

## EXPERIENCES OF MENOPAUSE: A PHENOMENOLOGICAL STUDY OF MENOPAUSAL WOMEN LIVING IN ENUGU STATE.

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### Abstract

Menopause is a natural biological phase that signifies the end of menstruation and represents a major transition in a woman's life. Each woman's experience with menopause is distinct, influenced by her biological makeup, personal experiences, cultural influences, and social context. Thus, delving into the experiences of women undergoing menopause is essential for a comprehensive understanding of this intricate life phase. The primary objective of this research was to examine the experiences of women aged 50 to 65 in Enugu State during menopause. A descriptive phenomenology approach was utilized to gather insights from 12 menopausal women. Participants were selected using purposive sampling, and an open-ended, in-depth interview guide was employed to collect their responses. Data was recorded using an audio recorder and analyzed through the psychological phenomenological method established by Smith & Osborn. Three major themes and ten subthemes were derived from the content thematic analysis: The major themes and subthemes are as follows: Making sense of menopause (cessation of menses, ageing and end in reproductive ability); feelings on menopause (relief, distress, interferences); experiencing symptoms (Initial symptoms observed, physical changes, emotional and cognitive manifestations and feelings on symptoms). Women shared their menopause experiences with great openness. The study's findings indicate the necessity for educational and health promotion initiatives to better inform women about menopausal signs, symptoms, and coping strategies to facilitate a smoother transition through this stage of life.

### INTRODUCTION

Menopause is a natural biological event that signifies the end of menstruation and represents a major change in a woman's life (World Health Organization, 2022). This phase is characterized by hormonal shifts, particularly a decrease in estrogen levels, typically occurring between the ages of 45 and 55, although experiences can differ significantly among individuals (National Institute on Aging, 2017). This physiological transition often leads to various physical, psychological, and social adjustments that can greatly affect a woman's overall health and quality of life (Baral & Kaphle, 2023). The physical symptoms associated with menopause are well recognized and include vasomotor symptoms like hot flashes and night sweats, sleep issues, alterations in sexual function, and musculoskeletal pain (Davis et al., 2023). In addition to these physical changes, many women report

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psychological effects such as mood swings, anxiety, irritability, and challenges with concentration (Kandasamy et al., 2024).

While quantitative studies have shed light on the frequency and intensity of menopausal symptoms (Thomas et al., 2021; Yong et al., 2025), the personal and subjective experiences of women undergoing this transition are not as thoroughly explored. Each woman's menopause journey is distinct (Ilankoon, 2021), influenced by her unique biology, personal history, cultural background, and social environment. Thus, a more in-depth examination of menopausal women's experiences is essential for a comprehensive understanding of this multifaceted life stage. Moreover, many studies depend on standardized questionnaires and quantitative assessments (Ibraheem et al., 2015; Adegoke et al., 2013), which may not adequately reflect the individual differences and the personal meanings associated with menopause. This creates a gap in comprehending what menopause truly signifies for women, including the emotional, psychological, social, and existential aspects of this period.

Additionally, cultural and societal factors play a crucial role in shaping the menopause experience. However, research frequently neglects the varied perspectives from different cultural contexts (Jones et al., 2020). Recognizing these subtleties is vital for creating culturally appropriate and effective support systems and interventions for women experiencing menopause. Therefore, this qualitative phenomenological study aims to fill this gap by investigating the lived experiences of women going through menopause. What are the personal experiences of women during this transitional phase.

## **METHODS**

### **Study design and Setting**

This investigation utilized a phenomenological approach to delve into the participants' lived experiences, aiming to understand their perceptions and interpretations of the phenomenon under study. The research was conducted in the Nenwe community located in the Aninri Local Government Area of Enugu State. Agriculture serves as the economic foundation of this region, as the fertile land supports a predominantly farming population that is generally satisfied with their daily sustenance and able to sell their produce.

### **Population and Sample**

The study's population comprised women currently experiencing menopause. A total of 12 women who met the inclusion criteria were selected as the sample. This sample size is deemed suitable for qualitative research, which typically requires fewer participants while still providing enough data to effectively describe the phenomenon of interest. Purposive sampling was employed to identify women who have firsthand experience with menopause, facilitating an in-depth exploration of their experiences.

#### *Inclusion Criteria*

- Women aged 50 to 65 years who can communicate in English or Igbo.
- Women who have undergone amenorrhea for a minimum of six months and have experienced at least one vasomotor symptom.
- Women who have not undergone medical menopause (such as due to ovarian failure or hysterectomy).
- Women who are not receiving hormone replacement therapy.

### **Instrument for Data Collection**

Data was gathered using an interview guide consisting of open-ended questions designed to encourage participants to share their experiences freely. The guide, created by the researcher, included three sections: Section A contained a consent form for participants to sign, indicating their agreement to participate. Section B collected demographic information such as ethnicity, age, education, marital status, and menopausal status. Section C focused on questions related to the experiences of menopausal women, aimed at capturing their lived experiences.

### **Trustworthiness and Rigor**

To ensure the credibility of the study, the researcher included direct quotations from participant interviews and utilized member checking. Transferability was supported through detailed descriptions of all research processes, including data collection and analysis, while purposeful sampling ensured that participants were selected based on their relevance to the research questions. This approach allowed for a deeper understanding that may not be achievable through random sampling methods. Dependability was maintained by creating an audit trail that documented all research decisions and activities, illustrating how data was collected, recorded, and analyzed. The researcher also implemented a cross-coding method, coding the data twice with a week's interval, and found consistent results. Triangulation of data sources was used to ensure confirmability, and the researcher bracketed her prior knowledge of menopause to uphold the study's validity and reliability.

### **Ethical Considerations**

Approval was secured from the Ethics Committee of the Ministry of Health in Enugu State. Participants were informed that their involvement was voluntary, that data collected would be used for scientific purposes, and that interviews would be recorded to ensure no information was overlooked. Participants were also briefed on how their data would be stored. The researcher ensured the confidentiality of personal information by using code numbers instead of names on audio recordings and field notes, and all materials were stored on a password-protected, encrypted personal computer. Upon completion of the study, all audio recordings, field notes, and consent forms were destroyed.

### **Procedure for Data Collection**

Data collection involved face-to-face, audio-recorded, in-depth interviews conducted with the assistance of a research assistant who was briefed on the study's objectives. Interviews took place in a comfortable and accessible environment for the participants, lasting between 50 and 70 minutes. Depending on the participant's preference, interviews were conducted in either English or Igbo, with those in Igbo translated into English. Each participant was assigned a unique numerical code to link their demographic data to their audio recordings, interview transcripts, and observational notes. Field notes and memos were documented at various stages to capture observations. The research assistant recorded additional comments and provided technical support, allowing the researcher to focus entirely on the interview.

After obtaining informed consent and completing the demographic questionnaire, the interviews proceeded until no new information emerged. The researcher made efforts to set aside preconceived notions about the study to prevent bias in the results. Participants granted permission for quotations from their interviews to be used in this report, and confidentiality was emphasized, alongside the right to withdraw from the study at any point. Pseudonyms replaced real names to maintain anonymity. At the end of each interview, participants were reminded about the possibility of a follow-up contact to discuss the findings and ensure they accurately reflected their experiences.

### **Method of Data Analysis**

Following each interview, audio recordings were transcribed verbatim within 48 hours. The interviews conducted in Igbo were translated into English and subsequently back-translated to verify accuracy. The raw data from the transcripts and field notes were analyzed to interpret the participants' thoughts and feelings regarding menopause. This analysis adhered to the phenomenological procedures outlined by Smith & Osborn (2003), which included the following steps:

1. Each transcript was read multiple times to gain an overall understanding of the participants' lived experiences.
2. Meaning units, or significant statements that illustrated the participants' experiences of menopause, were identified through line-by-line coding.

3. These meaning units were then organized into core themes, allowing for a higher level of abstraction and comparisons across different texts.
4. The themes were examined for connections and relationships.
5. Themes were clustered together to construct a coherent description of the participants' experiences.
6. The analysis process was integrated with data collection, creating a cyclical approach involving ongoing reflection.

## RESULTS

Table 1: Demographic characteristics of participants n = 12

Criterion	Characteristics	Frequency	Percentage
Age	50 - 55 years	7	58.4%
	56 - 60 years	4	33.3%
	60 - 65 years	1	8.3%
Marital Status	Married	10	83%
	Widowed	2	17%
Level of Education	Primary	3	25%
	Secondary	4	33%
	Tertiary	5	42%
Occupation	Trading	3	25%
	Civil servant	5	42.0%
	Farmer	3	25%
	Retired	1	8%
Menopausal history	Postmenopausal	12	100%
Cause of menopause	Natural or spontaneous	12	100%

### Major Themes and Subthemes

The major themes and subthemes are as follows: Making sense of menopause (cessation of menses, ageing and end in reproductive ability); feelings on menopause (relief, distress, interferences); experiencing symptoms (Initial symptoms observed, physical changes, Emotional and cognitive manifestations and feelings on symptoms)

#### Making Sense of menopause

When participants were asked to define menopause, they provided various interpretations reflecting their personal views. Many described it as the end of menstruation, while others highlighted it as the cessation of a woman's reproductive capabilities. Below are the subthemes that illustrate participants' perceptions of menopause.

**Cessation of menses:** A majority of participants referred to menopause as the end of their menstrual cycles. This definition aligns with common public understanding, although scholars define menopause more specifically as a full year without menstruation. Here are some excerpts representing this subtheme:

"Menopause marks a change in a woman's life when her periods stop" (participant 2).

"It's a natural occurrence that every woman experiences, marking the end of her monthly cycle" (participant 7).

"I view menopause as a significant phase in a woman's life when she no longer has her period" (participant 9).

**Ageing:** Participants characterized menopause as a time associated with aging, noting that it often coincides with changes in appearance and vitality.

"Women are like flowers; they bloom in their 20s and 30s, but as they reach menopause around 50, their vibrancy starts to fade" (participant 8).

"I felt I was becoming older and less appealing during menopause. I would see younger women in their thirties and wish I could be like them, but I knew that aging is inevitable" (participant 6).

One participant described menopause as a period that diminishes a woman's activity levels due to age-related changes.

"It's a time when a woman becomes less active than she used to be" (participant 11).

Another participant noted a cultural reference to menopause as a sign of aging in their community.

"In our church, we sometimes say we've entered menopause, meaning our congregation is aging with no new members. This reflects how menopause signifies aging in women" (participant 10).

**End in reproductive ability:** Some women viewed menopause as a significant marker indicating the end of a woman's ability to conceive and bear children. Some expressed that this transition aligns a woman more closely with men, who do not experience pregnancy.

"Childbearing takes a toll on a woman's body, so I believe it's God's way of ending a woman's ability to have children" (participant 4).

"In a woman, menopause signals the conclusion of childbirth. Some say that when a woman reaches menopause, she becomes like a man" (participant 11).

"When a woman enters menopause, she no longer has periods, and at that point, she's similar to a man" (participant 1).

### **Feeling on Menopause**

Participants shared their feelings about menopause and its impact on their daily lives. Some described it as a relief, while others viewed it as a challenging and distressing phase. Despite encountering difficulties during this transitional period, many women felt that menopause did not significantly disrupt their everyday activities. The subthemes that emerged under this theme include:

**Relief:** Some participants expressed that menopause brought relief after years of childbearing and parenting, while others appreciated the cessation of potential pregnancies. Their experiences are illustrated in the following quotes: "Being a woman involves a lot—monthly periods and childbirth—so I'm grateful for this resting phase called menopause" (participant 2).

Others noted the relief from menstrual discomfort:

"I feel a sense of peace inside me because I used to have very heavy periods that made me uncomfortable" (participant 9).

**Distress:** Conversely, some participants experienced distress related to menopause. Many described it as a time of significant hormonal changes that altered their self-perception and led to negative feelings. The following excerpts illustrate this subtheme:

"When I started noticing changes, I often felt sad without any clear reason" (participant 9).

**Interferences:** While some women reported negative feelings about menopause, most continued their daily routines without being significantly hindered by menopausal symptoms.

"Menopause hasn't impacted my daily life; it hasn't stopped me from running my business or working on the farm like I used to" (participant 4).

However, some participants found their daily activities affected:

"The changes made me feel unwell and impacted my productivity. I used to grow large crops for sale, but since I became ill, I've lost my ability to produce as I once did" (participant 5).

### **Experiencing Symptoms**

The women in this study were articulate about the symptoms they encountered during this transitional phase. These symptoms ranged from initial signs like irregular menstruation to various physical and psychological changes, including hot flashes, forgetfulness, and back pain.

**Initial Symptoms:** When asked about the first signs indicating they might be nearing menopause, nearly all but two participants mentioned irregular menstrual cycles. The following quotes exemplify this subtheme:

"I noticed that my menstrual cycle was irregular; sometimes, I would only have my period once every two months" (participant 12).

**Physical Changes:** Participants acknowledged fluctuations in their menstrual cycles as well as other physical symptoms associated with menopause, such as headaches, hot flashes, sleep disturbances, weight gain, and memory issues. Many described feelings of excessive heat even when the temperature was normal for others.

"I started feeling extremely hot even when it wasn't warm outside. At times, I felt like stripping off all my clothes" (participant 1).

In addition to hot flashes, several participants reported experiencing back pain during menopause.

"Yes, I had back pain. After a long day, it often became intense, especially in the evenings. It felt like my back was about to break" (participant 7).

**Emotional and Cognitive Changes:** Almost all participants reported some forgetfulness during their menopausal transition. One participant described her forgetfulness as entering a room to get something but then forgetting why she was there.

"I would go into my room to grab something, and then suddenly forget what I was looking for. I often had to stand there for a while to remember" (participant 12).

Participants also noted mood changes during menopause, which they or their family members recognized.

"My family said I was easily irritated and acted out over minor issues" (participant 2).

Many participants reported experiencing insomnia during this transition.

"I used to nap in the afternoon, but once the changes began, I found it hard to sleep during the day, and nighttime sleep became problematic" (participant 2).

**Feelings on symptoms:** Most women expressed negative feelings associated with their symptoms. Some of these feelings stemmed from irregular menstrual cycles, which raised concerns about potential infections or pregnancy.

"When my period doesn't arrive as expected, it makes me anxious, especially since I have regular intimacy with my husband" (participant 7).

One woman shared her worries about irregular periods, which made her uncertain about her safety regarding pregnancy.

"Not knowing when I was safe or not made me anxious about possibly getting pregnant. It would be embarrassing for someone my age to become pregnant, which added to my stress" (participant 5).

Additionally, some participants expressed negative feelings due to other physical or emotional symptoms experienced.

"I felt like I was aging and losing my attractiveness. I used to be slim, but now I feel shapeless and unable to control my weight" (participant 6).

## **DISCUSSION OF FINDINGS**

### **Meaning of menopause to the menopausal woman**

In this study, the cessation of menstruation emerged as a significant indicator of the menopausal phase for participants. Most women described menopause as a life change marked by the absence of monthly periods. This aligns with the common understanding of menopause, which is often defined simply as the time when a woman stops menstruating. Many participants regarded it as a natural transition or an important milestone, ultimately concluding that menopause signifies the end of menstrual cycles. This perspective is consistent with the findings of Woods and Mitchell (2015), who noted that most women in their study similarly defined menopause as a time marked by the cessation of menstruation.

Participants also associated menopause with aging, which supports the findings of Ilankoon et al. (2021), who reported that some women linked menopause to aging, a process they connected with conditions like osteoporosis and potential loss of functionality. Furthermore, women in this study identified menopause as the end of reproductive capability. This biological reality is due to the decline in estrogen and other hormones, rendering women unable to conceive or give birth. Similar sentiments have been expressed by women globally, as seen in Mahadeen et al. (2008), where menopause was described as a period free from reproductive responsibilities.

When discussing their feelings about menopause and its impact on their lives, participants highlighted three subthemes: relief, distress, and disruptions. The perception of menopause as a relief from childbirth likely stems from the extensive time women spend in their younger years focused on childbearing and parenting. This aligns with findings from Perianes and Kissling (2020), who reported that many menopausal women felt a sense of freedom from the worries of potential pregnancy and menstrual concerns. Additionally, Nusrat et al. (2012) found that 83.42% of women expressed happiness over the cessation of menstruation.

Conversely, some participants reported feelings of distress due to the changes associated with menopause. This distress was often linked to symptoms such as mood swings and the anxiety stemming from irregular menstrual cycles. This observation is consistent with Nosek et al. (2014), who indicated that the symptoms of menopause could lead to significant distress and impact women's interactions with their environment.

Despite the distress reported by some women, others noted that menopause did not negatively affect their daily lives, allowing them to continue their normal routines. This contrasts with Ameh et al. (2016), who found that Ibo women often experienced disruptions in their daily activities due to menopause. However, some participants in the current study did mention that menopausal changes made them feel unwell and less active, impacting their usual daily activities.

### **Symptoms of Menopausal Changes Experienced by Women**

The initial symptoms of menopause often include changes in menstrual patterns (Nosek et al. 2014). This aligns with the present study, where most women reported irregular menstrual cycles as their first indication of menopause. Participants also described experiencing symptoms such as hot flashes, even when those around them felt comfortable. Many reported night sweats that disrupted their sleep. This finding supports Ameh et al. (2016), who noted that 51.7% of postmenopausal women in Nigeria experienced internal heat as a symptom.

Interestingly, many women did not recognize that their symptoms were related to menopause, attributing them instead to aging. This lack of awareness may stem from insufficient education about menopausal symptoms, echoing findings from Nusrat et al. (2011), who found that many women were unaware of menopausal symptoms, viewing them instead as a natural aspect of aging. In contrast, Idris et al. (2021) reported that women generally have good awareness of menopause symptoms.

Participants also mentioned experiencing vaginal pain during intercourse, often describing it as excruciating, leading to feelings of anxiety and depression. This aligns with Huang et al. (2014), who found that 40% of postmenopausal women reported painful intercourse. Emotional and cognitive changes were also highlighted as a subtheme under symptom experiences. Participants noted issues ranging from forgetfulness to mood fluctuations and insomnia. For example, women reported instances of forgetting why they entered a room or struggling to recall conversations. This observation supports Sagar et al. (2013), who found that over half of the women surveyed reported forgetfulness as a menopausal symptom.

Mood changes were commonly reported, with women noting irritability and rapid shifts in emotion. Family members often commented on their increased crankiness. This finding is consistent with Jack-Ide et al. (2014), who indicated that menopausal women face various psychological challenges, including feelings of sadness and irritability. The subtheme of feelings about symptoms also emerged as participants described their emotional

American Research Journal of Nursing and Health Sciences (ARJNHS) Vol. 11 (3) responses. Many expressed worry and anxiety regarding the potential for pregnancy due to irregular menstrual cycles, while others feared that these irregularities indicated an infection. Additionally, some participants reported feelings of depression and anxiety stemming from confusion about their experiences. This aligns with the findings of Whiteley, Wagner et al. (2015), who noted that depression and anxiety are strongly associated with health outcomes in menopausal women.

### **Conclusion**

This study indicates that many women perceive menopause as a period marked by the end of menstruation, the conclusion of reproductive capabilities, and a transition into aging. While some participants felt relieved during their transition, others reported that the accompanying changes caused distress and disruptions in their daily lives. Women experienced irregular menstrual cycles along with various physical, emotional, and cognitive changes associated with the menopausal transition. The findings suggest a need for educational and health promotion programs to better inform women about the signs and symptoms of menopause, enabling them to navigate this stage of life with the appropriate knowledge and support.

### **Limitations of the Study**

Although the data provided a detailed description of the menopause experience for the 12 women involved, the findings may not be generalizable to the broader population of women in Enugu State.

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