

Health Information-Seeking Behavior of Menopausal Women: An Online Survey of Iranian Menopausal Women

Abstract

Background: Understanding the health information behavior of menopausal women can be effective on their health awareness and improving self-care and preventive health practices. This study aimed to gain deeper insights into the health information-seeking behavior of Iranian menopausal women. **Materials and Methods:** This descriptive-analytical cross-sectional study was conducted in 2023. Data were collected over 2 months, from June 15 to August 15, 2023. The participants were Iranian women aged 50 years and older at the time of the survey. An online questionnaire was developed and distributed through social media to assess the health information-seeking behavior of menopausal women. A total of 4,608 women, selected through cluster sampling, completed the questionnaire. The data were analyzed using SPSS-23 software using the Chi-square test. **Results:** The primary information needs of women during menopause were related to cancer, other diseases, and diagnostic methods. In addition, social networks and friends were the most commonly used information sources among menopausal women. The main barriers to accessing information were the lack of knowledge about information sources, difficulties in obtaining accurate and reliable information, and insufficient information across various sources. **Conclusions:** The findings of this study indicated that women required various types of information, particularly regarding cancers, clinical symptoms of menopause, and nonhormonal treatments. Given the increasing use of social networks, training can be conducted through these platforms and further efforts are necessary to provide more reliable and comprehensive information via these media.

Keywords: Information sources, menopause, needs assessment, women

Introduction

Menopause is confirmed by the absence of menstruation for 12 consecutive months without other underlying causes.^[1] Worldwide, there is minimal formal education regarding menopause,^[2] and most women's related informational needs are often overlooked.^[3] Consequently, menopausal women experience various therapeutic, psychological, and social challenges, including confusion, frustration, depression, anxiety, disappointment, and lifestyle changes.^[4,5] Research indicates that understanding and addressing these informational needs can facilitate symptom management and promote a healthier life.^[2,6]

Health information-seeking behavior refers to the targeted actions of individuals aimed at satisfying their health information needs, encompassing the processes of searching, finding, and using health-related information.^[7,8] Recently, in the light of

growing international focus on health promotion, self-care, and improving the quality of life, research in the area of health information-seeking behavior has gained significant importance.^[9] In this context, it was found that the most sought-after information by menopausal women pertained to symptoms, management strategies, and alternative treatments.^[8] Another study highlighted the need for health information regarding urinary incontinence among postmenopausal Malaysian women.^[10] Several studies underscored the informational requirements of menopausal women considering hormone replacement therapy.^[11] In addition, other research indicated that postmenopausal women require nutritional and health information to maintain a healthy lifestyle.^[12,13] However, research shows that the provision of appropriate and qualified information empowers postmenopausal women in the process of self-care.^[14] It has been shown

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previously that the preferred sources of information are mainly divided into two categories: personal and media.^[15] The results of many studies revealed that personal sources of information, such as doctors, are the primary means of communication with menopausal women for the effective transfer of information, considering as the reliable and valid sources.^[16] The Internet, in other studies, has been one of the main sources of information due to its ease of access, and it encourages doctors to use online information sources; the least used sources were radio and newspapers that reported as preferred sources of information by family and peer groups of experienced menopause.^[17,18] In line with the search for information, some studies have shown that individuals encounter various barriers while seeking health information, which complicates the acquisition of the necessary information.^[19] In one study, the place of residence identified as a significant inhibiting factor, as rural women had access to less information.^[20] Other studies have noted the unavailability of information sources, the lack of necessary information services, and the ignorance of health information service providers regarding the preferences of postmenopausal women for required information.^[21] According to the World Health Organization's policy on understanding the information needs of postmenopausal women, accessing qualified information related to their needs, and removing cultural and social barriers that affect the quality of women's health,^[22] this study was conducted with the aims of identification of health information needs of menopausal women and used health information sources as well as barriers to accessing health information to gain deeper insights into their health information-seeking behavior.

Materials and Methods

This quantitative descriptive-analytical study is an applied work that began in June 2023 and concluded in August 2023. According to Cochran's table (95% CI, SD 0.5, and a margin of error of 5%), and using a nonrandom multistage cluster method, the sample size was determined to be 4,608 individuals.

The share of each cluster was chosen according to the number of women in each province, so the share of East Azerbaijan province was 35%, Sistan and Baluchistan province was 25%, Kurdistan province was 15%, Lorestan province was 15%, and Yazd province was 10%. The researchers made every effort to select participants with maximum variation (age, marital status, educational status, occupation, religion, and ethnicity). Table 1 summarizes the demographic characteristics of the participants. Owing to the diversity of Azeri, Turkmen, Lurs, Kurds, Baluch, and Fars ethnic groups, to ensure coherence and maximize participation from different ethnic groups, the first stage involved dividing all provinces of Iran into five geographical regions: North, South, East, West, and Center. In the second stage, from each geographical region, the capital of the province and one city were selected based on ethnicity:

Table 1: Demographic Characteristics of Study Participants (n=4608)

Variable	Groups	n (%)
Age	50-56	2531 (50.92)
	>57	2077 (45.07)
Marital status	Single	589 (12.77)
	Married	2254 (48.91)
	Widowed	997 (21.63)
	Divorced	768 (16.66)
Highest educational qualification	Lower Diploma	581 (12.60)
	Diploma	657 (14.25)
	Academic	3370 (73.13)
Field of work	Employee	1963 (42.59)
	Housewife	(43.55) 2007
	Freelance job	638 (13.84)
Ethnicity	Fars	1253 (27.19)
	Azeri	836 (18.14)
	Lurs	687 (14.90)
	Kurds	697 (15.12)
	Baluch	573 (12.43)
	Mixed ethnic background	305 (6.61)
Religion	Any other ethnic group	157 (3.40)
	Muslim	3809 (87.80)
	Non-Muslims	756 (16.40)
	Prefer not to say	43 (0.93)
Period after menopause	Less than one year	243 (5.27)
	Between one and two years	654 (14.19)
	Between third and four years	1054 (22.87)
	Four more years	2657 (57.66)

Ethnicity is a characterization of people based on having a shared culture (e.g., language, food, music, dress, values, and beliefs) related to common ancestry and shared history. In this research, the participants were grouped according to ethnicity into Fars, Azeri, Lurs, Kurd, Baluch, Mixed ethnic background and Any other ethnic group ethnic groups

1. Yazd (Yazd city is the capital of Yazd province, while Ardakan is one of its cities).
2. Kurdistan (Sanandaj city is the capital of Kurdistan province, and Saqqez is one of its cities).
3. East Azerbaijan (Tabriz city is the capital of East Azerbaijan province, with Azarshahr being one of its cities).
4. Lorestan (Khorramabad city is the capital of Lorestan province, and Borujard is one of its cities).
5. Sistan and Baluchistan (Zahedan city is the capital of Sistan and Baluchistan province, and Chabahar is one of its cities).

Inclusion criteria

Inclusion criteria were Iranian nationality, women aged 50 years and older and menopause, and residents of one of the selected provinces.

Exclusion criteria

Exclusion criteria were non-Iranian nationality, women under 50 years old, and those who not resident in the selected cities.

Tools

The questionnaire consists of four parts:

1-Experiences, Attitudes, Knowledge, and Education: This section investigates women's experiences and attitudes towards menopause.

2-Information Sources: This part identifies the sources women use to obtain information about menopause, featuring 15 items.

3-Information Needs: This section assesses the information needs of menopausal women, encompassing 42 items across six categories:

3-1-Cancers (three items)

3-2-Other Diseases (three items)

3-3-Menopause Symptoms (20 items)

3-4-Health Care Counseling (three items)

3-5-Diagnostic Methods (four items)

3-6-Treatments (eight items)

4-Barriers to Seeking Information: This section addresses barriers women face when seeking information about menopause, consisting of seven items.

Responses were measured on a 5-point Likert scale, ranging from 5 (very high) to 1 (not at all). Participants were also invited to provide any additional information through an open-ended question at the end of the questionnaire.

This researcher-developed questionnaire was created with input from four obstetricians and gynecologists, three PhD holders in public health (with a family orientation), and insights gained from cognitive interviews with eight menopausal women. To assess content validity, the questionnaire was reviewed by five obstetricians and gynecologists, as well as five family health specialists, yielding a Content Validity Ratio (CVR) of 0.74. According to the reference table, the acceptable CVR for ten specialists was estimated to be 0.62.^[22] To evaluate the clarity of the questions, the questionnaire was distributed to eight members of the research community who did not participate in the study phases. Each question was reviewed for clarity and comprehension, leading to necessary corrections, and the CVI was found to be 0.78. A questionnaire was administered to 30 target group members (final sample) to assess face validity. After the target group completed the questionnaire, a face validity of 0.83 was calculated using the impact of the item method, according to the following formula: Impact of items = Frequency (%) × Importance.

Instrument reliability, assessed using Cronbach's alpha, was determined for "Information Sources," "Information Needs," and "Barriers to Seeking Information," yielding $\alpha = 0.874$, $\alpha = 0.836$, and $\alpha = 0.798$, respectively. The online questionnaire was distributed via social media platforms (WhatsApp and Telegram) and internal networks (Eitaa and Bale), with women encouraged to share it with other friends and acquaintances who

were menopausal after completing the questionnaire. To ensure that all participants were from the selected provinces and cities and at the age of 50 years and older and menopause, the first question relied on self-reporting. Those who were not resident in the target provinces and cities or not belonged to the specified age group were excluded.

Data analysis was conducted using the SPSS Statistics software package, version 23. The normality of the data was evaluated using the Kolmogorov-Smirnov test. Data were analyzed at two levels: descriptive statistics (frequency distribution) and inferential statistics (Chi-square test). The significance level was set at $p \leq 0.005$.

Ethical considerations

Since all participants voluntarily took part in this study, they were exempt from written consent. However, to conduct the research, ethical approval from the committee of Hormozgan University of Medical Sciences was obtained. Before completing the questionnaire, the title and objectives of the study were clearly explained. This article is derived from health information research project titled "Information Seeking Behaviour of Menopausal Women: An Online Survey of Iranian Menopausal Women," with ethics code of IR.HUMS.REC.2023.347, approval number of 4020326, and approval date of May 11, 2023, from the Ethics Committee of Hormozgan University of Medical Sciences.

Results

The findings indicated that over 73% of the participating women held university degrees, and more than half of them were employed. Additional information is presented in Table 1.

The results indicated that only 14.16% of women anticipated menopause positively, while the majority (32.87%) accepted it, and 25.32% expressed fear regarding menopause. The results of Table 2 indicated that 80.81% of women did not receive any training in school or university, while 6.59% received minimal information. Over 66% of the women reported that they were unaware of perimenopause and menopause stages before the age of 50. Women were asked when they believed menopause should be taught. Most of them suggested that teaching about menopause should be in school (44.42%), 28.32% at the university and 12.55% through the doctors. The women were also asked if they began searching for information and when they did so. Most participants (73.48%) sought information because the symptoms onset, while only 7.76% looked for information before it.

Regarding menopause symptoms 86.52% of the women said that they have had symptoms since menopause onset, and hot flushes, low sexual desire and vaginal dryness were among the most important postmenopausal symptoms [Figure 1].

As presented in Table 3, the majority of women (27.76%) sought information about menopause from social networks,

Table 2: Women's feelings about perimenopause/ menopause, Taught and Know level about menopause, time to receive training and Time of look for information about menopause

Variable	Answer	n (%)
How do you feel about menopause?	Looking forward to it	654 (14.19)
	Accepting of it	1515 (32.87)
	Neutral (no strong view either way)	787 (17.07)
	Afraid	1167 (25.32)
Have you been taught about menopause at school or university?	Not sure	485 (10.52)
	Not at all	3978 (80.81)
	Some basic information	192 (4.16)
	Very detailed information	304 (5.59)
How much did you know about perimenopause/ menopause before age 50?	Not sure	134 (2.90)
	Very informed	202 (4.38)
	Some knowledge	995 (21.59)
	Not informed at all	3067 (66.55)
When do you think menopause should be taught?	Not sure	344 (7.46)
	School	2047 (44.42)
	University	1305 (28.32)
	Doctors	579 (12.55)
	Apps such as period and fertility apps	204 (4.42)
When did you look for information?	Health specialists and health care workers)	473 (10.28)
	As my symptoms stated	3386 (73.48)
	Along time after my symptoms stated	648 (14.06)
	Before I had symptoms	358 (7.76)
	I had not looked for any information yet	216 (4.64)

while 22.46% turned to friends. Educational films and TV programs, along with printed sources such as books, magazines, newspapers, and podcasts, were the least utilized. A significant relationship was found between age group and the pursuit of information from friends, relatives, family, social networks, and health professionals ($p < 0.005$). In addition, positive, direct and a significant relationship was noted between marital status and the search for information from friends, relatives, family, social networks, and health professionals, as well as between educational status and information seeking from friends, relatives, family, social networks, and health professionals ($p < 0.005$).

Women were asked about their most important information needs during menopause, and the results indicated that these needs primarily concerned cancer, other diseases, and diagnostic methods [Table 4]. The information needs of women aged 50-56 years across all categories (except counseling) were greater than those of 57 years and older ($p < 0.005$). In addition, the need for information in all categories (excluding counseling) was significantly higher among widowed women compared with married, single, and divorced women ($p < 0.005$). Furthermore, divorced and unmarried women sought more information regarding gynecological cancer, menopausal symptoms, and treatment ($p < 0.05$). Women with academic degrees required more information across all categories compared with those without academic degrees [Tables 4 and 5].

The results in Table 6 indicated that the most significant barriers of seeking information about menopause were the lack of awareness regarding information sources, difficulties in accessing accurate information, and contradictory across various information sources. A notable relation was identified between age groups and three

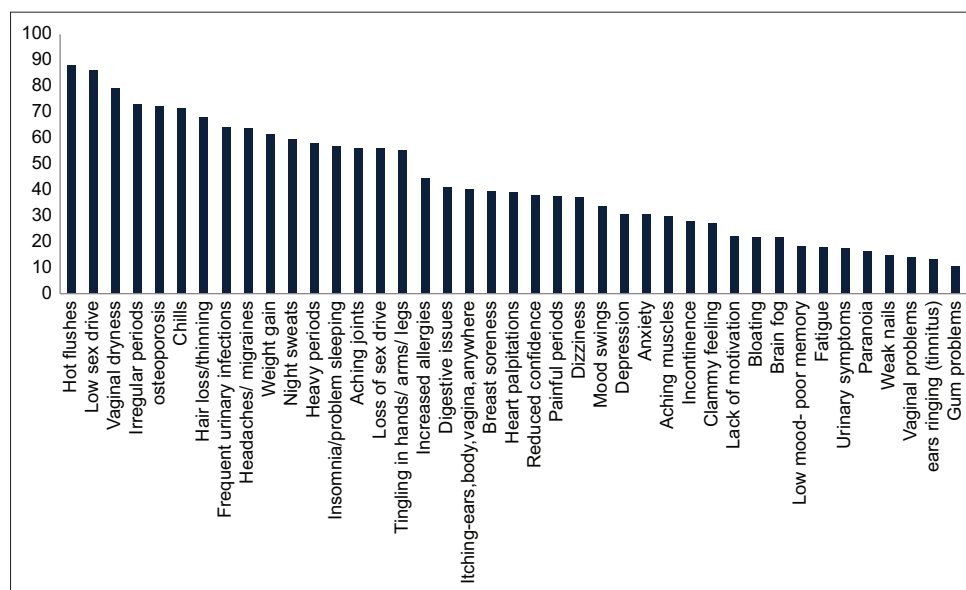


Figure 1: Symptoms of menopause

Table 3: The frequency of sources used to acquire information about menopause

Information Sources		n (%)	p		
			Educational status	Marital status	Age group
What sources specifically did you look for information about menopause?	Friend	1035 (22.46)	0.001	0.013	<0.001
	Family or Relatives	654 (14.19)	0.005	<0.001	0.004
	Official web sites such as the menopause society	564 (12.23)	0.051	0.023	0.073
	social media (YouTube, Telegram, Instagram, what's app,)		0.000	0.002	<0.001
	health professionals (Doctors- Nurse...)	1284 (27.76)	0.001	0.006	0.009
	Books	939 (20.37)	0.077	0.063	0.125
	Podcasts		0.256	0.613	0.124
	Films and TV programs	12 (0.26)	0.086	0.215	0.140
	Magazines	31 (0.67)	0.321	0.365	0.145
	Newspapers	72 (1.56)	0.165	0.516	0.067

*Correlation at the level of <0.005 is significant

specific challenges: inconsistencies in information from different sources, limited access to information, and menopause symptoms ($p < 0.005$). In addition, a significant correlation was found between marital status and the lack of knowledge about information sources, insufficient time to search for information, as well as educational status and the perception of inadequate information and limited access to resources ($p < 0.005$).

Discussion

The aim of this study was to identify the health information-seeking behavior of menopausal women, including their information needs, sources and the barriers encountered during the search. The study revealed that women over 50 years of age do not have a positive attitude towards menopause and tend to accept it passively when it occurs. Similarly, it was observed that women over 40 years old expressed anxiety about menopause onset.^[1] In addition, the results indicated that more than 80% of menopausal women had not received any related education, and over 66% were unaware of premenopausal and menopausal stages before the age of 45. Most of them sought information only after experiencing menopause symptoms. This clearly demonstrates a lack of proactive interest in menopause among middle-aged women, as they did not seek information before the onset of symptoms. Similar studies also corroborate these findings.^[4,7] According to our study, three-quarters of menopausal women believe that the best time to learn about menopause is at school and university. Therefore, it is essential to develop educational strategies that are timely and appropriately focused on improving menopause education at a younger age and ultimately increase knowledge among future generations. Another part of the results indicated that most participants sought information on breast cancer, hot flashes, cervical cancer, nonhormonal treatments, joint and muscle pain, mammography and bone density test. This finding aligns with a study of middle-aged women in Singapore concluding that

gynecological cancers, joint and muscle pain, bone health, and breast cancer screening were the most frequently chosen topics.^[26] Breast cancer is the most prevalent cancer among women globally, including in Iran.^[27] Postmenopausal hormone replacement therapy is a known risk factor for breast cancer while hormonal therapies effectively address menopausal symptoms. Many women hesitate to use hormone therapy due to potential side effects and its limited application in certain cancers. They tend to prefer nonhormonal treatments.^[28-31] This underscores the necessity of providing information about breast cancer and nonhormonal menopause treatments. Cervical cancer was another area of interest for the participants in this study. It predominantly affects Iranian postmenopausal women at the ages aged 55 to 65 years with the incidence rate of 2.5 per 100,000 women, resulting in a mortality-to-incidence ratio of 42%.^[30] These statistics along with the findings of the present study, highlight the importance of disseminating adequate information about cervical cancer and its risk factors to reduce the prevalence. Participants also frequently reported hot flashes and joint and muscle pain as the two most common symptoms experienced by Iranian menopausal women. Although sexual problems are considered one of the issues that arise during menopause,^[31] the results showed that information related to sexual issues is less searched by Iranian menopausal women. In Iran's socio-cultural context, seeking information about sexual issues may be less common due to the shame or taboo associated with these topics serving as a barrier for women seeking health information.^[27] However, sexual problems increase with age and estrogen levels decrease during menopause, which can affect Iranian women's life satisfaction.^[32] although the sexual issues are not mentioned in these researches. The results of our study showed that the most common barriers women faced to retrieve the related information about menopausal symptoms were contradictory information from different sources, insufficient time to search information, lack of adequate information, uncertainty about the sources,

Table 4: The frequency of “yes” responses to information items that women may need to know about menopause

Information Needs	n (%)
Women's cancers	
Breast cancer	3964 (86.02)
Cervical cancer	3345 (72.59)
Ovarian cancer	2299 (49.89)
Diseases	
Colon cancer	644 (13.97)
Uterine fibroid	2950 (64.01)
Uterine prolapse	3014 (65.40)
Menopause symptoms	
Hot flashes	3620 (78.55)
Night sweats	964 (20.92)
Sleep pattern changes	1987 (43.12)
Depression	2897 (62.86)
Anxiety	1286 (27.90)
Decreased concentration	1724 (37.41)
Urinary problems	657 (14.25)
Skin problems	678 (14.71)
Hair and nail problems	961 (20.85)
Sexual problems for women	954 (20.74)
Blood pressure	917 (19.90)
Diabetes	756 (16.47)
Obesity	615 (13.34)
Cardiovascular problems	257 (5.57)
Bone problems	354 (7.68)
Joint and muscle ache	2387 (51/80)
Consultations	
Consultation about exercise	956 (20.74)
Consultation about dietary	1981 (42.99)
Consultation about maintaining a healthy weight	1671 (36.26)
Diagnosis methods	
Sonography	2987 (64.82)
Mammography	3017 (65.47)
Bone Mineral Densitometry	3156 (68.48)
Laboratory tests	1567 (34.00)
Treatments	
A variety of treatments to reduce menopausal symptoms	1256 (27.25)
Nonhormonal therapies to reduce menopausal symptoms	3587 (77.84)
Hormonal therapies to reduce the symptoms of menopause	687 (14.90)
Complementary therapies (traditional medicine, acupuncture)	3025 (65.64)
Medicinal supplements (calcium tablets, ...)	654 (14.19)
Side effects of treatments	1254 (27.21)
Cost of treatment	965 (20.94)
Duration of treatment	802 (17.40)

difficulties in accessing information correctly and limited access to information (library, internet, etc.). According to the study by Barber and Charles, barriers to seeking help for menopausal symptoms were the lack of knowledge about the full range of symptoms, stigma, embarrassment

Table 5: The Negative binominal regression model to compare the differences between the mean numbers of information needed items

	Mean±S.D	Regression coefficient* (95% confidence interval)	p
Women's cancers			
Age group			
50-56	3.17(1.86)	Reference	Reference
>57	2.83(1.61)	1.03 (1.09,1.51)	0.003
Marital status			
Married	2.77(1.25)	Reference	Reference
Single	3.10(1.28)	1.22 (0.97,1.92)	0.027
Divorced	3.14(1.25)	1.13 (0.91,1.66)	0.119
Widow	3.20(1.45)	1.25 (1.07,1.63)	0.039
Educational status			
low diploma	1.87(1.41)	Reference	Reference
Diploma	2.13(1.66)	1.12 (0.91,1.39)	0.110
Academic	2.25(1.55)	1.30 (1.07,1.59)	0.030
Diseases			
Age group			
50-56	2.75(1.48)	Reference	Reference
>57	2.02(1.71)	1.56 (0.99,1.33)	0.002
Marital status			
Married	1.57(1.12)	Reference	Reference
Single	1.70(1.04)	1.08 (0.77,1.51)	0.241
Divorced	2.28(0.77)	1.45 (1.25,1.69)	<0.001
Widow	2.06(1.30)	1.31 (1.03,1.67)	0.026
Educational status			
low diploma	1.72(1.36)	Reference	Reference
Diploma	1.94(1.74)	1.07 (0.87,1.31)	0.073
Academic	2.10(1.63)	1.22 (0.99,1.49)	0.024
Menopause symptoms			
Age group			
50-56	4.43(2.15)	Reference	Reference
>57	3.96(1.49)	1.26 (1.09,1.47)	0.003
Marital status			
Married	4.76(3.31)	Reference	Reference
Single	3.13(2.22)	1.04 (0.71,1.52)	0.711
Divorced	4.50(3.76)	1.42 (1.17,1.72)	<0.001
Widow	4.74(3.28)	1.45 (1.17,1.80)	0.012
Educational status			
low diploma	3.24(2.78)	Reference	Reference
Diploma	2.52(2.43)	0.93 (0.75,1.14)	0.581
Academic	4.31(3.50)	1.20 (0.99,1.45)	0.036
Consultations			
Age group			
50-56	2.77(1.80)	Reference	Reference
>57	1.98(1.86)	1.11 (0.93,1.32)	0.116
Marital status			
Married	2.64(1.32)	Reference	Reference
Single	1.59(0.91)	1.07 (0.76,1.39)	0.001
Divorced	2.08(1.49)	1.37 (0.75,1.69)	0.201
Widow	2.14(1.87)	1.36 (0.94,1.80)	0.013

Contd...

Table 5: Contd...

	Mean(SD)	Regression coefficient* (95% confidence interval)	p
Education			
low diploma	1.58(1.56)	Reference	Reference
Diploma	2.69(1.66)	1.06 (0.72,1.38)	0.716
Academic	2.55(1.99)	1.55 (1.26,1.94)	<0.001
Diagnosis methods			
Age group			
50-56	3.15(1.72)	Reference	Reference
>57	2.69(2.22)	1.39 (1.11,1.69)	0.002
Marital status			
Married	2.12(1.47)	Reference	Reference
Single	1.27(1.36)	1.08 (0.77,1.50)	0.756
Divorced	2.18(1.40)	1.31 (1.08,1.58)	0.002
Widow	1.67(1.60)	1.26 (1.01,1.57)	0.031
Education			
Low diploma	2.31(1.76)	Reference	Reference
Diploma	2.06(1.54)	0.79 (0.52,1.09)	0.211
Academic	3.10(2.00)	1.18 (1.14,1.57)	<0.001
Treatments			
Age group			
50-56	4.32(3.79)	Reference	Reference
>57	5.28(3.87)	1.27 (1.04,1.54)	0.021
Marital status			
Married	3.75(2.88)	Reference	Reference
Single	4.15(2.31)	1.17 (1.06,1.78)	0.126
Divorced	5.22(2.85)	1.30 (1.12,1.64)	0.105
Widow	5.15(3.39)	1.07 (1.07,1.79)	0.006
Education			
Low diploma	3.41(3.62)	Reference	Reference
Diploma	4.28(3.54)	0.19 (0.69,1.24)	0.753
Academic	5.11(4.02)	1.28 (1.04,1.37)	0.018

and the belief that it is a normal part of ageing. Previous negative experience in accessing advice or treatment have discouraged women from pursuing help. There are significant differences in beliefs and attitudes towards the menopause amongst GPs and often accompanied by a lack of confidence in prescribing HRT. Consequently, secondary care services can become overwhelmed by a surge in uncomplicated referrals that could be effectively managed in primary care.^[33]

The most common used sources of information were social networks and friends. Therefore, the influence of media richness (updated health information, sharing, low cost, availability, ease of use and online interactions) in social network should not be overlook. The results of Latifi *et al.*'s^[21] study also showed that, from the users' point of view, the currency of health information, sharing and accessibility have been effective in the value of social networks and the rate of attracting users. Sharing information with friends can help to provide reliable, inexpensive and fast information allow to have common

experiences and reduce worries about menopause symptoms and problems.^[20,21] Nevertheless, an important challenge in finding information relates to lack of knowledge about reliable information sources, uncertainty in accessing reliable information, contradictory information in different sources, and limited access to information.^[23-25] Since the doctor is one of the important methods in measuring the credibility of information,^[21] therefore this highlights the necessity for doctors and health care providers to educate women about menopause and increase women's knowledge about this important stage.^[34] More than half of the participants in our study rated their level of knowledge about menopause as "low". This result was consistent with previous studies indicating that most women had little to moderate knowledge about menopause.^[35] The present study also found that women with university degrees possess greater knowledge and show more interest in seeking information about menopause. A study on Jordanian women's knowledge about menopause showed similar results.^[36] It is likely that women with a university degree are generally more informed and motivated to seek reliable information about menopause, as their educational background equips them with enhanced research skills. One limitation of the current research was potential for repeated user responses. The researchers attempted to address this limitation by utilizing software capabilities to ensure that each user could participate in the survey only once.

Conclusion

The findings of this study indicated that women seek a variety of information, especially regarding cancers, clinical symptoms of menopause, and nonhormonal treatments. However, they encounter challenges such as limited knowledge about information sources, difficulty accessing correct and reliable information, and encountering contradictory information across different sources. Given the use of social networks by postmenopausal women, it is essential to conduct training through these platforms. Increased efforts should be made to provide them with access to more reliable and comprehensive information via these channels.

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Conflicts of interest

Nothing to declare.

Table 6: The frequency of challenges in searching information about menopause groups

Challenge	n (%)	p		
		Age group	Marital status	Educational status
Information from different sources is contradictory	1761 (38.21)	0.002	0.114	0.671
I do not have enough time to search information	763 (16.55)	0.130	0.000	0.733
I do not find enough information	1269 (27.53)	0.823	0.124	<0.001
I do not know the sources of information	2561 (55.57)	0.918	<0.001	0.129
I do not know how to access information correctly	1956 (42.44)	0.716	0.687	0.579
I have limited access to information (library, internet, etc.)	1587 (34.44)	0.003	0.133	0.001
Menopausal symptoms prevent the search for information (Decreased memory or concentration, lack of energy, mood swings, etc.)	1136 (24.65)	<0.001	0.826	0.769

*Correlation at the level of <0.005 is significant. Chi-square test

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