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RESEARCH / ARAŞTIRMA

Weight Loss Experiences of Overweight or Obese Postmenopausal Women with Dietitian Support: A Qualitative Research

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ABSTRACT

Objective: To describe in detail the challenges faced by overweight and obese postmenopausal women, and to explore their experiences with weight loss through dietitian support.

Materials and Methods: This qualitative study was conducted with 14 participants. Semi-structured interviews were used to gather information through 'metaphors' and open-ended questions to elicit participants' experiences of menopause, changes in body weight and its effects, their views on dietitian support, and their suggestions regarding exercise and diet. The interviews were recorded using a voice recorder. The transcribed voice recordings were coded and analysed using the computer-assisted qualitative research programme MAXQDA 22.

Results: Four main themes were identified: "participants' experiences of menopause", "changes in body weight and their effects", "perceptions of dietitian support", and "participants' suggestions for exercise and diet". Participants' experiences of menopause were mostly expressed as "difficulty in losing weight" and "weight gain", and their perceptions of obesity were expressed as "restriction of exercise", "occurrence of illness" and "easy fatigue" due to increased body weight. Participants primarily reported motivations for weight loss such as achieving a healthier lifestyle, ensuring healthy aging, and maintaining a high quality of life. Participants emphasized that the dietitian's primary role was to "support for motivation".

Conclusion: Women generally associate menopause with illness, obesity, vasomotor symptoms, and psychological issues. The findings show that the dietitian's approach is crucial both for the treatment process and for the consultant. It is also important to provide psychological support to postmenopausal women in conjunction with dietitian support.

Keywords: Menopause, qualitative research, postmenopause, weight loss.

Hafif Şişman ve Şişman Postmenopozal Dönemdeki Kadınların Diyetisyen Desteği ile Zayıflama Deneyimleri: Nitel Bir Araştırma

ÖZET

Amaç: Vücut ağırlığı kaybı sağlayan postmenopozal dönemdeki hafif şişman ve şişman kadınların yaşadıkları problemleri derinlemesine betimlemek ve diyetisyen desteği ile zayıflama deneyimlerini ortaya çıkarmaktır.

Gereç ve Yöntem: Nitel araştırma desenlerinden fenomenolojik bir yaklaşımla verileri toplanan bu araştırma 14 kadın katılımcı ile yürütülmüştür. Yarı-yapılandırılmış görüşme tekniği kullanılarak katılımcıların menopoz deneyimlerini, vücut ağırlıklarındaki değişimi ve etkilerini, diyetisyen desteğine bakış açılarını, egzersiz ve beslenme konusundaki önerilerini ortaya çıkarmak için "metaforlar" ve açık uçlu sorular aracılığıyla katılımcılardan bilgi toplanmıştır. Görüşmeler ses kayıt cihazı ile kayıt altına alınmıştır. Deşifresi yapılan ses kayıtları bilgisayar destekli nitel araştırma programı MAXQDA 22 kullanılarak kodlanıp analiz edilmiştir.

Bulgular: Kadınlar ile yapılan görüşmelerden elde edilen ses kayıtları ve görüşme notları deşifre edilmiştir. Çalışmada dört tema belirlenmiştir. Bu ana temalar; "katılımcıların menopoz deneyimleri", "vücut ağırlığındaki değişim ve etkileri", "diyetisyen desteği algısı" ve "katılımcıların egzersiz ve beslenme konusundaki önerileri" şeklindedir. Katılımcılar menopoz deneyimlerini çoğunlukla "kilo kaybetmekte zorlanma" ve "kilo artışının olması" olarak ifade etmiş, vücut ağırlığı artışına bağlı "hareketlerin kısıtlanması", "hastalıkların ortaya çıkması", "çabuk yorulma" kodları ile şişmanlık algılarını dile getirmişlerdir. Katılımcıların zayıflamayı isteme sebeplerinin başında ise sağlıklı bir yaşam sürmek, sağlıklı bir yaşlılık yaşamak, kaliteli bir yaşam sürmek gibi hedefler bulunmaktadır. Katılımcılar, diyetisyenin en büyük rolünün "motivasyon için destek" olduğunu vurgulamışlardır.

Sonuç: Kadınlar menopozu; çoğunlukla hastalıklar, obezite, vazomotor semptomlar ve ruhsal sorunlarla ilişkilendirmişlerdir. Diyetisyenin kadınlara yaklaşımının hem tedavi süreci hem de danışan açısından büyük önem taşıdığı gösterilmiştir. Postmenopozal dönemdeki kadınlara diyetisyen desteği ile birlikte psikolojik destek sağlanmasının da önemli olduğu düşünülmüştür.

Anahtar Kelimeler: Menopoz, nitel araştırma, postmenopoz, zayıflama.

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1. Introduction

The World Health Organization (WHO) defines menopause as the spontaneous, permanent cessation of menstruation in women due to loss of ovarian function (1). The mean age of menopause worldwide is reported to be 51 years, with a range between 45 and 55 years. In Turkiye, the median age at menopause is 47 years (2). Age at menopause is influenced by many factors, including genetic, environmental, socioeconomic and nutritional factors. It is emphasised that many factors, such as the absence of childbirth, smoking, high total fat intake, and caffeine consumption, may accelerate the onset of menopause (3). According to data from the Turkish Statistical Institute (TUIK) in 2019, 1 in 7 women in the country were in menopause, and according to TUIK data from 2023, the life expectancy of women at birth is 81.1 years (4, 5). Based on these findings, women spend a significant portion of their lives in menopause and post-menopause. Therefore, it is important to address the problems faced by the post-menopausal female population, which constitutes a large part of society (6).

Menopause is not a disease, but rather a natural and inevitable part of a healthy woman's life. The changes that occur during this process may lead to physical and mental health problems for many women. Various medical treatments, alternative therapies and medical nutrition therapy are recommended to minimize these problems and improve the quality of life (7). A healthy diet is of great importance in protecting and maintaining menopausal and post-menopausal health and reducing the risk of menopause-related diseases (8). One study of post-menopausal women found that they were unable to maintain their optimal body weight and were not consuming adequate amounts of energy, macronutrients, and micronutrients (9). In another study involving women before, during, and after menopause, it was found that the dietary habits of menopausal women needed improvement, that the nutrients recommended to protect and improve health in this age group were not consumed in sufficient amounts, and that obesity was widespread (10). Therefore, it is recommended that dietitians provide nutrition education to women during this period of time to teach them healthy eating habits and that medical nutrition programmes be established and monitored to ensure weight loss (9, 10).

The aim of this study was to describe in detail the problems faced by overweight and obese postmenopausal women who lost weight with the guidance of a dietitian, and to explore their experiences with weight loss. We also aim to highlight the experiences of post-menopausal women by detailing what they experience and feel physically and emotionally, the changes that take place in their bodies, and, their thoughts, attitudes, and beliefs about diet, physical activity, menopause, and obesity.

2. Materials and Methods

2.1. Research Design/Model

In this research, the data collection and analysis techniques of qualitative research were used, and a phenomenological approach was adopted. Qualitative research utilizes various data collection methods such as interviews, observations and document analysis, and follows a qualitative process to uncover perceptions, perspectives, and events in a realistic and holistic way in a natural setting (11). The concept of a phenomenon refers to a concrete, perceptible, observable, verifiable, testable, researchable, and experienceable event. Phenomenological research explores how people make sense of their individual and collective experiences (12). The phenomenon of this study is the experiences of overweight and obese postmenopausal women in weight loss with the support of a dietitian. Checklists for the reporting of qualitative research were also reviewed and used as a control tool in terms of this study process (13, 14).

2.2. Inclusion Criteria

The study involved women who visited the clinic where the research was conducted, were naturally menopausal or postmenopausal, were overweight or obese at the start of medical nutrition therapy, were losing weight under the supervision of a dietitian, had ongoing treatment, and volunteered to participate in the study.

2.3. Exclusion Criteria

Women with surgical menopause, women who were underweight or of normal weight according to the body mass index (BMI) classification, postmenopausal women who did not receive nutritional support, and women who did not volunteer to participate in the study were excluded from the study.

2.4. Sample

The participants were selected using a purposive sampling method. Purposive sampling is a type of non-random sampling in which study participants are chosen because they belong to a population of interest, possess certain traits or experiences, or meet other criteria. The chosen sample is used to represent the public or group being studied. Researchers use purposive sampling to gain insights into new ideas, norms, and social problems. This type of sampling is often employed to gather more information about a research question (15).

A list of postmenopausal women who attended the clinic and were supervised by the research dietitian was compiled from patient records. Overweight and obesity in postmenopausal women were determined based on the BMI values of the women on this list on the day treatment began. Women identified as overweight or obese on this list were individually contacted by the research dietitian and asked about their type of menopause. The purpose of the study was explained to the naturally menopausal women. Among these, 26 participants volunteered to participate in the study. These women were contacted again, informed about the interview process in detail and an appointment was scheduled for the interview.

The interviews were conducted one by one on the scheduled day and time, and the transcription of the voice recordings began. After approximately 10 transcripts, it became apparent that the participants' responses were very similar. The interviews continued until the fourteenth interview, at which point an expert opinion was sought. The interviews were concluded based on the expert's opinion and the researcher's judgement that data saturation had been reached. Therefore, this study was conducted with 14 female participants who were overweight or obese postmenopausal women, lost weight under the supervision of a dietitian, and agreed to participate in the study. The names of the participants were coded as K1, K2, K3, ..., K14.

2.5. Process of Data Generation

This study was conducted between November 19, 2021 and November 11, 2022, in a private medical practice center in Izmir. During data collection, a semi-structured interview form with open-ended questions was developed prior to data collection (6-8, 16, 17). The questions in the semi-structured interview form, designed to address the research purpose and qualitative content, were formulated as follows:

- What thoughts do postmenopausal women have about menopause?

- What thoughts do postmenopausal women have about obesity?
- How do postmenopausal women view the support from dietitians?
- What do postmenopausal women experience and feel physically and mentally? (They were asked about the menopausal symptoms they had experienced, with vasomotor symptoms given as examples, what diseases they had developed, and how they felt mentally at that time, with nervousness, tension, and depression as examples).
- How do postmenopausal women feel about physical activity?
- What do postmenopausal women think about nutrition?
- What are postmenopausal women's dietary recommendations for menopausal and postmenopausal women?

Subsequently, two expert opinions were obtained, necessary adjustments were made based on their feedback, the interview form was finalised, and data was carried out by the research dietitian through in-depth interviews. As the data collection method of the study involved in-depth interviews, the interviews lasted from 32 to 47 minutes, allowing more meaningful and detailed information to be obtained and the necessary analysis to be performed. A dictaphone was used to record the conversation during the interview. In cases where the participants' answers went beyond the scope of the question, additional questions were asked to contribute to the research topic. During the in-depth interviews, participants were not guided by the researcher; however, if there were questions they did not understand, the question was clarified through spot checks.

At the end of each interview, the voice recording data was transcribed verbatim. The entire transcription process was carried out at home in a room where the researcher was alone. The accuracy of the transcriptions of the interviews and the participants' field notes was checked and confirmed by listening to the voice recording again. The transcription process took approximately five hours per interview. The interview transcriptions ranged from 2,560 words to 4,092 words. The data sources from the semi-structured in-depth interviews included the evaluation reports created after the interviews and the voice recordings used during the interviews. To make the participants' experiences transparent, the results include their direct statements.

2.6. Analysis of the Research Data

In analysing the data, all interviews were first transcribed verbatim. The accuracy of transcripts was then checked by listening to the voice recordings again, correcting them if necessary, and transferring them to the computer-assisted qualitative research programme MAXQDA 22. The transcripts transferred to MAXQDA 22 were read, coded and analysed sequentially. In addition, the research results were mapped using the "Visual Tools" of the MAXQDA 22. The data was analysed using thematic content analysis according to the phenomenological approach (18). Transcripts were coded using open and axial coding strategies. Transcripts were analysed following the steps elaborated by Tekindal and Uğuz (19) regarding the scope and procedure of the phenomenological approach, a qualitative research method. First, the transcripts were read individually to gain a general understanding, and each statement related to the experience was listed. Then, themes were formed and grouped from the units of meaning. Two experts were regularly consulted for coding, grouping, and analysis.

To ensure the confidentiality of the interviews, the researcher conducted the interviews in a quiet room where the participants were alone during the online interviews. During the in-depth interviews, the participants were not guided by the researcher, but if they had any questions that they could not understand, the question was explained through spot checks. The transcripts of the voice recordings were also carried out in an environment where no one was present to protect the confidentiality of the participants. In addition, each participant was given a unique code to ensure anonymity, and the voice recordings and transcripts were kept by the researcher. In addition, two experts were consulted and supported to increase the validity of the interview questions. A computer-assisted qualitative data analysis programme was also used to reflect the transparency of the process.

2.7. Ethical Considerations

The research was approved by the Izmir Kâtip Çelebi University Noninterventional Clinical Research Ethics Committee on October 21, 2021, with decision number 0429. Postmenopausal women with overweight or obesity who voluntarily agreed to participate in the study were included in the study while those who did not volunteer were excluded from the study. Informed consent was obtained from the participants as part of the research. This research was supported by the Coordination Office for Scientific Research Projects (BAP) of Izmir Kâtip Çelebi University under project number 2021-TYL-SABE-0023.

3. Results

The age of the participants ranged from 53 to 65 years. When selecting the sample, it was ensured that the occupations, ages, and menopausal ages of the participants were as diverse as possible. In this way, the aim was to achieve different discourses. According to the BMI value, nine participants with BMI values between 25.00-29.99 kg/m^2 were classified as overweight, and five participants with BMI values ≥30.00 kg/m^2 were classified as obese. In the content analysis of the study, the data were analysed in four main themes under the title of "Weight loss experiences of postmenopausal women". These main themes were "Participants' Menopause Experiences", "Change in Body Weight and Its Effects", "Perception of Dietitian Support" and "Participants' Suggestions on Exercise and Nutrition". The resulting themes are shown in (Figure 1).

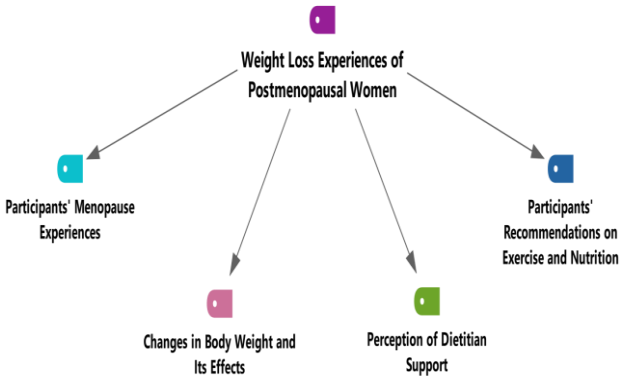

Figure 1. Main themes of content analysis (MAXQDA 22. visual tools hierarchical code subcode map).

3.1. Theme 1: Participants' Experiences of the Menopause

This theme explored the participants' perceptions of menopause, including their physical and emotional experiences during this period, the changes in their body weight, and the challenges they faced in losing weight during the menopause. As a result of the data analysis, many different codes emerged. Figure 2 shows the most prominent codes, with the thickness of the lines representing the frequency of each code.

As illustrated in Figure 2, the most common codes used by participants to describe their experiences of menopause were "difficulty in losing weight" and "weight gain" during this period.

In addition, “slowed metabolism”, “hot flushes”, “depression” and “irritability” were other frequently mentioned codes.

K3: *I had a very hard time, in a word, I had a very hard time. Our process with you was not a short one. If it had been before menopause, when I was younger, I would have lost weight in less time, and without age and menopause. But with the menopause, even though I followed the diet to the letter, I lost weight very badly, and that made me very, very sad. There were some weeks when I could not lose any weight at all. I mean, I had a very difficult time. I lost weight very badly, I lost weight very badly*.

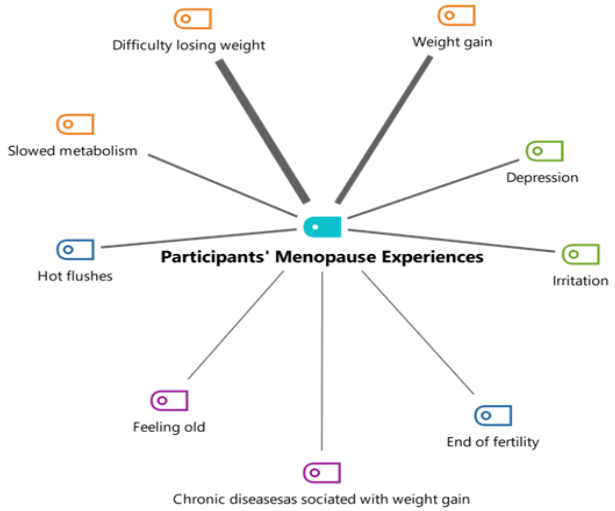

Figure 2. Participants' menopause experiences (MAXQDA 22. visual tools code-subcode-sections map).

K11: *Excessive sweating, fatigue, insomnia, weakness, fever, fever in the back, burning in the head, sweating in the hands and feet, being nervous, being irritable, you become irritable, at any moment you are in a position to hurt someone, to hit someone, to fight someone. So I've experienced that, honestly. That's what I'm trying to tell you*.

K14: *Yes, weight gain begins with menopause, and weight gain begins at that point. Just like your eyes start to deteriorate after the age of 40, just like a person's optic nerves start to not see up close after the age of 40, that's not premenopause or anything, I mean, gram for gram, the body renews itself every 10 years. I mean, it renews itself for better or worse. So when you are 50, you have 3-4 kilos more. I mean, when I was 55, I was 60, but now I have turned 90 in those 10 years"*.

Almost all participants complained that their metabolism slowed down during menopause, leading to sudden weight gain. They also mentioned that it was very difficult to lose the weight they had gained so quickly during this time. The majority of participants reported that they suffered from severe vasomotor symptoms during menopause, and when these symptoms were accompanied by obesity, their quality of life, social life, and mental health were significantly impacted.

3.2. Theme 2: Changes in Body Weight and Their Consequences

Participants talked about their perceptions of obesity in detail, including its symptoms, the conditions it can cause, and the challenges they face in their daily lives as a result. They also shared their motivations for wanting to lose weight, their expectations for achieving a healthy body weight, and their potential emotional states. The prominent codes related to this topic are illustrated in Figure 3, where the thickness of the code lines indicates the frequency of each code.

K1: *I mean, to have a healthy old age, I am now 57 years old and we are approaching middle or old age. To have a healthy life, I mean, apart from looks, I don't care about looks at all, let's say I don't care. I don't have cholesterol, my father was diabetic and died of heart disease. I don't have diabetes. Thanks to my friends. That's why I don't have high blood pressure, those are all weight related things. As much as I've heard and seen, as much as I've experienced with my friends. I mean, I haven't experienced it myself. That's why I'm trying to lose weight, which means trying to eat a balanced diet*.

K3: *In my movements, of course, I was working at the time, and it was very difficult then. As I said, I had problems for a long time, even sitting at work, walking, I do not know, it caused me all sorts of problems. Because it was difficult, I mean it was difficult, the weight is very difficult. Like I said, if you are overweight you can not walk far, you can not go up slopes, you can not go up stairs, you are weak, you get tired quickly, so those were all problems. Experienced problems*.

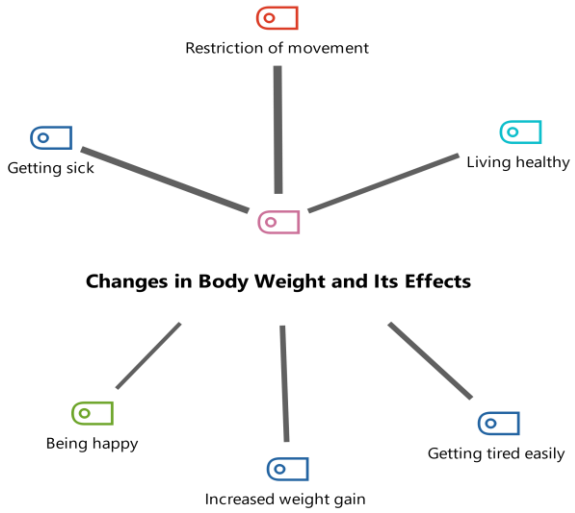

Figure 3. Change in body weight and its effects (MAXQDA 22. visual tools code-subcode-sections map).

K11: *I would take Izmir on my back and leave. I would be very happy. You hit me in a very good place. Really, it was a subject I was very happy about. I wouldn't be so happy if they gave me Izmir. I would be very happy, to be honest*.

In relation to this theme, as illustrated in Figure 3, participants most frequently expressed their perception of obesity using the codes “restriction of movement”, “getting sick”, and “getting tired quickly” due to increased body weight. However, almost all participants emphasised their motivation for weight loss with the code “to live healthily”. On the other hand, they described their anticipated feelings upon achieving a healthy body weight with the code “I would be happy”. The participants reported experiencing health problems such as back, knee, and shoulder pain, restricted movement, shortness of breath, weakness, fatigue, blood sugar problems, and excessive sweating, all of which significantly affected their quality of life due to the excess body weight. They primarily expressed their experiences of obesity in terms of their health problems and limited mobility. High on the list of reasons for wanting to lose weight were aspirations for a healthy life, a healthy old age, and a good life without illness. When the women's expectations of achieving a healthy body weight were analysed, the participants mentioned that they would feel much happier, more splendid, more relaxed, and younger upon reaching their ideal weight. They believed that achieving this goal would be a very good thing.

3.3. Theme 3: Perceptions of Dietitian Support

This theme analysed participants' perspectives on the dietitian support they received during the dietary therapy process. Participants' perspectives were examined in two sub-themes:

the advantages and disadvantages of dietitian support. As shown in Figure 4, participants emphasised that the most important role of the dietitian in the treatment process was "support for motivation". In addition, the codes for "support in staying on track", "support in obtaining information" and "making you feel responsible" also come to the fore among the advantages of dietitian support. On the other hand, as depicted in Figure 4, the most frequently mentioned disadvantages of dietitian support include the codes "lack of personalized programmes" and "presence of dietitians who are not aware". The thickness of the code lines in Figure 4 reflects the frequency of these codes.

K2: *I mean as far as organizing things, now pay a little attention to it before, but as time goes on you stretch a little bit, but there's a period of time here where I can not be 100% compliant, I share it anyway, but the menu is always in front of my eyes, especially I print it out and it's on my table while I am eating. I think it's a very motivating thing, and I am also starting to incorporate it into my life, for example, because you support it with recipes. Some of them were already there, but partly I have started to favour them in the part that I would prefer, of course it offers a lot of convenience. A nutritionist is a must in that sense. So, like I said, I think it's something that helps you get a little bit more in line*.

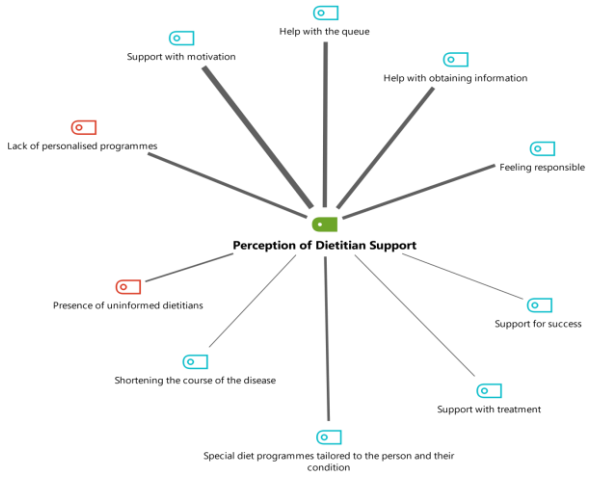

Figure 4. Perception of dietitian support (MAXQDA 22. visual tools code-subcode-sections map).

K14: *If you ask me, the main reason for dieting is the dieter's motivation. I mean, what are you doing, you're paving the way for me, but you're paving the way with my own shovel. Oh, you're not paving it, you're making me do it with my own stuff. Then it goes better. But now that there's no such discipline, I say, 'Oh, I'm not going to eat this or that for breakfast. But an hour later I'm very hungry and that's a big danger for me. And when I'm very hungry, I always eat sugar, sweets. So these are the mistakes. If you go to a nutritionist, look at yourself, see yourself. If you don't go, you don't take care of yourself. You eat what you find, like a scavenger*.

K7: *I heard his words in the public hospital where I was first admitted, without any measurements, I lost my memory, I lost my memory for 7-8 hours. It turned out that I had run out of vitamin B12. Then I came to my senses. Now I know the truth. I lost my memory, that's not a lie. My children cried and asked what had happened to my mother. That's what happened to me. To lose weight. The woman just gave me a list, she gave everyone the same list. Well, for example, after my illness*.

The participants mentioned that the dietitian's management of the process as an authority provides motivation by instilling a sense of responsibility in the client. This approach, characterized by positive energy and encouragement, along with a moderate demeanor and empathy, plays an important role in enhancing motivation. On the other hand, it was found that providing programmes that are unsuitable for an individual's health and lifestyle along with a lack of care and motivation for the client, can lead to treatment failure and contribute to the development of biases against seeking professional help.

3.4. Theme 4: Participants' Recommendations on Exercise and Diet

Participants in the study were also asked for their recommendations regarding diet and exercise for menopausal women, based on their experiences with menopause. In terms of diet, recommendations included seeking professional support and motivation, as well as managing carbohydrate, protein, and fat intake to maintain a healthy diet.

As illustrated in Figure 5, participants placed the greatest emphasis on the code "carbohydrate consumption should be reduced". In addition, the codes "it is necessary to eat more vegetables, fruits and legumes", "it should be a healthy and balanced diet" and "you should seek professional support" are also among the most prominent codes. In Figure 5, the thickness of the code lines reflects the frequency of eachcode.

K4: *Like Turkish society: bread, pastries, rolls, daily events, this and that. We have to stay away from that. I think we should eat mainly vegetables, legumes and greens. Like in our menus. We need to stay away from bread and pastries. We need to stay away from fat, we need to reduce the amount of fat. We also need to drink a lot of water*.

Figure 5. Participants' suggestions on nutrition (MAXQDA 22. visual tools code-subcode-sections map).

K6: *Well, I have many suggestions, I say they should eat healthy, I say they should behave consciously. You know, unconscious behaviour causes a lot of problems. They should get support from you, from doctors like you, from nutritionists like you. Consciously, by eating healthy, their water, greens, yoghurt, milk. I don't drink a lot of milk, but I drink yoghurt*.

Regarding physical activity, all participants, including those who did not engage in exercise, recommended incorporating physical activity during the menopause. As illustrated in Figure 6, almost all participants strongly recommended "walking". However, "yoga" was particularly recommended, and it was emphasized that the exercises should be age-appropriate. In addition, the majority of participants emphasized the code "be sure to exercise" during menopause. In Figure 6, the thickness of the code lines reflects the frequency of each code.

K2: *Definitely, I mean, it's not a challenge because why it's hot flashes can be forced and left if you make a special effort during hot flashes. But I think it's useful to have stretching support in the form of regular walks or yoga. You know, because the others are a bit difficult, it can become a 'I should not be doing this' after a while. But I think a rhythmic walk and yoga would be very, very*

good. So we do it slow and steady. So I think walking as an activity is essential for human health. For me, it's the most important thing in diet or in these movements. It's sustainable. Making this diet and our life so that we are sustainable.

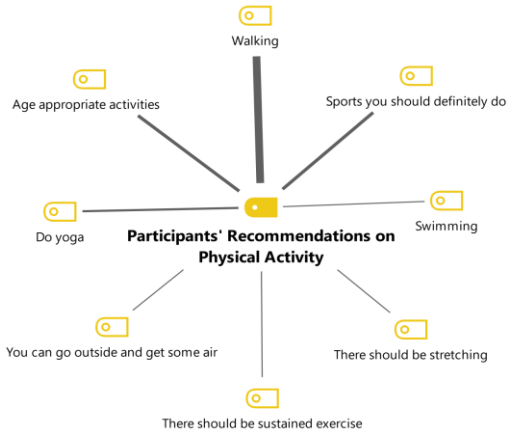

Figure 6. Participants' suggestions on physical activity (MAXQDA 22. visual tools code-subcode-sections map).

4. Discussion

Menopause is a physiological process that induces numerous changes in the female body. Although a woman's body weight may remain stable during this period, muscle mass tends to decrease, fat mass increases, and total body water decreases. If these changes are accompanied by a lack of physical activity, an increase in fat mass— particularly in the trunk and lower limbs—becomes inevitable. During menopause, central adiposity (intra-abdominal fat) increases more significantly than in other areas of the body, heightening the risk of obesity, insulin resistance, and diabetes (8, 16). Obesity is associated with various diseases, including type 2 diabetes, cardiovascular disease, and cancer, and it significantly affects an individual's quality and longevity of life. A review of the literature revealed a lack of qualitative research on menopausal women's experiences of obesity. The aim of this qualitative study was therefore to address this gap in the literature regarding the weight loss problems experienced by postmenopausal women who are overweight or obese, particularly in the context of dietary support. The key findings and notable points that emerged from this study are as follows:

When the women in the study were asked what menopause meant to them, they mainly defined it as a slowdown in metabolism accompanied by a sudden increase in body weight. They also mentioned that losing weight during this period was particularly challenging. On the other hand, the majority of women described menopause in terms of vasomotor symptoms. It is well-established that metabolism slows with age and that the risk of chronic diseases increases due to hormonal changes (16, 19). The literature further indicates that menopause leads to alterations in body composition that can be detrimental to health (20-23). The qualitative study conducted by Polat and Geçici (24) also examined menopause from the perspective of menopausal women, evealing that many of the themes identified were consistent with those in this study. In addition, their research found that menopausal women experience issues such as vasomotor symptoms (sweating, hot flashes, feeling of suffocation), somatic symptoms (palpitations, headaches, back pain, joint and muscle pain, fatigue), a negative impact on quality of life and concerns related to weight gain and self-consciousness. The study by Kurt and Arslan (7) reported that the majority of women experienced health problems related to the urinary system, including hot flashes, sweating, joint and muscle pain, fatigue, irritability, urinary incontinence, and menopausal urinary tract infections, as well as sexual health issues such as dyspareunia and decreased sexual desire.

In this study, participants reported changes in their body weight during menopause and the associated problems they experienced as a result. They identified obesity as a health problem that affects their daily activities and social interactions. A review of the literature shows that the majority of menopausal weight gain during menopause occurs in the abdominal region, which increases women's long-term cardiovascular and metabolic risks (20, 23, 25, 26). The study conducted by Kılıç et al. (27) highlighted that obesity poses numerous health challenges for women and emphasized the importance of weight management in enhancing women's quality of life.

When participants were asked about their motivations for wanting to lose weight, health-related reasons emerged as the most common. A review of the literature found that 50% of participants in the study by O'Brien et al. (28) and 38.3% in the study by Okumuşoğlu et al. (29) cited health-related reasons as their primary motivation for weight loss. Additionally, the study by Mroz et al. (30) identified the three most important reasons for women seeking to lose weight as health, appearance for others, and self-image, which is consistent with the findings of the present study.

The study also asked how women would feel if they achieved a healthy body weight. The majority of participants believed that happiness, health, and beauty could be achieved through thinness. Another qualitative study found that overweight women were often looked down upon, disliked, perceived as unattractive, unsuccessful, weak-willed, and blamed by others. These women reported feelings of unhappiness, alienation, sadness, regret, and inadequacy (31). In a systematic review of 32 studies involving more than 57,000 obese women, constructs measuring positive psychological well-being, such as self-esteem, life satisfaction, positive affect, social support, vitality, happiness, self-acceptance, and optimism were examined, and most studies found that positive psychological well-being was lower among obese women. Furthermore, improvements in positive psychological well-being were found to be associated with weight loss and successful lifestyle changes, regardless of whether weight loss occurred (32).

This study investigated how participants perceived the support provided by a dietitian during the dietary treatment process. The participants emphasized that the most important role of the dietitian during this process is to provide motivation. They also highlighted the benefits of the dietitian's support, which include ensuring consistency, instilling a sense of responsibility, and providing information. Similarly, the study by Zevin et al. (33) underscored the significance of motivation in the weight loss journey and the importance of motivational practices. In a qualitative study by Emiroğlu et al. (34), which parallels the current research, participants were asked "What were your expectations of the dietitian during the dieting process?" The analysis of the findings revealed four different sub-themes:"treating the person individually", "being motivating", "making them lose weight quickly" and "being non-judgmental". Most participants emphasized that the dietitian developed specific, applicable programmes tailored to their needs. They also expressed that the motivation provided by the dietitian was important for their success. Similarly, a randomized controlled trial showed that long-term support from both a dietitian and a psychologist helped prevent obese patients from regaining weight after successful weight loss (35). The same study also emphasized that professional support serves as a behavioural tool with the potential to promote healthy eating habits, facilitate long-term weight loss, and support weight maintenance (35).

On the other hand, the most significant disadvantages of dietitian support include the fact that some dietitians lack adequate knowledge and fail to develop programmes tailored to the individuals and their specific conditions. In alignment with this study, another study examining dietitians' attitudes toward

obese people revealed that dietitians described them using adjectives such as gluttonous, unattractive, incompetent, indecisive and lazy. This finding indicates that stigmatisation and prejudice, which are sensitive issues related to obesity, are also prevalent among health professionals involved in patient treatment (36). Furthermore, another study revealed that both dietitians and dietetics students who participated in the research held stigmatised views regarding some of the perceived causes of obesity. The same study highlights the importance of obesity campaigns that prioritize improving health and well-being rather than solely focusing on weight loss, as the latter can reinforce stigma. Additionally, it underscores the necessity of educating and updating health professionals and students about weight stigma, its consequences for those affected, and the role of uncontrollable factors in obesity (37).

The participants were also asked to provide advice for postmenopausal women regarding exercise and diet based on their experiences during menopause. Most participants attributed obesity to excessive carbohydrate consumption and made recommendations based on this observation. In this context, it is emphasised that both carbohydrate and fat intake should be limited, while the consumption of vegetables, fruits, legumes, and high-quality proteins should be prioritized to prevent obesity and related menopausal health problems. Additionally, the women who participated in the study recognized and advocated for the importance of a healthy and balanced diet, highlighting the need for psychological and nutritional support during menopause when necessary. The study by Bendinelli et al. (38) states that healthy eating habits and moderate physical activity are crucial for maintaining the health of menopausal women, which is consistent with the findings of this study. Another study by Silva et al. (39) also found that a low-fat, plant-based diet positively impacts body composition and emphasized that the Mediterranean diet, along with other healthy habits, may contribute to the primary prevention of bone, metabolic, and cardiovascular diseases in postmenopausal women.

Almost all participants emphasize that exercise is essential for maintaining both health and a healthy body weight during menopause, with walking beingparticularly recommended. On the other hand, yoga is reported as one of the most recommended exercises after walking. It is widely recognized that physical activity plays a key role in preserving good body composition and overall health. The study by Bendinelli et al. (38) states that even moderate physical activity during leisure time can yield positive effects, which is consistent with the findings of this study. A recent review underscores that an exercise programme during menopause can assist women in managing the challenges associated with the symptoms they experience during this period and enhance their quality of life (40).

In the study, almost all participants recommended walking as the primary form of exercise due to its sustainability and ease of practice. Another qualitative study focusing on women with severe menopausal symptoms revealed that these women preferred walking because it is an easy, safe, affordable, and accessible means of maintaining physical activity (41). A recent comprehensive review on this subject also provided evidence supporting potential benefits of walking as a healthy lifestyle choice for women during menopause and beyond (42). A randomized controlled trial involving postmenopausal women showed that a moderate-intensity walking intervention, with a minimum adherence rate of 50% and three sessions per week over six months, reduced depression among postmenopausal women at risk of depression due to physical inactivity (43). The study found that one of the most recommended forms of exercise for managing menopause is yoga. Yoga appears to be an effective and safe exercise for alleviating menopausal symptoms (44). A meta-analysis of studies that included both yoga and pelvic floor exercises for women experiencing menopausal symptoms revealed that these exercises positively impactedthe physical and psychological quality of life for these women (45).

5. Conclusion and Recommendations

It is noteworthy that the majority of women in this study held negative perceptions of menopause. They primarily associated menopause with illness, obesity, vasomotor symptoms, and psychological problems. The results of the dietitian support study indicate that the dietitian's interaction with clients is essential for both treatment outcomes and client satisfaction. Participants expressed their concerns about obesity in relation to the exercise limitations and health problems they experienced due to weight gain. The main reasons for participants' desire to lose weight included goals such as living a healthy life, aging healthily, and maintaining a high quality of life free from illness. It is also noteworthy that many participants emphasized that they would feel happier upon reaching their desired body weight. The vast majority of participants believe that happiness, health, and beauty can be achieved through thinness. This suggests that psychological support, in conjunction with medical nutritional treatment, is crucial for post-menopausal women.

6. Contribution to the Field

There is limited qualitative research in the field of nutrition and dietetics. This study provides a detailed description of the problems faced by postmenopausal women with overweight and obesity, as well as their experiences with weight loss, which will inform future qualitative studies. Future studies could explore family relationships, social life, health status, and the limitations and processes experienced by menopausal and post-menopausal women. Finally, a multidisciplinary approach can be adopted by collaborating with professionals from various fields, such as psychology, physiotherapy, and medicine. A holistic approach to the treatment of menopausal women may significantly enhance their quality of life.

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Conflict of Interest

There is no conflict of interest regarding any person or institution.

Authorship Contribution

Concept: SAK; Design: GK, MT; Supervision: GK; Funding: GK; Materials: -; Data Collection/ Processing: SAK; Analysis/ Interpretation: SAK; Literature Review: SAK; Manuscript Writing: SAK; Critical Review: GK, MT.

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