage of life. These women described hearing other people making snide comments about women who were experiencing 'hot flashes' at work, and even admitted to being part of the critical or jesting group at times. Some women even cited their concerns of spouses and partners not understanding why they were often irritable and angry. One lesbian woman expressed that her partner was frustrated that she was not able to handle her emotions better. Even though her partner was also going through the changes in menopausal transition, she chose to manage her symptoms and emotions in a more stoic way. The women expressed that they were not aware of any research about African American women in this phase of life. One woman expressed that she was willing to be a participant in this study because she was also in graduate school and felt that this research was necessary for her community and to help others.

Reshaping and Reclaiming Womanhood

This theme revealed how women were not only coming to terms with their symptoms and loss of reproductivity but also were rediscovering themselves. BFT recognizes the reshaping and reclaiming of womanhood as integral to the survival of African American women. They redefine their womanhood from a source of strength, not

weakness (Collins, 2009). One participant discussed femininity as being different from womanhood, whereby femininity was seen as "strength" and womanhood as "childbearing." Ringrose (2007) discussed how Black women negotiate constantly within the structural constraints of society to have choices based on their own perspective and insight. The women when interviewed both individually and in the focus group were encouraged to voice their own experiences and to understand that their experiences are valuable and worthy of being heard.

Three subthemes were identified with the theme of reshaping and reclaiming womanhood. These subthemes were *struggling for control, being alone to heal, and rediscovery of self.* The consensus of all the women in study was that they had lost control of their bodies and minds. One woman who attended a community presentation about menopausal transition symptoms made her realize that she was not "just crazy" and that her symptoms were real. Oftentimes, these women felt the need to decompress or be alone so that they could recover from the challenges of emotional rollercoasters and physical symptoms. Some women even relished that they would soon cease having their monthly menstrual cycles. Several women felt that their children were now grown so it was time for them to find themselves and rediscover their passions in life. They shared a desire to reevaluate their lives. Some women, however, felt conflicted in desiring to be alone and spending time with family and friends. The overarching themes of *silence as a form of survival, resilience amidst the chaos, socialization for self-preservation and empowerment, and reshaping and reclaiming womanhood,* reflect the experiences of African American women in menopausal transition. The philosophical frameworks of

BFT and WT centered how this phase of life was experienced, and emphasizing how intersecting oppressions influenced their experiences.

Trustworthiness

In all research, steps should be taken to maintain the integrity of the study. Trustworthiness refers to the rigor of a study in maintaining its' integrity and usefulness (Connelly, 2016). In order to ensure trustworthiness in qualitative research, several overlapping criteria are recommended to provide the benchmark for assessing the quality of a study. The criteria used to operationalize trustworthiness in this study included credibility, dependability, confirmability, transferability, and authenticity (Connelly, 2016; Graneheim & Lundman, 2004; Lincoln & Guba, 1985; Tobin & Begley, 2004; Whittemore et al., 2001).

According to Lincoln and Guba (1985), credibility is the "truth value" of findings (p. 290). In this study, truth value was in the discovery of the participants' perceptions and experiences in menopausal transition. Credibility of this study was ensured by interviews, focus groups, prolonged engagement with observations, peer debriefing, triangulation and member checks. Prolonged engagement included spending sufficient time listening to participants, being aware of researcher's personal biases and building rapport. During individual interviews and the focus group, I took notes documenting facial expressions and body language. Interviews and focus group were digitally recorded which added to the credibility of study. The study included open-ended questions and allowed participants to discuss their experiences. Credibility was further reinforced by meetings conducted after each interview session and focus group with my dissertation

chair to debrief about data collection and analysis of data. This persistent observation of the data by my dissertation chair and researcher allowed for alternative insights and also to confirm researcher's analysis. The main purpose of the focus group was to get feedback regarding initial themes. Member checking was done to validate the themes and data analysis interpretation.

Lincoln and Guba (1985) discussed triangulation as significant to a study, by being able to provide multiple sources of evidence to shed light on themes or perspective identified in the study. As discussed in Patton (2001), two forms of triangulation were utilized to add credibility to study, triangulation of sources and theory or perspective triangulation. Triangulation of sources included data collected during interviews with participants privately, then in a focus group setting. Triangulation of theoretical frameworks BFT and WT demonstrated different perspectives of looking at the data (Patton, 2001). Multiple data collection sources and theoretical perspectives helped to develop rich and detailed themes regarding African American women's experiences with menopausal transition.

Dependability and confirmability both contribute to trustworthiness, and are linked. Lincoln and Guba (1985) described dependability as the ability to reproduce similar findings with participants within a similar context. Confirmability refers to the neutrality of the study, ensuring that it is grounded in the data presented by participants and not in the biases or the researcher (Lincoln & Guba, 1985). Dependability and confirmability were established through audit trail using a methodological journal. A methodological journal was kept with recruitment activities, a calendar of interviews,

focus group meeting, phone calls made, attendance to meetings and conferences pertaining to research. My viewpoints, biases, thoughts, and emotions experienced during interviews were recorded in a reflexive journal and discussed weekly with my dissertation chair. The methodological journal, transcriptions, recording of interviews, and reflexive journal were all maintained for external audit trail and assured dependability and confirmability of research. Triangulation is also discussed as a technique used to ascertain confirmability of a study (Lincoln & Guba, 1985).

Transferability refers to the full extent whereby the findings of the study result in a thick and rich description that could be applied to other populations in different context (Lincoln & Guba, 1985). In order to obtain thick, rich description for transferability of study findings, maximum sampling variation was done in recruiting diverse participants from urban city of Corpus Christi, Texas and Houston, Texas. Demographic information of participants was obtained: including age ranges 35 to 55, participants who were employed and unemployed, with income ranging less than 25,000 to above 76,000, educational backgrounds ranging from high school as highest level of education through doctoral degree, and participants who were single, married, divorced, or widowed. Significant time was spent using probes to understand how African American women understood their experiences. Data analysis stayed close to the participants' specific accounts to give a clear description of their experiences that allows the reader to apply and relate the findings to other settings and populations.

Authenticity refers to the ability of the inquiry to display the realities of participants' experiences (Connelly, 2016). Participants were allowed to express

themselves freely which were digitally recorded and transcribed verbatim to ensure authenticity of study. Probes were used to clarify any areas that were unclear and also to validate understanding. Field notes were incorporated in the data analysis to collaborate findings and confirm authenticity. At the end of each interview and the focus group, the main points were clarified with participants as a form of member checking to verify my understanding and allow participants to make corrections or additions to their responses.

Personal Reflection

This study was cathartic for me in so many ways. It brought me to many truths about the way I perceive the world. I learned about how I perceive my experiences of womanhood, my motherhood and learned behaviors from my mother. I saw myself adopting many roles in this study. Keeping a journal allowed me to process my thoughts and feelings about the various situations that transpired. There were times when I thought of myself as a sister to the participant, like an actual sibling, listening and sometimes empathizing with the emotions and feelings being displayed. At times, I saw these participants as needing an educator or someone to guide them. Often after interviews were conducted, I would question on my thoughts of hormonal treatment or about how I felt about seeking health care to manage perimenopausal symptoms. There were times that I felt I was being perceived as a confidante or close friend and experienced women sharing private details of their relationships with spouses after the audiotape stopped taping. This study challenged me to accept the realities of others, to accept my reality and to understand that challenging social institutions are sometimes needed for a population to survive.

As I reflect on some challenges I experienced during my research, I have to acknowledge some of the assumptions I made prior to actually embarking on recruitment and data collection. One assumption I made was that African American women would feel comfortable discussing menopausal transition with other women of the same racial and ethnic background. This premise was made by a literature review that discussed African American women being willing to share experiences within safe spaces (McCloskey, 2012; Richard-Davis & Wellons, 2013). I realized early on in recruitment and interviews that I needed to build trust before women were comfortable sharing personal experiences with me. It was challenging for me to recruit African American women for this study, especially in the rural areas.

Wallace and Bartlett (2013) discussed building trust starting with church leaders and other leaders within African American communities as key to recruiting potential participants for research. I spoke with church leaders on several occasions in rural south Texas, attended community meetings, and discussed my topic among other African American women. I observed women who listened to what I had to say and nodded their heads, but did not feel compelled to be a part of study. At times, I question whether church leaders felt that they had to protect their members in the communities and so were hesitant to encourage members to participate in study. These participants would avoid eye contact during my presentation, but would also give the occasional sounds of agreement. I attempted to recruit participants from a university by leaving flyers and approaching individuals in a variety of settings such as hair salons, grocery stores, and medical offices. The participants that I was able to recruit after such presentations

occurred only after I reached out beyond group gatherings by building relationships and sharing commonalities of experiences that resulted in building of trust.

I was not able to recruit participants from rural south Texas and I felt that certainly was a limitation in this study, not being able to be privy to the challenges being faced by African American women in these underserved areas, as they navigate menopausal transition. I realized that even as an African American woman, I was still regarded suspiciously as a health care provider, and so was considered an outsider until trust was proven.

During the course of this research, my mother passed away and the emotions that I experienced brought me full circle to her definition as a woman and the lessons she taught me about traversing through life, lessons that still carry me through midlife. My mother had many roles in society including as an educator and political activist in the country of her birth. Through her experiences and mine, I understand how my race, ethnicity, gender, and socioeconomic class affect my everyday experiences. I experienced my mother overcoming challenges, while having values and believing in those values. As I reflect on her contributions within her personal and professional life, I see my mother as adopting a lot of womanist attitudes in the way she interacted within her communities. My mother also came from an era of secrecy and not discussing much about womanhood and reproductive issues. I was fortunate to be able to discuss the topic of my research with her, and to see that she found it interesting, but also to acknowledge that menopause was not something that was usually discussed in her upbringing. So interestingly, I find myself relating to the themes discovered in the findings of this study.

I have grown and changed in many ways during this research. I understand and value the importance of having a voice. I value being heard, not to be validated by others but to validate my experiences. I have learned that there is a lot of work to be done, not only in attending to how African American women perceive their health, but how other minority groups perceive their health on a daily basis. In the process, I find myself listening more intently to students and patients, taking into consideration their perceived barriers to their learning and health promoting behaviors. I understand the value of knowing not just the medical history of patients but their social backgrounds as either deterrents or incentives in improving their health. Treating someone holistically means a lot more now than how I understood it in previous years. I see the world as having different truths based on the experiences that one may be having. I also see institutions as important in dictating policies and processes that can influence or sometimes legitimize perceptions and experiences in the quality of health that one receives. I have learned a lot about myself and the way my environment and surroundings influence my perception and worldview.

Implications for Clinical Practice and Research

The findings of this study emphasize the need for health care providers to become more knowledgeable about African American women in menopausal transition, to understand their experiences and how to better care for these women in this phase of life. The themes discovered in this research offer understanding about how the experiences of African American women are perceived in this phase of life and how their symptoms are

managed. The challenges faced by African American women dealing with their marginalization and oppressions as they navigate this phase will enhance the skills and knowledge of health care providers in providing culturally sensitive care for African American women who are experiencing perimenopause. The feminist perspectives of BFT and WT center the experiences of African American women and emphasize the intersection of oppressions as relevant in the way these women perceived their health and access health care.

Being informed of the perceptions of African American women in menopausal transition is beneficial for health care providers so that symptom management, coping strategies, and preventative care can be emphasized. Providers will be able to interpret symptoms, anticipate needs, and provide patient centered care based on the needs of their patients. The findings that comprise the theme *silence as a form of survival* should encourage health care providers to be sensitive to African American women when care is being sought. Offering opportunities for these women to share their symptoms and providing a safe place for them to be heard in a nonjudgmental manner will aid African American women in breaking their silence and seeking guidance and care.

As health care providers acknowledge the disparities experienced by African American women in seeking health services for perimenopause, discussing their symptoms related to hormonal changes and needs during regular preventative services would improve health outcomes and reduce discriminatory practices. Providing online access to reputable sources of information would encourage African American women to seek such information in the privacy of their homes with access to resources as needed.

Using therapeutic communication techniques in understanding African American women and their access to affordable care would decrease risks of chronic diseases and increased mortality as these women age.

Health care providers need to find culturally sensitive ways to provide information to African American women about perimenopause. Understanding that African American women demonstrate *resilience amidst of chaos*, health care providers could organize health fairs at Black churches and other places that cater to the African American community. Also, encouraging African American women to be active participants in care as it relates to treatment options would be beneficial for provider and patient relationship. African American women must be encouraged to be partners in their care during menopausal transition.

As health care providers become more informed that African American women seek *socialization as a form of self-preservation and empowerment*, providers should seek to empower these women to become active participants in the delivery of public health messages about symptoms of menopausal transition, and how to decrease their risks for chronic illnesses. Future research efforts could use social networks such as churches and community outreach programs to encourage participation in research that will help healthcare providers better understand the healthcare needs and concerns of the African American population. Having a diverse interdisciplinary team to attend to the ethnic and cultural norms and expectations would enhance the teachings and messages received by African American women in this phase of life. The findings that comprise the theme *reshaping and reclaiming womanhood* demonstrate to health care professionals

that African American women need to self-define who they are and their roles in community. Healthcare providers must refrain from labeling African American women as they seek care. The wholeness of African American women in menopausal transition need to be emphasized so that health care delivery could be optimized with improved health outcomes.

Future research should consider repeating this study with a focus on recruitment of African American participants in rural areas. Research regarding appropriate strategies for recruitment of African American participants is also needed. Future research should be conducted to develop tools incorporating the tenets of BFT and WT to assess and guide treatment for African American women in this phase of life. Future research to determine African American women's decision-making processes for using or not using HRT would also be beneficial.

Conclusion

Menopausal transition is a normal phase of aging and development that is complex and has several meanings and experiences for African American women. African American women in this study adopted several attitudes and mindsets to deal with their experiences of menopausal transition. The use of BFT and WT as a lens for conducting this study brought to life the tremendous impact that multiple oppressions have in the life experiences and realities of African American women. The overarching themes reveal the complexities of how intersecting oppressions significantly affect the experiences of African American women in menopausal transition. The stigma of

menopausal transition gravely affects the access to timely and quality health care for African American women.

Findings from the study suggest that although African American women are the backbones of their families and communities, they often feel as if their emotional, physical, and psychosocial needs are not met within these networks. In addition, their lack of knowledge about this phase in life significantly created feelings of frustration as they navigated their symptoms. The findings of this study add to the literature base and further affirm that African American women often do not trust their healthcare systems to deliver nondiscriminatory quality care for their needs. The African American women in this study tended to resort to the coping strategies adopted by their mothers, aunts, friends, and grandmothers, such as including the use of natural or homeopathic treatments to provide relief from their symptoms, rather than seeking medical treatment from health care systems.

The findings of this study identify silence as a coping strategy by African American women in this phase, primarily to protect themselves from negative stigmatization associated with not only menopausal transition but also of their race, gender, and socioeconomic status. The overarching themes of this study could be identified as barriers to health care treatment for African American women in menopausal transition. These findings underscore the underutilization of health care resources that could promote health and reduce health risks for chronic disease and increased mortality for this population.

In this study, new knowledge about how Black Feminist and Womanist

frameworks could be used to make connections and provide opportunities for sharing information that could improve health outcomes and quality of life for African American women in menopausal. Findings indicate new knowledge that practices and interventions that are culturally congruent with the frameworks of BFT and WT could promote healthy strategies for African American women in perimenopausal transition. The findings from this study are relevant to the diagnosis and symptom management of African American women in menopausal transition and allow future researchers to identify relationships between perceptions and attitudes during this phase and the interplay of race, gender, and socioeconomic class in caring for this population.

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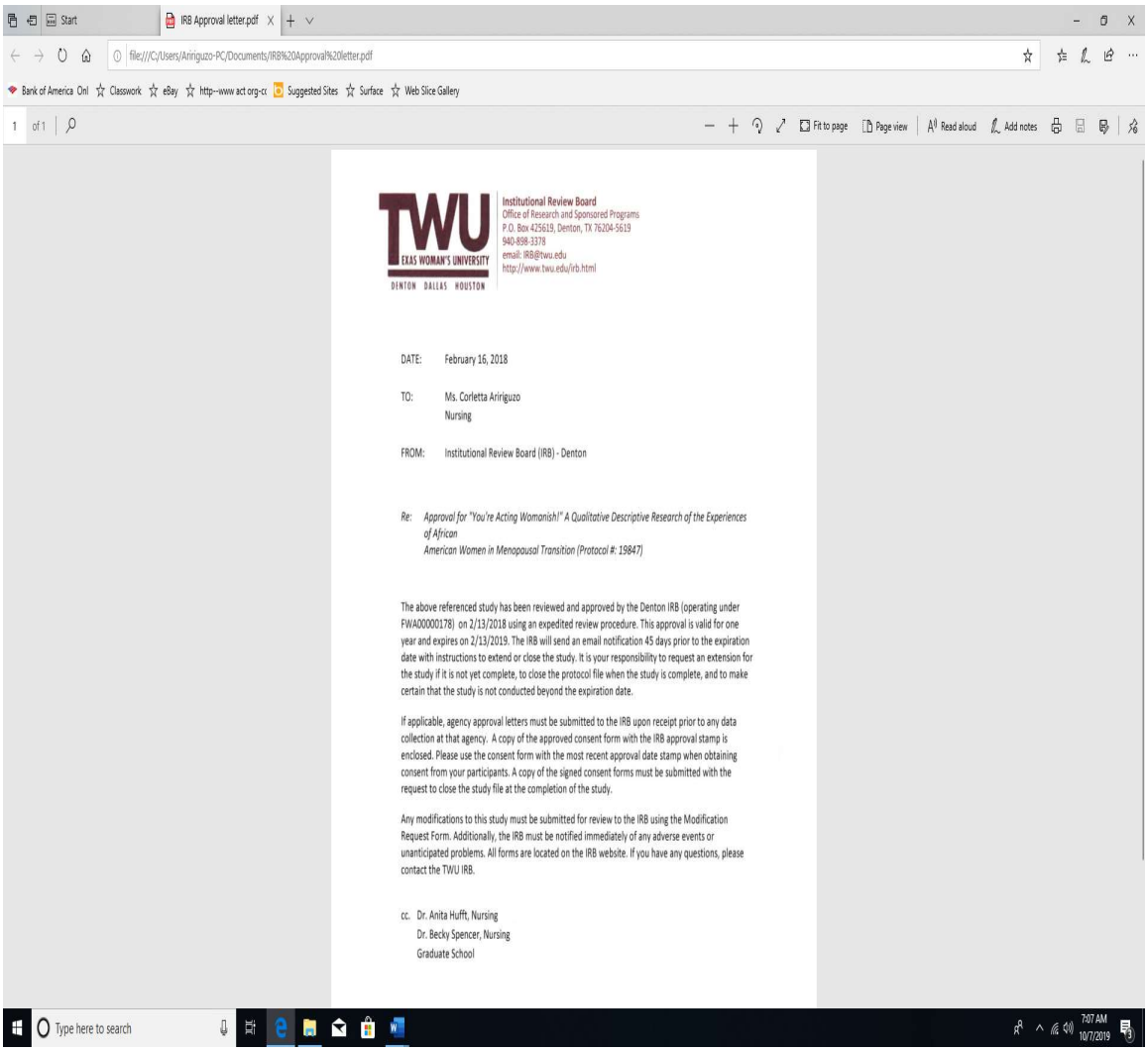
APPENDIX A

IRB Approval letter



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Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378
email: IRB@twu.edu
http://www.twu.edu/irb.html

DATE: February 16, 2018

TO: Ms. Corletta Arirguzo
Nursing

FROM: Institutional Review Board (IRB) - Denton

Re: *Approval for "You're Acting Womanish!" A Qualitative Descriptive Research of the Experiences of African American Women in Menopausal Transition (Protocol #: 19847)*

The above referenced study has been reviewed and approved by the Denton IRB (operating under FWA00000178) on 2/13/2018 using an expedited review procedure. This approval is valid for one year and expires on 2/13/2019. The IRB will send an email notification 45 days prior to the expiration date with instructions to extend or close the study. It is your responsibility to request an extension for the study if it is not yet complete, to close the protocol file when the study is complete, and to make certain that the study is not conducted beyond the expiration date.

If applicable, agency approval letters must be submitted to the IRB upon receipt prior to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp is enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. A copy of the signed consent forms must be submitted with the request to close the study file at the completion of the study.

Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any adverse events or unanticipated problems. All forms are located on the IRB website. If you have any questions, please contact the TWU IRB.

cc. Dr. Anita Hufft, Nursing
Dr. Becky Spencer, Nursing
Graduate School

APPENDIX B

Consent to participate in research

Interview consent

Title: A Qualitative Descriptive Study of African American Women's Experiences and Perceptions of Menopausal Transition

Principal Investigator: Corletta Aririguzo 361-548-2791 caririguzo@twu.edu
Faculty Advisor: Becky Spencer, Ph.D., bspencer@twu.edu

EXPLANATION OF RESEARCH
You are being asked to join a research study. You are being asked to take part in this study because you are a woman who self identifies as African American, and is currently in menopausal transition. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may stop participating at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research. You can ask questions now or anytime during the study.

This research study fulfills my dissertation requirement in obtaining a Doctorate in the Philosophy of Nursing degree.

BACKGROUND
Very little research has been done that asks African American women, about their experiences with menopausal transition and its' impact on their health and well-being. Factors such as race, gender and class affect perceptions of menopausal transition symptoms and management for African American women in their daily lives.

PURPOSE
The purpose of this study is to explore and understand menopausal transition symptoms experiences in African American women, from their perspectives. Findings from this study could be used to develop strategies that address the needs and concerns of African American women during this phase of their lives.

PROCEDURES
If you are eligible and decide to participate in this study, your participation will last approximately 60 minutes to 90 minutes for an interview. The researchers may need to contact you for a follow-up interview that would last 15 to 20 minutes. Your participation will involve:

- An individual interview with researcher who will ask questions about your

menopausal transition symptoms and experiences.

_____Initials

- The interview will be digitally recorded and transcribed by the researcher. Your identity will be held in confidence using pseudonyms for your transcribed interview comments
  and only known to researcher.
- Recordings of interviews and digital recordings will be kept in locked file cabinet at home office.
- All recordings will be permanently erased after the transcription of the data is completed.
- The signed consent forms and transcriptions from each interview will be maintained in a locked cabinet in the principal researcher's home office.

RISKS

Emotional Discomfort

Risks of participating in this study may include experiencing strong emotional reactions in response to issues discussing race, gender and class and impact on menopausal transition experiences. If at any time, you are not comfortable you may skip a question or stop participating all together. You will be given a list of community mental health providers if you feel the need to seek professional help for emotional discomfort.

Loss of Confidentiality

The treatment of the information you share will be confidential. Your name will not be recorded or shared with anyone other than the research team. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. Confidentiality will be protected to the extent that is allowed by law. You are free to give only the information you choose to and will be maintained only by the researcher.

Fatigue

There is the potential risk of fatigue, so you will be allowed to take breaks as needed.

Loss of Time

The researcher will respect your time. The interview will take place at a place and time convenient to you and will last approximately 2 hours.

Coercion

Your participation in this study is completely voluntary. If you decide to not participate or stop participating there will be no penalties.

There may be other risks of the study that are not yet known.

BENEFITS

There are no known benefits to participating in this research. Sharing experiences during individual interviews may provide feelings of hope and altruism surrounding participating in research aimed at helping nurses and other health care providers better understand the concerns and needs of African American women in menopausal transition.

The researcher hopes that understanding how African American women experience menopausal transition will facilitate improvement in their health care needs.

PAYMENTS TO SUBJECTS

You will be given a $25 gift card to Walmart of Target for participating in the interview.

_____Initials

IN THE EVENT OF INJURY

If you think you have been harmed as a result of participating in research call Corletta Aririguzo
at 361-548-2791 or the Texas Woman's University Office of Research and Sponsored Programs
at 940-898-3378.

INSTITUTIONAL DISCLAIMER STATEMENT

The researcher will try to prevent any problem that could happen because of this research. You
should let the researcher know at once if there is a problem and they will help you. However,

TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Your permission to use and share your information remains in effect until the study is complete and the results are analyzed. After that time, researcher will remove personal information from study records.

QUESTIONS

Before you sign this form, your researcher should answer all your questions. You can also talk to the researcher if you have any more questions, suggestions, concerns or complaints after signing this form.

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researcher; phone numbers and emails are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

CONSENT

Corletta Aririguzo has given you information about this research study for your records

and future reference. She has explained what will be done and how long it will take. She explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.
You will be given a signed copy of the consent form to keep for your records.

_____
Print Participant's Name

_____ _____
_____
Signature of Participant Time Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____
Or
Address:
_____

Appendix C

Consent to participate in research

Focus Group Consent

Title: A Qualitative Descriptive Study of African American Women's Experiences and Perceptions of Menopausal Transition

Principal Investigator: Corletta Aririguzo 361-548-2791 caririguzo@twu.edu
Faculty Advisor: Becky Spencer, Ph.D., bspencer@twu.edu

EXPLANATION OF RESEARCH

You are being asked to join a research study. You are being asked to take part in this focus group because you are a woman who self identifies as African American, and is currently in menopausal transition. Research studies may or may not benefit the people who participate.

Research is voluntary, and you may stop participating at any time. There will be no penalty to you if you decide not to participate, or if you start the study and decide to stop early.

This consent form explains what you have to do if you are in the study. It also describes the possible risks and benefits. Please read the form carefully and ask as many questions as you need to, before deciding about this research. You can ask questions now or anytime during the study.

This research study fulfills my dissertation requirement in obtaining a Doctorate in the Philosophy of Nursing degree.

BACKGROUND

There is a significant gap in the literature of menopausal transition experiences of African American women, despite the impact of symptoms on health and quality of life. This study will explore and describe the experiences of African American women with the aim of discovering how factors such as race, gender, and class affect perceptions of menopausal transition symptoms and management.

PURPOSE

The purpose of this study is to explore and understand menopausal transition symptoms experiences in African American women, from their perspectives. The purpose of this focus group is to present the initial analysis of individual interviews to clarify initial themes and glean further information to support, refute, and/or add to my analysis. This study will afford new insights and inform health care professionals in culturally sensitive care for this population in menopausal transition.

PROCEDURES

If you are eligible and decide to participate in this study, your participation will last approximately 2 hours during a focus group session. Individual interviewees who are also interested in participating in this focus group will be eligible to participate. The focus

group will consist of a minimum of 4 participants and a maximum of 12 participants.

_____Initials

Your participation will involve:

- Discussion about your menopausal transition symptoms, symptoms management and experiences.
- All discussion will be digitally recorded and transcribed by the researcher.
- Recordings of interviews and digital recordings will be kept in locked file cabinet at the principal investigator's home office.
- Identities of participants in focus group will be held in confidence using pseudonyms for all transcribed interview comments and only known to researcher.
- All recordings will be permanently erased after the transcription of the data is completed.
- The signed consent forms and transcriptions from focus group will be maintained in a locked cabinet in the principle researcher's home office.

RISKS

Emotional Discomfort

Risks of participating in this study may include experiencing strong emotional reactions in response to issues discussing race, gender and class and impact on menopausal transition experiences. If at any time, you are not comfortable you may skip a question or stop participating all together. You will be given a list of community mental health providers if you feel the need to seek professional help for emotional discomfort.

Loss of Confidentiality

The treatment of the information you share will be confidential. Your name will not be recorded or shared with anyone other than the research team. Study participants in the focus group will be asked to not share information discussed in the focus group with friends or family. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions. Confidentiality will be protected to the extent that is allowed by law. You are free to give only the information you choose to and will be maintained only by the researcher.

Loss of Anonymity

Anonymity cannot be guaranteed because you will participate in the focus group with other participants who may know you.

Fatigue

There is the potential risk of fatigue, so you will be allowed to take breaks as needed.

Loss of Time

The researcher will respect your time. The interview will take place at a place and time convenient to you and will last approximately 2 hours.

Coercion

Your participation in this study is completely voluntary. If you decide to not participate or stop participating there will be no penalties.

There may be other risks of the study that are not yet known.

BENEFITS
There are no known benefits to participating in this research. Sharing experiences during focus group setting may provide feelings of hope and altruism surrounding participating in research, aimed at helping nurses and other health care providers better understand the concerns and needs of African American women in menopausal transition.

_____Initials
The researcher hopes that understanding how African American women experience menopausal transition will facilitate improvement in their health care needs.

PAYMENTS TO SUBJECTS
You will be given a $25 gift card to Walmart of Target and a journal for participating in focus group.

IN THE EVENT OF INJURY
If you think you have been harmed as a result of participating in research call Corletta Aririguzo at 361-548-2791 or the Texas Woman's University Office of Research and Sponsored Programs
at 940-898-3378.

INSTITUTIONAL DISCLAIMER STATEMENT
The researcher will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and they will help you. However,
TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Your permission to use and share your information remains in effect until the study is complete and the results are analyzed. After that time, researcher will remove personal information from study records.

QUESTIONS
Before you sign this form, your researcher should answer all your questions. You can also talk to the researcher if you have any more questions, suggestions, concerns or complaints after signing this form.

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researcher; phone numbers and emails are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

_____Initials

CONSENT

Corletta Aririguzo has given you information about this research study for your records and future reference. She has explained what will be done and how long it will take. She explained any inconvenience, discomfort or risks that may be experienced during this study.

By signing this form, you say that you freely and voluntarily consent to participate in this research study. You have read the information and had your questions answered.
You will be given a signed copy of the consent form to keep for your records.

_____
Print Participant's Name

_____ _____
_____
Signature of Participant Time Date

*If you would like to know the results of this study tell us where you want them to be sent:

Email: _____
Or
Address:
_____

_____

_____

Appendix D

Sample semi-structured interview guide

1. Tell me your definition of menopause?
2. Tell me your experiences of menopausal transition?
3. How did you learn about what menopausal transition is?
4. Has anyone ever talked to you about menopausal transition or what to expect? Family? Friend? Health care provider?
5. Who was most helpful to you in learning about menopausal transition and your symptoms? What did they do that you found helpful?
6. Please give me a rough timeline of your menopausal transition experience?
7. How would you describe your symptoms of menopausal transition?
8. What other symptoms do you experience that you believe to be outside of menopausal transition?
9. What are your responses to the symptoms you experience?
10. How do your experiences of menopausal transition shape your well-being?
11. Do you have a health care provider that you see yearly for your health?
12. How has your health care provider address issues concerning menopausal transition with you?
13. What were the responses from your health care provider?
14. Were treatment options given? Risks/benefits of treatment offered?

Appendix E

Recruitment flyer

TEXAS WOMAN'S UNIVERSITY™

Participants needed for research study:

African American women and their experiences and perceptions of menopausal transition.

Eligibility

- African American women
- Between ages of 35 and 55 years
- Have any of the symptoms associated with menopausal transition such as hot flashes, mood changes, insomnia etc.
- Have at least one or both ovaries
- Have menstrual cycle, even though it may be irregular but occurs at least once in a year

Details

- Describe your experiences in a 60 – 90 minutes individual interview at a time and place of your convenience.
- You may also choose to participate in a focus group setting for approximately 2 hours.
- Receive a $25 gift card to Walmart or Target after completion of the interview
- Your participation in this study will help to provide health care professionals with new insights and inform them on how to provide culturally sensitive care in menopausal transition.

Participation is voluntary. There is a potential risk of loss of confidentiality in all email, downloading, electronic meetings and internet transactions.

If you have any questions, or are interested in participating, please contact the principal investigator, Corletta Aririguzo at caririguzo@twu.edu. I am a doctoral student at Texas

Woman's University and this study is part of my dissertation. Feel free to leave a private message at this e-mail address and I will get back to you.

**Thank you for your consideration. Please pass this invitation to other women who may be interested in participating. **