

A Narrative Approach to Exploring Life Changes Among Middle-Aged Women: A Qualitative Study

Abstract

Background: Middle age serves as a crucial transitional phase between youth and old age in women's health, making it a critical period for women. Accordingly, this study aimed to explore the experiences of life changes among middle-aged women. **Materials and Methods:** This study was conducted using qualitative content analysis from September to December 2022 in Zahedan. The participants included 10 middle-aged women selected via purposive sampling. Data were collected through individual face-to-face interviews, and all interviews were subsequently transcribed and analyzed. Categories representing the beginning, middle, and end of the narratives were extracted. First, thematic similarities were identified, leading to the emergence of subcategories. Then, the related subcategories were reviewed and placed into the same category. **Results:** At the beginning of the narratives, the identified subcategories included perception of middle age, gaining experience, and behavior change. In the middle of the narratives, understanding the developmental stages and gaining experience in managing life were extracted as the subcategories. At the end of the narratives, maturity was identified as the main category. **Conclusions:** The findings from this study revealed that development occurs through the accumulation of experience. Although this study did not explore development in contextual terms, addressing and identifying the challenges of middle age in their context may facilitate quicker development. Furthermore, recognizing and investigating physical problems associated with middle age could lead to more timely treatment.

Keywords: Middle-aged, narrative inquiry, women

Introduction

Women's health encompasses physical, mental, social, and spiritual dimensions, continuously evolving throughout their life cycle and closely linked to their living conditions. Thus, it is essential to address health-related issues in women's life cycle.^[1] Various factors affect women's health at each stage of life. In a study, some women viewed menopause as a period of freedom.^[2] However, women in Iran and Turkey tried to hide menopause and associated it with the end of femininity and youth.^[3,4] Another study showed that middle-aged women frequently encounter family-related challenges that may jeopardize their moral health.^[5] Middle-aged women often show self-sacrifice and give priority to their family members, which can adversely impact their health. One of the significant consequences of this period is self-neglect, which can make women face several health-related challenges.^[5,6] Accordingly, a narrative study indicated that women and men have different narratives of

chronic pain, with women trying to manage their pain independently, while men seeking medical assistance to manage their pain. In addition, men are more likely than women to act independently in medical care.^[7]

Healthcare professionals should listen carefully to patients' personal stories and remain sensitive to their gender differences in understanding health experiences.^[8] A systematic review of qualitative studies on women's health in Iran showed that relatively few qualitative studies have addressed women's health, generally failing to demonstrate how women's health behaviors are shaped. As qualitative research can provide valuable insights into health problems, exploring women's perspectives on their health can contribute to maintaining and improving the health conditions of women throughout the country.^[6] Given women's maturity in middle age and their influence on individual, family, and community health, it is necessary to explore their life stories

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to reveal the characteristics of middle age from women's perspectives. Narrative studies can effectively reveal health-related behaviors,^[7] thus aiding in maintaining and improving the health status of middle-aged women. Qualitative studies with a narrative approach to addressing women's life stories in their own words may uncover the often-hidden aspects of women's lives. In other words, women's health-related behaviors will be displayed in the stories that they narrate.

In Zahedan, the capital of Sistan and Baluchistan Province, Iran, distinct tribes such as Sistani, Baluch, and Fars exhibit special customs and culture that affect their health behaviors. Studies on health-related behaviors have indicated that health status in this province is suboptimal. For instance, Ansari *et al.*^[9] found that the average age of menopause among women in Zahedan was lower compared to women in other regions of Iran. The results also showed that menopause age was associated with the economic and social status of women. This might also be influenced by nutritional status, cultural norms, and various other social and economic factors.^[6] In addition, another study on Baluch women showed that home births, often regarded as unsafe, continue to pose significant health and cultural challenges to the community.^[10] Thus, it is essential to explore women's narratives of health-related issues, taking into account the cultural and social factors unique to their experiences. Research suggests that women's health problems should be self-identified, reflecting their degree of control over their lives. Furthermore, health planners need to understand women's needs in different stages of life.^[11] To this end, the present study aims to explore the life changes among middle-aged women in Zahedan.

Materials and Methods

This qualitative study was conducted using narrative analysis from September to December 2022. There are three basic presuppositions in the analysis of narratives: (1) Humans organize their understanding of the world through narratives; (2) Narratives reflect the environment as well as individual and social conditions; and (3) There are multiple voices in narratives.^[12,13] Narratives can reveal the conditions that shape health behaviors. They are sequential and interconnected,

defining a central theme, and concluding with a resolution. Several categories of factors usually contribute to the formation of the story, including the main subject, the sequence of events, and the emotions conveyed. In this study, the main subject was explored through the question "Could you describe what you do for your health?"^[12] Events involved the activities undertaken by women for their health, and the emotions reflected women's satisfaction or dissatisfaction with these activities.

The collected data were analyzed using conventional content analysis, a technique that helps to identify the beginning, middle, and end of narratives. The beginning introduces the problem, the middle reveals the struggle with the problem and the efforts to find solutions, and the end presents the changed situation or outcomes that bring peace and tranquility.^[12] The participants in this study were selected using purposive sampling from middle-aged Sistani and Baluch women. The sampling process continued until data saturation was achieved, that is, no new themes or additional information emerged from further interviews. A total of 10 middle-aged women in the age range of 40–60 years participated in this study [Table 1]. Following the principles of qualitative research, the interviews were conducted in a setting that allowed access to middle-aged women, such as their homes or workplaces.

Data for narrative analysis are typically collected through a special type of interview called a narrative interview. Herman (1995) stated, "In the narrative interview, the informant is asked to narrate the history in the form of a continuous story of events from the beginning to the end."^[14] Data analysis was performed simultaneously with data collection using conventional content analysis. The narrations were transcribed into a Word document. The text of the interviews was broken into constituent meaning units and codes after being reviewed several times. Then, the codes were reviewed again and sorted according to the beginning, middle, and end of the narrative. This process aimed to identify the problem, clarify the efforts to resolve it, and finally, present the results as main categories and subcategories.

The trustworthiness of the data was checked using the criteria of credibility, transferability, dependability, and confirmability.^[15] Credibility was established through constant engagement with the data and subject. In addition, the research team members

Table 1: Demographic characteristics of participants

Participant (No.)	Age (years)	Marital status	Number of children	Education	Job
1	47	Married	4	Bachelor's degree	Retired
2	50	Married	2	Ph.D.	Employee
3	52	Married	3	Bachelor's degree	Retired
4	52	Single	0	Bachelor's degree	Employee
5	45	Married	2	Master's degree	Employee
6	44	Married	8	Illiterate	Housewife
7	53	Married	6	Illiterate	Housewife
8	60	Married	4	High school diploma	Freelancer
9	55	Widow	6	Illiterate	Housewife
10	48	Single	0	Master's degree	Employee

monitored the process of conducting interviews and data analysis. The text of the interviews and the extracted codes and subcategories were shared with some of the participants. The dependability of the data was confirmed by an external observer, familiar with qualitative research who was not part of the research team. To ensure the confirmability of the findings, data were reviewed and confirmed by two middle-aged women who were not participants but shared similar characteristics with the participants. Moreover, to enhance the transferability of the findings, all procedures taken to collect and analyze the data were meticulously recorded and reported.

Ethical considerations

In compliance with ethical principles, participants were provided with information about the objectives of the study. They were also assured of the confidentiality of their data and informed of their right to withdraw from the study at any time. This research project was supported and approved by Zahedan University of Medical Sciences with the code ID: IR.ZAUMS.REC.1401.278.

Results

Data analysis led to the identification of 450 codes, with “maturity” identified as the main category at the end of the narratives. Understanding the developmental stages and gaining experience in managing life emerged as subcategories in the middle of the narrative. Moreover, perception of middle age, gaining experience, and behavior change were identified as the subcategories at the beginning of the narratives [Table 2].

Maturity

One participant narrated, “*As I got older, I concluded that being nervous and angry cannot solve my problems. I realized that it would be better to choose other ways to manage life. For example, in the early years of marriage, I had no experience and used to argue with my husband a lot, but after the first 10 to 15 years of my life, I just understood how to behave with my husband*” (P1).

Understanding the developmental stage

Analysis of the women’s narratives indicated that their understanding of the developmental stage significantly influenced their health behaviors. A 40-year-old woman remarked, “*I’ve left youth behind and I am getting old. I no longer think about middle age; I see myself old. I don’t have a good memory like when I was 30. I experience some physical problems, and I cannot remember things well due to old age*” (P2).

This narrative highlights that middle age is viewed as “the missing ring.” Another participant narrated her understanding of middle age and self-esteem, “*I performed well practically (technically) at work, but my academic knowledge was not good. Others encouraged me to continue studying. I considered my situation carefully and decided that at least I could get a bachelor’s degree. Initially, I felt very upset and worried because my classmates were young and seemed to perform better than me; but as I progressed, I realized that my grades were higher. This improved my self-confidence at this age*” (P4).

Table 2: Codes, categories, and subcategories extracted in the study

Primary codes	Beginning of the narratives (Subcategories)	Middle of the narratives (Subcategories)	The end of the narratives (Main category)
Leaving youth behind	Perception of middle age	Understanding the developmental stage	Maturity
The onset of aging			
The onset of illness			
The beginning of forgetfulness			
Self-esteem			
Reawakening	Gaining experience	Gaining experience in managing life	
Experiences gained during life			
Going through the stages of life step by step			
Gaining experience with age	Behavior change		
Gaining experience in managing life			
Experience as a behavior change agent			
Changes in individual characteristics			
Revising the behavior over time			
Coping with conditions after the age of forty			
Change in emotional relationships with the spouse			
Lifestyle changes			
Using personal experiences			
Change in social relations after gaining experience			
Conscious change in expectations			

Gaining experience in managing life

Gaining experience was a recurrent theme in most participants' narratives, highlighting its impact on different aspects of their lives. Participants expressed that gaining experience in managing life involves going through the stages of life step by step, gaining experience with age, gaining experience in managing life, and life experiences as a behavior change agent. Concerning the experiences gained and the changes in her characteristics, a participant stated, *"At the beginning of our marital life, my husband was very cooperative and tried to do anything I asked. But, later on, he did not agree with me and refused to do things requested by me. If he had been a bit more cooperative, I would not have suffered from physical problems caused by excessive stress. Later on, I realized he could not change his behavior. So, I decided to be aloof and indifferent and not endanger my health as nothing was important to him"* (P3).

A 45-year-old woman stated, *"Another thing I learned was to disregard small issues, as my husband's family did. They did not care about small things. The things that were important to my mother were unimportant to them. So, I learned not to care about trivial issues"* (P5).

Behavior change

The participants stated that they learned to change their behavior and personal characteristics during the course of life. They also highlighted issues such as reconsidering their behavior over time, coping with conditions after the age of 40 years, changing emotional relationships with the spouse, changing lifestyle, using personal experiences, and redefining social relationships and expectations from the family. One of the participants stated, *"A couple of years ago, my oldest child faced a problem. At that time, I was younger. He was a college student and wanted to marry. Everyone knew that his decision to marry was wrong. I was trying to talk to him and convince him that it was a mistake. Now, after 10 years, the same thing has happened to my younger child. What should I do? I find myself telling her I'm speaking as a friend—ultimately, the decision is hers"* (P7).

Another participant stated, *"I used to have expectations from others, but I no longer do as I have read extensively about this. For example, if I attend a relative's birthday party, they will also come to my party with a gift. But if I can't go or if I go late, they will come to my party late. I used to feel upset about it. Now, I've learned to give up these expectations and I don't feel upset about things like this anymore"* (P10).

Discussion

The findings from this study showed that women achieve maturity through understanding the developmental stages of middle age and gaining experience in managing life, leading to changes in their behaviors. The study participants expressed their perceptions of middle age through statements

that reflected the characteristics of this period. They described middle age as the most efficient stage of life that can contribute to achieving self-confidence, thinking about life, and establishing the path of life. In addition to their understanding of middle age, women pointed to physical and mental problems attributed to this stage of life. A review of the literature revealed that no study has addressed the characteristics of this developmental stage and its potential for enhancing self-confidence in women. Previous studies on this developmental stage mostly focused on menopause-related issues. Moreover, in some studies, middle age was referred to as an obstacle to women's mental health.^[3,16-18] However, some studies indicated that women do not perceive menopause as an obstacle to their health.^[19] A review of previous studies, especially those conducted on Iranian women's health issues suggested that middle age as a developmental stage has been underexplored.^[6,20] Nevertheless, the middle-aged women in this study reported positive attitudes toward this stage of life, associated with menopause and a certain degree of freedom, finding it satisfactory.^[2] Yet, middle age as an evolutionary stage was unknown to them, and most of the participants considered it as synonymous with the onset of old age. The only perceived concern of this developmental period was the prevalence of physical diseases such as high blood pressure, weight gain, and musculoskeletal pain. Differences in results may be attributed to cultural variations.

Gaining experience in managing life was another subcategory of development. According to the participants, this involves going through the stages of life step by step, gaining experience with age, gaining experience in managing life, life experiences as a behavior change agent, gaining experience from the life of parents, and experiencing dreams over time. However, analysis of the participants' narratives showed that only the experiences that a person had during her life could lead her to maturity. A review of the literature on women's experiences showed that previous studies often focused on the experiences of childbirth, motherhood, menopause, and illnesses.^[3,21,22] Another study addressed physical and mental changes in middle age, leading to psychological problems for women.^[17] The present study revealed that the experiences accumulated by women during their lives contribute to their maturity. Although women can gain experiences in any field, what is remarkable about these experiences is their nature, which can lead to the development and maturity of women's behaviors. In a grounded theory study by Navvabi Rigi *et al.*^[3] (2022), conducted on the same research population, it was found that Baluch women felt aged when they began experiencing physical and psychological symptoms of menopause, often finding themselves prematurely disabled, even as they developed a spiritual dimension. The present study showed that factors such as gaining experience and perception of middle age create conditions that lead to maturity, aligning with the characterization of middle age as a golden stage of development. Individuals' perceptions of this developmental stage play an important role in their

health status. Just as youth is referred to as a period of health and old age as the onset of diseases, understanding middle age can also have a significant impact on health conditions. Accordingly, some participants in the current study were unaware of this developmental stage and associated age with youth or old age. Thus, it can be argued that development, perception of the developmental stages, and gaining experience in managing life are the key concepts of middle age, contributing to women's maturity. As this study was conducted using a qualitative design, the findings have limited generalizability. In addition, the study did not explore contextual issues and their role in women's maturity. Therefore, if midlife issues are addressed and analyzed in their context, the conceptualization of maturity may differ. Thus, future studies need to be conducted with varied approaches to address contextual issues comprehensively.

Conclusion

An analysis of the women's narratives in the present study revealed that maturity is achieved through women's perceptions of middle age as an evolutionary stage and gaining experience in managing life, subsequently leading to behavior change as well as further growth and maturity. The findings showed that growth occurs in the process of gaining experience. This study did not explore contextual issues and their role in women's maturity. Therefore, if midlife issues are addressed and analyzed in their context, the conceptualization of maturity may differ. Furthermore, physical problems associated with middle age would be identified and treated faster.

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Conflicts of interest

Nothing to declare.

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