Navigating Change: A Qualitative Study of Women's Coping Strategies During the Menopausal Transition

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Abstract

The menopausal transition is accompanied by a variety of physical and psychological challenges for women, including symptoms such as hot flashes, mood changes, and sleep disturbances. Other factors coinciding with this life phase, like the loss of parents or children leaving home, add further stress to the situation. Despite the evident need for effective coping strategies to manage these stressors, the ways in which women navigate perimenopause remain underexplored in research. This study investigates how women manage the menopausal transition and cope with the demands of this phase of life. For this purpose, eight semi-structured interviews were conducted with women living in Germany. Data was analysed using inductive thematic analysis, identifying five themes: Symptom Management, Lifestyle, Support, Stress Management, and Emotional Coping. Two main findings emerged. First, participants mostly used problem-focused coping, such as information gathering, adapting their lifestyle, and seeking medical treatments. Emotion-focused coping strategies, such as acceptance and relaxation, were used less frequently. This might be connected to the perceived severity of the symptoms the women experienced. Second, all participants expressed ambivalence toward the use of hormone therapy. All eight women voiced similar concerns regarding a heightened risk for cancer and potentially harmful side effects. Most of these concerns were based on outdated information that has since been partially revised. The findings emphasize potential benefits for women using a more balanced approach to coping during perimenopause, including problem-focused and emotion-focused strategies. Furthermore, there is an apparent need for healthcare professionals to provide accessible and up-to-date information on menopausal treatment options, supporting women in making informed decisions.

Navigating Change: A Qualitative Study of Women's Coping Strategies During the Menopausal Transition

The menopausal transition, known as perimenopause, often presents a difficult time for women. As an unavoidable event in a woman's life, it brings various psychological and physical changes, caused by a shift and, ultimately, a decline in ovarian hormone levels (Gibbs & Kulkarni, 2014; Zhao et al., 2019). Perimenopause is believed to start in women aged 40 to 55 years (Gibbs & Kulkarni, 2014), but the actual age differs noticeably (Reddy & Omkarappa, 2019). The Stages of Reproductive Aging Workshop (STRAW), which offers guidelines for classifying menopausal stages, divides the menopausal transition into early and late perimenopause (Soules et al., 2001). The early transition is characterized by a cycle length that differs by seven or more days from the usual menstruation period. The late transition stage is reached when two or more cycles are skipped, and there is no menstrual bleeding (amenorrhea) for 60 days or more. Postmenopause begins when amenorrhea has lasted for 12 months or more (Soules et al., 2001) and can only be defined retrospectively (Derry, 2004). Despite these criteria, there is still no real consensus about the onset of perimenopause.

Perimenopause is the period where women are most likely to experience distressing symptoms (Derry, 2004), which do not follow a specific pattern and vary between individuals (Verma et al., 2019). In general, perimenopausal symptoms are often categorized into psychological, somatic, and urogenital symptoms (Zhao et al., 2019). A mixed methods study by Agarwal et al. (2018) has shown that somatic symptoms are prevalent in perimenopause and suggested that this might be due to higher fluctuations in estrogen during this time. In their systematic review and meta-analysis, Fang et al. (2024) found a high prevalence of psychological symptoms in addition to the somatic domain, including aspects like exhaustion, depression, and anxiety. As a result of those various symptoms, perimenopausal women can

experience a decline in quality of life compared to premenopausal women (Lambrinoudaki et al., 2022; Li et al., 2000). In addition, 'not feeling like myself' is quite a common phrase used by women experiencing the menopausal transition (Coslov et al., 2024). Along with a variety of symptoms, this period often coincides with stressful challenges like aging, the loss of parents, or children moving out (Gibbs & Kulkarni, 2014; Stute & Lozza-Fiacco, 2022; Woods et al., 2022). All these factors add to the already demanding situation women find themselves in.

Notably, a qualitative study by Mackey (2007) emphasizes that it is not the change in itself that can be disruptive for women, but rather a woman's response to it. These findings suggest that coping is a relevant resource for women during the menopausal transition. Given its importance for women in navigating perimenopause, it is essential to understand what coping entails. Coping is defined as utilizing behavioural and cognitive strategies to deal with internal or external stressors (Folkman & Lazarus, 1980; Folkman & Moskowitz, 2004). Effective coping strategies employed in (peri)menopause include changes in lifestyle, like nutrition (Derry, 2004; O'Reilly et al., 2023), exercise (Derry, 2004; Elavsky & McAuley, 2005; Gibbs et al., 2012; Gibbs & Kulkarni, 2014; Guérin et al., 2017; Lee & Kim, 2008; Mirzaiinjmabadi et al., 2006), or relaxation techniques (Aksu & Erenel, 2022; Derry, 2004; Saensak et al., 2013), as well as the creation and use of social support networks (Agarwal et al., 2018) and stress management strategies (Iioka & Komatsu, 2014). Several studies found that effectively managing stress is linked to fewer menopausal symptoms (Bosworth et al., 2003; Jayamalli et al., 2021; Süss & Ehlert, 2020; Zhao et al., 2019). Women who demonstrate stronger adaptive capacities appear to be better able to navigate situational challenges (Zhao et al., 2019) and report better mental health and well-being during perimenopause (Süss et al., 2020). Both quantitative and qualitative studies have also shown a negative connection between a healthy coping style and the reporting and experience of

physiological and depressive symptoms (Gibbs et al., 2013; Kafanelis et al., 2009). Applying appropriate and individual coping styles during the menopausal transition could contribute to increased psychological health (Bhatta & Khatry, 2022; Ngai, 2019) and is, therefore, an important aspect to consider when investigating women's experience of perimenopause. Consequently, it is crucial to explore effective strategies for dealing with changes and symptoms during the menopausal transition (Bhatta & Khatry, 2022; Reddy & Omkarappa, 2019).

Even though there is a growing body of qualitative research regarding perimenopause, only a few qualitative studies have focused on how women cope with the challenges they are facing during this part of their lives. While some qualitative studies included coping strategies as one of several topics and found approaches such as lifestyle changes and medication (Hoga et al., 2015; Uzun et al., 2022), other qualitative studies focused solely on coping in menopausal women, but unfortunately are of questionable quality (see Bhore, 2015). An exploratory qualitative study by Bahri et al. (2016) focused on coping with sexual issues during perimenopause in Iranian women. While this is a valuable addition to the research, it is quite specific in its topic and focuses only on one aspect regarding perimenopause. Some quantitative studies have attempted to investigate coping strategies as well (Bhatta & Kathry, 2022; Bosworth et al., 2003; Reddy & Omkarappa, 2019), but they tend to address the topic only briefly or only describe coping in broader terms, such as differentiating between poor, moderate, and good coping strategies. Although coping during the menopausal transition is increasingly recognized as an important topic, relatively little research, qualitative or quantitative, has been conducted on how women use them and the impact they have on their lives (Derry, 2004; Gibbs et al., 2012; Gibbs & Kulkarni, 2014; Süss & Ehlert, 2020; Zhao et al., 2019). Therefore, the current study aims to fill this gap by

examining how women cope with the menopausal transition. It is expected that women mention various coping strategies, including lifestyle, social support, and stress management.

Method

Design

This study uses a qualitative approach through the conduct of semi-structured interviews to gain a detailed account of the experience and coping strategies of women during the menopausal transition. The study received ethical approval through the BMS Ethical Committee of the Domain Humanities & Social Sciences at the University of Twente with the application number 250588.

Participants

Only biological women who were in perimenopause or the first years of postmenopause (1-3 years after the final menstruation) were included in the study. Women who have undergone surgical menopause (hysterectomy) were excluded from this study to avoid a distortion of the experiences of natural perimenopause. The sample of this study consisted of eight women aged 44 to 59. The mean age of all participants was 53.75. Seven women were from Germany (87.5%), of whom one had a Russian background. One other woman was British (12.5%). The women were recruited through convenience sampling. All semi-structured interviews were conducted individually, either in person or online.

Materials

A semi-structured interview scheme consisting of 31 questions was developed with other researchers working on this project. It included demographic questions and questions about coping, personal growth, the work environment, and women's career paths. The interview scheme can be found in Appendix B. The interview was designed to last approximately 60 minutes and included prompts and probes to gain further information when necessary. For example, questions like "What actions have you taken to manage your

menopausal symptoms?" or "How have lifestyle changes or any other changes in your daily routines helped you to cope with the menopausal transition?" were asked.

Procedure

The participants were recruited through convenience sampling in the social network of the researcher. It was checked whether they fit the inclusion and exclusion criteria, and they were then invited for the interview. During the interview, participants were first presented with an information sheet containing details about the study, its purpose, and the use of the data they provided. They were then asked to sign or verbally agree to a printed Informed Consent form stating that they understood all the information and agreed to participate in the study. After their confirmation, the interview began, which followed the interview schedule created by all researchers. The interviews took 63.75 minutes on average. After the interview, a brief, informal check-in was conducted to ask the participants about their experience of the interview and ensure that they did not experience any disproportional discomfort or distress as a result of their participation. Should a participant have experienced distress, this was addressed by the researcher in a reassuring conversation, allowing the participant to voice any concerns or feelings regarding their experience and reminding them of their right to withdraw from the study at any time. If thought necessary, the participant was referred to a mental health professional. However, this was not needed for any of the participants. Before and after the interview, the researchers kept logbooks about their feelings and expectations as well as nonverbal communication and their interpretation thereof. For example, the researcher wrote about their mood before each interview (nervous, excited, etc.), the impression the participant made on them, and surprising aspects during the interview. This served the purpose of minimizing bias and a deeper understanding of the researcher's view. After the study was completed, the participants received a report about its findings.

Data Analysis

The interviews were recorded and automatically transcribed by the software Amberscript, an artificial intelligence designed for this purpose. After automatic transcription, the transcripts were manually checked for spelling errors and misunderstandings and adjusted accordingly. Thematic Analysis, as described by Braun and Clarke (2006), was used to analyze the qualitative data. This method can be used to identify, analyze, and report patterns or themes in qualitative datasets. One of its key strengths is its flexibility; however, due to this adaptability, a structured approach to the analysis is advisable. To achieve this, the analysis followed an inductive systematic process. First, the interview transcripts were coded based on their relevance to the study's research focus. The coding scheme was based on the first two interviews and adjusted until saturation, meaning there were no new codes found. Once saturation was reached, the finalized coding scheme was applied to all interviews by the researcher. Codes were applied each time a coping strategy was mentioned in an interview, rather than being mentioned once per participant. This approach allowed for the identification of patterns in how frequently specific coping strategies were discussed. Then, overarching themes were established by grouping similar codes that corresponded to the research question this study seeks to address. This process allowed the researcher to systematically identify and interpret the coping strategies reported by participants. The themes, subcodes, and their definitions, as well as example quotes and frequencies, can be found in Table 1. To assess the reliability of the coding scheme, a second coder independently coded part of one interview. A segment of approximately 15% of the interview, consisting of participant speaker turns, was selected for analysis. Each speaker turn was treated as a coding unit. Because the native language of the two coders differed, the interview was translated from German to English to allow accurate coding. To ensure coding units aligned despite translation of the interview, a shared set of participant turns was selected

based on content equivalence. For each coding unit, a binary value was assigned for each coder (1 = code applied, 0 = code not applied). Cohen's Kappa was calculated for two codes, Acceptance/Part of Life and Self-Support, to determine inter-rater reliability. The resulting value was 0.61 for both codes, indicating substantial agreement (Landis & Koch, 1977).

Table 1

Overview of the coding strategy showing the number of participants (n), the percentage of text fragments (%; total = 216), code definitions, and example quotes for each code

Themes and Subcodes	Definition	Example quote	n (%)
Symptom Management			**8 (27.8%)**
Information Gathering	Seeking knowledge about menopause through various sources.	"At the beginning I tried out some alternative things, so I did a lot of Googling."	5 (20%)
Hormone Therapy	Use of hormone-based medical treatments to manage menopausal symptoms.	"And now I take hormones to balance things out a bit."	4 (53.3%)
Herbal remedies	Use of plant-based products or supplements to alleviate menopausal symptoms.	"I also take those kinds of supplements you're supposed to take — plant-based supplements."	2 (20%)
Manual Therapy	Use of hands-on techniques to relieve tension and support well-being.	"Oh right, one treatment that did me a lot of good is craniosacral therapy."	1 (1.7%)
Maladaptive coping	Unhelpful coping strategies, like not addressing menopausal symptoms at all.	"Yes, I try to block them out in the moment. Because at work, you have to function."	1 (5%)

Themes and Subcodes	Definition	Example quote	n (%)
Lifestyle			**7 (33.8%)**
Diet	Mentions of dietary changes as a way of coping.	"I pay more attention to my diet."	7 (45.2%)
Exercise	Mentions of physical activity or exercise as a way of coping.	"Exercise is definitely positive."	6 (54.8%)
Support			**7 (18.5%)**
Talking to others	Engaging in supportive or helpful conversations with others as a way of coping.	"Then you're around other people, you chat a bit, and usually I feel better afterward."	6 (37.5%)
Self-Support	Relying primarily on oneself for emotional or practical support and advocating for one's own needs during this phase.	"I basically got myself out of it."	4 (25%)
Good relationships	Coping through supportive, positive relationships with others, such as family, friends, or partners.	"My partner supports me really well, and I talk to him about everything."	4 (17.5%)
Safe Sharing	Openly talking about menopausal experiences in a supportive environment as a way of coping.	"But also having the understanding […] when you say you need to lie down […] — which works wonderfully in my team."	2 (12.5%)
External Help	Using external aids and receiving support from others to manage daily tasks and cope with menopausal challenges.	"And I've found my own way of working with to-do lists and setting reminders for myself."	1 (7.5%)

Themes and Subcodes	Definition	Example quote	n (%)
Stress Management			**5 (13.9%)**
Mindful Engagement	Increased bodily awareness and a more present, conscious way of living as a coping response to menopausal changes.	"I sit outside on the bench with a latte, tilt my face toward the sun, and just enjoy the day."	4 (40%)
Relaxation	Engaging in calming activities or adopting a more relaxed, less reactive approach to stress.	"I also see that as a kind of therapy, just sitting down and putting on some relaxing music."	4 (40%)
Breathing	Using conscious breathing techniques to reduce stress or manage acute symptoms.	"Just taking a moment to breathe, […] that helps me a lot."	1 (16.7%)
Maintaining functionality	Managing symptoms in a way that allows continued performance in daily life, especially at work.	"No matter what symptoms came up, I can actually handle them quite well at work."	1 (3.3%)
Emotional Coping			**4 (6%)**
Acceptance/Part of Life	Viewing menopause as natural; accepting it.	"But ultimately, I see it this way: you can't change it. It's simply part of a woman's physical development."	4 (69.2%)
Humour	Using humour to cope with menopausal challenges.	"To be honest, we often take a more humorous, lighthearted approach."	2 (30.8%)

Results

The length of the eight conducted interviews varied from 38 minutes to 86 minutes. Mostly, it seemed like those women who spoke at greater length during their interview either experienced more serious symptoms or had more knowledge about the topic in general. In contrast, those who spoke less during the interview often admitted to not having engaged with the topic or considered their symptoms to be light. This suggests a possible interplay between symptom intensity and awareness: greater symptom severity may prompt more engagement with the topic, while lighter symptoms might lead to less interest or need for information, each potentially reinforcing the other. In general, it was difficult to find the right tone for the interviews to not sound pitiful, but at the same time, express understanding for the women's situations. Still, it can be said that all women gave the impression of thankfulness for being heard, and the interviews were overall pleasant and empowering.

The results of inductive coding revealed five themes: Symptom Management, Lifestyle, Support, Stress Management, and Emotional Coping (see Table 1). The most relevant theme was Symptom Management, mentioned by all participants, followed by Lifestyle and Support, referenced by 87.5% of the women. Aspects of the theme Stress Management were reported by 62.5% of participants, while Emotional Coping was mentioned by half of the women.

Symptom Management

An important theme mentioned by all participants was Symptom Management. Relevant aspects of this theme included information gathering, hormone therapy, and herbal remedies. The most reported way of managing symptoms was through information gathering. This mostly happened through Google or social media and often turned out to be the only way to gain knowledge about the topic, as medical professionals did not share much helpful information. Only one participant reported that she had gotten extensive and helpful advice

from a doctor who specialized in hormones and the menopausal transition. She said that she had, as she put it, “more or less slipped into the situation [of perimenopause] and had eventually – fortunately – found a great doctor who specialized in hormones, having done so as a result of her own personal experience.” An interesting discrepancy arose between the usage of hormone therapy and herbal remedies. Half of the participants stated that they successfully use hormone therapy to alleviate their symptoms, while two other women relied on herbal supplements. Importantly, there was a certain ambivalence toward the use of hormone therapy by all women, even those using it. Concerns were often connected to potential side effects of the treatment and the debate about a heightened risk for some types of cancer. One participant stated: “I also considered getting hormonal support because it was really unbearable, but due to a family history of breast cancer, I decided to put that aside and told myself it was manageable. So then, I tried various herbal remedies.“ The other woman using herbal remedies stated that she did not see her symptoms as grave enough to take the step toward hormone therapy. Both women using plant-based treatments reported that they worked well in alleviating their symptoms. Importantly, most other women using hormone therapy reported trying herbal remedies first to help with their symptoms, but did not see any results. If they perceived their symptoms to be severe enough, they then switched to hormone therapy.

Lifestyle

Lifestyle constituted another important theme throughout the interviews. A principal aspect of this theme was diet. While the women mostly reported trying to consume less alcohol and less sugar and taking additional supplements, some also tried to reduce coffee and pay more attention to taking in more nutrients. The main aim of these dietary adjustments was always to reduce or alleviate symptoms. Only one woman said she does not actively use diet to deal with symptoms: “I’ve always paid attention to my diet […] but I didn’t go to any

extremes in any particular direction.” After being asked if she notices any changes when her diet deviates at times, she answered that “it stays the same”. Another important facet of this theme was exercise. The most relevant forms of exercise were taking a walk and doing yoga or Pilates. Other forms of exercise included riding a bike, strength training, and endurance sports. All women also reported exercise as a way to alleviate or reduce symptoms. For some, it also served as a way of relaxing, especially walking or low-impact exercises like yoga or Pilates. One participant said: “Pilates helped me a lot. I think it's really good for strengthening the muscles, and I truly feel good afterward.“

Support

Another important theme turned out to be Support. The most important aspect of this theme was talking to others. This mainly included talking to friends, family, or doctors who are concerned with this topic. The latter was only relevant for the one participant who had found a doctor specializing in hormones. Interestingly, the women often emphasized that they would talk to other women, mainly to those currently going through the same phase. This not only served as a form of social support but also as an opportunity for comparison. However, some of the women also reported talking to premenopausal women or men, placing a larger focus on someone listening to their concerns, rather than giving advice or being able to compare. One participant stated: “I share a lot with my friend, and I always tell her about it. She can’t really give me much advice since she hasn’t reached that stage yet, but she listens and empathizes with me.“ In connection with that, good relationships with others were often highlighted by participants. Under this aspect, most women talked about their partner or good friends and the positive relationships they had with them. This mostly became apparent through how those people approached the woman’s situation and their support. One woman also mentioned actively seeking out positive relationships and cutting negative people out of her life, taking a more forward approach. This act of standing up for oneself was also

noticeable in the amount of self-support. While two of the women stated that they generally have supported themselves the most throughout this phase of life, the other two pointed out specific situations in which they stood up for themselves, for example, by not crossing the boundaries of what they believed they were capable of. One participant said: “In that sense, I definitely stand up for myself much more — that I can set boundaries much, much better than before.” She emphasized that she learned to set these boundaries in response to the challenges she faced during perimenopause, making it both a consequence of the transition and a coping strategy she can draw on in the future. A smaller aspect of the theme was safe sharing. This was mostly about being able to share difficulties with perimenopause and getting a supportive response from family, friends, or colleagues. It encouraged the women to talk about their experiences, and one participant pointed out that one should not hide and rather speak out about their struggles.

Stress Management

The theme Stress Management was mentioned by five of the eight participants. Most important for this theme were mindful engagement and relaxation. Mindful engagement mainly consisted of consciously being in the moment and appreciating it, but also focusing on your own body and listening to your needs. The women frequently mentioned that they started to appreciate little things more and thereby were able to enjoy things they found tedious before. One participant reported:

> Another thing I’ve become more mindful about is that, while I used to walk the dog and think, ‘Oh God, now I have to go out with the dog,’ I now actually look for nice routes, like through the woods, and I realize that it does me good.

While relaxation did entail some relaxing activities such as yoga or taking a long walk, surprisingly often women described that they consciously got more relaxed regarding the opinion of others and their expectations towards themselves. They allowed themselves to

take more leisure time and emphasized that it was less important to them what others thought of them. While at first this was described as simply a consequence of this phase and growing life experience, the women stated that it actively helped them in coping with the menopausal transition overall. One woman stated:

> I think that's wonderful, and it really feels good to finally think about myself—to say, I honestly don't care what others think when I say, 'this is where I'm at now'... and I no longer push myself to my limits—I just don't do that anymore.

Two minor aspects of this theme were breathing and maintaining functionality. Even though breathing was only referred to by one woman, it seemed to play an essential role in dealing with symptoms and stressors of the menopausal transition for her, as she spoke about it five times and repeatedly emphasized its positive effect on her. Maintaining functionality was also discussed by only one participant, who mainly connected this strategy to her workplace, stating that she could deal with the symptoms just fine at work and function accordingly. This seemed to be important to her, and it builds a clear contrast to the overall relaxation that other women experienced during the menopausal transition.

Emotional Coping

The theme Emotional Coping was highlighted by half of the participants, making it the least mentioned theme of all five. The aspect Acceptance/Part of Life played an important part in this theme. Mostly, the women stated it in the context of accepting this life phase of perimenopause as normal for themselves. Importantly, this was not exclusively about the acceptance of this phase of life, but also about the consequences that come with it. For example, one participant said: "But by now, I've more or less made peace with the fact that I take breaks when I need them. […] I simply have to admit to myself that I can't do everything the way I used to." Some of the women also described handling it as a normal part of life in the presence of others, such as family. Humour played a role in this theme as well,

being brought up by two of the participants. It was exclusively described as making fun of symptoms like sweating with other people, mostly friends, to make light of the situation and not take it too seriously.

Discussion

This study investigated the coping strategies women use to navigate the menopausal transition. Five main themes emerged from the data, of which symptom management, lifestyle, and support were identified as the most relevant themes. Especially the gathering of information, use of hormone therapy or herbal remedies, and lifestyle changes were prevalent among the women. While they received the most support from talking to others, many of the women also reported having supported themselves most throughout the menopausal transition.

Main Findings

One central finding of this study is the wide range of coping strategies women use to navigate the menopausal transition. This can be meaningfully interpreted through Lazarus and Folkman's (1984) transactional model of stress and coping. According to their framework, coping can be either problem-focused or emotion-focused. Problem-focused coping aims at managing or altering the source of stress, while emotion-focused coping is aimed at regulating the emotional responses to stress. In this study, problem-focused strategies, such as the gathering of information, changes in lifestyle, and the use of hormone or herbal therapies, were mentioned more frequently than emotion-focused strategies like acceptance or relaxation. This suggests that many women in this sample took a more active approach to addressing their symptoms in an attempt to regain a sense of control. This is a contrast to prior literature that found that women more often use emotion-focused coping strategies (Howerton & Van Gundy, 2009; Matud, 2004; Vingerhoets & Van Heck, 1990). However, these studies were conducted quite some time ago and might not reflect the current

coping tendencies of women. Furthermore, the samples of these studies did not focus on women in perimenopause, so the results might reflect a difference in coping style between premenopausal and perimenopausal women.

A more recent cross-sectional quantitative study by Bhatta and Kathry (2022) among 379 perimenopausal women found that most of them used problem-focused coping strategies to deal with stress during the menopausal transition, followed by emotion-focused coping. However, they did not interpret this finding. Furthermore, another recent quantitative study by Gilbertson-White et al. (2017) on women with ovarian cancer coping with pain, distress, and consequences found that the majority of their participants combined problem-focused and emotion-focused coping. This is in line with the current study. Furthermore, Gilbertson-White et al. (2017) found that women with higher pain severity used more direct strategies to alleviate the pain. Similarly, the women in the current study who predominantly employed problem-focused coping often reported more severe physical symptoms that are accompanied by a high level of distress. This indicates that the predominance of problem-focused coping in this study may be linked to the severity of bodily symptoms. These findings suggest that coping preferences are shaped not only by personal dispositions but also by the perceived demands of the situation. In the broader context of menopausal health research, this emphasizes the need for an individual approach to support and interventions for women during the menopausal transition. While women with more severe physical symptoms might require a more direct approach, like medication or behavioural changes, women who are mostly struggling with psychological symptoms might benefit more from interventions like counselling or mindfulness training.

Another key finding of this study was the contrast in opinions on the use of hormone therapy and herbal remedies. Although hormone therapy is considered a medical intervention, many participants described their decision to use or reject it as a deliberate and active

response to their symptoms, suggesting that the decision-making process itself can be understood as a form of problem-focused coping. Three out of the four women who chose hormone therapy had initially tried alternative approaches, such as dietary supplements or herbal remedies, and only resorted to hormone therapy when their symptoms became unmanageable, suggesting a tendency to exhaust non-pharmaceutical options first. This observation is in line with a large-scale review on the medical care situation of menopausal women in Germany by Stute et al. (2022), which found that most of the women do not consider hormone therapy until their symptoms reach a critical stage. Those findings mirror broader trends observed in Germany, where hormone therapy usage has severely declined in recent decades, leaving it at a low of 6% (Heinig et al., 2021; Lanzke, 2023). This decrease seemed to be largely due to large-scale studies like the Women's Health Initiative (WHI) study (Rossouw et al., 2002), which indicated an increased risk for breast cancer and cardiovascular disease among women treated with hormones. The enduring influence of this study is still reflected in widespread skepticism, as seen in this study's participants.

However, more recent research has revised some of the earlier concerns, suggesting that hormone therapy can be beneficial for many women, particularly when initiated during the early menopausal transition, and may even reduce risks of osteoporosis, diabetes, and all-cause mortality (Baber et al., 2016; Phillips & Langer, 2005; Stuenkel et al., 2015). Importantly, many women are only poorly informed about current treatment options, such as hormone therapy, and their risks and benefits (Stute et al., 2022). This was also apparent in most participants of this study, who not only stated that they were not very well informed regarding the menopausal transition despite seeing their gynaecologist regularly, but also expressed an earlier and more extensive provision of information by healthcare professionals as one of the main improvements to be made in this field. These insights have important implications for clinical practice and health education. The persistence of outdated fears and

the clear lack of information regarding eligible treatment options (Stute et al., 2022) might prevent women from accessing effective medical interventions that could improve their quality of life. There is a clear need for more nuanced, individualized counselling and broader dissemination of up-to-date scientific evidence to support women in making informed decisions about symptom management.

Strengths and Limitations

The strengths of this study include the use of semi-structured interviews, which allowed for high flexibility during the interviews while keeping a structure. While the interview scheme did include specific topics, the women could add information they found to be important at several points during the interview. Furthermore, almost all participants were interviewed in their native language, which greatly reduced the chance for miscommunications and took away any concerns regarding speaking a foreign language.

The first limitation of this study is the coding process, as the coding scheme could only be created in cooperation with one other researcher due to time restraints. Similarly, while the inter-rater reliability looks promising, another limitation lies in its calculation. Only two codes of the coding scheme were used to calculate Cohen's Kappa after the coding of all interviews, which does not reflect the entire reliability of the scheme. Another potential limitation is the mode of the interviews, as almost all of them were conducted online. Even though not apparent during the conversations, this might have hindered a more personal connection between the participant and the researcher that could have yielded more detailed and extensive information. Lastly, the generalizability of the results is somewhat limited by the small sample size and its uniformity in demographics. However, the study still highlights important trends worth exploring in larger populations.

Practical Implications and Recommendations

Based on the findings of this study, several recommendations for future research can be made. First, future research should focus on coping preferences of perimenopausal women in connection with their symptom severity and the form of symptoms. While this study suggested an interaction between these factors, studies with larger and preferably more diverse samples are needed to investigate this further. Second, studies on how external factors, such as cultural attitudes toward aging and medicine, national medical guidelines, and media discourse, influence the treatment decisions of women during the menopausal transition could give important insights into appropriate ways of communicating important healthcare-related information. This could be the key to better patient education and better-informed decisions by women in all stages of menopause. Lastly, future studies should improve on several methodological aspects. To ensure better reliability, a larger group of researchers should participate in the process of creating a coding scheme, and Cohen's Kappa should be calculated for all codes. Where feasible, more in-person interviews should be incorporated to improve rapport and potentially capture more non-verbal communication. To improve the generalizability of findings across different demographic and cultural groups, larger and more diverse samples are needed.

The findings from this study highlight two key areas with direct practical relevance. First, the predominance of problem-focused coping suggests that women actively engage with their symptoms and seek direct solutions, often without professional guidance. While research on which type of coping might be more beneficial for women is still limited, a quasi-experimental study by McQueeney et al. (1997) among women struggling with infertility suggested that both emotion-focused and problem-focused coping is beneficial for women in managing difficult life situations. The study compared a control group with two intervention groups, one receiving a problem-focused intervention and the other an emotion-focused intervention, and found that both approaches led to positive outcomes. The results of a more

recent study by Theodoratou et al. (2023) among university students suggested that women tend to use a broader range of coping strategies than men, which supports the use of both problem-focused and emotion-focused coping. These findings suggest that a balanced approach to coping strategies would be best for women. The current study adds that the distinction between physical and psychological symptoms might aid in selecting more fitting interventions to find this balance. To support women in achieving this, healthcare providers should use a more individual and tailored approach based on the severity and kind of symptoms the woman experiences, as well as her coping preferences. Furthermore, medical consultations should not only take place when symptoms have already become unbearable, but should be a preventative measure to prepare women for possible hardships they might experience in perimenopause before they encounter them.

Second, the ambivalence surrounding hormone therapy, combined with the tendency to try herbal remedies first, points to a need for clearer, more balanced communication regarding treatment options. Given that all participants expressed concerns about potential risks of hormone therapy, even after consulting with their gynaecologist – most of them based on outdated studies – updated and accessible patient education is essential. Healthcare professionals should proactively address risks and benefits of treatments, correct outdated misconceptions, and validate the legitimacy of alternative approaches, when appropriate. This could, for example, be achieved through medical consultations starting at a certain age that are specifically targeted at informing about perimenopause and associated treatment options. However, addressing the low rates of hormone use in Germany may require public health initiatives aimed at rebuilding trust and fostering informed and individualized decision-making.

Conclusion

This study was one of the first to investigate coping strategies in perimenopausal women. It found a higher prevalence of problem-focused coping strategies compared to emotion-focused coping strategies in women currently transitioning to menopause. To consolidate these findings, more studies are required that incorporate a larger and more diverse sample to achieve a better reflection of the general population. Furthermore, while half of the women in this study did use hormone therapy, there was a large amount of ambivalence and uncertainty regarding its potential risks, which was often seemingly elicited by a lack of information. This points to the need for broader and more balanced provision of information by healthcare professionals and public health initiatives to allow women to make more informed decisions regarding their health and medical treatments during the menopausal transition.

References

Agarwal, A. K., Kiron, N., Gupta, R., Sengar, A., & Gupta, P. (2018). A study of assessment menopausal symptoms and coping strategies among middle age women of North Central India. *International Journal of Community Medicine and Public Health*, *5*(10), 1–8. https://doi.org/10.18203/2394-6040.ijcmph20183995

Aksu, S. P., & Erenel, A. Ş. (2022). Effects of health education and progressive muscle relaxation on vasomotor symptoms and insomnia in perimenopausal women: A randomized controlled trial. *Patient Education and Counseling*, *105*(11), 3279–3286. https://doi.org/10.1016/j.pec.2022.07.015

Baber, R. J., Panay, N., & Fenton, A. (2016). 2016 IMS Recommendations on women's midlife health and menopause hormone therapy. *Climacteric, 19*(2), 109–150. https://doi.org/10.3109/13697137.2015.1129166

Bahri, N., Roudsari, R. L., & Hashemi, M. A. (2016). "Adopting self-sacrifice": how Iranian women cope with the sexual problems during the menopausal transition? An exploratory qualitative study. *Journal of Psychosomatic Obstetrics & Gynecology, 38*(3), 180–188. https://doi.org/10.1080/0167482x.2016.1216962

Bhatta, N., & Khatry, R. (2022). Stress and Coping among Perimenopausal Women. *International Journal of Research and Review*, *9*(11), 362–370. https://doi.org/10.52403/ijrr.20221149

Bhore, N. (2015). Coping strategies in menopause women: A comprehensive review. *Innovational Journal of Nursing and Healthcare (IJNH), 1*, 244–253. https://www.researchgate.net/publication/309179479_Coping_strategies_in_menopause_women_A_comprehensive_review

Bosworth, H. B., Bastian, L. A., Rimer, B. K., & Siegler, I. C. (2003). Coping Styles and Personality Domains related to Menopausal Stress. *Women's Health Issues*, *13*(1), 32–38. https://doi.org/10.1016/s1049-3867(02)00192-5

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Coslov, N., Richardson, M. K., & Woods, N. F. (2024). “Not feeling like myself” in perimenopause — what does it mean? Observations from the Women Living Better survey. *Menopause: The Journal of the Menopause Society*, *31*(5), 390–398. https://doi.org/10.1097/gme.0000000000002339

Derry, P. S. (2004). Coping with Distress During Perimenopause. *Women & Therapy*, *27*(3–4), 165–177. https://doi.org/10.1300/j015v27n03_12

Elavsky, S., & McAuley, E. (2005). Physical activity, symptoms, esteem, and life satisfaction during menopause. *Maturitas*, *52*(3–4), 374–385. https://doi.org/10.1016/j.maturitas.2004.07.014

Fang, Y., Liu, F., Zhang, X., Chen, L., Liu, Y., Yang, L., Zheng, X., Liu, J., Li, K., & Li, Z. (2024). Mapping global prevalence of menopausal symptoms among middle-aged women: a systematic review and meta-analysis. *BMC Public Health, 24*(1), 1767. https://doi.org/10.1186/s12889-024-19280-5

Folkman, S., & Lazarus, R. S. (1980). An Analysis of Coping in a Middle-Aged Community Sample. *Journal of Health and Social Behavior*, *21*(3), 219–239. https://doi.org/10.2307/2136617

Folkman, S., & Moskowitz, J. T. (2004). Coping: Pitfalls and Promise. *Annual Review of Psychology*, *55*(1), 745–774. https://doi.org/10.1146/annurev.psych.55.090902.141456

Gibbs, Z., & Kulkarni, J. (2014). Risk Factors for Depression During Perimenopause. In D. L. Barnes (Ed.), *Women’s Reproductive Mental Health Across the Lifespan* (pp. 215–233). Springer Cham. https://doi.org/10.1007/978-3-319-05116-1_12

Gibbs, Z., Lee, S., & Kulkarni, J. (2012). What factors determine whether a woman becomes depressed during the perimenopause? *Archives of Women’s Mental Health*, *15*(5), 323–332. https://doi.org/10.1007/s00737-012-0304-0

Gibbs, Z., Lee, S., & Kulkarni, J. (2013). Factors Associated with Depression During the Perimenopausal Transition. *Women’s Health Issues*, *23*(5), 301–307. https://doi.org/10.1016/j.whi.2013.07.001

Gilbertson-White, S., Campbell, G., Ward, S., Sherwood, P., & Donovan, H. (2017). Coping with Pain Severity, Distress, and Consequences in Women with Ovarian Cancer. *Cancer Nursing, 40*(2), 117–123. https://doi.org/10.1097/ncc.0000000000000376

Guérin, E., Biagé, A., Goldfield, G., & Prud'homme, D. (2017). Physical activity and perceptions of stress during the menopause transition: A longitudinal study. *Journal of Health Psychology*, *24*(6), 799–811. https://doi.org/10.1177/1359105316683787

Heinig, M., Braitmaier, M., & Haug, U. (2021). Prescribing of menopausal hormone therapy in Germany: Current status and changes between 2004 and 2016. *Pharmacoepidemiology and Drug Safety, 30*(4), 462–471. https://doi.org/10.1002/pds.5186

Hoga, L., Rodolpho, J., Gonçalves, B., & Quirino, B. (2015). Women's experience of menopause: a systematic review of qualitative evidence. *The JBI Database of Systematic Reviews and Implementation Reports, 13*(8), 250–337. https://doi.org/10.11124/jbisrir-2015-1948

Howerton, A., & Van Gundy, K. (2009). Sex Differences in Coping Styles and Implications for Depressed Mood. *International Journal of Stress Management, 16*(4), 333–350. https://doi.org/10.1037/a0016843

Iioka, Y., & Komatsu, H. (2014). Effectiveness of a stress management program to enhance perimenopausal women's ability to cope with stress. *Japan Journal of Nursing Science*, *12*(1), 1–17. https://doi.org/10.1111/jjns.12036

Jayamalli, N., Priya, D. J., & Sailatha. (2021). An Observational Study on Coping and Quality of Life among Perimenopausal Women. *Journal of Pharmaceutical Research International*, *33*(56A), 76643. https://doi.org/10.9734/jpri/2021/v33i56a33907

Kafanelis, B. V., Kostanski, M., Komesaroff, P. A., & Stojanovska, L. (2009). Being in the Script of Menopause: Mapping the Complexities of Coping Strategies. *Qualitative Health Research*, *19*(1), 30–41. https://doi.org/10.1177/1049732308327352

Lambrinoudaki, I., Armeni, E., Goulis, D., Bretz, S., Ceausu, I., Durmusoglu, F., Erkkola, R., Fistonic, I., Gambacciani, M., Geukes, M., Hamoda, H., Hartley, C., Hirschberg, A. L., Meczekalski, B., Mendoza, N., Mueck, A., Smetnik, A., Stute, P., Van

Trotsenburg, M., & Rees, M. (2022). Menopause, wellbeing and health: A care pathway from the European Menopause and Andropause Society. *Maturitas*, *163*, 1–14. https://doi.org/10.1016/j.maturitas.2022.04.008

Landis, J. R., & Koch, G. G. (1977). The Measurement of Observer Agreement for Categorical Data. *Biometrics, 33*(1), 159–174. https://doi.org/10.2307/2529310

Lanzke, A. (2023, July 20). Hilfe für Frauen in der Menopause: Darum ist die Hormontherapie besser als ihr Ruf. *Tagesspiegel.* https://www.tagesspiegel.de/gesundheit/hilfe-fur-frauen-in-der-menopause-darum-ist-die-hormontherapie-besser-als-ihr-ruf-10182649.html

Lazarus, R. S., & Folkman, S. (1984). *Stress, Appraisal, and Coping.* Springer.

Lee, Y., & Kim, H. (2008). Relationships between menopausal symptoms, depression, and exercise in middle-aged women: A cross-sectional survey. *International Journal of Nursing Studies*, *45*(12), 1816–1822. https://doi.org/10.1016/j.ijnurstu.2008.07.001

Li, S., Holm, K., Gulanick, M., & Lanuza, D. (2000). Perimenopause and the Quality of Life. *Clinical Nursing Research*, *9*(1), 6–23. https://doi.org/10.1177/105477380000900102

Mackey, S. (2007). Women's experience of being well during peri-menopause: A phenomenological study. *Contemporary Nurse*, *25*(1–2), 39–49. https://doi.org/10.5172/conu.2007.25.1-2.39

Matud, M. (2004). Gender differences in stress and coping styles. *Personality and Individual Differences, 37*(7), 1401–1415. https://doi.org/10.1016/j.paid.2004.01.010

McQueeney, D. A., Stanton, A. L., & Sigmon, S. (1997). Efficacy of Emotion-Focused and Problem-Focused Group Therapies for Women with Fertility Problems. *Journal of Behavioral Medicine, 20*(4), 313–331. https://doi.org/10.1023/a:1025560912766

Mirzaiinjmabadi, K., Anderson, D., & Barnes, M. (2006). The relationship between exercise, Body Mass Index and menopausal symptoms in midlife Australian women. *International Journal of Nursing Practice*, *12*(1), 28–34. https://doi.org/10.1111/j.1440-172x.2006.00547.x

Ngai, F. W. (2019). Relationships between menopausal symptoms, sense of coherence, coping strategies, and quality of life. *Menopause: The Journal of the North American Menopause Society*, *26*(7), 758–764. https://doi.org/10.1097/gme.0000000000001299

O'Reilly, K., McDermid, F., McInnes, S., & Peters, K. (2023). An exploration of women's knowledge and experience of perimenopause and menopause: An integrative literature review. *Journal of Clinical Nursing*, *32*, 4528–4540. https://doi.org/10.1111/jocn.16568

Phillips, L. S., & Langer, R. D. (2005). Postmenopausal hormone therapy: Critical reappraisal and a unified hypothesis. *Fertility and Sterility, 83*(3), 558–566. https://doi.org/10.1016/j.fertnstert.2004.11.012

Reddy, N. V., & Omkarappa, D. B. (2019). Psychosocial Problems and Coping Strategies Among Peri-Menopausal Woman. *Indian Journal of Public Health Research & Development*, *10*(12), 321–325. https://doi.org/10.37506/v10/i12/2019/ijphrd/191968

Rossouw, J. E., Anderson, G. L., Prentice, R. L., LaCroix, A. Z., Kooperberg, C., Stefanick, M. L., Jackson, R. D., Beresford, S. a. A., Howard, B. V., Johnson, K. C., Kotchen, J. M., & Ockene, J. (2002). Risks and Benefits of Estrogen Plus Progestin in Healthy Postmenopausal Women: Principal Results From the Women's Health Initiative Randomized Controlled Trial. *JAMA, 288*(3), 321–333. https://doi.org/10.1001/jama.288.3.321

Saensak, S., Vutyavanich, T., Somboonporn, W., & Srisurapanont, M. (2013). Effectiveness of a modified version of the applied relaxation technique in treatment of perimenopausal and postmenopausal symptoms. *International Journal of Women's Health*, *5*, 765–771. https://doi.org/10.2147/ijwh.s53652

Soules, M. R., Sherman, S., Parrott, E., Rebar, R., Santoro, N., Utian, W., & Woods, N. (2001). Executive summary: Stages of Reproductive Aging Workshop (STRAW). *Fertility and Sterility*, *76*(5), 874–878. https://doi.org/10.1016/s0015-0282(01)02909-0

Stuenkel, C. A., Davis, S. R., Gompel, A., Lumsden, M. A., Murad, M. H., Pinkerton, J. V., & Santen, R. J. (2015). Treatment of Symptoms of the Menopause: An Endocrine

Society Clinical Practice Guideline. *The Journal of Clinical Endocrinology & Metabolism, 100*(11), 3975–4011. https://doi.org/10.1210/jc.2015-2236

Stute, P., Eversheim, H., Ortius-Lechner, D., May, M., & Feig, C. (2022). Care reality of menopausal women in Germany: healthcare research using quantitative (SHI claims data) and qualitative (survey) data collection. *Archives of Gynecology and Obstetrics, 306*(2), 513–521. https://doi.org/10.1007/s00404-022-06457-9

Stute, P., & Lozza-Fiacco, S. (2022). Strategies to cope with stress and anxiety during the menopausal transition. *Maturitas*, *166*, 1–13. https://doi.org/10.1016/j.maturitas.2022.07.015

Süss, H., & Ehlert, U. (2020). Psychological resilience during the perimenopause. *Maturitas*, *131*, 48–56. https://doi.org/10.1016/j.maturitas.2019.10.015

Süss, H., Willi, J., Grub, J., & Ehlert, U. (2020). Psychosocial factors promoting resilience during the menopausal transition. *Archives of Women's Mental Health*, *24*(2), 231–241. https://doi.org/10.1007/s00737-020-01055-7

Theodoratou, M., Farmakopoulou, I., Kougioumtzis, G., Kaltsouda, A., Siouti, Z., Sofologi, M., Gkintoni, E., & Tsitsas, G. (2023). Emotion-focused coping, social support and active coping among University students: Gender differences. *Journal of Psychology & Clinical Psychiatry, 14*(1), 5–9. https://doi.org/10.15406/jpcpy.2023.14.00720

Uzun, S., Ozcan, H., & Jones, D. (2022). The psychological dimension of menopause: a phenomenological study. *Current Psychology, 42*(13), 10498–10507. https://doi.org/10.1007/s12144-022-03306-5

Verma, P., Sharma, S., & Santhalakshmi, V. (2019). Study to Assess the Coping Strategies on Selected Tri-Dimensional Problems among Peri-Menopausal Women. *International Journal of Nursing Education*, *11*(2), 54–57. https://doi.org/10.5958/0974-9357.2019.00039.4

Vingerhoets, A. J. J. M., & Van Heck, G. L. (1990). Gender, coping and psychosomatic symptoms. *Psychological Medicine, 20*(1), 125–135. https://doi.org/10.1017/s0033291700013301

Woods, N. F., Coslov, N., & Richardson, M. K. (2022). Perimenopause meets life: observations from the Women Living Better Survey. *Menopause: The Journal of the North American Menopause Society*, *29*(12), 1388–1398. https://doi.org/10.1097/gme.0000000000002072

Zhao, D., Liu, C., Feng, X., Hou, F., Xu, X., & Li, P. (2019). Menopausal symptoms in different substages of perimenopause and their relationships with social support and resilience. *Menopause: The Journal of the North American Menopause Society*, *26*(3), 233–239. https://doi.org/10.1097/gme.0000000000001208

Appendix A: AI Declaration

During the preparation of this work, the author used ChatGPT, Grammarly, and DeepL to assist with translation, brainstorming, grammar, and structure suggestions. After using these tools/services, the author reviewed and edited the content as needed and takes full responsibility for the content of the work.

Appendix B: Interview Scheme

Semi-Structured Interview Scheme: SPICE-up your life interview study

Menopausal Transition and Coping Strategies

Introduction

- Introduce yourself briefly (student from …)
- The purpose of this interview is to explore more in depth how women experience the menopausal transition. I have some questions to guide our conversation, but I am mainly interested in your personal story.
- Can I record this interview (audio/video) to ensure accurate transcription and reporting?
- START RECORDING

Ethical Considerations

- Before we start, I have some practicalities to check with you. [Read the informed consent form and ask if they agree with all of them (you can give a hand-out as well).]

Main Questions and Probes

Introduction – before we focus on the menopausal transition, I would first like to get to know you a bit better.

- How are you feeling about the interview?
- Can you introduce yourself?
- What does your day-to-day life look life?
- How are you doing today?

Definition of the menopausal transition:

- How would you define the menopausal transition? (if this is not accurate or unknown, you could explain what we perceive as the menopausal transition. For this study it is any mental or physical changes that might be experienced due to changing hormones during the transition towards the final menstruation and up to 3 years after this final menstruation)

Understanding the Menopausal Experience

- What is your experience with the menopausal transition so far?
    - What were the first signs or symptoms you noticed?
    - How long have you been experiencing these symptoms?
    - How have your symptoms changed over time?
    - How do you feel about this phase of life?

Coping Strategies

- What actions have you taken to manage your menopausal symptoms?
    - Check: medical treatment, hormonal treatment, alternative therapies
    - Check: related to physical and related to psychological symptoms, any differences or similarities?
    - What was most effective for you?
- How have lifestyle changes or any other changes in your daily routines helped you to cope with the menopausal transition?
    - Check: diet, exercise, sleep, relaxation, meaning in life
    - What was most effective for you?

The Role of Health Care Professionals

- What has been your experience with healthcare professionals regarding the menopausal transition?
- What useful guidance or treatments have you received?
- What could be improved in terms of medical or psychological support?

Social Support and Relationships

- How do you talk about the menopausal transition with others?
    - Check: family, friends, support groups, colleagues, neighbours
- Who have supported you most during the menopausal transition? Why these people and what was most helpful?
    - Check: family, friends, support groups, colleagues, neighbours

- Have your relationships changed during this transition? In what way?

Personal Growth and Positive Changes

- What positive changes have you noticed in your (daily) life because of the menopausal transition?
- In what way do you think you have grown from (going through) the menopausal transition?

Career and Work-Life

- How would you describe your career path so far?
- How would you describe your current role and responsibilities at work?
- What changes have you noticed in how you experience your work life and career path since entering the menopausal transition?
- What changes have you noticed in how you experienced your work life after pregnancy and the postpartum period? In what way was the transition to motherhood similar and different compared to the transition to menopause?
- What would the ideal workplace look like for you during the menopausal transition?
- How much support do you receive from your employer or team during the menopausal transition?

Concluding

- What has been the most difficult aspect of the menopausal transition for you?
- What do you wish you had known before entering the menopausal transition?
- What resources or support would have made your menopausal transition easier?
- Based on your experience, what advice would you give to other women currently navigating through the menopausal transition?

Demographic Information – check if you don't know it yet

- What is your age?
- What is your nationality and cultural background?
- What is your educational background? (low, middle, high)
- What is your current living situation? (with/without partner, with/without children (at home))
- What is your current employment situation? (how many hours, what type of job)

Conclusion & Consent

- Thank you for sharing your experiences with us. Your insights are invaluable in understanding how women navigate menopause and how they find ways to cope and grow.
- Before we conclude:
    - Do you have any final thoughts or anything you'd like to add?
    - Please take a moment to review the informed consent form once again. Are you still agreeing with our terms and conditions?
- We truly appreciate your time and openness. If you have any questions or need further assistance, please feel free to reach out. Thank you!

For the interviewers:

Common follow-up questions to keep with you as well could be:

- Can you explain that further?
- What do you mean by that?
- Can you give an example?
- How did that make you feel?
- Could you elaborate on that point?
- Can you describe that experience in more detail?
- What happened next?
- How did that impact you?