

**Menopause cultural research: A comparative study of national and diasporic Chinese menopausal women's perceptions and lived experience of menopause**

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## **Abstract**

This study compares the experience of Chinese menopausal women and diasporic Chinese women's perceptions of menopause. The researcher conducted qualitative research by collecting and analyzing experiences and perceptions, comparing the differences in women's perceptions of menopause in consideration of cultural and social factors. This study recruited five national Chinese menopausal women and three diasporic Chinese menopausal women. Focus groups and individual interviews were conducted with menopausal women and family members. Co-design sessions were held to establish how to bring menopause to the attention of people other than the women experiencing menopause. Based on the co-design sessions, participants opted to develop an app, which includes Western and Traditional Chinese medical knowledge, experiential discussion boards, and a space to create a support network for menopausal women. This research is built upon East Asian feminist ethnography, interpretative phenomenological research and inclusive design theory.

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# **Introduction**

## **1.1 Background**

Menopause is a transitional period marked by the gradual decline of ovarian function, leading to various physical and psychological changes in women. However, the experience of menopause can differ across cultures and may be influenced by sociocultural factors. The motivation behind this study stems from personal observations within my own family. My family member is going through menopause and initially struggled to accept the changes in her physical condition, experiencing anxiety and unwilling to seek medical advice. She was initially reluctant to accept that the changes in her physical condition were caused by menopause and went through a period of great anxiety. At the same time, she refused to go to the hospital to consult her doctor about menopause. However, due to the prolonged physical and mental stress she felt, she finally went to the hospital for counseling. But the doctor described the menopause period as a disease, which led to more emotional panic for her. This led me to consider the potential lack of support and understanding for women experiencing menopause in China. Recognizing the impact of sociocultural context on women's experiences, I aimed to explore the psychological barriers faced by Chinese women during menopause and understand if the cultural context influenced their experiences.

## **1.2 Research questions**

How does the cultural context influence the social and psychological barriers faced by national and diasporic Chinese women during menopause?



- What are the specific physical and psychological changes experienced by Chinese women during menopause, and how are they influenced by the cultural context?

## **Literature review**

In this chapter, I will be examining the literature to gain a better understanding of how menopausal women around the world are addressing this period in their lives. I will also discuss tenets of inclusive design theory as well as presenting what I mean by diaspora. Finally, I will delve into East Asian feminist ethnographic research, which will serve as a conceptual basis for understanding the data.

### **2.1 Menopause**

Anthropologists and sociologists generally agree that menopause is a natural event (De Salis et al., 2017; Atkinson et al., 2020; Rubinstein, 2013; Blümel et al., 2013; Bener et al., 2016). Menopause is part of the transition from the reproductive to the nonreproductive phase of a woman's life and is part of the aging process from middle age to old age. Although menopause is somewhat of a biological event, its impact on women is also influenced by differences in cultural backgrounds. There is evidence that the experience of menopause varies across cultures and that biology alone cannot explain these differences (Beyene, 1986). Cultural influences of sexism and ageism have led to different external stressors for menopausal women in different cultures (De Beauvoir, 1970; Fu et al., 2003). Menopause, like menstruation, is a cultural, social, emotional, and physical experience. In China, approximately 12 million women suffer from menopausal symptoms and related disorders each year (Xu et al., 2021).

Although menopause is universal, menopausal symptoms are conceptualized, experienced, and manifested differently across cultures (Melby, Lock, & Kaufert, 2005). In China, a higher proportion of Han women feel depressed, irritable, and exhausted in midlife, which has also been reported to be partly related to their psychosocial experiences (Shea, 2006a; 2006b). In a study conducted by Zhang et al., researchers found that Mosuo Chinese women suffered less depression during menopause, and their attitudes toward menopause were more positive than those of their Han Chinese counterparts in the same region (Zhang et al, 2018). In the Mosuo culture, menopause is considered a natural event with a more positive meaning, and there is more joy and comfort after menopause. Mosuo women may have experienced less psychological distress during menopause compared to Han women in the same region due to adhering to a matriarchal culture (2018).

In this section, regional cultural studies on menopause are reviewed. In research conducted by Jurgenson et al., this study aimed to identify similarities and differences between the menopausal experiences of Aboriginal women in Western Australia and the general experience of non-Aboriginal Australian women (Jurgenson et al., 2014). The study was designed to assist in improving the understanding of the menopause transition and to provide more culturally secure health services for this group of Aboriginal women (2014). The researchers recruited Australian Aboriginal women over the age of 18 years who spoke English and were able to give written informed consent, and included women who were pre-, peri- or post-menopausal. The age range of participants ranged between 20 to 67 years, enabling comparison of understanding and perception of the menopause experience at different stages of life. Participants

were recruited in a regional center in Western Australia using opportunistic and snowball sampling, with efforts made to recruit women across a range of ages. The researchers concluded from data analysis that the major themes that emerged focused on: language used, menopause in "life change," attitudes toward menopause, symptoms experienced, the role of men, lack of knowledge about menopause, attribution of menopause to "other things," and coping and treatment methods used. The findings of this study indicate a lack of knowledge and information about menopause, which has implications for Aboriginal women, their families, health workers and communities. Many Aboriginal women carry a heavy burden for their families, always putting themselves last, and their health issues, although frustrating, are not a big deal to them, putting it on the back burner and putting their families first. Given the lack of understanding and information, it seems reasonable that many participants attributed their menopausal symptoms to other causes. Additionally, the presence of menopausal symptoms combined with the high burden of chronic illness, psychosocial stress, and caregiving responsibilities of Aboriginal women made menopause a low priority for these women. While many women may attribute their menopausal experience to another health condition, this does not necessarily mean increased health care seeking behavior for menopause. Therefore, many women suggest that more information, such as culturally appropriate booklets, should be provided to native women to support women, educate family members, and help reframe negative connotations and family conflicts. Increasing menopause information and awareness does not only apply to women. Awareness and prevalence of menopause among health workers and communities is also important,

as is the understanding and empathy of women's family members for menopausal women (Jurgenson et al., 2014). And the authors mentioned that the wider picture needs to be addressed when attempting to assist women in coping with this transition including taking into consideration the context of possible life circumstances and their associated stresses.

In research conducted by Cifcili et al., the researchers recruited menopausal women who went to the Family Medicine and Menopause Outpatient Clinics of a University Hospital in Turkey for medical help (2009). The researchers found no descriptions of menopause in the Turkish language as well. They called menopause *adetten kesilme* - "cessation of menses". The authors divided the results into two categories: positive and negative menopause. For instance, positive menopause was perceived as "comforting" as it removed the risk for pregnancy as well as the termination of menstrual symptoms. Some participants associated menopause with "cleanliness" because of not having a period. Positive perceptions of menopause maturity were defined as "the wisdom of being older, being able to help youngsters and even the beginning of a new life. All participants experienced hot flushes to some degree which seemed to be the most disturbing problem. Some participants associated menopause with getting older, a process they also believed was associated with bone loss, its complications and possible loss of function (2009). The women stated that they were very sensitive and irritable without any apparent reason and this irritability was placing their relationship with their families under stress (2009). The participants also spoke of their need for support at this difficult life stage and lack of family support seemed to worsen the problem. Some of the interviewees were distrustful of hormone therapy.

Their source of knowledge was mainly the media and friends rather than health professionals (2009). This may be the reason behind the negative perception of HT. Some participants were confused and unsure if the information they had was accurate. According to research conducted by Jassim and Al-Shboul, menopause, like general health, is influenced by various cultural, socioeconomic and lifestyle factors which impact women's lives to different degrees (2008). The attitudes and practices of people from different ethnic cultures regarding menopause contribute to the stereotypes through which physical and emotional sensations are perceived and interpreted (Hunter, 1990). The physical and psychological status of menopausal women also tends to fluctuate because of these stereotypes. And these stereotypes may often be related to ethnic culture (Bannister, 2009; Fu, Anderson, & Courtney, 2003). In the United Kingdom, Australia, and the United States, women facing menopause are aware of hot flashes, night sweats, and mood changes as symptoms of menopause. On the other hand, Japanese women report lower rates of menopause-related symptoms (Fu, Anderson, & Courtney, 2003). Literature surveys show that Taiwanese women consider receiving hormone therapy during menopause as unnatural, while women in the West are more cognizant of hormone replacement options. This implies that women's perceptions of hormone therapy options during menopause may be related to their cultural background (Wang, 1997). Hunter and Rendall stated that "the menopause transition is a bio-psycho-socio-cultural process" (2007, p. 261). There are significant differences in symptom perception and reporting among women of different ethnicities living in different countries. These differences are a bio-psycho-social-cultural process that may vary within and between

cultures and vary over time. The study noted that African American women in the The Study of Women's Health Across the Nation (SWAN) study conducted in the United States were more likely to report symptoms of menopause. Japanese and Chinese women were less likely compared to Caucasian women to report menopausal symptoms (Hunter & Rendall, 2007; Sowers et al, 2000). However, the fact that Chinese and Japanese women report fewer symptoms of menopause does not mean that they are not symptom-free. There may be underlying factors that cause them to be reluctant to actively report these symptoms.

## **2.2 Inclusive design**

Inclusive design is a methodology that considers many aspects of human diversity that could affect a person's ability to use a product, service, or environment, such as ability, language, culture, gender, and age. Inclusive design principles emphasize the importance of considering diverse user needs and experiences (Treviranus, J., 2018). Inclusive design is design that considers human diversity in terms of ability, language, culture, gender, age, and other forms of human difference (Inclusive Design Institute, 2014).

Menopausal women, as a group of women whose menopausal symptoms are affected by gender, experience physical and psychological changes during this period that can greatly affect their standard of living. Because of the diversity of factors that influence the experiences of menopausal women, an inclusive perspective allows for greater collection and analysis of the diversity of issues faced by this group. To meet the standard of inclusiveness, there needs to be diversity in the way research is engaged. The inclusive design methodology emphasizes recruiting the most relevant and

authentic experts to the study to join the design team, i.e., the marginal user, menopausal women themselves. Menopausal women are to be recruited not just as research participants, but as full design team members, or co-designers. "Not just in the "feel" and "user testing" phases, but in "all design and development phases" (Inclusive Design Institute, n.p.). Implementing co-design brings a more flexible and broader perspective to the design process while incorporating the insights of the communities whose members are directly impacted by the design (Inclusive Design Institute, 2017).

### **2.3 Diaspora Study**

The concept of diaspora has been adopted in academic discussions of dispersal, immigration, displacement, and the establishment of reconfigured transnational communities. In *Diaspora, Memory, and Identity*, this concept is described as:

*Diaspora theorizing opens up the discursive or semiotic space for a discussion of many ideas: identification and affiliation, homing desire and homeland nostalgia, exile and displacement, the invention of cultural traditions in the New World Order, and the construction of hybrid identities, as well as cultural and linguistic practices, the building of communities and communal boundaries, cultural memory and trauma, the politics of return, and the possibility of imagining geographical and cultural belonging beyond and within the nation state formation.*

*(Hua, 2005, p. 151)*

People in the diaspora often feel alienated in their host countries due to racism, sexism, heterosexism, and socioeconomic exclusion (Agnew, 2005). Diasporic people have a dual perspective: they acknowledge an earlier presence elsewhere and have a

critical relationship with the cultural politics of their present home - all of which are embedded in the experience of displacement (Radhakrishnan, 1996, xiii–xiv). Theories of diaspora can be used to analyze intercultural and cross-cultural processes and forms. Diasporic women are less likely than diasporic men to have nostalgic memories of their homelands, as they painfully recall the patriarchal attitudes, customs, and traditions of the "old world" (Hua, 2005). Because diasporic women may lack resources and outlets, many women live more in the past and therefore value personal, family, and collective memory. A study of diaspora Chinese families found that the traditional Chinese value of gender power balance (husband's supremacy over wife) remained largely unchanged in discrete locations (Sakamoto & Zhou, 2005). However, it is important to keep in mind that the ways in which the gender power balance is achieved do vary across households. Therefore, a comparative analysis of diasporic Chinese women's menopause experience and national Chinese women's menopause experience may better articulate whether there are differences in women's perceptions and experiences of menopause after emigration from China.

## **2.4 East Asian feminist ethnography**

In Chinese Gender Theory and Feminist Literary Criticism, authors, Wang and Li, summarize Chinese gender ethical relations (2014). They point out that in China, men explain the meaning of women's liberation, including their standing in society, in an attempt to affirm women's subjective consciousness. This is a kind of affirmation in which men are the ultimate arbiters of women's liberation, rather than acknowledging a critical gender subjective consciousness raised by women's groups. For example, Mao claims that women can hold up half the sky “妇女能顶半边天”, which helped the



liberation of the Chinese female. But this also means that this advancement and emancipation of status is desired as a means to masculinize women, while it is top-down and lacks the reflection and awakening of the female self, which speaks to Wang and Li's assessment of the liberated woman (Wang & Li, 2014). The real voice of the women's liberation is the hands of men. This idea has similarities with Heyin's critical feminist analysis.

According to Heyin, who is identified as one of the first feminists in modern Chinese history, the emergence of Chinese feminism is somewhat paradoxical because it is also a form of patriarchy. This means that men's thoughts improve feminism, and such improvement aids in developing men's status, family education degree, and income (Heyin, 1903; Liu et al., 2013).

I am coming to see a connection between the perspectives of these Chinese feminists. I have reflected on the fact that women are afraid of being like a woman. Women are trying to prove that they can be like men. Chinese women regard women's experiences features that distinguish them as women, such as menstruation and menopause, are shameful.

The same phenomenon of seeing and expecting women to be like men is also present in Japanese society. In her book *Misogyny*, feminist scholar Ueno Chizuko presents misogyny in both mothers and daughters. According to Ueno, daughters need to respond to their mothers' dual expectations, both to be like sons and to have to be good daughters. As a result, women are forced to take on dual roles and pressures required in contributing to the family system. (Ueno, 2015).

The pattern of women's liberation seems to be depend on men's wishes, hopes, and instruction. Men try to teach women how to be a good woman. Wang and Li explore the root of this pattern and argue that this establishes Chinese gender ethics. They state that “宗法制度” (traditional patriarchal system) is one of the most important foundations of traditional Chinese culture, because Chinese cultural rules are established on the basis of the relational ethics. And such culture rules are developed by Confucianism (Wang & Li, 2014). A Chinese Confucian Ethical Framework claims that the “three cardinal guides” (三纲) which is from the “three cardinal guides and five constant virtues” (三纲五常), includes the notion that the “ruler guides the subject, the father guides the son, and the husband guides wife” (Wang & Li, 2014, p. 29). The authors conclude that the gender ethic in China is actually "patriarchal" rather than merely "male". This means that Chinese women are not only facing the gender gap but also facing the gender hierarchy that potentially controls the social order. “If women violate the gender ethical order, they will be condemned by society's morality as well as by their own moral self-reflection.” (Wang & Li, 2014, p. 56) This explains why Chinese female liberation is raised and developed by males. This liberation and female consciousness serve the male population.

In Chinese modern society, men still judge and educate about the women's roles and duties. Some ancient sayings still circulate today, such as “A man should marry a virtuous woman” (娶妻当娶贤) . This may seem to be teaching men, but it is teaching women the need to be virtuous. “Virtuous (贤惠)” means kind, amiable and

accommodating. And yet this is still the standard by which a married woman is judged to be qualified or not. Men's expectations are internalized by women, as described by Wang and Li. Accordingly, women adopt the Chinese social gender ethics and transfer these values into the personal ethical self-discipline. Once women contradict such gender ethics, they will receive moral condemnation in veering away both from these established social gender ethics and also from their own moral self-reflection. And such self-reflection may lead to self-misogyny.

At the same time, “孝” is also a kind of the Chinese and Japanese social gender ethical foundation (Ueno, 2015; Wang & Li, 2014). “孝” means that children need to be obedient to and support their parents. “孝” also means when women become mothers, they will gain the respect from their kids. This makes women submissive to their parents in the different stages of life due to the gender ethic of Chinese society, and at the same time they desire the same respect and submissiveness when they become mothers. This cycle of care often becomes a burden. Once the identity as a daughter or mother is not played perfectly, “孝” may become a moral standard to judge this person.

In this chapter, the main points discussed are about the impact of culture on menopause and the study of menopause based on geographically diverse cultures. The impact of Chinese feminist gender ethics on women is also explored. In the next chapter I will describe the methodology of the study.

# Methodology

## 3.1 Introduction

The study used qualitative research methods, drawing upon E. Asian feminist epistemology, interpretive phenomenological analysis, and inclusive design. For the findings to meet inclusiveness, interviews were conducted using semi-structured interviews focus groups, or one-on-one interviews. This qualitative study collects the experiences and perceptions of menopausal women from nation Chinese women and diaspora menopausal women from Canada.

According to research (George, 2022), semi-structured interviews are a mix of structured and unstructured interviews. During the interview, the researcher discussed with the participants open-ended questions that had been prepared in advance. Unlike structured interviews, the order and wording of the questions were not strictly set. Since the context of the project is exploratory, the responses of menopausal women participating in the semi-structured interviews were meant to influence the direction of future research. Relevant questions about the project context were set in the semi-structured interviews, and the interviews were transcribed. Based on the stakeholder analysis, this study recruited the core and secondary stakeholders and then organized several focus groups for all participants from China and Canada. However, considering the menopausal experience is a private matter, this study also offered individual interviews to the participants.

The snowball sampling approach allows for quick identification of participants from reliable sources. Snowballing recruitment involves inviting initial contacts who are

willing to participate in the study to create new contacts. Some women may not want to talk about their experiences and thoughts about menopause in an unknown setting. However, it is essential to talk to them and gather feedback when certain connections exist in the target population (Bhat, 2018). I first recruited my family member as a participant in the research because she has been experiencing this stage recently. My family member has several similarly aged friends and colleagues who were then approached to take part in this research. They were encouraged to recruit other women who are also going through menopause to participate in this study. Participants continued to recruit others until the desired target sample size was reached. Recruitment was divided into two stages. First, the study needed to recruit the core and secondary stakeholders including menopausal women and their family member. The study planned to recruit three national Chinese menopausal women and three diasporic Chinese women to take part in the focus group or individual interview. Meanwhile, I asked these participants' family members to join another focus group. In the second phase of recruitment, the participants in the focus groups were sought for their willingness to participate further in the co-design sessions. Due to factors such as time zone difference, work and personal issues, only one menopausal woman from China could continue to participate. Therefore, two more menopausal women from China were recruited to participate in the co-design sessions. The focus group was again conducted to gather their experiences of menopause. These three menopausal women were invited to participate in the co-design sessions.

### **3.2 Data collection**

The focus group is a method to conduct interviews with a target audience led by the facilitator. Unlike the interviews, the focus group allows the participants to discuss the topic problem together and share their opinions. The aim of the focus group is not to get agreement on this topic. It means that the facilitators could get views from the participants about menopause (Fleetwood, 2021). We conducted focus group sessions with menopausal women and their families in China, as well as menopausal Chinese women living in Canada. The aim was to identify cultural influences and differences that could lead to design goals for the development of effective co-design. By conducting four focus groups, and one one-on-one individual interview, this study was able to capture the participants' expressions and experiences during the course of the discussions. All focus groups and interview were conducted online as the researcher and participants were not located in the same area. The research interviews were recorded in the form of handwritten notes. The duration of the interviews was about one hour. The interview scripts and questions were formatted using a semi-structured question format to better understand the participants' lived experiences.

### **3.3 Data analysis**

During the data collection phase, the study audio-recorded focus groups and semi-structured interviews. The audio recordings were transcribed. The focus groups and semi-structured interviews were transcribed into protocols and transcripts. At the same time, the study needs to annotate behaviors such as laughter, crying, and pauses (Busetto, 2020). Research-based on Interpretive Phenomenological Analysis (IPA)

focuses on how individuals make their life experiences meaningful. Detailed analyses of personal narratives and introductions and discussions of general experiential themes are often combined with the researcher's explanations (Pietkiewicz & Smith, 2012). For ethical reasons, and because IPA research often focuses on significant existential issues, interviewers must monitor the impact of interviews on respondents (Pietkiewicz & Smith, 2012). During the recording process, emphasis is placed on the substance of the discussion and the use of language, contextual relationships, and relevant interpretive comments. Distinctive phrases and emotional responses are highlighted (Pietkiewicz & Smith, 2012). Transforming the notes into emerging topics, the task of the researcher is to find the relationship between these topics, categorize the topics and create a narrative description of the study. This usually involves writing out each of the themes identified in the final table.

This study chose E. Asian feminist ethnography as the conceptual framework for data analysis. It was an effective framework for understanding the information collected from participants for context and content.

### **3.4 Co-design session**

Co-design is a methodology for inclusive design, and the principles of inclusive design emphasize the importance of considering diverse user needs and experiences. Some groups and individuals who normally do not have a "voice" in co-design meetings may be included in negotiations and dialogues, tapping into their unique and collective perspectives on the systems in which they operate. At the same time, co-design enables easier connection and networking and better sharing of information (Sanders & Stappers, 2008). After the data analysis, the study invited the menopausal women

who participated in the interviews, both from Canada and China, to participate in the co-design sessions. Since only one was able to continue to participate, two national Chinese women were recruited again to participate in the co-design sessions. The co-design session avoids the normal design process of prototyping that is subjective to the individual designer. The participants were not actually interested in the outcome of the design. Collaboration is not just about utilizing the personal knowledge possessed by internal and external stakeholders. Rather, it is about discovering their unique collective perspectives on the system in which they work (Stratos Innovation Group, 2020). The study set three co-design sessions. Considering the different needs of the participants, the last two co-design sessions were chosen to be one-on-one interviews. By collecting participants' opinions and suggestions as fully as possible, they were categorized, analyzed, and selected. The solution was iterated, communicated, and analyzed again with the participants.

In this chapter, different methodologies and methods were discussed. I also began to describe preliminary aspects of the results. In the next chapter, I will discuss the results more thoroughly.

## **Results**

### **4.1 Introduction**

As Beyene points out, menopause is experienced differently by different cultures (1986), national and diaspora Chinese menopausal women have similarities and differences in their experiences, perceptions, and needs regarding menopause. Both national Chinese menopausal women and diaspora menopausal women will face the



challenges of menopause in their own ways. However, it is often up to the women themselves to get the support and help they need, and the women's needs are different. Whether national or diasporic, China menopausal women's available menopausal support is based on the healthcare system and family support. The causes of the diversity of menopausal women's needs and how to establish more effective support are the questions around which the results of this study are centered.

## **4.2 REB**

The study was approved by the Research Ethics Board of OCAD University.

## **4.3 Data collection**

This section summarizes the collection of publicly releasable participant information using charts and graphs. The tables are divided into recruited menopausal women in national China and recruited diasporic Chinese menopausal women, and the section summarizes some of the challenges encountered in the information collection phase of this study.

### **4.3.1 Recruitment challenges**

- National Chinese menopausal women

This study used snowball sampling to recruit the participants for the research. In recruiting menopausal women from China, the study used a snowball recruitment method. Participants who had agreed to participate in the study were invited to ask their friends or colleagues if they would like to participate. However, the accepted participants suggested that some of their friends, despite experiencing menopause, could not be invited to participate in the study for

several reasons, for instance, they were not willing to discuss the topic. Some women did not accept that they were going through menopause even though their families and friends thought they were. It was therefore not possible to mention menopause-related terms in their presence. At the same time, these women who were reluctant to acknowledge or discuss menopause often have been labelled as ‘strong women.’

- Diaspora Chinese menopausal women’s family member

In recruiting diasporic Chinese menopausal women, I asked them if their families would like to participate in the study. They suggested that they would like only themselves to participate in the study. To honor the participants' wishes and ensure the progress of the study, family members of diasporic Chinese menopausal women were not included in the study.

*Table 1. Recruited menopausal women in national China*

<b>Menopausal Women in National China</b>					
	<b>Participant A</b>	<b>Participant B</b>	<b>Participant C</b>	<b>Participant D</b>	<b>Participant E</b>
<b>Information collection method</b>	Focus group	Focus group	Focus group	Focus group	Focus group
<b>The stages of menopause</b>	Have been in menopause for eight years	Have been in menopause for two years	Started experiencing menopause	Started experiencing menopause	Have been in menopause for three years
<b>Age</b>	57	53	52	50	58
<b>Physiological symptoms</b>	YES	YES	YES	YES	YES
<b>Psychological symptoms</b>	YES	YES	YES	YES	YES
<b>TCM Treatment</b>	YES	YES	YES	YES	YES
<b>Ways to seek help</b>	Psychological Counseling	Doctors	Friends & Family	Psychological Counseling & Doctors	Doctors
<b>Region</b>	Shan dong Province	Shan dong Province	Shan dong Province	Shan dong Province	Shan dong Province
<b>Work Status</b>	Housewife	Full-time working	Housewife	Full-time working	Retired

Table 2. Recruited diasporic Chinese menopausal women

	<b>Participant 1</b>	<b>Participant 2</b>	<b>Participant 3</b>
<b>Information Collection Method</b>	Interview	Focus group	Focus group
<b>The stages of menopause</b>	Have been in menopause for seven years	Have been in menopause for three years	Started experiencing menopause
<b>Age</b>	57	54	49
<b>Physiological symptoms</b>	NO	YES	YES
<b>Psychological symptoms</b>	NO	YES	NO
<b>Ways to seek help</b>	None	Family doctors	Specialty Doctors
<b>TCM Treatment</b>	NO	YES	NO
<b>Birth Place</b>	Shan dong Province	Shan dong Province	Shan dong Province
<b>Work Status</b>	Full-time working	Part-time working	Full-time working
<b>Timing of Immigration</b>	Twenty years	Twenty-eight years	Twenty-four years
<b>Region</b>	Alberta, Canada	Alberta, Canada	Alberta, Canada

#### **4.4 Data analysis**

I conducted an interpretative phenomenological analysis (IPA) based on the content of the focus groups and one-on-one interviews. I thematically categorized the information

collected from the participants. The themes were categorized into 1) Physiological and psychological symptoms; 2) Measures and treatment; 3) Diet habits; 4) Attitude towards medical system; and 5) Family support. In this section, comparisons between national and diaspora participants' attitudes towards these themes are summarized. The content of the national menopausal women's family focus group was also thematized and analyzed.

#### 4.4.1 Physiological and psychological symptoms

##### - National Chinese menopausal women

Menopausal women from national China have reported that they experience both physical and psychological changes. Among the physical symptoms are irregular menstruation, back pain, knee pain, neck pain, lumbar pain, gastrointestinal pain, night sweats, hot flashes, and a sudden rise in blood pressure. When national Chinese menopausal women experience physical symptoms, they can trigger psychological symptoms. Physical symptoms can cause fear, anxiety, and nervousness. Therefore, these psychological symptoms often further aggravate the physical symptoms.

Something has changed in my body and my emotions, and I am out of control. I would talk to my family and say don't talk to me. I was feeling very irritable at that moment. At night my emotions would surface all at once and I would sweat. (Participant A)

I feel anxious and restless along with symptoms of hot flashes along with heart palpitations. I can easily feel my emotions get out of control and my blood pressure rise if I get a phone call that makes me feel stressed

while I'm driving. I need to carry my blood pressure monitor with me to monitor my blood pressure. (Participant B)

I started sweating easily, which is different from sweating in hot weather. The feeling is like my blood is hot. My face feels hot from the inside out. I've been going through menopause for ten years now, but I'm still currently suffering from some of the symptoms. I'm scared that these emotions and symptoms will always haunt me. (Participant C)

I get impatient and anxious easily and I may not be able to control my emotions. My body feels weak, but there is nothing wrong with the hospital tests. But because I feel no strength or energy, I feel very scared and fearful. I am not sure if all this is related to menopause for me, but my periods have started to be irregular this year. (Participant D)

I lost twenty pounds last year due to intestinal atrophy. I became depressed and anxious, and I didn't want to face my friends and past coworkers. I felt ashamed and inferior. And I felt even more anxious after going to the hospital and being told by the doctor that my condition required hospitalization. Now, I feel much better, but I think it's my mindset that has changed and my condition has to get better. (Participant E)

- Diasporic Chinese menopausal women

The experience of diasporic menopausal women participating in the study was highly variable. One diasporic Chinese menopausal woman said that she did not experience the physical and psychological symptoms associated with menopause. One diasporic Chinese menopausal woman reported similar physical and psychological reports as national Chinese menopausal women. The last diasporic menopausal woman reported that she had just entered

menopause and only faced physical symptoms of menstrual disorders.

However, she had some concerns about the onset of menopause.

Of the diasporic participants, only Participant 2 reported facing psychological symptoms, suggested that her psychological symptoms were related to isolation during the pandemic. During the quarantine, her psychological symptoms were more severe, and she was prone to moodiness and feeling anxious and irritable. After taking Traditional Chinese Medicine (TCM) medication, her physical and psychological symptoms were greatly relieved.

I think menopause is associated with anxiety and all sorts of emotions. I have no feelings or reactions to menopause. I am still working, but at my age, I would have retired in China. (Participant 1)

Menopause has had a huge impact on my mood. Especially since I was at the beginning of the epidemic when my menopause started, I became more prone to anger and anxiety, a combination of the emotional stress from the epidemic and the uncontrolled emotions from the menopause. I would be driving, and I would suddenly feel my blood pressure rise and my face congested. Although in the winter, I had to open the windows and stop to take deep breaths. And I developed an inexplicable fear of driving and a fear of the highway. (Participant 2)

I currently have no symptoms regarding psychological aspects of menopause. But I have menstrual patterns that are not the same as before. So, I went to make an appointment with a gynecologist specialist. The doctor told me that menopause can be a long process. (Participant 3)

#### 4.4.2 Measures and treatment

- National Chinese menopausal women

National menopausal women choose to distract themselves in order to adjust their moods and states. This includes outdoor activities such as sports, dancing, walks, and picnics. Most of the menopausal women who participated in the study had a negative attitude towards going to the hospital for examination and treatment. Two participants went to the hospital and took treatment. One had mood-induced atrophic gastritis and the other had decreased bone density due to decreased estrogen.

Whenever I feel physically ill, my emotions are out of control. I would feel fearful and anxious, which would affect my blood pressure. I would worry about whether I was suffering from any illness. At such times, I would rush straight to the hospital and undergo some tests. After the results of the tests show that there is nothing wrong with my body, my emotions will be eased. Sometimes, when I am very anxious, I will go to the hospital and sit on a chair. Because I feel that this is the only time, I feel safe. (Participant B)

I have had all these physical and mental symptoms since I retired. I think if I hadn't retired, my attention and energy wouldn't have been overly focused on my body and emotions, and I probably wouldn't have been so affected by them. I now habitually go out for walks for exercise to shift my attention and burn off my energy. And chatting and interacting with friends I've met in my community. I feel so much better. (Participant E)

- Diasporic Chinese menopausal women

Diasporic Chinese menopausal women all live in Canada. Participant 2, who reported physical and psychological symptoms chose to use TCM medication. The other two women did not take any treatment.

#### 4.4.3 Diet habits

- National Chinese menopausal women

Menopausal women from China have emphasized that they have begun to pay more attention to the nutritional balance of their diet since experiencing menopause. Participant B faced low bone density, so she adjusted her diet to get more calcium and tried to take relevant supplements. Participant D who suffered from gastrointestinal atrophy, similarly, restructured her diet after taking advice from her doctor. At the same time, she searched for online communities suffering from similar conditions. However, due to regional dietary differences, she expressed that the community was not very helpful. Participant C reported that due to the need to stay in shape, she rarely consumes foods high in protein and fat in her diet. However, due to the physical symptoms of menopause, she would now stick to foods high in protein and calcium. She started to pay more attention to balance in her diet.

- Diasporic Chinese menopausal women

Participant 1, who did not have any physical and psychological symptoms associated with menopause, suggested that her physical health had a lot to do with her dietary habits. At the same time, she kept exercising every day. She would consume a lot of protein including beef, lamb and seafood every day. The other two participants did not mention any personal dietary changes or adjustments.



#### 4.4.4 Attitude towards the medical system

- National Chinese menopausal women

In China, a medical system of family doctors does not exist. When a patient needs medical help, he or she chooses to go to a hospital for help. Participant B mentioned that when she faces physical discomfort, she actively chooses to go to the hospital to seek medical help. In the early stage of menopause, due to the participant's lack of understanding of menopausal symptoms, she was unable to determine whether her physical symptoms were related to menopause.

Therefore, the hospital she chose to go to was the general practice hospital. At the general hospital, the participant looked for the clinic related to her symptoms for registration and consultation. However, the process was not well understood since the doctors in some of the clinics were not aware of the symptoms of menopause. The participant of the study mentioned that she tried to visit several outpatient clinics in the hospital for medical consultation. It took a lot of time to diagnose her symptoms of reduced bone density as being connected to postmenopausal hormone decline. Furthermore, testing and treatments took a lot of time, experience, and money. Chinese menopausal women participants faced a number of physical and psychological menopausal symptoms. However, they maintained a negative attitude toward seeking medical help. Some of the participants were more willing to try the medical advice of Traditional Chinese Medicine (TCM). However, overall, they did not have complete trust in medical support when it came to menopause. One of the participants mentioned:

I think doctors just want to make money. I know myself what problems I have in my body. I don't trust doctors at all. In the past I felt sick in my gut, and I went to see a doctor. He didn't listen at all to what I was going through and how I felt, and the doctor has a lot of patients to see in a day. I also know that he doesn't have the time and energy to listen to every patient's experience and feelings. I really want to talk about my feelings and experiences. I also went to see a Chinese medicine practitioner three times, but each time he wouldn't talk to me about what was really going on with my body. He directly prescribed me Chinese medicine. They didn't have time to listen to me about my personal experience. I took the herbs for a while, and I didn't feel completely better. I think it is more important for me to adjust my mind and emotions as well as to eat properly for the recovery of my body.

(Participant E)

One national Chinese menopausal woman suggested that in seeking medical help, doctors are mostly men. They are unable to empathize with women's menopausal feelings and emotions. At the same time, menopause clinics are virtually non-existent in the local healthcare system, so it took her a long time to define and confirm whether her symptoms were caused by menopause.

- Diasporic Chinese menopausal women

In this study, all the diasporic menopausal Chinese women are from Canada. They all chose their family doctors first when they faced the symptoms of menopause. One of the participants mentioned that although her family doctor prescribed medications for her, she conducted her own research on the side effects of these medications. She eventually chose to seek help from a Chinese medicine practitioner. The Traditional Chinese Medicine (TCM) practitioner suggested that she try proprietary Chinese medicines to alleviate her

menopausal symptoms, and after she researched and tried the medicines, she found them to be very effective in relieving her symptoms. When Participant 2 had physical symptoms, she first tried a family doctor's consultation. Her family doctor prescribed medication for her. However, she chose not to take these medications after she personally searched for information on the internet. She next made a medical consultation with a Chinese medicine practitioner, who advised her to purchase some menopause-related Chinese medicines. After she asked other menopausal Chinese women, she chose to buy and take the medication. She found the drug very helpful.

#### 4.4.5 Family support

National Chinese menopausal women were proactive in their interviews about how their family members behaved while they were going through menopause. At the same time, they mentioned the importance of their family members' understanding and support.

The most important thing for me is my husband's support and understanding. Next is my children's understanding. (Participant A)

For me, I also think that family tolerance and support are both important. Because sometimes women are very helpless in the family. Sometimes women have some emotions, and that's when they long for and need the understanding of family members. Maybe a word can help a lot. (Participant C)

I have had communication with my family since I realized that my anxiety was greatly affecting my body and my life. My husband has decided to take me out for weekly picnics, saying that being close to nature distracts her. These are

really helping me a lot. So, I agree that family understanding is very helpful.  
(Participant B)

My husband due to the anxiety and depression he experienced at the beginning of the pandemic. So, my husband was very understanding when I was going through my menopausal mood issues. This helped me a lot. (Participant E)

Diasporic Chinese menopausal women did not actively mention their family members during the interviews. They preferred to actively seek help and support from outside the family when facing the difficulties of menopause.

#### 4.4.6 The voice of the family members

The national Chinese menopausal women from the first focus group all emphasized the importance of family support. This study therefore recruited family members from these women to participate in focus groups.

*Table3. Family member of national menopausal women in China*

### **Families of menopausal women in China**

	<b>Participant a*</b>	<b>Participant b*</b>	<b>Participant c*</b>
<b>Information Collection Method</b>	Focus group	Focus group	Focus group
<b>Relationship with women</b>	Mother-Daughter	Mother-Daughter	Mother-Daughter
<b>Knowledge and awareness of menopause</b>	Low	Medium	Low
<b>Age</b>	32	25	22
<b>Work status</b>	Full-time working	Student	Student

(Note\*: Participant a, Participant b, and Participant c are the daughters of the Participants A, B, and C, respectively)

The main difference between the views of national menopausal women and their families is the difference in their perception of the extent of their symptoms. National menopausal women believe they are gradually easing their symptoms and moving in a good direction. During the interviews, participants tried to avoid talking about the conflicts they had with their family members due to menopause. However, during the interview with the family members of the women, they mentioned that their mother changed a lot due to menopause. And they did not think that their moms were going in a good direction. And the daughters tried to express the expectations they had of their mom. These are the expectations, according to these participants.

- Strong women and housewives

One of the participants' mothers is a housewife. She stated that even though her mom has been in menopause for ten years, she still suffered from menopause. The participant speculated that it might be because her mother had not had a stable job in the past. After retiring as a housewife, she devoted herself to her family. If her mom had her own career, it probably wouldn't be like this. Another participant was in complete agreement with the statement mentioned by the above participant, who mentioned that her mother was a housewife and never worked. She also hypothesized that if her mother had her own career, she may not have been affected by menopause and therefore emotional.

My mom can be cranky and irritable at times, like a little kid. She felt very selfless. She gave her heart and soul to her family. But in the menopausal stage, she felt that her obligation was still to give to her

family, but she felt very aggrieved. My mother feels that she is trying to make her family happy but she herself is not happy. It is hard for her to come out of this state of menopause. I felt confused about that.

(Participant a)

One remaining participant offered a different perspective. She brought up the fact that her mother was still working. Her mother does not only face psychological problems, but she also faces serious physical problems. This prevents her mother from working properly. The physical problems also exacerbate her psychological problems. Therefore, in her opinion, despite having a stable job, women are still greatly affected by menopause.

- Stabilized emotions

All younger participants who were women expressed fears about menopause. All the family members mentioned that they hoped their moms could be rid of menopause, because they thought that menopause was causing mom to become emotional. One of the participants was hearing about the emotional behavior of another participant's mother. Even though she was not going through menopause, she stated that she thought she might become the same way.

I have bipolar disorder. In my family, my father was very emotionally unstable, and that hurt me a lot. So, I very much desire my mom's emotional stability. But menopause has made my mom's emotions uncontrollable and that scares me a lot. ( Participant c )

I think I will be like that. (Participant a)

The conversation took place in a focus group discussion. When participant c mentioned that she was bi-directionally emotionally disturbed, both participant a and participant b expressed concern for her feelings. When participant c mentioned her experience of facing her menopausal mother, participant a mentioned that she might become that way as well to liven things up. During this focus group discussion, participants offered emotional and feeling support to each other because of similar or empathic feelings.

## **4.5 Co-design sessions**

The co-design phase of the study recruited three menopausal women nationals of China as participants. Furthermore, only one of the three menopausal women participants in the diasporic focus group expressed experiencing difficulties with menopause. Also, due to time difference and limitations of the research time, only menopausal women from national China were recruited for the co-design sessions. The co-design session of the study was divided into three parts. The first part collected participants' ideas and opinions on how to better navigate through menopause. The second phase was based on the opinions collected from the one-on-one interviews and listening to the participants' ideas for each program. In the third phase, the researcher further developed the programs based on the ideas that followed. The design programs were communicated to participants to gather feedback and opinions.

### **4.5.1 Potential solutions**

Five options were provided to the participants (please see Appendix 9.1 to see the participants' detailed feedback on each option). These were:

### 1. Menopause relevant website

The researcher suggested that websites could be utilized to create websites designed to share knowledge and information about menopause and help Chinese menopausal women to better learn about and understand menopause and to better cope with the challenges of menopause. However, participants reported that they were not accustomed to trying websites for learning, and although they were willing to try, they were likely to forget about them.

### 2. App for Women's Health

Since the participants suggested that they were more accustomed to using the application rather than the website, the researcher proposed the creation of the app for menopause knowledge sharing. Participants were willing to download and try an app of that type if it existed.

The clutter of information on social media can spread anxiety and fear about the physical symptoms associated with menopause, which can exacerbate the burden on my heart. I would like to have access to authoritative expertise and share it with others. (Participant B)

I would love to have a platform to share knowledge and pay for it. However, I would like the app to need to reflect not only modern medicine's knowledge on menopause but also share TCM's views and knowledge on menopause. So that I can compare for learning. (Participant D)

I think it would be great if the platform could be used by women to share their experiences about menopause so that we can discuss with each other. And to be able to interact with experts to ask and answer questions, this will make me feel that the app is more meaningful. (Participant E)

### 3. Local hospital-based app redesign



Participant B mentioned in the focus group that patients use the local hospital app to register for appointments before traveling to the hospital. The researcher asked if a redesign could be made based on the app, such as adding a section for knowledge sharing of medical experts to help patients learn and understand on their own. Participant E indicated that different hospitals have their own apps and that she often travels to different cities. But these apps are not consistent. Learning and understanding the different apps would take her time and effort. Participant D indicated that she preferred learning about TCM knowledge about menopause and physical health. Therefore, for her the hospital app was used and opened very infrequently. Participant B suggested that she would prefer to gain and learn knowledge and information about menopause. If the hospital's app redesigned knowledge sharing would apply to all medical conditions, then she thought she might struggle to find detailed and specific knowledge about menopause.

#### 4. Community hospital and community cooperative promotion

During the discussion about community hospitals came up, and Participant E suggested that it could be possible that communities could partner with community hospitals. The community hospitals go into the community to conduct awareness-raising talks on menopause. However, Participants B and D were still working and felt that they did not have time to participate in such activities on weekdays. At the same time, they were skeptical about the professionalism of community hospitals and pharmacies. Participant B felt that the topic of menopause was somewhat private, and she did not want to discuss it in public.

No, no, I don't want to participate in that. I'm not interested, and they are not professional. (Participant B) (Participant B shook her head and rejected this solution and did not want to discuss it in depth.)

#### 5. Local hospital and company collaboration

Participant E suggested that she is retired, but she thought that if before she retired, the company could work with the hospital to conduct awareness campaigns. Doctors and relevant specialists could organize lectures on menopause and women's knowledge. Company employees could attend these lectures to gain knowledge about menopause. This way she would be better prepared for the changes of menopause after she retires. However, during the one-on-one discussion of the program with Participant B and Participant D, they both expressed embarrassment about menopause being openly learned and discussed in the work environment.

I'm the oldest in my company and I'm afraid only me would be interested in menopause. (Participant D)

#### 4.5.2 Menopause app design

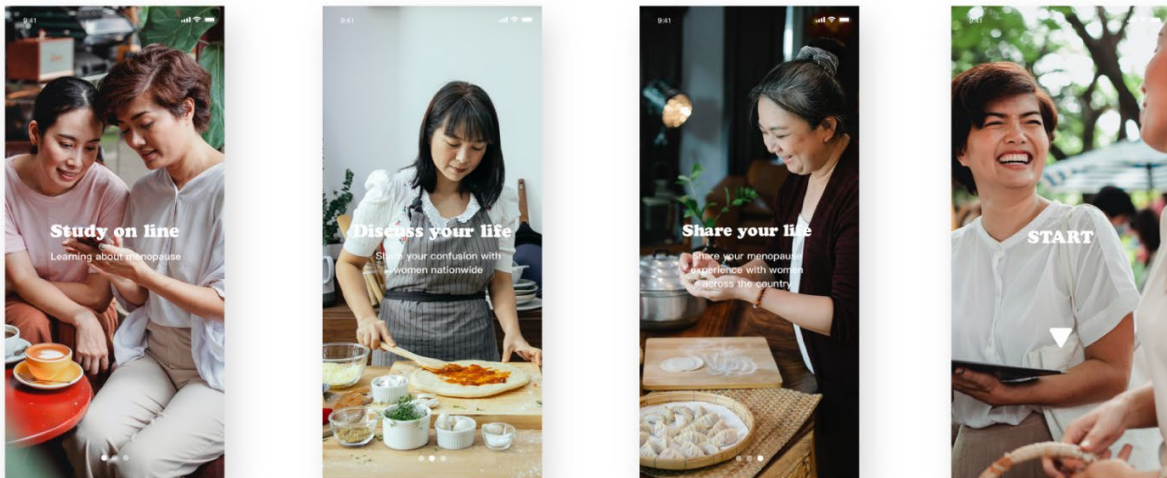
Based on the discussions from co-design sessions, participants expressed consistent interest in menopause-related apps, and this solution had the highest acceptance. I chose to take the design of the menopausal women's app a step further. The app mainly caters to users who can learn online and share communication and discussions online. At the same time, the online learning is divided into lectures and articles on modern medicine and lectures and articles on Chinese medicine. The discussion functioned as a platform for participants to communicate and support each other as menopausal women of the same age.

The design of the app was done using sketch software to help complete it. The images on the line were taken from Pexels' free to use stock photo library.

The app is divided into four main sections. The first part is the app's bootstrap page. The boot page contains four sheets that introduce the main features of the app. These include online learning, discussing life experiences and sharing life experiences. After understanding the main functions of the app, the user can click on Start to officially enter the App.

*Figure 1. Application bootstrap pages<sup>1</sup>*

### **Application bootstrap page**



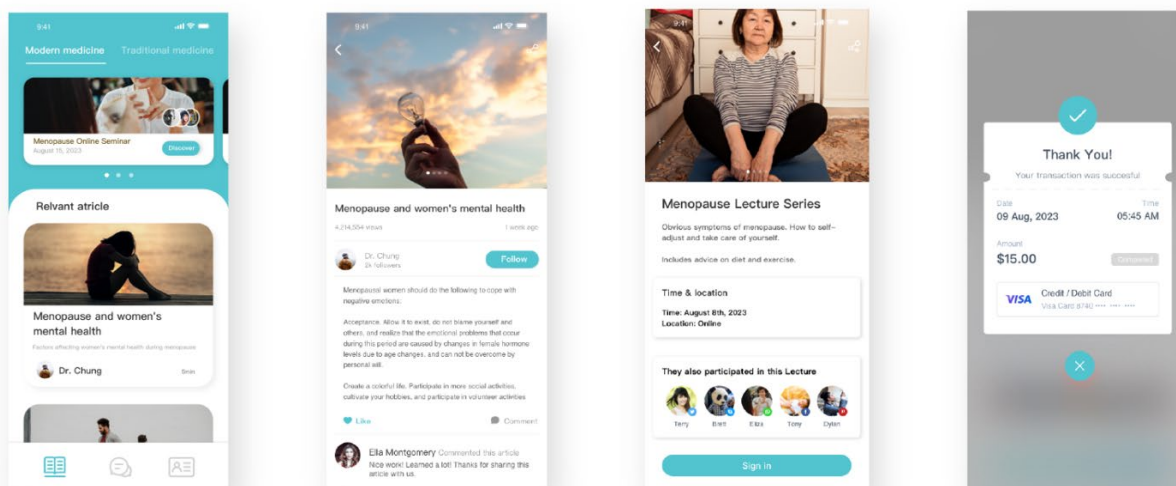
After entering the app, the user will be presented with one of the three main features. The first is the learning page of the app. This learning page contains two main categories, which contain two sections of modern medicine and traditional Chinese medicine about menopause. Each section contains related lectures and expert articles.

<sup>1</sup> Larger versions of these app images are found in Appendix 9.2.

Clicking on the article's card will take users to the details page of the expert's shared article on menopause-related topics. Users can comment at the bottom of the article or discuss and pose questions to the expert. By clicking on the card of a lecture, the app will jump to the details page of the lecture, which contains the introduction and specific information of the lecture. Users can click on sign in after knowing the details to jump to the details page of paying to participate in the lecture. Click the back button in the upper left corner of the article or presentation details page to return to the study page.

Figure 2. Online learning pages and detail pages<sup>2</sup>

### Online learning pages and detail pages

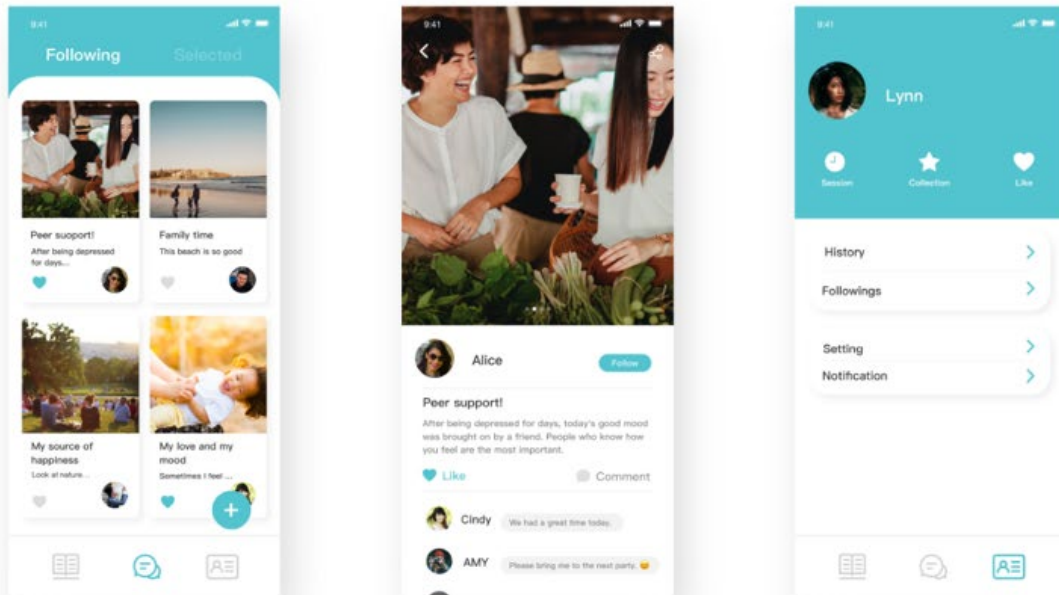


Clicking on the second icon in the navigation bar below takes users to the second main feature discussion of the app. Discussions are divided into two main sections, the unfollowed discussion square, and the discussion square for followed users. By clicking on the card of any post, the user will jump to the post's detail page and be able to discuss with other users.

<sup>2</sup> Larger versions of these app images are found in Appendix 9.3.

Figure 3. Discussion pages and the personal page<sup>3</sup>

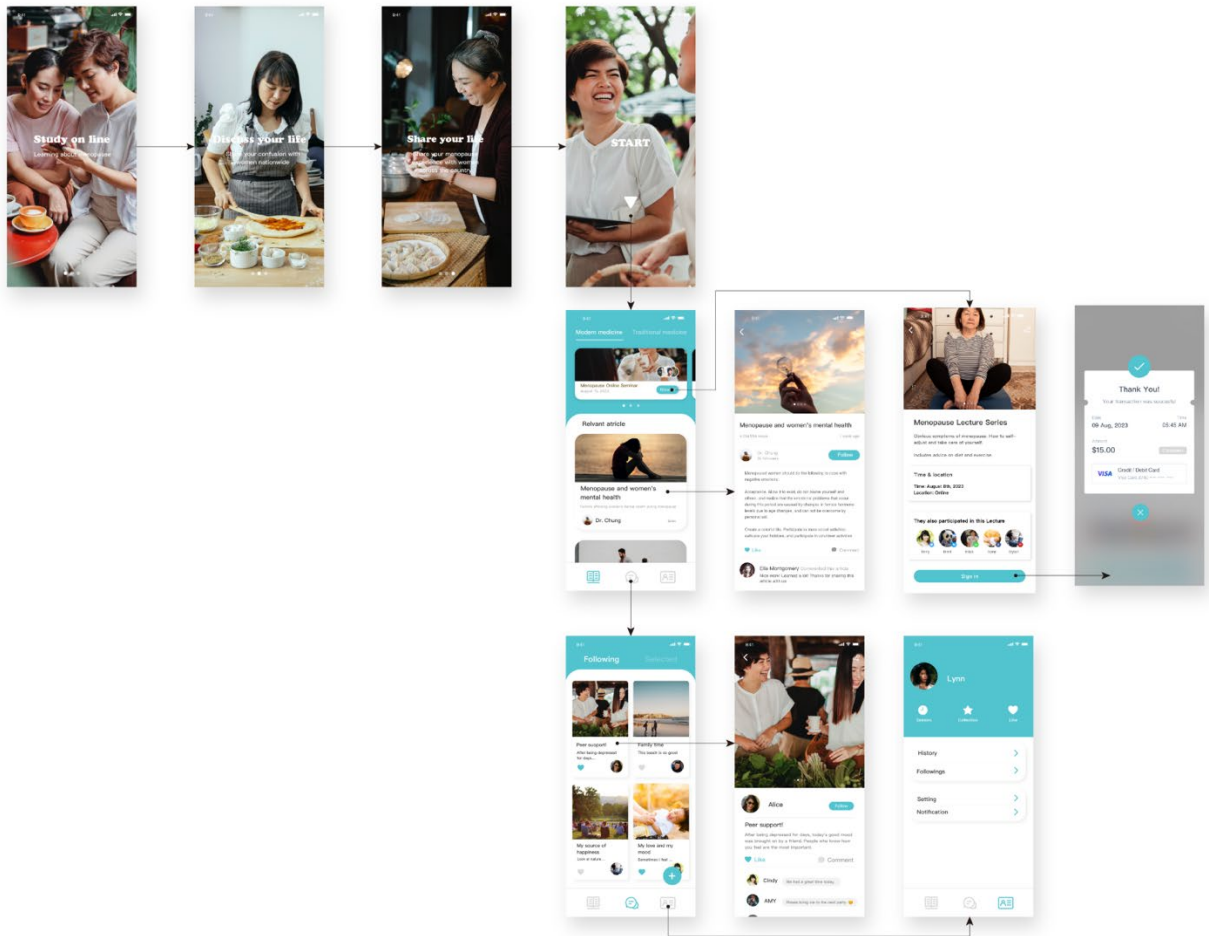
## Discussion pages and personal page



Users can return to the discussion page by clicking back in the upper left corner of the post. Next, click on the navigation bar below to enter the user's personal page, which contains the user's personal information, favorites, history, enrolled lectures and so on. This is the app interaction flowchart. The user can access the online learning page of the app through bootstrap pages. The interaction flow diagram shows how the user can click on different cards and buttons to jump functions.

<sup>3</sup> Larger versions of these app images are found in Appendix 9.4.

Figure 4. Interaction Logic Diagram of the app<sup>4</sup>



#### 4.5.3 Limitation of App and software used

Participants found the interface of the app to be very clear. However, they felt that the categorization of the online learning pages in the app could be easily overlooked. They were prompted by the researcher to realize that the modern medicine column and the traditional Chinese medicine categories were at the top. The women thought the way they could interact with the experts at the bottom of the articles was good. However, they hoped that it would be better if a feature could be added to ask and invite online

<sup>4</sup> Larger versions of these app images are found in Appendix 9.5.

doctors about menopause related issues. Participants also suggested adding a separate one-on-one chat feature in the discussion section. Due to the time constraints of the study, only a demo of the basic functionality could be shown to the participants, and further development of the study would require the detailed functionality page of the application to be further designed and tested. Also, the use of sketch software can help to realize the design of the interface, but the usability testing of the app's users' needs to be face-to-face. As the participants of the study were online, only basic feedback could be given by means of pictures. On the other hand, diasporic menopausal women who participated in the co-design sessions were not recruited due to the limitation of the study time. There are similarities and differences in the experiences and perspectives of national and diaspora Chinese menopausal women. The study further could have recruited diasporic women for user usability testing and feedback about the app. This app design is still a work in progress. In the final design, I will place firewalls to protect the privacy of the users from hackers. I would need to work with a coder to ensure that the firewall is strong.

In the next section, I provide a discussion of the theory of this study incorporating the results of the focus groups and co-design sessions as well as the literature study.

## **Discussion**

### **5.1 Introduction**

In this chapter, I will be developing ideas that were discussed in the results. I will begin by discussing the psychological experiences of menopausal women, as reported by the participants. Furthermore, I will discuss and analyze the experiences and perspectives

of menopausal women from several perspectives, including the dynamics of gender ethics in China, women's roles, medical attitudes, and regional differences.

Even while menopausal women face the distress of physical changes, they still need to meet some of these standards that society has externally attached to women. They first need to meet the requirements of a series of identities such as being a good wife, daughter-in-law, daughter, and mother in the secular sense (Ueno, 2015). I think this may be one of the reasons why few people pay attention to the psychological needs of Chinese menopausal women and offer help. Also, since feminism in China has arguably developed under male feminism, women with a feminist consciousness are still struggling for women's personal status, family education and income (Heyin, 1903, 2013). This has led some Chinese menopausal women to choose to ignore the effects of menopause on their bodies and will not even seek medical help regarding menopause in hospitals. While Chinese menopausal women may face physical and psychological discomfort when faced with external factors that limit their behavior, they may first ignore the effects of menopause and further choose to blame other illnesses for the physical damage of menopause. And they may fall into a sense of self-blame and low self-esteem when dealing with the effects of menopause. As a result, women may try to receive a sense of security and identity from external circumstances such as family when going through menopause.



## **5.2 Remorse ( 自责 ) , blamed ( 他责), and self-evidence ( 自证 )**

Chinese women are confronted with the effects of Chinese gender ethics dynamics. They are caught in a cycle of patterns that can cause great internal depletion of women's spirit. The external ethical standards of gender force women to develop fear. To avoid being blamed by others, women will first enter a kind of self-blame and remorse.

Because I raise two children and I am a full-time housewife. I probably have more emotions than others but can't vent mine. So, my menopause seems to arrive earlier than others. (Participant C)

When women are unable to fulfill these gender standards guilt and fear arise thus creating low self-esteem as a woman. Women may try to prove that they are meeting patriarchal gender standards (Wang & Li, 2014). This leads to a further search for causes and errors in themselves. But once a woman becomes trapped in society's presupposition of being a bad woman, that is, when others continually identify her as a failure, there are multiple responses. Women may fall into deeper levels of self-loathing. Some women may in turn try to prove that they can do the same as men in their career.

I retired early, um... I used to be a laborer, then I went back to my family to take care of my children and husband. (Participant A) (Participant A's voice softens when discussing her working status)

My mom can be cranky and irritable at times, like a little kid. She felt very selfless. She gave her heart and soul to her family. But in the menopausal stage, she felt that her obligation was still to give to her family, but she felt

very aggrieved. My mother feels that she is trying to make her family happy but she herself is not happy. (Participant a)

This is ostensibly consistent with Mao's claim that "women can hold up half the sky" for the emancipation of Chinese women. However, Chinese women's economic independence or lack thereof also seems to have become a new gender ethical standard that has developed after the liberation of women by modern Chinese men. The changed expectations of emancipated men for women imply a change in the dynamics of gender ethics in China. But this does not mean that women can be equal to men, because the slogan of liberation is still that women need to fulfill the expectations of society and men. At the same time, due to the changing ethical dynamics of the old and the new, this has led to the creation of a number of contradictions. Independent women who strive to realize their professional values in accordance with the new gender norms are always questioned about their ability to reconcile career and family. At the same time, it is even assumed that they cannot really do so. For men there is no need to be questioned about balancing family and career. And this shows that it is a trap for women to fulfill the so-called gender ethical duty. Although feminism has been developed to a certain extent in modern China, it cannot change the ethical and moral status quo that women are still constantly fulfilling men's expectations.

In my family my dad is in charge of the work, but my dad is emotionally unstable, and my mom is a full-time housewife, and she needs to take care of the whole family. I wish my mom knew how to express her needs when she is experiencing the difficulties of menopause. She wants me to help her with the chores, but she's too embarrassed to express it. Then it builds up to a point

where she feels aggrieved thinking, she is taking on all chores in the household. (Participant c)

During this interview participant c, as a daughter, was blamed and complained about by her mother for not helping her with her household chores. However, her mother did not choose to blame and complain about her husband.

### **5.3 Menopausal silence**

Under the influence of the new Chinese gender ethical dynamics, women as housewives can no longer fulfill these gender ethical standards. Thus, they may lack the confidence to discuss the impact of menopause on them. And they may avoid discussing menopause. However, women who fulfill the professional value of the new Chinese gender ethic are further expected to be unaffected by menopause. With this expectation influence, these women may not be able to accept that their bodies are affected by menopause. They may suppress their emotions to remain relatively stable, but the suppression may have a deeper impact on their psychology and physiology.

My mom, unlike your mom who is still working, has always been around her family. I think if a woman, if she is an independent woman, she has her own successful career and her own clear goals, her symptoms are less severe.

(Participant a)

However, it seems to me that while my mom could fulfill the characteristics of what you would consider an independent woman. She could even be called a strong woman, but she is still deeply affected by menopause, not just for her physically, but her mentally as well. So, I don't think strong women don't go through menopause, they may even have it worse because they don't want to admit and face their vulnerable side. (Participant b)

Bulbeck suggests that Asian women's "midlife silence" includes taboos about menstruation; fear of being criticized for being undisciplined or acting "menopausal crazy"; lack of information about how to speak up about symptoms, and perhaps more commonly, lack of access to treatment (2005). I agree with Bulbeck's suggestion of a "midlife silence" among Asian women, in which women are afraid of being criticized and blamed for menopause. But in my opinion, there is more of a "menopausal silence" in China. "Menopausal madness" is more like a stigmatization of menopause, and Chinese women avoid labeling themselves as menopausal. Chinese women are willing to discuss their feelings and experiences of middle age. However, when faced with the symptoms of menopause, they may first attribute them to the effects of age or personal habits. Some participants may perceive themselves as being less and less affected by the menopause, while their family members continue to emphasize that they are still suffering from the effects of the menopause. Participant E reported that she suffered from the physical and emotional effects of the menopause, but she only discussed her physical symptoms with her friends and family and did not combine these symptoms with other discussions of menopause.

I've been going through menopause for over a decade now and it basically doesn't affect me much anymore. I'm only occasionally affected by menopause once or twice a year now when I can't control my emotions. (Participant A)

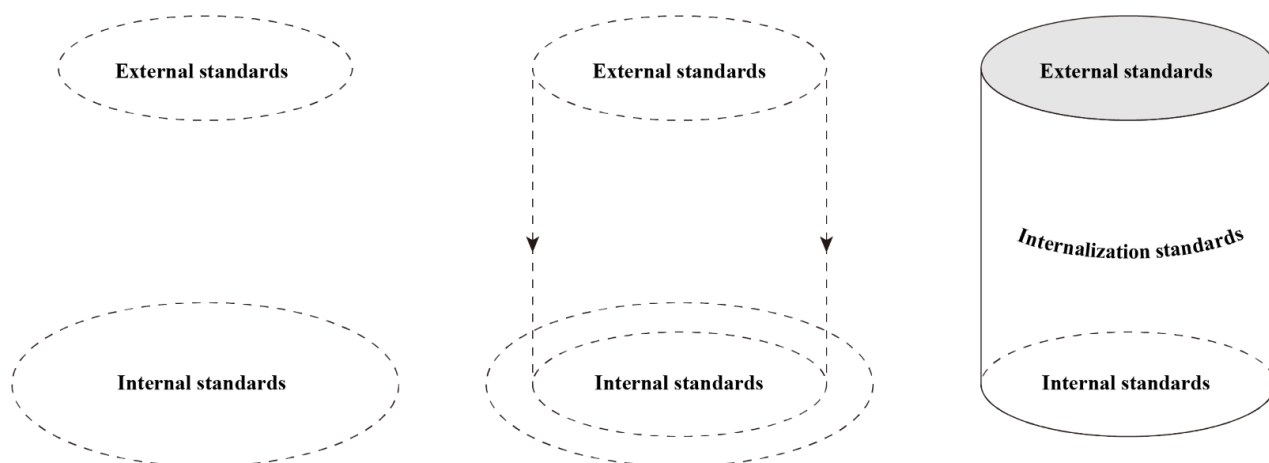
My mother feels that she is trying to make her family happy but she herself is not happy. It is hard for her to come out of this state of menopause. I felt confused about that. (Participant a)

Thus, the "silence of menopause" in China is not only due to the stigma that accompanies menopause, which leads women to ignore and avoid its effects. This "silence" is also related to old and new Chinese gender ethical standards.

#### **5.4 Internal, external standards and internalized standards**

Based on the results in this study, I infer Chinese women have their own internal standards which are ultimately shaped and contained by external standards. Women's inner standards need to conform to the outer standards, and the inner standards become the shadow of the outer standards. This path of projecting the external standard becomes the process of internalizing the standard for women. The external standard, the internal standard and the internalized standard become a cylinder. And this cylinder is called the space that traps the female mind.

*Figure 5. Internal, external and internalized standard formation processes*



When women face the challenges of menopause, internal standards can change due to the effects of menopause. Women may focus more on their physical and psychological changes rather than merely reacting to the external standard. While the

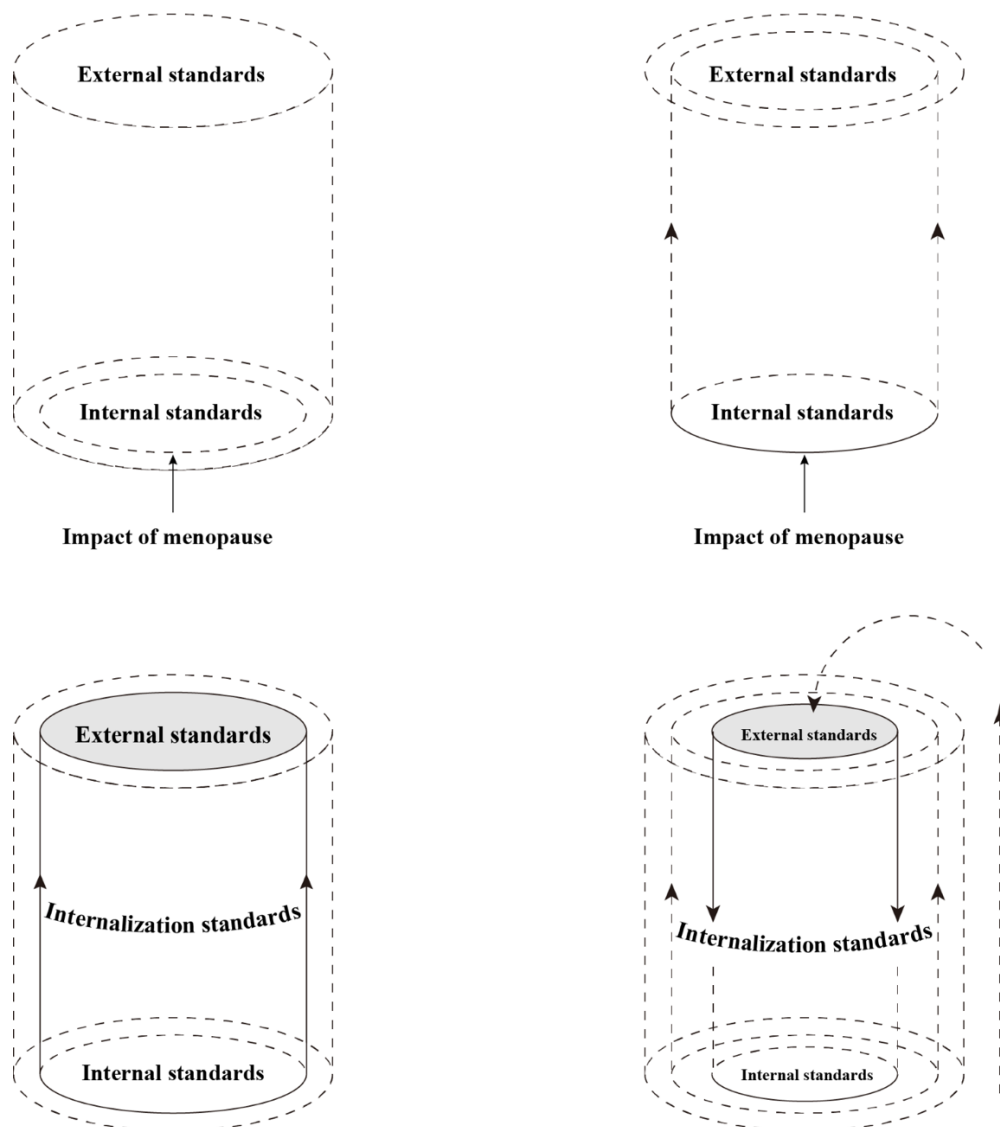
internalized standard remains within this cylinder, Chinese women have become accustomed to being trapped in this space. Menopausal women want the external standard to be changed. Or they want to be understood and supported even as they recognize that the external standard is in place.

The most important thing for me is my husband's support and understanding.  
Next is my children's understanding. (Participant A)

For me, I also think that family tolerance and support are both important.  
Because sometimes women are very helpless in the family. Sometimes women have some emotions, and that's when they long for and need the understanding of family members. Maybe a word can help a lot. (Participant C)

But these understandings and supports still need to fulfill the external standards. In other words, they are talking back to the external standard with specific requests. The result of this projection will be a greater focus on some part of the external standard (perhaps the family's standard for women or the workplace's standard for women). And once again, the process of projection becomes the standard that women internalize. The three standards are once again closed into a cylinder that traps the woman. Internalized standards shift and narrow as they do. Women may perceive a further narrowing of their freedom of thought. The aggression, anger, pain, fear, and anxiety that women experience as a result of menopause come from being trapped in the space created by the three standards.

Figure 6. Menopause affects the process of change in internal, external, and internalized standards



### **5.5 Attitudes towards Western and Traditional Chinese Medicine**

In the results, it was found that most of the participants maintained a negative attitude towards going to the hospital. This included fear of hospitals as well as mistrust. One of the fears of hospitals may come from the participants' individual trauma. Hospitals can

hold bad memories for people. The distrust of hospitals has also come from the high cost of going to the hospital.

I'm afraid to go to the hospital. I've never been to the hospital because of menopause. (Participant A)

I think doctors just want to make money. I know myself what problems I have in my body. I don't trust doctors at all. (Participant E)

Participant E stated when she wanted to describe her personal experiences and feelings with her doctor, he would often interrupt her or not give her the opportunity to talk about it. She said because doctors know that menopausal women chatter, they do not want to listen. The physical and psychological status of menopausal women also tends to fluctuate because of these stereotypes. These stereotypes may often be related to ethnic culture (Fu, Anderson, & Courtney, 2003) Shea mentioned that Chinese middle-aged men and women pay attention to and express irritation and anger about their fate. Once there are some ruffled feathers and diffuse conflicts in the household, family members may use menopause to poke fun or vent (Shea, 2020). National Chinese women's physical discomfort may be accompanied by emotional upset, and often they need emotional calming when seeking medical help. But because of their stereotypes, doctors may tend to avoid talking to them further. Meanwhile, both menopausal Chinese women at home and those in the diaspora have a conservative attitude towards Western medicine's drug treatments. Menopausal women are concerned about whether hormone therapy and antidepressant medication will bring unknown side effects. This is consistent with Wang's observation that



Taiwanese women perceive menopausal hormone therapy as unnatural, whereas Western women are more aware of hormone replacement options (1997).

National and diaspora Chinese women are willing to try the Traditional Chinese Medical (TCM). Participant D said that TCM doctors did not discuss the symptoms of the menopause. Chinese medicine tries to regulate the energy of the patient's life, rather than targeting only one symptom. It made her feel more credible. At the same time, TCM does not have a diagnostic term for the patient's emotional and mental state, and this somehow reassures Chinese women. Once menopausal women are diagnosed with mental problems, they need to face the challenge of stigmatization.

During my visits to TCM doctors, they rarely or never mentioned anything about menopause, they just diagnosed my condition and gave me advice on how to regulate my body. (Participant D)

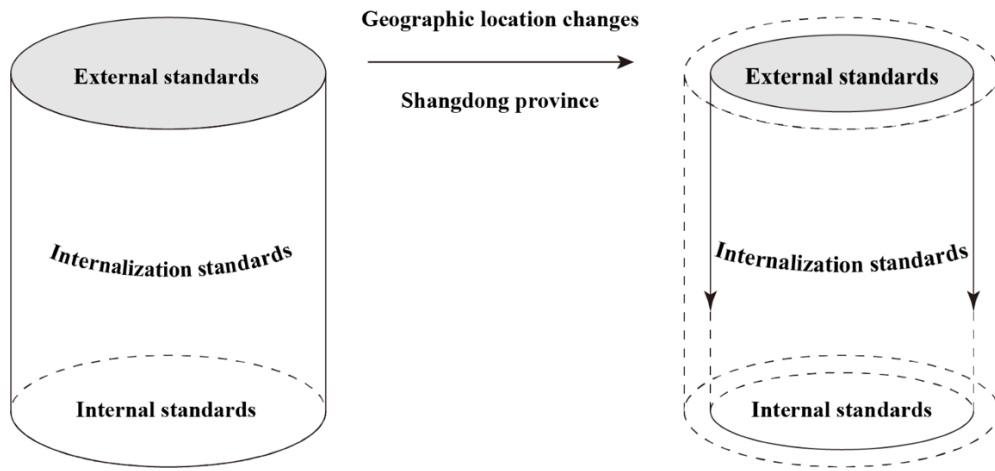
Regarding the availability of specialist hospital services in the community, participants in the co-design session expressed dissatisfaction and opinions about specialist hospitals. However, the research on the healthcare system in the national China region requires more in-depth research, which is beyond the scope of this MRP to draw any specific conclusions. However, further research could focus on investigating the possible association between specialist clinics and community hospitals. In this study, participants discussed their preferred options, which highlighted differences in expectations and care across providers.

## **5.6 Diaspora and regional differences**

China has fifty-six ethnic groups and a vast land mass. People in different regions have different cultures, beliefs, languages, and histories. even regional moves can be

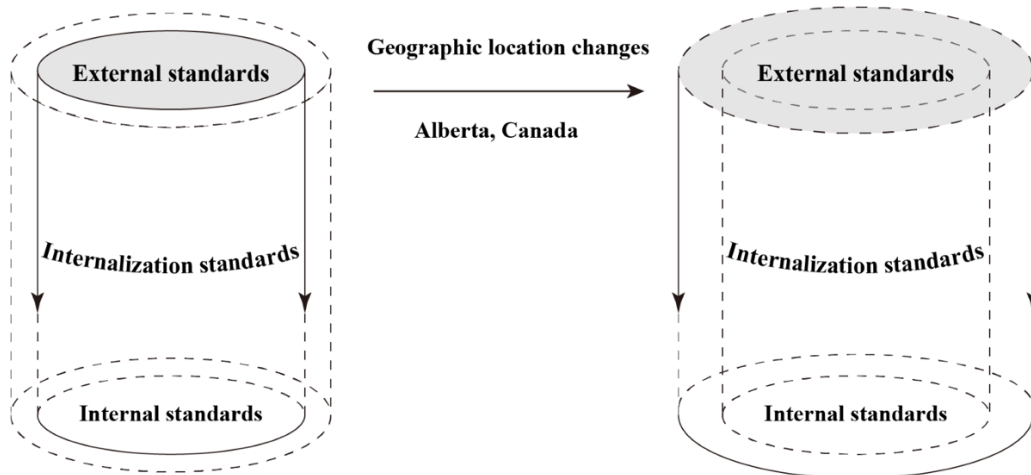
considered diasporic. Therefore, discussing and comparing the experiences and perspectives of national and diaspora Chinese menopausal women requires a specific in-depth discussion of the participants' regional cultural and historical contexts. In Zhang et al.'s study, Mosuo Chinese women suffered less depression during menopause, and their attitudes toward menopause were more positive than those of Han Chinese women in the same region. Compared to Han women in the same region, Mosuo women may experience less psychological distress during menopause due to their matrilineal culture (2018). The national and diaspora menopausal women who participated in this study were all from Shandong Province, China. Wang and Li claims that Chinese gender ethics is closely related to the traditional Chinese maintenance of the patriarchal hierarchical order as well as the Chinese political system (2014). Confucianism and Taoism, among others, have provided theories and expressions for the Chinese patriarchal hierarchical order and the Chinese political system. And Confucianism was founded by Confucius in the city of Qufu in Shandong province. As the birthplace of Confucianism, Shandong Province has been deeply influenced by its ideas. This also means that the criteria for the externalization of women under the influence of regional history and culture, and Chinese gender theory, are unique to national Chinese menopausal women participants. And the narrowing of external conditions would then further likely lead to a further narrowing of the cylinder of closed women.

Figure 7. Regional influences internal, external, and internalized standard process



For diaspora menopausal women who were also born and raised in Shandong Province, the external standards they faced changed when they changed their geographic location. The changing gender ethics under the influence of external geography led to a possible loosening or change in the external standards. The internalized standards projected by the external standards and the cylindrical formations formed by the personal standards may then change again.

Figure 8. Regional influences internal, external, and internalized standard process 2



As Figure 8 shows diasporic Chinese menopausal women who participated in this study showed that their attitudes and experiences of menopause were more positive, so the cylindrical space formed by their intrinsic, extrinsic, and internalized criteria was larger. All participants did not mention the need for family support. This is in contrast to Sakamoto & Zhou's suggestion that the traditional Chinese value of gender power balance (husband's power over wife's power) in Chinese diasporic families remains largely unchanged in the diaspora (2005). However, due to the small sample size of this study, the next research needs to further examine the gender ethical contexts faced by women in different regions of diaspora. And it will be important to recruit more diasporic menopausal participants.

## **5.8 Family dynamics**

The need for family support among Turkish menopausal women was shown in the study of Cifcili et al. The study of Australian Aborigines in In Jurgenson et al. also demonstrated that menopausal Aboriginal women face conflicts with their families. This phenomenon is consistent with the needs presented by national Chinese menopausal women in this study. This implies that menopausal women's need for family support is somewhat common. And the interviews with family members of menopausal women in this study showed that family members' cognitive understanding of menopause is also low. There is confusion and skepticism about the emotional and physical needs of menopausal women.

My mom can be cranky and irritable at times, like a little kid. She felt very selfless. She gave her heart and soul to her family. But in the menopausal stage, she felt that her obligation was still to give to her family, but she felt very aggrieved. It is hard for her to come out of this state of menopause. I felt confused about that. (Participant a)

At the same time, this study found that family members of menopausal women may themselves have emotional needs and support for their family members. When confronted with this situation, menopausal women's needs may create greater conflict when they cannot be understood.

I have bipolar disorder. In my family, my father was very emotionally unstable, and that hurt me a lot. So, I very much desire my mom's emotional stability. But menopause has made my mom's emotions uncontrollable and that scares me a lot. ( Participant c )

## **5.9 潜～愛～潜 feminism**

In their book, Wang and Li express that Chinese feminist literature is a critical perspective and socio-historical dominant literature. Japanese feminist scholar Chizuko Ueno also expresses in her book *Misogyny* that women as mothers become the opposite of their daughters because of misogyny (2015). Women are criticized for various behaviours in the family due to misogyny. This combative approach will reverberate deeply and create a sense of social isolation. 潜～愛～潜 feminism distills the anger and transforms it into love to engage at the molecular level of social relations. This is necessary because gender relations and ethics are so deeply integrated into every aspect of society. Recall that in Confucianism the state is an

extension of familial relations. In feminist discourses, there is more of a divide between private and public, but in the case of Japan, China, and perhaps Korea, the state is a collective amalgamation of the private, not apart from it. Wang and Li have pointed out that China's gender ethics is integrally linked to China's political institutions (2014). They also indicate that the "unity of the family and the state" and the "homogeneity of the family and the state" of Chinese Confucianism are linked to Chinese gender ethics to Chinese political ethics. I am working with my advisor, Dr. Ayumi Goto, to sort out the theory of 潜~愛~潜 based on this research and am in the process of doing so.

This section discusses and analyzes the results based on a theoretical framework of gender ethical dynamics in China, focusing on the formation and changes in the standard cylindrical model of Chinese women's intrinsic, extrinsic, and internalized norms. This chapter also analyzes the relationship between the regions, menopause, and the cylindrical model. Reflections and perspectives on the next 潜~愛~潜 feminism theory development of the study are also provided. The next section summarizes the limitations of this study.

## **Limitations**

The biggest limitation of this study is the small sample size. At the same time, the target group of the study is diverse and cross-cutting in nature. Further development of the study could allow for further recruitment of participants and study analyses based on region-specific variability. Because of the small sample size, the study is unable to judge the impact of individualism on diasporic women. Also, it has not been possible to

delve deeper into other experiences such as immigration, learning a new language, culture, and political system faced by diasporic women, which goes beyond the identification of new gender ethical dynamics in the national Chinese context. In addition, due to the ethnic and regional diversity of China, future research could be useful in determining the menopausal experiences and experiences of women who move regionally within the geopolitical nation-state of China.

## **Conclusion**

Culture influences women's experiences and perceptions of menopause. The physical and psychological problems faced by national Chinese menopausal women are related to the context of Chinese gender ethical dynamics. However, the impact of Chinese gender dynamics on women is not limited to menopause. Women's internal standards for themselves, the external standards formed by gender ethical dynamics, and the process of internalizing external standards form a cylindrical model of women's personal ethical dynamics. Both menopause and geography are factors that influence the cylindrical model of the ethical dynamics of the female individual. Under the old and new Chinese ethical dynamics women develop their own ethical dynamics, choosing to become so-called independent women or strong women as well as traditional housewives. National Chinese women practice their personal ethics without realizing that they may still be on the path of fulfilling male-established expectations of women. Chinese menopausal women's desire for family support and understanding is kind of a result of women's hopes to be recognized and accommodated by external standards when they are faced with the helplessness of struggling and changing internal

standards due to menopause. On the other hand, menopausal women's fear and anxiety about menopause as a stigma creates "menopausal quietness". This makes Chinese women, who are already in a vulnerable position, even more reluctant to discuss menopause. Thus, the needs of Chinese menopausal women are marginalized and blurred. While the co-design program attempts to meet the needs of menopausal women in China, it hopes to help women recognize and explore the impact of menopause on an individual's internal standards. However, this study argues that there is a need to ultimately realize women's freedom from the external standards by which gender ethical dynamics are shaped by helping them to recognize how their personal ethical dynamics are shaped and how they can intervene in their personal ethical dynamics. And this is a theoretical path that leads to and develops 潜~愛~潜 feminism theory.



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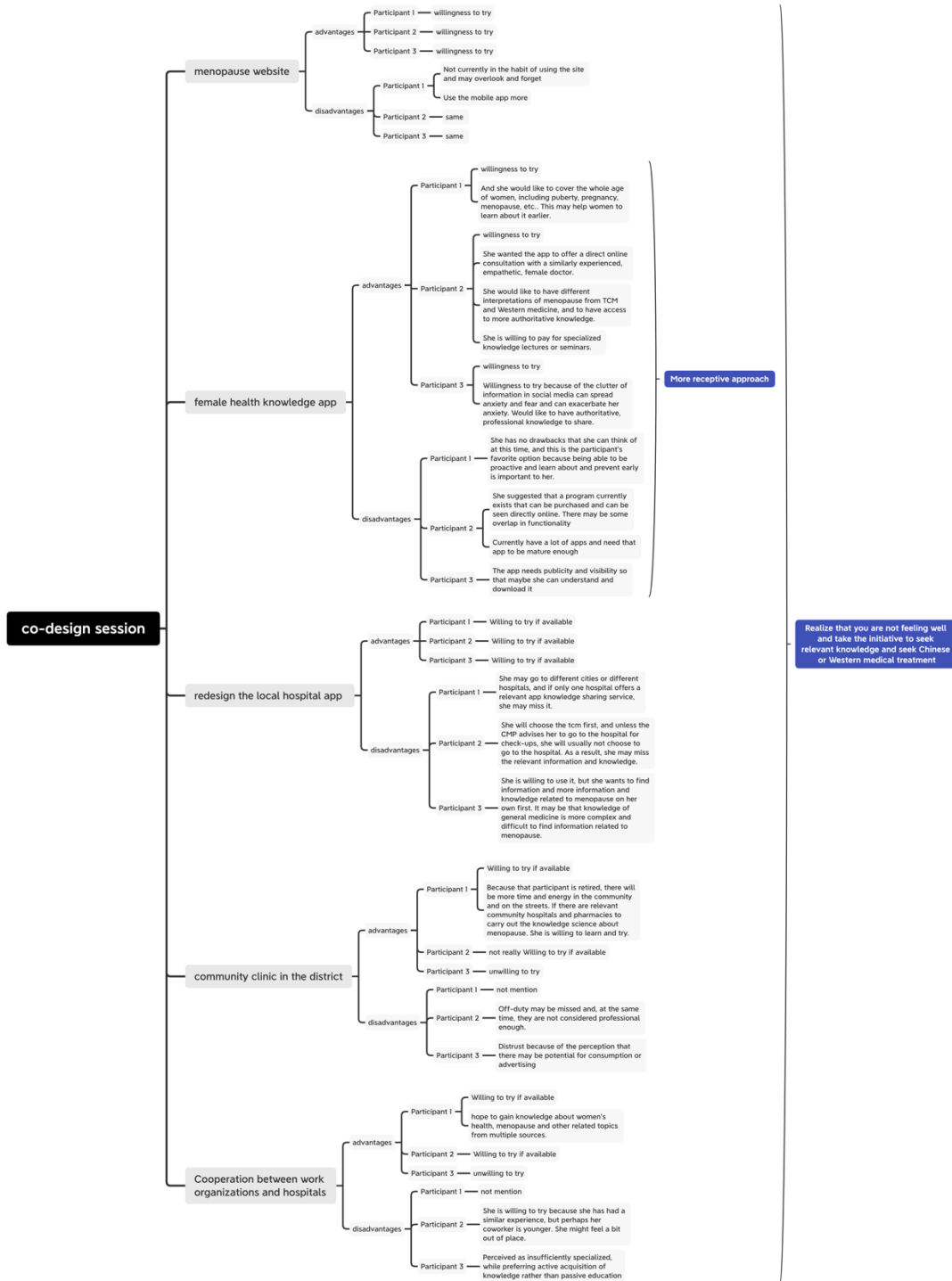
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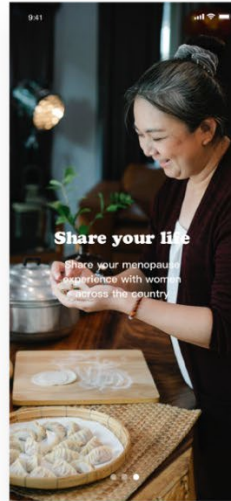
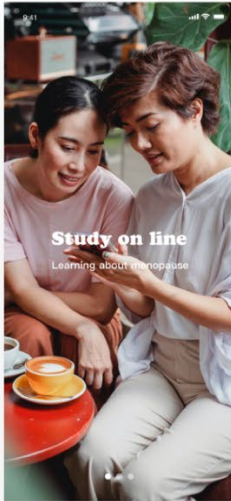
# Appendix

## 9.1 Co-design session participants' detailed feedback



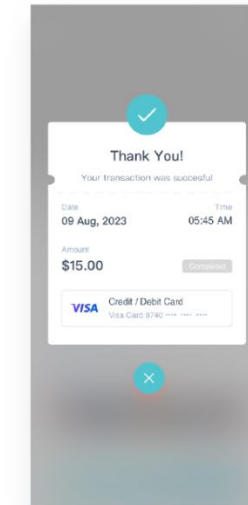
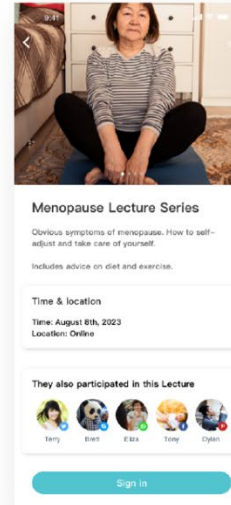
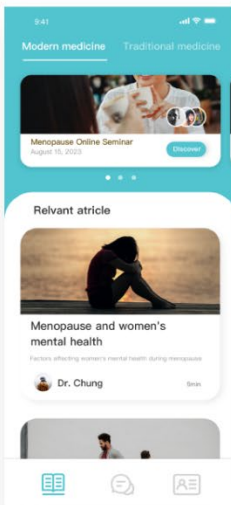
## 9.2 Application bootstrap pages

### Application bootstrap page



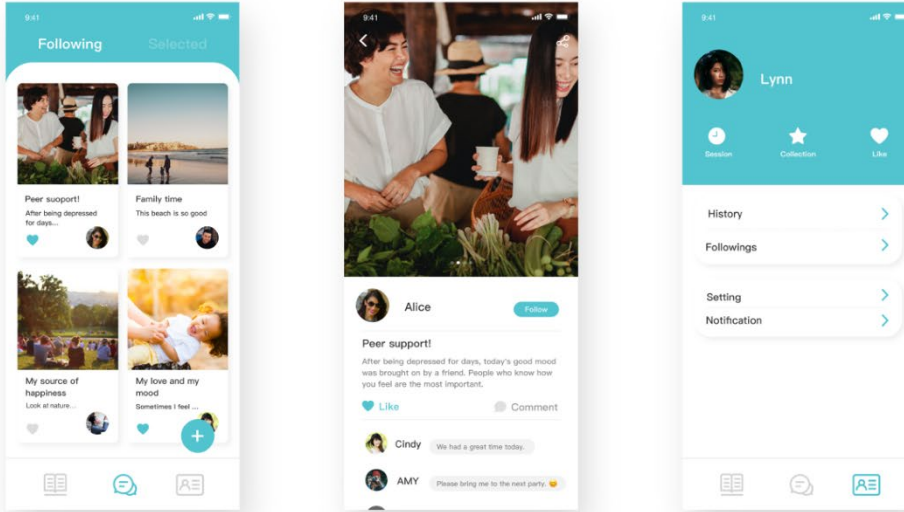
## 9.3 Online learning pages and detail pages

### Online learning pages and detail pages



## 9.4 Discussion pages and the personal page

### Discussion pages and personal page



## 9.5 Interaction logic diagram of the app

