Texila International Journal of Public Health
ISSN: 2520-3134
DOI: 10.21522/TIJPH.2013.10.02.Art013

An Investigation into the Knowledge and Practices of Women towards Menopause in Choma District

Cathrine Haambozi
Master of Public health, Texila American University, Guyana

Abstract

Menopause is a biological event characterized by a complexity of factors. On average one, third of the women's life consists of the post-menopause years, and health care programs for women do not address concerns beyond reproductive ages. The purpose of this study was to investigate into the knowledge and practices of women towards menopause in choma district. A descriptive cross-sectional research design was used to collect data from a sample of 50 women from two clinics. The researcher used a questionnaire that included both structured and open-ended questions. The findings indicated that 14(28%) of the respondents had adequate knowledge, while 36(72%) had inadequate knowledge towards menopause. 24(48%) of the respondents had good practices with adequate knowledge on menopause which was statistically significant (P<0.000). In this study, 37(74%) of the respondents who had bad practices had bad health-seeking behaviour. A high proportion of women are affected by menopause related symptoms. Care seeking for all symptoms is not uniform, indicative of a lack of knowledge about the treatable nature of many of these symptoms. There is a need to continue giving health education to women 45 years and above on the signs and symptoms, treatment needed, and where and when to seek health services so as to impart knowledge on menopause.

Keywords*: Health Seeking behaviour, Knowledge, Menopause, Practice.*

Introduction

Women usually experience menopause after facing many coincidental changes in their lives. The word 'menopause' is derived from the Greek words 'men' and 'pause,' and it is referred to as a series of the psychological and physical changes in women's life after the termination of menstruation [1]. The period of change in ovarian function from being fertile to becoming infertile, called menopausal transition, is a natural and inevitable change that affects all women [2]. This is often regarded as a significant event in a woman's life, and it is accompanied by a series of biological and psychosocial changes [3] Although menopause is considered to be a universal phenomenon, it is affected by socio-cultural norms, and women's experiences of the menopausal transition is consequently handled by women in different ways [4]. The mean age of menopause is around 51 years, and it ranges from 45-55 years in many countries [5, 6].

These include children getting married and leaving home, parents becoming ill or dying, and personal health problems. These events force women to cultivate coping skills and behave in a mature and respectable manner. Menopause is a crucial turning point of a woman's life, and it is naturally designed as an aspect of the aging process [6]. So, this is the entry point for old age, and it reduces the quality of life of women, so women are not ready to accept these manageable changes at once [7, 8]. According to [9] menopause is an experience hidden within the cultural background of patriarchy for which women sacrifice their own needs, including health care

Received: 22.03.2022 ***Accepted: 01.04.2022*** ***Published on: 30.06.2022***
Corresponding Author: cathyhams6@gmail.com

needs in favor of the needs of their family, consequently making menopausal transition invisible. Women have a passive approach to manage symptoms using the menopausal transition due to deep roots in their cultural and traditional beliefs [10]. Menopause results from the reduction of secretion of ovarian hormone levels, including estrogen and progesterone, due to the changes in the urogenital epithelium [5]. With the reduction of sex hormones, a woman experiences physical changes, including hot flashes, vaginal dryness, vaginal atrophy, and insomnia. It also results in cognitive changes and changes in memory [3, 11]. Nevertheless, commonly experienced symptoms of menopause include, among others, vasomotor symptoms such as hot flashes and night sweats. Reproductive symptoms include changes in sexual behavior as may be characterized by less interest in sex and changes in sexual responses: dry vagina, vaginal discharge/infection, and discomfort/painful intercourse. Psychological symptoms such as: anxiety, depression, mood changes, forgetfulness, poor concentration, and sleep disturbances are also common in menopause as well as physiological changes characterized by headaches, heart palpitations; weight gain; hair thinning or loss. [12]. Women may use “natural” ways to cope with menopausal symptoms, mainly non-pharmacological methods such as diet, exercise, and herbal products that help with hot flushes [13]. There are reasons to believe that symptoms related to menopause are equally frequent regardless of geographic location, although some women report few menopausal symptoms [14]. Thus, it may be that cultural condition makes menopausal symptoms easier to handle or that women suffer in silence.

Zambian women still have very little knowledge about menopause [15]. For the few who have the knowledge, it is still scanty, and most of it is usually beliefs and myths passed on from one generation to another. Due to inadequate knowledge about menopause by most women, it has made them become ill-prepared for the eminent physiological changes likely to occur. For the few who have the knowledge, they have fears to an extent that their lifestyle will change completely. Thus, it demonstrates that menopause has comprehensive effects on all body systems [16]. Lack of adequate knowledge on menopause, its effects, and how to cope with the associated problems continues to adversely impact on menopause.

It is hoped that the findings of the study may contribute to the already existing body of knowledge in as far as menopause is concerned. There is a need for health care workers to have knowledge on menopause so as to educate the women in the menopausal period, such as the effects of menopause and the services available at the health facility. This will help strengthen health education at the health facilities and help menopausal women to make an informed choices.

There is a need for health educators to continue putting more emphasis on menopause during their course of training so that they can adequately teach women on the subject. Health workers should be taught the skills to enable them to screen menopausal women and advise them adequately.

The managers should be oriented to the topic of menopause as it is not part of the health education system. The managers should supervise their subordinates in the health facilities to ensure they provide necessary health education to the women on menopause as they come to seek health services at the facility. The managers should also ensure that menopausal women are encouraged to seek health services whenever they are experiencing menopausal problems. There is also need for managers to make recommendations to policy makers at the ministry of health to include menopausal services in the health care package and train health care workers on management of menopausal problems.

Menopause effects in Zambia are a major public health concern that needs evidence-based

policies, practices, and interventions to halt it. Women in menopause suffer in silence from the menopausal symptoms, while others do not even know whether they should seek care for their symptoms or not. Health researchers should consider carrying out further reaches on areas that will not be fully described by this study such as factors contributing to the severity of menopausal symptoms, and sources of knowledge on menopause issues by women in perimenopausal and perimenopausal periods. Health researchers should also consider carrying out research on the knowledge of health workers on menopause and also on how health workers manage the menopausal symptoms of clients.

Menopause, or the Final Menstrual Period (FMP), and the menopausal transition are natural processes that occur in women's lives as a part of normal aging. Globally, the median age of menopause is between 51 and 52 years and commonly women live about one-third of their lives after menopause. Every year millions of women will reach menopause, and the majority will experience hot flushes and/or night sweat at some period during the transition. For some women, the climacteric symptoms are bothersome and worrying, forcing women to seek medical advice due to symptoms related to the menopausal transition. It is a challenging task for health care providers to improve the counseling and management of the menopausal women.

In Africa, Zambia inclusive, most women have suffered the menopausal trauma both emotionally and physically. Due to limited knowledge of menopause, women have received inhuman treatment at the hands of the community, families, and their spouses. Some have been rejected due to this natural occurrence.

It was based on this premise that this study was conducted to investigate into the knowledge and practices of women towards menopause in the Choma district of Southern Province in Zambia. This will assist in ensuring that women, spouses, families, and the communities at large appreciate this natural occurrence. This will significantly contribute toward the reduction of the emotional and physical effects menopause has on women.

Materials and Methods

Research Design

In this study, a descriptive cross-sectional research design was used. The information obtained was presented in numerical form and analysed through the use of statistics to describe and test relationships among variables. The researcher used a questionnaire that included both structured and open-ended questions. The study was conducted in the Choma district of Southern Province at Shampande and Rail Surgery Clinic.

Study Population

The target population for this study was post-menopausal women aged 45 years and above residing in the Choma district.

Sampling Technique

In this study, the purposive-convenience sampling technique was used to sample the participants. It was purposive because it involved the identification and selection of individuals or groups of individuals that are proficient and well-informed about a phenomenon of interest. In addition to knowledge and experience.

Menopausal women were recruited during day clinic visits for minor ailments, routine body check-ups, and for chronic medication collection, through the assistance of the clinic professional nurses in the setting.

The participants were purposively handpicked from the population (patients at the clinic) based on the researcher's knowledge and judgment. It was also convenient, as the menopausal women selected were only those who were at the clinic on the day of data collection, as assisted by the clinic professional nurses.

Ethical Considerations

Ethical clearance was obtained from the Texila American University (TAU) before the study commenced. Written permission to conduct the study was also obtained from the District Medical Officer from Choma District. Verbal permission was sought from the subjects before conducting the interviews. Confidentiality and anonymity was be assured. Participants' names were not written on the interview schedules, and no other person apart from the researcher was allowed access to the research data.

Results

Socio-demographic Data

This section presents the demographic characteristics of the study respondents. The socio-demographic factors included were age, marital status, number of children, tribe, earnings, religious denomination, level of education, and occupation.

Table 1. Demographic Characteristics of the Respondents

Age in years	**Frequency**	**Percentage**
45 - 55	25	50
56 - 65	18	36
65 - 75	7	14
Total	**50**	**100**
Marital status		
Single	5	10
Married	28	56
Divorced	2	4
Widow	13	26
Separated	2	4
Total	**50**	**100**
Number of children		
0-4	15	30
5-9	32	64
10-13	3	6
Total	**50**	**100**
Tribe		
Tonga	29	58
Lozi	2	4
Bemba	9	18
Nyanja	9	18
Other	1	2
Total	**50**	**100**
Earnings		
1000	23	32.9
1500	6	8.6
2000	6	8.6
2500	2	2.9
3000	10	14.3
0thers	23	32.7
Total	**70**	**100**

Occupation		
Formal employment	11	16.17
Self employed	28	39.71
Farmer	23	32.35
Not employed	8	11.76
Total	**70**	**100**
Religious denomination		
Roman Catholic	19	38
Seventh Day Adventist	15	30
Jehovah's witness	5	10
Pentecostal	9	18
Others	2	4
Total	**50**	**100**
Level of Education		
Never been to school	6	12
Primary	13	26
Secondary	20	40
Tertiary	11	22
Total	**50**	**100**

All the respondents (100%) were in the age group of 45 years and above.

Knowledge of Menopause

This section contains data on the level of knowledge on menopause such as the definition of menopause, cause of menopause, who is at risk of developing menopause, the signs and symptoms of menopause, and management of the signs and symptoms. The total score was 1 to 14 marks.

There is one table in this section displaying responses to questions on knowledge, the scores of knowledge were divided into two (2) categories; adequate level of knowledge ranged from 10-14, an inadequate level of knowledge ranged from 0-9.

Table 2. Knowledge Level of Menopause

Knowledge	Frequency	Percentage
Adequate	14	28
Inadequate	36	72
Total	**50**	**100**

Of the 14 questions on knowledge 36(72%) had inadequate knowledge towards menopause.

Practices towards Menopause

This section contains data regarding practices of women toward menopause. Such as acceptable actions on signs and symptoms of menopause services expected, is menopause a secret. The total score was 10 marks.

Further the scores of practices were divided into two categories; good practices ranged from 0 -7, and bad practices ranged from 8 -10. A table was used to present the practices toward menopause.

Table 3. Practices Towards Menopause

Practices	Frequency	Percentage
Good	17	34
Bad	33	66
Total	**70**	**100**

33(66%) had bad practices toward menopause.

Cross Tabulation Tables

This section presents results of the relationship between knowledge, practices, and health seeking behaviour. There are three tables in this section on cross-tabulations. A Fisher's test was used because the sample size was less than 100.

Table 4. Relationship between Knowledge and Practices of Menopause

Knowledge	Practice		Total	P-value
	Good	Bad		0.000
Adequate	24(48%)	6(12%)	30(60%)	
Inadequate	0(0%)	20(40%)	20(40%)	
Total	**24(48%)**	**26(52%)**	**50(100%)**	

Since the P-value of 0.000 (Fisher's Exact test) was less than 0.05, the null hypothesis (H_o) was rejected, indicating statistical significance between the two variables. Therefore, it was concluded that there is a relationship between knowledge and practice.

Table 5. Relationship between Practices and Health Seeking behaviours offered at the health facility regarding Menopause

Health Seeking Behaviors	Practice		Total	P-value
	Good	Bad		0.004
Good	7(14%)	0(0%)	7(14%)	
poor	6(12%)	37(74%)	43(86%)	
Total	**13(26%)**	**37(74%)**	**50(100%)**	

Since the P-value of 0.004 (Fisher's Exact test) was less than 0.05, the null hypothesis (H_o) was rejected, indicating statistical significance between the two variables. Therefore, it was concluded that there is a relationship between health-seeking behaviour and practice.

Table 6. Relationship between Practices and Level of Education

Educational level	Practice		Total	p-value
	Good	Bad		0.109
High (tertiary, secondary)	21(42%)	15(30%)	36(72%)	
Moderate (primary)	3(6%)	4(8%)	7(14%)	
No education	3(6%)	4(8%)	7(14%)	
Total	**27(54%)**	**23(46%)**	**50(100)**	

Since the P-value of 0.109 (Fisher's Exact test) was more than 0.05, the null hypothesis (H_o) was not rejected, indicating no statistical significance between the two variables.

Therefore, it was concluded that there is no relationship between health-seeking behaviour and practice.

Discussion

Demographic Characteristics of Respondents

This study was carried out on fifty (50) women. The findings of the study showed that all of the respondents were 45 years and above.

Table 1 of the study showed that the majority of the respondents, 28(56%), were married. This result shows that marriage is viewed as social security. The respondents who were divorced were fewer because divorce is not accepted socially in Zambia. The majority 100% of the respondents, were Christians, the fact that Zambia is predominantly a Christian nation. 20 (40%) of the respondents had attained secondary education, while 11 (22%) had attained tertiary education. This result shows that Zambia as a country has progressed towards the achievement of sustainable development goal number 4 on quality education (ensure inclusive and equitable quality education and promote lifelong learning opportunities for all. However, the country still needs to do a lot as there are still people in rural areas, especially women, who still have no formal schooling. This result is in line with the findings of [15], which showed that the proportion of those who never had formal schooling is higher in rural areas. This is also due to early marriages, negative attitude towards schools in rural areas or that schools are very few and far away, especially secondary schools. There was a variety in the tribe distribution in relation to education.

Knowledge on Menopause

Table 2 in this study reviewed that 14(28%) of the respondents had adequate knowledge while 36(72%) had inadequate knowledge about menopause. These findings were contrary to [17]. The finding showed that 8% of the subjects had poor knowledge, 68% had moderate knowledge, and 38.5% had good knowledge. The study concluded that identifying the quality of women's subjective perception of menopause has an essential role in the development of accurate and appropriate programs to promote women's health during menopausal years.

Regarding sources of information on menopause, 20(28.57%) of the respondents obtained information regarding menopause from the health facility, while 50(71.41%) got information from traditional counselors, traditional healers, schools/colleges, and other sources. Similar results have been found in interviews of African - American and Caucasian women by [16] who chose family members as the most frequently chosen source of menopausal information, while the main source of menopause information for the respondents in the study by [18] was booked (40%) followed by physicians (24%).6 Similarly, Netherlands and Australia women received their information about menopause mainly from reading materials and TV program. Also, in a study conducted by [19], the most commonly indicated source of knowledge on the menopause has reading materials such as newspapers and magazine accounting for 43%.7 This can be explained by the difference in education level of women in. Therefore, it is important for the health care providers to intensify their Information, Education and Communication (IEC) on menopause to the community.

Table 4 showed that there is a statistical significance between knowledge and practices of women 45 years and above towards menopause. The Fishers Exact test showed a p-value of 0.000, indicating that there is a relationship between knowledge and practice. 24(48%) of the respondents had good practices with adequate knowledge on menopause.these findings were consistent with [20], who reported that 32.72% of the respondents had knowledge on menopause. Accurate and

appropriate programs to promote women's health during menopausal years.

Therefore, it is important for the health care providers to intensify their Information, Education, and Communication (IEC) on menopause to the community.

Practices towards Menopause

The study findings in table 3 reviewed that 33(66%) had bad practices towards menopause this could be to due to low levels of education and lack of information and education from the health care term. This study is not in line with a study done by [21]. 12.2% of women were aware that menopausal women should consult a doctor. In contrast in a study by [22], 91% of the respondents indicated that a woman should see a doctor at menopause. This indicates that some of the women below 60 years of age do not understand the causes of menopause because of limited experience and inadequate reproductive health-related knowledge during their menopausal stage and education development regarding menopause and procreation.

Table 4 reviewed that 24(48%) of the respondents had good practices with adequate knowledge on menopause. Using the Fisher's Exact test to find the relationship between the two variables, the test showed a P-value of 0.000, indicating that there is a relationship between the two variables. This is contradicting with a study conducted by [18] in English speaking countries on menopause knowledge and practices which revealed that in contrast with "African American" or "Black" women in other studies, women in the English-speaking countries in this preliminary study had incomplete and inaccurate information about menopause, a lack of resources for obtaining relevant information and resistance to seeking and complying with recommended treatments. The study also revealed that health educators need to seek out and/or develop ways of keeping these women informed, as they did not seem to have a reference point for menopause information. A lack of knowledge about menopause, and lifetime risks of heart disease, would suggest that English-speaking country's women, irrespective of education, need better information sources for decision-making about what they can do to prevent disease and promote their own wellbeing [18].

Table 5, in this study, showed that 37 (74%) of the respondents who had bad practices had bad health-seeking behaviour. This could be due to poor health-seeking behaviour by menopausal women. When some women where asked is menopause a secret, of those who said yes menopause is a secret the reason was it is a taboo to talk about menopause and that blood is sacred. Therefore, it is important for the health care providers to intensify their Information, Education, and Communication (IEC) to the community.

In table 6, the study showed 15(30%) of the respondents had attended high (tertiary, secondary) levels of education and had bad practices. This may be due to a lack of health education and low levels of education as most of the respondents attained primary education and others had never been to school. Using the chi Fisher's Exact test to find the relationship between the two variable, the test showed a P-value of 0.109, indicating no statistical significance. Therefore no relationship between the two variables rejecting the null hypothesis.

Practices towards menopause by menopausal women in Choma are basically shaped from their lack of information on what menopause actually is. This research has revealed some of the most questionable and inappropriate practices towards menopause.

Limitation of Study

Being a sensitive topic, the sample size that was used in the study was small as some women refused or dropped out of the study leading to the sample size not being met. Also, inadequate human and financial resources hindered the researchers from using a bigger sample size. Time also was limited, thus

preventing the researchers from conducting a larger study on a wider scale.

The purpose of the study was explained to all respondents involved so that they understand the nature of the study to which they are consenting to, as well as enable them to participate in the study willingly. The questionnaires were kept in a big envelop and locked up for safety. Respondents were informed that they can withdraw from the study at any time, and this would be withheld against them.

Conclusion

The study was carried out to investigate into the knowledge and practices of women towards menopause in Choma district southern province. Data was collected from 50 respondents using a structured interview schedule. The finding of this study indicated that the majority 36(72%) of the respondents had inadequate knowledge on menopause. This is due to inadequate information given to women on menopause once they visit a health facility, as results reviewed that 90% did not receive information from the health facility.

This study has reviewed that there is a relationship between knowledge and practice, as shown by the p-value 0.000 in table 6. 24(48%) of the respondents with good practices had adequate knowledge on menopause.

The findings also showed that there is statistical significance between practice and health-seeking behavior as shown by p-value 0.004 in table 7. 37(74%) of the respondents had bad practices with bad health-seeking behavior. Those who had bad practices toward menopause still consider menopause to be a secret. Therefore more information and education should be given to women regarding menopause.

There was no statistical significance between practice and education as shown by the p-value of 0.109 in table 6. The study showed that among those that attended high (tertiary, secondary) levels of education 15(30%) had bad practices towards menopause. This was due to a lack of health education, and low levels of education as most of the respondents attained primary education and others had never been to school. Therefore, it is important for the health care providers to intensify their Information, Education, and Communication (IEC) to the community on Menopause. The majority of the respondents were not provided with information and reported that the information from the healthcare facilities was, unhelpful and, therefore not good. These results therefore reviewed that the information at the health facilities regarding menopause is inadequate and therefore needs for healthcare staff to provide more information on menopause.

Acknowledgements

I take this opportunity to thank the Thesis guide/supervisors Dr Kayongo(external) and Dr Lawson Simapuka (internal).

I also thank my husband, Cliveston Muleya and my son (Cosmas Muleya.) for according to me, the needed family support during this thesis preparation.

Competing Interests

The authors declare no competing interests for this manuscript.

References

[1] Ham, O. K. (2011). Predictors of health-related quality of life among low-income midlife women. Western journal of nursing research, 33(1), 63- 78. https://pubmed.ncbi.nlm.nih.gov/20696845/.

[2] Shakila P, Sridharan P, Thiyagarajan, S. An Assessment of Women's Awareness and Symptoms in Menopause (A Study with Reference to Academic Women's at Sri Lanka), J Bus Econ Policy 2014; https://jbepnet.com/journals/Vol_1_No_2_December_2014/12.pdf 1(2).

[3] Bernis, C., & Reher, D. (2007). Environmental contexts of menopause in Spain: comparative results from recent research. Menopause, 14 (4), 777-87. https://museoecologiahumana.org/wp-content/uploads/2017/10/Bernis-and-Reher-Menopause07.pdf.

[4] Bahri N, Roudsari RL. "Moving from uncertainty toward acceptance": a grounded theory study on exploring Iranian women's experiences of encountering menopause. J Psychosom Obstet Gynecol. 2020;14(2):154–64. https://www.erkenmenopoz.com/konu/dosyalar/menopoz_makale_ozetleri/ekim2019_14.pdf. https://doi.org/10.1080/0167482X.2019.1678018.

[5] Ramakuela N. J. (2015), Women's health and gynaecology. University of Venda, South Africa.

[6] Gharaibeh, M., Al-Obeisat, S., & Hattab, J. (2010). Severity of menopausal symptoms of Jordanian women. Climacteric, 13(4), 385-94. https://doi.org/10.3109/13697130903050009.

[7] Ramakuela N. J, Nditsheni A, Akinsola H. A and Racheal L. T. (2014). A Perceptions of Menopause and aging in rural villages of Limpopo Province, South Africa. Health SA Gesond heid http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S2071-97362014000100026.

[8] Kilaf E, Kirchengast S. (2010) Menopause between nature and culture: menopausal age and climacteric symptom among Turkish immigrant women in Vienna, Austria. Acta Medica Lituanica. https://www.intechopen.com/chapters/55275.

[9] Meleis AI. Transition theory: Middle range and situation specific theories in nursing research and practice. 2010; 1st ed. New York: Springer. https://taskurun.files.wordpress.com/2011/10/transitions_theory__middle_range_and_situation_specific_theories_in_nursing_research_and_practice.pdf.

[10] Bahri N, Roudsari RL, Hashemi MA. "Adopting Self-sacrifice": How Iranian women cope with the sexual problems during the menopausal transition? An exploratory qualitative study. J Psychosom Obstet Gynaecol. 2017;38(3):180–8. https://doi.org/10.1080/0167482X.2016.1216962.

[11] Greenblum, C., Meredeth, A., Rowe, N., Neff, D., & Greenblum, S. (2013). Midlife women: symptoms associated with menopausal transition and early post menopause and quality of life. Menopause, 20(1), 227. https://www.researchgate.net/publication/230755157Midlife_women_Symptoms_associated_with_menopausal_transition_and_early_postmenopause_and_quality_of_life.

[12] Dutta R, Dcruze L, Anuradha R, Rao S, Rashmi MR. Population based study on the menopausal symptoms in a rural area of Tamil Nadu, India. J Clin Diagn Res. 2012; 4:597–601. http://jcdr.in/articles/PDF/2107/13%20-%203651.pdf.

[13] Cifcili SY, Akman M, Demirkol A, Unalan PC, Vermeire E. I should live and finish it: a qualitative inquiry into Turkish women's menopause experience. BMC Family Practice 2009; 10(2). doi: https://doi.org/10.1186/1471-2296-10-2.

[14] Elliott J, Berman H, Kim S. A critical ethnography of Korean Canadian women's menopause experience. Health Care Women Int. 2002;23(4):377–88. https://doi.org/10.1080/0739933029008946.

[15] C. S. O. (2013), Zambia Demographic and Health Survey 2013 – 2014. Maryland, Calverton.

[16] Bauld, R., & Brown, R. F. (2009). Stress, psychological distress, psychosocial factors, menopause symptoms and physical health in women.Maturitas, 62(2), 160-165. https://doi.org/10.1016/j.maturitas.2008.12.004.

[17] Noroozi. E, Dolatabadi. N. K, Eslami. A. A, Hassanzadeh. A and Dava. S. (2013) Knowledge and attitude toward menopause phenomenon among women aged 40–45 years. University of medical sciences, Isfahan, Iran

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3778567/.

[18] Thomas SE. Menopause knowledge and attitudes of English-speaking Caribbean women: implications for health education. Californian J Health Prom. 2005; 33:167-76. https://journals.calstate.edu/cjhp/article/download/657/541/.

[19] Pan HA, Wu MH, Hsu LL, Yao BL, Huang KE, The perception of menopause among women in Taiwan. Europ Manou J. 2002;41(4):269-74. https://pubmed.ncbi.nlm.nih.gov/12034513/.

[20] International Journal of Reproduction, Contraception, Obstetrics and Gynecology Pathak Vet al. Int J Reprod Contracept Obstet Gynecol. 2017 May;6(5):1848-1853 www.ijrcog.org.

[21] Loutfy F, Aziz A, Dabbous NI, Hassan MHA. women's perception and experience of menopause: A community-based study in Alexandria, Egypt. East Mediterr Health J. 2006;12 Suppl 2:593-606. http://www.emro.who.int/emhj-volume-12-2006/volume-12-supplement-2/womens-perception-and-experience-of-menopause-a-community-based-study-in-alexandria-egypt.html.

[22] N. Osarenren, M. B. Ubangha, I. P. Nwadinigwe and T. Ogunleye, "Attitudes of Women to Menopause: Implications for Counseling," Edo Journal of Counselling, Vol. 2, No. 2, 2009, pp. 155-164.
https://www.ajol.info/index.php/ejc/article/view/60853/49065.