Migrant Women's Barriers to Accessing Menopause Care : Insights from Portsmouth

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We are grateful to all those who contributed to the successful completion of this community research. Our sincere thanks go to the wonderful women from our local community who generously shared their time, experiences, and insights. Your stories are the heart of this research, and your willingness to participate made this project meaningful.

We would also like to express our deepest gratitude to the Community Participatory Action Research (CPAR) delivery partners: the University of Reading, Scottish Community Development Centre and Institute of Voluntary Action Research, whose logistical support, guidance and collaboration were instrumental throughout the CPAR journey.

Special thanks to our mentors Dr Esther Oenga and Paul Nelis for their invaluable input and ongoing encouragement that helped us shape our research. We are deeply thankful to NHS England South East, whose financial and institutional backing made this research possible. We would like to express our sincere gratitude to our Executive Director Dr Bonny Ling and colleague Shuhan Lin at WBI for their guidance and collaboration, which played a crucial role in the successful completion of this work.

COVER PHOTO BY WBI. RESEARCH FOCUS GROUP IN MARCH 2025.

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Work Better Innovations (WBI) is a social enterprise on a mission to deliver community-based solutions to the global challenge of building an inclusive and sustainable economy. We work innovatively on projects for business and human rights. We are the proud recipient of an Innovation Award for Community Innovation in Portsmouth, UK.

Community Participatory Action Research (CPAR) is a programme that trains and mentors community researchers from voluntary sector organisations to use participatory methods to research health inequalities issues within their own communities. Key findings are shared with system leaders (service providers and policy makers) to inform local and regional decisions. It is a health improvement initiative that emphasises equitable partnership with communities, with researchers and local organisations co-designing and delivering the social change.

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PROLOGUE: PERSONAL REFLECTIONS OF COMMUNITY RESEARCHERS

ANITA DAVID AT THE UNITED NATIONS, GENEVA, IN FEB 2025. PHOTO BY WBI.

Anita David

The seed for this research was planted in May 2024 during WBI's monthly food event, which included an information session on menopause. As we listened to participants share their personal experiences, it became clear that more needed to be done. Many women spoke about the challenges they faced in accessing support, which led us to examine these barriers more closely and ask women to tell us directly what could help overcome them.

As a migrant woman, I've experienced the unique health challenges that come with navigating the UK healthcare system for the first time. Being part of this research allowed me to represent the voices of women often overlooked in mainstream research. The women participants shared powerful stories about cultural barriers, navigating unfamiliar systems, and feeling invisible during menopause. One of the most fulfilling aspects of the project was seeing our participants transform, from initial hesitation to confidently sharing their stories. Creating a space of trust and witnessing their openness was incredibly rewarding.

I'm proud of what we accomplished. This project not only demonstrated our dedication but also showed the power of community-led research to drive real change. Facilitating meaningful conversations on a topic still considered taboo in many cultures was especially impactful. I will always remember the honesty and trust the women shared with us.

Working with Fatma Tuylu was a positive and motivating experience. We supported each other throughout the research journey, openly discussing both achievements and challenges. Our strong communication helped us stay aligned and overcome difficulties together.

This experience shifted my perspective on the need for more inclusive health systems. It underscored the importance of culturally sensitive approaches and community-driven engagement in public health. It also deepened my commitment to advocating for healthcare equity and supporting initiatives that center community knowledge and lived experience.

Our strong commitment to following the project schedule closely proved to be a key factor in our success. This discipline gave us the flexibility to pause and reflect when tasks became overwhelming. The timely support and quick responses from our mentors were instrumental throughout the process. Furthermore, setting realistic goals kept us focused and allowed us to seek valuable guidance from our lead and colleagues from Work Better Innovations, which significantly contributed to refining and enhancing the report.

To future community researchers, my advice is, approach the work with empathy and flexibility. Listen actively, build genuine relationships, and let the community guide the direction of the research.

FATMA TUYLU AT THE UNITED NATIONS, GENEVA, IN FEB 2025. PHOTO BY WBI.

Fatma Tuylu

Going into this research project, I had no idea what to expect or what it might offer. I didn't even know how to conduct community-based research.

Throughout this journey, I learned a great deal, though not without challenges. One major difficulty was understanding the participants due to their different accents, even though we were all speaking English. The transcription app we used during the focus group was also inadequate, so we had to review and correct the transcript ourselves. This process made me reflect on my own English proficiency.

Another challenge was figuring out which software to use for video editing and learning how to use it effectively. We faced similar issues when creating pivot tables. However, we learned as we went, sometimes even from our own children! Everyone shared their knowledge to help me present this research in the best possible way.

A more personal challenge was the topic itself, menopause. I had been struggling with symptoms for years and had tried various treatments without lasting relief. But as I listened to other women share their experiences and struggles, something shifted in me. Their honesty and resilience inspired me to take action.

Motivated by their stories, I consulted a specialist nurse. After a thoughtful consultation, she recommended hormone replacement therapy (HRT) using patches. I was relieved and grateful, because the treatment significantly improved my quality of life, both physically and emotionally. It was an unexpected turning point.

What started as an academic or professional project became something deeply personal. This experience reminded me of the power of sharing our stories, seeking support, and advocating for ourselves. I'm thankful that my involvement in this research not only brought healing for me but may also help other women facing similar challenges. Through this project, I gained both knowledge and strength. I believe it will inform future research on similar topics in different contexts.

Finally, I want to thank my colleagues and the wonderful women who participated in this study and generously shared their expertise.

EXECUTIVE SUMMARY

Our research investigates the barriers migrant women face in accessing menopause support, with a particular focus on cultural taboos, language challenges, limited healthcare access, and low awareness of available resources. The idea for this research emerged in May 2024 during a community food event that included an information session on menopause. Conversations with participants revealed a clear need to explore this issue further. Using qualitative methods, including a questionnaire, focus group and interviews, we gathered insights from women of diverse backgrounds. Despite cultural reluctance to discuss menopause, many participants shared their experiences once trust was established. Key findings reveal that menopause remains a hidden and stigmatised topic, shaped by generational silences, misinformation, and the absence of culturally specific terminology and resources. Women described emotional and medical isolation, confusion around treatments like Hormone Replacement Therapy (HRT), and inconsistent guidance from healthcare providers. Our study highlights the urgent need for culturally sensitive support systems, improved communication between patients and doctors, and a broader societal shift toward open, informed discussions about menopause and ageing in migrant communities.

WOMEN'S HEALTH EVENT IN JAN 2025.
TRAFALGAR MEDICAL GROUP PRACTICE SPECIALIST DISCUSSES WOMEN'S HEALTH. PHOTO BY WBI.

Menopause, a natural and inevitable stage in every woman's life, remains one of the most overlooked and misunderstood aspects of women's health. In many cultures, it is surrounded by silence, shame, and stigma, creating barriers that prevent open conversations and limit access to appropriate support. This report delves into the complex cultural and societal factors shaping women's experiences of menopause, with a particular focus on migrant women living in Portsmouth, England. Drawing on the voices of women from Kenya, India, South Africa, Turkey, Egypt, Burkina Faso and Bangladesh, it highlights how cultural expectations, language challenges, and gaps in healthcare systems impact their ability to navigate menopause.

Objective

The report examines the cultural and societal challenges women face during menopause, particularly the lack of communication, support, and culturally sensitive resources, by exploring diverse personal experiences and examining the role of healthcare systems and societal expectations. The report aims to advocate for a shift in attitudes and the development of inclusive, informed support systems that empower women during this significant life stage. This study seeks to fill critical knowledge gaps and advocate for inclusive, informed, and culturally sensitive approaches to menopause care that truly reflect the lived experiences of women.

Methodology

This research investigated the challenges migrant women face in accessing menopause support in Portsmouth, focusing on cultural perceptions, language barriers, healthcare access, and awareness of available resources. Using a mixed-method approach, the study combined quantitative data (from 66 questionnaires) with qualitative insights (from a focus group and an interview), offering a comprehensive understanding of the issue.

The research began in May 2024, inspired by stories shared at a community event. Snowball sampling and purposive sampling techniques helped recruit a diverse group of participants from various cultural backgrounds. Data were analysed through thematic analysis (qualitative) and pivot tables (quantitative), revealing key patterns and informing strategies for more inclusive menopause support.

The research integrated ethical considerations, ensuring informed consent, including verbal consent when needed. We maintained anonymity and confidentiality through secure data handling. A culturally sensitive approach was used, with interpreters and appropriate methods to support diverse participants. Special care was taken to create a respectful, safe space for discussing sensitive topics like menopause.

Findings

This report synthesises insights from cross-cultural questionnaires and focus group discussions to examine women's experiences of menopause across diverse communities. It reveals that menopause is often surrounded by cultural silence, stigma, and misinformation, leaving many women isolated and uninformed. Generational gaps in knowledge and limited use of accurate terminology contribute to a lack of understanding and support.

Key findings show that most women rely on informal sources, such as family and media for information, while healthcare engagement remains low due to language barriers, emotional discomfort, and a lack of culturally competent care. Experiences with medical treatment, particularly hormone replacement therapy (HRT), are mixed and often guided by inconsistent or inadequate medical advice, prompting many women to resort to trial-and-error methods.

Despite these challenges, many women demonstrate resilience in managing menopause. However, the data highlights an urgent need for community education, improved healthcare communication, multilingual resources, and culturally sensitive support systems. The report concludes that empowering women with the right knowledge, access, and care is essential for a more inclusive and dignified menopause experience.

FOCUS GROUP PARTICIPANTS IN MAR 2025. PARTICIPANTS SHARE THEIR RECOMMENDATIONS. PHOTO BY WBI.

Recommendations

- Have workshops that discuss menopause and the various options of treatment, provide advice, therapy and holistic solutions.
- More awareness of the type of treatment and how to access treatment.
- Doctors need to understand and ask more questions regarding women's health issues and behaviour. Also, they need to do more follow up appointments with women's health.
- Community-based support and information.
- Information in other languages and more workshops

Conclusion

This study reveals that, for many migrant women in Portsmouth, navigating menopause is complicated by language barriers, cultural taboos, and insufficient healthcare engagement. The findings emphasise the need for community-led education, multilingual resources, and culturally sensitive healthcare practices that acknowledge the diverse realities women face. To create a more inclusive environment, healthcare systems must evolve to prioritise follow-up care, offer holistic treatment options, and actively engage with women from all backgrounds. Raising awareness and breaking the silence around menopause is not just a health issue, it is a matter of dignity, equity, and empowerment.

INTRODUCTION

Menopause is a significant life transition for women, yet it remains widely misunderstood, under-discussed, and stigmatised, particularly among migrant communities. Menopause is often linked with ageing and loss of femininity, leading to psychological distress and social isolation. Women report limited emotional and medical support, inconsistent guidance on hormone replacement therapy (HRT), and a lack of culturally and linguistically appropriate healthcare, contributing to mistrust and disengagement from services.

This report emerges from a Community Participatory Action Research (CPAR) initiative aimed at understanding the experiences, barriers, and support needs of migrant women navigating menopause. This study explored the challenges migrant women living in Portsmouth face in accessing menopause support, focusing on cultural perceptions, language barriers, healthcare access, and awareness of available resources.

The research began in May 2024, sparked by stories shared during a Work Better Innovations community event (Food With Friends), which combined a public health education session on hormones and a warm communal meal for migrants in Portsmouth. Two WBI-community researchers started their initial data collection in December 2024 through an interactive session that encouraged open discussion on menopause and launched questionnaires and plans to conduct a focus group to gather primary data.

This report explores the cultural, societal, and healthcare challenges shaping women's experiences of menopause in countries such as Kenya, Bangladesh, South Africa, Burkina Faso, and India. It reveals a pervasive silence and stigma around menopause, rooted in cultural taboos, language barriers, and generational gaps in knowledge. It highlights the need for culturally sensitive, inclusive, and accessible menopause support for migrant women.

METHODOLOGY

This research explored the challenges that migrant women encounter when trying to access menopause support. The study was designed to collect information on different aspects, including cultural perceptions, language barriers, access to healthcare, and awareness of menopause resources available to migrant women. The idea for this research question emerged in May 2024 during a Work Better Innovations community monthly food event.

Both quantitative and qualitative research designs were employed to gain deep insights into community members' perceptions and experiences. A mixed-method approach was used, integrating both quantitative (questionnaires with 66 participants) and qualitative (focus group and interview) methods to capture a holistic view of the issue. Our mixed-methodology combined the strengths of these two methods to provide a more comprehensive and nuanced understanding of this issue.

Quantitative data provided measurable evidence of trends, prevalence, and disparities in accessing menopause support. Meanwhile, qualitative data shed light on the lived experiences, cultural nuances, and personal narratives that numbers alone could not capture. Together, these approaches offered a holistic understanding that informs more inclusive and effective support strategies.

The research involved a questionnaire with 66 participants, as well as a focus group and an interview. For a more inclusive sampling, the interview was conducted to include the voices of women from the South American community, who had limited English language skills and could not be included in the focus group discussions without translation assistance.

In December 2024, at one of our community events for women, we used an icebreaker activity to prompt the participants to share their experiences with menopause. The group included women of various ages and menopause stages, post-menopausal women shared their experiences openly, pre-menopausal women listened with interest, and those currently experiencing menopause actively contributed. The atmosphere was dynamic, fostering both learning and sharing. That was the beginning of our action research journey. We asked the participants to fill our initial questionnaire.

This event acted as a snowball sampling approach, where women attending our monthly Food with Friends event shared the questionnaire with their friends and other women in their community networks. In February 2025, we conducted a brief review and analysis of the collected 66 sets of questionnaire responses to identify emerging trends and develop questions for the focus group. In March 2025, we organised a focus group using purposive sampling. To capture a broad spectrum of perspectives, we employed maximum variation sampling, including participants from Kenya, Bangladesh, South Africa, Burkina Faso, India, Egypt, and Turkey.

The data collected from interviews and focus group discussions were analysed thematically using a spreadsheet to identify key patterns, themes, and insights. For the quantitative aspect of the data, analysis was carried out by creating and utilising pivot tables, which allowed for efficient summarisation, organisation, and comparison of numerical information within the dataset. This combined method enabled a detailed insight into both the qualitative and quantitative results.

Ethical Considerations

Ethical considerations were central to the design and implementation of this research. Our ethical measures included informed (including, where necessary, verbal) consent, participant confidentiality, culturally appropriate engagement, and the use of interpreters where needed. We ensured a safe and respectful space, recognising the sensitive nature of the discussions.

Informed consent was obtained from all participants following clear explanations of the study's purpose, their rights, and the voluntary nature of their participation. To ensure accessibility, verbal consent was accepted when language or literacy barriers existed. Anonymity and confidentiality were maintained thoroughly by removing all identifiable information from the data and following secure storage protocols. The research approach was culturally sensitive, incorporating interpreters and culturally appropriate methods to accommodate the diverse backgrounds of participants.

FOOD WITH FRIENDS EVENT IN JAN 2025. THREE GENERATIONS SPEAK ON MENOPAUSE. PHOTO BY WBI.

RESULTS

Menopause, a universal but often stigmatised phase in a woman's life, involves significant biological, emotional, and psychological changes. We present our research findings from both parts of our research: the 66 sets of questionnaires that we received from respondents and a focus group with 7 migrant women, including the one interview later translated from Spanish into English. We present our results under the broad themes of:

- **awareness and knowledge;**
- **experiences of seeking medical support and care;**
- **barriers to seeking menopause support and care; and**
- **cultural background and menopause experience.**

Our questionnaire results effectively captured a range of menopausal stages, including pre-, peri-, and post-menopausal women. Nearly half of respondents (45.4%, or 30 respondents) were in the 45-55 age range, a critical period for active symptom evaluation. An additional 33.4% (12 respondents) were aged 35-45, making them suitable for early awareness studies, while 10.6% (7 respondents) were postmenopausal women aged 55+ years, providing long-term insights.

Our results also reflect significant ethnic diversity: 34.8% (23 respondents) identified as Asian or Asian British, 27% (18 respondents) as Black, Black British, Caribbean, or African, and 27% (18 respondents) as white, which included South American and Turkish women. Another 15.2% (10 respondents) identified as other ethnic backgrounds. This diverse representation allows for a more comprehensive analysis of menopause experiences across different cultural contexts.

Awareness and Knowledge

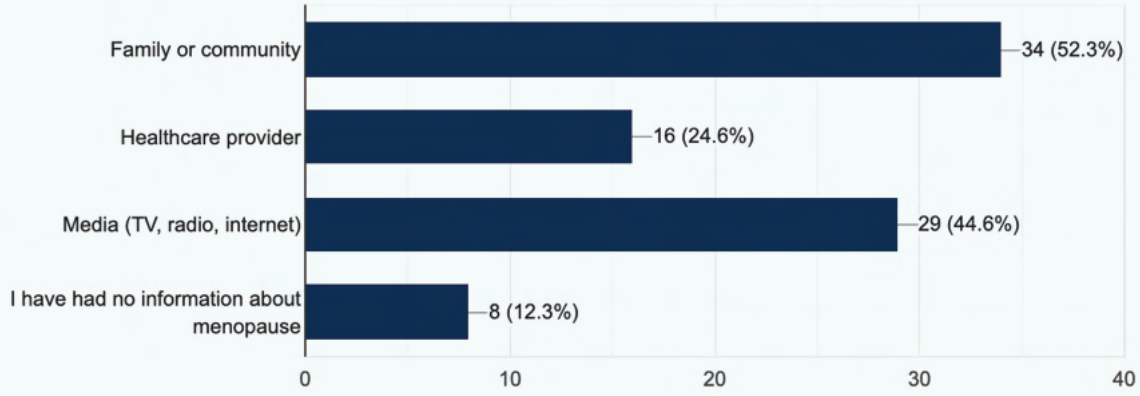
The survey findings reveal a diverse range of menopause awareness among respondents. A majority, 59.1% (39 respondents) rated their knowledge as "Good," indicating a basic understanding but with room for improvement. Equal proportions of respondents,16.7% (11 respondents), reported having "Very Good" knowledge and "No Knowledge," highlighting a significant gap: while some felt confident, others lacked any awareness. Meanwhile, only a small percentage, 7.6% (5 respondents) described their understanding as "Excellent," indicating a limited number of individuals with in-depth knowledge. These insights underscore the need to improve education and outreach efforts on menopause.

When asked about their sources of menopause information, the most common response was family or community, accounting for 52.3% (34 respondents). This indicates that informal, interpersonal communication is a key channel for menopause knowledge and awareness. Media sources, such as TV, radio, and internet, were the second most common source, reported by 44.6% (29 respondents), suggesting the growing role of digital and broadcast platforms in disseminating health information.

Only 24.6% (16 respondents) reported learning about menopause from a healthcare provider, highlighting a disparity in professional health communication and patient education. This may reflect missed opportunities for delivering more accurate and personalised menopause guidance within healthcare settings. Importantly, 12.3% (8 respondents) stated they had received no information about menopause at all, indicating a need for more inclusive and comprehensive public health outreach.

How did you first learn about menopause? (Select all that apply)

65 responses



Though occasionally discussed among women, menopause remains largely unspoken, even within families. As a result, misinformation persists, and knowledge and experience are not passed down effectively.

"In my culture, it's like 'Good! You're done,' or 'have you finished yet?' It's almost like a celebration, but they forget the struggle before that."

In connection with this limited discussion, generational gaps in menopause knowledge are also found in respondents' families and communities. Many participants in the focus groups shared that older generations often refer to menopause simply as "the periods stopping," overlooking the emotional, psychological, and physical changes involved. Younger women are left unprepared when their mothers and older relatives do not share their experiences.

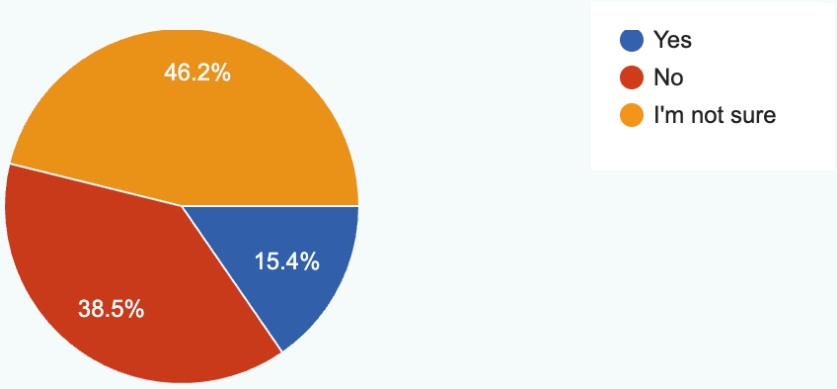
Regarding the accessibility of information on menopause support or services, including healthcare, counselling, support groups, and hotlines, within their communities, more than one-third (38.5%) of survey participants reported that there was not enough information available to them, and nearly half (46.2%) were unsure about what information was available. Only 15.4% of participants felt there was enough relevant information within their communities.

This finding reveals that the majority do not have adequate access to information on menopause support and services, which may be due to a lack of awareness or limited access to available resources. It highlights the need to improve signposting, bridge information gaps, and enhance the visibility of menopause-related support and services through outreach and education.

As a result of limited awareness of available information and services, women may not seek professional support and may have to deal with physical and emotional discomfort on their own. This is reflected in the participants' experiences discussed in the following section.

Do you feel there is enough information available in your community about menopause support services (e.g., healthcare, counselling, support groups, hotlines)?

65 responses

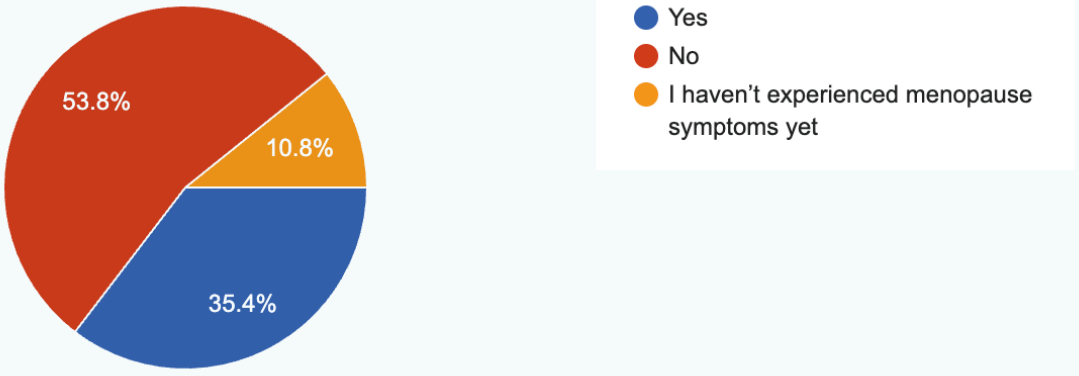


Experiences of Seeking Medical Support and Care

When asked about their experiences seeking medical support for menopause-related issues in the UK, a majority of respondents (53.8%, or 35 respondents) reported that they had never consulted a healthcare professional. Approximately one-third (35.4%, or 23 respondents) replied that they had sought professional medical support and services. A smaller group (10.8%, or 7 respondents) noted that they had not experienced symptoms and thus not sought professional support. This last group included individuals who were unaware of menopause symptoms or were potentially in the perimenopausal stage but not aware of it.

Have you visited a healthcare professional for menopause-related issues in the UK?

65 responses



Many participants reported experiencing both societal and medical isolation, feeling that they had to cope with the physical and emotional transitions of menopause alone. This sense of isolation was linked to limited medical care and emotional support. Negative past experiences also discouraged participants from seeking professional care, such as encounters with healthcare providers who lacked empathy or awareness of the multifaceted challenges of menopause. These findings align with the survey results of the low rates of medical consultation among participants.

"I just wanted to fight with myself. I wasn't getting out of this dark hole I was in... But there was no support, nobody ever said to me look... there wasn't a nurse I could go to or a group where I could sit and talk."

Additionally, more than half of the participants, 63.5% (42 respondents), reported facing language-related challenges during menopause consultations. This finding suggests that language barriers continue to hinder healthcare engagement and effective communication for a large portion of our research participants.

Inconsistent Advice on Hormone Replacement Therapy (HRT)

A recurring issue observed among women undergoing treatments like hormone replacement therapy (HRT) is the inconsistency in the advice provided by healthcare professionals. Many women were prescribed HRT or hormone injections, but they were often not fully informed about the potential side effects. This lack of transparency led to varied experiences.

Some women reported experiencing relief from symptoms due to HRT or hormone injections. Others faced adverse effects, such as the development of fibrocysts or emotional changes that led them to discontinue the treatments.

"I wasn't maybe told that I could have a side effect if I had this hormone injection... I didn't go back [to the GP], no. I just feel so disappointed about it."

The inconsistency in medical guidance had caused confusion as was raised by the migrant women in our focus group, as some women were left to make decisions without sufficient support or information about the risks involved.

WOMEN'S HEALTH EVENT IN JAN 2025. PARTICIPANTS DISCUSS THEIR EXPERIENCES OF ACCESSING MENOPAUSE SUPPORT AND CARE IN PORTSMOUTH. PHOTO BY WBI.

Barriers to Seeking Menopause Support and Care

We identify the following barriers to seeking and accessing medical assistance for menopause symptoms based on the data collected from our participants:

Perceiving symptoms as insignificant

18 respondents (34%) indicated that they did not think their symptoms were serious enough to warrant medical attention. This reflects a common underestimation of menopause-related symptoms and a potential lack of awareness about the value of clinical support during this life stage.

Lack of awareness of available resources

15 respondents (28.3%) reported they "do not know where to go for help." An additional 15 respondents (28.3%) cited "lack of knowledge about available treatments." This points to an information gap that may delay or prevent access to care. Improved health literacy and clearer healthcare navigation are needed.

Assumption that previous medical advice is sufficient

12 respondents (22.6%) stated that they had already received medical advice. While this reflects prior engagement with healthcare, it may also indicate that respondents do not see the need for continued support, potentially overlooking the importance of long-term management.

Emotional discomfort and access challenges

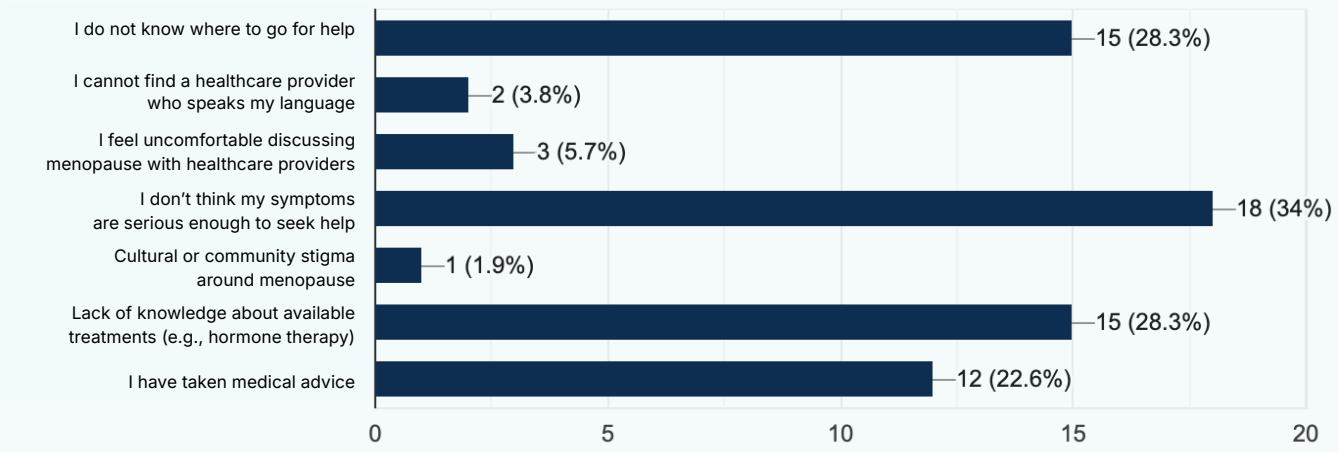
3 respondents (5.7%) expressed discomfort in discussing menopause-related issues, while 2 respondents (3.8%) "cannot find a healthcare provider." These responses point to both emotional and systemic barriers, highlighting the need for more empathetic care environments and improved provider availability.

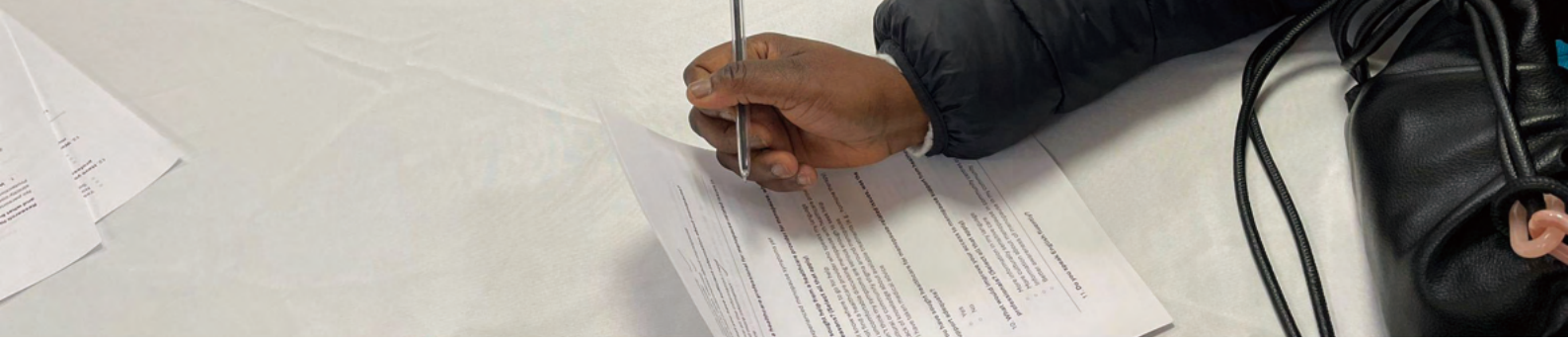
Cultural stigma in communities

Only 1 respondent (1.9%) cited stigma as a barrier. While not a prominent concern in this sample, cultural stigma may still affect certain individuals or subgroups and should not be overlooked.

If you have not sought help from a healthcare provider for menopause, what are the main reasons? (Select all that apply)

53 responses





RESEARCH RESPONDENTS DISCUSS WHAT WOULD IMPROVE THEIR ACCESS TO MENOPAUSE SUPPORT FROM HEALTHCARE PROFESSIONALS. PHOTO BY WBI.

Respondents were also asked what would improve their access to menopause support from healthcare professionals. The results indicate clear priorities:

Community Awareness

29 respondents (50%) indicated that better awareness of menopause in their community would improve their access to support. This highlights a significant demand for community-level education and normalisation of menopause conversations to reduce stigma and promote understanding.

Community-Based Information Access

27 respondents (46.6%) selected "information about menopause in community centres or public spaces." This suggests a preference for accessible, informal venues outside traditional clinical settings to obtain information.

Language Accessibility

21 respondents (36.2%) want more information in their own language, indicating a need for linguistically inclusive materials. This points to potential language barriers currently hindering support access, particularly for non-native speakers.

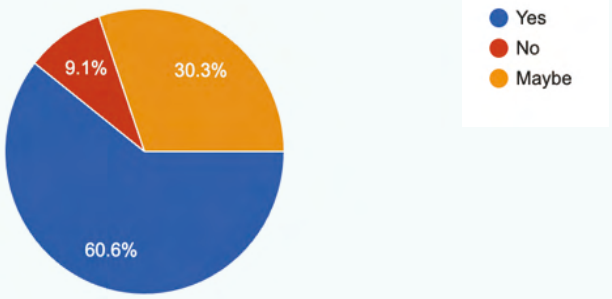
Culturally Sensitive Care

14 respondents (24.1%) emphasised the need for more culturally sensitive care, suggesting room for improvement in healthcare professionals' cultural competency.

On the issue of language accessibility, survey results reveal that a significant majority, around 60.6% (40 respondents), responded "Yes," indicating strong support for healthcare providers to offer translation services or multilingual resources for menopause care. An additional 30.3% (20 respondents) chose "Maybe," suggesting that 90.9% of respondents are open to the idea of multilingual support. Just 9.1% (6 respondents) responded "No," indicating minimal opposition.These findings highlight a clear preference for multilingual resources, reflecting a broadly positive view toward reducing language barriers in healthcare for menopause.

Would it help if healthcare providers offered translation services or multilingual materials for menopause support?

66 responses



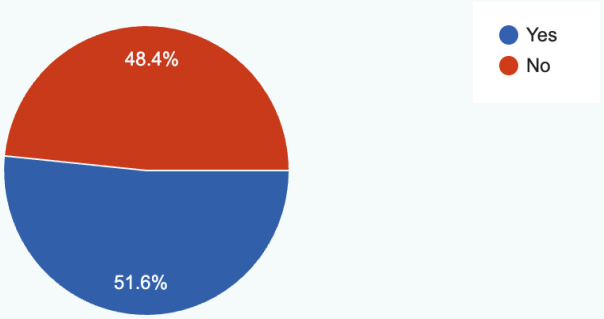
Cultural Background and Menopause Experience

Menopause is a significant phase in a woman's life, marking the end of reproductive years and often accompanied by a wide range of physical, emotional, and psychological changes. Despite its universal nature, menopause remains a topic surrounded by stigma and cultural taboos in many communities, impacting women's willingness to seek support and healthcare.

Our surveys reveal a nearly even split in how participants perceive the role of culture in their menopause experience and discussions, highlighting that while cultural background is a meaningful factor, it may not be universally influential. Specifically, 51.6% of respondents (32 individuals) indicated that culture played a role, whereas 30 individuals felt it did not, suggesting that cultural influence on menopause is nuanced and may depend on individual experiences and community norms.

Do you feel that your cultural background influences how you experience or discuss menopause?

62 responses

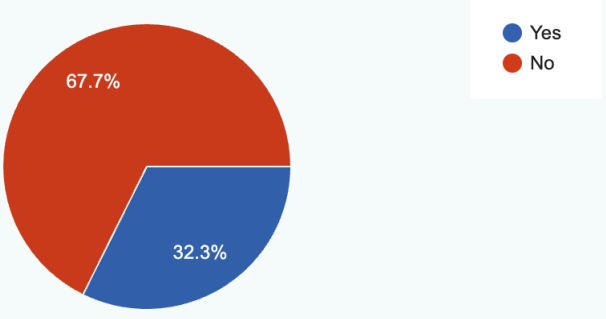


Stigma Around Ageing and Menopause

For our survey results, 67.7% (44 respondents) indicated that stigma or taboo exists in their community around menopause, while only 32.3% (21 respondents) reported no such barrier. The high percentage of respondents acknowledging stigma suggests a substantial social barrier to accessing care and discussing symptoms openly. Cultural silence around menopause can lead to feelings of isolation, increased anxiety, and reduced quality of life for many women.

Is there stigma or taboo in your community regarding menopause or seeking help for menopause-related symptoms?

65 responses



Our survey results are confirmed by findings from our focus group. One of the most significant findings from participant discussions is that different cultures have varied views. Some celebrate the end of menstruation, others don't talk about menopause at all, leading to silence and stigma. In many societies, ageing women are marginalised, and menopause serves as a visible marker of this life stage.

In our focus group, many participants raised the issue of cultural attitudes and taboos. Many noted that they first learned about menstruation through cousins, aunts, or external sources rather than their own mothers. This generational silence has perpetuated a lack of open dialogue. This silence reinforces feelings of confusion and isolation during this life stage.

"Everything about the female body is just taboo... I couldn't even speak to my mother about it."

Our focus group also noted a lack of terminology on menopause. In several cultural contexts, the absence of a specific word for menopause reflects a broader lack of awareness and acknowledgement. This linguistic gap highlights a deeper societal issue where menopause is not recognised as a significant health and life event. A participant noted that her dialect lacks a word for menopause, highlighting a broader cultural invisibility surrounding the experience.

"Within our culture, we've had a lot of women who have not heard of menopause. There is no word in my dialect, all they say is that the periods have come to a stop — that's it."

Stigmatisation of Ageing

Menopause is frequently associated with ageing, which further contributes to the reluctance to discuss it. One of the participants highlighted the concept of psychological denial, explaining that many women tend to resist acknowledging menopause because it is closely associated with the ageing process. This reluctance is often rooted in societal expectations that place a high value on youthfulness, particularly for women.

In many cultures, ageing is stigmatised, and menopause is seen not just as a biological transition but as a symbol of lost youth and diminished femininity. As a result, some migrant women may find it difficult to accept or openly discuss their menopausal experience, choosing instead to suppress or ignore it in an effort to conform to societal ideals of beauty and vitality.

"We refuse to accept this information... in our hearts, we don't want to believe this or accept that menopause is happening."

CPAR RESEARCH LAUNCH. PARTICIPANTS COMPLETE THE QUESTIONNAIRE. PHOTO BY WBI.

DISCUSSIONS AND KEY LEARNINGS

Our research reveals the complex interplay of knowledge, cultural context, and systemic access in shaping migrant women's menopause experiences in Portsmouth. While many participants possessed a foundational understanding of menopause, significant gaps remain, particularly for those with limited knowledge or English proficiency. The reliance on community and media for information, rather than healthcare providers, further underscores the need for accessible, culturally competent, and linguistically inclusive resources.

We identify four main barriers for migrant women to access professional medical support:

Cultural Perspectives

This report delved into the cultural and societal perspectives on menopause, and how associated stigma prevents women from seeking medical support and care.

Drawing on personal experiences shared by women from diverse backgrounds, including those from Kenya, Bangladesh, South Africa, Burkina Faso, and India, the findings reveal that the cultural norms shape women's experiences. From generational silences to the absence of culturally sensitive resources in the systematic support, many women are left feeling isolated, uninformed, and underserved during this critical stage of life. In addition, societal expectations around ageing and femininity act as further barriers, preventing women from receiving proper care and understanding.

These findings highlight the need for culturally sensitive approaches to menopause, which is discussed below, as well as a shift in societal attitudes toward ageing and female health.

Culturally Inaccessible Care

A recurring concern raised among our participants was the scarcity of menopause resources that are culturally and linguistically sensitive. Existing menopause treatment options adopt a one-size-fits-all approach, failing to account for the specific needs of the women from diverse backgrounds. Language barriers, stigma and cultural expectations can prevent our women from accessing essential support or treatment. Even those who actively seek help face difficulties in locating support groups, educational materials, or healthcare providers who understand their cultural context.

Limited Access to Reliable Information

Many participants in our research found it difficult to access reliable information on menopause due to a combination of factors. These include the minimal inclusion of menopause in formal education, limited access to online resources, widespread misinformation, and unclear or incomplete guidance from healthcare providers. In the latter case, women were often left to resort to a trial-and-error approach, navigating various treatments without knowing the effectiveness or/and potential risks.

A lack of awareness about available resources left many feeling unprepared for the menopausal transition and unsure of how to manage their symptoms effectively. Even among those who received treatment, women frequently had to make difficult decisions by themselves, leading to further frustration and confusion.

Ineffective Communication

Many participants reported a common pattern of ineffective communication with their healthcare providers. Many medical professionals failed to adequately explain the symptoms and implications of menopause, leaving them feeling confused and uncertain. In numerous instances, patient concerns were overlooked or inadequately addressed, fostering feelings of neglect and frustration. This communication gap, sometimes around medical treatment like hormone replacement therapy (HRT), created additional barriers to receive proper care. As a result, many women felt unsupported and dismissed when seeking guidance, further undermining their abilities to make informed decisions about their health and preventing them to turn to medical professionals for menopause care.

Moving Towards Inclusive Menopause Support

Our findings suggest that improving access to menopause support requires a multifaceted approach that includes community engagement, inclusive communication, and culturally competent care. Healthcare providers and public health initiatives could benefit from tiered educational programmes, ranging from introductory to advanced levels, to bridge these gaps. This approach would support those at the “good” level to advance further while addressing the foundational needs of those with no knowledge, ultimately fostering a more informed and empowered migrant women population.

These findings highlight critical gaps in awareness, healthcare navigation, and education. Addressing these through targeted information campaigns and improved access to menopause-specific care could enhance support for those experiencing menopausal symptoms.

Our analysis reveals a clear preference for community and media-based sources over formal medical consultations, potentially shaping the quality and accuracy of information migrant women receive about menopause. This suggests that providers should consider offering translation services and multilingual educational materials for menopause, potentially enhancing patient understanding, accessibility, and overall care for non-English speakers and diverse patient populations.

Encouragingly, respondents expressed strong interest in community education, multilingual resources, and improved healthcare communication. Addressing these issues through targeted outreach, professional training, and community-based initiatives is essential to ensure that all women can navigate menopause with dignity, confidence, and adequate support.

For those who acknowledge culture’s impact, it suggests that cultural norms, stigma, communication styles, or values may shape how they interpret symptoms, seek support, or engage in conversations about menopause. This group may benefit from culturally sensitive resources and care. Conversely, those who did not perceive cultural influence may come from environments where menopause is approached more clinically or discussed more openly, indicating fewer cultural barriers to accessing support or engaging in dialogue.

EL SALVADORIAN PARTICIPANT SHARES HER STORY WITH INTERPRETER'S SUPPORT. PHOTO BY WBI.

CONCLUSIONS

The cultural and societal perspectives on menopause reveal a complex web of silence, stigma, and inadequate support systems that significantly impact women's experiences during this life stage. As highlighted in this report, cultural taboos and the generational silence surrounding female health, particularly menopause, create barriers to open dialogue and access to information. The lack of culturally specific resources, combined with a one-size-fits-all approach in healthcare, leaves many women feeling isolated and unsupported.

Moreover, the confusion surrounding medical treatments, such as hormone replacement therapy (HRT), and the inconsistencies in medical guidance further exacerbate the sense of frustration and helplessness. While some women find relief, others face adverse side effects with little understanding or communication from healthcare providers. Additionally, societal perceptions of ageing and the internalised shame surrounding menopause often prevent women from seeking help or discussing their symptoms, contributing to emotional and medical isolation.

Our report underscores the urgent need to address the cultural, linguistic, and systemic barriers that migrant women face in accessing menopause support. Despite menopause being a universal biological experience, many women feel unprepared, unsupported, and isolated due to stigma, lack of culturally appropriate resources, and poor communication within the healthcare system. Our findings show a strong reliance on community networks for information, limited engagement with healthcare providers, and a clear demand for multilingual, community-led education and culturally competent care.

Nevertheless there are signs of progress. Increasing awareness and the willingness to speak openly to foster discussions are creating positive shifts. As societal attitudes toward female health evolve, there is hope for more inclusive, supportive, and culturally sensitive approaches to menopause.

It is crucial to continue advocating for open dialogue, better healthcare access, and culturally appropriate resources to ensure that we can break the silence, reduce stigma, and improve the overall health and well-being of all women during this significant life transition.

This research highlights the urgent need for culturally sensitive, inclusive, and accessible menopause support for migrant women. By prioritising women's voices and lived experiences, the study offers practical recommendations to inform NHS services and community-based interventions, aiming to break the silence, reduce stigma, and improve health outcomes for diverse communities.

Encouragingly, the participants expressed a strong willingness to engage, learn, and support one another—indicating that with the right tools, environments, and services, meaningful change is not only possible but necessary. By amplifying their voices and acting on their insights, we can foster a more inclusive and empathetic healthcare system where all women, regardless of cultural background or language ability, can approach menopause with knowledge, confidence, and dignity.

"Health inequalities significantly impact how women experience menopause, with cultural factors, race, socioeconomic status, and access to healthcare impacting on health outcomes.

Women from ethnic minority communities often face greater challenges hampered by the lack of education around menopause. Viewed as a natural process of ageing for women, menopause is not discussed openly or early in women's health. Often conversations reinforce the narrative that women find a way to 'cope,' leading to significant delays in seeking physical and mental health support.

This project highlights the huge underrepresentation of women from ethnically diverse communities in research. This lack of data and information is impacting women directly, leading to further disparities and reduced quality of life during menopause.

Disparities highlight the need for more equitable, inclusive and gender focused approach to healthcare and research. We need to recognise menopause alongside other health conditions and prioritise routine structured menopause screening support around women's health needs, ensuring better health outcomes for all women."

— Shipa Ahmed Khan, Health Inequalities Lead, Isle of Wight and Portsmouth Hospitals and WBI Board Director at the United Nations, Geneva, in February 2025.

RECOMMENDATIONS

Addressing these systemic gaps is essential to breaking the silence, reducing stigma, and ensuring that all women can navigate menopause with dignity, knowledge, and appropriate care. To enhance menopause care for migrant women, we identify the following key recommendations for improving menopause support for migrant women for NHS consideration:

1. Culturally Sensitive Healthcare Services

- **Provide Female Healthcare Professionals:** Many women feel uncomfortable discussing menopause with male doctors. Ensuring access to female GPs, nurses, or menopause specialists can improve engagement.
- **Cultural Awareness Training for Healthcare Providers:** Train NHS staff to understand cultural sensitivities around menopause in different migrant communities. This could include awareness of religious practices, modesty concerns, and communication styles.
- **Offer Culturally Appropriate Resources:** Develop menopause guides and information sheets tailored to different ethnic and cultural groups, ensuring they reflect community values and beliefs.

2. Community-Based Education and Awareness

There is a strong desire for community, peer understanding, and sharing experiences. One of our focus group participants noted: “Simply talking about menopause helps to normalise the experience and reduce fear.”

- **Community-Led Support Groups:** Establish local menopause discussion groups within migrant communities, led by culturally trusted figures such as female religious leaders, community workers, or bilingual health advocates.
- **Incorporate Menopause Education in Existing Health Programmes:** Integrate menopause awareness into maternal health Programmes, diabetes prevention groups, or mental health services already catering to migrant women.
- **Targeted Health Workshops:** Organise educational events in community centers, mosques, temples, and cultural associations where women feel safe to discuss menopause-related issues.

3. Language Accessibility and Clear Communication

- **Multilingual Information Materials:** Ensure NHS resources on menopause are available in multiple languages.
- **Translated NHS Helpline Services:** Offer interpretation services for menopause-related queries through NHS helplines and clinics.
- **Visual and Video-Based Education:** Develop video explainers and infographics in different languages to simplify medical explanations for women with low literacy.

WOMEN'S HEALTH EVENT IN JAN 2025. PARTICIPANTS HIGHLIGHT THE NEED FOR MULTILINGUAL RESOURCES. PHOTO BY WBI

4. Engaging Families and Changing Societal Norms

- **Men's Awareness Initiatives:** Provide information sessions for husbands and male family members to help them understand menopause and how they can offer support.
- **Mother-Daughter Education:** Encourage intergenerational discussions by promoting educational sessions where mothers and daughters learn together about menopause and hormonal health.
- **Social Media and Radio Outreach:** Utilise platforms such as WhatsApp, Facebook, and community radio stations to share menopause education in a culturally sensitive way.

5. Improving Healthcare Access and Care

- **Menopause Clinics in Underserved Areas:** Open specialist menopause clinics in areas with high migrant populations, ensuring easier access to expert care.
- **Social Prescribing and GP-Initiated Referrals** to menopause education and support networks were also recommended.
- **Flexible Appointment Scheduling:** Provide evening or weekend appointments to accommodate women who may have work or childcare responsibilities.
- **Menopause Check-ups like Cervical Screening:** Systematic routine appointments for women over 30 or 35.
- **Explore Technology-Based Solutions to Improve Menopause Care.** Participants proposed **NHS-backed mobile apps** where women can record symptoms, prepare for GP appointments and track menstrual and emotional changes. **Apps should be multilingual**, culturally inclusive, and possibly integrated with NHS records.

By implementing these recommendations, the NHS can help break the cultural silence around menopause, ensuring that migrant women receive the education, support, and medical care they need. A culturally inclusive approach will empower women to manage menopause openly, leading to better health outcomes and well-being. Our report calls for better healthcare communication, community-based education, and support systems that reflect the diverse realities of women's lives.

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