

Research Article

Movement Snacks as a Non-Pharmacological Approach to Symptom Management and Lifestyle Adaptation in Menopausal Transition: A Qualitative Study

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Abstract

Introduction: The menopausal transition is accompanied by physical, cognitive, and emotional changes that affect daily life. While medicalized approaches dominate, little is known about how short, embodied practices may support women in this period. This study evaluates women's experiences with Zarina del Mar's Movement Snacks practice. **Methods:** Twenty-two women aged 34-69 years ($M = 49.41$, $SD = 11.96$) participated in semi-structured interviews after practicing Zarina del Mar's Movement Snacks. Interviews were conducted via Zoom in March-April 2025 and lasted 30-80 minutes. Data were thematically analyzed to identify common patterns of meaning and individual differences. **Results:** Five themes were identified: (1) insufficient knowledge and guidance on health during the menopausal transition, (2) low reliance on conventional medical systems, (3) preference for self-directed and non-medical approaches, (4) integration of short movement practices instead of conventional exercise, and (5) reported benefits such as improved flexibility, proprioception, joint mobility, body awareness, and emotional regulation. **Discussion:** The findings suggest that the Movement Snacks practice is perceived as an accessible strategy to support midlife women's well-being. Its brevity and adaptability allow integration into everyday life, offering a non-medicalized framework for addressing challenges associated with the menopausal transition. **Conclusion:** Zarina del Mar's Movement Snacks practice appears to be a supportive tool for women during the menopausal transition. Future studies should combine qualitative and quantitative approaches to further evaluate its health-related impact.

Keywords

Menopausal Transition, Physical Activity, Movement Snacks, Qualitative Research, Non-Medical Interventions, Mindful Movement, Women's Health

1. Introduction

The menopausal transition represents a critical biological phase marked by profound physiological and psychological changes that significantly impact women's quality of life. While a natural process, it affects multiple health domains,

including biological, psychological, and sociocultural functioning [1]. Clinically, it manifests through vasomotor symptoms (such as hot flashes, night sweats), sleep disturbances, emotional fluctuations, and metabolic shifts [2, 3].

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Perimenopausal and postmenopausal women often experience additional challenges, such as vaginal dryness, mood disorders, joint pain, fatigue, urinary incontinence, reduced bone density, and altered body composition [4–6]. These symptoms frequently intersect with midlife stressors like caregiving or career demands, compounding their effect on well-being.

Current therapeutic strategies include hormone replacement therapy (HRT) and selective estrogen receptor modulators [5, 6]. However, many women seek non-pharmacological alternatives due to safety concerns regarding hormone use (e.g., increased risk of breast cancer) or a preference for holistic lifestyle approaches [7, 8]. Evidence-based options include dietary modifications [9, 10], phytoestrogen intake [11], mind-body practices [12], and different types of exercise, which demonstrate robust benefits for cardiometabolic health, mood, and vasomotor symptom control [13, 14].

Despite exercise's proven capacity to alleviate symptoms through aerobic activity and enhance musculoskeletal health via resistance training [15, 16], adherence remains limited by multiple barriers. Previous studies indicate that lack of time serves as a significant barrier for midlife women, who often juggle caregiving responsibilities for both children and aging parents while maintaining employment outside the home [17]. Additionally, some studies cite evidence suggesting that aging may be associated with reduced enjoyment of exercise facilities and group activities, although certain program formats are well accepted by older adults [18]. These sociocultural conditions, together with persistent difficulties in maintaining health behavior change and the limitations of traditional medical advice, underscore the need for alternative approaches for perimenopausal and postmenopausal women [19].

Intermittent micro-bouts of physical activity, variously termed "exercise snacks," "movement snacks," or "snack-tivity" in the literature [20, 21], offer a promising solution [22]. While definitions vary across studies, these concepts consistently describe brief (1–10 minutes), frequent bouts of physical activity integrated into daily routines. The specific activities range from structured exercises (e.g., bodyweight movements, resistance bands) to opportunistic lifestyle activities (e.g., stair climbing), all characterized by time efficiency and accessibility [23]. Existing evidence demonstrates efficacy across multiple domains, including improvements in muscle mass, strength, and physical functioning; enhanced cardiometabolic and cardiorespiratory health; and measurable benefits for psychological well-being and quality of life [22–27]. Despite increasing research interest in micro-bouts of physical activity, no studies have systematically examined interventions based on movement snacks specifically for perimenopausal and postmenopausal women.

This research has two main objectives: (1) to examine whether Zarina del Mar's Movement Snacks is feasible and accessible for perimenopausal and postmenopausal women in their home settings, and (2) to explore how this intervention

may improve daily physical and mental well-being.

This study uses Zarina del Mar's Movement Snacks, a biomechanically informed approach employing equipment-free, three-dimensional bodyweight patterns. The method's adaptability to brief sessions makes it particularly suitable for exploring feasibility and user experience in perimenopausal and postmenopausal women.

2. Method

This study employed a cross-sectional, qualitative thematic analysis using semi-structured Zoom interviews.

2.1. Participants

Participants were recruited via email invitations distributed through Zarina del Mar's practitioner platform. Approximately 200 invitations were sent; 22 women ultimately completed interviews, 13 scheduled but did not attend, 3 explicitly declined (perceiving the study as marketing-related), and the remainder did not respond.

Eligibility criteria required participants to identify as female, be at least 35 years of age (later adjusted to 34 years to accommodate volunteer interest), be actively engaged in Zarina del Mar's Movement Snacks practice derived from the 3D Movement approach, and express interest in women's health and well-being. Women were excluded if they reported (a) severe psychiatric illness (e.g., schizophrenia, bipolar disorder), (b) neurological conditions substantially affecting movement (e.g., Parkinson's disease, multiple sclerosis), (c) acute musculoskeletal injury within the past three months, or (d) unwillingness to be audio-recorded. These parameters were established to ensure that accounts reflected experiences of women in menopausal transition without confounding conditions that might independently limit participation.

Invitation emails included a clear description of the study's aims, anticipated duration, interview format, key topics, and the requirement for audio recording. Women who indicated willingness to participate received a consent form and instructions for scheduling an interview via Zoom. All participants provided informed consent before the interview. Participation was voluntary, without the provision of monetary or material compensation.

The study sample comprised 22 women aged 34–69 years ($M = 49.41$, $SD = 11.96$), recruited through purposive sampling to reflect the target population. All participants reported prior experience with some form of physical activity, such as yoga, swimming, dance, running, or gym-based training, and were active practitioners of Movement Snacks.

Sociodemographic data indicated that the majority of participants were married and had children, whereas a smaller group lived alone or without children. Family support varied: some described strong assistance from partners or relatives, while others highlighted limited help and additional caregiving duties, particularly for elderly parents.

The group represented a broad geographical distribution, including residents of large metropolitan areas (e.g., Moscow, Toronto, Madrid, London), mid-sized cities, and small-town or rural settings in countries such as Russia, Slovakia, Australia, Italy, Sri Lanka, Spain, Mexico, Trinidad and Tobago, the UK, and Canada. This heterogeneity provided scope to consider differences in access to health resources and daily opportunities for movement.

Health conditions and comorbidities were self-reported. Cases included osteoporosis or osteopenia with sarcopenia ($n = 3$), thyroid dysfunction including Hashimoto's thyroiditis ($n = 2$), migraine ($n = 1$), chronic osteochondrosis with back pain ($n = 1$), movement restriction after an accident ($n = 1$), and recovery from long COVID ($n = 1$). About one-third of the sample noted intermittent fatigue and cognitive issues (e.g., "brain fog"), with menopausal complaints comprising vasomotor symptoms ($n = 2$), insomnia ($n = 1$), weight gain ($n = 3$), and age-related joint stiffness (approximately 30%). Several women additionally reported psychosocial stressors linked to sedentary employment, time pressure, or caregiving responsibilities.

Sufficiency of the sample was judged through theoretical saturation: by the final interviews, no substantially new codes or themes were identified, consistent with established qualitative standards [28].

2.2. Procedure

Semi-structured interviews were conducted using a study-specific, pilot-tested protocol designed to balance methodological consistency with openness to emergent insights [29]. The interview guide included domains such as personal experiences of aging and bodily changes, attitudes toward medical interventions, symptom management strategies, lifetime physical activity patterns, the discovery of Zarina del Mar's Movement Snacks, and its practical implementation in daily life.

The guide was piloted with five invited volunteers (three participated) to evaluate clarity, sequencing, and interview flow. Feedback resulted in minor wording revisions and re-ordering of selected items, after which the guide was finalized for interviews of approximately 40-60 minutes. Pilot data were excluded from the final analysis.

Following refinement, formal interviews were conducted via Zoom in March-April 2025, lasting 30-80 minutes; all sections of the guide were covered in each interview, but participants were free to skip any question they did not wish to answer. To ensure consistency, all interviews were conducted by the same researcher (the second author) [30]. Reflexive notes were maintained during and after interviews to support transparency and reduce potential researcher bias. Interviews were audio-recorded in full and transcribed verbatim. Transcripts were retained in their raw form without participant review to preserve the spontaneity and authenticity of responses.

Thematic saturation was reached after 15 interviews, with no substantially new codes or themes emerging in the final seven. Nevertheless, all 22 planned interviews were completed to respect participant commitment and maintain protocol consistency [31]. Determination of saturation followed recognized qualitative methodological guidance.

2.3. Data Analysis

Thematic analysis was selected as the most suitable approach, as the aim was to identify both anticipated and emergent patterns in women's accounts rather than to build new theory [32]. Analysis followed Braun and Clarke's six-phase framework: familiarization through repeated transcript reading; generating initial codes using inductive and deductive approaches; searching for themes; reviewing candidate themes against the dataset; defining and naming themes; and producing the final report [32, 33]. MAXQDA (version 20) was used to support systematic coding and organization of extracts [34].

To minimize bias, the first author (developer of the Movement Snacks method) did not participate in coding or theme development. The second author conducted the primary analysis, supported by two assistants with backgrounds in physical education and sociology. The assistants independently generated more specific and fine-grained codes, which were then combined into broader thematic categories by the second author. As there were no substantive disagreements between coders, consensus was achieved through integration of narrower codes into the overarching framework. This process resulted in a codebook of 34 codes and a final thematic map. Representative quotations from multiple participants were included to illustrate each theme. To further enhance rigor, the coding framework and thematic structure were reviewed by colleagues not involved in the study to ensure transparency and analytic credibility.

2.4. Ethical Considerations

This study was conducted in accordance with the principles outlined in the Declaration of Helsinki and complied with all applicable ethical standards for research involving human participants. The participants provided written informed consent to take part in the study. The research involved non-clinical, non-invasive interviews with competent adult practitioners who provided voluntary, informed written consent, including agreement to audio recording. Participation was fully optional, with the right to withdraw at any time without justification. As the study involved no physical intervention and posed no risk to participants, institutional ethical approval was not required under current guidelines for low-risk, qualitative research.

3. Results

Thematic analysis identified five distinct yet interrelated themes capturing women's lived experiences.

3.1. Theme 1: Knowledge Gaps About Menopausal Transition

Participants demonstrated limited understanding of the menopausal transition prior to the onset of symptoms. Participant Y (55 years old) recalled her shock at unexplained weight gain and physical changes: "I never had any issues with weight until I turned 48. That's when things changed dramatically. Suddenly, everything I had been doing for decades stopped producing the expected results. I gained 10 kilos in six to eight months. I tried increasing my activity, more push-ups, more running, but it made no difference. Not only did it not help, it sometimes felt like it made things worse. I couldn't believe it. I had always expected a direct cause-effect with my body. But suddenly, nothing worked." Similarly, Participant L1 (48 years old) realized she was in menopause only when night sweats began forcing her to change bedsheets repeatedly. Participant M (63 years old) admitted she had been unaware of postmenopausal health risks: "My diagnosis came as a surprise because of a lack of awareness... Yes, there should absolutely be more programs to raise awareness about perimenopause and menopause."

Generational silence and societal stigma contributed to these knowledge gaps. Participant P (55 years old) emphasized the importance of open conversations with younger women: "I tell everyone younger than me: prepare in advance. Ask your mothers and grandmothers. Gynecologists and endocrinologists say that 80 to 90 percent of the time, your menopausal experience will resemble that of your female relatives." Participant L1 (48 years old) also reflected on the lack of discourse, noting: "I had never heard the term 'perimenopause' until Zarina mentioned it."

These experiences illustrate how delayed recognition of menopausal symptoms, combined with the absence of inter-generational dialogue, creates avoidable challenges for women during this life stage.

3.2. Theme 2: Complex Relationships with Medical Systems

In connection with the previous theme, participants often turned to the internet or consulted female relatives and friends for information, expressing skepticism toward medical professionals. While most did not mention using medical treatments for menopausal symptoms, including hormone therapy, many avoided specialists even for routine check-ups. Their hesitation was often rooted in concerns about side effects and previous negative experiences with healthcare providers.

Participant Y (55 years old) explained that hormones are not a universal solution and may only be beneficial in rare

cases. Reflecting on her own experience, she said, "I once followed a hormonal prescription for two months and then spent two years recovering. My whole system was disrupted. Since then, I've sworn off hormones." Participant T (40 years old) expressed uncertainty about whom to trust for guidance, particularly regarding hormone replacement therapy. Participant N3 (64 years old) stated, "I've always followed functional and alternative medicine, so I was aware of issues like hormonal health, bone density, and the importance of sun exposure. But I know many women aren't. More needs to be done to educate older women about how exercise supports their hormonal and overall health, not just how it makes them look."

Participant H (69 years old), whose professional background is related to medicine, criticized the clinical approach typically encountered in healthcare settings: "Doctors usually don't follow a holistic approach, nutrition, exercise, and other methods that could help, but prefer to prescribe medicine when they know your age."

This shared distrust of conventional medical advice led many participants to seek out alternative strategies and navigate the transition independently.

3.3. Theme 3: Search for Non-Medical Alternatives in Fitness and Self-Care

Most participants reported long-standing nutrition habits, often described as "clear food," along with prior exercise experience. However, physiological changes associated with menopause, such as reduced resilience to injury and fluctuating energy levels, made it difficult to sustain earlier fitness routines. This shared recognition of bodily vulnerability encouraged a shift toward gentler forms of movement.

Participant M (63 years old), who had been active in sports throughout her life, reflected on her changing capacity: "I used to run and play tennis but now need something new." Another common concern was the lack of exercise programs tailored to the menopausal transition. Gym settings were often perceived as inappropriate. Participant L1 (48 years old) recalled sustaining an injury from trainers who "push too hard without understanding I'm not 20 anymore." Participant N3 (64 years old) reported similar experiences of overexertion during yoga classes.

Institutional fitness environments were frequently described as misaligned with women's evolving needs. Participant M (63 years old) commented that aging women in gyms are treated as "a forgotten section of humanity," where no exercises are adapted to their condition.

Time limitations also constrained participants' options. Participant B (37 years old) noted the difficulty of finding even 20 minutes for physical activity while managing work and childcare. Similarly, Participant N1 (36 years old) explained, "I don't have time for two-hour gym sessions." For many, home-based practices became a more viable alternative. Participant Y (55 years old) expressed this preference clearly:

"I can't stand going to the gym or killing myself in a pool anymore. I've had enough of that."

Together, these experiences illustrate how mainstream fitness institutions often fail to address the shifting physical realities of perimenopausal and postmenopausal women, leaving them to seek out more suitable solutions on their own.

3.4. Theme 4: Zarina del Mar's Movement Snacks: Characteristics and Outcomes

Zarina del Mar's Movement Snacks emerged as a viable alternative to conventional exercise for participants due to its remote accessibility, biomechanically mindful structure, adaptable movement patterns, and time efficiency. The method's detailed instructional approach was especially valuable in fostering controlled, conscious movement. Participants linked this quality to injury prevention and sustainable physical refinement, drawing comparisons to the progressive nature of yoga asana practice.

Participant N2 (61 years old) emphasized the importance of this guidance: "Her pace and explanations are not too slow or too detailed - they're just right. When I follow her instructions precisely, the effect is always stronger." This experience contrasted sharply with conventional gym settings, where exercises were often repeated without explanation. The self-paced model also supported learning, as noted by Participant T (40 years old): "Sometimes it's hard to see what Zarina is doing in her videos, which requires me to rewatch them multiple times." Participant N1 (36 years old) added: "Every time I rewatch a class, I notice something new."

Most participants reported noticeable improvements in both physical and mental well-being with regular practice. These outcomes centered on increased bodily awareness and improved movement quality, rather than traditional fitness markers such as repetition counts or weight loads. Participants described a clearer sensation of muscles, joints, tension lines, and kinetic chains during complex coordinated tasks. Many also experienced a sense of lightness, improved balance, and sharper internal body maps. Observable benefits included reduced joint stiffness and greater flexibility. Participant T (40 years old) remarked, "It changes how you move - lighter, freer," while Participant C1 (63 years old) shared, "I can tie my shoes and go anywhere while others just sit home."

A few participants noted secondary effects. Participant L1 (48 years old) reported fewer migraines, and Participant G (60 years old) observed improved mind-body connection and motor control while recovering from a car accident. A small number mentioned mild improvements in cognitive symptoms related to the menopausal transition, including better focus and reduced mental fatigue.

These accounts suggest that Zarina del Mar's Movement Snacks helps fill critical gaps in mainstream fitness by prioritizing mindful refinement over repetitive output. In doing so, the method appears better aligned with the evolving physiological needs of perimenopausal and postmenopausal women.

3.5. Theme 5: Lifestyle Integration Through Embodied Habit Formation

The analysis revealed a consistent pattern of movement integration across participants' daily routines, with varying levels of engagement. At the most basic level, participants incorporated several short movement breaks throughout the day. More comprehensive adoption involved embedding exercises into daily activities such as meal preparation, oral hygiene, office work, gardening, shopping, and even waiting in lines. Participant N1 (36 years old) described this shift: "The biggest win for me is that movement has become a habit. I now get up from my desk and stretch. My body asks for it. I've become more aware of how I move and how different body parts feel - hips, thighs, neck, jaw. It's not about flexibility in terms of doing splits; it's about exploring different parts of the body and improving joint mobility."

Participants described this progression as an evolutionary process. Initial engagement often began with conscious, structured practice, which gradually gave way to spontaneous movement and personalized adaptations. Participant L2 (40 years old) illustrated this shift: "I was in line and wanted to move, so I went to a corner and did my exercises... it was what I want and in a way I want. But you need to see face of man who saw me doing it." The final stage involved creating individualized movement sequences based on personal needs and bodily feedback. Participant C2 (67 years old) summarized this experience: "Movement snacks fit perfectly into my life. I do them while brushing my teeth, cooking, or right before bed. I don't disturb anyone, and my body wakes up feeling alive and ready. The exercises are easy to integrate throughout the day, in any room of the house. They've become part of my lifestyle, not just a fitness routine. I even find myself doing subtle movements in the supermarket aisles."

These findings demonstrate how Zarina del Mar's Movement Snacks supports a practical transition from formal exercise to organic movement integration, helping to shift daily life toward a more active and embodied lifestyle.

4. Discussion

This qualitative study examines how Zarina del Mar's Movement Snacks addresses the complex biopsychosocial challenges that women undergoing the menopausal transition face in maintaining physical activity. The findings reveal a critical disconnect between institutional exercise paradigms and women's physiological realities. As participants experienced bodily changes during their transition (including joint stiffness, reduced recovery capacity, and lack of energy), conventional fitness systems failed to provide appropriate adaptations. Gym environments were frequently described as promoting exercises that exacerbated rather than alleviated menopausal symptoms, while medical systems offered pharmacological solutions without movement guidance. This dual systemic failure created what participants termed a

movement vacuum, which Movement Snacks filled through several key mechanisms.

Zarina del Mar's Movement Snacks as a method of physical exercise was perceived to benefit physical and mental well-being, with several important insights emerging. The most significant contribution identified by participants was the method's biomechanical mindfulness, which improved proprioceptive awareness through clear instructional guidance. Unlike conventional exercise that emphasizes repetition counts or external loads, its focus on precise movement quality appears to facilitate sensorimotor recalibration.

The temporal flexibility of Zarina del Mar's Movement Snacks effectively addressed what could be identified from participant comments as a menopause-energy paradox - the simultaneous need for more movement coupled with reduced capacity for sustained activity. By allowing micro-bouts adapted to daily symptom fluctuations, the method circumvented the all-or-nothing exercise patterns that led to abandonment of previous routines. This aligns with emerging research on intermittent physical activity's efficacy [23, 27], while extending these findings to menopausal symptom management.

The approach's emphasis on movement integration rather than discrete exercise sessions transformed physical activity from a scheduled task into what participants described as an "embodied habit." This shift mirrors recent theories of sustainable behavior change, while specifically addressing perimenopausal and postmenopausal women's reported struggles with routine maintenance.

Possible mechanisms behind the reported changes further support these interpretations. For musculoskeletal and vasomotor symptoms, participants' reports of reduced stiffness and easier mobility are consistent with evidence that even light, controlled movement is associated with improved joint fluid circulation and mobility [35]. Improved circulation may also contribute to more stable thermoregulation, which could help relieve hot flashes and night sweats. For cognitive and emotional outcomes, descriptions of improved focus and calmness align with research showing that mindful, attention-directed movement enhances integration of bodily signals and supports emotion regulation [36, 37]. A few women associated the practice with better sleep and reduced fatigue, which is consistent with studies demonstrating that low-intensity activity can improve sleep efficiency and interrupt the cycle of insomnia and daytime exhaustion [38, 39]. Finally, embedding micro-bouts into everyday contexts may reinforce proprioceptive awareness and habit formation, mechanisms that mind-body research has linked to long-term cognitive and emotional benefits [40-42].

Taken together, the study makes three substantive contributions to scholarly discourse. It empirically validates critiques of institutional fitness systems' inadequacy for women in menopausal transition, demonstrating how conventional gym environments often disregard age-related physiological changes. It extends literature on medicalized menopause

management by revealing how Zarina del Mar's Movement Snacks meets participants' demands for non-pharmacological approaches. Most significantly, it advances theoretical understanding by conceptualizing the term "movement snacks" as movement re-education that recalibrates the body-symptom relationship during menopausal transition.

4.1. Limitations

Several limitations must be considered. First, the study was based on a small purposive sample of 22 women, which restricts statistical generalizability of the findings. Second, the practitioner-sourced sample may overrepresent women predisposed to alternative approaches, and participants were recruited from Zarina del Mar's practitioner platform, introducing potential selection bias. Third, all participants reported prior engagement in physical activity, including practices such as running, yoga, gym-based training, or swimming. This background may have facilitated body awareness and adaptation to Movement Snacks practice, potentially enhancing perceived benefits. Therefore, the findings should be interpreted with caution, as they may not be fully generalizable to women without previous exercise experience.

4.2. Future Research

Future studies should build on these findings by employing longitudinal mixed-methods designs to track both subjective and objective outcomes across different stages of midlife and menopause. Comparative effectiveness trials against established modalities, such as yoga, Pilates, or strength training, would clarify the relative advantages and limitations of the Movement Snacks approach. Mechanistic investigations, including neuroimaging techniques or advanced proprioceptive testing, could provide insight into the neural and sensory pathways through which Movement Snacks exerts its effects. Implementation research is also needed to assess scalability and sustainability across diverse populations, including women with varying levels of prior physical activity, socio-economic status, and cultural background. Furthermore, evaluating the feasibility and effectiveness of remote delivery formats is essential to determine how digital instruction can maintain adherence and quality of movement in real-world conditions. Finally, research should explore ways to integrate Zarina del Mar's Movement Snacks into conventional fitness environments and workplace wellness programs, thereby increasing accessibility and tailoring adaptations to the specific needs of midlife women.

Abbreviations

HRT Hormone Replacement Therapy

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After drafting the manuscript, the authors used ChatGPT (GPT-5 Thinking) solely to improve grammar and readability.

Author Contributions

Zarina Manaenkova: Conceptualization, Methodology, Writing - review & editing

Ekaterina Santanna: Formal analysis, Writing - original draft, Writing - review & editing

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Data Availability Statement

The data are available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare that Zarina Manaenkova is the developer of the Movement Snacks approach. To minimize potential bias, she did not participate in data coding or theme development.

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Biography



Zarina Manaenkova, widely recognized as Zarina del Mar, is a movement specialist and wellness innovator who developed the 3D workout system, a biomechanically-grounded approach to fitness. Her method is founded on the principle of "movement snacks" - brief, mindful exercises dispersed throughout the day to counteract sedentarism and restore natural motor function. This approach integrates somatic practices to enhance neural-body connection and induce a meditative state. Her 3S framework (Smart, Short, Simple) prioritizes accessibility and sustainability, shifting the fitness paradigm from one of punitive intensity to one of joyful, conscious movement. The primary outcomes of her work are improved flexibility, functional mobility, and overall well-being. Manaenkova's influence

lies in promoting movement as a tool for self-awareness and vitality, making evidence-based practices accessible to a diverse population and transforming the public approach to physical activity.



Ekaterina Santanna holds a degree from Shanghai Jiao Tong University's School of Media and Communication and a Master's in Human Development: Psychology, Genetics, and Neuroscience from Tomsk State University. As a member of The Menopause Society, her work focuses on menopausal transitions, symptom management strategies, and digital health solutions. She also examines media representations of menopause, the role of health influencers, and effective medical communication. Her interdisciplinary approach bridges psychology, media studies, and healthcare to improve women's well-being during midlife transitions.

Research Field

Zarina Manaenkova: Body awareness practices.

Ekaterina Santanna: Menopausal health, Women's midlife transitions, Medical communication, Digital health solutions, Symptom management strategies, Media representation of health, Health influencer impact.