BMJ Open Women's understanding and experiences of menopause in lowincome and middle-income countries in the Asia Pacific region: a scoping review protocol

Karen Cheer , ¹ Relmah Baritama Harrington, ^{1,2} Dorothy Esau, ³ Emmy Foroasi, ³ Michelle Redman-MacLaren (b) 1

To cite: Cheer K, Harrington RB, Esau D. et al. Women's understanding and experiences of menopause in low-income and middle-income countries in the Asia Pacific region: a scoping review protocol. BMJ Open 2022;12:e060316. doi:10.1136/ bmjopen-2021-060316

Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/ bmjopen-2021-060316).

Received 19 December 2021 Accepted 03 July 2022



@ Author(s) (or their employer(s)) 2022. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

¹College of Medicine and Dentistry, James Cook University, Cairns, Queensland, Australia

²Atoifi College of Nursing, Pacific Adventist University, Atoifi, Solomon Islands ³Baru Conservation Alliance, Auki, Solomon Islands

Correspondence to

Dr Karen Cheer; karen.cheer@jcu.edu.au

ABSTRACT

Introduction Menopause denotes the end of a woman's reproductive life. A woman's experiences of menopause are shaped by her individual circumstances and may vary between social and cultural contexts. Evidence is needed to inform research and programme delivery that supports women's health and well-being throughout the menopausal transition. This scoping review will map evidence of women's experiences of menopause in Asia Pacific countries, where limited research exists.

Methods and analysis We will follow the five-stage framework of Arksey and O'Malley, further developed by Levac et al and the Joanna Briggs Institute. MEDLINE, CINAHL, PsycINFO and Scopus databases will be systematically searched between February 2022 and May 2022 using subject headings and keywords. The title-abstract and full text of retrieved studies will be assessed against eligibility criteria. The review will focus on studies with a qualitative research component. Citation searching of selected articles will supplement database searching. Data will be extracted, charted, synthesised and summarised. Findings will be presented in narrative format and implications for research and practice reported. Ethics and dissemination Ethical approval is not

required for this scoping review of selected studies from peer-reviewed journals. Ethical approval has been granted from relevant ethics committees for community consultation. Findings will be shared in peer-reviewed publications, presented at conferences and disseminated with communities, health workers and researchers.

INTRODUCTION

Women's individual experiences of menopause vary, influenced by geographical, social and cultural factors as well as age at onset and health status. 12 Menopause is the permanent cessation of menstruation after the ovaries cease follicular activity.3 Menopause signals the end of a woman's reproductive life. The natural process of reproductive ageing is anchored by the final menstrual period (FMP), with the menopausal transition stage

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ This review will follow the Joanna Briggs Institute scoping review manual for methodological rigour and reliability.
- ⇒ Results will be reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews for rigour and transparency.
- ⇒ Inclusion of research with qualitative components facilitates deep understanding of women's experiences of menopause.
- ⇒ The review will be limited to studies published in English.
- ⇒ Application of findings will be limited to the Solomon Islands context, hence translatability to other Asia Pacific contexts should be taken with care.

of perimenopause characterised by menstrual irregularity prior to the FMP. A woman is considered to have reached menopause after 12 consecutive months of amenorrhoea. The postmenopausal stage continues to the end of a woman's life.4

Many studies report on menopause from a biomedical perspective, with most undertaken in Western, high-income countries. In the medicalisation of menopause, symptoms are considered health concerns requiring medical intervention.⁵ ⁶ However menopause can also be viewed as a sociocultural construct, with symptoms considered a part of the ageing process concomitant with psychosocial factors and a woman's life stage circumstances.^{5 7 8} In low-income and lower-to-upper-middle-income countries in Africa, 9 10 the Middle East 11-15 and South America, 16 studies report experiences of menopause are influenced by social structure, spiritual beliefs, cultural customs and language. While women experienced



similar symptoms across this myriad of contexts, some were unprepared for menopause. ^{10 17} Women described menopause variably, as a time when youthfulness, beauty, libido, fertility and good health are lost, ^{12 15 16} yet also as a time of gain that included cleanliness, no risk of pregnancy or need for contraception and increased social status. ¹⁵

Globally, women are living longer and healthier lives; ¹⁸ thus it is important to understand women's experiences of menopause throughout the menopausal transition phase and beyond, to identify implications for women's health and well-being and to better inform health services. Reviews related to menopause have focused on: (i) symptoms; ¹ ^{19–22} (ii) the experiences of groups of women, including Indigenous women, ²³ ²⁴ immigrant women, ²⁵ working women, ²⁶ women living in their country of origin, ²⁷ Asian women living in Asia compared with those living in Western countries; ²⁸ or have (iii) presented an international overview. ^{29–31} No known studies have compiled the literature on women's experiences of menopause from low-income countries (LIC) and middle-income countries (MIC) in the Asia Pacific region.

Our scoping review aims to identify and map the literature on women's experiences of menopause in LIC and MIC in this region to deepen our understanding of this life stage, identify gaps in the literature and inform research and health service delivery for women in the Pacific nation of Solomon Islands. Qualitative studies, or studies with a qualitative research component, will be included to gain insight into women's lived experiences of menopause. Our study team consists of researchers and women community leaders from Solomon Islands and Australia, both countries situated in the Asia Pacific region.

METHODS AND ANALYSIS

A scoping review is a useful approach to examine key concepts and identify knowledge gaps in the existing literature.³² Scoping review methods assist researchers to map evidence across broad areas including regional/country location and economic classification.³³ Scoping reviews are an effective tool to determine the nature of evidence that informs research and practice in a discipline area.³⁴ Our scoping review will follow guidelines established by Arksey and O'Malley, 35 and further developed by Levac et al^{6} and the Joanna Briggs Institute (JBI). 33 Key components of the JBI scoping review guidelines include an outline of the review, inclusion criteria, search strategy, extraction, presenting and summarising the results and any potential implications of the findings for research and practice.³⁴ Reporting will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analysis extension for Scoping Reviews (PRISMA-ScR) seven item checklist: (i) title; (ii) abstract; (iii) introduction; (iv) methods; (v) results; (vi) discussion and (vii) funding.³²

Stage 1: identifying the research question

The research question was identified as a result of our research on women's sexual and reproductive health in the Pacific. ^{37–39} Using an iterative process, our study team identified a broad research question defining the target population, concept and context to guide the focus, scope and intent of the review. ^{33 36} In conducting this scoping review, our research question is: What are women's experiences of menopause in LIC and MIC in the Asia Pacific?

Stage 2: identifying relevant studies

The aim of the search is to identify papers using a qualitative approach that report on women's experiences of menopause in LIC and MIC settings in the Asia Pacific region. Initial searching of MEDLINE will be undertaken by an Australian researcher (KC) with access to a range of databases to identify papers on the topic of menopause. See online supplemental appendix 1, for example, MEDLINE search strategy. Subject headings and keywords describing the papers will be used to develop a full search strategy for MEDLINE, Cumulative Index for Nursing and Allied Health Literature (CINAHL), PsycINFO and Scopus, adapted for each database. The final search strategy will be reviewed by all authors. The search will not be restricted by time to include all relevant literature on the review topic. Searching commences in February 2022 with anticipated completion by May 2022. We will use the JBI population, concept, context (PCC) framework to guide inclusion criteria (table 1).

Papers that meet the following criteria will be included for full-text screening:

- Be located in an LIC or MIC in the Asia Pacific region, as defined by the World Bank⁴⁰ and the Secretariat of the Pacific Community (SPC);⁴¹
- 2. Be related to women's experiences of menopause;
- 3. Have a qualitative research component, the research design most suited to telling lived experiences of individuals;⁴² and
- 4. Be published in English in a peer-reviewed journal.

Due to the broad search strategy and anticipated number of retrievals, book reviews, commentaries, editorials, letters and grey literature will be excluded. However should findings be limited, research reports will be eligible and assessed for quality using the Critical Appraisal Skills Programme checklist. Studies from Asia Pacific countries defined by the World Bank as having a high-income economy, studies on Asia Pacific women living in countries outside the region, and studies on non-Asia Pacific women living in Asia Pacific countries will also be excluded. A summary of inclusion and exclusion criteria is shown in table 2.

Stage 3: study selection

Following the search, all identified citations will be collated and uploaded to EndNote 20 bibliographic software (Clarivate, USA). Duplicates will be removed. Identified citations will then be exported to a Microsoft Excel spreadsheet. Two independent reviewers, one from



Study type

Table 1 Inclusion criteria using the Joanna Briggs Institute Population, Concept, Context framework

Population	Women experiencing at least one of the following stages of reproductive ageing: perimenopause, menopause or post menopause
Concept	Women's individual experiences or perspectives regarding menopause.
Context	Low-income and middle-income countries* in the Asia Pacific region: Afghanistan; American Samoa; Bangladesh; Bhutan; Cambodia; China; Cook Islands; Democratic People's Republic of Korea; Federated States of Micronesia; Fiji; India; Indonesia; Kazakhstan; Kiribati; Kyrgyz Republic; Lao PDR; Malaysia; Maldives; Marshall Islands; Mongolia; Myanmar; Nepal; Niue; Pakistan; Papua New Guinea; Philippines; Pitcairn Islands; Samoa; Solomon Islands; Sri Lanka; Tajikistan; Thailand; Tibet; Timor-Leste; Tokelau; Tonga; Turkmenistan; Tuvalu; Uzbekistan; Vanuatu; Vietnam; Wallis and Futuna.

*The World Bank classifies countries/economies by measuring gross national income per capita, in US dollars: low-income economies <US\$1045 or less; lower-middle income between US\$1046 and US\$4095; upper-middle income economies <US\$4096 and US\$12 695. 53

Original and peer-reviewed research.

Solomon Islands (RBH) and one from Australia (KC), will screen the title and abstract of citations against inclusion and exclusion criteria. Each study will be assessed as 'yes', 'no' or 'unclear'. The full text of papers assessed as potentially relevant with a 'yes' or 'unclear' will be retrieved and assessed against the inclusion criteria by two or more independent reviewers. Articles not available in full text will be noted. Reference lists of included papers will be screened for additional relevant studies. Disagreements between the reviewers at each stage of the selection process will be resolved through discussion, or with a third reviewer. The results of the search and the study inclusion process will be discussed by all authors

Table 2 Inclusion and exclusion criteria Inclusion criteria **Exclusion criteria** Studies located in an LIC and Studies on Asia Pacific women MIC in the Asia Pacific region living in countries outside the region. Studies related to women's Studies on non-Asia Pacific women experiences of menopause living in Asia Pacific countries. Studies with a qualitative Studies from high-income Asia Pacific countries. research component Studies published in English in Book reviews, commentaries, peer-reviewed journals editorials, letters and grey literature. LIC, low-income countries; MIC, middle-income countries.

Box 1 Data extraction categories

- 1. Author(s).
- . Publication date.
- 3. Setting.
- 4. Aims.
- 5. Population/participants.
- 6. Methodology/methods.
- 7. Key findings related to the review question.

from Solomon Islands and Australia, reported in the final scoping review and presented in a PRISMA-ScR flow diagram.³²

Stage 4: charting the data

Key bibliographic data including author, year of publication, location, study aims, participants, methodology/methods and key findings relevant to the research question will be extracted from the selected full-text papers and charted in an Excel spreadsheet. Charting will be an iterative activity with the spreadsheet refined by two or more team members to include additional data that best describes results relevant to the review question. Box 1 outlines categories for data extraction.

Stage 5: collating, summarising and reporting the results

Data from the selected studies will be collated and summarised in tabular format (see box 1). Scoping reviews aim to map existing evidence regardless of quality, therefore quality assessment will not be undertaken. Guided by the PCC framework, we will present findings as thematic narrative summaries related to the scoping review aim and question. Implications of the review findings for practice and future research will be discussed.

Patient and public involvement

No patient involved.

ETHICS AND DISSEMINATION

This scoping review reflects ethical principles of facilitating research in a Pacific setting, including respect for relationships, cultural protocols and processes, ⁴⁴ reciprocity ^{45–47} and a holistic approach. ⁴⁸ ⁴⁹ The research team comprises researchers from Solomon Islands, and researchers from Australia who have almost three decades of experience of living and working in the Pacific. Collaboration and community involvement are centred, ⁵⁰ with a commitment to the principle of 'nothing about us without us'. ⁵¹

Knowledge translation will initially be community-based where findings will be workshopped with women leaders and community members (women and men) in Solomon Islands. This will validate the scoping review findings in the local context and provide additional perspectives and insights. The locally-contextualised findings forming the review will be shared with health workers and researchers in Solomon Islands at local forums, regionally at Pacific



sexual and reproductive health forums and internationally at conferences and via a peer-reviewed publication. This approach will be supplemented with a plain language version of the findings in English and Kwaio languages, and through graphical representation using a local metaphor.⁵²

This scoping review will identify gaps in the literature and provide a platform for further evidence-based research of women's experiences of menopause in Asia Pacific nations. The broader menopause study will provide local evidence to assist health service planning and delivery for women at all stages of the menopausal transition in Solomon Islands. Ethical approval for the study has been granted by Atoifi Adventist Hospital Ethics Committee, James Cook University Human Research Ethics Committee and submitted to the Solomon Islands Health Research and Ethics Review Board.

LIMITATIONS

A limitation of this study is the application of findings in one context. Further investigation of the translatability of findings to other Asia Pacific contexts is needed.

Twitter Michelle Redman-MacLaren @shelmaclaren

Acknowledgements The authors wish to acknowledge our colleagues who peer reviewed this protocol.

Contributors All authors contributed to the manuscript. KC, MR-M and RBH conceived the study with support from DE and EF. KC, MR-M and RBH developed the study protocol. KC drafted the protocol manuscript, with all authors critically revising for intellectual content. All authors read and approved the final manuscript.

Funding This study is supported by the College of Medicine and Dentistry, James Cook University (JCU-QLD-937812).

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

Patient consent for publication Not applicable.

Provenance and peer review Not commissioned; externally peer reviewed.

Supplemental material This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

Open access This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/.

ORCID iDs

Karen Cheer http://orcid.org/0000-0002-6761-7924 Michelle Redman-MacLaren http://orcid.org/0000-0002-2055-7733

REFERENCES

1 Davis SR, Lambrinoudaki I, Lumsden M, et al. Menopause. Nat Rev Dis Primers 2015;1:15004.

- 2 Schoenaker DAJM, Jackson CA, Rowlands JV, et al. Socioeconomic position, lifestyle factors and age at natural menopause: a systematic review and meta-analyses of studies across six continents. Int J Epidemiol 2014;43:1542–62.
- Weismiller DG. Menopause. Prim Care 2009;36:199-226.
- 4 Harlow SD, Gass M, Hall JE, et al. Executive summary of the stages of reproductive aging workshop +10: addressing the unfinished agenda of staging reproductive aging. Climacteric 2012;15:105–14.
- 5 Ferrand F, Hajri S, Benzineb S, et al. Comparative study of the quality of life associated with menopause in Tunisia and France. Menopause 2013;20:609–22.
- 6 Rubinstein HR, Foster JLH. 'I don't know whether it is to do with age or to do with hormones and whether it is do with a stage in your life': making sense of menopause and the body. J Health Psychol 2013:18:292–307.
- 7 Ballard KD, Kuh DJ, Wadsworth MEJ. The role of the menopause in women's experiences of the 'change of life'. Sociol Health Illn 2001;23:397–424.
- 8 Sergeant J, Rizq R. 'Its all part of the big change': a grounded theory study of women's identity during menopause. J Psychosom Obstet Gynaecol 2017;38:189–201.
- 9 Dienye PO, Judah F, Ndukwu G. Frequency of symptoms and health seeking behaviours of menopausal women in an out-patient clinic in Port Harcourt, Nigeria. *Glob J Health Sci* 2013;5:39–47.
- 10 Ramakuela NJ, Akinsola HA, Khoza LB, et al. Perceptions of menopause and aging in rural villages of Limpopo Province, South Africa. Health SA Gesondheid 2014;19.
- 11 Gharaibeh M, Al-Obeisat S, Hattab J. Severity of menopausal symptoms of Jordanian women. *Climacteric* 2010;13:385–94.
- 12 Hakimi S, Simbar M, Ramezani Tehrani F, et al. Women's perspectives toward menopause: a phenomenological study in Iran. J Women Aging 2016;28:80–9.
- 13 Mahadeen Al, Halabi JO, Callister LC. Menopause: a qualitative study of Jordanian women's perceptions. *Int Nurs Rev* 2008;55:427–33.
- 14 Yağmur Y, Orhan İlksen, Orhan I. Examining sexual functions of women before and after menopause in Turkey. Afr Health Sci 2019:19:1881–7.
- 15 Yangin HB, Kukulu K, Sözer GA. The perception of menopause among Turkish women. J Women Aging 2010;22:290–305.
- 16 Castelo-Branco C, Palacios S, Mostajo D, et al. Menopausal transition in Movima women, a Bolivian Native-American. Maturitas 2005:51:380–5.
- 17 Michel JL, Mahady GB, Veliz M, et al. Symptoms, attitudes and treatment choices surrounding menopause among the Q'eqchi Maya of Livingston, Guatemala. Soc Sci Med 2006;63:732–42.
- 18 World Health Organization. World health statistics 2021: monitoring health for the SDGs, sustainable development goals. Geneva: WHO, 2021.
- 19 Heidari M, Ghodusi M, Rezaei P, et al. Sexual function and factors affecting menopause: a systematic review. J Menopausal Med 2019:25:15–27.
- 20 Islam RM, Bell RJ, Davis SR. Prevalence of sexual symptoms in relation to menopause in women in Asia: a systematic review. *Menopause* 2018;25:231–8.
- 21 Islam RM, Bell RJ, Rizvi F, et al. Vasomotor symptoms in women in Asia appear comparable with women in Western countries: a systematic review. Menopause 2017;24:1313–22.
- 22 Palacios S, Henderson VW, Siseles N, et al. Age of menopause and impact of climacteric symptoms by geographical region. Climacteric 2010;13:419–28.
- 23 Bullivant Ngati Pikiao K, McClunie-Trust P, Syminton Te Ātiawa K. A meta ethnography of the cultural constructs of menopause in Indigenous women and the context of Aotearoa/New Zealand. *Health Care Women Int* 2021:1–21.
- 24 Chadha N, Chadha V, Ross S, et al. Experience of menopause in Aboriginal women: a systematic review. Climacteric 2016:19:17–26.
- 25 Stanzel KA, Hammarberg K, Fisher J. Experiences of menopause, self-management strategies for menopausal symptoms and perceptions of health care among immigrant women: a systematic review. *Climacteric* 2018;21:101–10.
- 26 Kopenhager T, Guidozzi F. Working women and the menopause. *Climacteric* 2015;18:372–5.
- 27 Bahri N, Latifnejad Roudsari R, Tohidinik HR, et al. Attitudes towards menopause among Iranian women: a systematic review and metaanalysis. Iran Red Crescent Med J 2016;18.
- 28 Shorey S, Ng ED, . The experiences and needs of Asian women experiencing menopausal symptoms: a meta-synthesis. *Menopause* 2019;26:557–69.



- 29 Dashti S, Bahri N, Fathi Najafi T, et al. Influencing factors on women's attitudes toward menopause: a systematic review. Menopause 2021;28:1192–200.
- 30 Hoga L, Rodolpho J, Gonçalves B, et al. Women's experience of menopause: a systematic review of qualitative evidence. JBI Database System Rev Implement Rep 2015;13:250–337.
- 31 Obermeyer CM. Menopause across cultures: a review of the evidence. *Menopause* 2000;7:184–92.
- 32 Tricco AC, Lillie E, Zarin W, et al. PRISMA extension for scoping reviews (PRISMA-ScR): checklist and explanation. Ann Intern Med 2018:169:467–73.
- 33 Peters MDJ, Godfrey C, McInerney P. Chapter 11: Scoping reviews. In: Aromataris E, Munn Z, eds. JBI manual for evidence synthesis. JBI, 2020.
- 34 Munn Z, Peters MDJ, Stern C, et al. Systematic review or scoping review? guidance for authors when choosing between a systematic or scoping review approach. BMC Med Res Methodol 2018;18:143.
- 35 Arksey H, O'Malley L. Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 2005;8:19–32.
- 36 Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. *Implement Sci* 2010;5:69.
- 37 Esau D, Redman-MacLaren M, Wheeler S, et al. Grassroots action for improved menstrual health of schoolgirls in East Kwaio, Solomon Islands. In: Kelly-Hanku A, Aggleton P, Malcolm A, eds. Sex and Gender in the Pacific: Contemporary perspectives on sexuality, gender and health: Routledge, in press.
- 38 Harrington R, Redman-MacLaren M, Harvey N. Barriers and enablers to using contraceptives for family planning at Atoifi Hospital, East Kwaio, Solomon Islands. Pac J Reprod Health 2020;1:586–97.
- 39 Harrington RB, Harvey N, Larkins S, et al. Family planning in Pacific island countries and territories (PICTs): a scoping review. PLoS One 2021;16:e0255080.
- 40 World Bank. Where we work 2021. Available: https://www.worldbank. org/en/where-we-work [Accessed 18 Oct 2021].
- 41 Pacific Community SPC. Our members n.d. Available: https://www.spc.int/our-members/ [Accessed 18 Oct 2021].
- 42 Creswell JW. Qualitative inquiry and research design: choosing among five approaches. 3rd ed. Thousand Oaks, CA: SAGE, 2013.

- 43 Critical appraisal skills programme. CASP qualitative checklist 2018. Available: https://casp-uk.net/casp-tools-checklists/ [Accessed 10 Dec 2021].
- 44 Vaioleti TM. Talanoa research methodology: a developing position on Pacific research. *Waikato J Educ* 2006;12:21–34.
- 45 Gegeo DW, Watson-Gegeo KA. Whose knowledge? epistemological collisions in Solomon Islands community development. Contemp Pac 2002;14:377–409.
- 46 Redman-MacLaren M, MacLaren DJ, Harrington H, et al. Mutual research capacity strengthening: a qualitative study of twoway partnerships in public health research. Int J Equity Health 2012:11:79.
- 47 Stewart-Withers R, Banks G, McGregor A. Qualitative research. In: Scheyvens R, ed. *Development fieldwork: a practical guide*. 2nd ed. Thousand Oaks, CA: SAGE, 2014: 59–80.
- 48 Nabobo-Baba U. Decolonising framings in Pacific research: Indigenous Fijian Vanua research framework as an organic response. AlterNative: An Int J Indig Peoples 2008;4:140–54.
- 49 Sanga K, Reynolds M. Melanesian tok stori in leadership development: ontological and relational implications for donorfunded programmes in the Western Pacific. *Int Educ J Compar Perspect* 2018;17:11–26.
- 50 Vallance R. Melanesian research ethics. *Contemporary PNG Studies* 2008:8:1–14.
- 51 Funnell S, Tanuseputro P, Letendre A, et al. "Nothing About Us, without Us." How Community-Based Participatory Research Methods Were Adapted in an Indigenous End-of-Life Study Using Previously Collected Data. Can J Aging 2020;39:10.1017/S0714980819000291:145–55.
- 52 Laurie T, Vine K, Matthews V. Gayi Wajarr Building togetherness from a distance in Indigenous PHC research. 8th Rural and Remote Health Scientific Symposium, 2021.
- 53 World Bank. How does the world bank classify countries? 2021. Available: https://datahelpdesk.worldbank.org/knowledgebase/articles/378834-how-does-the-world-bank-classify-countries [Accessed 14 Dec 2021].