

The experiences of menopause among Eritrean women in the Adelaide community

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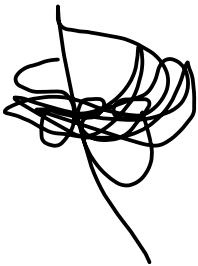
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DECLARATION

I certify that this thesis does not incorporate without acknowledgement of material submitted for a degree or diploma in a university; and that as far as I am aware and belief it does not encompass any material that is previously published or written by another individual except in the reference where in text is made.

Segen Hagos

A handwritten signature in black ink, consisting of several overlapping loops and a long tail extending downwards and to the right.

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ABSTRACT

The effects of menopause on women's daily life is serious and can lead to increased stress levels and reduced quality of life. In Australia, women from cultural and linguistically diverse backgrounds are more likely to have worsen experiences of psychological distress and hot flushes due to the lack of knowledge and education about the health care system and the opportunities for access to health services/professionals to address women's individual needs. Women's experiences of menopause are not well researched in Eritrea. Research into the experiences of those Eritrean women living in Australia is even more sparse.

The aim of this study was to explore the menopause experiences of Eritrean women in Adelaide, between the ages of 45-70 years. A qualitative study incorporated in-depth interviews conducted with the Eritrean Women in Adelaide. Semi-structured, one to one interviews were conducted with six participants. In this study, the main themes were that the Eritrean women were overwhelmed and stressed by the symptoms and experiences of menopause. Participants had little and lack of previous knowledge and education about menopause as well as shyness to speaking up. When these women settled in Australia it was difficult to adapt to the new society and to discuss any issues with health care professionals. The findings demonstrate that the Eritrean women experienced different symptoms such as stress, hot flushes, sleep disturbance and night sweats with the cause being unknowingly to them until the women received health care treatment. The Eritrean women also experienced cultural and background barriers that delayed the visit to the doctors because these women are not used to seeing or seeking help from others when it comes to personal health concern.

This research provides an insight into the lived experience of menopause among Eritrean women living in Adelaide. The results are significant as it suggests: 1) Eritrean women have little prior knowledge on menopause before relocating to Adelaide; and 2) Eritrean women are reluctant to seek health care support due to cultural background and lack for knowledge. While this study has a small sample size, its result warrants further research into this topic not only among Eritrean community but, also other cultural and linguistic diverse communities in Australia. It is hoped that this enhanced knowledge about menopause will

enable the healthcare to further develop strategies to better reach, connect and support those women from culturally and linguistically diverse background with healthcare needs.

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My work is significant to me and to my community because after completing the thesis it will be available to everyone in the community to let women see that it is very important to have enough knowledge about health and seek help when needed. Eritrean women will also learn to open and speak with family, friends, and health care professional as that will reduce the stress levels and suffering alone. In addition, the younger generation will also grow up knowing menopause, as part of the women's life cycle.

I would like to thank all the people who supported me through the writing of this thesis. My family who has provided me endless encouragement and support in the completion of this thesis. You are constant reminder of the importance of this project and the impact it can have on the young and older lives. I would also like to thank my friends who helped to stay active and entertained whilst writing this document. Finally, thank you all for your love, support, and encouragement I appreciate it all. This is dedicated to everyone.

Keywords

Menopausal women, Eritrean women, Qualitative research, Cultural and background barriers.

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Chapter 1: Introduction and background

1.1 Introduction

This thesis explores the experiences of menopause among the Eritrean women who are living in Adelaide. This chapter synthesised and reflected on the information used to provide the background, research aim, and the significance of the study. This research focused on gathering information and data from the Eritrean women community in Adelaide through semi-structured interviews following on from the literature review. The information and research articles acquired from the literature review were used in Chapter 2 and presented in the discussion Chapter. As an Eritrean living in Adelaide, the researcher has first-hand insight into the issues faced by Eritrean women. Women in the community keep personal issues private and avoid sharing it and are not confident enough to discuss any issues with others, including with close family members. Additionally, it is important to gain a better understanding of the Eritrean women's experience with menopause, in order to develop strategies to improve health outcomes in Australia. Therefore, younger Eritrean women could gain and improve knowledge and awareness about menopause before reaching the phase. The implication of this research is the potential to influence health care provision for women from culturally and linguistically diverse (CALD) backgrounds in Adelaide, to seek help when required.

1.2 Background

Menopause crucially affects women. Menopause stage could start as early as 40 years of age although it can be delayed until 55 years of age (Anolue et al., 2012; Jurgenson et al., 2014). Menopause is when a woman can no longer become pregnant naturally and has not menstruated for 12 consecutive months (Anolue et al., 2012). It can cause uncomfortable symptoms such as hot flushes, night sweats, sleep disturbance and psychological distress (Jurgenson et al. 2014). Menopause medical treatment depends on its severity of the symptoms women experiences (Berger & Wenzel, 2014). However, for severe symptoms hormone therapy, could be an effective treatment to reduce some of the symptoms including hot flushes and joint pains (Berger & Wenzel, 2014). The main purpose of this research was to discover and explore Adelaide based Eritrean women's experiences, of menopause for the 45–70-years-old women.

1.2.3 Menopause in Australia

On average in Australia, women reach menopause at the age of 52 and experience onset such as psychological distress and hot flushes (Anolue et al., 2012; Jurgenson et al., 2014). Anolue et al. (2012), found that women in menopausal phase experienced irregular or infrequent menstrual periods. Some of the participants were not concerned and described menopause as natural, while others were impacted significantly by the physical changes (Anolue et al., 2012). This research project explored the experiences of menopause among women from the Eritrean Community in Adelaide. As a result, this allows culturally appropriate support strategies to develop in the future.

1.2.4 The physical changes in Menopause

When a woman is approaching menopause, the ovaries may not produce an ovum every month which can lead to changes in the hormones circulating in the body (Berger & Wenzel, 2014; Hailes, 2021; Pikwer et al. 2012). For instance, the estrogen levels increase, and progesterone levels become lower after menopause (Hailes, 2021). Menopause mostly occurs from the age of 50 years, however, due to many different factors, such as lifestyle, race, surgery, chemotherapy, or radiation treatments it may occur earlier (The Royal Women's Hospital, 2021; Sternfeld et al., 2014).

There are three stages of menopause; the first stage is the menopause transition or pre-menopause that leads to the final menstrual period and in this stage, changes occur in the hormones. Which leads to altering the menstrual bleeding patterns (Pikwer et al. 2012; The Royal Women's Hospital, 2021). The second stage is the natural menopause, the permanent end of menstrual cycle and is not treated by medical surgery or treatment (The Royal Women's Hospital, 2021). This is confirmed when bleeding does not occur for twelve constant months (The Royal Women's Hospital, 2021). The third stage is post-menopausal this is one year after the final menstrual bleeding, and it lasts for the rest of the women's life (The Royal Women's Hospital, 2021).

In the pre-menopausal stage, hormonal changes occur that can lead to symptoms including hot flushes and varying bleeding pattern (Hailes, 2021). Other symptoms such as night sweats also occur and can lead to sleep disturbance, affect mood swings and concentration (Anderson et al., 2004; Hailes, 2021). While still in the pre-menopause stage it is evident that some women can conceive for that reason; it is important that women continue to use

contraception for twelve months after the last period (The Royal Women's Hospital, 2021; Hailes, 2021). Consequently, the effect of menopause varies between women; 85% of women get hot flushes and night sweats and can manage this symptom without the use of any medical treatment (The Royal Women's Hospital, 2021; Hailes, 2021). Up to 20% of women experience symptoms that are prolonged and troublesome and require treatment (Hailes, 2021).

Menopause affects women differently for example, some women experience joint and body aches, and prolonged pain (The Royal Women's Hospital, 2021; Pikwer et al., 2012). The factors of menopause are age; women that reach menopause at a younger age might experience increased troublesome than those women at the older age (The Royal Women's Hospital, 2021; Hailes, 2021). The expectation of menopause differs, some women assume they will experience difficulties. Therefore, when menopause commences some women have an optimistic approach which can help manage the symptoms. Some women were relieved when entering menopause for example, no longer having reproductive functions and no further experience of menstruation (Berger and Wenzel, 2014).

Menopause is important and significant in a woman's life. Social and cultural perceptions critically influence women's experience of menopause. It can be predominantly challenging for those in the menopause transition while living in a different country with different social and cultural perceptions and expectations. In Eritrea, women do not have the opportunity or the chance to speak up or gain education whilst growing up like Australian women and many other cultures. Therefore, conducting this research about Eritrean women living in Australia could bring awareness to the older and younger women and improve the views and understandings of the services and resources available in Adelaide. Subsequently, the Eritrean community could benefit and gain further knowledge about seeking professional help and avoid being reluctant to seeking assistance.

1.2.5 Eritrea

Eritrea is a country located in East Africa by the Red Sea (Mengiste, 2019). Eritrean women move from the home country for a better future (Kuschminder, 2021; Rena, 2006). Eritrea is a small country that has a population of 5.2 million people (Mengiste, 2019). In 2000, Eritreans began leaving the country to escape forced military conscription, lack of autonomy, poor livelihood opportunities, lack of educational opportunities, lack of access to employment and

lack of political freedom (Kuschminder, 2021; Mengiste, 2019). Eritrean women in Australia are influenced by the culture and traditional practices, for example, it is difficult for Eritrean women to openly discuss any medical issues or concerns (Makuwa et. al, 2015). The cultural beliefs in Eritrean society imply limits on women therefore, women have no say in matters that impact women. For example, Eritrean women are expected to have arranged marriage and build a family (Makuwa et. al, 2015). The author has discussed with Eritrean women regarding their ability to speak openly. Eritrean women are often unable to talk openly about matters or concerns especially regarding woman's health matters. If the women do discuss about matters, it is judged negatively by the society. Therefore, due to the judgemental society these women do choose to rather not share any experiences or matters (Makuwa et. al, 2015). Culture can affect individual's lifestyle choices, health, and health seeking behaviours. There is little known information about how the Eritrean culture affects women at the menopause transition thus, Adelaide is one of the place Eritrean people have settled in; it is appropriate to conduct the study in Adelaide.

1.2.6 Eritrean women in Adelaide

Eritrean women in Adelaide have little or no previous knowledge of menopause before arriving in Australia (Rogers & Earnest, 2014). The lack of knowledge on physical changes is difficult and highly personal (Rogers & Earnest, 2014). Often language, religious or cultural barriers obstruct Eritrean women from obtaining assistance from a healthcare professional (Rogers & Earnest, 2014). In Australia the provision of education regarding health from health care professionals are vital for those from different backgrounds (Roger & Earnest, 2014). Strategies can be implemented to overcome cultural, religious, economical and language barriers to ensure there are better health outcome and health status for migrants (Rogers & Earnest, 2014). Eritrean women have inadequate education, such as general knowledge of the women's overall health. The lack of education impedes access to health professionals due to not acquiring help sooner.

Eritrean women lack information about menopause due to the culture and no studies were undertaken about the phenomenon (Stezova et al, 2017). However, some of these women gain information from the older generations' experiences and through close friends (Stezova et al, 2017). Stezova et al (2017), found that Eritrean women do not discuss personal health problems because of the religious and cultural beliefs. The culture supposes women to be

responsible for providing the best care, love and nourishment to the family (Strezova et al., 2017). In addition, Eritrean women find it difficult to speak about menopause and have decreased self-confidence to discuss with health care professionals (Strezova et al., 2017). In addition, immigrants from cultural and linguistically diverse background have worse health-related outcomes (Strezova et al., 2017). This is thought to be associated with inadequate understanding of health and poorer self-care skills which can be further exacerbated by socio-economic disadvantages, cultural and linguistic barriers (Strezova et al., 2017). Therefore, the Eritrean women living in Australia are likely to have lower literacy and health literacy. However, the interviews were conducted in the language used by the Eritrean women which assists to obtain informative details about the experiences of menopause.

1.3 Research aim:

The overall aim was to explore the experiences of Eritrean women when reaching menopause in the Eritrean Community in Adelaide. The objectives were:

- To gain an understanding on how culture affects the experiences among Eritrean women in Adelaide
- To identify the type of supports available, and what support is needed for the Eritrean women in Adelaide

1.3.1 Significance of the study

The research methodology used in this thesis was a qualitative research and phenomenology approach. For Eritrean women reaching menopause it is vital and must seek help because health care professionals have the appropriate knowledge that enhances and is culturally appropriate for the management of the symptoms. This research will enable nurses and health professionals to play an important role in supporting Eritrean women during menopause phases and deliver beneficial and valuable information. Furthermore, this thesis provided lived experiences of menopause in Eritrean women Adelaide. The results of the research are significant because it identified and discovered that these women are reluctant to seek help and have limited knowledge about the phenomenon under investigation. Therefore, it provides insight for healthcare providers to develop appropriate strategies to support these women and women from culturally and linguistically diverse backgrounds living in Australia.

1.3.2 Overview of chapters

There are five chapters in this thesis. Chapter one provided background and context of the research. Chapter two presents the literature review on articles that were used and selected for the review. Themes such as hot flushes, psychological distress and sleep disturbance were identified. Women reported that these themes were caused by menopause and had experienced irritation which was unusual. Chapter three included details regarding the method and methodology used to achieve the study aim. This chapter also contained the research paradigm used to collect and analyse data. Chapter four presented the results from the thematic analysis of the data collected. Lastly, in chapter five, discussion and analyses of the chapters were delivered, interpreted and described the significance of the findings, as well as its implications for further research and practice.

In conclusion, there were barriers that affected the Eritrean women from attending and seeking help from health care providers such as language, cultural and religious beliefs. Evidence supports that older woman experience symptoms of menopause that impacts the achievement of optimum daily living activities (Jurgenson et al., 2014). Chapter one focused on providing the background for this research project. Eritrean women migrated from Eritrea because of the current political, economic issues and for a better future. Australian women have better understandings of the health care system and seek help when required in contrast to women born in other countries. Moreover, research about the Eritrean women's experience with menopause in Australia, is important and appropriate for better health outcomes when residing outside Eritrea where the language, cultural and traditions become the barriers.

Chapter 2: Literature review

This chapter presented the literature review of menopause and the experiences of menopausal women. It examined the current literature on women's experiences of menopause, including the quantity and quality of the literature. Importantly it identified the gap in the previous literature, previous methods used and guided the design of the study. This chapter reviewed, critiqued, and synthesised the literature on the topic of menopause and the literatures available about the phenomenon. The findings from the literature search term, analysis and critique included hot flushes, night sweats, sleep disturbance and psychological distress.

2.1 Introduction

This comprehensive literature review provided information on articles that were relevant to the research question, "What are the experiences older women 45-70 years old experience when reaching menopause in the Eritrean Community Adelaide?" The rationale for choosing the comprehensive literature review is that it is suitable and appropriate for this research because it is qualitative and aims on providing and collecting accurate data (Onwuegbuzie & Rebecca, 2016). These data are collected from participants and articles available about menopause. The main purpose of a comprehensive review is that it summarizes the existing research that have been undertaken on the phenomenon and highlights what the selected research could add to the existing knowledge (Onwuegbuzie & Rebecca, 2016).

This research focused on exploring the experiences of older Eritrean Women. Therefore, the articles were found in the scholarly databases. All the articles' importance and significance to the question were analysed and critiqued and discussed in relation to the research question. The quality, limitations and strengths of the articles were discussed and analysed in detail. A summary table of the selected articles is presented. Additionally, a discussion about the overall findings of the articles and a gap in the literature were identified. It is vital to identify gaps because this could help and lead to development of a research question as well as objectives.

2.2 Selection of articles

The purpose of the literature review was to find and assess the current state of the selected research and to identify the used research methodologies in the previous published studies of the chosen topic. The used type of literature review for the thesis was scoping review. Scoping review identifies the main concepts of a research topic such as sources, theories and knowledge gaps (Munn et al., 2022). It is a type of synthesis and its purpose is to systematically identify breadth evidence on a specific topic or issue regardless of reviews or primary research within the context (Munn et al., 2022). Additionally, Scoping review clarifies main concepts in literature review as well as identifying characteristics that relates to the concept such to the methodological research (Munn et al., 2022). This type of review is important for this research it suits the way how the literature review is written in this thesis. Subsequently, using scoping review helped achieve enhanced literature review outcome.

Literature review provides foundation of knowledge of the phenomenon as well as identifying gaps in the research and conflict of interest in the previous studies. It compares and contrasts studies, explores the areas of requiring further research and discover approaches, methodologies, themes and theories. It also provides discussion on major debates in the chosen field and determines the strengths and weaknesses of the theoretical and methodological.

When selecting the literature, an exclusion and inclusion criteria was used to identify which articles were relevant and useful for the research question. Retrieved articles were a significant part of the study because it provided relevant information and details for the phenomenon. Furthermore, a search that was broad was undertaken using electronic databases which include the following: Cumulative Index to Allied and Health Literature (CINAHL), Journals@Ovid, and Medline. The search strategy words used to search were as follows: Menopause*, women*, older*, experiences*, female, reproductive system, signs, severe, indication, symptoms, reactions, and prevention. Initially, the searching was focused on attaining a primary research and peer- reviewed articles as well as ensuring that the articles were published in the English language and were with in the 10-year time frame from 2011-2021. Conducting comprehensive literature searching resulted in 14 articles. Out of the 14 articles, 6 of the articles were excluded because it did not meet the inclusion criteria. The inclusion criteria were:

- The study publication date was less than ten years ago
- The age groups of the selected participants in the articles must be from 40-65 years of age
- Information provided in the articles were reliable and beneficial to the thesis as it included participants who have reached menopause
- both qualitative and quantitative studies were included
- Peer reviewed

The inclusion criteria focused to the date of the studies and ensured peer-review. It also focused on finding articles that used qualitative and quantitative study design.

Primarily, 14 articles were retrieved and reviewed. After that, the suitable and relevant articles were selected to be used in the research thus, eight of articles were selected to be included. The eight final selected articles were from Australia (3), Nigeria (1), Philippines (1), Sweden (2), and Taiwan (1). The research methodologies used for those 8 articles were qualitative and mixed methods. The year these articles were published ranged from 2011 - 2021 and the articles were summarised and tabled in table Appendix 1.1. Six articles were excluded due to the time frame of the articles and presentation of irrelevant information to this research.



2.3 Appraisal of studies

The 'Critical Appraisal Skills Programme (CASP)' for qualitative study were used to appraise the selected studies (Critical Appraisal Skills Programme, 2022). There was ten questions in the CASP qualitative checklist followed to assess the articles (Critical Appraisal Skills Programme, 2022). The studies were carefully and analytically appraised to determine their quality. The use of the critiquing tool enabled comprehensive scrutiny for following questions and details about limitation and strengths of the articles were highlighted. When undertaking appraisal, the articles were critiqued in depth regarding on strengths and limitations.

2.4 Critical appraisal and critique

This literature review aimed to explore and discover the experiences older women experience when reaching menopause. Therefore, the articles identified had used a variety of research methods, such as, randomised controlled design by Rinder et al. (2017), randomised design by Anolue et al. (2012). Exploratory qualitative studies by Jurgenson et al. (2014); Anderson et al. (2011); and Perich et al. (2017), and mixed method, prospective cohort study Pikwer et

al. (2012); along with mixed study Berger and Wenzel (2014) and Chou et al. (2013). These study's designs helped achieve the objectives of the research in an appropriate timing.

In addition, the Berger and Wenzel (2014), study lacked information and discussion on the ethical approval and informed consent from participants. Nevertheless, the Berger and Wenzel (2014), study provided information otherwise regarded as reliable and trustworthy. However, the main limitations of Berger and Wenzel (2014), identified were small sample size, research undertaken in a small based areas and discussion of ethical consideration were not available.

In addition, the studies were able to identify and discover similar results and findings about the older women's experiences during menopause. The selected studies had clear statement of thier aims. The chosen methodologies were appropriate to address the aims. In addition, the recruitment strategy of the studies was suitable for the aims and the collected data also addressed the research issue adequately. Ethical issues were considered in the articles sufficiently such as informed consent and confidentiality. The data analysis of the articles were sufficiently rigorous and adequate as data were present to support the findings. The results of the studies have also been presented sufficiently and a clear statement of the findings were provided. Overall, the qualitative studies had provided information that are described and presented rigorously throughout the research and findings.

2.5 Thematic analysis

Thematic analysis framework of Baum and Clarke (2006), was used to analyse all the literature in this thesis. A thematic analysis provides information in emphasizing identifying, analysing, and interpreting patterns of meaning in the qualitative data. It is used to apply texts, topics, ideas, and interview transcripts (Nowell et al., 2017). The arising themes were presented. Theme analysis allow to enhance understanding of older women's experience during menopause identifying themes and patterns. Thematic analysis was used in the articles of Perich et al., (2017); Jurgenson et al., (2014) and Anderson et al., (2011), to analyse its findings. The studies carefully and thoroughly compared similarities and differences of the themes, it examined to investigate the connection between the categories and subcategories created for its data. The articles also used codes to identify themes when discussing and to avoid confusion about the collected data from partakers. Researchers' audio recorded

interviews and taped to access it later in order to seek clarification while providing analysis of the findings. Themes were also emerged in the literature reviews by the authors.

2.6 Findings

Anolue et al. (2012), found that women experienced irregular bleeding as well as oligomenorrhea and some of those participants were not worried and described menopause as natural. Whereas, 12.9% experienced decreased sexual desirability and experienced symptoms sooner (Anolue et al. 2012). However, 55.3% women considered menopause beneficial because women were freed from menstruation and other women considered it as not beneficial at all due to the symptoms (Anolue et al. 2012). The experiences of menopause that women mostly experienced were psychological distress, hot flushes, night sweat and palpitation (Anolue et al., 2012). The study also found that some women had no previous knowledge of menopause to be able to identify the cause of discomfort whereas; some women reported had been aware of menopause through parents and peers (Anolue et al. 2012). These women were also aware of what measures to undertake when menopause symptoms or discomforts begin which included hormonal replacement therapy, urinary drugs and sleeping tablets (Anolue et al. 2012).

Some of the findings were that older women experience menopause mostly started from 45 years of age and above (Anderson et al., 2011; Jurgenson et al., 2014). The findings of Jurgenson et al. (2014), study were hot flashes, palpitations, psychological distress as well as night sweats. Participants of the study also reported that menopause had a big impact on lifestyles (Jurgenson et al., 2014). Anderson et al. (2011), article had results and findings that were relevant to those found in Anolue et al. (2012) and Jurgenson et al. (2014) study which were night sweats, hot flushes and psychological distress. These results were clearly stated and reported thoroughly in the study of (Anderson et al., 2011). Rindner et al. (2017), also discovered that women experience both physical and mental health issues during the stage of menopause and found that menopause occurred in women between the ages of 45-55 years of age. The findings of Rindner et al. (2017), differ with the findings of Anderson et al. (2011), Anolue et al. (2012) and Jurgenson et al. (2014), because these studies were focused on providing and delivering education to older women about menopause.

The study discovered that the mean age of menopause was 47 years old (Berger & Wenzel, 2014). Berger and Wenzel (2014), participants were from Australia and Philippines. Moreover, the findings of the Berger and Wenzel (2014), article also included night sweats, weight gain, hot flushes, depression, fear of aging whereas some participants experienced menopause as natural transition such as feeling loved, relief from period and pregnancy, increased energy, and improved moods. Henceforth, Australian women reported menopause affected and caused psychological issues whereas women in the Philippines reported it was a joy to get over the menstrual period after a long time (Berger & Wenzel, 2014).

The Perich et al. (2017), study found the main issue that were caused by menopause were women experienced psychological distress. The participants of Chou et al. (2013) experienced menopausal transition earlier due to medication taken for intellectual disability and other findings of the research included women experienced hot flushes, night sweats and insomnia. In appendix 1.1 are the 8 studies that were included and selected to be used in this study. The table includes the main information about each article such as the authors, aims and sampling of the research. These studies were undertaken in different countries including Australia, Sweden and Nigeria. It described and summarised each article in detail by providing the main information of all selected articles that were relevant to the thesis.

All the chosen sources were within the ten-year frame and were undertaken in different countries and the findings within the articles were similar and relevant. All the articles were useful and significant for this research because it provided data and information that were relevant and credible to the chosen research question's purpose. However, the main findings of the studies were that women mostly experienced psychological distress, hot flushes and night sweats. The findings of each article had similarities in their results. The participants of all selected articles were from different cultural backgrounds and countries hence, the outcome of these sources had similarities in the findings. The similarities showed that menopause does not specifically effect ones background differently it has the same effect on women the differences is that the management and resources available for women to use to manage the symptoms and interventions.

2.7 Discussion

All studies in this literature review were able to provide information and findings that were relevant and significant to the research question. Consequently, most of the studies that are included presented similar findings which indicates that women experienced hot flushes, night sweat, psychological distress, and palpitation when at menopause. Menopause experiences also caused relationship issues between families as women with the symptoms experienced psychological distress and uncomfortable to create happy conversations and interactions with the family. Although, other study had provided little information regarding menopause and older women experiences. Undertaking this literature review have been a very useful tool that assisted in obtaining and attaining information that were valid and applicable to the selected study.

This literature review however, presented information that were essential for the study. The most common menopause symptom found in most of the studies was hot flushes which shows that menopause mainly causes hot flushes in most women during the menopause transition. Subsequently, the findings of the studies determined that there were variety of experiences women experienced at menopause that were manageable at home after seeking professional help from health care workers and others were treated using hormonal therapy. However, this type of treatment is not commonly used. Menopausal women tend to manage symptoms by using advice and education sought from health expertise. As the selected studies were published in different countries and backgrounds it were useful in investigating how menopause impacts women from different cultural backgrounds. The results of the studies were vital for this literature review because it allows to discover previous used types of research methodologies as well as suggestion for further research on the phenomenon. The results play an important role because it explores what has already been discovered on the selected topic therefore, the new study could compare and contrast the findings to uncover similarities and differences.

2.8 Conclusion

The current literature identified the experiences of menopause varies from woman to woman. There are different types of menopause experiences during the menopause

transitions this is provided and found in many different articles that were found in the literature review. There are much evidence to support the assertion older women experience many different experiences such as psychological distress, hot flushes, night sweats and difficulties sleeping at night. In addition, the focus of this literature review was to explore and discover the experiences women experience during menopause and have been achieved and discovered through the studies. There were limited literature available about the issue which leads to narrow understanding of the issue only 8 studies were found to be useful and relevant to the issue. This literature focused on gathering and obtaining experiences of older women mainly based in Australia, and international sources. Therefore, the findings of this review were able to provide relevant information that identify and ascertain the experiences of women while on menopause.

As there is a dearth of literature completed on the Eritrean community on the topic of menopause, this research will be beneficial in closing the gaps in the current literature. The Eritrean women will obtain a greater and better understanding of menopause and learn to use the strategies to manage menopause symptoms. This thesis will be translated to the participant's language (Tigrinya) for those who request for a copy of the research in that language hence, the finalised research will be given to the participants that requested to have the outcome of the research.

Chapter 3 – Research Paradigm

3.1 Introduction

This chapter provided a written justification of the research approach, ethical consideration, setting, data collection, data analysis and discussion on the rigour of the project. It builds on the literature review in chapter two which critically reviewed the current literature on women's experience of menopause, including in both quantitative and qualitative studies. Menopause impacts women significantly due to inadequate knowledge and limited literature and research available on the phenomenon. This chapter also provides details on the research methodology and methods used to finalise this study.

Women from the Eritrean Community often fail to discuss aspects regarding menstruation or personal health issues (Rogers & Earnest, 2014). Therefore, providing social acceptable understandings of the women's realities of menopause is important in informing nursing practices (Latimer 2008). This is an important issue for nurses, to explore how women from the Eritrean Community are effected by menopause. It is important for services to address the issues experienced by various culturally and linguistically diverse (CALD) groups during menopause transitions (Anderson et al., 2011). Furthermore, the hypothesis of this research was to discover and explore the experiences of women in the Eritrean Community who have experienced menopause.

The type of methodological approach used for this thesis was qualitative approach and descriptive phenomenology design. Qualitative research is known to be one of the best paradigms for undertaking research that focuses on collecting data that is based on lived stories and experiences of an individual (Gaus, 2017; Kelly, 2017); it relies on obtaining data from the research by using methods such as interviews or surveys (Leavy, 2017). For instance, in this case the aim of the research was to explore and discover the different experiences the Eritrean women experienced during menopause transition. Therefore, the aim of the study has been achieved and attained using this type of research methodology. Consequently, the chosen paradigm was found to be the most suitable and appropriate for this study (Leavy, 2017). Subsequently, the applied methodology was descriptive phenomenology; it focuses on describing human experiences of any chosen phenomenon for the research (Patton, 2019).

This type of methodology gathers information from people's experiences of any specific issues that occurs or encounter in health and social issues (Patton, 2019). In descriptive phenomenology the usual sample size of participants is approximately 5-15 with the main research paradigm being qualitative research (Patton, 2019). The main goal of qualitative research is not necessarily how many participants, but the saturation of the themes that arise from the analysis.

3.2 Saturation of themes

Saturation is widely used in qualitative research to describe the cut off point for data collection and the main areas of discussion from the data (Saunders et al 2018). For example, the participants when interviewed discussed the same issues arising from a lack of connection to health professional, as a theme across all participants. Those areas that are discussed by only one participant and are off topic does not indicate a theme (Saunders et al 2018).

3.3 Research approach

Qualitative research is a type of methodological approach that aims and focuses on attaining data from participants that has been experienced or lived (Gaus, 2017; Leavy, 2017). Furthermore, the chosen epistemology for this research is a qualitative study. Data was collected using interviews which allows the research to achieve and gain extensive and deeper information about women's experience of menopause (Gaus, 2017; Leavy, 2017).

In addition, qualitative research focuses on gathering and analysing information from real and lived stories, experiences (Kelly, 2017). Therefore, this paradigm best suits the research question.

According to Kelly (2017), the qualitative paradigm provides a detailed and in-depth information and it analyses and explores feelings and experiences of participants deeper. It also allows participants to provide comprehensive responses about past lived experiences (Gaus, 2017; Gelling, 2015; Kelly, 2017; Leavy, 2017). In addition, qualitative research consists of several methodological approaches and tools such as phenomenology ground theory and ethnographies (Gelling, 2015; Leavy, 2017; Kelly, 2017). The use of qualitative approach enables the researcher to identify and explore the different experiences of women during menopause phase. Additionally, qualitative research mainly focuses on enabling the

researcher to explore and discover real human experiences personally and socially (Gelling, 2015; Kelly, 2017; Leavy, 2017). It also obtains a deeper sympathetic regarding the causes of the experiences that are discovered (Gelling, 2015; Leavy, 2017; Kelly, 2017).

Consequently, the phenomenology approach is the type of methodological approach that is selected to be used in this research project. It focuses on individual's real personal stories from the past (Gelling, 2015; Patton, 2019). The chosen type of phenomenology is descriptive and interpretive both are part of phenomenology categorisations (Patton, 2019). The descriptive phenomenology focuses on describing the experiences of participants (Patton, 2019). Accordingly, this phenomenology framework used to analyse data in the data analysis when data collection was completed (Gelling, 2015; Patton, 2019). Additionally, both phenomenology and descriptive phenomenology were utilised in the data analysis process because both focuses on obtaining and attaining information from partakers. Both phenomenology and descriptive methods also aim to gather and collect trustworthy, accurate and valid responses from participants involved in the research (Gelling, 2015; Patton, 2019). Moreover, phenomenology supports and facilitates the researcher to determine the different ways to use in the collected information to be able to answer the research question. The phenomenological approach also concentrates on the appearances of different experiences identified in a study obtained from participants (Gelling, 2015; Patton, 2019).

In addition, the amount of data collected makes the interpretation and analysis process very time consuming (Kelly, 2017). The research quality and successful outcome is dependent on the skills, experiences, qualifications and knowledges held by the primary researcher (Lamanna et al., 2019). Another qualitative research limitation includes that the researcher must always be present when gathering data from participants' which might affect the responses given by the participants (Lamanna et al., 2019). Confidentiality and anonymity can be difficult to maintain in this methodological approach since personal information will need to be collected from participants (Kelly, 2017; Reel, 2011; Turner III, 2010). Although, findings would be difficult to present appropriately and accurately (Kelly, 2017; Lamanna et al., 2019).

3.4 Setting and participants

The setting of this research study was based in Adelaide and women in the Adelaide Eritrean Community were invited to participate in the research. Women were eligible to participate in the study if women were:

- Between the age of 45-70 years old from the Eritrean Community in Adelaide
- Have completed menopause
- Born in Eritrea
- Lives in Adelaide
- Willing to participate

Data were collected using interview questions through face-to-face interview and telephone interview. The participants were encouraged to undertake the interview through telephone to minimise physical contact due to the Pandemic COVID-19. Nevertheless, these participants were given the opportunity to choose how to undertake the interview. However, a comprehensive explanation and description were provided to participants regarding the Pandemic to enhance understanding of minimising physical contact. A poster was created Appendix 1.2 to stick behind women's toilet in the church the Eritrean women attend thus, these women know if they are interested in taking part of the research are welcomed to participants with their consent and it is voluntary. Before sticking the poster on the door a letter were emailed to the priest appendix 1.2 requesting for permission and approval. Which were approved and confirmed to stick it on the toilet door by the in charge priest.

A letter to the priest was written and emailed to ask for a confirmation of the poster created in appendix 1.4 if it could be displayed on the back door of the women's toilet. This enhanced and helped increase the number of participants who volunteers to participate. The letter that was written to the priest is in Appendix 1.4.

In qualitative research selection of correct sample size plays an important role in collecting and obtaining information from participants that is comprehensive and in depth of the phenomenon (Gaus, 2017; Kelly, 2017). In this case, the aimed sample size in this research project was 5-10 women. Small sample size was chosen because appropriate determination of sample size is crucial for research. Hence, in qualitative research this size supports the

depth of the findings which is fundamental (Gaus, 2017). Eritrean women between the age of 45 and 70 were recruited. In addition, the exclusion criteria include women under the age of 45 and over the age of 70 were excluded as younger women might not have reached menopause yet. Although, these women would have inadequate and insufficient knowledge about the phenomenon. Furthermore, women over 70 may not be able to recall the experiences of menopause and were excluded.

3.5 Data collection

Semi structured interviews were used to gather and collect data, the interview questions are in appendix 1.3. This type of interview process is best used when discovering and uncovering experiences of participants on the specific phenomena (Gelling, 2015). According to Gelling (2015), undertaking interview provides rich information about individual's experiences and understanding of the phenomenon that is being studied. Interviewing participants were used to collect data and the chosen approach is the easiest way to obtain information about women's experiences of menopause (Gaus, 2017; Leavy, 2017). Interviewees were encouraged to discuss and motivated to open to provide insightful discussion and information about the experiences (Leavy, 2017). The interviews were undertaken between 30-60 minutes with each participant.

Moreover, when undertaking face to face and phone interview it was audio recorded. Audio recording enables the researcher to provide and present the results in a way that is accurate and exact as the researcher could access those collected audios at any time to seek some more clarification and interpretation when necessary (Leavy, 2017). This interview were focused on participants individually which means the interview only involved one participant at a time. During this interview, a comprehensive data were collected and gathered. The data collected from the face to face interviews was translated into English by the primary researcher from the native language of the participants (Tigrinya). The interview transcripts were translated verbatim into English by the researcher in detail by including every word the participants said at the interview. Then the results collected from the interviews were compared to those results found on the selected articles. Which indicated that most of the experiences found on both sources had similarities such as the findings of hot flushes, night sweats and blood loss. This research project is valuable and useful in answering the research question concisely and

comprehensively. The obtained data using semi-structured interview were real stories and experiences of the Eritrean women experienced during menopause transition. Furthermore, conducting and choosing semi-structured interview method was one of the most appropriate tools in this research because conducting interviews are designed to facilitate gathering information from people that are genuine and trustworthy, and it is mostly used in qualitative research.

3.6 Data analysis

The gathered data were analysed through using phenomenology descriptive, this tool is used to analyse collected data of qualitative research (Patton, 2019). Additionally, in accordance with ethical research practices, each participant's information was kept confidential and anonymous as it was not shared with anyone else except the primary researcher.

While analysing the collected data, this process involved listening back the recorded audios several times to find and identify similarities and differences of the collected data (Gelling, 2015). Themes were identified through continuously listening to the interview tapes, reading of transcripts. Data manageable through initial categories, which include distress, menopause experiences. Themes were established and developed; this enables the researcher to discover relevant and significant experiences of the various participants who participated. Additionally, other data analysis tool that were used is categorising the data because this action enables the researcher to separate the responses in group from the patterns found from the data collected into a more convenient category (Gelling, 2015). Consequently, the findings were presented thoroughly and comprehensively with the provision of coherent and succinct description. The data analysis provided a reflective and spontaneous information because it only contained and focused on the most important information, and it eliminated data that was not as significant to the phenomenon studied, which were exploring and discovering the different types of experiences women experience when at menopause (Gelling, 2015).

3.7 Ethical Consideration

The Research Proposal received full approval from the Flinders University Social and Behavioural Research Ethics Committee in October 2020 and the Approval number is 2505. To protect the participants' personal information, all personal information were kept in a well

secured laptop with a secured password. Therefore, hard copies were placed and kept in a room that is locked but only accessible to the researcher. As a result, the confidentiality of the responses obtained and collected remained private as it was not shared with anyone. The anonymity of all participants was maintained by not sharing or showing any data to anyone else except the supervisors and the primary researcher. The ethical issues identified in conducting this dissertation are confidentiality of all menopause information was initially ensured in the process of request of participant's participation.

- De-identified data utilised to avoid direct use of personal information of participants
- Confidentiality of all kinds of information collected from participants were guaranteed through reassuring the participants that no information would be shared or passed to any other person.
- Pseudonyms in the form of number were used
- The confidentiality of all participants' interview data was ensured that it was securely stored and managed separately from other personal information.
- Each volunteer who participated in this study signed and returned the consent form directly to the researcher.
- Initially all participants were aware of the right to withdraw from the research at any stage of the research without having to explain why and without prejudice of the participant.
- All participants who participated in this research had freely signed the Consent Form before undertaking the interview.

3.8 Thematic analysis

Themes were identified and discovered within this research methodology because the collected data from the participants via interviews were able to show these. The type of analysis tools is thematic analysis where coding and identifying patterns occurred within the gathered data from the partakers of the research. All the used tools were appropriate and significant for this research because in a qualitative study using this facilitates a better outcome and conclusion. Many themes were emerged and identified from the interviews, thematic analysis framework of identifying themes were used to ensure that it was accurate and reading back the interviews assisted in accuracy and validity of the themes. This research were based on finding and gathering information about menopause that were collected from

real lived experiences of the Eritrean women in Adelaide. Therefore, as part of the thematic analysis, an inductive and sematic approach were used to identify and finalize the themes from the collected data of the participants. This approach was useful for performing investigation on analysing patterns and themes of the data.

3.9 Themes

Themes are concepts, relational patterns, and cultural propositions that emerge from diverse and detailed experiences of participants and provide recurrent and unifying ideas about the subject of the research aim (Bradley et al., 2007; Belotto, 2018). Themes are essential concepts that characterize experiences of an individual participants by providing insightful information that are apparent for the data (Belotto, 2018; Castleberry & Nolen, 2018). Subsequently, thematic analysis in qualitative research improves generalizability of the study; qualitative research has been emerged as one of the main methods of conducting research and the results of a qualitative research are valid and reliable (Castleberry & Nolen, 2018). Thematic analysis in qualitative research provides a sophisticated tool to achieve the goal of the findings (Belotto, 2018). Thematic analysis aims to create insightful, sensitive, rich, and trustworthy study findings and conducting thematic analysis aims to meet the trustworthiness standards by using examples from the gathered data of the study (Nowell et al., 2017).

Thematic analysis is known as a method used for identifying, organizing, analyzing, describing, and reporting of themes that were identified and discover from the obtained research data (Nowell et al., 2017). In thematic analysis there are two types of methods to be used to perform analysis which included inductive and deductive method (Nowell et al., 2017). Inductive method involves formulating the collected data and results of the thesis as well as the nature of the obtained data. Also, the nature of the gathered qualitative data affects the results of the study. On the other hand, deductive method involves approaching the analysis of the data with themes and categories that are been pre-determined to which the data is been evaluated (Nowell et al., 2017). Hence, the results of study are dominated by categories and themes of the research. Thus, in this study the used type of thematic analysis was the inductive method because in this study the themes were created and identified for the data without known preconceptions and allowed the themes to emerge from the determined data.

Consequently, there are two types of thematic approaches semantic and latent approach (Nowell et al., 2017). Semantic approach concentrates on identifying themes based on the written or stated words of participants. In addition, semantic approach was used in this research as it involves analyzing the explicit content of the data. Therefore, latent approach aims to focus on underlying meaning and interpretation of data unlike semantic content.

The framework and template used for thematic analysis used for themes were identifying and familiarizing data, identifying codes, find themes in data, finalize themes, review every theme, and document analysis (Nowell et al., 2017). Each of these thematic analysis tools were utilized and undergone in this research for identifying and finalizing themes of the research. Following these frameworks was very useful for allowing the gathered data to recognize and categorize the credibility and validity of each data. Also helps the research to have and know a lot of information regarding each obtained data. Which makes the findings and analysis of the study to achieve reliable and valid outcome to answer the chosen research question for the study. Overall, it was very beneficial and valuable to use and follow in this study.

3.1.1 Identify and familiarize data

In thematic analysis the first thing to do is to know the collected data and understand, which can include knowing how it were collected which types of method such as survey or interview. However, in this case all the data obtained and collected were via semi-structured interview. Continue reviewing the data constantly and be familiar such as taking notes and thoughts about the data to use in data analysis (Nowell et al., 2017). Having adequate and detailed knowledge of the data's credibility and obtaining it in the best manner (Belotto, 2018; Castleberry & Nolen, 2018). Another important part of the data familiarizing is that collected must not be lost or missing. The researcher must ensure that all the data are stored securely and protected as much as possible. To avoid data loss the gathered data were placed in a password protected laptop and computer which were only accessed by the primary researcher. Collected data was backed up in a password protected hard drive also ensured the used laptop and computer were all up to date with the applications and operating systems for data protection and cybersecurity. The researcher continued to go over the conducted interviews to become familiar enough about the data which assisted to achieve an excellent

outcome of the research. To avoid a loss of data it was all protected and secured where no one could see or access.

3.1.2 Identifying Codes

In this process, the researcher must read and be familiarize with the data such as having ideas on about what the data includes such as identifying which ones are the most interesting. In addition, the codes should be produced from the data and the researcher must continue revisiting the data (Nowell et al., 2017). Coding assists the researcher to focus on a certain characteristic of data, then this will enable the researcher to have structured data and develop ideas in the data (Nowell et al., 2017). During this process important texts of themes were identified and labelled from the collected research data. Therefore, during this coding process of this study, transcripts were continuously re-read, and codes were refined numerous times to check and verify the meaning (Nowell et al., 2017). In this section the researcher repeatedly went over the transcripts to find the best possible codes for the themes (Nowell et al., 2017).

3.1.3 Finding themes in data

When the data were initially coded and collated, and a list of the codes were identified within the collected data, then the process of finding themes began. Finding themes involves sorting and collating all relevant coded data abstracts into themes (Nowell et al., 2017). A theme is defined as an abstract entity that brings meaning and identity to a recurrent experience of individuals (Nowell et al., 2017). Therefore, a theme captures and unifies the basis of the experience into a meaningful outcome (Belotto, 2018; Castleberry & Nolen, 2018). Themes were identified and created via bringing ideas or experiences together, which can often be meaningless when considered on its own. When the themes are identified, it is a significant concept of the research outcome as themes link substantial portions of the data together (Nowell et al., 2017). A theme can be generated inductively or deductively from the raw data or from theory before research. Therefore, in this research the chosen and used approach was an inductive approach, as themes were identified and strongly linked to the data gathered and have relation to the questions that were asked to the participants during the semi-structured interview. Therefore, an inductive analysis is a process of coding the data; no

pre-existing coding frame is used in this type of analysis (Nowell et al., 2017). This form of thematic analysis is data driven.

3.1.4 Reviewing themes

In this section, the themes were developed, and then refinement of each theme as required. In this phase the researcher must review the coded data on each theme and determine if the theme forms a coherent pattern. The validity of every theme was determined on whether the themes reflect on the meanings of the data set accurately (Nowell et al., 2017). Any inadequacies or errors in coding and themes initially were reviewed and revealed and making changes where necessary (Belotto, 2018; Castleberry & Nolen, 2018). Some of the changes to be made could be that the researcher identifies an issue in the text that is missing coding hence, a new code can be devised, or it may be deleted if it coincides with other identified codes (Nowell et al., 2017). Additionally, themes that have inadequate data to support can also be identified and found in this phase. Therefore, the selected themes were refined into themes that were detailed and broad to describe the data ideas in various text segments (Nowell et al., 2017). Also, collected data were minimized to become more manageable so that it is succinct to summarize the themes into text (Nowell et al., 2017). Themes and data within must meaningfully cohere together including identifiable and clear distinction among the themes. By the end of reviewing the themes process, the researcher must have a good knowledge of all themes and overall, of research data (Nowell et al., 2017).

3.1.5 Naming and defining themes

The research should be able to understand about each theme such why and what is interesting about the identified theme. For all themes a detailed analysis must be conducted and written as well as identifying what story each theme tells (Castleberry & Nolen, 2018; Nowell et al., 2017). It is evident that the names of the themes must give the reader a sense of insight of what the theme is about (Nowell et al., 2017). Therefore, the researcher must now know how each theme fits into the overall data of the research question. Themes should be read through several times and the codes must be examined numerous times to achieve enhanced outcome. In this case the data were reviewed 10 times by going through it and reading it all over repeatedly to ensure that there are no missed information or data. Spending sufficient time to devise the themes improved and enhanced the credibility of the

findings. Therefore, it is essential by the end of this process, the researcher must be able to provide definition of the themes (Belotto, 2018; Castleberry & Nolen, 2018). A clear and succinct description of the extent and content of every theme must be provided and so that the researcher can move to the next section after this process.

3.1.6 Analysis Reporting

This process is to be used when themes are prepared and ready, and the beginning of the final analysis starts and writing of the final report. Hence, thematic analysis must be written up succinctly, consistently, non-repetitively, and an interesting report of the data and the themes (Nowell et al., 2017). Researchers must communicate clearly so that it is accessible to a reader and data set are credible and realistic (Nowell et al., 2017). To make the reporting process convenient for the researcher the methodological transcripts and all other relevant notes to the reporting section must be kept so that it is accessible to go back and review as much as needed (Nowell et al., 2017).

3.1.7 Rigor appropriate for approach

When qualitative research is required and undertaken properly it is valid, unbiased, rigorous, and credible. In this methodological approach there were several evidence provided to support the findings (Milne & Oberle, 2005; Turner III, 2010). Both validity and reliability are important in qualitative research and are seen more frequently in this approach. When assessing data collected for reliability and validity, it focuses on credibility and objectivity of the study (Milne & Oberle, 2005). Stability of data is reliability whereas, the integrity and authenticity of data is validity. Furthermore, validity of a research findings refers to the accurate presentation of the topic investigated (Milne & Oberle, 2005; Turner III, 2010). To ensure that the findings are unbiased, it is vital that the researcher does not change or alter the gathered data from participant's experiences whilst data analysis (Milne & Oberle, 2005; Turner III, 2010). Moreover, the researcher should give the participants the opportunity to go through the data and analyses to seek some feedback and clarification of the responses and how it is presented (Milne & Oberle, 2005; Turner III, 2010). Through this method the researcher were able to obtain and identify for inconsistencies and had the opportunity to make some alteration to the data analysis (Milne & Oberle, 2005). Additionally, comparison were used for data; for instance, an interview should be compared with previous study

findings of the phenomena (Milne & Oberle, 2005). The use of comparison allows the researcher to identify emerging themes in the research project (Turner III, 2010). All responses obtained from participants must be valid to ensure the validation of the responses; hence, it is important to contact the respondents and check the completed findings when the data are analysed. Participants of the thesis were given the opportunity to review the transcription of the interview and all the collected data provided. This process involved a phone consult going through the responses with participants after the interview.

3.1.8 Summary

This research used a phenomenological, qualitative approach to seek responses from the Eritrean women living in Adelaide regarding menopause experiences. Semi-structured interview was conducted and recorded to collect data. As there has been little previous research published for this phenomenon it was essential to recruit and retain women who had been through menopause to collect varied range and detailed data as possible to identify the main experiences caused by menopause. Data collected contained the main and basic experiences of menopause.

This chapter presented the research methodology and methods used to gather data as well as the processes that were followed and undertaken for successful research outcome. In addition, this chapter has been able to provide and present the required information and allows the thesis to have the correct steps to take initially. Therefore, the chosen paradigm for this study was qualitative research because it is vital for obtaining comprehensive and detailed information from participants. The rigor of qualitative research were important for this research because the collected data were analysed and possible inaccuracies were identified by involving the participants to review the responses. Furthermore, the collected data were analysed through using descriptive phenomenology as it is part of the qualitative research used when analysing qualitative data. Semi structured interviews were conducted for the collection of data from participants through face to face and telephone contacts. The participants were recruited from the Eritrean Community Adelaide. This research was able to achieve the necessary findings and overall outcomes to answer the research question.

Chapter 4—Findings

This chapter of findings provided the results gathered from this study including results from literature review and data obtained from the participants regarding menopause. Within this chapter the main points that were covered are the data and the results relevant to this research which have been achieved and will be presented below. The study found that menopause had an impact on the Eritrean women in Adelaide due to inadequate previous knowledge of the phenomena. The experiences these women were increased stress levels, hot flushes, sleep disturbance, decreased quality of life and constant mood swings.

The study consisted of six Eritrean women from Adelaide ranging ages from 45-70, the youngest participant being 46 and oldest participant being 69 years old, and the participant was in the post menopause transition and have had all experienced menopause symptoms. These participants have lived in Adelaide from 8-20 years. All participants were female and only from the Eritrean community Adelaide. Similarly, all the participants experienced similar menopausal symptoms. The severity of the menopausal symptoms women experienced ranged from mild to severe and some of the symptoms were manageable and some were not easily manageable.

The analysis of interviews created themes. The themes created are presented below and it represents consistent findings and replicated patterns across all collected data including categorized data from the interview transcripts. The identified themes were; 1) 'stress' unsure how to handle it, why it is happening, unaware of the effect of psychological distress; 2) 'Night sweat' sleepless nights most of the time, continuous worrying due to lack of inadequate sleep; 3) 'Affected the participants' family members' felt helpless in the situation and did not have an idea on how to help except to be supportive and caring at the difficult time; 4) 'Not knowing where and how to get help' kept the, did not seek help from anyone until the last minute, wished had a better knowledge and education about the whole situation; 5) 'Blood loss' increased the stress levels experienced, loss of motivation to do anything, felt tired most of the time; 6) 'Menopause knowledge', very little information and knowledge, did not know about the available resources to use, thought it might be something normal to experience in

that age, assumed will somehow get over this situation; 7) 'Society impact', women tend to speak less, do not have adequate confidence to open up regarding health problems faced, insecurities of being seeing not strong enough to face the issue, considers it acceptable to experience some changes as a woman, and; 8) 'Barriers', the barriers that affected the women from accessing health care were language, religious, cultural and traditions barriers.

4.1 Themes

There were two themes that emerged from the interviews: 'feeling stressed and upset' and 'being overwhelmed by the different symptoms'. These themes are discussed below.

'Feeling distressed and upset'

Most of the Eritrean women interviewed stated they 'felt stressed and upset' regularly and became upset over 'little things'. The quote below also identifies family concern regarding distress and lack of understanding by families as to the process of menopause and the changes in behaviour and coping of the participant.

"My stressing moment started all the sudden making me upset which then leads to showing sadness in my face making my family concern about my wellbeing because my family also were not aware why I am going through this" (participant 2).

In addition to feeling stress, the participant acknowledged feeling helpless and lacking knowledge about menopause and its impacts on women and struggled to manage the symptoms and were unsure about what was causing the health changes.

"I was unsure about what I must do to prevent this issue from happening to me whether I should seek help from my doctor or speak about it with my family, both were very hard for me to do as I am not used to discussing or talking with others about my personal issues, eventually, it was out of my control I could not keep it anymore I had to see my doctor" (participant 4).

The lack of information was ameliorated when participants contacted health professionals. Few of the participants reported help was sought from health care professionals and also shared the changes with families. This action enabled to gain vital support and decreased the chances of experiencing some menopause symptoms.

“The support and the care I received from family and doctor was enormous, the doctor provided me with the best possible advice about menopausal symptoms that it is normal and can impact my quality of life such as giving me mood swings, but I can manage it appropriately myself and with the help of my family, my family were one of the main resources that helped me overcome menopause successfully and supported me throughout the whole journey” (participant 3).

This theme ‘Feeling distressed and upset’ have impacted the Eritrean women significantly due to inadequate knowledge and education about menopause and the side effects associated with it. The participants reported that even though participants had not shared it with anyone for quite some time before seeking professional help, participants mentioned that menopause experiences improved after obtaining the proper care and advice from health care professional. This illustrates that the participants have gained better understanding of the importance of getting help from health care workers.

‘Being overwhelmed by the different symptoms’

Participants could not manage the symptoms because they felt it was too much to handle and were not aware how to put it under control. Most of the participants were overwhelmed by experiencing different changes/symptoms on bodies continuously and faced difficulties managing the symptoms and not knowing which to manage first as it all appeared at similar times. The quotation below highlights this theme:

“I would sometimes spend the whole day sleeping and not doing anything around the house because I was just overwhelmed of what or how I need to make these experiences go away from my body so that I can return to my daily routine” (participant 5).

Not having confidence and being shy to speak up were difficult for Eritrean women to discuss health deterioration without hesitation. In addition, these women found it hard to seek help and reported it as one of the hardest and overwhelming situations because the participant did not know how to describe or talk about the situation.

“I can say that the thought of going to the doctor and seeking help were one of the hardest decisions and overwhelming because I was shy to share my

personal concerns and could not speak fluent English to explain it, I had a fear that the doctor would not understand me and help me” (participant 3).

Participants were concerned that it might be prolonged to seek help from health care professionals now. As most of the women hid it from telling other, women were worried that it might be something serious health problem and thinking maybe it's too late now to find the appropriate treatment.

“After seeing my doctor, I wished I had come earlier because the doctor reassured me that I shouldn't worry much and should just focus on getting the appropriate help, I learnt the importance of seeking help when required at early stages because there are ways to seek help from different health experts” (participant 2).

It was overwhelming to manage and control the symptoms of menopause because it usually occurred at the same time which were confusing for the participants to know what was happening. However, after seeking help from general practitioners participants were glad to have attended there and have sought the help needed to manage the symptoms.

The theme below discusses and describes the different experiences the participants experienced at the time of menopause. Therefore, the themes are presented and provided in a form of quotation the participants stated while undertaking the interview. This is to better provide the results of the thesis that were gained from interviewees.

“I visited my general practitioner with the same symptoms several times, but the doctor just said take Panadol when needed. It was never getting better than after a while I took an interpreter with me which helped me describe my concerns better and clearer and the doctor mentioned I was experiencing menopause symptoms, after that I was able to get the appropriate healthcare assistance to overcome my symptoms” (participant 4).

The barriers impact on the Eritrean women was immense because participant 4 attempted to describe the symptoms to the doctor, but the language barriers were very difficult for the doctor to understand and to provide the correct treatment and help.

It was found that, menopause affected and caused poor quality of life in the Eritrean women. As most of the interviewees had been advised by the healthcare professionals to exercise

more frequently to minimize menopausal symptoms hence, participants stated that some of the symptoms eased or minimized with exercises (Sternfeld et al., 2014).

“By undertaking different types of body exercises such as walking and jogging I achieved good outcome for managing and easing most of the symptoms I was experiencing, this helped me a lot” (participant 6).

A greater improvement of symptoms was achieved by continuous exercising such as hot flushes, insomnia, psychological distress, anxiety, and mood swings. Subsequently, the findings of the research conducted showed that most of the recruited women were not aware of the phenomena. Hence, women were able to be knowledgeable about it when experienced it after arrival in Australia. Some of the Eritrean women stated that it had a big impact on the women and families because these women had continuous feeling of unhappiness and stress that caused more stressful moment with families throughout the menopause cycle. Participant 1 had stated in the interview that the causes of menopause were immense on relationship with family because Participant 1 experienced constant mood swings and loss of motivation. The family were therefore concerned about the wellbeing of Participant 1. But bravely these participants mentioned she was brave enough to speak to her husband and kids about it and educated the children about it after she knew what it was. So that the children knows the problem and that the children have some beforehand knowledge to keep and know what to expect when reaching that menopause phase.

The experiences participants experienced were similar and the same to those common side effects of menopause found in the articles of Anderson et al., (2011); Anolue et al., (2012).

“Once I talked about menopause with my family and doctor, I was able to find ways to manage it easily but when I kept it to myself for some time it was affecting me significantly” (participant 3).

However, this participant overcame the health concerns through seeking help from a health care professional which was from the General Practitioner and physiotherapist. But in the first as a different background and language barriers issues, was not aware about what was happening had not had adequate previous knowledge or education, it was tough to go to the Doctor and discuss about the issues with the background that is very shy. Furthermore, if all the Eritrean women participants had previous knowledge of the problem it would have been much better to be aware of what to expect and the ways to manage the issues.

Psychological symptoms have been a big impact on the participants as continuous issues with families arise because of the mood swings constantly, distresses and anxiety. This study determined higher and significant psychological symptoms caused by menopause in the Eritrean women. Menopause can also be caused by environmental factors, such as cigarette smoking, social-economic status and alcohol consumption however, the selected participants did have some social-economic status issues while back at home (Palmer et al., 2003). But due to the culture and tradition these women have not smoked or consumed alcohol at all (Palmer et al., 2003). Therefore, the social economic issue might have increased the women's time to reach menopause earlier or worsen the symptoms.

4.2 Education and lack of knowledge

All of the participants understood that it is very important to have education and knowledge in advance about menopause because it is hard to find a solution or solve the issue when it occurs. Therefore, adequate knowledge would have helped the Eritrean women sought assistance from the appropriate resources available earlier and the experiences would have been managed and controlled.

Participant 4 understood the importance of knowledge and stated that with sufficient knowledge about the steps to follow is clear and coherent seeking help is required for example, how to seek help and from where. Hence, attending to health care workers and sharing the problem with others would be the first step to take in order to find the appropriate solution and treatment. She had no access to education nor knowledge in the previous years and the steps she needed to take.

“We as Eritrean women grew up in a society where speaking up about personal issue is avoided and not listened to and we cannot talk about symptoms as we have fear of speaking up and being judged” (participant 6).

The participants were aware of the issues with being shy, unable or avoiding to discuss any personal things with anyone and wished that if the society were more accepting, encouraging and educating women to speak assertively. The participants comments illustrate the cultural and background barriers are causing and preventing the Eritrean women from seeking help

when required in Adelaide due to this, women still are found to be avoiding healthcare and are staying at home and attempting to manage it by not sharing with anyone.

The participants openly discussed the impact of menopause on the stress levels and the role of stress on the ongoing wellbeing.

“Becoming stressful were one of my main menopause symptoms, it continued to get worse overtime until I sought the required vital advice to manage it myself” (participant 4).

This generation of the Eritrean women had no access to education because some of these women were from villages where seeking education was not possible or they would travel for hours to the education centre. Due to the war that happened in Eritrea these women fled the country for safety. Thus, this caused additional hardship to seeking any general knowledge and information. Eritrean women still struggles to find relevant information about health problems when growing older. Therefore, inadequate knowledge about the phenomenon worsened the women’s menopausal experience.

This participant had mentioned that she had no previous knowledge of menopause from healthcare systems. Hence, no access to information or knowledge regarding women health from the health care sectors.

“When I attended my doctor I was shy and found it overwhelming to talk about my personal health concerns to others because I have not done it before. I had lack of knowledge to openly talk to the relevant healthcare” (participant 5).

People from different backgrounds that reside in Australia believe that it is normal to experience health related psychological distress and seeking help is not necessary. Therefore, Eritrean women were waiting for menopause to disappear and were not conscious of the healthcare resources and other specialists who are able to help. This is because of the lack of knowledge and education about healthcare and what healthcare has to offer to everyone.

Speaking up and shyness

Not being able to speak up and shy have a big impact because it means that hiding of experiences and symptoms that you feel in your body. This is a big issues in the Eritrean women because the society they were raised in happens to be a shy community and does not

encourage women to openly discuss instead it expects women to stay quite. Another barrier is that no adequate knowledge and information is provided to these women about their health and the things they need to be aware of as a women.

All the participants had children and husbands. The family members' experienced continuous worries due to the constant mood swings women experienced and these family were unsure how to help. *"My family were also not sure what could have possibly happened all the sudden"* (participant 1). Eritrean women avoided speaking to the family about the current issues and was unsure about what was causing the mood swings to worsen over short period of time. Participants believed that if had discussed it openly between the families at home, would have received the appropriate care and help from families and other healthcare professionals.

"Most of the time I use to wonder what was going on with me, as I was experiencing mood changes, I kept on being upset and unhappy and I use to get angry over small things that could have been easily managed" (participant 1).

Participants were asked as part of the interview question if there are advices they would give to other women at menopause or for those reaching menopause. Hence, the advice given by participant 2 is as follows:

"The advice and information I would offer to the Eritrean women in Adelaide is to regularly see doctors and have regular health checkups whether its related to menopause or not because it is important for everyone to know where the current health of the women is at and what can occur over time with age, every women should be aware that there are many resources to use and attend for any concern that might arise, especially as a women we come across and face many health issues that we need help with from healthcare professionals" (participant 2).

This advice is important because the participant has talked about the importance of knowledge about women's health and the resources to use are provided everywhere and are easily accessible. Women should seek help and be open whenever they start experiencing abnormalities in their bodies for early detection and treatment. Although, general health check of the women should be done.

According to the literature review of the phenomenon feeling tired was one of the most commonly experienced symptoms for women throughout the time of menopause cycle. Consistently, this research has also identified and explored those women experienced feeling tired most of the time without any specific reason or over doing things. *“Would just get up one morning feeling tired and continues like that all day” (participant 3)*. Loss of motivation and decreased energy were also another experiences.

“My interest and energy decreased on my usual house chores that I use to do happily and cheerfully, and I became less energetic, and I felt consistent tiredness without even doing anything or when I do little housework, for example cooking which used to be my favourite thing to do” (participant 3).

As evident in studies experiencing night sweats had occurred in menopausal women constantly, and reported it had impacted sleep patterns and scare some women with little previous menopause knowledge. The Eritrean women could not have a comfortable sleep and had to get up and have a shower in the middle of the night. These women lacked knowledge about the management and interventions to utilise to manage and prevent the symptom. Eritrean women understood that previous knowledge about the phenomena would have assisted to minimise the symptoms and manage it appropriately.

“My night sweats were not pleasant, and it used to scare me because last time I remember experiencing night sweats were during my early postpartum times, when I experienced it this time I was very curious to know what was happening to me and what was causing this issues on my body, but then my doctor explained to me that it is part and one of the menopause symptoms women experience during this phase and it is normal” (participant 6).

Although, sensitive or personal concerns are not openly known or spoke about in the society, this have left the Eritrean women to experience the worst situations because of not knowing how to handle the situation which were very challenging. Eritrean women have very small information about any health-related issues and if these women come across experiencing something new it is normal to ignore it. In the Eritrean community in Adelaide, women have not yet collaborated together to discuss about health related issues.

As the questions were opened that required further and detailed response about the question being asked an open discussion and in-depth responses were obtained from the participants. This has ensured the themes and analysis are representative of the participants insights into the impact of menopause. Participant 3 made the statement below:

“The interview questions you asked me in this interview are excellent because from my point of view it have pushed me to really speak out about my menopause experiences more comprehensively and broadly and I feel more confident and relieved to talk about it again with others and I am sure that you will collect reliable and valid information by asking these questions” (participant 3).

The quotation above identifies the questions asked provided the participants with the opportunity to reflect deeply on their experiences of menopause. This was a statement received from one of the participants, the interview questions were indeed helpful for gathering data from participants because it allows participants to respond in a detailed manner with valuable and accurate information about the lived experiences. This shows that undertaking the interview method for obtaining data from the participants in this research was suitable and beneficial.

Little previous knowledge

Little previous knowledge of an issue is significant because once the issues occurs the previous knowledge will assist in appropriately managing it without difficulties. Eritrean women have very limited knowledge and information about menopause because these women did not attend or sought education about it before hence, inadequate knowledge led to fears of seeking professional help from health care. Basic or advanced knowledge about issue is significant because it assists participants to be aware of some of the experiences that must be identified when experiencing it. However, these women were not able to achieve or gain those important knowledge and information about menopause which had results in causing the Eritrean to experience difficulties and hardship in managing and controlling the symptoms.

All the Eritrean women highlighted the lack of previous knowledge of menopause. This is illustrated in the quotation below:

“As I had little previous knowledge about menopause it was very difficult for me to see a health care professional, if I had known more about it, I believe I could have managed it better and sought help earlier” (participant 1).

The limited knowledge was also emphasised in the participant’s lack of insight into the consequences of blood loss. Blood loss impacted women and it was one of the menopause symptoms women experienced at the transition. Most of the participants believed menstruation might be altering. Additionally, blood loss caused increased stress levels nonetheless, women still resisted to seek help not knowing how serious it could be.

“I experienced constant blood loss during my menopause phase, I thought why my menstruation is not stopping still even though I am getting older, but I was not sure what age it usually stops I just had roughly idea that while the women age it stops” (participant 2).

Participant 1 discussed about lack of information about women’s health that must be known beforehand. The quote illustrates below:

“In the Eritrean society women health issues or any other sensitive problems are not spoke about adequately all women lack information of any type of health issues, then when Eritrean women happen to experience one it is kept and not shared with anyone nor seek help, this issue is still occurring in the Eritrean community Adelaide we find it very challenging and difficult to actually go to healthcare place and ask for help or discuss our concerns because it is hard for us to adapt to the new culture and overcome our cultural challenges and barriers, this issues should be changed so that the health of every individual is improved and enhanced” (participant 1).

In summary, to the findings of the themes it provided and synthesised the main themes emerged from the research. Themes identified from participants were described and critiqued in-depth. This has informed the recommended socially informed changes in nursing practice in line with social constructionist methodology (Latimer 2008). Themes identified in this research were similar to the themes identified in the literature.

4.3 Summary

The patterns that emerged led to the identification of categories and the patterns that were for emergence were examined for themes. The psychological issues participants faced emerged as one of the primary themes and one of the identified secondary themes were that the impacts, had caused by menopause also affected families because it had constant appearances of mood swings and sadness. Additionally, direct participant quotations were used to support the rationale for each identified theme. All collected data were interpreted and clarified on how the emerging themes answered and addressed the research phenomena. Subsequently, the exploration of participant experiences that were emerging themes assisted to further enhance the credibility of the findings.

The used and chosen type of method analysis in this research achieved a great outcome of the findings of the thesis because the appropriate and accurate type of method were utilized for the phenomena. In addition, through conducting the semi-structured interviews the collected data had been accurate and useful to answer the research question. The participants had opened and spoke out about the experiences of menopause in an opened manner and were willing to educate others in the community so that in advance knowledge of menopause is gained to avoid and reduce further distress or worries about what is happening when at the phase.

4.4 Conclusion

This research has described, critiqued, and analyzed the experience of Eritrean women during menopause. The interpretive analysis has highlighted that menopause impacts in different ways on participants. For instance, Eritrean women in Adelaide have been affected by this phenomenon for a long period of time without knowing the cause of the health alterations. Moreover, limited previous knowledge, language barriers, miscommunication and misunderstanding with the general practitioners prolonged and delayed the diagnosis from being identified earlier. Those women with better education and knowledge background found it easier to manage the symptoms and seek help from health care practitioners when needed. These women knew the ages when menopause could occur and how it can impact women. This indicates that previous and beforehand knowledge is very important because it raises awareness and prepare to face the changes.

Now that most Eritrean women have stated and recommended in the interviews will communicate and have sessions with a conversation related to the women's health such as menopause it is believed that others who did not participate in this research will benefit from it. By opening, discussing, and sharing about issues together this will allow Eritrean women to have an adequate knowledge and education and then to seek help from health care professionals when required without hesitance or backgrounds barriers. Women will gain an enhanced knowledge and overcome barriers by reaching out to others for help, also aware that there are interpreters available out there in the preferred language if difficulties are faced explaining symptoms to healthcare workers.

In addition, the recommendation and support that were given by the interviewees showed dedication and determination to make some changes happen in the Eritrean community because better understanding were obtained that background barriers has impacted significantly and not knowing the resources and services available for women. These participants understood the fact that these women currently are residing in a different country and need to adapt to the new culture and overcome the beliefs and cultural backgrounds to be able to receive the help and assistance needed for a woman.

Chapter 5

Discussion and conclusions

This chapter aimed to discuss the findings of the research gathered from the resources and from the participants. In addition, themes were identified from the interviews. The aims and the objectives of the thesis were able to be answered and supported by the collected data from the literature review and participant's data collection. The data collected provided insights into the overall aims of this research which was to explore the experiences of Eritrean women when reaching menopause in the Eritrean Community in Adelaide. The objectives of gaining an understanding on how culture affects the experiences among Eritrean women in Adelaide and to identify the type of supports available, and what support is needed for the Eritrean women in Adelaide were achieved. Therefore, this chapter will provide and present summary and discussion of all chapters available in this research. It will review the findings and put the findings into context of the overall research outcome and will connect together all the research sections. The results will be interpreted and the significance of the findings will be provided.

5.1 Experiences

The literature review of the research indicated that menopause has a significant impact on women's overall health and situation as it decreases the daily living activities of the women. Furthermore, this study supports findings from the existing literature that mood swings and stress were one of the main experience's women in the Eritrean Community faced. Some Eritrean women with previous knowledge of menopause had managed it better than those with little previous knowledge. Those with beforehand knowledge were aware one day that menopause phase of life will be reached but were unsure when exactly it could occur therefore, when symptoms persist, women were aware of where and how to seek help. However, those Eritrean women participants who had very limited knowledge stayed at home for longer period of time rather than seeking help, this is because of the society they grew up, where women is shy to speak about personal issues and not being used to seeing a doctor back home. Hence, these women waited for long time for the symptoms to go away by itself

but couldn't manage it, finally were able to attend general practitioners and seek help and obtain the information on how to manage it.

The findings of this research mean that it will have an important impact on the Eritrean women community Adelaide by enhancing and improving knowledge on the phenomenon. It would also be an empowerment to women and the younger members of the community to provide reassurance to get help when required from the relevant expertise. This study was valuable and beneficial for these women because the results were found from women of the same community and culture unlike the other studies which were published in different countries and culture. The results of this study found similar findings to the other studies of Anolue et al. (2012); Jurgenson et al. (2014), Anderson et al. (2011), and Rindner et al. (2017), regarding menopause experiences by older women; which included hot flushes, night sweats and psychological distress while at menopause.

This study explored what Eritrean women in Adelaide experienced during the menopause phase. The results demonstrated that Eritrean women had many different experiences such as hot flushes, sleeping issues, stress and mood swings that also had an impact on families compared to what was reported in the existing literature. However, Eritrean women seem to find it difficult to seek and receive adequate support due to language and cultural background. The findings strain the importance of understanding the differences in the experiences of menopause as it is based on the lived experiences. Usually when these women migrate to a new country an education session about health by the migrant bodies must be provided so that women know what needs to be done during health concerns rather than keeping it. Hence, it is important that these women receive and gain a better understanding of health provision.

It is evident that most immigrant women experience cultural and language differences and difficulties in the new country moved to, impacting and delaying health assistance from health care professionals (Shafiei et al., 2015). In addition, some immigrant women may believe that it is normal to keep the problem and not seek help, not knowing that there are people in the expertise to provide and deliver the necessary assistance (Shafiei et al., 2015). Some of the other barriers that prevented women from seeking help was fear of being diagnosed with

health issues as well as social stigma (Shafiei et al., 2015). Therefore, these participants overcame these issues by taking an interpreter in that can assist in translating health issues appropriately with better understanding and translation of both from the doctor and patient. One of the suggestion and recommendation the participants provided to other Eritrean women was to always be opened and discuss the concerns with others such as doctors, families, friends or other health care professionals in order to find the correct intervention and management information to deal with the issues.

Among Eritrean women in Adelaide, there are some women who still requires more motivation and education. These women still avoid visiting the General Practitioners for any other similar health problems. This is due to fearing medical treatments, lack of insurance and also finding it difficult to open and discuss the health issues (Stezova et al, 2017). Some other factors that led to health care avoidance were traditional barriers, unfavorable evaluation to seeking medical care and fear of further diagnosis (Stezova et al, 2017).

There is evidence to support that menopause experiences differ from culture to culture, even though the experiences are common this is due to cultural beliefs, expectations, positions and practices. In the Western cultures such as Australia menopause symptoms are unpleasant whereas, in other countries it is less significant (Anderson et al., 2011). In the Eritrean culture women accept it and move on because the culture considers menopause normal and not necessary to seek professional help even when living outside the native country (Anderson et al., 2004). As demonstrated in the reviewed literature it highlights that the Western cultures Australia, menopausal symptoms experienced are vasomotor and hot flushes compared to other cultures which is psychological distress and anxiety (Anderson et al., 2004). Cultural differences include how symptoms are experienced, the age menopause began, the therapies used and ones perception on menopause. Some of the menopause factors include cultural background and coping skills of the individual (Anderson et al., 2004).

The recent literature suggests that cultural and lifestyle factors of menopause play an important role in the menopausal symptoms of a women. Women who are born in Australia had experienced more severe menopausal symptoms such as hot flushes, night sweats compared to those born overseas who had moderate experiences of these symptoms (Berger

& Wenzel, 2014). There are rarely cross culturally research undertaken to explore sexual symptoms and this thesis reveals that most of the Eritrean women had significantly experienced loss of interest. Additionally, this study determined that the country of residency influences the menopausal symptoms and menopausal status.

The results also highlighted the differences in level of education, expectations and knowledge known previously. Women with better background knowledge were able to manage the symptoms and implement better preventing techniques. However, women who had little knowledge and understanding of the phenomena were significantly impacted that including families. This thesis provided further evidence in obtaining the challenges women face when seeking health assistance from health care workers including language barriers. This study has illustrated the oppressive experiences Eritrean women in Adelaide experienced when reaching menopause due to inadequate information and knowledge.

5.2 Barriers for Eritrean women in Adelaide

Returning to the beginning of the research, the Eritrean women in Adelaide were able to seek a health care information after several visits because it was delayed due to cultural, religious and language barriers. These women had to attend the general practitioners with an interpreter to better describe and explain the health symptoms so that the doctor understands and finds a solution. Most of the participants indicated that an interpreter had to be taken in to seek the help and support needed. Through that, many supports and assistances gained from the doctor and allied health were provided that helped manage the menopausal symptoms and continue with positive quality of life. The participants also suggested and recommended that for future it is significant for the Eritrean women to seek help when necessary sooner and before the signs and symptoms persist because strategies to manage and prevent health problems are available. The cultural backgrounds and beliefs should be put in aside because it has a big impact on the health of a women it prevents women from seeing professionals on time. It is also very important to know that if language barriers come in a way there are always interpreters available in all General Practitioner's Clinic in all languages.

A review of the studies evaluated the impact of menopause in different cultures concludes that there are large differences in the experience of menopause by women of the same culture and between the different cultures, and that menopausal symptoms appear to be caused by a combination of physical changes, cultural influences, and individual perceptions (Makuwa et al., 2014). The results here support that menopause causes both physical and psychological disorders.

5.3 Limitations

Some of the limitations of this research project are: 1) not able to interview the participants in person due to the global pandemic it may have limited the amount and depth for the data collected; 2) Not being able to complete the interviews in the English language were also difficult because it was time consuming to translate and interpret the data into English. While conducting a literature review there were no articles or studies undertaken previously regarding the Eritrean community culture, traditions, or characteristic that can support that the Eritrean women do not open up as much about personal or health problem. This is because these women are raised and grew up within a reticent and insecure society that provides limited courage or support to women.

5.4 Further Research

In the future it is very important that culturally diverse women gain adequate knowledge and education about health conditions and know where to seek help. There needs to be more research to be undertaken for these women to have adequate information and resources present for future research that can be conducted for the Eritrean community. Further research is also very important to improving the society's cultures and traditions regarding encouraging women to be more open and avoid being shy when it comes to health issues and discussion with health care workers. Education is vital part of knowing what the issue is and finding the relevant solution to improve the health of an individual and others hence, a proper education and information session should be provided to these women appropriately by gathering all women to come together and provide this information. Otherwise, these women will face difficulties to obtain adequate information when health situations start to change thus, to avoid this appropriate education session should be delivered in the community.

Through sufficient education and research, the management techniques of any health issues can be manageable and achievable, or solution can be found for enhanced interventions.

Future research may entail empirical data to validate the findings of this research. The findings of the research were described, identified and evaluate with general knowledge of level hence, future research undertaken could further analyse in-depth with focus on how the Eritrean women could overcome society issues and provide important information about overall women health concerns that can arise. Future studies may investigate on improvement of knowledge and education of the Eritrean women as well as providing them the interventions, managements and resource to utilise while experiencing any type of health concerns. The future employment could build on findings through undertaking the research in a big setting and population on the Eritrean women.

5.5 Recommendations

Future research is necessary to clarify and identify future knowledge and education of menopause on the Eritrean community women in Adelaide as well as in-depth investigation of the impact menopause have on women's quality of life. This study indicates the importance of an increase provision of education and information for these women to increase and manage the psychological domains of menopausal Eritrean women's life. There is no evidence that shows or demonstrates Eritrean women's health information that could support this thesis gaining valuable information however, in the future more research on education of these community's women is significant for improved quality of life. Consequently, Eritrean women must have the opportunity to obtain information regarding overall health concerns in general not only menopause thus, will receive appropriate interventions and assistance when needed. Although, enhanced knowledge could help identify the resources and services that are available in to use that could help successfully manage and overcome personal concerns with the help of professionals in all areas. The findings and data of this research are significant and credible because it is supported by both literature review and lived experiences of Eritrean women. Unknowingly, the participants experienced a great impact of menopause until professional help was sought. In addition, similar results were obtained from participants and literature review. However, the results of the study will assist Eritrean women in Adelaide to further develop their knowledge and information about health.

5.6 Implications for practice and policy

Women from cultural backgrounds must have the opportunity to achieve new knowledge and information regarding women's health especially about menopause. These women have many different barriers that are hard to overcome therefore, continuous supports and encourages should be available in the health care systems and in education sessions that women attend when learning the new language. Health care professionals and language teacher must be trained about these women and how the relevant and important information should be passed on to them. It could be using interpreters to translate all the relevant information in detailed until they gain and understand the information of what they must do when they start experiencing any type of health concerns. The information could also be written in their own languages given to them to read if they can read. Migrant bodies must have a policy to prepare this women's health education to women and ensure it has been correctly and accurately delivered to those women. Additionally, follow up appointments and sessions should be available with these women because it will reveal what the women have already learnt and what further education is required.

5.7 CONCLUSION

The menopause related symptoms had a negative effect on the quality of life of the Eritrean postmenopausal women. Understanding the experience was the first step to provide an insight in how our healthcare system could assist not only Eritrean women, but possibly women from other CALD background to seek and receive healthcare support that is needed. Further studies in this area could help in creating awareness and in helping educating women regarding an early identification of the common menopausal symptoms.

5.8 Competing Interests

None.

The study was approved by the Human Resources Ethics Committee at Flinders University. Participants indicated informed consent by completing the consent form verbally and via email. No use of financial costs were used in this research, nil paid authors or voluntary hence,

no conflict of interests. The researcher received no financial support for the research, authorship or publication of this article.

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Chapter 7 – Appendix

Author and Date	Aim/Objective	Sample and setting	Methods and Methodology	Major Findings
Anderson et al., 2011 Australia	<ul style="list-style-type: none"> This study aimed to discover the women's insights and views regarding menopause symptoms How to managed it after breast cancer To contrast how the older and younger women experiences. 	<ul style="list-style-type: none"> 16 women participated in a qualitative focus group Women over 40 and women less than 40 years of age This study was based in Brisbane Australia 	<ul style="list-style-type: none"> Qualitative study To collect data focus group were used and the data were analysed using thematic analysis 	62 <ul style="list-style-type: none"> Findings of research included hot flashes, psychological distress and night sweats as well as sleep disturbances
Anolue et al., 2012 Nigeria	<ul style="list-style-type: none"> To investigate the women's experience during menopause To contrast the rural communities to the urban Nigeria and worldwide 	349 women from 13 communities	<ul style="list-style-type: none"> 13 communities were randomly chosen Quantitative research. 	<ul style="list-style-type: none"> This study found that women experience psychological distress, hot flashes Age at menopause associated postmenopausal symptoms were similar to those seen in urban centers in Nigeria, but age at menopause was lower than in studies of white women Bone and joint pain were the most prevalent symptoms Knowledge and use of hormone replacement therapy were poor

<p>Berger, & Wenzel, 2014 Australia and Philippines</p>	<ul style="list-style-type: none"> The aim of the study was to contrast between two cultures using cross cultural variances when reaching menopause 	<ul style="list-style-type: none"> 70 women from Philippines and 70 from Australia women were recruited in the study 	<ul style="list-style-type: none"> This study used a mixed study of qualitative and quantitative research. Data collection included structured and unstructured interview methods 	<ul style="list-style-type: none"> Some women experience night sweats, weight gain, flushes, depression, fear of aging. Whereas other participants reported menopause as a natural becoming. One participant loved and relieved from monthly menstruation. There are some reports that discovered that women in Australian society suffer psychological and physical experience such as depression, irritability, vaginal dryness, night sweats, and hot flashes caused by menopause. Women from the Philippines had experience minor psychological irritations and had positive view on menopause. They were looking
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				forward to relieving from menstrual for good.
Chou, Jane & Pu, 2013 Taiwan	To discover experiences and attitudes of women towards menopause that have intellectual disability and carers	<ul style="list-style-type: none"> 117 women with intellectual disability were recruited and the carers were asked to join to participate in the research. A city in Taiwan were the setting of this research. 	Mixed method approach was used and the design qualitative and quantitative study.	<ul style="list-style-type: none"> The study found that not enough attention is given to the transition of menopause. <p>The findings of the research also found that women experienced hot flashes and insomnia caused by menopause.</p>
Jurgenson et al., 2014 Australia	<ul style="list-style-type: none"> This study aimed to understand Australian Aboriginal women's knowledge Experience of menopause including the 	<ul style="list-style-type: none"> 25 Aboriginal women from regional Western Australia. 	<ul style="list-style-type: none"> Exploratory qualitative study. Data were collected through interviews and focus group discussions. Thematic analyses were used for data analysis. 	<ul style="list-style-type: none"> Partakers acknowledged that menopause causes hot flashes, palpitation depression

	effects it has on the women's live.			
Perich, Ussher & Parton, 2017 Australia	<ul style="list-style-type: none"> This study's aim was to discover women with bipolar disorder and the mood changes that occur during menopause. How it influences the treatment choices. 	<ul style="list-style-type: none"> Total of 15 women with bipolar were recruited and semi-structured interview were undertaken 	Qualitative study	This research found that women experience psychological distress when menopause were reached
Pikwer et al., 2012 Sweden	The aim of this research was to examine hormonal predictors of rheumatoid arthritis effect the severity of rheumatoid arthritis.	<ul style="list-style-type: none"> Women aged 44 – 74 were recruited and the sample size were 18,326 it was based in Sweden, Malmö 	<ul style="list-style-type: none"> A prospective cohort studies 	<ul style="list-style-type: none"> The article mainly focus on the severity of rheumatoid arthritis in women. There is limited information present in the study about menopause It has found that menopause mean age is years of age

Rindner et al., 2017 Sweden	Appraise grouped education about menopause for women who are between the ages of 45-55.	<ul style="list-style-type: none"> • 131 women were randomized, • The setting was in Sweden in a 2 primary health care centres. 	<ul style="list-style-type: none"> • randomized controlled trial (RCT) <p>The women are randomized into two groups.</p>	<ul style="list-style-type: none"> • This study explored the effects of menopause on women's health, both physical and mental.

1.2 Poster

Research question: What are the experiences of women 45-70 years when they reach menopause in the Eritrean Community Adelaide?

"My name is Segen Hagos, I am a Master of Nursing Student from Flinders University. As part of my degree I am currently conducting a research project and the research question is about Eritrean women's experience of menopause and I would like to invite you to participate in this research, if you want more information I will give the information sheet that you can read. Thank you."

Please contact me on my contact information if you would like to participate in the research or if you require further clarity

**CONTACT DETAILS
SEGEN HAGOS
EMAIL: HAGO0006@FLINDERS.EDU.AU
PHONE: 0435897162**

1.3 Interview questions

1. What is your age?
2. What does menopause mean to you?
3. How have menopause affected you?
4. What experiences have you encountered when you were going through menopause?
5. Did you know what menopause were before you experienced it?
6. How did you overcome it?
7. What strategies did you use?
8. What information do you think is important that other Eritrean women should know about menopause?
9. Do you know about the supports and services available to use when you need help?

1.4 Letter to priest

Dear Sir/Madam,

My name is Segen Hagos I am Master's student at Flinders university. I am seeking for permission to display flyers to invite women to participate in my research project to share their experiences about menopause. This will be completely anonymous and all collected information will be confidential.

I am hoping to support Eritrean women by connecting them to healthcare.

Yours Sincerely,

1.5 Ethics approval letter



HUMAN RESEARCH ETHICS COMMITTEE
APPROVAL NOTICE

Dear Dr Yvonne Parry,

The below proposed project has been **approved** on the basis of the information contained in the application and its attachments.

Project No: 2505
Project Title: What are the experiences of Eritrean women aged 45-70 years when they reach menopause while living in the Community Adelaide?
Primary Researcher: Dr Yvonne Parry
Email: yvonne.parry@flinders.edu.au
Approval Date: 23/10/2020
Expiry Date: 30/12/2022

***Please note:** Due to the current COVID-19 situation, researchers are strongly advised to develop a research design that aligns with the University's COVID-19 research protocol involving human studies. Where possible, avoid face-to-face testing and consider rescheduling face-to-face testing or undertaking alternative distance/online data or interview collection means. For further information, please go to <https://staff.flinders.edu.au/coronavirus-information/research-updates>.*

RESPONSIBILITIES OF RESEARCHERS AND SUPERVISORS

1. Participant Documentation

Please note that it is the responsibility of researchers and supervisors, in the case of student projects, to ensure that:

1.6 Participant information sheet

PARTICIPANT INFORMATION SHEET AND CONSENT FORM

Title: 'What are the experiences older women 45-70 experience when they reach menopause in the Eritrean Community'

Chief Investigator

Dr. Yvonne Parry
College of Nursing and Health Science
Flinders University
Tel: 13354

Supervisor

Dr. Huiyun Du
College of Nursing and Health Science
Flinders University
Tel: 12997

Researcher

Segen Hagos
Master of Nursing Student
Flinders University
Tel: 0435897162

- The investigator Mrs. Segen will then contact you within the following 2 weeks via phone to negotiate a convenient time to meet for interview and any further questions you may have about the study.
- You will be asked to meet with the investigator only one time to conduct an interview and please allow 30-60 minutes to complete the interview.
- Interviews will be recorded using a handheld device. This is so the investigator can refer to the interviews at a later stage in the research project to ensure accuracy of the data.
- Follow-up with note will be required unless the investigator wishes to clarify any information from the interview that may not be understood.
- There are no costs to you if you choose to take part in this study, nor will you be paid for your time.
- This research will be monitored by the investigators supervisors from Flinders University to ensure the research project meets all the required standards as set out by the National Health and Medical Research Council (NHMRC) <https://www.nhmrc.gov.au>
- Any personal, sensitive data obtained from you which include age, contact number, and email will be used for this research project only. This information will remain strictly confidential and any identifying features in this data will be removed to ensure privacy standards are always maintained as per the Privacy Act 1988.

4 Other relevant information about the research project

- Up to 5-10 women from the E to complete this research project

5 Do I have to take part in this research?

Participation in any research project is voluntary and you do not have to. If you decide to take part you can withdraw from the project at any stage.

If you do decide to take part, you will be given a Consent Form to sign and you will be given a copy.

Your decision whether to take part or not to withdraw, will not affect you.

6 What are the possible benefits of this research?

We cannot guarantee or promise that you will benefit however, the information gathered from you may benefit women in the future who might be unaware of their own health.

7 What are the possible risks and discomforts?

- You may feel that some of the questions are stressful or upsetting.
- If you do not wish to answer a question, you may skip the next question, or you may stop the interview.
- If you become upset or distressed during the research project, the researcher will refer you for counselling.
- The counselling details will be kept confidential.

If you do consent to participate, you may withdraw at any time. If you decide to withdraw from the project, please notify a member of the research team before you withdraw. If you do withdraw, you will be asked to complete and sign a 'Withdrawal of Consent' form; this will be provided to you by the research team.

If you decide to leave the research project, the investigator will not collect additional personal information from you, although personal information already collected will be retained to ensure that the results of the research project can be measured properly and to comply with law. If you do withdraw from the research project, your data will not be used for the remainder of the project

9 What happens when the research project ends?

Participants who wish to be sent a copy of the findings from this research study, can inform the investigator at the end of the interview. A copy will be sent to the participants preferred email address or postal address.

How is the research project managed?

10. What will happen to information collected?

By signing the consent form, you consent to the collection and use of your personal information about you for the research project in connection with this research project that you have agreed to. Your information will only be used for the purposes stated in this form. Your information will only be disclosed with your permission, except as required by law.

By signing the consent form, you agree to provide the investigator with details that are relevant to your participation in the research project.

It is anticipated that the results of this research project will be presented as journal publications. In any such publications, your information will be provided in such a way as to protect your privacy. Your information will only be disclosed with your expressed permission.

In accordance with relevant Australian State and Territory laws, you have the right to request access to the information collected about you by the research team. You also have the right to request that any information you disagree be corrected. Please inform the investigator at the end of this document if you would like to exercise these rights.

Qualitative analysis of the audio recordings will be conducted by Segen. This is where the investigator lists the key themes and stage to identify more specifically, important findings.

Any information obtained for the purpose of this research described that can identify you will be stored for 5 years in a locked office, on a secure server and accessible only by the investigator. After 5 years, the information will be destroyed. This includes all audio recordings, transcripts, sensitive data, contact details and any other information.

1.7 Consent form

Consent Form

Title "what are the experiences of older women 45-70 years old when they reach menopause in the Eritrean Adelaide Community"

Associate/Student Investigator Segen Hagos

Location Adelaide Eritrean Community

Declaration by Participant

I have read the Participant Information Sheet|or someone has read it to me in a language that I understand.

I understand the purposes, procedures and risks of the research described in the project.

I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the research project.

1.8 Researcher declaration

Declaration by Researcher

I have given a verbal explanation of the research project; it's procedures and risks and I believe that the participant has understood that.

Name of Researcher	_____
Signature _____	Date _____

