Original Research / Orijinal Araştırma

Women's Experiences Coping with Menopause: The Role of Digital Literacy

Kadınların Menopozla Baş Etme Deneyimleri: Dijital Okuryazarlığın Rolü

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Abstract

Aim: This qualitative study aimed to provide how women access, evaluate, and use digital information to cope with menopause, with a particular focus on the role of digital literacy.

Method: The study was conducted using a qualitative descriptive research design. The data were collected through individual interviews with 25 women in the menopausal period in Türkiye using snowball sampling. A semi-structured interview form was used during the interviews, and the data obtained were analyzed using thematic analysis.

Results: Four main themes were identified: 1) menopause experience, 2) coping strategies, 3) digital literacy status, and 4) coping with menopause through digital literacy. Women described menopause as either a natural life transition or as a period associated with loss or illness. Coping strategies included traditional practices, medical support, and social support. Women reported actively seeking menopause-related information in digital environments, particularly when symptoms affected daily life. Most women stated that they benefited from social media posts shared by others experiencing similar situations. However, many women described difficulties in evaluating the accuracy and reliability of information obtained from digital sources

Conclusion: The findings suggest that digital literacy may shape how women experience and cope with menopause, highlighting the relevance of women's digital literacy status during the menopausal period. Primary healthcare professionals can support women's access to accurate and reliable online health information related to menopause. In addition, a multi-stakeholder approach is recommended to enhance digital literacy among women.

Keywords: Coping behavior, Digital Literacy, Women's health, Menopause, Health literacy.

Özet

Amaç: Bu çalışmanın amacı, kadınlarının menopoz ile baş etme sürecinde dijital bilgiye nasıl eriştiklerini, bu bilgiyi nasıl değerlendirdiklerini ve kullandıklarını dijital okuryazarlığın bu süreçteki rolüne odaklanarak incelemektir.

Yöntem: Araştırma, nitel betimleyici araştırma deseninde yürütülmüştür. Veriler, kartopu örnekleme yöntemi kullanılarak Türkiye'de menopoz dönemindeki 25 kadınla yapılan bireysel görüşmeler yoluyla toplanmıştır. Görüşmelerde yarı yapılandırılmış görüşme formu kullanılmış; elde edilen veriler tematik analiz yöntemi ile değerlendirilmiştir.

Bulgular: Çalışma sonucunda dört ana tema belirlenmiştir: (1) Menopoz deneyimi, (2) Baş etme stratejileri, (3) Dijital okuryazarlık durumu, (4) Dijital okuryazarlık aracılığıyla menopoza yönelik baş etme stratejileri. Katılımcılar menopozu ya doğal bir süreç ya da hastalık/kayıp olarak tanımlamışlardır. Baş etme stratejileri arasında geleneksel uygulamalar, tıbbi destek ve sosyal destek yer almaktadır. Kadınlar, özellikle semptomların günlük yaşamı etkilediği durumlarda, menopozla ilişkili bilgileri dijital ortamlarda aktif olarak aradıklarını ifade etmişlerdir. Kadınların çoğu, benzer deneyimler yaşayan kişilerin sosyal medya paylaşımlarından yararlandıklarını belirtmiştir. Ayrıca, birçok kadın dijital kaynaklardan elde edilen bilgilerin doğruluğunu ve güvenilirliğini değerlendirmede güçlük yaşadıklarını bildirmiştir.

Sonuç: Bulgular, kadınların menopoz deneyimlerini ve bu süreçle baş etme biçimlerinde dijital okuryazarlığın önemli bir rol oynadığını göstermektedir. Birinci basamakta görev yapan sağlık profesyonellerinin, kadınların menopozla ilişkili doğru ve güvenilir çevrimiçi sağlık bilgilerine erişimini desteklemesi önemlidir. Ayrıca, kadınlarda dijital okuryazarlığın geliştirilmesi için çok paydaşlı bir yaklaşımın uygulanması önerilmektedir. Orta yaş kadınlarında dijital sağlık okuryazarlığının geliştirilmesi, bilinçli karar verme süreçlerini desteklemek ve menopoz döneminde yaşam kalitesini artırmak için gereklidir.

Anahtar Kelimeler: Başa çıkma davranışı, Dijital okuryazarlık, Kadın sağlığı, Menopoz, Sağlık okuryazarlığı.

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Introduction

Menopause is a physiological transition characterized by the cessation of reproductive functions and the end of menstrual bleeding. While the average age of menopause worldwide is around 51 years, in Türkiye this age ranges between 46 and 48.[1,2] Menopause is accompanied by a variety of physical and psychological symptoms that women may experience and cope with over an extended period. With the increase in average life expectancy, the number of women experiencing postmenopause has risen, leading to a growing interest in alternative treatments and various coping strategies to alleviate menopausal symptoms.[3,4] Key coping strategies include lifestyle modifications (exercise, balanced diet, stress-reduction techniques), pharmacological options (hormonal and non-hormonal treatments), and complementary approaches such as herbal remedies, acupuncture, and yoga.[5,6] Psychosocial strategies—seeking social support, engaging with peers, participating in online groups, and consulting healthcare professionals—also play a critical role in managing menopausal symptoms.[7] Evidence further shows that coping behaviors are shaped by cultural norms, education level, and women's digital and health literacy skills.[3,4,5,6]

The digital world plays a key role in women's search for menopausal information, with social media and the internet enabling experience sharing and support; however, the accuracy of online information should be approached cautiously.[3,4,5] Studies have shown that women are more active users of digital resources than men in seeking health-related information.[6,7] Particularly during menopause, when women turn to digital platforms in search of solutions to their health concerns, it is crucial that they access accurate information and rely on trusted sources. Research in this field greatly benefits from an understanding of women's experiences locating, evaluating, and disseminating material online during menopause.[8]

Digital literacy refers to individuals' ability to access, manage, evaluate, and analyze digital resources and generate new information. However, studies reveal that women in particular frequently struggle to evaluate the accuracy of material found online, which increases their exposure to false information.[8,9,10] With the rapid advancement of technology, the impact of information from the internet on health literacy and quality of life is becoming increasingly significant. Therefore, promoting digital literacy and improving access to reliable information is of great importance for both individual and public health management.[11,12]

The findings highlight the need to strengthen primary healthcare services in guiding women through menopause, particularly by enhancing digital literacy and enabling access to reliable information. Family physicians and community health nurses can play a pivotal role by offering structured education, correcting misinformation, and supporting women's coping strategies.[13-15] Integrating digital health education into routine primary care may contribute to better symptom management and improved quality of life for menopausal women.[14,16]

Some studies have examined women's menopausal experiences and coping strategies.[5,10] A few studies have investigated women's online health information-seeking behaviors. However, there is limited research on how women access and use digital health information during menopause.[6,9] Moreover, previous research has suggested that menopause-related information practices should be examined across diverse geographical and sociocultural contexts.[17] Thus, this qualitative study aimed to provide in-depth insights into how women access, evaluate, and use digital information to cope with menopause, with a particular focus on the role of digital literacy. The following study issues were addressed using a theme analysis of 25 women's individual interviews:

- How do women describe their experiences of menopause?
- What strategies do women use to cope with menopausal symptoms?
- How do women describe their digital literacy practices during menopause?
- How do women use digital resources as part of their coping strategies during menopause?

Method

Research Design

This study is a qualitative research conducted using a qualitative descriptive design, which aims to provide a comprehensive summary of participants' experiences related to a specific phenomenon while remaining close to their own words and perspectives. Qualitative descriptive approaches are particularly appropriate for research questions that seek to describe how individuals experience, perceive, and interpret a phenomenon without imposing high levels of theoretical abstraction.[18] In this study, a qualitative descriptive design was chosen because women's experiences of coping with menopause and the role of digital literacy in this process are subjective and experience-based, and are best understood through participants' direct accounts. The study was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist.[19]

Research Sample/Study Group/Participants

The study was conducted with 25 menopausal women between August 2023 and February 2024. Data were collected through one-on-one interviews using the snowball method. As the study was to be conducted with healthy adults over the age of 18, it was not conducted in an institutional or organizational setting. All data collection was based on voluntary participation. In qualitative research, sample size is not determined by a fixed formula as in

quantitative studies. The literature suggests that the number of elements comprising a qualitative sample can range from 3 to 30, and data collection can be terminated once data saturation is reached.[18] Inclusion criteria were voluntary participation, being in the menopausal period, providing informed consent, owning a digital device (smartphone, tablet, or computer), and actively using the internet. Exclusion criteria included having a diagnosed psychiatric disorder, presence of cognitive impairment that could affect communication. Psychiatric and cognitive status were assessed through participants' self-report during the initial screening interview, and those who declared a diagnosed condition or reported difficulties in comprehension or communication were excluded.

Research Instruments and Processes

Data were collected through in-depth individual interviews, a qualitative method aimed at exploring participants' feelings, thoughts, and experiences. Participants were recruited via the snowball method, starting with one volunteer who referred others iteratively. Two trained researchers conducted face-to-face interviews in a quiet setting, each lasting about 20 minutes. With participants' consent, interviews were audio-recorded, and both verbal and written informed consent was obtained. Recordings were transcribed within two days using Microsoft Word's dictate feature and verified by both researchers for accuracy. Participants were coded as K-1 to K-25, and recordings were securely destroyed after transcription.

Descriptive Information Form

This questionnaire was developed on the basis of a literature review and contained questions on socio-demographic characteristics (age, educational level, marital status) and 11 questions on menopause.[8,9,10]

Semi-Structured Interview Form

A semi-structured interview form was developed in accordance with the relevant literature[5–10,15,16] to systematically explore and describe participants' experiences related to the aim of the study. The form consisted of six open-ended core questions designed to elicit detailed descriptions of women's experiences. Sample questions included: 1) When you think about your menopause process, how would you describe this period overall? 2) What physical, emotional, and social symptoms did you experience during the menopausal period, and what strategies did you use to cope with these symptoms? (For example, behavioral, emotional, medical, or social coping strategies.), 3) How would you describe your skills in using information and communication technologies (e.g., smartphones, computers)?, 4) Do you use digital resources (such as websites, videos, social media, or mobile applications) to obtain information about menopause? If so, which sources do you prefer and why?, 5) What kind of information do you usually search for using these technologies? Please explain this by also taking into account your information-seeking behaviors during the menopause process, 6) Why do you prefer or dislike using information and communication technologies? To assess the relevance and clarity of the questions, feedback was obtained from experts in the field. Pilot interviews were also conducted with two people who were not part of the main sample to assess the comprehensibility of the questions.

Data Analysis

The data were analyzed using manual thematic analysis, a method widely used in qualitative descriptive research. The analysis followed the six-phase framework proposed by Braun and Clarke (2006)[20]: (1) familiarization with the data, (2) generating initial codes, (3) grouping related codes, (4) identifying potential themes, (5) refining and merging overlapping themes, and (6) reviewing themes for clarity, coherence, and relevance to the research aim. An initial coding framework and code map were developed based on the analysis of the first five participants' interviews. This preliminary code map was used as a guiding structure in the subsequent analysis; however, it remained open to modification and refinement as new data were reviewed. Codes and themes were continuously compared across transcripts, and the coding framework was revised when necessary to ensure that it accurately reflected participants' accounts. As qualitative data analysis is not a strictly linear process, these phases were applied in a flexible and iterative manner. Analytical rigor was enhanced by systematically following Braun and Clarke's framework and maintaining transparency between the data, codes, and themes. Selected descriptive and illustrative quotations were independently reviewed for relevance by three researchers (MMK, ÇB, and MAY) and incorporated into the findings to support credibility.

Results

Participants had a mean age of 54.12 ± 5.33 years and a mean menopausal age of 46.84 ± 4.32 years; most were married (n = 21). Fifteen had completed primary school, and 18 reported their income matched expenses. Only eight women used hormone replacement therapy (Table 1).

Tablo 1. *Participant Characteristics*

Participant ID	Age at menopause	Educational status	Income status	Chronic condition(s)	Complaint(s)	HRT[b] usage status
K1	45	Primary school	High	None	Urinary incontinence	Less than 1 year
K2	55	Primary school	Moderate[a]	Hypertension	Knee pain	No
K3	35	High school	Moderate[a]	Rheumatoid arthritis, Psoriasis	Urinary incontinence	No
K4	48	Primary school	Moderate[a]	None	None	Currently using
K5	40	Primary school	High	Hypertension	Knee pain	No
K6	48	Primary school	Moderate[a]	Hypertension, Heart disease	Urinary incontinence	No
K7	51	Primary school	Moderate[a]	Hypertension	Urinary incontinence	No
K8	44	Literate	Moderate[a]	Migraine	None	No
K9	47	High school	Moderate[a]	Hypothyroidism	Urinary incontinence	No
K10	44	Primary school	Moderate[a]	Diabetes mellitus	None	No
K11	44	Primary school	Moderate[a]	None	None	No
K12	51	Secondary school	Moderate[a]	None	None	Currently using
K13	55	Primary school	Moderate[a]	Heart disease, Diabetes mellitus	Knee pain, Urinary incontinence	No
K14	47	High school	Moderate[a]	Anemia	None	No
K15	44	Primary school	High	None	Urinary incontinence, Knee pain	2 years
K16	50	University	Moderate[a]	None	None	No
K[17]	49	University	High	Thalassemia	None	< 1 year
K18	48	University	High	None	None	No
K19	45	High school	High	None	None	No
K20	48	Primary school	Moderate[a]	Hypertension	Urinary incontinence, Knee pain	< 1 year
K21	45	Primary school	Moderate[a]	Diabetes mellitus	Urinary incontinence, Knee pain	< 1 year
K22	44	Primary school	Moderate[a]	Rheumatoid arthritis	Knee pain	No
K23	51	Primary school	Moderate[a]	Diabetes mellitus	None	No
K24	48	University	High	None	None	< 1 year
K25	45	Primary school	Moderate[a]	None	None	No

[a]Income was equal to expenses [b]HRT: Hormone Replacement Therapy

In this study, the data obtained from the in-depth interviews were categorized into themes, subthemes, and codes and are presented in Table 2. The themes were grouped under four main headings: Menopause Experience, Coping Strategies, Digital Literacy Status, and Coping with Menopause through Digital Literacy.

Table 2. *Themes and Subthemes*

Main Themes	Subthemes	Codes / Subcodes
Menopausal Experience	Physiological symptoms	Hot flashes, sleep disturbances, joint pain, burning feet, weight gain, headache, heart palpitations, abdominal pain, vaginal dryness.
	Emotional symptoms	Irritability, stress, depression, anxiety, restlessness, lack of motivation, feelings of loneliness, low self-esteem.
	Perception of menopause	Seeing it as a natural process, perceiving it as an illness, level of acceptance, viewing it as a life stage, sense of loss.
Coping Strategies	Traditional methods	Herbal teas, natural diet, meditation, exercise, hot-cold compresses.
	Medical support	Consulting a doctor, HRT, medication use, psychological counseling, gynecological check-ups.
	Social support	Family support, advice from friends, experience sharing, support groups, neighbor conversations.
	Individual methods	Self-coping, showing patience, keeping a journal, breathing exercises, preferring solitude, reciting/listening to prayers.
Digital Literacy Status	Technology use	Smartphone use, computer use, basic digital skills, internet access, social media use, mobile app use.
	Information-seeking behaviors	Google searches, health blogs, YouTube videos, health forums, mobile health applications.
	Impact on decision-making process	Level of trust in digital information, willingness to apply acquired information, making decisions based on information.
Coping with Menopause Through Digital Literacy	Access to information	Use of health applications, online forums, mobile health app usage.
	Confidence in information	Seeking reliable sources, verification behaviors, valuing expert opinions in medical content.
	Digital support resources	Online counseling services, health blogs, videos.

Theme 1: Menopausal Experience

Participants' experiences of the menopause were summarized under the main theme of Menopausal Experience, which included three subthemes: physiological symptoms, emotional and psychological symptoms, and perceptions of the menopause.

The physiological symptoms reported by the participants included hot flashes, excessive sweating, sleep disturbances, joint pain and weight gain. One participant (K8) described her experience as follows: "I had hot flashes all the time. It was worrying… I had abdominal pain." While K15 said: "I suddenly woke up in the middle of the night and then found it hard to go back to sleep." Weight gain was also frequently mentioned, as K20's comment shows: "A lot of fat has accumulated, especially on my waist and hips. I've put on 10 kilos."

Emotional and psychological symptoms such as irritability, stress, depression, anxiety, loneliness and low self-esteem were also frequently mentioned. K15 made a similar comment: "I get upset for no reason... it even feels like my own family is against me." The feeling of isolation became clear in the words of K22: "Sometimes I have the feeling that nobody understands me… like I'm completely alone and worthless."

Participants also had different perception of menopause. While some saw it as a natural part of life, others associated it with loss or illness. K20 said: "After all, we are getting older and now have grandchildren — that's normal." In contrast, K14 associated the menopause with the end of being a woman and said: "Our womanhood is kind of over. It's like an illness… Look at what we've been through."

Theme 2: Coping Strategies

Participants used various strategies to cope with menopausal symptoms, grouped under four subthemes: traditional methods, medical support, social support, and individual coping.

Traditional methods included practices such as consuming herbal teas (e.g. herbal teas) and adopting natural eating habits. Many participants reported that they resorted to herbal or alternative remedies that they had seen or heard about. For example, K25 shared, "I drink herbal teas, but what really helps is patience." K15 noted, "I use turmeric, I've seen it on Instagram…. I think it works." Others reported similar practices.

Medical support included consulting physicians and using HRT. K2 admitted, "I was hesitant to go to the doctor, but it turns out there's an explanation for everything." One participant (K4) said: "I went to the doctor, they prescribed me hormone pills... I took them for about a year, but how long can you keep that up?" K15 said: "When the hot flashes and irritability started, I took medication. That helped. Then I stopped— - they say that long-term use causes cancer."

Social support played an important role in coping with menopause, including emotional support from family, advice from friends, and shared experiences. As one participant noted, K24: "Talking to friends helped me realize that I'm not alone," a sentiment echoed by others.

Individual methods included self-reliance, patience, journaling, and personal self-care routines. K2: "I'm learning to rely on myself; it's kind of empowerment."

Theme 3: Digital Literacy Status

This theme examines participants' digital literacy under three subthemes: technology use, information-seeking, and decision-making.

The technology use subtheme covers access to and use of devices such as smartphones, computers and the internet. Many women stated that they were familiar with smartphones but still relying on their children for support. One participant stated, "I use my phone, but I still need help from my children." Another said, "I don't use a computer, but I have a smartphone. If I need to look something up, I go straight to Google."

Information-seeking behaviors included Google searches, reading health blogs and watching YouTube videos. The severity of menopausal symptoms and their impact on quality of life appeared to have a significant impact on how actively the women searched for health-related information. For example, K22 said, "Of course I immediately searched for hot flashes and sweats." Similarly, K3 said: "I read, I searched. When I had hot flashes and sweats, I looked them up." In contrast, K2 commented: "To be honest, I didn't look anything up. I didn't ask a doctor or look it up on the internet. I just found out for myself. It was easy for me."

The impact on the decision-making process was characterized by participants' confidence in digital information, their willingness to apply what they had learned and their tendency to make decisions based on this information. As K25 remarked: "Everything is on the internet, but the problem is finding out which part of it is true." Similarly, K3 commented: "I read that this kind of symptom is common in menopause, so I thought it was a natural process and didn't feel the need to see a doctor."

Theme 4: Coping with Menopause through Digital Literacy

This theme explores how women use digital skills as a coping mechanism during menopause. It consists of three subthemes: Access to information, confidence in information and digital tools.

Access to information was facilitated using mobile health applications, online forums and digital platforms. Participants often reported that they benefited from the experiences of others in online forums or comments on social media about menopause. For example, K12 said: "Thanks to the e-Nabız app, I can easily access my medical results, even though I sometimes struggle to understand them." K3 said: "I go straight there to get information. Even if it's something small, I immediately look it up and investigate it."

Confidence in information was characterized by participants' efforts to verify the reliability of digital content, their search for expert opinions, and their general approach to evaluating online sources. Factors such as educational background, employment status, and previous experience with computer courses were found to positively influence women's levels of digital health literacy. For example, K5 commented, "I think I'm competent. I use it. I have even taken a computer course." However, some participants expressed uncertainty or hesitation. K8, who could read and write but had limited digital skills, said: "She doesn't go online much either. I'm not confident." K20 added: "There is a lot of useful information on Facebook and Instagram… Currently, people shouldn't remain ignorant… I also read the comments to make up my mind." K3 explained: "If I don't understand something, I ask my children for help." K9 shared, "First, I looked it up on the internet. My cousin also told me about it. And then I did some online research. Yes, the symptoms matched mine. But I needed confirmation, so I went to the doctor." She added: "I use some of it for skincare and aging. But I take absolutely no medication. I don't take pills, no matter how good they're supposed to be."

Digital support resources include online counseling services, health blogs, and educational videos that provide information and support for menopause. Participants emphasized the importance of getting accurate information

and learning from other women's experiences on social media to manage menopausal symptoms. K19 shared, “There was a female doctor I followed on Instagram... she was giving information in live sessions... I listened to her.” K9 said, “I look up unfamiliar medical terms…. and listen to the doctors’ recommendations.”

Discussion

This qualitative study explored Turkish women’s experiences of coping with menopause, with a particular focus on how digital literacy shapes their access to, interpretation of, and use of menopause-related information. Most participants in this study reported common menopausal symptoms such as hot flashes, sleep disturbances, weight gain and emotional fluctuations. These findings are consistent with several studies in the literature.[8,21] Participants’ perceptions of menopause varied, with some viewing it as a natural life stage and others as a form of loss or illness, influenced by socio-cultural and societal attitudes, consistent with previous literature.[8,22,23]

Women’s coping strategies varied with the type and severity of menopausal symptoms. In this study, participants used traditional remedies (e.g., herbal teas), spiritual practices, medical support, and social networks. Similar research has shown women also use methods like cold showers, ventilation, medication, and emotional support from friends or family.[21,24] In addition, it is important to address not only the physical, but also the emotional and social support needs of women during the menopausal transition.[25] In some cultural contexts, limited family understanding of menopause can cause anxiety and loneliness, while sharing experiences with peers provided emotional support. However, participants also expressed a desire to be understood and supported by their families.[26] These findings are consistent with previous research.[26,27]

Acceptance and proper use of digital technologies are crucial for healthy aging. Research indicates that older adults often face barriers due to skills, attitudes, confidence, and willingness to learn.[28,29] Women in this study represent a group that encountered technology later in life due to their age. The results showed that some participants did not use computers but did use smartphones and often relied on family members to help them navigate digital tools. These findings are consistent with previous studies that have looked at the use of technology among older adults.[29,30] Age therefore, appears to be an important determinant of digital technology use.

Today, the digital world has become an important source of information for menopausal women.[31] Studies in the literature have shown that many women prefer to consult digital sources of information rather than healthcare professionals when dealing with menopausal symptoms. Among the most popular sources are websites and health blogs.[9] However, it is important to question the accuracy of such information and look for reliable sources. In this study, it was found that the menopausal symptoms experienced by women and their impact on quality of life directly influenced their information behaviors. In particular, women who suffered from hot flashes and night sweats frequently used Google, YouTube videos, and various websites to search for information. These results are consistent with the existing literature.[8,32]

Because of the risks of online health information, strong digital literacy is crucial. Research shows that as women’s ability to read, understand, and apply online health content improves, so does their management of menopausal symptoms and overall quality of life.[32,33] Therefore, improving digital literacy may enable women to take more control of their health and contribute to both primary and secondary prevention, supporting women’s health more broadly. In this study, most participants reported that they benefited from the comments and experiences of other women who shared similar experiences on social media platforms. This emphasizes the need for mutual support and information sharing among women during menopause — a very personal and sensitive period. However, while access to information in digital environments is easy, it is not always accurate, reliable or consistent. Women may be exposed to heterogeneous, low-quality, incomplete or inaccurate content on social media and other digital platforms. In addition, the results of the study showed that many women had difficulty assessing the accuracy of the information they encountered online during menopause. Uncertainty about what information to trust sometimes led them to make poor decisions based on incorrect or incomplete information. This emphasizes the critical importance of strong digital literacy. These findings are consistent with the literature.[9,10,34,35]

Conclusion

This study shows that menopause is not only a biological transition but also a personal, emotional, and increasingly digital experience. Alongside traditional and medical strategies, women turn to online platforms for support and quick health information. However, participants also reported challenges related to limited digital literacy and exposure to misinformation, especially for women who adopt technology later in life and often depend on family for guidance. Healthcare professionals in primary care may play a supportive role in menopause management by helping women navigate online health information and by guiding them toward reliable and up-to-date resources. At the same time, supporting women’s digital health literacy may require a multi-stakeholder approach that involves educational initiatives, digital platforms, and the development of user-friendly technologies.

Limitations This qualitative study reflects only participants' experiences, limiting generalizability. Snowball sampling may have led to overrepresentation of individuals with similar socio-demographic traits.

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