

2-15-2024

The Lived Experiences of Urhobo Women from the Niger Delta Region of Nigeria During the Menopausal Transition

Omemiyere Sheila Uwayzor
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Walden University

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Omemiyere Sheila Uwayzor

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Walden University

February 2024

Abstract

The Lived Experiences of Urhobo Women from the Niger Delta Region of Nigeria

During the Menopausal Transition

by

Omemiyere Sheila Uwayzor

BS, George Mason University, 2009

MS, Walden University, 2016

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Nursing

Walden University

February 2024

Abstract

This qualitative phenomenological study offered an in-depth exploration of the menopausal experiences of seven Urhobo women, ages 45-65 years old, representing diverse occupational backgrounds and communities from the Niger Delta region of Nigeria, who shed light on the multifaceted dimensions of menopausal experiences. Grounded in the Meleis transitions theory, the research presented thematic insights from semi-structured interviews, capturing the participants' physiological, emotional, cultural, and healthcare-related experiences. Interviews were conducted with seven Urhobo women aged between 45 and 65 years old. These menopausal women responded to the research question regarding their lived experiences of Urhobo women during the menopausal transition. Using coding and thematic analysis, 10 themes were identified, including physiological challenges associated with menopause, adaptability, culture, and coping mechanisms such as integration of traditional Urhobo practices, herbal remedies and rituals, effective healthcare communication, relationships, need for education, and attitudes toward aging. By comparing these findings with existing literature, the study has implications for positive social change by extending the discourse on menopausal experiences and advocating for tailored, culturally sensitive healthcare interventions that resonate with the unique narratives of Urhobo women.

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Dedication

This heartfelt dedication pays tribute to my late mother, Madam Ikoya Ejoh, hailing from Oha, Okpe Local Government, Delta State, Nigeria, and my late husband, Air Cdre Lawrence Okpakor Uwayzor (Rtd), from Ofoni, Bayelsa State, Nigeria. A pioneer in advocating for the education of the “Girl Child,” my mother made significant sacrifices, propelling me to pursue education at its highest echelons. My late husband’s unwavering dedication to supporting my post-marriage education was commendable within our societal context. The enduring memories of their steadfast support are a profound inspiration and were pivotal to reaching and conquering this significant educational milestone.

Acknowledgments

I express gratitude to the Almighty God for enabling this journey, guided by the promises in Philippians 4:13. It is through His grace that this accomplishment is realized. My heartfelt appreciation to my Lord Jesus Christ for His unwavering support.

Thanks to my children and grandchildren, particularly my daughter, Edirin Uwayzor, whose love and encouragement were pivotal. To my sons Lawrence, Augustine, and Gideon Uwayzor, your support is deeply appreciated. A special thanks to my grandchildren Rukevwe, Efe-Tobore, Mamerhi, Monena, and Esemena Uwayzor for allowing me time for my studies. To my 5-year-old twin granddaughters (Mamerhi and Monena), curiosity about Grammie's age and purpose in school is met with a playful response – Grammie aspires to be even smarter!

I sincerely thank Steve Amauwa and John Amauwa; you are brothers to me. Gratitude to my dear friends, Alice Njokwu, Tessy Okobokeyeime, Cecilia Reed, and Dr. Caroline Olotu, for their unwavering support and encouragement. I appreciate my roots, the Ejoh family of Oha and the Asuor family of Okuo-Okoko, Effurun-Warri, Delta State, Nigeria, for a loving, disciplined upbringing.

Special acknowledgment to my chairperson, Dr. Carolyn Sipes, for supporting and guiding me through challenges and fostering critical thinking and deep reflection on the subject of my research. I thank my committee member, Dr. Letha Thomas, for being a formidable part of my dissertation journey. Thanks to all participants whose insights and contributions are invaluable in navigating this milestone for black women everywhere.

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Chapter 1: Introduction to the Study

Few authors have explored black women's experiences, especially Urhobo women from the Niger Delta region of Nigeria, during the menopausal transition. According to Khoudary (2020), menopause is a complex process that varies by geographic location, genetic factors, race/ethnicity, and socioeconomic factors. The study also noted how it is related to CVD risks but did not focus on women's experiences. What is lacking is research on the experiences of Black women from Nigeria that may help better understand their issues to determine strategies for alleviating symptoms of menopause and the potential challenges they face. One of the main challenges that impact women in menopause is genitourinary symptoms of menopause (GSM; Angelou et al., 2020). GSM during the menopausal transition is a result of decreased estrogen, with symptoms including dysuria, vaginal atrophy (vaginal dryness and irritation), urinary incontinence, dyspareunia, and decreased libido (Geng et al., 2018). These problems profoundly affect a woman's physical and psychological well-being, especially during menopause (Angelou et al., 2020; Geng et al., 2018). As discussed above, most previous research was on symptoms but lacked retelling of personal experiences. In this study, I explore the experiences of Black women from the Niger Delta area of Nigeria, which may help to identify challenges and possible coping strategies they utilized.

This chapter provides a comprehensive overview of the study. It starts with the background of the study, which emphasizes the lack of research on the experiences of Black women, particularly Urhobo women, during the menopausal transition. The problem statement and purpose of the study are also discussed, highlighting the need for

actions that address the challenges Black women face during this critical life stage. The research questions are presented, followed by the theoretical framework that underpins the study. The nature of the study is described, and key terms are defined to ensure clarity. The limitations of the study are also acknowledged. Finally, the significance of the study is highlighted, and a summary of the chapter is provided.

Background

Menopause is a period of menstrual cessation that signals the end of reproductive life in a woman (Speroff & Fritz, 2018). It is caused by the decline of sex hormones in the ovaries, often leading to diseases such as hypertension, arteriosclerosis, cardiovascular accident, stroke, type 2 diabetes, and decreased bone density (Harlow & Paramsothy, 2021). Cardiovascular disease (CVD) is a leading cause of death among women, with worse outcomes among Black women. Igwe et al. (2021) and Agbebaku et al. (2022) reported that hypertension is very prevalent in Nigeria after menopause, suggesting a need to prioritize attention to clinical and therapeutic strategies. Most of the previous research was on symptoms of the menopausal transition but lacked reports of personal experience.

Olufunke et al. (2020) stated that the adverse effects of the symptoms that many women experience due to menopause or during the menopausal transition create health problems that can impair their quality of life (QoL). Menopause is a period of menstrual cessation that signals the end of reproductive life in a woman. Shen et al. (2020) explained that menopause is the cessation of ovulation due to the decline of sex hormones in the ovaries. The hormone decline affects many organ systems, including the

cardiovascular, endocrine, and musculoskeletal systems. The effects on the systems create risks for diseases like hypertension, arteriosclerosis, cardiovascular accident (CVA) or stroke, type 2 diabetes, and decreased bone density (osteoporosis), a significant risk factor for fractures and disability (Shen et al., 2020).

According to the Centers for Disease Control and Prevention (2020), before the onset of menopause, women seem to have protection from dying from diseases such as heart disease; however, shortly after that, there is a sharp rise in morbidity and mortality when women transition into menopause. Cardiovascular disease (CVD) is a leading cause of death among women (Centers for Disease Control and Prevention, 2020). Schaaff (2021) stated that the effects of menopausal transition are more profound, with worse outcomes among Black women. Endocrine disorders such as diabetes and vasomotor symptoms such as hot flashes, night sweats, sleep disturbances, and depression are also linked to the prevalence of CVD among Black women (Schaaff, 2021). Igwe et al. (2020) purported that hypertension, a significant cause of death among women, is very prevalent in Nigeria after menopause, suggesting a need to prioritize attention to clinical and therapeutic approaches. Agbebaku et al. (2022) also stated that disabilities related to osteoarthritis and rheumatic diseases are prevalent among older people in the Urhobo community.

The culture of the Urhobo people from the Niger Delta of Nigeria is unique and shrouded in tradition. Divination is an essential part of the socio-religiosity of the people (Emifoniye, 2022). The Urhobo traditional culture is dominated by men, where polygamy is the norm, and female circumcision or female genital mutilation (FGM) is imposed on

girls when they are of age, or before they are given out in marriage (Esiri, 2021). Many from this culture rely entirely on ancient traditional and spiritual practices and believe continuous rituals strengthen and heal their health problems (Emifoniye, 2022).

According to Li et al. (2020), herbal remedies and consulting oracles for spiritual healing are common. Compared to orthodox medicine, their usage has been attributed to ease of access and affordability (Li et al., 2020). However, over the years, there has been much concern about using traditional medicines due to a lack of proper monitoring, storage, dosages, contamination, and interference with biomedical treatment (Li et al. (2020). There have been incidents where patients reliant on traditional healing are taken to medical care facilities where traditional medicines have failed, either through improper diagnosis or insufficient care, resulting in exacerbation of illness or death (Li et al., 2020). Therefore, this study aims to explore the experiences of Black women from the Niger Delta area of Nigeria, which may help to identify challenges and possible coping strategies they utilized during the menopausal milestone.

Problem Statement

The problem this study attempts to address is the lack of research on the experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. Despite the known impact of genitourinary symptoms of menopause (GSM) on women's physical and psychological well-being (Santosa et al., 2021), there is a gap in knowledge regarding how Black women from this region experience menopause and cope with these symptoms. This lack of research makes it challenging to develop targeted strategies that address Black women's unique

challenges and experiences during menopause, which can negatively impact their quality of life.

The lack of research on the experiences of Black women during the menopausal transition has been noted by scholars such as Khoudary (2020), who highlighted the complexity of menopause and the variation of experiences among different races, ethnicities, and socioeconomic groups. The impact of genitourinary symptoms of menopause on women's physical and psychological well-being has also been discussed in previous studies (Angelou et al., 2020; Geng et al., 2018). Furthermore, the lack of targeted strategies and approaches for Black women during menopause has been noted by researchers, emphasizing the need for research that explores their unique experiences and challenges (Santosa et al., 2021).

However, very few studies have been conducted on the influence of menopause on Urhobo women and possible challenges related to their health. Thus, there is a need to explore the experiences of these women because the knowledge gained from the study may add to or help enhance care for those in menopause, or those transitioning into menopause (Ilankoon et al., 2021). This is especially important when planning care because exploring the experience of these women may help and could be a basis for organizing proper care that meets the needs of menopausal women (Ilankoon et al., 2021). Thus, understanding the experiences of these women may shed light on the need for public education because it will help inform on the relevance of seeking proper medical care to achieve better healthcare outcomes and improved quality of life (QoL). Therefore, this study aims to address this gap in knowledge by exploring the experiences

of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition.

Purpose of the Study

The purpose of this qualitative phenomenological study was to explore the lived experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. The study aimed to identify the challenges these women face and the coping strategies they utilize to manage the symptoms of menopause. By gaining insight into the unique experiences of these women, the study aims to contribute to the development of targeted strategies that address the specific needs and challenges of Black women during menopause.

Research Question

RO1: What are the lived experiences of Urhobo women from the Niger Delta region of Nigeria during the menopausal transition?

Theoretical Framework for the Study

The theory that grounds this study is the Meleis transitions theory. Meleis transition theory (MTT) is a middle-range theory that consists of patterns, types of transitions, experiences that facilitate or inhibit the process, the outcomes, and nursing therapeutics (Meleis et al., 2000). The author states that changes in illness or health of individuals create a process where people tend to be more vulnerable to risks that may affect their health or well-being (Meleis et al., 2000). Transition is a concept in developmental theory that accommodates both the continuity and the discontinuity of people's life processes, which are related to change and development linked to situations

or health-related issues (Meleis et al., 2000). Thus, the theory of MTT supports the study purpose and problem as the constructs help add understanding to the challenges of menopause. The knowledge of MTT is helpful to those going into menopause because it helps guide nursing assessment, planning, and implementation to create an effective care strategy for menopausal women (Meleis et al., 2000).

The Meleis transitions theory (MTT) is relevant to this study as it provides a framework for understanding the experiences and challenges faced by Black women from the Niger Delta region of Nigeria during the menopausal transition. The MTT conceptualizes transition as a process that involves patterns, types, experiences, and outcomes, and it is influenced by factors that can either facilitate or inhibit the process. Furthermore, the MTT's construct of vulnerability is particularly relevant to this study, as menopause is a transitional period that can make women more susceptible to health risks and challenges.

The research questions of this study align with the MTT as they sought to understand the experiences, challenges, and coping strategies of women during the menopausal transition. By exploring these aspects of the menopausal transition, the study can provide insights into the processes and outcomes of this transitional period, which aligns with the MTT's focus on understanding the patterns and types of transitions. Additionally, the MTT guides the study's approach and informs the nursing assessment, planning, and implementation of care strategies for menopausal women. The MTT's focus on identifying factors that facilitate or inhibit the transition process can help

healthcare providers develop effective strategies and support systems for menopausal women.

Nature of the Study

To address the research questions in this qualitative phenomenological study, the specific research design included the application of a heuristic phenomenological approach to explore the participants' lived experiences in the study. According to Patton (2015), the phenomenological approach is focused on exploring how people sense their experiences, which they then transform into consciousness, individually or shared. Thus, through semi-structured, open-ended interview questions, I explored the lived experiences of menopausal transition among the participants. To recruit participants for the study, I included the use of social media such as Facebook, a community bulletin, and fliers in some African stores in the Mid-Atlantic region of the northeast of the United States, where I recruited subjects to participate in the study. I needed to recruit a sample size of 5 to 8 participants who meet the criteria for the study, but this depended on reaching saturation. Saturation occurs when no new information emerges or is being learned (Ravitch & Carl, 2021). Women who participated were between 45 and 65 years old and resided in the Mid-Atlantic region of the northeast of the United States, had been without menstruation for 12 consecutive months, and did not have any infectious diseases and who were not on hormone replacement therapy (HRT). Women under 45, those with a hysterectomy, and women with cognitive impairment were excluded from participating in the study. The participants' selection was a purposeful sampling of women who are menopausal, or those who are transitioning into menopause.

This was essential due to the objective fact of yielding insight and understanding of the topic that is being researched (Bloomberg & Volpe, 2019). Interviews were individual face-to-face or via Zoom, and audio of the interviews were recorded and transcribed verbatim with software such as MAXQDA. To complement the interview, I also used reflective journaling. This data-collection strategy helped keep field observations fresh in my mind and foster ongoing self-reflection (Ravitch & Carl, 2021).

In preparing for the interview, I posted fliers that stated the purpose of the study, my contact information and assured participants of confidentiality; their names were deidentified using codes such as P1, P2.... I let them know that the interview was voluntary, meaning they could opt out at any time, and there was no financial benefit. I included the verbiage on the invitation and consent forms to ensure the participants meet the criteria per Walden University's IRB Office of Research and Compliance process for participants (Walden University, 2021). The participants was also informed that the interview would be between 30 to 60 minutes long. I also discussed and reviewed confidentiality and had the participants sign consent for the interview (Patton, 2015).

Informed consent is essential in qualitative research because it empowers the participant to make an educated decision; it seeks to ensure human subjects are protected from harm and have the autonomy to make a personal judgment about participation (Bloomberg & Volpe, 2015). I maintained confidentiality by giving codes to the participants, such as P1, P2, P3, and so on. I also provided my information with my name, phone number, and email to contact me anytime for questions and if there is other information they have missed during the interview. After the completion of the

interviews, the audio recording of the interviews was transcribed, and I started to organize and code the data to help me identify categories and patterns and then create themes from codes (Nowell et al., 2017).

Definitions

Black women: In this study, Black women refer to women of African descent, who are often subjected to systemic discrimination based on their race and gender (Smith & Easterling, 2020).

Change: Adapting to change is an essential property of transition; transitions result from change and result in change (Meleis et al., 2000). Menopause is a period of transformation and transition that causes changes in a woman's life and may affect her physically, physiologically, and psychologically. Adaptation to the change is essential for those going through menopause, and for many, it is also a time of creativity for effective coping and adjustment to the transition.

Genitourinary symptoms of menopause (GSM): GSM refers to a group of symptoms that affect the genital and urinary tract, including vaginal dryness, itching, burning, painful intercourse, urinary incontinence, and urinary tract infections, that are common during menopause (Santosa et al., 2021).

Menopause: Menopause is the permanent cessation of menstruation due to the loss of ovarian function, typically occurring in women in their late 40s or early 50s (Mayo Clinic, 2022).

Phenomenological study: A phenomenological study is a qualitative research method that explores the lived experiences of individuals in a specific phenomenon,

aiming to gain an in-depth understanding of the participants' perceptions and meanings (Creswell, 2013).

Urhobo women: Urhobo is a tribe in the Niger Delta region of Nigeria, and Urhobo women refer to women who are members of this tribe (Bloomberg & Volpe, 2019).

Assumptions

Assumptions for this study included that the participants may provide information from their lived experiences, which may differ from others, especially when dealing with people from other cultures. While some believe that menopausal symptoms could be relieved using hormone replacement therapy (HRT), many others have different perspectives and believe that it could predispose them to cancer and would instead develop strategies to overcome the discomfort of the menopausal transition.

Scope and Delimitations

The menopausal transition can bring various health challenges for women, and it is crucial to understand these challenges when planning their care. By exploring the experiences of menopausal women, particularly Urhobo women, healthcare providers can gain insights into their unique needs and develop targeted strategies that meet their specific health requirements. The participants were limited to those who met the inclusion criteria, which are women between 45 and 65 years old who reside in the Mid-Atlantic region of the northeast of the United States, who have been without menstruation for 12 consecutive months, women without any infectious diseases, and who are not on hormone replacement therapy (HRT).

Those not included were women under 45, those with a hysterectomy, and women with cognitive impairment are excluded from participating in the study. Findings from this study may provide vital information that may add to future studies to equip menopausal and perimenopausal women with knowledge and a sense of well-being to cope effectively with menopausal symptoms.

Limitations

Limitations to this qualitative study are the weaknesses that could potentially threaten the study. They may be internal, such as time in recruiting participants and reliability of the information; the information from interviews may not be generally applied to every menopausal woman or situation, and the researcher's bias. A researcher's bias may be a relevant factor, especially if the researcher is experiencing symptoms that relate to the study (Bloomberg & Volpe, 2015).

To avoid bias, I followed the school's guidelines, had an excellent record base for the data collected for my studies, asked a peer to review the research, and asked the participants to evaluate my results (Bloomberg & Volpe, 2015).

Significance

This study is significant in that it may help to bring awareness and valuable information, especially for Black women who might be experiencing the peri-menopausal stage and may have questions regarding this developmental stage of menopause. The findings may add knowledge and inform younger women about menopause, its associated symptoms, and what to expect. The findings may also suggest resources as to how to manage the symptoms for improved quality of life and contribute to positive social

change (Höebes et al., 2018). Qualitative research allows them to understand people's lived experiences better. Thus, the study may have great opportunities to promote social change because menopausal women are informed and empowered. The knowledge gained may help them create effective care strategies for optimal transitional experiences and improved QoL. (Höebes, et al., 2018).

The potential implications for positive social change that are consistent with and bounded by the scope of this study are significant. By exploring the lived experiences of Urhobo women during the menopausal transition, this study can help raise awareness about the unique challenges faced by Black women in this region during menopause. This knowledge can be used to develop targeted strategies and support programs that are culturally sensitive and responsive to the needs of Urhobo women.

The findings of this study may also inform health policy and practice, leading to improvements in the provision of menopause-related healthcare services in the Niger Delta region of Nigeria. This can result in positive social change by reducing the burden of menopause-related health conditions and improving the overall quality of life of women in this region. Furthermore, the study may promote gender equity by raising awareness about women's experiences during the menopausal transition, particularly in areas where menopause is still viewed as a taboo subject. It can also help address gender disparities in healthcare by improving access to menopause-related healthcare services and increasing women's participation in decision-making about their health.

Summary

This study explores the lived experiences of the menopausal transition of Urhobo women from the Niger Delta region of Nigeria to identify challenges and possible coping strategies they utilized during the transition. Chapter One highlighted menopausal effects on the systems that create risks for diseases. It also included the problem statement, the purpose of the study, and the significance of the study. This chapter also includes a description of the theoretical framework that guided the research and gives an overview of the nature of the study. Chapter Two will review various literature relevant to the topic of this study.

Chapter 2: Literature Review

Introduction

Research on the impact of menopause on the health of Urhobo women is limited, making it crucial to study their experiences during this stage to improve their healthcare. Menopause brings hormonal changes that affect various organs and increases the risk of cardiovascular issues, diabetes, and decreased bone density. Black women, including those from the Urhobo community, may experience worse outcomes during menopause. Though traditional practices such as divination and herbal remedies are prevalent in Urhobo culture, concerns about their safety and efficacy have been raised. Understanding the experiences of Urhobo women can help prioritize clinical approaches, educate the public about proper medical care, and improve their quality of life.

Therefore, this qualitative phenomenological study aims to explore the lived experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. The study aims to identify the challenges these women face and the coping strategies they utilize to manage the symptoms of menopause. By gaining insight into the unique experiences of these women, the study seeks to contribute to the development of targeted strategies that address the specific needs and challenges of Black women during menopause.

For this study, I conducted a thorough review of the literature to explore existing databases related to the topic and identify research gaps, aiming to contribute to the existing knowledge in a meaningful way. This extensive review of the literature assisted in shaping and refining research questions based on the key concepts discussed in

the peer-reviewed studies. The chapter will begin with a discussion on menopause and its effects on women's health, then disparities in menopausal health outcomes, traditional cultural practices, and health beliefs in the Urhobo community, concerns and challenges with traditional healing practices, the significance of understanding experiences and promoting proper medical care, and finally, the research gaps and objectives of the study.

Literature Search Strategy

To contribute meaningfully to the field, an exhaustive review of existing literature was undertaken. This review was sourced from recognized entities such as the American Psychological Association, Elsevier, Springer, Scopus, Emerald, Taylor & Francis, Sage, ERIC, Academia, PubMed Central, MDPI, and Wiley Online Library, all accessed via Google Scholar. The review focused on key terms like *disaster menopause*, *women's health*, *menopause and medical care*, and *cultural practices and health beliefs in the Urhobo community*. Notably, the research identified a specific gap: the scarcity of studies exploring the impact of menopause on the health of Urhobo women. This makes it imperative to investigate their experiences during menopause to enhance their healthcare provisions.

Theoretical Framework

The Meleis transitions theory (MTT) served as a theoretical framework for this study on the experiences and challenges Black women from the Niger Delta region of Nigeria face during the menopausal transition. The MTT, developed by Afaf Ibrahim Meleis and colleagues, is a middle-range theory that comprehensively explains individual health and well-being transitions (Meleis et al., 2000). The MTT encompasses various

aspects of transitions, including patterns, types, experiences, and outcomes. It recognizes that transitions involve continuity and discontinuity in life, acknowledging that situations or health-related issues can trigger individual changes and development (Meleis et al., 2000). Menopause, a significant life transition for women, aligns with the concept of transition in the MTT.

One key aspect of the MTT relevant to this study is the notion of vulnerability during the transition process. The MTT acknowledges that individuals undergoing transitions, such as menopause, are more susceptible to risks that may affect their health or well-being (Meleis et al., 2000). Menopausal women experience hormonal changes and physical symptoms that can impact their health. By understanding the concept of vulnerability, this study aims to explore the unique challenges and health risks faced by menopausal women from the Niger Delta region, mainly focusing on Black women.

The research question formulated for this study is aligned with the MTT as it seeks to explore women's experiences, challenges, and coping strategies during the menopausal transition. The MTT provides a framework for understanding the various patterns and types of transitions individuals may undergo. In this case, the study aims to investigate the menopausal transition experienced by Black women and the factors that influence their experiences.

Furthermore, the MTT can guide the approach and inform nursing assessment, planning, and implementation of care strategies for menopausal women. By understanding the factors that can facilitate or inhibit the menopausal transition, healthcare providers can develop effective strategies and support systems tailored to the

specific needs of these women. The MTT's emphasis on addressing vulnerabilities and promoting well-being aligns with the study's objective of identifying the challenges and potential solutions for menopausal women in the Niger Delta region.

In conclusion, the MTT provides a theoretical framework for this study by offering a comprehensive understanding of transitions and the factors influencing individuals' experiences during these periods. The MTT's focus on vulnerability, patterns, types, and outcomes of transitions aligns with this study's research questions and objectives, allowing for a deeper exploration of the menopausal experiences of Black women from the Niger Delta region and informing the development of effective care strategies.

Review of the Relevant Literature

Menopause and its Effects on Women's Health

Menopause is a significant milestone in a woman's life, marking the permanent cessation of menstruation and the end of her reproductive years. The definition and characteristics of menopause have been extensively studied in the literature. According to Harlow and Paramsothy (2019), menopause is the permanent cessation of menstrual periods for 12 consecutive months resulting from the loss of ovarian follicular function. The average age of natural menopause is around 51 years, but this can vary among individuals due to various factors such as genetics, environmental influences, and lifestyle choices (Gold et al., 2019).

One of the critical aspects of menopause is the hormonal changes that occur within a woman's body. During menopause, there is a decline in the production of sex

hormones, particularly estrogen and progesterone. This decline in hormone levels has profound effects on multiple organ systems, including the cardiovascular, endocrine, and musculoskeletal systems. Burger et al. (2017) state that estrogen plays a crucial role in maintaining the health of these organ systems.

Hormonal changes mainly influence the cardiovascular system during menopause. Estrogen has a protective effect on cardiovascular health by maintaining vascular function and lipid metabolism; however, with the decline in estrogen levels, women are at an increased risk of developing cardiovascular issues such as hypertension and cardiovascular disease (Santoro et al., 2018). Studies have shown that the risk of developing these conditions rises significantly after menopause, highlighting the importance of hormonal balance in maintaining cardiovascular health.

In addition to cardiovascular issues, menopause increases the risk of developing other diseases, including diabetes and osteoporosis. The endocrine system is affected by hormonal changes during menopause, leading to an increased risk of insulin resistance and the development of type 2 diabetes (Santoro et al., 2018). Fluctuations in hormonal levels can disrupt glucose metabolism and hormonal regulation, contributing to the onset of diabetes in menopausal women.

Furthermore, menopause is associated with a decline in bone density, increasing susceptibility to osteoporosis. Estrogen plays a vital role in maintaining bone health by inhibiting bone resorption. The decrease in estrogen levels during menopause leads to an

accelerated rate of bone loss, making women more prone to fractures and disability (Stuenkel et al., 2018). Osteoporosis poses a significant health concern for menopausal women, highlighting the need for preventive measures and strategies.

Definition and Characteristics of Menopause

Menopause is a natural biological process that marks the end of a woman's reproductive years. It is defined as the permanent cessation of menstrual periods for 12 consecutive months resulting from the loss of ovarian follicular function (Harlow & Paramsothy, 2019). The understanding of menopause and its characteristics has been extensively studied in the literature, providing insights into its definition and various aspects of this transitional phase in a woman's life. The average age of natural menopause is approximately 51 years, but considerable individual variation is influenced by genetics, environmental influences, and lifestyle choices (Gold et al., 2019). Multiple studies have investigated the determinants of menopausal age, revealing that genetic factors play a significant role. For instance, a study by Muka et al. (2016) found that variations in specific genes, including the BRCA1 and BRCA2, are associated with earlier menopause onset.

In addition to genetic factors, environmental influences such as smoking and socioeconomic status have also been linked to menopausal age. Research by Mishra et al. (2017) demonstrated that smoking is associated with earlier menopause, highlighting the detrimental effects of smoking on reproductive health. Socioeconomic factors, including education and occupation, have also been shown to impact menopausal age. A study by Mishra et al. (2018) revealed that women with lower education levels and

manual occupations experience menopause earlier than those with higher education and professional occupations.

Menopause is characterized by hormonal changes, particularly a decline in sex hormone levels, including estrogen and progesterone. Estrogen is the primary sex hormone responsible for regulating the menstrual cycle and maintaining reproductive health. The decline in estrogen levels during menopause has wide-ranging effects on various physiological processes. A study by Burger et al. (2017) highlighted the role of estrogen in maintaining the health of multiple organ systems, including the cardiovascular, endocrine, and musculoskeletal systems. Estrogen has a protective effect on cardiovascular health by maintaining vascular function and lipid metabolism. The decline in estrogen levels during menopause is associated with an increased risk of cardiovascular issues such as hypertension and cardiovascular disease (Santoro et al., 2018). This association's mechanisms involve alterations in blood vessel function, lipid profile, and inflammatory processes.

In the endocrine system, the decline in estrogen levels during menopause is associated with an increased risk of insulin resistance and the development of type 2 diabetes (Santoro et al., 2018). The hormonal fluctuations and changes in insulin sensitivity during menopause contribute to metabolic disturbances and dysregulated glucose metabolism. Several studies have explored the relationship between menopause and diabetes risk, highlighting the importance of hormonal balance in maintaining metabolic health.

Furthermore, menopause is also associated with changes in bone health. Estrogen plays a crucial role in maintaining bone density by inhibiting bone resorption. The decline in estrogen levels during menopause leads to an accelerated rate of bone loss, increasing the risk of osteoporosis and fractures (Stuenkel et al., 2018). Research has demonstrated that menopausal women are particularly vulnerable to bone-related issues, and that hormone replacement therapy and lifestyle modifications can help mitigate bone loss and reduce fracture risk.

Hormonal Changes and Their Impact on Organ Systems

Hormonal changes during menopause significantly impact various organ systems in a woman's body. The decline in estrogen and progesterone levels leads to physiological alterations affecting multiple systems, including the cardiovascular, endocrine, and musculoskeletal systems (Lauretta et al., 2019). Extensive research has shed light on the effects of hormonal changes on these organ systems, providing valuable insights into the health implications of menopause.

Hormonal changes significantly influence the cardiovascular system during menopause. Estrogen is crucial in maintaining vascular health by promoting vasodilation, reducing inflammation, and improving lipid metabolism. With the decline in estrogen levels, women experience changes in their lipid profile, including an increase in low-density lipoprotein cholesterol (LDL-C) and a decrease in high-density lipoprotein cholesterol (HDL-C), predisposing them to an unfavorable cardiovascular risk profile (Kim et al., 2019).

Research has shown that menopause is associated with an increased risk of cardiovascular issues such as hypertension, atherosclerosis, and cardiovascular disease. Santoro et al. (2016) reported that hypertension rises significantly after menopause, partly attributed to hormonal changes. The decline in estrogen levels and its cardioprotective effects contribute to vascular tone and endothelial function alterations, leading to elevated blood pressure. Furthermore, menopause is associated with adverse changes in lipid metabolism and a higher prevalence of dyslipidemia. Studies have indicated that menopausal women have an increased risk of atherosclerosis, characterized by the deposition of cholesterol in arterial walls, leading to cardiovascular disease (Feldman, 2017). The Framingham Heart Study demonstrated that the risk of cardiovascular events significantly increases after menopause, emphasizing the importance of hormonal changes in cardiovascular health (Matthews et al., 2010).

In addition to the cardiovascular system, hormonal changes during menopause also impact the endocrine system. Estrogen plays a role in maintaining metabolic health, and its decline can contribute to insulin resistance and the development of type 2 diabetes. Research has indicated that menopausal women have an increased risk of developing diabetes compared to premenopausal women (Muka et al., 2016). The mechanisms underlying this association involve hormonal fluctuations, alterations in adipose tissue distribution, and changes in insulin sensitivity.

Furthermore, menopause is linked to changes in body composition, including increased visceral adiposity and decreased lean muscle mass. These changes contribute to metabolic disturbances and increase the risk of metabolic syndrome, a cluster of

conditions including central obesity, insulin resistance, dyslipidemia, and hypertension (Toth et al., 2019). The hormonal changes during menopause play a crucial role in these metabolic alterations, highlighting the significance of hormone balance in maintaining endocrine health.

The musculoskeletal system is also affected by hormonal changes during menopause, particularly in bone health. Estrogen plays a vital role in inhibiting bone resorption and maintaining bone density. With the decline in estrogen levels, women experience an accelerated rate of bone loss, leading to an increased risk of osteoporosis and fractures (Watts et al., 2018). Several studies have demonstrated the importance of hormone replacement therapy in mitigating bone loss and reducing fracture risk in menopausal women (Cosman et al., 2017).

The hormonal changes during menopause increase the risk of various diseases, including cardiovascular issues, diabetes, and osteoporosis. Extensive research has explored the relationship between menopause and these health conditions, shedding light on the underlying mechanisms and potential actions.

Cardiovascular disease is a leading cause of mortality among women, and menopause is associated with an increased risk of developing cardiovascular issues. Several studies have demonstrated the adverse effects of menopause on cardiovascular health. For instance, El Khoudary et al. (2020) conducted a longitudinal study. They found that menopause transition was associated with an accelerated progression of subclinical atherosclerosis, characterized by an increase in carotid intima-media thickness, a marker of early vascular changes. Chyu et al. (2018) also reported that

menopause was associated with endothelial dysfunction and increased arterial stiffness, both cardiovascular risk markers. These findings highlight the importance of addressing cardiovascular health during the menopausal transition.

The risk of developing type 2 diabetes also increases after menopause. Hormonal changes, specifically the decline in estrogen levels, contribute to insulin resistance and impaired glucose metabolism. Numerous studies have investigated the association between menopause and diabetes risk. For example, Zhu et al. (2018) conducted a systematic review and meta-analysis and found that postmenopausal women had a significantly higher risk of developing type 2 diabetes than premenopausal women. This increased risk may be attributed to changes in body composition, adipose tissue distribution, and insulin sensitivity during menopause (Muka et al., 2018). Managing diabetes risk factors becomes crucial for women transitioning through menopause.

Osteoporosis, a condition characterized by low bone mineral density and increased fracture risk, is another health concern associated with menopause. Estrogen plays a vital role in maintaining bone health, and the decline in estrogen levels during menopause leads to accelerated bone loss. Multiple studies have examined the impact of menopause on bone health. For instance, Crandall et al. (2019) conducted a prospective cohort study and found that women who experienced early menopause had a higher risk of osteoporosis and fractures. Hormone replacement therapy mitigates bone loss and reduces fracture risk in menopausal women (Cosman et al., 2017). Thus, proper management and preventive measures are essential to protect bone health during the menopausal transition.

Overall, hormonal changes during menopause profoundly affect organ systems, including the cardiovascular, endocrine, and musculoskeletal systems. The estrogen and progesterone levels decline to contribute to vascular function, lipid metabolism, glucose homeostasis, and bone density alterations. Understanding the impact of hormonal changes on these organ systems is crucial for providing appropriate healthcare approaches and preventive measures to mitigate the health risks associated with menopause. The increased risk of cardiovascular issues, diabetes, and osteoporosis during menopause has been extensively studied. Hormonal changes, particularly the decline in estrogen levels, contribute to these health concerns. Understanding these associations' mechanisms is crucial for developing targeted strategies and promoting better health outcomes for menopausal women.

Disparities in Menopausal Health Outcomes

Disparities in menopausal health outcomes have gained attention in recent years, as research has highlighted differences in women's experiences and health outcomes during the menopausal transition. These disparities can arise from various factors, including socioeconomic status, race/ethnicity, access to healthcare, and cultural influences. Understanding these disparities is crucial for addressing the unique needs of diverse populations and promoting equitable menopausal healthcare.

Socioeconomic status is a significant determinant of menopausal health outcomes. Women from lower socioeconomic backgrounds may face barriers to accessing healthcare, resulting in inadequate management of menopausal symptoms and increased

health risks. For example, a study by Avis et al. (2017) found that women with lower education and income levels reported more severe menopausal symptoms and decreased quality of life compared to women with higher socioeconomic status. These disparities can be attributed to limited resources, lack of information, and challenges in seeking medical care.

Racial and ethnic disparities in menopausal health outcomes have also been well-documented. Several studies have shown that women from racial and ethnic minority groups, such as African American, Hispanic, and Asian women, experience unique challenges during menopause. For instance, African American women have been found to have a higher prevalence of vasomotor symptoms, such as hot flashes and night sweats, compared to White women (Thurston et al., 2017). Additionally, African American and Hispanic women may face increased cardiovascular risks and higher rates of obesity and diabetes during the menopausal transition (Chae et al., 2019; Whitaker et al., 2019).

Access to healthcare is another factor contributing to disparities in menopausal health outcomes. Women with limited access to healthcare services may have difficulties in receiving appropriate menopausal care and managing their symptoms effectively. It can lead to untreated or poorly managed menopausal symptoms and increased risks for chronic conditions. A study by Waetjen et al. (2018) found that women with inadequate access to health care reported more severe menopausal symptoms and higher distress levels than women with better access to care.

Cultural influences also play a role in shaping menopausal experiences and health outcomes. Different cultural beliefs, norms, and practices can influence women's attitudes toward menopause, their willingness to seek healthcare, and their preferred treatments. For example, some cultural groups may rely more on traditional healing practices or herbal remedies rather than seeking conventional medical treatments for menopausal symptoms (Im et al., 2019). Cultural factors can also impact women's perceptions of menopause and aging, affecting their overall well-being and health outcomes.

Generally, disparities in menopausal health outcomes are a complex issue influenced by socioeconomic status, race/ethnicity, access to healthcare, and cultural factors. Women from disadvantaged backgrounds, racial and ethnic minority groups, and those with limited healthcare access are more likely to experience poorer menopausal health outcomes. Addressing these disparities requires a multifaceted approach, including improving healthcare access, providing culturally sensitive care, and addressing socioeconomic factors contributing to health inequities.

Disproportionate Effects on Black Women, Including Those From the Urhobo Community

Studies have shown that Black women tend to have a higher prevalence and severity of menopausal symptoms than women from other racial/ethnic backgrounds. For example, a study by Taylor et al. (2017) found that Black women reported more frequent and severe hot flashes, night sweats, and vaginal dryness than White women. These disparities in symptom experience can significantly impact the quality of life and well-

being of Black women during menopause. Furthermore, Black women may face unique challenges related to cardiovascular health during the menopausal transition. Research has indicated that Black women have higher rates of cardiovascular risk factors such as hypertension, obesity, and diabetes than other racial/ethnic groups (Whitaker et al., 2019). A combination of genetic, environmental, and socio-cultural factors may influence these disparities.

Access to healthcare is another critical factor contributing to disparities in menopausal health outcomes among Black women. Limited access to quality healthcare services, including preventive care and menopausal management, can lead to unaddressed health concerns and poorer health outcomes. A study by Martin et al. (2016) found that Black women had lower healthcare utilization rates and were less likely to receive appropriate menopausal treatments than White women.

Overall, Black women, including those from the Urhobo community, may experience disproportionate effects during the menopausal transition. Disparities in symptom experience, cardiovascular health, access to healthcare, and cultural influences contribute to these disparities. Addressing these disparities requires planning and targeted strategies that consider the unique needs and experiences of Black women, including community-specific cultural factors, to ensure equitable menopausal healthcare.

Factors Contributing to Worse Outcomes

Factors contributing to worse outcomes during menopause, such as endocrine disorders and vasomotor symptoms, significantly impact women's health and quality of life during the menopausal transition. Endocrine disorders, particularly metabolic

disorders such as diabetes and obesity, are known to be influenced by hormonal changes during menopause (Prabakaran et al., 2021). Several studies have reported an increased risk of insulin resistance, impaired glucose metabolism, and the development of type 2 diabetes in menopausal women (Muka et al., 2016; Zhao et al., 2018). The decline in estrogen levels and alterations in adipose tissue distribution contribute to these metabolic changes. It has been suggested that hormonal replacement therapy (HRT) may help mitigate the risk of endocrine disorders by maintaining hormonal balance (Zhang et al., 2019).

However, further research is needed to fully understand the effects of HRT on endocrine health during menopause. Vasomotor symptoms, including hot flashes and night sweats, are common during menopause and can significantly impact women's quality of life. While the exact mechanisms underlying these symptoms are not fully understood, hormonal fluctuations, mainly changes in estrogen levels, are believed to play a role. Studies have indicated that vasomotor symptoms are more prevalent and severe in specific populations, including African American women (Caruso et al., 2019). Various factors, including genetic predisposition, differences in hormonal profiles, and socio-cultural factors, may influence ethnic disparities in vasomotor symptoms.

Further research is needed to explore these disparities and develop targeted strategies for women experiencing severe vasomotor symptoms. In recent years, there has been growing interest in non-hormonal treatment options for vasomotor symptoms, as some women may be unable or unwilling to use hormone therapy. Antidepressants, such as selective serotonin reuptake inhibitors (SSRIs) and serotonin-norepinephrine reuptake

inhibitors (SNRIs), have shown efficacy in reducing the frequency and severity of hot flashes (Reed et al., 2018). Other non-hormonal approaches, including cognitive-behavioral therapy and acupuncture, have also shown promise in managing vasomotor symptoms (Laudisio et al., 2021).

Traditional Cultural Practices and Health Beliefs in the Urhobo Community

The Urhobo people are an ethnic group in Nigeria, primarily located in the southern part of the country, particularly in Delta State. They have a rich cultural heritage deeply rooted in their history, traditions, beliefs, and social practices. The literature on the Urhobo traditional culture provides valuable insights into their customs, social structure, religion, arts, and worldview. One of the prominent aspects of Urhobo traditional culture is its social organization. The Urhobo society is traditionally organized into extended family units known as “Okparo” (Ikeke, 2022). The eldest male member heads these family units, responsible for making important decisions and maintaining the family’s reputation. The larger social structure is based on clans headed by a chief or king called the “Ovie.” The Ovie is the custodian of the clan’s ancestral heritage and significantly influences governance and community affairs (Okpevra, 2022).

Religion plays a vital role in Urhobo traditional culture. The Urhobo people sincerely believe in a supreme deity called “Oghene” or “Oworu,” who is regarded as the universe’s creator and sustainer. They also revere ancestral spirits and believe in the existence of various deities associated with natural elements and forces. Traditional religious practices, rituals, and ceremonies are performed to seek protection, blessings,

and guidance from the spiritual realm. These practices are often accompanied by music, dance, and masquerades, integral to Urhobo cultural expressions (Ikeke, 2022).

The arts are significant in Urhobo culture, particularly sculpture, pottery, weaving, and mask-making. Urhobo artistic expressions are renowned for their intricacy, symbolism, and attention to detail. Woodcarving is a prominent art form among the Urhobo, and their sculptures often depict human figures, ancestral spirits, and mythological beings. Pottery is another essential artistic tradition, with clay pots and vessels crafted for various domestic and ceremonial purposes. The Urhobo also uses intricate weaving techniques to produce textiles, baskets, and mats (Aluede et al., 2023).

Language is an essential element of cultural identity for the Urhobo people. They have a distinct language called Urhobo, which belongs to the Niger-Congo language family. The Urhobo language has several dialects, but they are mutually intelligible to a significant extent. It is primarily an oral language, although efforts have been made to document and preserve it through writing. The Urhobo language serves as a medium for transmitting cultural values, history, folklore, and traditional knowledge from one generation to another (Omosor & Kowhiroro, 2023).

The literature on Urhobo traditional culture also highlights the impact of modernization, urbanization, and globalization on their cultural practices. These external influences have changed the Urhobo people's social norms, family structures, economic activities, and religious beliefs. However, efforts are being made to preserve and promote their cultural heritage through cultural festivals, community organizations, and

educational initiatives that aim to transmit traditional knowledge to younger generations (Obaro, 2019).

In the Urhobo traditional culture, male dominance, polygamy, and female circumcision practices have been observed. Male dominance is a social construct where men hold positions of power and authority within the family and community structure. It can influence decision-making processes and gender roles within the Urhobo society. Polygamy, the practice of having multiple spouses, is historically common among the Urhobo people (Obaro, 2019). It is seen as a symbol of status and wealth for men. However, its prevalence has recently decreased due to changing societal norms and influences from modernization and Christianity.

Female circumcision, also known as female genital mutilation (FGM), has been practiced in Urhobo communities, although its prevalence has significantly declined due to education, advocacy, and legal measures (Oghuvwu, 2017). FGM involves the partial or total removal of the external female genitalia and is considered a deeply entrenched cultural practice with various social, cultural, and health implications.

Role of Divination and Spiritual Healing in Addressing Health Problems

Divination and spiritual healing are significant in addressing health problems within the Urhobo community. Divination is used to seek spiritual guidance, understand the causes of illnesses, and determine appropriate remedies. It links the spiritual and physical worlds, offering insights into personalized treatments and preventive measures (Owoeye, 2017). Spiritual healing, encompassing rituals, ceremonies, prayers, and natural remedies aim to restore balance and well-being at the spiritual and energetic

levels. It acknowledges the interconnectedness of the mind, body, and spirit, addressing physical symptoms and underlying spiritual or emotional imbalances contributing to ill health (Abimbola, 2015).

Herbal remedies and the reliance on traditional medicine are standard practices within the Urhobo community for maintaining health and addressing ailments. The Urhobo people have a rich knowledge of medicinal plants and their therapeutic properties (Akpojivi, 2013). Herbal remedies are often prepared from various plants, including leaves, roots, bark, and seeds, which are believed to possess healing properties. These remedies are administered in different forms, such as infusions, decoctions, or topical applications.

The use of herbal remedies and reliance on traditional medicine in the Urhobo community is influenced by cultural beliefs and a deep-rooted trust in the effectiveness of these remedies. Traditional healers, known as “Owuromi,” are crucial in providing healthcare services and are highly respected for their knowledge and skills in utilizing herbal remedies and other traditional healing practices (Akpojivi, 2013).

The Urhobo people’s reliance on traditional medicine is often attributed to accessibility, affordability, cultural familiarity, and a belief in the holistic approach to health and well-being (Akpojivi, 2013). Traditional medicine serves as a means of physical healing and restoring harmony and balance in individuals and communities. While the use of herbal remedies and traditional medicine has been an integral part of the Urhobo cultural heritage, it is essential to note that their efficacy and safety may vary. The interaction between traditional medicine and modern healthcare practices is a topic

of ongoing research and discussion. Efforts have been made to integrate traditional medicine into formal healthcare systems, ensuring the appropriate regulation, standardization, and documentation of herbal remedies and traditional healing practices (Obaro, 2019).

Overall, the Urhobo traditional culture encompasses various practices and beliefs related to health and well-being. Male dominance, polygamy, and female circumcision practices have been observed, although their prevalence and significance have changed. Divination and spiritual healing play crucial roles in addressing health problems and providing guidance and holistic approaches to healing. The use of herbal remedies and reliance on traditional medicine is deeply ingrained in the Urhobo community, reflecting cultural beliefs, accessibility, and a holistic understanding of health. Integrating traditional practices with modern healthcare systems presents opportunities for collaborative and culturally sensitive approaches to healthcare delivery in the Urhobo community.

Concerns and Challenges With Traditional Healing Practices

One of the concerns associated with traditional healing practices is the need for proper monitoring, storage, and dosages of traditional medicines. Traditional remedies are often prepared from various plant materials, and the quality control and standardization of these preparations can be challenging. The lack of standardized dosage guidelines and quality assurance measures can lead to inconsistency in the effectiveness and safety of traditional medicines (Ozioma & Chinwe, 2019).

Studies have highlighted the need for proper monitoring and regulation of traditional healing practices to ensure the safety and efficacy of traditional medicines. A study by Keikelame and Swartz (2019) found that traditional healers in South Africa needed to know the proper dosage, storage, and adverse effects of their prescribed herbal remedies. The authors emphasized training traditional healers on good manufacturing practices, quality control, and appropriate dosage guidelines.

Contamination of traditional medicines and potential interference with biomedical treatment is another concern associated with traditional healing practices. Traditional medicines can be prepared from various plant and animal sources, and the risk of contamination with harmful substances, such as heavy metals or microbial pathogens, is a valid concern (Mensah et al., 2019).

Additionally, the use of traditional medicines alongside biomedical treatments can pose challenges. Some traditional remedies may contain active compounds that can interact with prescription medications, leading to potential adverse effects or reduced efficacy of the biomedical treatment (Chakona & Shackleton, 2019). For instance, a study by Supiandi et al. (2019) found that certain traditional medicinal plants used in South Africa had the potential to inhibit the activity of drug-metabolizing enzymes, which could interfere with the effectiveness of conventional medications.

There is a growing recognition of the need for collaboration and communication between traditional healers and biomedical healthcare providers to address these concerns. Several studies have emphasized the importance of healthcare professionals being aware of their patients' use of traditional medicines and actively engaging in

discussions to minimize potential interactions and risks (Chakona & Shackleton, 2019; Mensah et al., 2019).

Improper diagnosis and insufficient care are additional concerns associated with traditional healing practices. Traditional healers rely on their knowledge and experience to diagnose and treat various health conditions. Still, misdiagnosis or delayed diagnosis can lead to worsened health outcomes.

A study by Nachege et al. (2021) found that traditional healers sometimes failed to recognize severe health conditions and delayed referring patients to biomedical healthcare facilities. This delay in seeking appropriate medical care could result in the progression of diseases and poorer health outcomes.

Efforts have been made to address these concerns by promoting collaboration between traditional healers and biomedical healthcare providers. For instance, South Africa implemented the Traditional Health Practitioners Act to establish a regulatory framework and encourage cooperation between traditional healers and biomedical healthcare professionals (Awuchi, 2019). This collaboration aims to improve the quality of healthcare services provided by traditional healers and ensure timely referrals for conditions requiring specialized medical care.

Generally, concerns and challenges exist regarding traditional healing practices. These include the lack of proper monitoring, storage, and dosages of traditional medicines, the potential for contamination and interference with biomedical treatment, and incidents of improper diagnosis and insufficient care. Addressing these concerns requires training and educating traditional healers, promoting collaboration between

traditional healers and biomedical healthcare providers, and establishing regulatory frameworks to ensure the quality and safety of traditional healing practices.

Significance of Understanding Experiences and Promoting Proper Medical Care

Public education promotes proper medical care and empowers individuals, including menopausal women, to make informed healthcare decisions. Increasing awareness about the importance of seeking appropriate medical care, individuals can better understand the potential risks and benefits of different treatment options during menopause. Several studies have emphasized the significance of public education in promoting women's health during the menopausal transition. For example, a study by Ogunbode and Olamijulo (2019) found that women who received educational interventions regarding menopause reported improved knowledge, attitudes, and practices related to menopausal health. These strategies included providing information on menopause symptoms, available treatment options, and the importance of seeking medical advice.

Understanding and addressing the unique healthcare needs of menopausal women are essential for achieving better healthcare outcomes and improving their quality of life. Menopause is a transitional phase associated with various physical and emotional changes, and appropriate medical care can help manage symptoms, prevent complications, and promote overall well-being. Recent literature has highlighted the relevance of providing comprehensive healthcare for menopausal women. A study by Chedraui et al. (2019) emphasized the importance of comprehensive healthcare beyond addressing physical symptoms to consider psychological, sexual, and social aspects of

menopause. This holistic approach aims to improve quality of life and promote positive health outcomes.

Understanding the experiences of menopausal women and their specific healthcare needs can inform and organize care that meets their requirements. By recognizing the diverse symptoms and challenges menopausal women face, healthcare providers can tailor strategies, support systems, and treatment plans to address their individual needs. Research has highlighted the potential for personalized and patient-centered care for menopausal women. A study by Elavsky et al. (2019) emphasized the importance of individualized approaches considering women's unique experiences, preferences, and cultural backgrounds. Such approaches can contribute to better healthcare outcomes and patient satisfaction.

Overall, the significance of understanding the experiences of menopausal women and promoting proper medical care is evident in the literature. Public education empowers women to seek appropriate medical care during menopause. Achieving better healthcare outcomes and improving the quality of life for menopausal women are crucial goals. By understanding their specific needs and tailoring care accordingly, healthcare providers can inform and organize care that meets the diverse needs of menopausal women.

Research Gap and Objective of the Study

From the literature review, several research gaps can be identified in menopausal health. These research gaps represent areas that have not been extensively explored or

require further investigation to enhance our understanding of menopausal experiences and improve healthcare outcomes.

Limited Research on Cultural Influences

The literature review reveals a gap in understanding the cultural influences on menopausal health and healthcare-seeking behaviors. While some studies have explored the impact of cultural beliefs and practices on menopausal experiences, there is a need for more comprehensive research that examines the diverse cultural contexts in which menopause is experienced. Understanding how cultural factors shape women's perceptions, attitudes, and behaviors during menopause can help healthcare providers deliver culturally sensitive care that respects and accommodates individual needs.

Underrepresentation of Marginalized Populations

The literature review suggests a lack of research focusing on marginalized populations, such as ethnic minority women, women from low-income backgrounds, or those living in rural areas. These populations may face unique challenges and barriers to accessing healthcare during the menopausal transition. Further research is needed to explore their experiences, needs, and preferences to develop targeted strategies that address their healthcare disparities and promote health equity.

Limited Exploration of Alternative and Complementary Therapies

The literature review reveals a research gap in understanding the use and effectiveness of alternative and complementary therapies for menopausal symptom management. While some studies have investigated the potential benefits of non-pharmacological interventions, such as acupuncture or herbal remedies, there is still a

need for rigorous research that examines their safety, efficacy, and long-term effects. Understanding these therapies' role and integration with conventional healthcare can provide women with a broader range of options for managing menopausal symptoms.

Lack of Long-Term Follow-Up Studies

The literature review suggests a lack of long-term follow-up studies tracking women's health outcomes beyond the menopausal transition. Menopause is a life stage associated with various health changes and risks, including cardiovascular health, bone health, and mental well-being. Conducting longitudinal studies that track women's health over an extended period can provide valuable insights into the long-term impact of menopause on overall health and help identify strategies to optimize health outcomes.

Addressing these research gaps is essential for advancing people's knowledge of menopausal health and improving healthcare delivery for menopausal women. Future research should focus on filling these gaps by conducting rigorous studies that explore cultural influences, including underrepresented populations, evaluate alternative therapies, and incorporate long-term follow-up to enhance the evidence base and guide clinical practice. Therefore, this Qualitative study aims to explore the lived experiences of Urhobo women from the Niger Delta region of Nigeria and the menopausal transition. Concepts of interest are the experiences of Urhobo women from Nigeria and the menopausal transition.

Summary

In Chapter 2, I discussed the theoretical framework that will guide this study and a review of the relevant literature. The literature review on menopausal health provides a

comprehensive understanding of the physiological, psychological, and social aspects of menopause. It highlights the diverse range of symptoms experienced during menopause and the increased health risks associated with hormonal changes. The review also emphasizes the disparities and cultural influences on menopausal experiences, highlighting the need for culturally sensitive healthcare strategies. Treatment options, including hormone replacement therapy and non-hormonal alternatives, are discussed, along with the importance of public education to promote proper healthcare seeking. The review reveals research gaps in understanding the specific needs of menopausal women, addressing cultural disparities, and exploring effective strategies. Overall, this literature review contributes to a deeper understanding of menopausal health and lays the foundation for further research. Chapter 3 discusses methodology.

Chapter 3: Research Method

Introduction

This qualitative phenomenological study aims to explore the lived experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. The study identified the challenges these women face and the coping strategies they utilize to manage the symptoms of menopause. By gaining insight into the unique experiences of these women, the study was designed to contribute to the development of targeted strategies that address the specific needs and challenges of Black women during menopause. In this chapter, I discuss the methodology and the research design I will use in this study as well as the analysis plan, ethical issues, population, sample, and data collection procedure.

Research Design and Rationale

The research question that this study aims to address is as follows:

RQ: What are the lived experiences of Urhobo women from the Niger Delta region of Nigeria during the menopausal transition?

I employed a qualitative phenomenological study design to answer the research questions. As described by Cudjoe (2023), this method is centered on comprehending and narrating the personal experiences of individuals from their unique viewpoints. It endeavors to reveal the essence and nuances of these experiences via comprehensive exploration and analysis. As per Creswell (2013), this design is anchored in phenomenology, a philosophical approach that delves into the conscious experience and personal perception.

The selection of a qualitative phenomenological study design for this research was justified in its potential to explore the personal experiences and perspectives of menopausal women in the Niger Delta region of Nigeria. As Creswell (2013) stated, phenomenology aims to unveil the essence and significance of human experiences, providing a profound understanding of individuals' beliefs, emotions, and perceptions. Qualitative phenomenology is suitable for research that investigates individual experiences within specific contexts and offers a thorough and detailed exploration of lived realities (Giorgi, 2012). In the context of this study, it allowed me to encapsulate the distinct, culturally specific experiences of menopausal women from the Niger Delta, considering sociocultural, economic, and environmental factors (Larkin et al., 2019).

Adopting phenomenology aligns with understanding the challenges, coping mechanisms, and healthcare needs of menopausal women, as it enables a comprehensive exploration of these aspects. Using open-ended interviews and thematic analysis aided in identifying common themes and patterns within the participants' narratives, yielding valuable insights into their experiences (Braun & Clarke, 2023; Willig, 2013). Phenomenology also empowers participants, allowing their stories and perspectives to inform the study's findings and conclusions (Cudjoe, 2023). For the present study, it encouraged a holistic comprehension of menopause within the Niger Delta's cultural and social context, creating culturally sensitive support systems and strategies for menopausal women (Padgett, 2017).

Role of the Researcher

In this qualitative phenomenological study, the role of the researcher was pivotal as I shaped the research process and facilitated the exploration of participants' lived experiences (Cudjoe, 2023). Hence, I was the main instrument for data collection, analysis, and interpretation, as actions and interactions significantly influence the study's outcomes (Collins & Stockton, 2022). My approach to the study was to maintain an unbiased mindset by bracketing or suspending any preconceptions, assumptions, and biases to ensure a more accurate and genuine representation of participants' perspectives (Cudjoe, 2023).

Developing rapport and trust with participants is critical in qualitative phenomenological research. I established a safe, supportive environment conducive to open communication. Active listening, empathy, and a non-judgmental stance are crucial to fostering trust and open sharing of experiences (Collins & Stockton, 2022). Also, by using open-ended and probing questions, a researcher can elicit rich and detailed accounts of participants' experiences (Salter, 2023). Attention to verbal and non-verbal cues allows participants to express themselves fully, often involving reflective prompts, exploration of emotions, and clarifying queries (Collins & Stockton, 2022).

During the analysis phase, I immersed myself in the data, identifying emerging patterns, themes, and structures within participants' narratives (Braun & Clarke, 2023). Striking a balance between preserving participants' voices and interpreting data aided in developing a comprehensive understanding of the investigated phenomenon. Throughout the study, I practiced reflexivity, considering my role and impact on the research process

(Cudjoe, 2023). Documenting biases, assumptions, and reflections also ensured transparency and rigor, contributing to the credibility of the research findings (Salter, 2023). The self-reflective practice further strengthened the trustworthiness of the research (Braun & Clarke, 2023).

Methodology

Participants Selection Logic

The inclusion criteria for this study consist of (a) menopausal women or women transitioning into menopause who reside in the Mid-Atlantic region of the northeast of the United States, (b) should be between the ages of 45 and 65, (c) have experienced 12 consecutive months without menstruation, and (d) do not have any infectious diseases or be on hormone replacement therapy (HRT). Exclusion criteria include (a) women under 45, (b) those with a hysterectomy, and (c) those with cognitive impairment.

The sampling strategy employed in this study was purposeful sampling. Purposeful sampling involves selecting participants who meet specific criteria relevant to the research question and objectives (Palinkas et al., 2015). . Purposeful sampling allows selecting participants with the necessary characteristics and knowledge relevant to the research focus. In this case, I aimed to recruit menopausal or peri-menopausal women, or those transitioning into menopause, who can provide rich and detailed insights into their experiences

The number of participants was determined by reaching saturation. Saturation is the point in data collection and analysis when no new information or themes emerge (Ravitch & Carl, 2021). I aimed to recruit a sample size of 5 to 8 participants but was

willing to continue recruitment until saturation when no new information or themes emerged from additional participants. According to Ravitch and Carl (2021), it ensures that the data collected is sufficient to address the research objectives and that a comprehensive understanding of the experiences of menopausal women in the target population is obtained.

Instrumentation

The primary instrument for data collection was semi structured interviews. Semi structured interviews are a qualitative research method that allows for a flexible and interactive approach to gathering rich and in-depth information from participants (Bryman, 2016). The choice of instrumentation was well-suited for exploring the experiences, perspectives, and challenges menopausal women face in the target population (Salter, 2023).

Semi structured interviews provide a balance between structure and flexibility. I prepared a set of predetermined open-ended questions and prompts relevant to the research objectives and themes identified in the literature review. These questions (see Appendix C) served as a guide to ensure interview consistency and cover essential topics. However, I also had the flexibility to probe deeper into participants' responses, follow up on interesting points, and explore unanticipated themes that arise during the interview process (Smith, 2015).

The interview process involved one-on-one interactions between myself and each participant. These interviews will be recorded face-to-face or using the Zoom platform to record interviews, based on the participant's preference. The choice of interview mode

was based on ensuring participant comfort, convenience, and the ability to capture rich data. Furthermore, the interviews (see Appendix C) were conversational, allowing participants to share their experiences, perspectives, and insights related to menopause (Cudjoe, 2023). I created a supportive and non-judgmental environment to encourage open and honest responses from participants. Active listening skills, empathy, and the ability to establish rapport with participants are essential for effective data collection (Rubin & Rubin, 2012).

I also employed several strategies to ensure consistency and rigor in the data collection process. First, I maintained detailed field notes during and after each interview, documenting observations, non-verbal cues, and contextual information to enhance the interpretation of the data (Maxwell, 2013). Additionally, audio recordings were made with participants' consent to capture their responses accurately for later transcription and analysis.

Data Collection Procedure

For this study, I employed a systematic data collection methodology, focusing on semi structured interviews with menopausal women from the target population. This structured yet flexible approach ensured the collection of insightful and pertinent data. Following the Institutional Review Board's (IRB's) approval, I started the recruitment phase. The participant recruitment process utilized diverse methods to effectively reach potential contributors. These included disseminating information about the study through various channels, such as social media platforms like Facebook, community bulletins,

and strategically placed flyers in African stores within the Mid-Atlantic region of Northeastern United States.

The participant pool will comprise women aged between 45 and 65 residing within the designated region. The selection criteria require these women to have experienced at least 12 consecutive months of amenorrhea and not be currently undergoing hormone replacement therapy. To ensure the focus remains pertinent, the study will exclude women under 45, those with a hysterectomy, and those with cognitive impairments.

The strategy of purposeful sampling will be adopted to ensure the study garners a comprehensive understanding of the phenomenon by including participants either experiencing menopause or transitioning into this stage. This will encourage a variety of perspectives and experiences, enriching the data pool. Before conducting the interviews, participants will be thoroughly acquainted with various aspects of the study, including its purpose, procedures, potential risks, benefits, and their rights as participants. To ensure informed participation, consent will be sought, and guarantees about the confidentiality of their data will be provided. This will also allow participants to ask questions or express concerns, thereby fostering transparency and trust. I will create a semi structured interview guide (see Appendix A) as a roadmap during the interviews. This guide will facilitate a focused yet flexible conversation, enabling me to explore participants' experiences nuanced and sensitively guide the interviews.

The data collection process will involve interviews via Zoom, depending on participant preferences and logistical considerations (see section above -

Instrumentation). Active listening and probing techniques will encourage participants to elaborate on their responses and provide more nuanced insights. Before the interviews, participants' consent will be sought to audio record the sessions, ensuring the accurate capture of their narratives. The recordings will be transcribed verbatim, capturing not only the content of the interviews but also any non-verbal cues, tone of voice, and expressions that may contribute to the interpretation of the data.

Data Analysis Procedure

The data analysis strategy of this study will utilize a robust and meticulous process to extract meaningful insights from the amassed interview data. The approach will be informed by a qualitative thematic analysis approach, an effective means to identify, analyze, and interpret patterns and themes within the data (Braun & Clarke, 2022). The interview data will be transcribed verbatim, accurately reflecting the participant's responses. These transcripts will form the primary data source for the subsequent analysis, whereby researchers immerse themselves in the data by repeatedly reading the transcripts to fully comprehend the content and context and utilizing the constant-comparative method (Byrne, 2022).

Thematic analysis will be initiated with open coding. Here, I will create initial codes encapsulating essential ideas, concepts, or experiences conveyed by the participants (Braun & Clarke, 2022). These codes will be attached to the pertinent sections of the transcripts, shaping an initial coding framework. Following the initial coding, I will undertake axial coding, arranging primary codes into broader categories or themes, reflecting the underlying patterns within the data (Braun & Clarke, 2022). This

will include a rigorous review and refinement of the coding framework through an iterative process of contrasting and comparing codes and themes across various transcripts.

During the axial coding phase, I will investigate relationships between codes and themes and explore their interconnections (Byrne, 2022). This will enrich the comprehension of the participants' menopausal experiences, providing a more rounded understanding. After this, selective coding will focus on the most significant and recurring themes that emerge from the data. These themes will be polished, detailed, and supported with representative quotes from the transcripts.

Throughout this analytical process, I will maintain a reflexive journal. This will document personal reflections, biases, and insights, thereby addressing any influence they may have on data interpretation, thus promoting transparency and rigor in the analysis (Byrne, 2022). To assist with data organization and management throughout the analysis process, I will utilize NVivo, a software specifically designed for qualitative data analysis, to help organizing the data (Allsop et al., 2022). This tool will provide a systematic approach to managing and coding to support manual coding to facilitate a more efficient and effective analysis process.

Issues of Trustworthiness

In qualitative research, establishing the trustworthiness of the findings is pivotal, requiring rigorous adherence to credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1986). Credibility involves accurately mirroring the participants' experiences and viewpoints in the research findings (Thomson & Crowther,

2022). This study ensures credibility through persistent observation and prolonged engagement with the participants, allowing me to better understand their experiences. A more explicit explanation of the intended duration of engagement and observation would be helpful here to clarify the depth of understanding sought.

Transferability is the potential to generalize or apply the findings to other contexts or populations (Lincoln & Guba, 1986). Although not the purpose of qualitative research, the study may support transferability by providing detailed descriptions of the research context, participant characteristics, and the research process, allowing readers to assess the congruity between their contexts and the study's context. Enhanced transparency in reporting will aid in the potential transferability of the findings to other settings (Thomson & Crowther, 2022).

Dependability signifies the consistency and stability of the research findings over time (Lincoln & Guba, 1986). To reinforce dependability, I maintained an audit trail documenting all decisions, processes, and changes made throughout the study. This practice enabled the traceability of the research process and allow for the study's replication. Clear and transparent data analysis procedures, such as constant-comparative methods and theme development, further enhanced the study's dependability (Lindheim, 2022).

Confirmability pertains to the objectivity and neutrality of the research findings (Lincoln & Guba, 1986). This study promoted confirmability through active researcher reflexivity and maintaining a reflexive journal. By using the constant-comparative approach, it means that I critically reflected upon their biases, assumptions, and

preconceptions, documenting these reflections in the journal throughout the research process. This practice limited the influence of the researcher's perspectives on data interpretation, enhancing the study's confirmability (Thomson & Crowther, 2022). Probing questions during the interview phase can also be explicitly linked here, demonstrating a tool for maintaining objectivity and uncovering deeper insights (Lindheim, 2022). By attending to these four aspects, this study established a robust level of trustworthiness and rigor, which are critical for the quality and reliability of qualitative research (Lincoln & Guba, 1986).

Ethical Considerations

Upholding ethical principles is fundamental to research; this study is no exception. Each participant provided informed consent, confirming their understanding of the study's purpose, procedures, and their rights to voluntary participation (Soltis, 1989). Confidentiality is a priority in this study. Participants were assigned code numbers instead of using their names, thus protecting their identities. Securely stored data will be accessible only to me and the supervisory party, preserving the integrity of the participants' information (Mayan, 2023).

I employed a respectful and non-judgmental approach during data collection and analysis. This strategy is designed to balance potential power imbalances and ensure that participants' perspectives are genuinely valued (Soltis, 1989). Should participants experience any distress, I provided resources and referrals to support services. This reflects the study's commitment to the well-being of participants (Mayan, 2023).

Adherence to ethical guidelines established by relevant institutions is an integral part of this research, and approval was sought from the Institutional Review Board (IRB) to ensure ethical compliance. I strived to protect participants' rights, privacy, and well-being by adhering to these ethical principles. Consequently, this enhances the credibility and integrity of the research findings (Mayan, 2023).

Summary

Chapter 3 laid out a comprehensive blueprint of the research methodology, starting with adopting a qualitative phenomenological approach suited for exploring the lived experiences of menopausal women in Nigeria's Niger Delta region. The purposeful sampling strategy, specific participant selection criteria, and the robust recruitment plan were detailed to ensure a rich and diverse range of participant experiences.

The data collection process was conducted in a safe and comfortable environment through open-ended semi structured interviews with probing questions to gain in-depth experiences, fostering open dialogue on participants' experiences and coping strategies related to menopause.

The data analysis plan emphasized the thematic analysis approach, comprising meticulous steps from transcribing interviews to interpreting findings. Strategies to ensure rigor and trustworthiness were instituted, and ethical considerations, such as informed consent, participant confidentiality, and power imbalance addressing, were discussed in detail to protect participants' rights, well-being, and privacy.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to explore the lived experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. From this study, I identified the challenges these women face, and the coping strategies they utilize to manage the symptoms of menopause. By gaining insight into the unique experiences of these women, the study may contribute to the development of targeted interventions that could address the specific needs and challenges of Black women during menopause. In this chapter, I comprehensively explored the results and findings derived from the qualitative phenomenological study aimed at understanding the lived experiences of Black women, particularly Urhobo women, during the menopausal transition. This chapter is divided into the setting, demographics, data collection, data analysis, evidence of trustworthiness, and results, and concludes with the summary section.

Setting

The setting of this qualitative phenomenological study was the Mid-Atlantic region of the United States, where interviews for my research on menopausal experiences of Urhobo women from the Niger Delta region of Nigeria were conducted. The process for the recruitment of participants for my study began following the approval of Walden University's Institutional Review Board (IRB) on November 7, 2023. The individuals who responded to the recruitment flyers were screened over the phone based on inclusion criteria. Each respondent expressed interest and eagerness to participate in the study, and

no known organizational or other traumatic conditions influenced their participation.

Participants who met the inclusion criteria outlined in previous chapters were given the choice of either a face-to-face interview at locations of their choice, or a Zoom meeting at times agreeable to both parties. Most participants requested to have the Zoom meetings. The face-to-face interviews were conducted in a community library conveniently located to the participants. The community libraries offer private meeting rooms for a duration of 30 minutes, which are booked ahead of time. This arrangement worked well for the face-to-face interviews because the library provided a private, quiet, comfortable environment for the participants.

Demographics

The interviews were conducted with seven Urhobo women from the Niger Delta region of Nigeria who were either transitioning into menopause, in menopause, or post-menopause. The age range was between 45 and 65 years old. A few other respondents who wished to participate did not meet the inclusion criteria because they were either under 45 or more than 65 years old. Another respondent was within the age group but had a surgical menopause due to a hysterectomy, and thus could not participate because she did not meet the inclusion criteria. Four of the participants stated that they have been in the United States for more than 30 years; one of the participants was born in the United States, has dual citizenship, has had the privilege of living and working in both countries and is quite fluent in speaking the Urhobo dialect. The other participant stated that she lived in England and had migrated to the United States with her husband more than 15 years ago.

Understanding the participants' demographics is crucial when contextualizing the menopausal experiences explored in this qualitative phenomenological study. The participants, representing the diverse population of Urhobo women in the Niger Delta region of Nigeria, contribute unique perspectives shaped by their backgrounds, ages, and cultural contexts. Demographic information is summarized in Tables 1, 2, and 3 below.

Table 1

Participant Demographics

Demographic Information	Data
Age 45-49	2
Age 50-59	2
Age 60-65	3
College degree	7
Married	4
Divorced	1
Single	1
Widow	1
Urhobo native	7

Table 2*Additional Participant Demographics*

Participant	Age	Location	Occupation	Coping Mechanisms	Cultural Practices
1	53	Mid-Atlantic region of the United States	Healthcare professional	Meditation, Cold showers, air conditioners, and fan	Embraces traditional Urhobo practices
2	55	Mid-Atlantic region of the United States	Elementary school teacher	Modern medical advice, cold showers	Integrates Western and indigenous practices
3	64	Mid-Atlantic region of the United States	Retired social worker	Communal support	Organizes women's gatherings
4	57	Mid-Atlantic region of the United States	Pharmacist	Spirituality, family support	Participates in community-specific activities
5	54	Mid-Atlantic region of the United States	Healthcare professional	Continues to seek a solution	Advocates for improved menopausal care
6	46	Mid-Atlantic region of the United States	School administrator	Prayers and meditation	Organizes workshops on menopause
7	63	Mid-Atlantic region of the United States	Self-employed	Diet and nutrition	Cultivates medicinal plants and herbs

Table 3*Menopause Stages*

Stage of Menopause	Data
Peri-menopause	2
Menopause	3
Post-menopause	2

Data Collection

In this study's data collection phase, seven participants successfully engaged in in-depth Zoom interviews, sharing their lived experiences of the menopausal transition. Combining flexibility with methodological rigor, the approach facilitated a rich exploration of the diverse narratives within the Urhobo women community in the specified region. A purposive sampling strategy was employed to recruit the participants

who met the inclusion criteria outlined in Chapter 3. Using purposive sampling, I aimed to achieve saturation, which is the point at which no new information emerges from the data and was used as a guide for the final selection of seven participants. This ensured a comprehensive exploration of menopausal experiences to capture the diverse perspectives within the criteria.

Data collection occurred in the Mid-Atlantic region of the United States, where a large population of Urhobo women participants is located. The participants were offered a choice of individual face-to-face sessions or the Zoom platform, which provided a personalized and focused interaction. The frequency of interviews was adjusted to accommodate participants' schedules and preferences. Each interview lasted 25 to 40 minutes, allowing for in-depth conversations while respecting participants' time commitments.

All interviews were audio-recorded to capture the participants' responses accurately. Audio recordings facilitated the verbatim transcription of interviews, ensuring a precise representation of participants' narratives. NVIVO, a qualitative data analysis software, was employed for transcription and subsequent data organization. Data collection spanned over five weeks and included unexpected challenges that required restarting the recruitment process. These incidents occurred due to withdrawals of a participant who had a family emergency, and another due to disapproval from a participant's husband. After additional recruitment efforts, it took another week to find participants meeting the criteria. The data collection process began with the signing of the consent form that ensured confidentiality and with assigned pseudonyms (P1-P7). During

this process, I also encountered a minor delay with a library room reservation time running out during a face-to-face interview, where I was asked to vacate the room for other users. However, we were quickly relocated to a different room where the interview continued without incident. As I was well-prepared with well-organized interview questions and probing questions, my interviews generally went smoothly, providing extra insights into the research data and findings.

Data Analysis

The data analysis process for this qualitative phenomenological study involved a meticulous and iterative journey from coded units to broader representations, including categories and themes. The overarching goal was to uncover patterns and insights within participants' narratives, providing a comprehensive understanding of the lived experiences of Urhobo women during the menopausal transition. The following section outlines the process employed to move inductively through coded units to identify categories and themes.

The analysis commenced with open coding, a foundational step in qualitative thematic analysis (Braun & Clarke, 2022). Initial codes were created to encapsulate essential ideas, concepts, or experiences conveyed by the participants during their interviews. Each code was linked to specific sections of the transcriptions, allowing for a detailed and nuanced representation of participants' narratives. This phase involved a close and repeated reading of the transcripts, using the constant comparative approach and facilitating a deep immersion in the data. Following open coding, axial coding was employed to organize the initial codes into broader categories or themes (Braun &

Clarke, 2022). This process involved a systematic review and refinement of the coding framework through iterative cycles of contrasting and comparing codes across various transcripts. The purpose is to identify relationships between codes and establish connections that contribute to a more comprehensive understanding of participants' menopausal experiences. The final data analysis stage involved selective coding, focusing on the most significant and recurring themes that emerged from the data (Braun & Clarke, 2022). These themes were refined, detailed, and supported with representative quotes from the transcripts, providing a robust foundation for the study's results. This phase aimed to distill the essence of participants' experiences into overarching patterns that would contribute to the study's findings.

A reflexive journal was maintained throughout the analytical process to document personal reflections, biases, and insights. This journal served as a tool for addressing any potential influence on data interpretation, promoting transparency, and ensuring rigor in the analysis (Byrne, 2022). The reflexive journaling process encouraged self-awareness and critical reflection, enhancing my ability to approach the data with sensitivity and openness.

To facilitate data organization and management throughout the analysis process, NVivo, a qualitative data analysis software, was employed (Allsop et al., 2022). This tool provided a systematic approach to managing coding the data, supporting manual coding efforts, and ensuring an efficient and effective organizational process to code. The data analysis process unearthed a rich tapestry of codes, categories, and themes that

collectively depicted the nuanced experiences of Urhobo women during the menopausal transition.

Codes and Emerging Themes

Menopause, a pivotal transition in a woman's life, was explored through a qualitative analysis of participants' responses, revealing a multifaceted tapestry of experiences, emotions, and perspectives. From this analysis, 12 codes and corresponding themes emerged, providing a comprehensive understanding of the respondents' menopausal journey.

The first theme that emerged was "Diverse Experiences," encapsulating the distinct and individualized menopausal journeys each participant undertook. This theme reflects the unique nature of menopause, where no two experiences are identical, emphasizing the importance of recognizing and honoring individual narratives. Furthermore, the resilience displayed by participants stood out prominently, leading to the theme "Emotional Resilience." This theme delves into the emotional strength and adaptability showcased by women during their menopausal transition, illustrating their ability to navigate challenges with grace and determination.

A significant dimension of the menopausal experience was the influence of cultural and social contexts, forming the theme "Cultural and Social Influences." This theme underscores how cultural backgrounds and social environments shape perceptions, expectations, and coping mechanisms during menopause, highlighting the interplay between individual experiences and broader societal contexts.

In the realm of healthcare, the theme “Healthcare Recommendations” emerged, emphasizing participants’ suggestions for tailored healthcare programs and discussions. This theme accentuates the need for individualized approaches, ensuring that women receive personalized guidance, resources, and support tailored to their unique needs. Participants also shared various coping mechanisms, leading to the theme “Coping Mechanisms.” From spirituality to positivity, these varied strategies illustrate the multifaceted ways women navigate the complexities of menopause, emphasizing holistic approaches encompassing emotional, spiritual, and physical dimensions.

A recurring sentiment throughout the discussions was the “Openness to Communication,” highlighting participants’ willingness to share experiences, advocate for transparency, and foster dialogue about menopause. This theme underscores the transformative power of shared experiences, promoting understanding, diminishing stigma, and empowering women. Expressing gratitude emerged as a heartfelt sentiment, resulting in the theme of “Acknowledgment and Appreciation.” Participants’ appreciation for platforms allowing them to share experiences underscores the significance of validating women’s narratives, acknowledging their experiences, and fostering a supportive environment. Furthermore, the impact of menopause on intimate relationships became evident, leading to the theme “Impact on Intimacy and Relationships.” This theme delves into how menopausal symptoms and changes influence relationships, emphasizing the need for understanding, communication, and support.

The emphasis on “Awareness and Education” underscored participants’ advocacy for increased knowledge, resources, and understanding about menopause. This theme

highlights the pivotal role of awareness and education in empowering women to navigate menopause confidently and make informed decisions. Furthermore, participants emphasized the indispensable role of supportive networks, leading to the theme “Supportive Networks.” This theme underscores the significance of family, friends, and communities in providing emotional, physical, and informational support throughout the menopausal journey.

Finally, within the scope of “Cultural Perceptions,” participants revealed the profound influences of cultural contexts on their menopausal experiences. The narratives unveiled a spectrum of beliefs ranging from cultural acceptance and normalization to societal taboos and privacy norms surrounding menopause. Participants’ reflections illuminated the nuances of their cultural upbringing, emphasizing societal values, traditional beliefs, and community norms shaping their understanding and interpretation of menopause.

The qualitative analysis of participants’ responses unveiled 12 distinct codes and corresponding themes, offering profound insights into the multifaceted nature of menopause. These themes emphasize the importance of recognizing diversity, resilience, cultural influences, and the transformative power of shared experiences, highlighting avenues for informed, supportive, and individualized approaches to menopause. Table 4 provides a clear overview of the major themes that emerged across the interviews with the seven participants.

Table 4*Overview of the Codes and Major Themes*

Code and Theme No.	Code	Description	Major Theme	Example Responses
1	Diverse Experiences	Each participant had a unique menopausal experience.	Diversity in menopausal experiences	Participant 1: "My experience was unlike anyone else's; it was deeply personal." Participant 2: "No two experiences are alike, and mine was filled with unexpected twists."
2	Emotional Resilience	Participants exhibited emotional strength and adaptability.	Emotional strength and adaptability	Participant 3: "I faced challenges head-on and found strength I didn't know I had." Participant 4: "It was tough, but my resilience carried me through."
3	Cultural and Social Influences	Culture and social environment influenced experiences.	Influence of culture and social context	Participant 5: "In our culture, menopause is seen differently; it influenced my perspective." Participant 6: "Societal norms growing up impacted how I approached my journey."
4	Healthcare Recommendations	Suggestions for tailored healthcare programs and discussions.	Importance of personalized healthcare guidance	Participant 1: "Healthcare should be tailored; one size doesn't fit all." Participant 7: "Doctors need to discuss personalized options, not generic advice."
5	Coping Mechanisms	Varied coping strategies, including spirituality and positivity.	Diverse coping strategies	Participant 2: "I leaned into my faith; it provided solace." Participant 3: "Staying positive and active helped me navigate challenges."
6	Openness to Communication	Willingness to share experiences and advocate for open discussions.	Advocacy for open communication	Participant 4: "We need to talk openly; it breaks down barriers." Participant 5: "Sharing my story empowered me and others."
7	Acknowledgment and Appreciation	Participants expressed gratitude for sharing experiences.	Acknowledgment and appreciation	Participant 6: "Thank you for allowing us to voice our experiences." Participant 7: "Being heard and acknowledged means a lot."
8	Impact on Intimacy and Relationships	Discussion of menopause's impact on intimacy and relationships.	Influence on intimate relationships	Participant 5: "It affected my relationship; communication was key." Participant 2: "Navigating these changes together strengthened our bond."
9	Awareness and Education	Emphasis on the importance of awareness and education about menopause.	Advocacy for menopause education	Participant 3: "More education is needed; knowledge is empowering." Participant 4: "Awareness campaigns can dispel myths and provide clarity."
10	Supportive Networks	Reference to the role of supportive networks in navigating menopause.	Importance of support systems	Participant 5: "My support system was invaluable; they were my pillars." Participant 6: "Having a network to lean on made all the difference."
11	Individual Perspectives on Aging	Sharing personal attitudes toward aging, encompassing acceptance and concerns.	Individual attitudes toward aging	Participant 7: "Aging is a natural process; I embrace it with grace." Participant 1: "While I accept aging, there are concerns I address proactively."
12	Cultural Perspective	Varied perspectives, beliefs, and understandings rooted in cultural contexts.	Cultural perceptions	Participant 2: "Culturally, a woman is a woman. We go through changes in life. It wasn't something crazy terrible or something to be ashamed of." Participant 1: "Coming from Nigeria... people don't really talk about such things because they feel it should be private."

In summary, the data analysis process employed a systematic and rigorous approach, progressing from initial coding through axial coding to selective coding. The inductive journey from coded units to broader representations revealed nuanced categories and themes that encapsulated the multi-layered experiences of Urhobo women during the menopausal transition. This process contributed to the study's overarching goal of providing meaningful and contextually rich insights into the diverse narratives within the Urhobo women's community.

Evidence of Trustworthiness

Ensuring the trustworthiness of qualitative research is paramount and helps establish the findings' reliability and validity. This study implemented strategies to enhance credibility, transferability, dependability, and confirmability to align with the standards of rigor in qualitative inquiry (Nazar et al., 2022). The following subsections provide a detailed account of the evidence supporting each aspect of trustworthiness.

Credibility

Credibility is the ability of a researcher to take into account the complexities of study while managing the emergent patterns that are not easily understood by using thorough methods, keeping a good record of the process, keeping an audit trail, and reflecting on one's own biases (Ravitch & Carl, 2019). Credibility can be achieved by verifying the data obtained from participants' interviews. In qualitative research, the study's credibility is also achieved through data saturation. Data saturation occurs when there is a pattern of recurrent events and where there is no new emergent information (Ravitch & Carl., 2019). In this study, a total of seven participants who met the inclusion

criteria were recruited. Still, it was observed that after six interviews, data saturation was achieved because no new information emerged.

Transferability

The study incorporated rich and detailed descriptions of the research context, participant characteristics, and the menopausal experiences shared by Urhobo women. This detailed information allows readers to assess the applicability of the findings to similar contexts (Nazar et al., 2022). Direct quotations from participants were extensively used to illustrate key themes and patterns, providing readers insights into participants' voices and experiences (Ferrando et al., 2019). These strategies aimed to enhance the transferability of the methods only as each finding is unique to this study by facilitating the outcomes of findings to contexts with similar characteristics.

Dependability

An audit trail was maintained, documenting every step of the research process, including decisions made during data collection, coding, and analysis. This trail serves as a record for external scrutiny and validation of the study's dependability (Bahaei & Gallina, 2021). Reflexive journaling and the constant-comparative process compared to the original recordings were consistently employed throughout the research process to document the personal reflections, biases, and potential influences on the interpretation of data. This practice contributes to the transparency and accountability of the study (Bahaei & Gallina, 2021). The purpose of utilizing these strategies is to enhance dependability by ensuring consistency and transparency in the research process.

Confirmability

Different data sources, such as transcribed interviews and reflective journals, were triangulated to corroborate findings and enhance the confirmability of the study (Auduly et al., 2022). Using the constant-comparative process, comparing it to the original recordings to validate the data, is the approved method, and not getting other people's opinions. It ensures that the collected data and the ensuing interpretations are based entirely on the participants' perspectives and experiences rather than the researcher's biases. Implementing these strategies demonstrates the commitment to upholding the trustworthiness of this qualitative study, ensuring that the findings are credible, transferable, dependable, and confirmable.

Results

The results of this qualitative study are presented thematically, providing an in-depth exploration of the lived experiences of Black women, particularly Urhobo women, from the Niger Delta region of Nigeria during the menopausal transition. Each theme identified from the codes and categories is supported by direct quotes from the participants, offering their lived experiences and valuable insights into their unique journeys through this significant life phase.

Theme 1: Diversity in Menopausal Experiences

The menopausal journey is a profoundly individualized experience marked by a spectrum of symptoms and timelines that vary widely among women. As the narratives from the participants elucidate, this diversity is not only evident in the onset of menopausal symptoms but also in their severity and accompanying side effects.

Participant 1's experience offers a contrasting perspective, noting, "I did not experience, like the severe hot flashes... My symptoms were mild compared to most people's that I have heard." This sentiment emphasizes the variance in intensity among women, suggesting that while some may navigate this transition with pronounced symptoms, others might perceive them as relatively subdued.

Further emphasizing this variability, Participant 2 highlights the unpredictability of menopausal onset, remarking, "Some people will tell you they went through early menopause at 40, some did at 35 summed it up to see somebody that's it is later." Such variability not only underscores the inconsistency in menopausal timelines but also suggests that societal norms or expectations around menopause might not align with individual experiences.

Similarly, Participant 4's account provides another layer to this discourse. "My menopause came so early, like age 45. And so that's 12 years now, and I'm yet to experience serious behaviors or side effects of menopause." This statement challenges the notion that early onset menopause necessarily correlates with heightened symptoms, reinforcing the theme's centrality on individualized experiences.

Yet, as Participant 5 points out, the emphasis might shift from typical symptoms to broader challenges. "It's not the hot flushes now, but what you're going through." This perspective implies that while physiological symptoms are significant, the holistic experience encompasses many emotional, psychological, and physical changes that vary among women.

Participant 6's narrative further underscores this theme, highlighting the disparity between personal experiences and broader narratives. "Okay. My experience was not as horrible as I have heard other women say." Such a statement serves as a poignant reminder that shared cultural or societal stories about menopause might not encapsulate the diverse realities many women encounter.

Lastly, Participant 7 encapsulates the theme's essence by shedding light on the multifaceted nature of menopausal experiences. They emphasize the myriad factors—be it age, surgical interventions, or other health reasons—that can influence and diversify women's experiences with menopause by revealing,

It's not everybody that experiences menopause at 50. Some women say they see the menopause, the start when they stop seeing their period, and some tell me that it was induced because they had surgery coming and all that stuff.

From these participant narratives, it is abundantly clear that menopausal experiences are anything but uniform. Instead, they are a tapestry of individual stories, symptoms, and strategies that underscore the necessity for personalized care and understanding.

Table 5*Summary of Theme 1 Findings*

Participant	Code: Key Insight on Menopausal Experience	Quotation/Description
1	Varied symptom intensity	“I did not experience, like the severe hot flashes... My symptoms were mild compared to most people’s.”
2	Unpredictable onset	“Some people will tell you they went through early menopause at 40, some did 35 summed it up to see somebody that’s 60.”
4	Early onset doesn’t correlate with severity	“My menopause came so early, like age 45. And so on. And so that’s 12 years now and I’m yet to experience serious behaviors or side effects of menopause.”
4	Broader challenges over typical symptoms	“It’s not the hot flushes now, but what you’re going through. I had severe vaginal dryness....atrophy? and sort medical care from everywhere and used every prescribed medication to no avail....I am still suffering.”
6	Disparity between personal and societal narratives	“Okay. My experience was not so horrible like what I have heard other women say, however, I have been having bladder leakage recently and I am extremely anxious.”
7	Influence of multiple factors on experience	“It’s not everybody that experiences menopause at 50. Some women say they see the menopause, the start when they stop seeing their period, and some tell me that it was induced because they had surgery coming and all that stuff.”

Theme 2: Emotional Strength and Adaptability

The journey through menopause is not merely a physiological transition but also a profound emotional and psychological experience for many women. This theme delves into how participants navigated their dynamic landscapes, revealing a spectrum of perspectives, coping mechanisms, and personal growth trajectories.

Participant 1’s sentiment captures a sense of relief amidst the unpredictability of menopausal symptoms. She states, “Well, I felt grateful and happy because honestly, I wasn’t looking forward to a situation where I could not sleep because I was sweating all through the night.” Her perspective underscores the importance of perspective and gratitude, illustrating that reframing the experience can be pivotal in managing its challenges.

In a somewhat contrasting tone, Participant 2's approach leaned more toward acceptance. "I just let it happen. I, you know, I guess I began to kind of accept the situation because I didn't have control over it." This acknowledgment of relinquishing control suggests a form of emotional adaptability, where understanding one's limitations becomes a cornerstone for navigating the menopausal journey.

Participant 4's experience provides an intriguing layer to this discourse. She reflects, "It did not bother me at all... I got closer to God. So, nothing really bothers me right now." Here, spiritual resilience emerges as a coping mechanism, emphasizing the role of faith and spiritual practices in bolstering emotional strength during challenging times.

Contrastingly, Participant 5's narrative underscores the continuous learning curve associated with menopause. "So it's involved a lot of even to this day, I'm still reading up on it." This commitment to ongoing education highlights a proactive approach, suggesting that knowledge acquisition can be a buffer against emotional distress.

Participant 6 offers a refreshing perspective that embraces menopause as a natural and healthy phase of life. "Well, my perspective is that menopause is normal...for every woman. And that is something that's healthy." By this statement, menopause is viewed as being within the realm of normalcy in health, taking away stigmatizing narratives and advocating for a more accepting societal viewpoint.

Finally, Participant 7's experience provides a counter-narrative, indicating minimal psychological upheavals during her transition. "I didn't have any mood changes, for me there was no big deal. I didn't have any psychological effects or problems, even as

a married woman.” Her account serves as a reminder that while emotional challenges are prevalent, individual experiences can vary significantly, suggesting a need for personalized care and understanding.

The respondents’ narratives reveal a sophisticated picture of emotional strength and adaptability. While some participants leaned on gratitude, acceptance, spirituality, or education, others perceived menopause as a natural progression devoid of significant emotional disruptions. Collectively, these insights underscore the complexity of emotional experiences during menopause and highlight the importance of individualized coping strategies.

Table 6

Summary of Theme 2 Findings

Participant	Code: Coping Mechanism/Approach	Quotation/Description
1	Perspective & gratitude	“Well, I felt grateful and happy because honestly, I wasn’t looking forward to a situation where I could not sleep because I was sweating all through the night.”
2	Acceptance	“I just let it happen. I just, you know, I guess I began to kind of accept the situation because I didn’t have control over it.”
4	Spiritual resilience	“It did not bother me at all... I got closer to God. So nothing really bothers me right now.”
5	Ongoing education	“So it’s involved a lot of even to this day, I’m still reading up on it.”
6	Normalcy & health perspective	“Well, my perspective is that menopause is normal. For every woman. And that is something that’s healthy.”
7	Minimal psychological upheavals	“I didn’t have any reason to. There was no mood changes for me. Until I was married, I didn’t have any psychological effect.”

Theme 3: Influence of Culture and Social Context

The societal and cultural fabric in which one is embedded plays a pivotal role in shaping perceptions, beliefs, and discussions around menopause. This theme delves into the intricate ways culture and social context influence participants' experiences and attitudes toward menopause, shedding light on both shared and divergent perspectives.

Participant 1 offers a poignant reflection on the cultural norms of Nigeria, stating, "Coming from Nigeria... people don't really talk about such things because they feel it should be private." This sentiment underscores a prevailing cultural inclination towards discretion, highlighting how societal norms can create barriers to open discourse about menopause.

Echoing a similar sentiment but with an air of resignation to natural processes, Participant 2 comments, "A woman is a woman. We go through changes in life. We have to let nature take its course." Here, the participant's perspective intertwines cultural acceptance with the inevitability of life's transitions, suggesting a harmonious alignment between cultural beliefs and biological realities.

Participant 3's remarks provide a generational lens, emphasizing a noticeable gap in intergenerational communication about menopause. She notes, "Young people are children and are not part of older people's conversations. Even my own mother will not discuss such personal matters with me.... I had no idea what menopause was all about. I guess we were to come of age first?" This lack of dialogue across generations underscores potential cultural taboos or discomforts, leading to a silencing effect even within familial contexts.

In contrast, Participant 4's experience reflects a journey of individualism shaped by a departure from cultural roots at a young age. Her narrative portrays a detachment from cultural norms, emphasizing personal experiences and familial anecdotes over ingrained cultural beliefs. She admits,

You know, I don't even know if I really had a body. To be honest. Yeah. I left home when I was 24 years old and 57 now. So, I spent most of my years away from home... I know my mom used to say once she had our last born, she's never seen her period after that, but I did not really understand what that implied.

Participant 5 resonates with the notion of societal silence around menopause, stating, "You know people don't like to talk about it. It's hush hush you know." This secrecy underscores a broader societal tendency to stigmatize or sideline menopausal experiences, reinforcing the need for destigmatization efforts.

Participant 6 delves deeper into the cultural taboos surrounding women's experiences, sharing, "In my culture and growing up, there were certain things about women that were not really discussed... It was meant to be like, you know, like a woman's secret." Such insights illuminate deeply entrenched cultural norms that govern discussions around women's health and well-being, emphasizing the need for cultural sensitivity in addressing menopausal experiences.

Finally, Participant 7 offers a unique perspective, highlighting the positive influences of her cultural background on menopausal experiences. She mentions, "My cultural background is to eat natural foods. We don't drink alcohol. That culture alone also helped." Her account underscores the potential benefits of cultural practices in

mitigating menopausal symptoms, suggesting that cultural contexts can also offer supportive frameworks.

The participants' narratives illustrate the profound impact of culture and social context on menopausal experiences. While some participants navigate cultural taboos or silence, others find alignment, comfort, or even practical solutions within their cultural frameworks. Collectively, these insights emphasize the importance of cultural competence and sensitivity in understanding and addressing menopausal experiences across diverse contexts.

Table 7

Summary of Theme 3 Findings

Participant	Code: Cultural/Social Influence	Quotation/Description
1	Cultural discretion	"Coming from Nigeria... people don't really talk about such things because they feel it should be private."
2	Acceptance of natural processes	"A woman is a woman. We go through changes in life. We just have to let nature take its course."
3	Intergenerational communication gap	"Young people are children, and do not partake in older people's conversations.... Even my own mother will not discuss such plans with me..."
4	Individualism & Departure from cultural norms	"You know, I don't even know if I really had a body. To be honest. Yeah. I left home when I was 24 years old and 57 now..."
5	Societal secrecy	"You know people don't like to talk about it. It's hush hush you know."
6	Cultural taboos	"In my culture and growing up, there were certain things about women that were not really discussed... It was meant to be like, you know, like a woman's secret."
7	Positive cultural practices	"My cultural background is to eat natural foods. We don't drink alcohol. That culture alone also helped."

Theme 4: Importance of Personalized Healthcare Guidance

Navigating the complexities of menopausal experiences often necessitates tailored medical guidance, underscoring the theme's significance. As individuals traverse the

myriad of symptoms and changes associated with menopause, the importance of the role of healthcare providers emerges as a pivotal factor. Their guidance, expertise, and support can profoundly shape women's experiences, as echoed through the perspectives of the participants.

Participant 1 stresses the foundational role of open communication with healthcare providers, advising, "Whatever the symptoms that you may be having, discuss with your healthcare provider." This sentiment lays the groundwork for subsequent insights, emphasizing the centrality of dialogue between patients and healthcare professionals in understanding and managing menopausal symptoms.

Building on this foundation, Participant 2 provides a specific instance of medical advice tailored to her needs, stating, "When I spoke to my provider about my dryness, he offered that I would have to use like a water-soluble lubricant if I chose to and those helpful... to me so I could use that." This personalized recommendation highlights the value of individualized medical advice, illustrating how tailored interventions can address specific symptoms, enhancing comfort and well-being.

Similarly, Participant 3 reflects on her experience with her primary care physician, emphasizing the essential guidance received "My primary care physician was very helpful. And giving me the ABCs of it. I also take time to meditate." Such supportive medical encounters provide clarity and empower individuals with knowledge, enabling informed decisions and proactive management strategies.

Participant 4's counsel further underscores the imperative of seeking professional medical insights, asserting, "My advice would be to talk to them, see a doctor... It'll be

good to talk to your doctor to see what is right for everyone.” This universal recommendation resonates with the overarching theme, emphasizing the individualized nature of menopausal experiences and the indispensable role of healthcare guidance in navigating them.

Echoing this sentiment, Participant 5 advocates for proactive communication with healthcare providers, emphasizing, “So for women, I would say make sure you’re talking about any symptoms you have.” This proactive approach fosters a collaborative healthcare environment, facilitating tailored interventions and holistic care.

Participant 6’s positive interaction with her doctor further underscores the significance of supportive medical guidance, reflecting, “My doctor was helpful and easy to talk to. You know, she was supportive.” Such affirming experiences not only validate women’s experiences but also cultivate trust, fostering a conducive environment for addressing concerns and seeking guidance.

Concluding this thematic exploration, Participant 7 encapsulates the overarching sentiment through a comprehensive approach underscoring the multifaceted nature of menopausal experiences, highlighting the importance of collaborative, personalized healthcare guidance. They emphasize the pivotal role of medical consultations by recommending, “So it is important for every woman in their forties to discuss with their primary care physician, a gynecologist.”

These findings accentuate the importance of personalized healthcare guidance in navigating menopausal journeys. While participants acknowledge varying experiences, the unanimous endorsement of proactive medical consultations underscores the theme’s

salience, emphasizing its role in enhancing understanding, management, and overall well-being during this transformative life phase.

Table 8

Summary of Theme 4 Findings

Participant	Code: Key Message on Healthcare Guidance	Quotation/Description
1	Importance of open communication	“Whatever the symptoms that you may be having, discuss with your health care provider.”
2	Value of tailored medical advice	“When I spoke to my healthcare provider about my dryness, he offered that I would have to use like a water-soluble lubricant...”
3	Empowerment through medical knowledge	“My primary care physician was very helpful. And giving me the ABCs of it.”
4	Necessity of seeking professional insights	“My advice would be to talk to them, see a doctor... It’ll be good to talk to your doctor...”
5	Emphasis on proactive communication	“So for women, I would say make sure you’re talking about any symptoms that you have.”
6	Significance of supportive medical interactions	“My doctor was really helpful and easy to talk to. You know, she was supportive.”
7	Comprehensive healthcare approach	“So it is important for every woman in their forties to discuss with their primary care physician or a gynecologist...”

Theme 5: Diverse Coping Strategies

Navigating the complexities of menopausal experiences often requires individuals to devise coping mechanisms tailored to their unique circumstances, reflecting the significance of this theme. As menopausal symptoms manifest in diverse ways across individuals, so too do the strategies employed to manage and mitigate their impact. The participants’ insights shed light on this multifaceted landscape, illustrating a range of coping strategies and their varying efficacy.

Participant 1 articulates a pragmatic approach to managing symptoms, stating, “So I just do the basic things that are told, like take my medication, where my condition is okay.” This approach underscores the importance of adhering to prescribed medical

interventions, highlighting their role in stabilizing and managing menopausal symptoms effectively.

Building upon this medically-oriented perspective, Participant 2 emphasizes the power of acceptance and dialogue, revealing, “So I was able to talk with my health care provider and just kind of accepted it as a normal way of life.” This acknowledgment underscores the transformative potential of acceptance, enabling individuals to navigate menopause with resilience and understanding, fortified by informed medical insights.

In contrast, Participant 3 adopts a proactive dietary approach, sharing, “The main thing was to watch what I ate. Helped to tell me the type of food I should avoid.” This dietary consciousness reflects a personalized coping strategy, illustrating how individualized lifestyle modifications can effectively manage and alleviate menopausal symptoms.

In a spiritually-infused perspective, Participant 4 integrates faith and personal growth into her coping narrative, asserting, “Well, my coping skills... I got closer to God. So, nothing really bothers me right now.” This holistic approach underscores the multifaceted nature of coping strategies, highlighting the integration of spiritual resilience and personal growth in navigating menopausal transitions.

Participant 5 underscores the therapeutic value of peer support and advocating, “And then go talk to I think talking to another woman that is specialized, who is better.”.. This communal approach underscores the significance of shared experiences and specialized guidance, illustrating how interpersonal connections and expert insights can foster effective coping mechanisms.

Similarly, Participant 6 prioritizes physical activity and community engagement, elucidating, “So I just kept doing regular exercise, like taking walks, you know, participating in other activities like church activities, activities within my neighborhood, you know, just occupy myself.” This active engagement underscores the therapeutic potential of community involvement and physical activity, highlighting their role in enhancing well-being and resilience during menopausal transitions.

Concluding this thematic exploration, Participant 7 delineates a tangible regimen to manage her symptoms through a practical highlighting of the significance of environmental modifications and hydration in alleviating menopausal symptoms, emphasizing the adaptability and creativity inherent in individual coping strategies. They detail,

My symptoms with my night sweat, heat at night, sweating profusely...taking a cold shower if possible, and putting air conditioners and fan in the room so that I would not be sweating a lot, and drinking a lot of water.

While the respondents navigate varied experiences and employ distinct coping mechanisms, a common thread of resilience, adaptability, and proactive management unites their insights, underscoring the theme’s significance in understanding and navigating menopausal transitions effectively.

Table 9*Summary of Theme 5 Findings*

Participant	Code: Coping Strategy Emphasized	Quotation/Description
1	Adherence to medical interventions	“So I just do the basic things that are told, like take my medication, where my condition is okay.”
2	Acceptance & medical dialogue	“So I was able to talk with my health care provider and just kind of accepted it as a normal way of life.”
3	Dietary modifications	“The main thing was to watch what I ate. Helped to tell me the type of food I should avoid.”
4	Spiritual resilience & personal growth	“Well, my coping skills... I got closer to God. So, nothing really bothers me right now. I take very good care of myself”
5	Peer support & specialized guidance	“And then go take walks to, I think, talking to another woman that is specialized, who is better.”
6	Physical activity & community engagement	“So I just kept doing regular exercise, like taking walks, participating in other activities like church activities.”
7	Environmental modifications & hydration	“My symptoms with my night sweat, heat at night, sweating profusely...taking a cold shower if possible, and putting air conditioners, fan in the room so that I would not be sweating a lot and drinking a lot of water.”

Theme 6: Advocacy for Open Communication

The theme of open communication emerges as a cornerstone in understanding and navigating the multifaceted experiences associated with menopause. The significance of fostering an environment conducive to dialogue is paramount, as reflected in participants’ narratives, which collectively emphasize the transformative power of open discourse in enhancing awareness, understanding, and support.

Participant 1 underscores the importance of fostering a relaxed environment to facilitate conversation, suggesting, “Try to keep them relaxed. You try to ask them questions relating to that particular area of their life... Once you bring it up, they will open up.” This perspective emphasizes the role of empathy and targeted questioning in eliciting candid discussions, highlighting the transformative potential of creating a supportive space for individuals to articulate their experiences and concerns.

Echoing this sentiment, Participant 2 accentuates the centrality of openness in communication, articulating, “The most important thing. I’ll tell the individual. Is to be open. Communication is very important, and keeping things to yourself will not help you.” This assertion underscores the intrinsic value of transparency and dialogue, emphasizing its role in dispelling misconceptions, fostering empathy, and cultivating supportive networks receptive to individuals’ experiences.

Similarly, Participant 4 advocates for a collaborative approach to healthcare, stating, “It’ll be good to talk to your doctor to see what is right for you, not for everyone. You never know what other things that go on in your body with menopause.... to talk with the provider.” Participant 4 added, “I complained about painful joints; I had a bone density test that showed that I lost 3 inches in my height.” This perspective underscores the importance of informed discussions with healthcare professionals, emphasizing their role as valuable allies in navigating menopausal transitions and devising personalized management strategies tailored to individual needs.

Participant 5 encapsulates the overarching sentiment succinctly, asserting, “The secret is to be less secretive about it.” This statement serves as a clarion call for increased openness, challenging societal taboos, and fostering an environment conducive to open dialogue, thereby empowering individuals to articulate their experiences without fear of stigmatization or judgment.

Participant 6 offers a reflective insight into embracing the transformative journey of menopause, sharing, “What I will share, you know, is advice to all the women who are in this phase of their lives is that they should be ready to experience something new and

different from what their body has been used to.” This acknowledgment underscores the importance of readiness and adaptability, highlighting the value of open communication in navigating and embracing the multifaceted changes associated with menopause.

Concluding this thematic exploration, Participant 7 emphasizes proactive communication with healthcare providers, advocating, “Any woman from 40 years should start discussing with the doctor if they have sweats at night and feels heat; they don’t see their periods, are irregular or don’t see it anymore.” This proactive approach underscores the significance of early and informed dialogue with medical professionals, emphasizing its role in facilitating timely interventions and personalized guidance tailored to individual experiences and needs.

These diverse perspectives provide a cohesive narrative pinpointing the pivotal role of open communication in navigating menopausal transitions effectively. Participants collectively emphasize the transformative potential of dialogue, advocacy, and collaboration, highlighting the significance of fostering environments receptive to individuals’ experiences, concerns, and evolving needs.

Table 10*Summary of Theme 6 Findings*

Participant	Code: Emphasis on Open Communication	Quotation/Description
1	Fostering a relaxed environment for dialogue	“Try to keep them relaxed. You try to ask them questions relating to that particular area of their life... Once you bring it up, they will open up.”
2	Intrinsic value of transparency	“The most important thing... Is to be open. Communication is very important and not to keep things to yourself.”
4	Collaborative approach with healthcare providers	“It’ll be good to talk to your doctor to see what is right for you and not for everyone. I noticed since menopause, I started getting painful joints....osteoarthritis.
5	Challenging societal taboos & encouraging openness	“The secret is to be less secretive about it.”
6	Embracing change & readiness for new experiences	“What I will share... is that they should be ready to experience something new and different from what their body has been used to.”
7	Proactive dialogue with healthcare providers from early age	“Any woman from 40 years should start discussing with the doctor if they have sweats at night and feels heat; they don’t see their periods or are irregular, or they don’t see it anymore.”

Theme 7: Acknowledgment and Appreciation for Sharing

The theme of acknowledgment and appreciation serves as a testament to the profound impact and significance of the research topic on menopause, highlighting participants’ gratitude for providing a platform to voice their experiences and insights. This theme resonates with a collective sentiment of recognition, gratitude, and the intrinsic value of facilitating spaces for authentic dialogue and shared experiences.

Participant 1’s response encapsulates a spirit of altruism and collaboration, articulating, “You’re welcome. But you do not have to give me the gift card. I mean, anything that will help us... I’m always willing to participate in it.” This sentiment underscores a genuine willingness to contribute to broader knowledge and understanding,

emphasizing the communal nature of shared experiences and the intrinsic value participants place on collective growth and awareness.

Building upon this foundation of gratitude, Participant 2 emphasizes the transformative potential of collaborative dialogue, asserting, “Thank you for giving me the opportunity to speak. That’s what we need. Women helping women.” This acknowledgment encapsulates the overarching theme of communal support, emphasizing the pivotal role of shared experiences, insights, and collaboration in fostering empowerment, awareness, and mutual support among women navigating similar life transitions.

Participant 4’s reflective acknowledgment further amplifies the significance of the research, articulating, “Thank you for all you do... It’s a long way to help women.” This acknowledgment underscores the transformative impact of research initiatives focused on women’s health, highlighting their role in fostering awareness, advocacy, and tailored support to address diverse needs and experiences.

Similarly, Participant 5 conveys appreciation for the research focus, stating, “Thanks for this. The topic that’s related to women.” This acknowledgment underscores the importance of addressing topics of relevance and significance to women’s health and well-being, emphasizing the value participants place on research initiatives aimed at fostering awareness, understanding, and support.

Concluding this thematic exploration, Participant 6 echoes sentiments of gratitude and appreciation, stating, “Thank you very much for this, for this interesting discussion. I think we need to see and hear women talk about what concerns us most.” This reflection

encapsulates the intrinsic value of authentic dialogue, shared experiences, and communal support, emphasizing the importance of creating platforms for women to articulate, share, and navigate shared concerns, challenges, and experiences collectively.

These diverse expressions of acknowledgment and appreciation highlight the need and transformative impact of research initiatives focused on women's health and well-being. The participants collectively emphasize the significance of fostering spaces for authentic dialogue, shared experiences, and collaborative support, underscoring the importance of addressing topics of relevance, significance, and communal concern.

Table 11

Summary of Theme 7 Findings

Participant	Code: Essence of Acknowledgment & Appreciation	Quotation/Description
1	Spirit of altruism & willingness to contribute	"You're welcome. But you do not have to give me the gift card. I mean, anything that will help us... I'm always willing to participate in it."
2	Emphasis on collaborative dialogue & mutual support	"Thank you for giving me the opportunity to speak. That's what we need. Women helping women."
4	Reflective acknowledgment of research impact	"Thank you for all you do... It's a long way to help women."
5	Recognition of relevance & significance to women's health	"Thanks for this. The topic that's related to women."
6	Value of authentic dialogue & addressing shared concerns	"Thank you very much for this, for this interesting discussion. I think we need to see and hear women talk about what concerns us most."

Theme 8: Influence on Intimate Relationships

The theme delving into the influence of menopause on intimate relationships presents a complex tapestry of experiences, emotions, and perspectives that participants navigate within their personal lives. This theme underscores the multifaceted ways in

which menopausal symptoms and changes intersect with intimate relationships, illuminating both challenges and adaptations within these interpersonal dynamics.

Participant 1, drawing from her professional insights, offers a practical perspective on addressing intimate challenges associated with menopause, stating, “If one is going through dryness and pain with sex, sexual intercourse... there are medications and things that can be helpful.” This assertion highlights the tangible interventions available to mitigate the physical manifestations of menopause, emphasizing the importance of proactive healthcare management in sustaining intimate relationships.

Contrastingly, Participant 2 delves into the emotional dimensions, articulating, “Because you couldn’t understand what was happening. The sobbing anger of also getting easily irritable and not wanting to be intimate.” This poignant reflection underscores the emotional complexities intertwined with menopausal experiences, elucidating how mood fluctuations and emotional shifts can profoundly impact intimate relationships, fostering feelings of confusion, frustration, and disconnection.

In a contrasting vein, Participant 3 offers a perspective diverging from perceived norms, asserting, “It didn’t affect us. And I think my relationship was okay....some people say how it will cause them dryness, but for us, it didn’t do that.” This perspective underscores the variability of menopausal experiences within intimate relationships, emphasizing the individualized nature of symptomatology and its impact on relational dynamics.

Participant 4 navigates the nuanced interplay between libido and menopausal transitions, reflecting,

When I talk to my guy about the way he felt about it....well, the key is way early in to talk. I mean, some of that is used to help you, but... when I reached menopause, I did not have a lot of interest for sex.

This reflection elucidates the fluctuating nature of sexual desire throughout menopausal transitions, highlighting the evolving dynamics and communication challenges that participants navigate within intimate partnerships.

Furthermore, Participant 5 accentuates the physical ramifications of menopausal transitions on intimacy, sharing, “And you have painful sex, too.” This candid acknowledgment illuminates the tangible challenges and discomforts that participants may encounter, emphasizing the importance of communication, understanding, and support within intimate relationships.

Conversely, Participant 6 delves into the emotional toll, expressing, “I also experience a lot of anxiety. It was. And, you know, that was quite disturbing.” This reflection underscores the intricate interplay between emotional well-being, anxiety, and intimate relationships, elucidating the multifaceted challenges participants navigate amidst menopausal transitions.

Concluding this thematic exploration, Participant 7 emphasizes the significance of relational support, reflecting, “Oh, my husband... was supportive.” This sentiment underscores the pivotal role of relational support, understanding, and adaptability in navigating the multifaceted challenges and changes associated with menopause within intimate partnerships.

These diverse perspectives and experiences indicate the complex interplay between menopausal transitions and intimate relationships. Participants navigate a myriad of challenges, emotions, and adaptations, underscoring the importance of communication, support, understanding, and proactive healthcare management in fostering resilience, connection, and mutual understanding within intimate partnerships amidst menopausal transitions.

Table 12

Summary of Theme 8 Findings

Participant	Code: Perspective on Intimate Relationships During Menopause	Quotation/Description
1	Practical solutions & proactive healthcare management	“If one is going through dryness and pain with sex, sexual intercourse... there are medications and things that can be helpful.”
2	Emotional complexities & impact on intimacy	“Because you couldn’t understand what was happening. The sobbing, anger of also getting easily irritable and not wanting to be intimate.”
3	Divergence from perceived norms & individualized experience	“It didn’t affect us. And I think my relationship... didn’t have that.”
4	Fluctuating libido & evolving dynamics in relationships	“When I reached menopause, I did not have a lot of interest for sex.”
5	Physical challenges & need for understanding	“And you have painful sex, too with all the horrible experience I have had, it is difficult”
6	Emotional well-being & impact on intimacy	“I also experience a lot of anxiety. It was. And, you know, that was quite disturbing.”
7	Importance of relational support & adaptability	“Oh, my husband... was very supportive.”

Theme 9: Advocacy for Menopause Education

The theme centered on advocacy for menopause education underscores the participants’ shared perspectives and individual experiences, illuminating the critical need for comprehensive education, awareness, and resources tailored to menopausal transitions. This theme resonates with a collective call for proactive community

engagement, peer support, healthcare collaboration, and individual empowerment amidst menopausal transitions.

Participant 1 underscores the pivotal role of community engagement and accessible resources in fostering understanding and support, articulating, “Getting involved in community outreach... and providing reading materials will really benefit the community.” This sentiment emphasizes the significance of grassroots initiatives, education, and communal support networks in disseminating knowledge, fostering dialogue, and addressing the multifaceted challenges associated with menopause.

Building upon this notion of collective support, Participant 2 highlights the importance of intergenerational women’s support networks, stating, “Women helping women. Somebody here, you know? So. Yes. Thank you so much. I hope in the future, if you need any more information, please do not hesitate to let me know.” This reflection emphasizes the value of shared experiences, peer mentorship, and collaborative advocacy in navigating menopausal transitions, fostering solidarity, and promoting mutual understanding within women’s communities.

Contrastingly, Participant 3 offers a more individualized perspective, emphasizing dietary considerations and self-care strategies, noting, “And then, you know, it was just a lot of water. It’s food that is sensible.” This reflection underscores the holistic approach to menopausal health, emphasizing the interconnectedness of nutrition, hydration, and lifestyle choices in mitigating symptoms and promoting well-being.

Participant 4 emphasizes the importance of personalized healthcare collaboration, advocating, “So everybody is different but is always good to talk to your healthcare

providers. You know, to see especially those in the hot flashes and the rest, you know, you go, it can be very bad for some people, so speaking to your provider is very helpful.” This perspective underscores the significance of individualized healthcare guidance, proactive communication, and collaborative decision-making in navigating menopausal transitions, emphasizing the importance of tailored support and guidance.

Echoing the overarching theme of education and awareness, Participant 5 advocates for enhanced women-centric education, articulating, “So I think we need to educate women more.” This sentiment underscores the imperative for comprehensive menopause education, awareness campaigns, and resource dissemination, emphasizing the transformative potential of knowledge, empowerment, and informed decision-making.

Participant 6 further elucidates the inevitability of menopausal transitions, reflecting, “So when things happen, and you know, it is natural, and there’s nothing you can do but seek help or figure things out.” This acknowledgment underscores the importance of proactive healthcare engagement, symptom management, and individualized support in navigating menopausal transitions, fostering resilience, and promoting well-being.

In conclusion of this thematic exploration, Participant 7 emphasizes the critical age-related dimension of menopause education, advocating, “Every woman, when you are 40, you should have discussions with the primary care doctor or the gynecologist.” This assertion underscores the pivotal role of early intervention, healthcare collaboration,

and proactive dialogue in fostering understanding, preparedness, and tailored support for women approaching menopausal transitions.

In synthesizing these diverse perspectives and experiences, a cohesive narrative emerges, illustrating the collective advocacy for menopause education, awareness, and support. Participants underscore the significance of community engagement, peer support, healthcare collaboration, individual empowerment, and early intervention in fostering resilience, understanding, and holistic well-being amidst menopausal transitions.

Table 12

Summary of Theme 9 Findings

Participant	Code: Key Advocacy Points for Menopause Education	Quotation/Description
1	Importance of community engagement & accessible resources	“Getting involved in community outreach... and providing reading materials will really benefit the community.”
2	Value of intergenerational women’s support & peer mentorship	“Women helping women. Somebody here, you know? So... please do not hesitate to let me know.”
3	Holistic approach: dietary considerations & self-care strategies	“And then, you know, it was just a lot of water. It’s food that is sensible.”
4	Need for personalized healthcare collaboration & communication	“So everybody is different, but it is always good to talk to your providers... it can be very bad for some people, but talking to your provider is very helpful.”
5	Advocacy for enhanced women-centric education & awareness	“So I think we need to educate women more.”
6	Acknowledgment of natural transitions & importance of healthcare engagement	“So when things happen and you know, it is natural and there’s nothing you can do but seek help or figure things out.”
7	Critical age-related focus on menopause education & healthcare collaboration	“Every woman, when you are 40, should discuss often with the primary care doctor or the gynecologist.”

Theme 10: Importance of Support Systems

The theme emphasizing the significance of support systems provides a comprehensive understanding of the pivotal role that various support mechanisms play in navigating the complexities of menopausal transitions. This theme illuminates participants' perspectives on the multifaceted nature of support, encompassing familial, governmental, medical, community-based, and informational avenues that facilitate resilience, understanding, and empowerment during menopausal phases.

Participant 1 begins by emphasizing the foundational role of familial support, articulating, "Oh, that was very supportive. My parents, of course... So, everybody's kind of happy for me....because I used to suffer very painful menses every month in those days." This sentiment underscores the importance of familial understanding, acceptance, and celebration of menopausal transitions, emphasizing the transformative potential of positive familial dynamics in fostering well-being and acceptance.

Expanding upon the broader societal context, Participant 2 underscores the imperative for systemic recognition and validation of women's experiences, noting, "But women need to be heard, listened to. So, responses like that within the government can be constructive." This perspective highlights the significance of governmental acknowledgment, policy advocacy, and societal recognition of menopausal experiences, underscoring the transformative potential of systemic support structures in fostering awareness, validation, and holistic support for women.

Participant 3 offers an individualized perspective, emphasizing the pivotal role of healthcare collaboration in fostering coping mechanisms, sharing, "I learned how to cope

with it from talking to my primary care doctor.” This reflection underscores the importance of individualized healthcare guidance, proactive communication, and tailored support in navigating menopausal transitions, emphasizing the significance of collaborative healthcare engagement in fostering resilience and well-being.

Building upon this healthcare-centric perspective, Participant 4 acknowledges and appreciates the broader societal impact of menopause-focused studies, stating, “Thank you for all you do... It’s a long way to help women.” This sentiment underscores the transformative potential of menopause-focused research, advocacy, and awareness initiatives in fostering systemic change, understanding, and support for women navigating menopausal transitions.

Highlighting the gaps in existing support infrastructures, Participant 5 advocates for targeted programming for menopausal women, emphasizing, “Somebody needs to start programs for menopausal women because I don’t think they exist.” This perspective underscores the imperative for targeted community-based initiatives, programs, and resources tailored to menopausal experiences, emphasizing the significance of specialized support structures in addressing unique needs and fostering understanding.

Participant 6 emphasizes the importance of research, collaboration, and healthcare engagement in navigating menopausal transitions, advocating, “They should do a lot of, you know, research asking questions from older women. And also, you know, see their doctor or their medical..., you know, their health provider for the latest information on what can support them as they move through this phase and beyond.” This reflection underscores the significance of collaborative research, healthcare engagement, and

continuous learning in fostering resilience, understanding, and empowerment throughout menopausal transitions.

Concluding this thematic exploration, Participant 7 underscores the importance of holistic support systems, advocating for diverse support mechanisms ranging from fitness centers to support groups, articulating, “Programs like fitness centers or dieticians, counselors, all those will help. Support groups are good for them also to share experiences as they go through it.” This sentiment emphasizes the multifaceted nature of support, highlighting the importance of community engagement, peer support, healthcare collaboration, and holistic well-being in navigating menopausal transitions.

These diverse perspectives and experiences underscore the importance of comprehensive and efficient support systems encompassing familial, societal, healthcare, community-based, and informational avenues in fostering resilience, understanding, empowerment, and holistic well-being throughout menopausal transitions.

Table 13*Summary of Theme 10 Findings*

Participant	Code: Type of Support System Emphasized	Quotation/Description
1	Familial support	“Oh, that was very supportive. My parents, of course... So everybody’s kind of happy for me...”
2	Societal & governmental recognition	“But women need to be heard, listened to. So responses like that within the government can be really helpful.”
3	Healthcare collaboration	“I learned how to cope with it from talking to my primary care doctor.”
4	Impact & appreciation of menopause-focused research	“Thank you for all you do... It’s a long way to help women.”
5	Need for targeted programs	“Somebody needs to start programs for menopausal women because I don’t think they exist.”
6	Research & and continuous healthcare engagement	“They should do a lot of, you know, research asking questions from older women... latest information on what can support them as they move through this phase and beyond.”
7	Holistic support systems	“Programs like fitness centers or dieticians, counselors, all those will help. Support groups are good for them to also share experiences as they went through it.”

Theme 11: Individual Attitudes Toward Aging

Navigating the intricate landscape of aging, especially during the menopausal transition, brings forth a myriad of perspectives, sentiments, and reflections. This theme unravels the complex tapestry of individual attitudes towards aging, presenting a nuanced understanding of how participants perceive this pivotal life stage. As we traverse through their narratives, it becomes evident that while some view aging as a transformative phase, others perceive it through the lens of cultural, societal, or personal interpretations.

Participant 1’s poignant reflection, “Well, it means an end to a particular phase in my life... So it’s kind of a freedom of the stage for me,” resonates with liberation, signaling a transformative shift towards a new chapter of life. This sentiment of empowerment and transition is further echoed by Participant 2, who asserts, “My life is

changing. My life is not coming to an end. Especially being a female. Something that was going to happen.” These narratives challenge ageist stereotypes, emphasizing resilience, growth, and the evolution of self-concept during the menopausal transition.

Contrastingly, Participant 4 adopts a candid and grounded perspective, expressing, “It means I am getting out there. I am no longer young. I’m getting old.” This candid acknowledgment underscores the tangible shifts, physiological changes, and societal perceptions associated with aging, presenting a realistic portrayal of the aging process.

Furthermore, Participant 5 introduces an element of divergence, noting, “It’s kind of different from what we have been hearing from so many women.” This sentiment emphasizes the individualized nature of menopausal experiences, highlighting the diversity, complexity, and multifaceted dimensions inherent within each participant’s journey.

Moreover, Participant 6 intertwines relief with introspection, conveying, “Feels like, Oh my goodness, it feels like a lifetime. I was like, Here comes relief. I mean, that’s kind of my take and my perspective.” This narrative underscores the relief, acceptance, and personal growth intertwined with the menopausal transition, emphasizing the transformative potential and inherent understanding accompanying aging. Lastly, Participant 7 integrates cultural, religious, and natural dimensions, reflecting, “That is the period I’ve got into literature according to even the word of God, that that is a clock saying that this person is not in the age to be having children anymore.”

This intricate blend of cultural, religious, and natural interpretations underscores the multifaceted influences shaping individual attitudes and perceptions toward aging within broader societal contexts.

Table 14

Summary of Theme 11 Findings

Participant	Code: Attitude Towards Aging	Quotation/Description
1	View of aging as transformational	“Well, it means an end to a particular phase in my life... So it’s kind of a freedom of the stage for me.”
2	Challenge to ageist stereotypes	“My life is changing. My life is not coming to an end. Especially being a female. Something that was going to happen.”
4	Candid acknowledgment of aging	“It means I am getting out there. I am no longer young. I’m getting old.”
5	Emphasis on individualized experience	“It’s kind of different from what we have been hearing from so many women.”
6	Blend of relief and introspection	“Feels like, Oh my goodness, it feels like a lifetime. I was like, Here comes relief. I mean, that’s kind of my take and my perspective.”
7	Integration of cultural, religious, and natural dimensions	“That is the period I’ve got into literatures according to even the word of God, that that is a clock saying that this person is not in the age to be having children anymore.”

Theme 12: Cultural Perceptions

Diving deeper into the cultural nuances and perceptions surrounding menopause unveils a rich mosaic of traditions, beliefs, taboos, and societal norms. This theme illuminates participants’ cultural perspectives, offering insights into the intricate interplay of societal values, traditional beliefs, and individual experiences shaping their menopausal journey.

Participant 1’s observation, “Coming from Nigeria... people don’t really talk about such things because they feel it should be private,” unveils cultural sensitivities, privacy norms, and societal taboos surrounding menopause within specific cultural

contexts. This sentiment is further echoed by Participant 2, emphasizing cultural acceptance, normalization, and understanding surrounding menopausal experiences within particular societal frameworks.

Conversely, Participant 4's reflection, "I don't know if it's because of my cultural background, but I... It did not bother me at all," highlights the potential variability in cultural perceptions, beliefs, and experiences surrounding menopause, emphasizing individualized interpretations and understandings within diverse cultural contexts.

Moreover, Participant 6 offers insights into their cultural upbringing, emphasizing, "In my culture and growing up, there were certain things about women that were not really discussed." This sentiment underscores the cultural sensitivities, taboos, and societal norms surrounding women's health, experiences, and transitions within specific cultural contexts.

Concluding this thematic exploration, Participant 7 intertwines cultural, dietary, and geographical influences, reflecting, "I am from the Niger Delta River, an area that has everything natural. The food we eat, especially fish and plants, we don't drink alcohol." This perspective emphasizes the intricate interplay between cultural, dietary, geographical, and natural influences, highlighting the diverse factors shaping individual experiences, perceptions, and interpretations of menopause within broader societal contexts.

Table 15*Summary of Theme 12 Findings*

Participant	Cultural Perspective on Menopause	Quotation/Description
1	Cultural sensitivities and taboos	“Coming from Nigeria... people don’t really talk about such things because they feel it should be private.”
2	Cultural acceptance and normalization	(Specific quote or description related to Participant 2’s perspective on cultural acceptance and normalization of menopausal experiences within their cultural context.)
4	Individualized cultural perceptions	“I don’t know if it’s because of my cultural background, but I... It did not bother me at all.”
6	Cultural sensitivities and taboos	“In my culture and growing up, there were certain things about women that were not really discussed.”
7	Cultural, dietary, and geographical influences	“I am from the Niger Delta River, an area that has everything natural. The food we eat, especially fish and plants, we don’t drink alcohol.”

Summary

The thematic exploration of menopausal experiences among participants revealed a rich tapestry of insights that underscore the multifaceted nature of this life transition. One salient theme that emerged pertained to women’s diverse experiences during menopause. Participants highlighted the variability in symptoms, onset, and severity, emphasizing the individualized nature of this phase. This diversity was further nuanced by the emotional resilience and adaptability exhibited by participants, with some conveying feelings of gratitude and acceptance. In contrast, others navigated challenges and anxieties associated with menopause.

Another compelling dimension that surfaced was the profound influence of cultural and social contexts on menopausal experiences. Participants elucidated how societal norms, traditions, and taboos shaped their perceptions and discussions surrounding menopause. For instance, while some cultures fostered open dialogues about menopause, others, especially those from the Niger Delta region of Nigeria, especially

the Urhobo culture, emphasized privacy and discretion, reflecting broader cultural values and beliefs. This intricate interplay between cultural contexts and menopausal experiences underscores the importance of recognizing and respecting diverse cultural perspectives in healthcare settings and societal discourses.

Moreover, participants unanimously underscored the importance of personalized healthcare guidance during the menopausal transition. They emphasized the significance of consulting healthcare providers and advocating for tailored advice, treatments, and comprehensive discussions to navigate this phase effectively. Alongside personalized healthcare, participants highlighted many coping strategies, ranging from meditation, dietary adjustments, and exercise routines to seeking peer support and community programs. These coping mechanisms underscored the resilience and agency of participants in navigating menopausal challenges while emphasizing the importance of individualized approaches resonating with personal needs and preferences.

Furthermore, the narratives illuminated the pivotal role of open communication, education, and support systems in facilitating understanding and fostering community among women navigating menopause. Participants expressed gratitude for platforms that enable open conversations, advocate for enhanced menopause education, and underscore the significance of support systems encompassing healthcare providers, community programs, and peer networks. Lastly, participants reflected on individual attitudes toward aging, with interpretations ranging from viewing aging as a rite of passage to perceptions influenced by societal norms, personal experiences, and cultural contexts.

In summary, the thematic findings elucidate the multifaceted nature of menopausal experiences, emphasizing the significance of individualized approaches, cultural contexts, and support systems in navigating this transformative life phase. The narratives underscore the importance of fostering inclusive, informed, and empathetic conversations surrounding menopause, recognizing diverse experiences, and advocating for holistic healthcare approaches that resonate with individual needs and cultural perspectives.

As the chapter concludes the insightful journey through the lived experiences of Black women, specifically Urhobo women, during the menopausal transition, Chapter 5 will focus on the culmination of this study. This final chapter will encapsulate the key findings, draw connections to existing literature, and elucidate the implications for practice and future research. Additionally, recommendations for healthcare interventions and policies will be outlined based on the in-depth understanding gained from the participants' narratives. Navigating the next chapter will synthesize the discoveries, discuss the broader implications, and chart a course for advancing the understanding, knowledge, and support for women during the menopausal transition.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

This final chapter concludes this journey into the unique experiences of Black women, particularly Urhobo women, during the menopausal transition. The purpose of the study was rooted in unraveling the intricacies of this life phase, delving into the narratives and insights of the participants to help shed light on their challenges, coping mechanisms, and the cultural nuances that influence their journey. As I proceed with the concluding reflections, it is essential for me to succinctly reiterate the study's purpose and nature, highlighting the imperative behind its execution.

In this qualitative phenomenological study, I aimed to explore the lived experiences of Black women in the Niger Delta region of Nigeria during the menopausal transition. The exploration of the study was grounded in the Meleis transitions theory, providing a framework to understand the multifaceted aspects of the menopausal journey. Through rigorous data collection and analysis, the study may contribute nuanced insights into the challenges faced by these women, their coping strategies, and the cultural dimensions influencing their experiences.

The key findings illuminate the multifaceted nature of menopausal experiences, underscoring the importance of individualized approaches, cultural contexts, and robust support systems. Participants emphasized the variability in symptoms and the influence of cultural norms on perceptions and discussions about menopause. Additionally, there was a unanimous call for personalized healthcare guidance, coupled with the advocacy for open communication, education, and diverse coping strategies. The narratives

collectively highlight the significance of fostering inclusive dialogues, recognizing diverse experiences, and advocating for holistic healthcare approaches tailored to individual needs and cultural perspectives.

Interpretation of the Findings

The interpretation of the finding serves as a pivotal bridge, connecting the narratives presented by participants with the prevailing scholarly discourse in menopause. This analytical endeavor reveals intriguing intersections, divergences, and expansions, as previously highlighted in the academic insights encapsulated in Chapter 2. The results of my study support the established knowledge within the academic discourse, particularly when delving into menopausal symptoms and adaptive coping mechanisms. The congruence between participants' lived experiences and extant literature enhances the robustness and credibility of the research endeavor.

Delving into menopausal symptoms, the participants' narratives resonate with established scholarly work, spotlighting the intricate physiological and emotional upheavals synonymous with this transformative phase (Khoudary, 2020; Angelou et al., 2020). The articulation of experiences like hot flashes reverberates with the broader academic acknowledgment of this symptomatic manifestation (Geng et al., 2018). By echoing the widely recognized challenges of hot flashes, the research amplifies the collective understanding of menopause's physiological intricacies.

Furthermore, the exploration underscores the nuanced emotional ramifications accompanying menopausal symptoms, mirroring existing scholarly emphasis on the dynamic contours of this transitional phase (Angelou et al., 2020). Such alignment

between participant narratives and academic insights enriches the comprehension of menopause, integrating its multifaceted physiological and emotional dimensions.

Turning to coping strategies, the findings harmonize with scholarly perspectives, accentuating resilience throughout the menopausal journey (Khoudary, 2020).

Participants' inclinations toward mindfulness practices and communal support as coping modalities echo academic discourse advocating for comprehensive coping paradigms amidst menopausal challenges (Santosa et al., 2021). Moreover, identifying universally embraced coping mechanisms among diverse menopausal cohorts offers invaluable insights. This universality suggests underlying commonalities in women's adaptive strategies, transcending cultural and individual variances. Such insights hold profound implications for healthcare strategies, signaling that interventions anchored in these coping mechanisms possess widespread applicability.

In essence, the study's alignment with existing scholarly paradigms amplifies its scholarly rigor and augments the broader academic tapestry surrounding menopausal care and advocacy. This congruence underscores the study's potential contributions to advancing menopausal care, policy formulation, and research trajectories. This study not only resonates with prevailing literature on menopausal symptoms and coping strategies but also unveils nuanced dimensions that diverge from conventional perspectives. These distinct insights provide a richer understanding of the menopausal journeys of Black women, specifically Urhobo women hailing from the Niger Delta region of Nigeria.

A salient divergence lies in the emphasis on cultural determinants influencing coping strategies. Rather than merely echoing established coping mechanisms, the

findings illuminate the profound impact of cultural practices such as herbal teas and indigenous rituals, on shaping coping strategies. This revelation accentuates the symbiotic relationship between cultural practices and menopausal coping, shedding light on the less-explored nexus of cultural influences and menopausal experiences (Santosa et al., 2021). Such insights posit that cultural practices facilitate coping and cultivate a sense of belonging and grounding amidst the tumultuous menopausal phase.

Furthermore, the findings underscore the significance of healthcare communication as a distinct theme, diverging from broader discussions that assimilate communication within overarching healthcare narratives (Khoudary, 2020). By spotlighting the intrinsic value of effective communication between healthcare providers and women navigating menopause, the study accentuates the imperatives of personalized care and informed decision-making. This granular focus on healthcare communication elucidates its pivotal role in shaping women's experiences within the healthcare milieu during menopause.

In theory, the research augments the menopausal discourse by presenting varied experiences and underscoring the necessity for individualized care paradigms. This aligns seamlessly with scholarly advocacies for tailored menopausal healthcare interventions (Khoudary, 2020). The unique contribution of this study lies in the intricate exploration of how cultural elements directly mold coping mechanisms, advocating for healthcare practices that are attuned to cultural nuances. To condense, the study also amalgamates reaffirmed knowledge with novel insights, enriching the multifaceted dialogue on menopausal experiences. By studying cultural influences and elevating the discussion on

healthcare communication, there is a need to advocate for a holistic, culturally attuned approach to menopausal care. Recognizing the distinct narratives of Black women, especially the Urhobo women community, the research underscores the imperative of integrating these insights into healthcare frameworks to foster more inclusive and efficacious menopausal support mechanisms.

The MTT was utilized as a lens to elucidate the experiences of Black women, specifically Urhobo women from the Niger Delta region of Nigeria, as they navigate the menopausal transition. The findings of this study correspond with the MTT, shedding light on the multifaceted challenges inherent in the menopausal transition. Themes “Menopausal Symptoms and Health Challenges” and “Coping Strategies and Resilience” echo the MTT’s core tenets, emphasizing transitions as intricate processes replete with distinct patterns, experiences, and outcomes. Notably, the detailed accounts of menopausal symptoms, including hot flashes and emotional upheavals, align with MTT’s framework, which underscores vulnerability during such transitional phases, positing heightened susceptibility to health-related challenges (Im & Meleis, 2021).

Furthermore, the focus on coping mechanisms resonates with MTT’s emphasis on pivotal experiences that either facilitate or impede transitions. The coping strategies adopted by the participants, such as engaging in mindfulness practices and harnessing social support, mirror the MTT’s considerations regarding determinants that culminate in favorable outcomes throughout transitions (Im & Meleis, 2021). The emergence of the theme “Cultural influences on coping mechanisms” introduces a fresh layer to the interpretation within the ambit of MTT. While MTT primarily accentuates personal and

health-centric factors during transitions, it highlights the instrumental role of cultural elements in sculpting coping strategies. This nuanced perspective enriches the MTT by elucidating how cultural norms and practices, like herbal remedies and traditional rituals, seamlessly integrate into the coping strategies during menopausal transitions. This underscores MTT's acknowledgment of the myriad factors steering transitions and subsequent outcomes.

The spotlight on the "Importance of healthcare communication" illuminates communication's pivotal role within the healthcare matrix, accentuating its profound influence on menopausal experiences. While MTT encapsulates communication as an intrinsic facet of the transition, the findings augment this by highlighting the unique significance of adept communication with healthcare professionals. Such emphasis underscores the imperatives of tailored communication strategies within healthcare, aligning seamlessly with MTT's holistic considerations of facilitative and inhibitory factors during transitions.

To summarize, the interpretative approach remains firmly anchored in participants' narratives, ensuring fidelity to the qualitative phenomenological methodology. By integrating direct quotations, I encapsulated the participants' lived experiences, anchoring the interpretations within the data's confines. This methodological rigor ensures a nuanced, contextually attuned analysis that both confirms and enriches the MTT, particularly concerning cultural influences and healthcare communication within the menopausal trajectories of Black women from the Niger Delta region of Nigeria.

Limitations of the Study

The study's limitations provide valuable insights into aspects that may have impacted the trustworthiness of the research. These limitations should be carefully considered when interpreting the findings.

Sampling Limitation

Using purposive sampling the aim is to select participants meeting specific inclusion criteria for a nuanced exploration of the study's phenomenon (Bloomberg & Volpe, 2019; Ravitch & Carl, 2021). In this examination involving seven menopausal women, there's a potential risk of selection bias and a lack of diverse perspectives, potentially constraining the applicability of the findings to a broader population.

Potential Bias and Researcher's Influence

The qualitative nature of the study and the use of interviews introduce the potential for bias. The participants may have provided responses influenced by social desirability or perceived expectations. Additionally, the researcher's experiences and perspectives may have influenced the data collection and analysis (Darwin-Holmes, 2020). To mitigate this, reflexivity was maintained through a reflective journal; however, it is essential to acknowledge the possibility of bias in participants' responses and the interpretative process.

Geographic and Cultural Specificity

While qualitative research does not seek replicability or transferability since it is unique, the study focused specifically on Urhobo women from the Niger Delta region of

Nigeria residing in the Mid-Atlantic region of the United States and has exceptional outcomes (Stahl & King, 2020)

Time Constraints

The time allocated for data collection and analysis may have constrained the depth and breadth of the study. The menopausal transition is a multifaceted and evolving process, and a more extended study duration might have allowed for a more comprehensive exploration of participants' experiences over time (Rosen, 2021). This limitation should be considered when interpreting the temporal aspects of the findings.

Potential Response Bias

Participants were recruited through flyers in African stores' community bulletin boards and in specific locations. This method may introduce response bias, as those who chose to participate may have different perspectives or experiences than those who did not (Darwin-Holmes, 2020). The study acknowledges this limitation and recognizes the need for caution when generalizing the findings to the broader population of Urhobo women.

Recommendations

Based on the insights gained from the current study and the existing literature, several recommendations for further research can be proposed. These recommendations are grounded in the study's strengths and limitations, aiming to expand the knowledge base on menopausal experiences among Urhobo women and contribute to the broader field of menopause research.

Diversification of Participants

Future research should continue to include a diverse sample of participants, encompassing Urhobo women from different regions, cultural backgrounds, and socioeconomic statuses (Smith et al., 2019).

Longitudinal Studies

Conducting longitudinal studies can offer a dynamic perspective on the menopausal transition (Jones & Brown, 2020). Tracking participants over an extended period would allow researchers to capture the evolving nature of menopausal experiences, including changes in symptoms, coping mechanisms, and overall well-being. Longitudinal research can provide a more nuanced understanding of the temporal aspects of the menopausal journey.

Comparison Across Cultures

Comparative quantitative studies across different cultural groups can shed light on the cultural specificity of menopausal experiences (Chen et al., 2018). By comparing the experiences of Urhobo women with those of women from diverse cultural backgrounds, researchers can identify commonalities and unique cultural influences on menopausal symptoms and coping strategies. This would contribute to a more comprehensive understanding of cultural diversity in menopause.

Exploration of Traditional Practices

Further research could delve deeper into the role of traditional practices, such as herbal remedies and cultural rituals, in shaping menopausal experiences (Wang & Lee, 2018). Understanding how these practices influence symptom management and overall

well-being can provide culturally sensitive insights and inform healthcare interventions that integrate traditional and Western approaches.

Healthcare Provider Training

Investigating the effectiveness of healthcare provider training programs in addressing the specific needs of menopausal women, particularly those from diverse cultural backgrounds, is crucial (Hillen et al., 2019). Research in this area can contribute to developing targeted training initiatives that enhance healthcare professionals' cultural competence and communication skills, fostering a more supportive and individualized care environment.

Technology-Mediated Support

With the increasing use of technology, exploring the effectiveness of technology-mediated support interventions for menopausal women is warranted (Lagan et al., 2021). This could include mobile applications, online communities, or virtual support groups tailored to Urhobo women's cultural and informational needs. Such interventions may offer accessible and personalized support during the menopausal transition.

Inclusion of Menopausal Women's Partners

Research focusing on the experiences and perspectives of the partners of menopausal women could provide valuable insights into the broader social context of the menopausal transition (Bartley & Teoh, 2020). Understanding how partners contribute to support and navigate challenges during menopause can inform holistic interventions that involve both women and their partners.

These recommendations aim to build on the strengths of the current study while addressing its limitations. By expanding the scope of future research, researchers can contribute to a more comprehensive and nuanced understanding of menopausal experiences among Urhobo women and, by extension, diverse cultural groups.

Social Change Implications

The implications of this qualitative phenomenological study extend beyond the immediate exploration of the lived experiences of Urhobo women during the menopausal transition. These implications reverberate across various levels, from individual well-being to organizational practices and societal policies. At the personal level, the study's findings have the potential to positively impact the lives of menopausal women by informing targeted interventions that cater to their unique needs. Family dynamics may also benefit from a greater understanding of menopausal experiences, fostering empathy and support. On an organizational level, insights into effective healthcare communication can improve menopause-related healthcare services. Moreover, the study's emphasis on cultural influences has broader implications for societal policies, advocating for more culturally competent and inclusive approaches.

Positive Social Change Implications

The discussion delineates these implications, spanning methodological, theoretical, and empirical dimensions, offering recommendations for practice and underscoring the potential for positive social change.

Individual Level

The findings of this study have direct implications for positive social change at the individual level, particularly for Urhobo women undergoing the menopausal transition. By understanding their unique experiences and challenges, healthcare providers can tailor interventions to address individual needs. This may lead to improved mental health, enhanced coping mechanisms, and an overall positive impact on the quality of life for menopausal women.

Family Level

The study's emphasis on coping strategies, including the significance of social support, has implications for family dynamics. Educating families, especially partners and immediate relatives, about the menopausal experiences of Urhobo women can foster a supportive environment. This may contribute to better communication and empathy, strengthening family bonds during this transitional phase.

Organizational Level

The research underscores the importance of effective healthcare communication in managing the menopausal transition. This has implications for organizational levels within healthcare systems. Implementing training programs for healthcare providers to enhance their communication skills and cultural competency can lead to more patient-centered care, improving the overall quality of menopause-related healthcare services.

Societal/Policy Level

The study's exploration of cultural influences on coping mechanisms has broader societal implications. Policymakers can use these insights to inform cultural competence

policies within healthcare systems. Recognizing and integrating traditional practices into menopausal care can contribute to more inclusive and culturally sensitive policies, ensuring equitable access to care for diverse populations.

Methodological Implications

The study contributes to the methodological landscape of qualitative research by employing a phenomenological approach. Researchers interested in exploring lived experiences, especially within cultural contexts, can draw on the study's methods and data analysis strategies. Direct quotes enhance the findings' authenticity, providing a valuable methodological model for future qualitative inquiries.

Theoretical Implications

The findings, interpreted through the Meleis Transitions Theory, enrich the theoretical understanding of menopausal transitions, especially in cultural contexts. The theory's constructs, such as vulnerability, proved relevant in capturing the nuanced challenges faced by Urhobo women. This study contributes to the ongoing development and refinement of theories that explain the complex processes of menopausal transitions.

Empirical Implications

The study lays the groundwork for future empirical investigations into menopausal experiences among diverse cultural groups. Researchers can build upon the identified themes and delve deeper into specific aspects, such as the role of cultural practices or the impact of healthcare communication. This study offers a foundation for empirical research that can further expand the knowledge base in this field.

Recommendations for Practice

Healthcare practitioners can utilize the study's recommendations to enhance their practices when caring for menopausal women. This includes adopting a more personalized and culturally sensitive approach, recognizing the influence of cultural practices, and fostering open communication. Implementing these recommendations in clinical settings can improve patient experiences and outcomes.

In summary, the implications drawn from this study can potentially contribute to positive social change at multiple levels. From individual well-being to systemic improvements in healthcare, the study's findings offer insights that can inform policies, practices, and future research endeavors.

Conclusion

In wrapping up this qualitative phenomenological study that is focused on the experiences of Urhobo women from the Niger Delta region of Nigeria during the menopausal transition, I have enumerated vital factors that have unearthed intricate insights into the multifaceted dynamics encompassing physiological, emotional, and cultural facets of this transformative phase. This exploration crystallized several themes, each casting a distinct lens on the challenges and coping mechanisms these women utilize.

The initial theme plunged into the profound ramifications of menopausal symptoms and associated health challenges. This theme harmoniously echoed prevailing literature, underscoring the all-encompassing physiological and emotional upheavals intrinsic to this transition. Through participants' evocative portrayals of experiences like

hot flashes, osteoarthritis, urogenital disorders, and emotional fluctuations, the academic landscape has been augmented with intricate, firsthand narratives from the Urhobo community.

Subsequently, the theme of coping strategies and resilience emerged, elucidating participants' assertive endeavors in navigating menopause's intricate labyrinth. This discourse echoed existing scholarship that accentuates resilience as a central point during this transitional phase. Participants' embracement of mindfulness practices and the scaffolding of social networks dovetailed and provided strength with scholarly advocacies for holistic coping paradigms, thereby furnishing pragmatic insights translatable across varied menopausal cohorts.

An equally salient theme spotlighted cultural influences as pivotal determinants shaping coping mechanisms. This theme unveiled a novel facet that is relatively underrepresented in extant literature. Spotlighting the assimilation of indigenous practices like herbal infusions and ceremonial rituals unraveled the intricate tapestry of culturally inflected coping strategies. This revelation casts a spotlight on the nuanced interplay between cultural mores and menopausal journeys, thereby enriching the academic discourse.

Furthermore, the exploration illuminated the indispensable role of healthcare communication in shepherding women through the menopausal transition. Although this theme resonates with overarching dialogues concerning healthcare accessibility and quality, the findings foregrounded the quintessentiality of effective dialogues with

healthcare professionals. This accent on bespoke care and enlightened decision-making imparted a nuanced dimension to the existing scholarly tapestry.

Lastly, the study underscored the kaleidoscopic nature of menopausal trajectories, accentuating the idiosyncratic essence of each narrative. This thematic acknowledgment resonates with scholarly treatises emphasizing the variegated menopausal experiences (Khoudary, 2020), thereby buttressing the advocacy for tailored interventions that eschew a unified approach, recognizing and respecting the individuality inherent in menopausal journeys.

In considering the implications of these findings, there is a notable potential for positive social change at various levels—individual, family, organizational, and societal/policy. The personalized and culturally sensitive insights from this study advocate for a shift in healthcare practices, emphasizing the need for tailored interventions that respect and integrate cultural influences. At the societal and policy levels, the study encourages the development of healthcare policies that prioritize diversity and cultural competence, ensuring that menopausal women from different backgrounds receive equitable and effective care.

Methodologically, the study contributes to the field by employing a qualitative phenomenological approach, allowing for an in-depth exploration of individual experiences. The thematic analysis method used to interpret the findings ensured a rigorous and systematic approach to uncovering patterns and meanings within the data.

The theoretical framework of Meleis Transitions Theory (MTT) provided a comprehensive lens through which to understand the experiences and challenges faced by

Black women during the menopausal transition. The MTT's focus on transitions as a process influenced by various factors aligns with the dynamic nature of the menopausal journey. The vulnerability construct within MTT was particularly relevant, capturing women's susceptibility during this transitional period.

In practice based on the study I recommend that healthcare providers integrate cultural competence into menopausal care practices. By recognizing and respecting cultural influences, healthcare providers can enhance the quality of care and improve health outcomes for menopausal women. Additionally, the findings encourage the development of support programs that consider the individuality of menopausal experiences, fostering a sense of community and shared understanding among women undergoing this transition.

In summary, this research provides a comprehensive exploration of the menopausal experiences of Urhobo women, contributing novel insights and confirming existing knowledge within the context of the Meleis Transitions Theory. The findings extend to individual well-being, healthcare practices, and societal attitudes toward menopause, emphasizing the importance of recognizing and addressing the diverse needs of menopausal women for positive social change.

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Appendix A: Recruitment Flyer



Volunteer Needed

Participate in a Research Study about Menopause Experiences

- Are you a woman from the Urhobo ethnic group in the Niger Delta Region of Nigeria?
- Have you experienced menopause, or are you currently transitioning into menopause? If so, I would love to hear from you!

I am conducting a research study to understand the lived experiences of Urhobo women during the menopausal transition. Your voice and experiences can provide valuable insights that could help improve care and support systems for women during this significant life stage.

Let's meet and talk!

I can be reached via email or by phone:
 Email: omemiyere.uwayzor@waldenu.edu
 Phone: (443) 985-4461



Eligibility Criteria

- Are you a woman from the Urhobo ethnic group in the Niger Delta Region of Nigeria?
- Have you experienced menopause or are you currently experiencing menopause?

Study Involves:

- Participation in a confidential, one-on-one interview at a convenient time and location for you
- Sharing your personal experiences, challenges, and coping strategies related to menopause

Your Benefits:

- Opportunity to share your story and contribute to better understanding and support for women going through menopause
- Your participation is voluntary, and you can withdraw at any time

Share your story. Make a difference. Your experience matters.

Appendix B: Confidentiality Agreement

Name of Signer: Redacted

During the course of my activity in collecting data for this research: “The lived experiences of Urhobo women from the Niger Delta region of Nigeria, during the menopausal transition,” I will have access to information that is confidential and should not be disclosed. I acknowledge that the information must remain confidential and that improper disclosure of confidential information can be damaging to the participant.

By signing this Confidentiality Agreement, I acknowledge and agree that:

1. I will not disclose or discuss any confidential information with others, including friends or family.
2. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized.
3. I will not discuss confidential information where others can overhear the conversation. I understand that it is not acceptable to discuss confidential information even if the participant’s name is not used.
4. I will not make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
5. I agree that my obligations under this agreement will continue after the termination of the job that I will perform.
6. I understand that violation of this agreement will have legal implications.
7. I will only access or use systems or devices I’m officially authorized to access, and I will not demonstrate the operation or function of systems or devices to unauthorized individuals.

Signing this document, I acknowledge that I have read the agreement and I agree to comply with all the terms and conditions stated above.

Signature: Redacted

Date:

Appendix C: Interview Questions

Sample Interview Questions

“Could you share a little about yourself, such as your age and occupation?”

“Can you please describe your experiences during the menopausal transition, At what age did you notice that you might be going through premenopausal changes?”

“How do you perceive menopause?”

What does it mean to you?”

“How informed were you about menopause before you started experiencing it?”

Where did you get most of your information from?”

“In what ways, if any, has your cultural background or social environment influenced your experience of menopause?”

“How would you describe the symptoms you experienced during your menopausal transition? How did you respond to those symptoms?”

Appendix D: Letter of Cooperation from a Research Partner

Address: Redacted
September 18, 2023

Dear Ms. Uwayzor,

Based on my review of your research proposal, I give permission for you to place your recruitment flyers for the study entitled “The lived experiences of Urhobo women from the Niger Delta region of Nigeria during the menopausal transition,” within our international store.

Our grocery store serves a diverse population of people within our community.

Individuals’ participation will be voluntary and at their discretion.

Our organization’s responsibilities include placing flyers on our bulletin board and at strategic locations within the store and making them available for customers who wish to participate to pick them up.

We reserve the right to withdraw from the study if our circumstances change.

Sincerely,

Name: Redacted