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Knowledge and Coping Strategies of Menopause among Female Public Secondary School Teachers in Ado-Odo/Ota, Ogun State, Nigeria

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Abstract

Menopause marks the end of a woman's reproductive life and brings in several physiological changes that affect the life of a woman permanently. This change can be influenced by socio-demographic factors and life coping activities. This study therefore examined the level of Knowledge, and Coping Strategies for Menopausal Syndrome among Public Secondary school teachers in Ado-Odo/Ota Local Government Area, Ogun State. The study adopts a survey research design of ex-post facto type. The sample size for the study comprised 850 respondents drawn from the teachers in public secondary schools in Ado-Odo Ota, Ogun State using a multi-stage sampling approach. To address the problem, two research questions were answered and two hypotheses were tested at 0.05 level of significance. Data collected were analyzed, using descriptive statistics of Mean and Standard Deviation to answer the research questions, while Analysis of variance (ANOVA) was used to test all the hypotheses at a 0.05 level of significance. The results revealed that respondents' knowledge of menopause was above average (mean = 1.51), most of the respondents did not experience many of the symptoms (mean = 2.48), There was no significant difference in the knowledge of menopause among menopausal Teachers in Public Secondary Schools in Ado-Odo/Ota based on qualification ($F(6,849) = 0.383, P > 0.05$). There was a significant difference in the knowledge of menopause among menopausal teachers in Public Secondary Schools in Ado-Odo/Ota based on marital status ($F(6,849) = 2.423, P < 0.05$). It was therefore recommended, among others, that menopausal teachers should be the target group on health promotion and education programs for effective tutelage on coping strategies, develop interventions that encourage menopausal women to adopt healthy lifestyle practices, such as regular physical activity, balanced diets

Keywords: Coping strategies, Knowledge, Menopausal Syndrome, Teachers

INTRODUCTION

The transition to menopause represents a significant life stage for women, marked by physiological changes that can profoundly impact their physical and emotional well-being. This

natural biological process, typically occurring between the ages of 45 and 55, is characterized by the cessation of menstruation and a decline in reproductive hormones, particularly estrogen, and progesterone. As women navigate this complex transition, their knowledge of menopause and the coping strategies they employ play crucial roles in managing symptoms and maintaining overall health and quality of life. Research by O'Neill and Eden (2020), has shown that menopause can bring about a wide array of symptoms, including hot flashes, night sweats, mood swings, vaginal dryness, and sleep disturbances. The severity and duration of these

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symptoms can vary greatly among women, influenced by factors such as genetics, lifestyle, and cultural context. Understanding the nature and potential impact of these symptoms is essential for women to effectively manage their menopausal experience.

The level of knowledge women possess about menopause can significantly influence their ability to cope with its associated changes. A study by Tariq et al. (2023), found that women with higher levels of menopause-related knowledge tended to report fewer symptoms and better overall well-being during this transition. This highlights the importance of education and information dissemination in empowering women to navigate menopause more confidently. However, access to accurate information about menopause remains a challenge in many parts of the world. Cultural taboos, misconceptions, and lack of open dialogue about women's health issues can contribute to a knowledge gap. Cowell et al. (2024), noted that in some societies, menopause is still viewed as a taboo subject, leading to limited discussions and inadequate support for women experiencing this transition. Coping strategies employed by women during menopause can be diverse and multifaceted. These may include lifestyle modifications, such as dietary changes and exercise regimens, as well as the use of complementary and alternative therapies. A study by Moradpour et al. (2020), found that regular physical activity was associated with reduced severity of vasomotor symptoms in menopausal women. Similarly, Hunter (2021), demonstrated the effectiveness of cognitive-behavioural therapy in managing menopausal symptoms, particularly hot flashes and night sweats. Hormone replacement therapy (HRT) has long been a subject of debate in menopausal management. While it can be effective in alleviating symptoms, concerns about potential risks have led to a more cautious approach in recent years. The Women's Health Initiative study by Federici et al. (2022), highlighted both benefits and risks associated with HRT, prompting a reevaluation of its use and emphasising the need for individualised treatment approaches. Social support networks play a crucial role in how women cope with menopause. Relationships with partners, family members, and peers can significantly impact a

woman's experience of this transition. Research by Dashti et al. (2021), showed that women who reported strong social support tended to have more positive attitudes towards menopause and experienced fewer symptoms. Cultural factors also heavily influence knowledge and coping strategies related to menopause. A cross-cultural study by Richard-Davis et al. (2022), revealed significant variations in the reporting of menopausal symptoms across different countries, suggesting that cultural beliefs and practices shape both the perception and management of menopause. The role of healthcare providers in supporting women through menopause cannot be overstated. Marques et al. (2021), emphasized the importance of patient-centered care and open communication between healthcare professionals and menopausal women. This approach can help address individual concerns, provide accurate information, and tailor management strategies to each woman's unique needs and preferences. Emerging research is exploring the potential of mindfulness-based interventions, as highlighted by THOMAS et al. (2020), who found that mindfulness training could reduce the bothersome nature of hot flashes in menopausal women.

The knowledge and coping strategies women employ during menopause are integral to their overall experience of this life transition. As research in this field progresses, it becomes increasingly clear that a multifaceted approach, combining education, lifestyle modifications, medical interventions when necessary, and psychosocial support, is key to optimizing women's health and well-being during menopause. By continuing to study and address the diverse needs of menopausal women, public health professionals can work towards ensuring that this natural life stage is navigated with greater ease and empowerment.

RESEARCH QUESTIONS

1. What is the level of knowledge of menopause among menopausal teachers in public secondary schools in Ado-Odo/Ota Local Government?
2. What are the existing menopausal coping strategies adopted by teachers in public secondary schools in Ado-Odo/Ota Local Government?

HYPOTHESES

1. There is no significant difference in the knowledge of menopause among menopausal teachers in Public Secondary schools in Ado-Odo/Ota based on educational qualification,
2. There is no significant difference in the knowledge of menopause among menopausal Public Secondary School Teachers in Ado-Odo/Ota based on marital status.

MATERIALS AND METHODS

Design, sample, and procedure

The study adopts a survey research design of ex-post facto type which was carried out among 850 menopausal teachers purposely selected from Ado–Odo/Ota Local Government Area, Ogun State, Nigeria. Eligibility criteria were being a menopausal woman and also, a teacher teaching in Ado–Odo/Ota Local Government Area, Ogun State. The respondents were given a questionnaire package to fill within the school premises, after seeking their consent, with the help of research and assistance. Survey instrument

A questionnaire package comprising two sections: Section A inquired about participants' Knowledge of Menopause (KMPSSTQ). The scale measures issues on information experiences and perceptions of menopause among Public Secondary School Teachers. It consists of 22 items formatted to two scales of YES or No. Section B discusses Psych vegetative symptoms, Atrophic symptoms, and gestational deficiency symptoms, and It consists of 30 items. While Section B deals with Coping Strategies for Menopausal Syndrome, it consists of 21 items

Statistical analysis

Data were analyzed using descriptive statistics of mean and standard deviation, as inferential statistics involving multiple regression analysis and Analysis of variance (ANOVA) was used to test the hypotheses at a 0.05 level of significance.

Demographic Analysis

Research Question One: What is the level of Knowledge of Menopausal Syndrome among Public Secondary School Teachers in Ado-Odo/Ota LGA?

Table 1. Level of knowledge of menopausal syndrome among Public Secondary School Teachers in Ado-Odo/Ota.

Items	Yes		No		Mean	SD
	Freq	%	Freq	%		
1	429	50.5	421	49.5	1.50	.500
2	403	47.4	447	52.6	1.53	.500
3	435	51.2	415	48.8	1.49	.500
4	437	51.4	413	48.6	1.49	.500
5	424	49.9	426	50.1	1.50	.500
6	431	50.7	419	49.3	1.49	.500
7	444	52.2	406	47.8	1.48	.500
8	410	48.2	440	51.8	1.52	.500
9	349	41.1	501	58.9	1.59	.492
10	393	46.2	457	53.8	1.54	.499
11	403	47.4	447	52.6	1.53	.500
12	420	49.4	430	50.6	1.51	.500
13	395	46.5	455	53.5	1.54	.499
14	466	54.8	384	45.2	1.45	.498
15	390	45.9	460	54.1	1.54	.499
16	456	53.6	394	46.4	1.46	.499
17	397	46.7	453	53.3	1.53	.499
18	369	43.4	481	56.6	1.57	.496
19	432	50.8	418	49.2	1.49	.500
20	436	51.3	414	48.7	1.49	.500
21	411	48.4	439	51.6	1.52	.500

22	445	52.4	405	47.6	1.48	.500
Mean aggregate = 1.51 SD = 0.03						

Table 1 uses the weighted mean as a yardstick for a decision to accept or reject items raised to investigate the level of knowledge of menopause syndrome among Public Secondary School Teachers in Ado-Odo/Ota LGA. It was observed that items 1, 3-4, 6-7, 14, 16, 19-20 and 22 have mean scores above the weighted mean of 1.50 in favour of the respective traits the items measured sequentially, and this shows that yes have percentages ranging between 50.5% and 54.8% out of 22 items on knowledge. On the other hand, most respondents have percentages below 50% (i.e., 12 items out of 22 on knowledge) indicating poor knowledge of menopause among female teachers in the study area. This means that the majority of the female menopausal teachers have a low understanding of menopause. However, the majority of the items successively have mean

scores below the weighted mean but by approximation, all these means will be equaled to the mean aggregate ($x = 1.51$) which is a little bit above the mean benchmark indicating that their knowledge of menopause is above average. A general overview shows that there is a correlation between the level of knowledge about menopausal syndrome among Ado-Odo public secondary school teachers and their attitudes toward the symptoms

Research Question Two: What are the existing Menopausal Coping Strategies adopted by teachers of menopausal age in Public Secondary Schools in Ado-Odo/Ota.

Table 2. Existing Menopausal Coping Strategies Adopted by Public Secondary School Teachers in Ado-Odo/Ota.

Items	N	%	S	%	F	%	A	%	Mean	SD
Physical										
1	202	23.8	208	24.5	218	25.6	222	26.1	2.54	1.117
2	228	26.8	238	28.0	182	21.4	202	23.8	2.42	1.121
3	209	24.6	210	24.7	225	26.5	206	24.2	2.50	1.108
4	255	30.0	198	23.3	193	22.7	204	24.0	2.41	1.150
5	209	24.6	185	21.8	219	25.8	237	27.9	2.57	1.138
Mean aggregate = 2.488 SD = 0.071										
Social										
6	198	23.3	233	27.4	227	26.7	192	22.6	2.49	1.081
7	209	24.6	202	23.8	240	28.2	199	23.4	2.50	1.101
8	164	19.3	235	27.6	214	25.2	237	27.9	2.62	1.087
9	257	30.2	187	22.0	198	23.3	208	24.5	2.42	1.157
10	164	19.3	216	25.4	255	30.0	215	25.3	2.61	1.063
Mean aggregate = 2.528 SD = 0.085										
Spiritual methods										
11	196	23.1	219	25.8	188	22.1	247	29.1	2.57	1.135
12	228	26.8	179	21.1	228	26.8	215	25.3	2.51	1.137
13	247	29.1	187	22.0	181	21.3	235	27.6	2.48	1.177
14	181	21.3	228	26.8	241	28.4	200	23.5	2.54	1.071
15	223	26.2	205	24.1	197	23.2	225	26.5	2.50	1.143
16	165	19.4	216	25.4	264	31.1	205	24.1	2.60	1.055
17	195	22.9	237	27.9	215	25.3	203	23.9	2.50	1.090
Mean aggregate = 2.529 SD = 0.043										
Medical methods										
18	206	24.2	208	24.5	199	23.4	237	27.9	2.55	1.136
19	199	23.4	211	24.8	232	27.3	208	24.5	2.53	1.099

20	240	28.2	194	22.8	193	22.7	223	26.2	2.47	1.158
21	184	21.6	195	22.9	242	28.5	229	26.9	2.61	1.101
Mean aggregate = 2.540 SD = 0.058										

Table 2 shows the existing Menopausal Coping Strategies adopted by Female teachers of menopausal age in public secondary schools mean aggregate of each of the strategies. It could be observed from the Table that the majority of the female menopausal teachers used medical as coping strategies with a mean value 2.54 and Sd = 0.058 followed by spiritual coping strategies having a mean value of 2.529 and SD = 0.043 while, a mean of 2.528 and Sd= 0.085 was observed on social coping strategies. Having a mean value greater than 2.50 shows that majority of the respondents make use of medical method, followed by spiritual method and social methods. However, majority indicated that they do not used physical coping strategies having a mean value of 2.488 below the criterion mean value of value 2.50. It follows that social, spiritual and medical methods are the coping strategies employed by female menopausal teachers in public secondary schools. Out of them medical is the most used, followed by spiritual then social and physical the least used.

Testing of the Hypotheses

Hypothesis 1: There is no significant difference in the knowledge of menopause among Public Secondary School Teachers in Ado-Odo/Ota based on educational qualification.

Table 3. One way of Analysis of Variance (ANOVA) of the Knowledge of Menopause among Public Secondary School Teachers in Ado-Odo/Ota Based on Educational Qualification.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	42.676	4	10.669	.383	.821
Within Groups	23541.767	845	27.860		
Total	23584.442	849			

The result in Table 3 reveals the summary of the One-way analysis of variance showing the difference in the knowledge of menopause and

female teachers’ educational qualification in public secondary schools in Ado-Odo/Ota LGA. A one-way ANOVA revealed no significant difference in the knowledge of menopause among female menopausal teachers in public secondary schools based on their educational qualification, $F(4, 845) = .383, p > 0.005$. Taken together, these results suggest that female menopausal teachers’ educational qualifications do not significantly differ in their knowledge of menopause. Hence, the stated hypothesis was accepted. This shows that there is no significant difference in the knowledge of menopause among Public Secondary School Female Teachers in Ado-Odo/Ota based on educational qualification. Hypothesis 4: There will be no significant difference in the knowledge of menopause among menopausal Public Secondary School Teachers in Ado-Odo/Ota based marital status.

Table 4. One way of Analysis of Variance (ANOVA) of knowledge of menopause among menopausal Public Secondary School Teachers based On Marital Status.

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	399.800	6	66.633	2.423	.025
Within Groups	3184.643	843	27.503		
Total	3584.442	849			

The result in Table 4 reveals the summary of the One-way analysis of variance between female menopausal teachers’ marital status and their knowledge of menopause in public secondary schools in Ado-Odo/Ota LGA. A one-way ANOVA revealed a significant difference in the knowledge of menopause among menopausal teachers based on their marital status, $F(6, 843) = 2.423, p < 0.005$. The effect size, eta squared (η^2), was 0.026, indicating a very effective size. Taken together, these results suggest that menopausal teachers’ marital status affects their knowledge of menopause. Hence, the stated hypothesis was rejected. This indicates that there is a significant

difference in the menopausal teachers' marital status and their knowledge of menopause in public secondary schools in Ado-Odo/Ota LGA.

DISCUSSION OF FINDINGS

Hypothesis 3: There is no significant difference in the knowledge of menopause among Public Secondary School Teachers in Ado-Odo/Ota based on educational qualification.

The relationship between educational qualification and knowledge of menopause among female public secondary school teachers is an important area of investigation, as it can provide insights into the effectiveness of formal education in preparing women for this significant life transition. The hypothesis that there is no significant difference in menopause knowledge based on educational qualification challenges the assumption that higher levels of education necessarily correlate with a greater understanding of women's health issues. The one-way Analysis of Variance (ANOVA) conducted in this study revealed no significant difference in menopause knowledge among female teachers with varying educational qualifications. This finding aligns with research by Afshari et al. (2020), who found that educational level was not significantly associated with menopause knowledge among Iranian women. Similarly, Syed Alwi et al. (2021), reported that education level did not significantly influence menopause knowledge among Malaysian women. However, these results contrast with findings from other studies. For instance, Jenabi et al. (2020), found a positive correlation between educational level and menopause knowledge among Iranian women. Similarly, Jadoon et al. (2019) reported that women with higher education levels demonstrated better knowledge about menopause in a study conducted in Pakistan. The lack of significant difference based on educational qualification in the current study raises important questions about the content of formal education regarding women's health, particularly menopause. As Macpherson and Quinton (2022), argue menopause education is often lacking in school curricula and even in many healthcare training programs. This education gap may explain why higher levels of general education do not necessarily translate to better menopause

knowledge. It's important to note that while formal education may not significantly impact menopause knowledge, other factors could play a role. For example, Olowokere et al. (2021), found that age and menopausal status were significant predictors of menopause knowledge among Nigerian women, suggesting that personal experience and life stage may be more influential than formal education in this regard.

The findings of this study have implications for both educational policy and women's health initiatives. As Afshari et al. (2020), suggest, there is a need for more comprehensive and targeted education about menopause at all levels of the education system. This could include integrating menopause education into health and biology curricula in secondary schools, as well as providing continuing education opportunities for teachers. Moreover, these results underscore the importance of workplace-based education and support programs for menopausal women, regardless of their educational background. As Aljumah et al. (2023) argue, such programs can be effective in improving menopause knowledge and coping strategies among working women. The lack of significant difference in menopause knowledge based on educational qualification also highlights the potential role of other sources of information. Aljumah et al. (2023) note the increasing importance of online resources and social media in shaping women's understanding of menopause. Future research could explore how teachers with different educational backgrounds engage with these alternative sources of information.

Hypothesis 4: There will be no significant difference in the knowledge of menopause among menopausal Public Secondary School Teachers in Ado-Odo/Ota based marital status.

The finding of this study also revealed that age, marital status, knowledge of menopause, and attitude towards menopause have no significant relative effect on coping strategies among the participants. This implies that variations in these factors do not strongly influence the coping strategies employed by the respondents in the study. The study also revealed that there is no significant difference in the knowledge and age of menopause of public secondary school

teachers in Ado-Odo/Ota, Ogun State. However, this study shows there is a significant difference in the knowledge and marital status of menopausal Female teachers in Ado-Odo/Ota, Ogun State. Those with higher knowledge may be better informed about the physiological and psychological changes associated with menopause, leading to better preparedness and coping strategies (Aninye et al. 2021). Additionally, the significant difference in marital status suggests that women who are married and those who are not may approach menopause differently. Marital status could influence the availability of social support, access to information, and shared experiences, all of which can impact how women navigate the menopausal transition (Zou et al., 2021). On the other hand, this study did not agree with Saeed Elsayed et al. (2023) on the Relationship between Menopause and Marital Satisfaction in Adult Women who submitted that menopause does not have a significant impact on marital satisfaction. This means that the transition through menopause, with its associated physical and emotional changes, does not necessarily lead to a significant deterioration in the quality of the marital relationship.

CONCLUSION

This study provides valuable insights into the knowledge, attitudes, and coping strategies of the menopausal syndrome among public secondary school teachers of menopausal age in Ado-Odo/Ota Local Government Area, Ogun State. The study confirmed that menopause typically occurs within the age range of 45 to 55 years among the respondents, which aligns with the global average for menopausal age. This natural process is accompanied by hormonal fluctuations and physiological changes that can impact women's lives. Individual perceptions, beliefs, and attitudes play a significant role in influencing the quality of life experienced during menopause. The findings revealed that while the majority (54.8) of the women were aware of the menopausal syndrome, they did not always adopt healthy lifestyle practices, such as proper dietary habits and regular physical activity, which had adverse effects on their quality of life. Common symptoms reported by the respondents included

feeling tense or nervous, difficulty concentrating, difficulty in sleeping, loss of interest in sex, and difficulty in intercourse. These symptoms affected their interactions with family members, colleagues, friends, and their sexual lives. Having adequate knowledge and necessary skills to cope with the challenges of menopause is crucial for promoting the quality of life, productivity, and longevity of women during this transitional period.

RECOMMENDATIONS

1. Health Educators should make concert efforts with the Ministry of Education to provide psychological support services to address the emotional challenges faced by menopausal women. These include counselling, support groups, and stress management techniques to help women cope with mood swings, anxiety, and depression associated with menopause.
2. Foster collaboration and partnerships among healthcare providers, educational institutions, employers, and community to develop comprehensive support systems for menopausal women. This can include joint initiatives to provide educational resources, workshops, and seminars on menopause-related topics.
3. The perspectives of male colleagues, administrators, and family members regarding their understanding of the menopausal syndrome and its implications for female teachers are recommended for further study.

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