



## **Psychosocial & Cultural Factors Influence on Menopausal Attitudes in Women**

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### **Abstract**

Menopause is a natural process that typically occurs in a woman's life between the ages of 45 and 55 in which hormone fluctuations occur and the menstrual cycle permanently stops. There are three stages: menopause, premenopause, and perimenopause. While there are a variety of menopausal attitudes and preconceived notions that women might have, there is a lack of research about what specific factors cause menopausal attitudes and preconceived notions that many women have. This qualitative research study investigated psychosocial and cultural factors that influence menopausal attitudes in women. The survey/questionnaire method was utilized to collect data from a wide pool of female participants of varying age groups and backgrounds. Through analyzing six aspects of demographic information, menopause-specific questions, numerical scale questions, and open-ended questions I concluded that a woman's attitudes towards menopause may be influenced by different cultural backgrounds and age groups which held to the predictions made before the survey's release. Based on the results of the survey, these positive and negative perspectives that women have regarding menopause may also impact the physical and emotional experience of menopause itself.

## Introduction

As life expectancy rises, menopause, one of the most important aspects of reproductive health, becomes more and more common; it is expected to be present in about 1.2 billion women by 2030 (Namazi, 2019).

### What is Menopause?

There are three stages of menopause: menopause, premenopause, and perimenopause. Menopause overall is a natural condition in which a woman's ovaries stop egg production and female hormones such as estrogen and progesterone. During premenopause, the menstrual cycle is still active and a woman is still considered to be in reproductive years, however, hormonal changes may begin to occur during premenopause (Mount Sinai, 2019). In addition, menopause usually develops between the ages of 45 and 55; this transitional period before menopause is referred to as perimenopause (Mount Sinai, 2019). Symptoms such as hot flashes and irregularity of the menstrual cycle begin to occur during perimenopause.

### Influence on Attitudes

Cultural factors, lifestyle factors, and psychosocial factors play an important role in the attitudes that women in society possess regarding menopause. These factors, societal pressures, and cultural norms contribute to attitudes toward menopause in different women. For example, Western cultures look down on menopause while Chinese cultures view menopause as an opportunity for rebirth. Menopause has different values everywhere (Namazi, 2019). The societal norms can be overwhelming and end up taking a toll on the menopausal views of women everywhere. Age may also be an important factor; women experiencing perimenopause, premenopause, and menopause may report differing symptoms and attitudes toward menopause (Bromberger, 2001). Indeed, in a previous study, women experiencing perimenopause had the most negative experience with symptoms compared to women experiencing other phases of menopause that were traced back to fixed mindsets and negative views regarding menopause (Bromberger, 2001). This demonstrates that negative attitudes towards menopause can be associated with negative mindsets that contribute to them. Many varying factors play a role in influencing the attitudes women from different cultures, backgrounds, and generations have toward menopause. This study will go in-depth into women's views on menopause across different age groups, societies, and cultures.

Lastly, the attitudes that women possess regarding menopause may contribute to their experiences through the process physically as well. Although it is not the primary focus here, it is important to consider that the influence of societal perspectives and a negative expectation regarding menopause may have detrimental impacts on the experience itself as well. Based on previous studies, positive attitudes, and surroundings can be associated with better experiences.

### The Current Study

While other studies have evaluated cultural differences in menopausal attitudes between countries, no study has viewed cultural differences between people residing in the same country. The study is based locally, in the United States, rather than between countries because although cultural influences are still present, they may play out differently than seen in other studies as the scale is lower. This study also emphasizes the attitudes women have toward menopause as no study has investigated it as a primary focus over the experience of

menopause itself. This study explores variations in women's attitudes towards menopause within the United States, based on a series of factors regarding culture, age group, and lifestyle.

### **Menopausal Attitudes**

The goal of this study is to understand how varying factors influence the way that women from different cultures and age groups view and feel about menopause as a whole. A primary reason that I targeted menopausal attitudes amongst women in this study specifically is that there has been minimal research done in the past on this topic and to increase public discourse regarding it. Although many reliable sources and articles discuss menopausal symptoms and experiences, there is a lack of research on the stigma and viewpoints of menopause from women. This study aims to fill the gap in menopausal research of the perspectives and unbiased opinions of women regarding this natural phenomenon. The study also aims to add a qualitative study and emotionally appealing approach to menopause. To gain complex understandings and results, diverse groups of women with varying demographics were included in this study.

### **Hypotheses**

Based on findings from previous studies and research, overall I predicted that societal influences and perspectives would play a major role in the attitudes a woman possesses in regards to menopause, whether negative or positive. Specifically, this study had two hypotheses regarding the previous claim.

Hypothesis 1: I predicted that people with differing cultural backgrounds would have varying attitudes towards menopause.

Hypothesis 2: I predicted that people in varying age groups would have different attitudes towards menopause.

### **Methods**

I collected my data using an anonymous online survey I distributed to women who fit the criteria. The criteria of participants consists of any women residing in the United States regardless of age group or background. Participants ( $N=77$ ) were reached through menopause support groups, word of mouth, and external support. I collected each responder's demographic information such as age group, religion, ethnicity, employment status, zip code, and marital status. Most responders were found to be from the states of Texas and North Carolina. The age range of the survey was from 14 to 65 years old ( $M=40.9$ ,  $SD = 12.4$ ). Half of the respondents had not experienced any type of menopause at the time of the survey, and the other 50% had experienced either menopause, perimenopause, or premenopause. In specific, 19.7% of respondents had encountered menopause, 13.2% of respondents had encountered premenopause, and 17.1% of respondents had encountered perimenopause. On that note, high stress levels were a common theme throughout the survey, and the most frequently appearing demographics from participants were Asian ethnicity, Hindu religion, marital status of married, and being full-time employed.

Based on previous research, I formulated questions for this survey. Questions were asked to gauge an understanding of their views on menopause and whether or not the attitude has a more positive theme or a negative theme. This was assessed through assessing their mental health, stress levels, views on menopause (open-ended), and how they feel the society around them views menopause. I included menopause-specific questions for women who have

reached the stage in their lives to understand their support systems and stress levels during menopause.

This study can be categorized as a qualitative research study. Instead of focusing on numbers, I took a more qualitative approach to this study and had a few open-ended questions in the survey to properly understand the perspective of each individual who responds to the survey, and help readers resonate with the findings more. Through this approach, I will also be able to have more accurate results regardless of the number of participants as there will be less stress on having a minimum for statistical purposes.

### **Demographic Information**

This survey considered six different demographic factors and an individual question was present for each factor being evaluated.

#### **Age**

The first one was a numerical response asking for the responder's age, this is helpful to evaluate the fluctuation in responses between age groups.

#### **Ethnicity**

Next, was a multiple-choice question asking for the responder's ethnicity. The options of "White", "Black or African American", "American Indian or Alaska Native", "Asian (Includes Indian sub-continent)", "Native Hawaiian or Pacific Islander", "Hispanic or Latine", and "Other" were provided to each responder to maximize ethnic inclusivity in the survey.

#### **Religion**

Following this was a multiple-choice question asking for the responder's religion. The options of "Christianity", "Islam", "Hinduism", "Judaism", "Buddhism", "Sikhism", and "Other" were provided to each responder to maximize religious inclusivity in the survey.

#### **Location**

Then, the current zip code of each responder was asked to obtain a regional understanding of each respondent's location in a statistically efficient manner.

#### **Marital Status**

Next, was a multiple-choice question evaluating the respondent's marital status. The provided options were "Married", "Never Married", "Separated", "Divorced", "Widowed", and "Other".

#### **Occupation Status**

Finally, participants answered a multiple-choice question regarding the respondent's occupation status. The options provided were "Student", "Self Employed", "Full Time Employed", "Divorced", "Part-Time Employed", "Homemaker", and "Other". This was to understand how intimacy and support that the respondent received from a partner influenced menopausal attitudes.

### **Menopause Focused Questions**

This set of three questions was specific to women who have experienced or are experiencing a form of menopause. First, an overarching multiple-choice question was asked to understand how many of the respondents in the survey had experienced any form of menopause, and if so which stages they had completed. A small bit of information on each type of menopause was provided in each answer choice to maximize the accuracy of the question. The options consisted of not having encountered menopause at any point to date of the survey,

experience with menopause, experience with perimenopause, and experience with premenopause.

The next question was an open-ended one, only to be answered by those who had encountered any form of menopause at the time of the survey. The question asks about the participant's stress levels during the menopausal period.

Finally, I asked participants to describe their support system during their menopausal process. This was an important question to ask to gauge an understanding of the different types of support women received throughout their experiences and what demographic trends correlate with those responses.

### **Open Ended Questions**

This section consists of questions that can be answered by every participant in the survey regardless of their stage in life or demographic background. Their purpose is to fully understand the views the general sample of participants has on menopause and what factors contribute to that view.

The first question was an open-ended long response that asked participants to describe their attitudes, views, and preconceived notions towards menopause. The purpose of this question is to understand how people who have not experienced menopause yet view the process in comparison to the views of women who have undergone menopause already.

The second question was also an open-ended long response, except this question required participants to provide their input on how they believe the society around them views menopause. This is important because it will help to identify an overlying theme in responses about a certain stigma, stereotype, or common belief among community members about menopause.

### **Scale Questions**

The following questions had a number scale that went from 1-5, and participants were asked to select the number that most aligned with their feelings regarding the question.

#### ***Community Involvement***

The first question in this section asked the participants to rank their involvement with the community, where 1 indicated not being involved at all, and 5 indicated being extremely involved with the community. This is important to ask because interactions with the society around one can influence their views on processes such as menopause and it speaks about the character of a participant.

#### ***Stress Levels***

The next question in this section asked the participants to rank their general stress levels on a day-to-day basis, where 1 indicated not being stressed at all, and 5 indicated being extremely stressed. This is important to ask because a previous question which was menopause specific asked about stress levels during the menopausal experience, so comparing those numbers with stress levels overall will be valuable. This factor can also be used to conclude why participants had the views that they did.

### **Closing Questions**

#### ***Mental Health***

These final questions are summative questions to conclude the survey and bring it to a close. The first question in this section asked the participants if they had ever struggled with mental health. The question is in yes or no format, to minimize any participants feeling uncomfortable with providing an honest response. This is important to evaluate the mental state of participants and how that influenced their responses in the survey.

### ***Extra Information***

The second question asked for any closing remarks regarding menopause or the survey. It allowed participants to add any valuable questions, concerns, or comments.

## **Results**

The results of this survey had a theme that could be tied back to the initial hypotheses of the study. Through assessing the participants' mental health, stress levels, views on menopause (open-ended), and how they believe the society around them views menopause, it could be concluded that the influences and pressures from society and self-belief play a major role in the way a woman views menopause as a whole. In addition, the menopausal attitudes that women carry influence their physical symptoms and emotional state during phases of menopause.

### **Demographic Information**

Based on the six different demographic factors considered in this survey, conclusions could be drawn about the types of participants with certain characteristics and responses. People with differing cultural backgrounds had different attitudes/views towards menopause. Specifically, there were many differences between Western/caucasian cultures and non-Western ones in local regions. Varying age groups will have different attitudes/views towards menopause. Factors such as if a person has experienced menopause and their maturity level played a part in their perspective which is why age is a significant factor to consider.

#### ***Age***

Based on the numerical responses about a participant's age, it was found that varying age groups in the survey had different responses and experiences with menopausal attitudes. The age range of this survey was 14-65, providing a variety of perspectives. For example, amongst the five respondents who were 16 years old, all of them mentioned that although they were unfamiliar with the topic, they associated menopause with hormone imbalances, emotions, and a normal process. However, they all collectively also believed that society needs more education on menopause and should view it positively instead of taboo. In contrast, many older women acknowledged how society considers menopause to be taboo and that it should not be publicly discussed, but among the older participants this appears to be more normalized as the younger respondents highlighted this as a problem more. This shows that having a broad age group was an essential aspect of this survey to draw comparisons between the ages. Attitudes of younger women are also important to consider because they present the menopausal views of the future generation of women who will experience menopause. In comparison, of the seven respondents who were 49 years of age, a commonality was the use of medication being discussed and increased worries about the physical symptoms of menopause. For example, mood swings, hot flashes, weight gain, and vitamin deficiencies. These themes are very different from those seen in the responses of younger women.

#### ***Ethnicity***



The ethnicity of respondents in the survey contributed to the commonalities between their responses due to similar perspectives. Of the options provided to each responder to maximize ethnic inclusivity in the survey, Asian was the most frequently selected ethnicity. This influenced many of the responses from Asian women, and they share many commonalities. For example, one participant stated that she lives in a “heavily Asian-dominated community”, and that many people around her view menopause as shameful. Another participant noted that she believes the community has a general stigma when it comes to female cycles and views it as a shameful topic in the Asian community. In contrast to this, a woman of White ethnicity stated that she believes in American society menopause is viewed as normal. This shows the differing attitudes women and society can possess based on a different ethnicity. This is a very important demographic to measure as it can influence the surroundings of an individual and their beliefs.

### **Religion**

Varying religions in participants resulted in different corresponding perspectives and influences. Of the choices provided to maximize religious inclusivity in the survey, Hinduism (60% of respondents) and Christianity (24%) were the most frequently selected religions, though other religions were also represented. This made for a diverse set of participants with varying religious beliefs that play a role in their views on menopause. For example, among women of the Hindu religion, a common theme in the responses to the question regarding the community’s perspective on Menopause was that they believed yoga and meditation were effective solutions to relieve the tensions, symptoms, and intense feelings that come with Menopause. This was a major commonality among open-ended responses of Hindu women, and it shows that practices and traditions nurtured in the surrounding community and religious beliefs impact an individual’s attitudes to a large extent. In this situation, Hinduism can play a major role in the attitudes women possess towards menopause. Similarly, among Christian women, a common theme was facing menopause upfront with a positive outlook on it. For example, many participants stated that they have very supportive friends and family that greatly impacted their journey. One Christian woman claimed that she has a “girl scout” mentality and would rather face menopause for what it is rather than live in denial and suffering. Although these themes differ from those of women from other religious groups in the survey, they were uniform amongst women who follow Christianity. This shows how much the religious community around one can shape perspectives. The positivity seen among these women can be partially attributed to the strong support systems and morals present in their lives.

### **Location**

Then, the current zip code of each responder was asked to obtain a regional understanding of each respondent’s location in a statistically efficient manner, however, the results were not significant to the study. Rather than having participants spell out their city or state, a zip code is a variable that can be easily evaluated numerically. Most frequently, the zip codes corresponded to the states of Texas and North Carolina, making them the most common locations of respondents for this survey. Other states that respondents of the survey documented zipcodes from consist of Washington, Florida, and Delaware.

As different age groups responded from different states, there were many contrasting factors to consider. Overall, this meant that different location groups had many variations which made it difficult to draw meaningful conclusions regarding the impacts of location on the survey.

### **Marital Status**

A factor that can be heavily impacted by marital status is the support system women have during menopause. Someone unmarried may have a bleak view of menopause as they

have no person to rely on, and someone in a long-term marriage may be more positive as they have a strong support system. In our survey, 70.3% of respondents were in a long-term marriage, and 27% of respondents were unmarried or divorced. This is a big difference, and a fluctuation in responses is present. Those who were married placed a strong emphasis on their husbands and families as their support systems. However, those who were not married relied on friends who were experiencing the same journey for support along with meditation for some as they did not have access to the same support that married women did. Another factor was stress levels, but regardless of marital status, the majority of women who participated in the survey across the board experienced high-stress levels and mood swings during menopause.

### **Occupation Status**

The respondents who were employed in some way during menopause may have been able to use that aspect of their life as a support system or distraction from the everyday symptoms and mood swings. Simply staying occupied was beneficial for these women. One employed woman noted that her support system was her “always rigorous career” and “full personal life”, so staying busy truly was the best option for some. However, women who stayed at home as homemakers frequently had worse experiences. This may have been because they did not have the option to distract themselves with work, giving them more time to dwell and overanalyze emotions and symptoms.

### **Menopause Focused Questions**

This set of three questions was specific to women who had experienced or were experiencing a form of menopause. First, an overarching multiple-choice question was asked to understand how many of the respondents in the survey had experienced any form of menopause, and if so which type it was. The options consisted of not having encountered Menopause at any point to date of the survey, experience with Menopause, experience with Perimenopause, and experience with Premenopause. The results of this survey were perfectly in line with the goal of the survey and helped evaluate responses afterward. Exactly 50% of respondents had never encountered menopause, and the other 50% had experienced either menopause, premenopause, or perimenopause.

All women who responded to the question about stress during menopause stated that they experienced stress in some way during this time, and 54% of respondents in this category indicated that they experienced extremely high levels of stress strictly during the menopausal period.

There was a range of diverse responses to the question about support during menopause. The most common was support from family and close friends. When many women lacked a support system altogether they turned to support from things such as yoga, medications, volunteering, and work-life as distractions during the menopausal period. Some specific responses consisted of constructive activities, women's groups, and spiritual knowledge groups. Some women interpreted support as something that would provide them with direct relief from discomfort such as hot water bags. There were many specific resources that women provided in the survey to help other women with similar experiences; reference the Appendix for more information on this.

### **Open Ended Questions**

Participants described their attitudes, views, and preconceived notions towards menopause, and there are differences between responses provided by younger women with



less familiarity versus older women who have experienced menopause. One of the most notable responses from the younger end of women in this survey was that “While I can’t say much as I haven’t personally experienced menopause, I think it’s a normal phenomenon that despite it being so common, there’s an incredible lack of knowledge about it. I believe there should be more awareness and normalcy surrounding this topic.” Others from this age group touched on the idea of hormone production stopping and menopause being a normal part of life. Although these women did not have personal experience with menopause they had very mature and transparent responses. On the other hand, there were many credible responses and ones that stood out among older women who had encountered menopause. To start, many of them referenced the symptoms they struggled with such as insomnia, hot flashes, night sweats, body aches, mood swings, “brain fog”, and weight gain. One woman said how she welcomed menopause with a positive attitude, and eventually she “had less severe symptoms than [her] friends”. This supports previous research and the study hypothesis that menopausal attitudes are influenced by external factors and can impact the experience of menopause itself. Another commonality was women stating that an increase of awareness is needed for everyone to be better prepared and have proper support from others. This was a claim made by a woman who identified herself as a women’s psychiatrist and many women who experienced menopause themselves.

Although many participants emphasized the fact that menopause as a topic has become more normalized in society over recent years compared to how it used to be, there is still minimal awareness in the community and is considered a more private topic. Many women said that society’s lack of knowledge regarding menopause leads to no support for women’s emotions and physical symptoms this time which can make conditions worse. Many women used words such as “Quiet”, “Indifferent”, “Downplayed”, or “Unknown” to describe the lack of awareness in society regarding menopause. Another perspective people had was that society views menopause in a negative light, this is because it marks “older age” and “infertility”. Many women stated that society believes that menopause should not be discussed openly as it is a private matter that many describe as taboo. One response stated that since men do not experience menopause themselves it can be difficult for them to empathize.

### Scale Questions

Participants ranked their involvement with the community more frequently at the higher end of the scale. The most common answer for this question was a 3 with 33.8% of the participants, and the second most common answer was a 4 with 27.3% of the participants. The majority of respondents said they were more involved with their community than less involved. Women who are more involved with the community may have more interaction with external factors in the community that can influence their perspectives regarding menopause. This was seen as the majority of women who recorded a higher level of community involvement had more in-depth personal opinions as well as responses regarding society’s view on menopause. This study consisted of many diverse opinions and responses from women, and 59 out of the 77 participants answered that they were at least moderately involved with their community.

The next question in this section asks the participants to rank their general stress levels on a day-to-day basis. 1 being not stressed at all, and 5 being extremely stressed. The majority of the women who participated in the survey responded with either a 4 or 3, respectively. The least common answer for this question was 1, with 7.9% of respondents. This shows that although women experiencing menopause have higher levels of stress, in general, the stress

levels of women with this sample are relatively high to begin with. Overall, stress levels being high can lead to more negative views because of a person's state of mind. Many people answered questions with a negative connotation and this may be associated with higher stress levels as well as the respondent's personal opinions.

### **Closing Questions**

These final questions were summative questions to conclude the survey and bring it to a close. The first question in this section asks the participants if they have ever struggled with mental health. 61% of women who participated in the survey answered that they have never struggled with mental health, whereas 39% of women who participated in the survey answered that they have struggled with mental health before. This shows that even though the majority of respondents had never struggled with mental health, many of them still reported negative menopausal attitudes and high stress levels.

The second question just asks for any closing remarks regarding menopause or the survey. Many women expressed their happiness for increased awareness of the topic and provided tips and resources to help other women with their journey. These words of advice consist of incorporating yoga into everyday routine, becoming more spiritually inclined, and seeing a healthcare provider to relieve concerns. Finally, helpful words from a participant, "acceptance of menopause is a mindset", and positive attitudes can be extremely beneficial. In addition to these words of advice from women in this survey, many resources were provided by participants as well. Reference the Appendix for a list of these resources.

### **Discussion**

Overall, the menopausal attitudes observed and understood throughout this research study play an essential role in the experience of menopause for women. Menopausal attitudes in women that were discussed contribute to experiences that women have with menopause and the symptoms overall. Depending on the environment one has around them and their demographic background, their experience with menopause, perimenopause, or premenopause will be impacted. Some have a stronger support system than others, and some have a more accepting attitude and community while others may view menopause as taboo. The findings of this study suggest that the perspectives that women have on their menopausal journey throughout their lifetime and the mindset they carry regarding menopause can be very different depending on their external environment and influences.

The themes of this study were in line with previous research. To start, it was seen that the culture, religion, support system, and surroundings that women have played a major role in the views women have on menopause in many cases (Namazi, 2019). Second, negative factors such as a lack of support, increased stress levels, or even the stigma surrounding menopause can result in more negative menopausal attitudes in women whereas positive factors such as supportive friends and family, low stress levels, and an accepting and understanding community can result in a more positive perspective on menopause among women (Bromberger, 2001). Finally, a theme in the survey that stood out from previous studies is that the attitudes an individual possesses regarding menopause influence their personal experience with menopause from physical symptoms to mental state during the period. Women who had more open mindsets going into menopause, a strong support system, and a positive environment reported fewer symptoms and better experiences overall.

A common theme among women in this survey was that the majority of participants believed that menopause is not discussed publicly in society, which should change. Many women took an extra step by filling out this survey, providing personal examples, and resources to combat the issue. Many individuals are willing to help others on their menopause journey, and this is one thing everyone who took part in this study has in common. This shows the empathetic nature women have for each other, especially during a phase of their lives that is not known to the public to a large extent. It can be understood that menopause as a whole can be utilized to bring women together and combat societal struggles and stigmas together. We hope in the future that more public discourse spreads more awareness on the topic as a whole.

Many participants provided resources to help other women in the community, and to distribute these resources for the benefit of other women, we are taking an extra step for this survey which goes beyond the scope of this survey to help women and personalize the survey in their favor. On this note, the resources have been included in the appendix to contribute to this social attempt to normalize female cycles and menopause as a whole as many participants were passionate about.

Future research studies should explore how these attitudes directly impact menopause experience. Although many participants provided insights regarding their experiences, a separate study on how differing menopausal attitudes impact differing experiences with menopause and its symptoms both physically and emotionally would bring Menopause research to the next level.

Some limitations of this study should also be considered to understand the scope of the study better. The sample size of the project is only in the U.S., which is a limitation that is important to consider. However, it also provided a unique perspective for this study as a whole as no study has been published regarding menopausal attitudes within the U.S. population instead of between separate countries. Another one is the time frame of this project. Longitudinal research was not possible, but future research should look at how attitudes change and influence menopausal experiences over time. Along with this, due to the study's cross-sectional nature, we were not able to directly investigate the impact of attitudes on experiences. This is why a separate study in the future revolving around menopausal experiences based on attitudes would be beneficial.

### **Conclusion**

This complex study regarding menopausal attitudes in women based on a variety of psychosocial and cultural factors also touched on how these attitudes impact the experience of menopause in women as a whole. It used a qualitative approach with open-ended questions to understand the individual perspectives of respondents. The survey used to collect data was distributed to women all across the United States and of all age groups; 77 responses were obtained from the study. Women with differing cultural backgrounds and age groups had varying attitudes and views towards menopause. Women's opinions throughout their lifetime regarding menopause and their approach to understanding the process can fluctuate depending on their societal pressures and personal preferences. Resources and many words of advice were incorporated into the findings as many women felt the need to provide insights to help others on this journey.



### References

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## Appendix A.

### 1. Community Resources

Many women provided links for women to reference to understand the process of Menopause, which are listed below.

<https://www.mountsinai.org/health-library/report/menopause>

<https://www.hopkinsmedicine.org/health/conditions-and-diseases/introduction-to-menopause>

### 2. Hormone Replacement Therapy

This is a frequently discussed therapy form to help women in menopausal stages balance hormones and mood swings. Some women were wary of this due to a family history of Breast Cancer, and therefore are curious regarding more natural home remedy options. There is also a lack of insurance coverage for menopause treatment which many women expressed their anger toward in the survey, and this makes many individuals reluctant to seek treatment for symptoms.

### 3. Medications

Vitamin B12 & Vitamin D Supplements

Paxil (an antidepressant that can help with depressive periods and anxiety)

Calcium Supplements

Spiritual/home remedies



## Appendix B: Survey Questions.

### Demographic Information

1. Age
2. Ethnicity (White, Black or African American, American Indian or Alaska Native, Asian (includes Indian subcontinent), Native Hawaiian or Other Pacific Islander, Hispanic/Latine, other - specify)
3. Religion (Christianity, Islam, Hinduism, Judaism, Buddhism, Sikhism, Atheist, Other - specify)
4. Current zipcode
5. Marital status (Married, Never married, Separated, Divorced, Widowed, Other - specify)
6. Occupation status (Self-employed, Full-time employed, Part-time employed, Student, Homemaker, Other - specify)

### Survey Questions

1. Have you been through menopause of any sort (Perimenopause, Pre-menopause, or Menopause)?

Perimenopause - Transitional phase before menopause, some irregular changes begin, typically in the 40s

Pre-menopause - Hormones start to shift, but no noticeable changes

Menopause - Menstruation stops, usually around 50

No, I have not encountered Menopause yet

2. (IF YES) When you encountered any type of menopause, how were your stress levels during that time frame?
3. (IF YES) When you encountered menopause, can you describe the support system you had throughout the process?
4. Describe your attitudes, views, and preconceived notions regarding menopause below. (Answer within 2-3 sentences)
5. How do you think the community/society around you views menopause?
6. On a scale from 1 to 5, how involved are you with the community/society around you? (1 being not involved with the community at all and 5 being extremely involved with the community)
7. On a scale from 1 to 5, how have your stress levels been in general over the past 6 months? (1 being not stressed at all and 5 being extremely stressed)
8. Have you ever struggled with mental health (Yes or No)?
9. Finally, do you have any extra information, experiences, or concerns that you would like to share in relation to this study/topic?