

Review

Women's experiences and expectations during the menopause transition: a systematic qualitative narrative review

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Abstract

There is an increased research focus on the menopause transition. However, this literature is still largely focused on quantitatively surveying women about their menopause symptoms, with less qualitative focus on women's lived experiences of menopause. This includes the impact of menopause on women's daily lives, how they seek information and support, and their perceptions of societal attitudes towards menopause. This article presents a narrative review of qualitative studies (2014–24) conducted with women aged 45–60 years that focused on the lived experience of menopause. Four themes were constructed from 12 papers using reflexive thematic analysis. Menopause was considered a natural and normal part of the ageing process, with many positives, including new beginnings and elevating women's status as elders in their communities. However, some women found menopause challenging in the context of other factors occurring in midlife. This included a lack of access to information about their symptoms and what they were experiencing. Specific challenges related to mood changes also impacted women's identity and social connections with others. Women's negative experiences were influenced by stigma and gendered social stereotypes about ageing. Improving the theoretical and methodological quality and coherence of qualitative research, with independent funding for these studies, would strengthen the literature relating to women's lived experience of menopause. As well as the individual and social determinants of women's experiences, it is important that research also considers the impact of the framing of menopause, and how economic, commercial, and political determinants may intersect to influence women's experiences of the menopause transition.

Keywords: qualitative; menopause; perimenopause; women's health; lived experience; narrative review

Contribution to Health Promotion

- This narrative review synthesized qualitative literature about women's lived experiences during the menopause transition.
- Women have a range of positive and negative experiences with menopause, which can be partly linked to social norms and expectations of women as they age.
- Women found it difficult to access information about menopause, particularly at a time when menopause collided with other factors in midlife.
- Qualitative research currently focuses on the individual and social determinants of menopause.
- Future qualitative studies should explore how women's experiences of menopause may be shaped by a range of economic, commercial, and political determinants in different socio-cultural contexts.

INTRODUCTION

Women's experiences of the transition to menopause are receiving increased attention in academic research, health and social policy, and health promotion activities (Hickey et al. 2024, p. 533, Thomas et al. 2024c). A number of recent parliamentary inquiries into menopause in Australia, the United Kingdom, and Ireland have argued that increased policy focus

is needed to understand and respond to women's menopause experiences (Department of Health 2022, Commonwealth of Australia 2024, Department for Works & Pensions 2024), although there have been concerns raised about the influences of vested interests in influencing policy recommendations about menopause (McCartney 2022, Randle et al. 2024). The menopause transition varies greatly among women (including

those born female but who no longer identify as women) but is typically characterized by irregular menstrual cycles leading up to menopause (O'Reilly et al. 2022). Menopause is 'one point in a continuum of life for women and marks the end of their reproductive years' and occurs on average between 45 and 55 years old (World Health Organization 2024, p. 1). Perimenopause is the stage before a woman's final menstruation and part of the menopause transition. Perimenopause usually commences when a woman is in her forties and lasts 4–6 years on average, although it can last from 1 to 10 years (Jean Hailes for Women's Health 2023). Symptoms can vary and affect women's experiences and their physical and mental health (Australian Government 2018). Some women experience minimal symptoms, while for others symptoms are more troublesome or severe. Common symptoms include hot flashes, night sweats, joint and muscle aches and pains, sleep disturbances, memory changes, mood swings, vaginal dryness, bladder control issues, and sexual concerns including changes in sexual desire (International Menopause Society n.d.). A recent Australian survey by a leading women's health organization in Australia found that about one-third (32%) of women reported that menopause had negative impacts on their relationship with their partner (Jean Hailes for Women's Health 2023).

Researchers and women's health organizations have increasingly argued that the menopause transition must be considered beyond a medicalized lens and should be examined within women's broader socio-cultural and economic contexts during midlife (de Salis et al. 2018, Jean Hailes for Women's Health 2023, Cowell et al. 2024, Hickey et al. 2024). Studies have identified that the menopause transition coincides with important other life events, health issues, and changing roles (Refaei et al. 2022, Brown et al. 2024), including trying to balance work, fatigue, and family and caring responsibilities (Hobson and Dennis 2024). Menopause also occurs at a time when women may be experiencing 'gendered ageism'—discrimination based on the intersection between gender and age (Edstrom 2018, Rochon et al. 2021)—which can contribute to 'a form of oppression deeply embedded in social structures' (Krekula et al. 2018, p. 33).

Some women experiencing the menopause transition may believe that the topic is taboo and feel unprepared for this stage in their life (Lillis et al. 2021, Menopause Foundation of Canada 2022). Researchers have examined the social consequences of menopause by exploring women's experiences of stigma and shame (Beck et al. 2019, Barber and Charles 2023, Li et al. 2023). Negative attitudes towards menopause may create barriers to women obtaining information about menopause (Tariq et al. 2023) and seeking and receiving appropriate treatment and support (Cowell et al. 2024). Perceptions of negative attitudes towards menopause also contribute to difficulties for women in the workplace particularly when women perceive that they must hide their symptoms in order to present themselves as an 'ideal worker' (Steffan and Loretto 2025, p. 2). Women have also reported that their experience of menopause creates feelings of humiliation and causes them to question their self-worth (Whiley et al. 2022). In addition, some fear that discussing menopause will lead to ridicule and/or stereotyping (Verdonk et al. 2021). Within the workplace, women may feel uncomfortable discussing menopause with their managers and feel that they are unable to be honest regarding absenteeism or work performance if they relate to symptoms of menopause (Cronin et al. 2023, Steffan and Loretto 2025).

Different stakeholder groups, which can include health professionals, the media, politicians, the pharmaceutical industry, and other groups with vested interests, can frame and discuss menopause in distinct ways. Understanding how menopause is framed by different groups is important because it shapes how women may think about and respond to their own experiences, and the experiences of others (Thomas et al. 2024c, p. 2). For example, a recent study found increased coverage and surges of information about menopause in media reporting, with some highlighting the influence of the pharmaceutical industry in the public framing of menopause (Orgad and Rottenberg 2024). This includes the active promotion of hormone replacement therapy, referred to in Australia as menopausal hormone therapy (Australian Menopause Society 2024). Some researchers have also started to investigate how the promotion of commercial solutions for menopause may intersect with broader social determinants of health such as gendered ageism, commenting:

Big Pharma...exploits deep-seated cultural and gendered anxieties around ageing to tap into the buying power of this growing demographic. (Orgad and Rottenberg 2024, p. 522)

Research investigating the intersection between the social and commercial determinants of menopause is particularly important given that women's health and equity (and the decisions that shape policies that impact women's health) may be especially vulnerable to commercial capture and influence (McCarthy et al. 2023, Randle et al. 2024, Szabo et al. 2024, Thomas et al. 2024a).

A range of different approaches have been suggested to shift from medicalized models of menopause to models that consider the broad range of determinants that may influence women's experiences. Hickey et al. (2024) proposed an empowerment model which goes beyond the treatment of specific symptoms, where women build knowledge, confidence, and self-determination to manage their own health and facilitate informed decision-making. Qualitative research is central to informing these types of empowerment models and can help to develop a more comprehensive understanding of the range of socio-cultural, environmental, commercial, and political decisions that may shape women's experiences of menopause.

The following narrative review considers the range of qualitative studies that have explored women's experiences of menopause. The review explores the topics and focus of these papers, the populations of study, as well as evidence about women's experiences of the menopause transition, their perceptions of societal attitudes towards menopause, and the experience of menopause in the context of other determinants impacting them in midlife. The review was guided by four research questions:

1. What are the characteristics of qualitative studies that have investigated women's lived experiences of menopause?
2. How do women describe their experiences of the transition to menopause?
3. How do women conceptualize existing social norms relating to menopause, and do these vary between different social groups?
4. How do women experience and navigate menopause in the context of other pressures during midlife?

The article then uses this information to consider any gaps in research and proposes areas for focus in future qualitative studies.

METHODS

Approach

Narrative reviews aim to synthesize knowledge about a specific topic. They are grounded in subjective and interpretivist research paradigms and have a flexible and pragmatic structure that considers a diverse range of literature (Sukhera 2022). They provide an authoritative argument about the underpinning evidence and the methods and processes used to draw conclusions from the review (Greenhalgh et al. 2018).

Search strategy

The search strategy was based on a preliminary review of the literature. Search terms used to identify relevant studies included 'qualitative research', 'qualitative approach', 'qualitative study', 'menopaus*', and 'perimenopaus*'. Using EBSCO, a range of databases were included to identify papers in the health and social sciences, including MEDLINE Complete, CINAHL Complete, Global Health, Health Business Elite, Health Source: Nursing/Academic Edition, APA PsycArticles, and Google Scholar, for the period 2014–24.

Inclusion and/or exclusion criteria

The criteria for inclusion included:

- Empirical and peer-reviewed journal articles, reported in English language, published between January 2014 and May 2024 using any qualitative methodology.
- Studies that included participants aged between 45 and 60 years. This age range was chosen as it is representative of the average age of the menopause transition of 45–55 years (World Health Organization 2024), covers the age group 45–64 years which is 'broadly representative of "midlife"' (Jean Hailes for Women's Health 2023, p. 7) and aligns with the menopause age range of 45–60 years reported by an accredited women's health organization (The Royal Australian and New Zealand College of Obstetricians and Gynaecologists 2016).
- Studies that had a key focus on lived experiences of menopause.
- Studies examining women's experiences of natural menopause. Some women may experience menopause due to surgical or other reasons; however, we considered the experiences to be unique in their own right and deserving of separate investigations.

We excluded:

- Mixed-methods studies which used some qualitative open-text responses.
- Studies that did not report any age range or only reported a mean or average age.
- Studies that reported experiences of menopause among other conditions.
- Studies that had the term qualitative in the title, but did not mostly report qualitative data, or did not report data directly from women themselves.
- Grey literature, student theses, working papers, and conference proceedings.

Screening and search outcomes

We used the Preferred Reporting of Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher et al. 2009) to guide the selection of the studies for inclusion (Figure 1), and the Covidence systematic review software <https://www.covidence.org/> to manage the data. The search strategy resulted in a total of $n = 446$ papers, which were uploaded to the software and duplicates were removed ($n = 58$). K.W. and S.T. completed an initial screen of the titles and abstracts, meeting in person to resolve any conflicts. Where necessary, S.M. or H.P. acted as an adjudicator for any unresolved conflicts. The full text of $n = 64$ papers was then reviewed by K.W. and S.T. to ensure that they met the inclusion criteria. S.M. and H.P. acted as adjudicators for any unresolved conflicts. In total, 12 articles met the inclusion criteria.

Data analysis and extraction

Reflexive thematic analysis (Braun and Clarke 2024) was used to construct themes from the 12 papers based on the research questions. Thematic analysis involved developing, analysing, and interpreting patterns of data, and then reviewing the data to create codes and grouping shared meanings into themes. Data were analysed according to the six phases of reflexive analysis (Braun and Clarke 2022). The papers were read and re-read and notes were taken, and thoughts and assumptions were discussed by the team in a process of familiarization with the data. Codes were attributed to the results sections of the data, which were then grouped into tentative themes. This process of analysis was not linear and shifting occurred between data from the papers, codes, and initial themes in a constant process of revision by the research team (Lindgren et al. 2020).

Study characteristics

Study characteristics were also documented, with a focus on the overall qualitative approach, type of sampling, inclusion of research questions, whether an interview guide was available (or interview questions were noted in the article), how the data were collected, whether the study used a theoretical framework, whether any limitations were outlined, the funding source, and whether any conflicts of interest were declared.

RESULTS

Table 1 contains an overview of the study and methodological characteristics of the papers, including a summary of the key findings.

The sample included 12 studies conducted in 10 countries: Australia ($n = 3$), Sweden ($n = 1$), South Africa ($n = 1$), Sri Lanka ($n = 1$), the USA ($n = 1$), Vietnam ($n = 1$), Taiwan ($n = 1$), the United Kingdom ($n = 1$), Singapore ($n = 1$), and China ($n = 1$). In some studies, migrant women were specifically recruited, for example, Stanzel et al. (2022) included women who had migrated to Australia from Vietnam, and in another Australian study women who had migrated from the Horn of Africa nations (Stanzel et al. 2021). Morrison et al. (2014) included women who were either Japanese American, European American, or mixed ethnicity. Aims of the studies included: exploring the experiences and expectations of menopausal women; what support women desired from healthcare professionals regarding menopause; the stigmatization experienced by menopausal women; how bipolar women navigated mood changes associated with menopause; health literacy surrounding menopause; and how menopause affected sexual

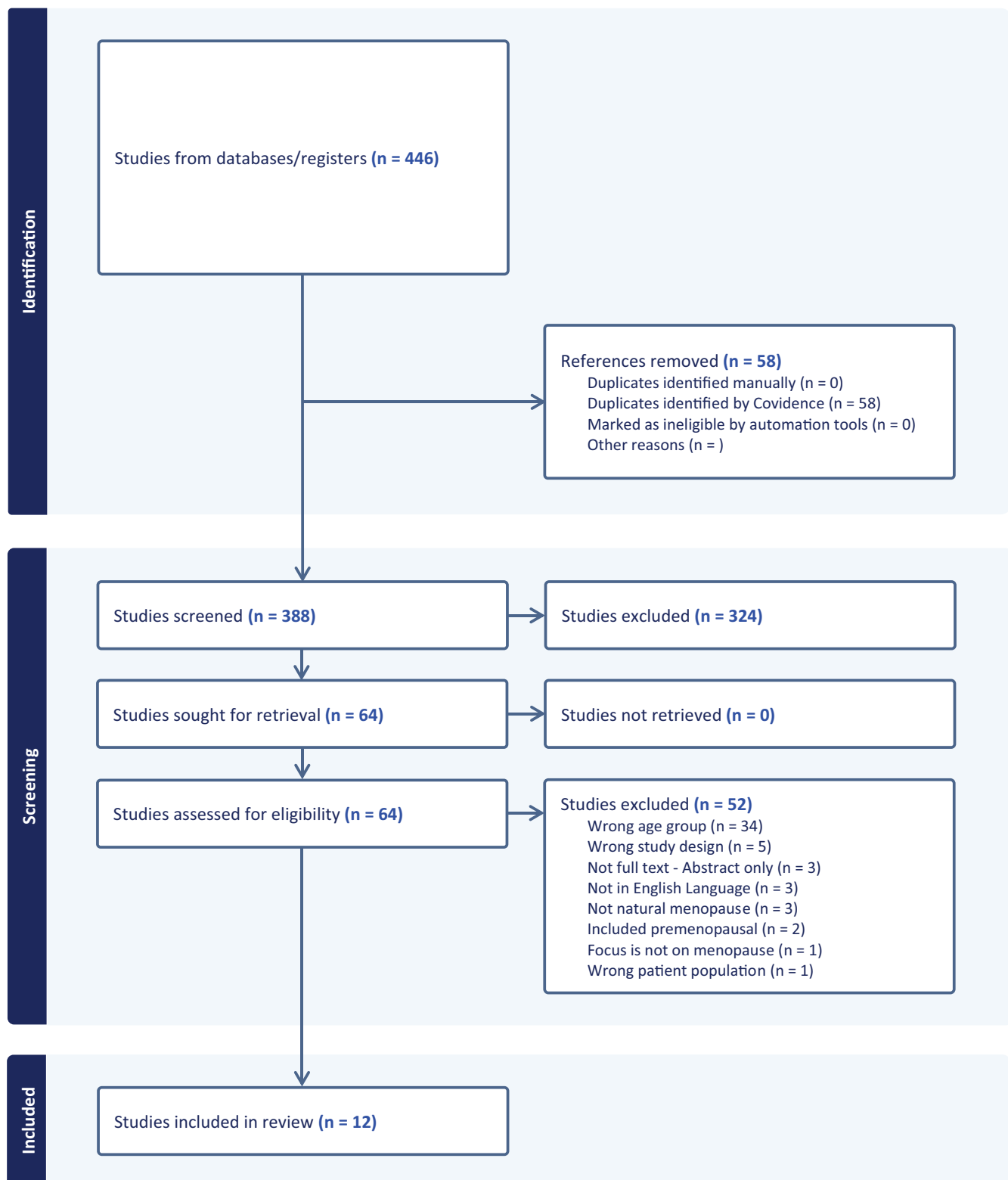


Figure 1. PRISMA flow diagram.

behaviour. None of the 12 articles listed the research questions that guided the study—two studies referred to these, but they were not itemized (Morrison et al. 2014, Makuwa et al. 2015).

Four of the papers ($n = 4$) discussed using theoretical frameworks to guide the research from a range of perspectives including theories relating to constructivism (Ilankoon et al. 2021, Nguyen et al. 2024), positioning (Perich et al. 2017), and

anthropology (de Salis et al. 2018). The remaining eight papers ($n = 8$) did not refer to theoretical frameworks. Only three of the papers specified the type of qualitative approach utilized. These included phenomenological (Makuwa et al. 2015, Li et al. 2023) and grounded theory (Nguyen et al. 2024) approaches.

Seven studies used either convenience ($n = 2$) (Morrison et al. 2014, Perich et al. 2017) or purposive ($n = 5$) (de Salis

Table 1. Overview of the study and methodological characteristics with key findings

Author/ Year	Country of study	Aim	Sample (age range), sampling technique, data collection method, setting of participants	Theory	Type of qualitative approach	Results	Limitations	Funding source	Conflict of interests
de Salis et al. (2018)	UK	To explore the experiences and perspectives of menopause of UK mothers.	<i>n</i> = 48 48 pre/peri/menopausal/postmenopausal mothers (49–56 years). Purposive. Individual interviews. Recruited from a previous cohort study of pregnant women residing in southwest England in 1990–92.	Anthropological and sociological theories of chronic illness, transition states, and menopause.	Not specified.	Experienced as a normal biological process. Menopause was experienced as a struggle involving upset, identity loss, shame and social upheaval. Experienced as transformative and liberating.	Mainly white women. Participants were selected from a cohort study. All participants were mothers.	Not disclosed.	The authors report no conflicts of interest.
Ilankoon et al. (2021)	Columbo, Sri Lanka	To explore and describe menopausal experiences amongst women in Sri Lanka.	<i>n</i> = 20 20 post-menopausal women (46–55 years). Purposive. Individual interviews. Identified by public health midwives in the district.	Constructivist.	Not specified.	In Sri Lanka, menopause seen as a natural stage of ageing. Women in Sri Lanka manage menopausal problems mainly on their own and view themselves as valuable.	Study only done in one area in the Western province of Sri Lanka. Majority of participants were housewives, only three were employed. Most of the women were Buddhists in a multicultural country.	Self-funded.	The authors declared no conflict of interest.
Li et al. (2023)	Nanjing, China	To explore and describe the stigmatization of Chinese menopausal women in the family and explore their feelings.	<i>n</i> = 14 14 menopausal women (48–53 years). Purposive. Individual interviews. Recruited from six communities in Nanjing.	Not specified.	Phenomenological.	Some Chinese menopausal women were abused physically and mentally by their families. Some women developed various coping strategies, and others struggled with feelings of despair.	All participants were from Nanjing. Use of public interview settings may have limited responses (compared to private settings). One interview had a family member present which may have affected the openness and veracity of the responses.	This research was financially supported by China's National Science Foundation.	The authors declared no competing interests.
Lycke and Brorsson (2023)	Sweden	To examine women's experience of menopausal transition and their expectations and wishes for support from healthcare.	<i>n</i> = 14 14 women (45–59 years). Purposive. Focus groups. Healthcare settings and social media.	Not specified.	Not specified.	Women felt inadequately prepared for menopause. Lack of clarity of where in the health system they could get help. Women had mixed feelings about menopause.	Homogeneous group, socially and culturally. Only women who could read, speak and understand Swedish could participate. Study group small.	Received three financial grants from a government agency and healthcare organization.	The authors declared no known competing financial interests or personal relationships that could have influenced the work reported in this article.

Table 1. Continued

Author/ Year	Country of study	Aim	Sample (age range), sampling technique, data collection method, setting of participants	Theory	Type of qualitative approach	Results	Limitations	Funding source	Conflict of interests
Makuwa et al. (2015)	Africa	To explore and describe the perceptions of African women regarding natural menopause, to propose recommendations for health and social support systems.	n = not stated Menopausal women (45–60 years). Purposive and convenience. Individual interviews. Day clinic at a health-care setting.	Not specified.	Phenomenological.	Most women who were aged above 60 years viewed menopause as natural process of ageing and life changes. Some women <60 viewed menopause negatively due to the body changes	Limited to women from the Mamelodi, Tshwane district.	Not disclosed.	The authors declared that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.
Morrison et al. (2014)	Hawaii, USA	To examine how women living in Hilo, Hawaii describe menopause.	n = 185 185 women (45–55 years) pre/per- and post-menopausal. They were either Japanese American, European American, or mixed ethnicity. Convenience and snowball. Individual interviews. Recruited from prior study participants (into women's health) through a postal survey.	Not specified.	Not specified	Premenopausal women experienced anxiety about their expectations of menopause. Perimenopausal women embraced their new identity, and felt empowered, free. Post-menopausal women discussed feeling wiser and liberated, also some negative outcomes (not attractive/sexy).	Narrow age range. Did not include women on hormone replacement therapy.	Not disclosed. Within the study, it was stated that participants received \$200 each, however, they did not reveal who was funding this.	Not disclosed.
Nguyen et al. (2024)	Vietnam	To explore the menopausal transition experiences of Vietnamese women.	n = 13 13 menopausal women (50–60 years). Theoretical sampling. Individual interviews. Recruited from a diverse urban community in the centre of Vietnam.	Constructivist.	Grounded theory approach.	During the early transition, women were more aware of the physical changes, and difficulty in their sexual life. Further along, women noticed psychological changes. Women found religion and seeking information for relief.	Small geographical area.	The authors received no specific grant or financial support for the research, authorship, and/or publication of this article.	All authors declared no conflict of interest.

Table 1. Continued

Author/ Year	Country of study	Aim	Sample (age range), sampling technique, data collection method, setting of participants	Theory	Type of qualitative approach	Results	Limitations	Funding source	Conflict of interests
Ong et al. (2020)	Singapore	To increase the understanding of the experiences and needs of perimenopausal women with climacteric symptoms in Singapore.	<i>n</i> = 20 20 women (47–54 years). Purposive. Individual interviews. Recruited from a menopause clinic at a tertiary hospital.	Not specified.	Not specified.	Lack of knowledge resulted in misconceptions of menopause. Symptoms led to mixed feelings. Participants sought more support from family members and HCP.	Only included English speakers. Single site study design.	No financial support received.	The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.
Perich et al. (2017)	Australia	To explore how women with bipolar disorder constructed mood changes during menopause and how this impacted on treatment decisions.	<i>n</i> = 15 15 post-menopausal women (46–60 years) who identified as bipolar. Convenience. Individual interviews. Recruited via social media.	Positioning theory.	Not specified.	Some women developed new bipolar symptoms around the time of menopause. Life events were found to have a larger impact than menopause or bipolar. There were challenges to balance medications and identify symptoms. Psychosocial interventions found to be effective.	Small sample. Lack of formal diagnostic interview to confirm bipolar diagnosis. Only included women in Australia, and only one Indigenous woman.	No funding sources to acknowledge.	The authors declared no competing interests.
Stanzel et al. (2021)	Australia	To explore barriers for menopause-related health literacy among immigrant women from the Horn of Africa nations.	<i>n</i> = 11 11 women (45–60 years) who were peri- or post-menopausal, born in the Horn of Africa and had migrated to Melbourne, Australia. Purposive and convenience. Individual interviews. Recruited from cultural community health services, learning centres and community groups.	Not specified.	Not specified.	For some women menopause was viewed as a normal life phase, and these women did not require relevant information or care. Limited education, low literacy and internet skills were barriers to health literacy. Preference for health-care providers who spoke their first language and were proactive.	Some interviews required interpretation. No participants were born in Somalia.	No direct funding identified for this study. One researcher has a scholarship, and another is supported by a fellowship (neither source identified).	The authors declared no conflict of interest.

Table 1. Continued

Author/ Year	Country of study	Aim	Sample (age range), sampling technique, data collection method, setting of participants	Theory	Type of qualitative approach	Results	Limitations	Funding source	Conflict of interests
Stanzel et al. (2022)	Australia	To explore menopause- related health literacy and health care experi- ences among Vietnamese-born women in Melbourne, Australia.	<i>n</i> = 12 12 women (45–60 years) who were peri- or post-menopausal, Vietnamese-born women who had immigrated to Aus- tralia as adults. Purposive, convenience and snowball. Individual interviews. Recruited from food markets, commu- nity groups, and learning centres with high percentage of migrants.	Not specified.	Not speci- fied.	Some women viewed menopause as a natural event. Most menopause- related information gained from friends and family. Limited English affected their capac- ity to menopause- related information. Vietnamese healthcare professionals seen as reliable however shy- ness was a barrier.	Not discussed.	Not disclosed.	No potential conflict of interest was reported by the author(s).
Yang et al. (2016)	Taiwan	To examine Tai- wanese women's perspectives on how menopause affected their sex- ual behaviour.	<i>n</i> = 18 18 women (45–60) who were either peri- or post-menopausal. Purposive and conve- nience. Individual interviews. Recruited from a gynaecology depart- ment at a medical centre.	Not specified.	Not speci- fied.	Menopause physical changes often make sexual interactions difficult. Some women avoided sex due to the discomfort, whereas others used modifications to improve their sexual behaviours.	Limited to those receiving gynaecological examina- tions. Did not address partner attitudes.	This research received no specific grant from any funding agency in the public, commercial or not- for-profit sectors.	No conflict of interest has been declared by the authors.

et al. 2018, Ong et al. 2020, Ilankoon et al. 2021, Li et al. 2023, Lycke and Brorsson 2023) sampling techniques, with $n = 4$ of these studies using both sampling approaches (Makuwa et al. 2015, Yang et al. 2016, Stanzel et al. 2021, 2022). Two studies used snowball sampling (Morrison et al. 2014, Stanzel et al. 2022) and one used theoretical sampling (Nguyen et al. 2024). Participants were recruited through a range of settings including gynaecology clinics, urban settings, a menopause clinic, and healthcare centres. The number of participants ranged from $n = 11$ to $n = 185$ (Morrison et al. 2014 interviewed 185 participants face-to-face). One study (Makuwa et al. 2015) did not state how many participants there were. Three studies included their interview guide or details about the questions participants were asked (Ong et al. 2020, Ilankoon et al. 2021, Li et al. 2023). Qualitative data were collected mostly through individual face-to-face interviews, with one study using focus groups (Lycke and Brorsson 2023).

The studies listed several limitations which mostly focused on more positivist concepts, including non-diverse samples and lack of representativeness. Three studies provided detail about the funding source for their studies. Ilankoon et al. (2021) stated the study was self-funded; Li et al. (2023) were supported by China's State Council; and Lycke and Brorsson (2023) listed three grants from the Swedish government and a healthcare organization. Five studies reported receiving no funding, and four did not include a funding statement. In Stanzel et al. (2021), one researcher acknowledged a scholarship (source not identified) and another researcher was supported by a fellowship (source not identified). Eleven of the 12 studies ($n = 11$) had a formal conflict of interest statement, but specifically stated they had no conflict of interest to declare.

Themes

Four themes were constructed from the data presented in the papers. Figure 2 details the themes and subthemes that were constructed from the data.

Theme one: A normal and inevitable part of the ageing process with personal and socio-cultural benefits

Some women viewed menopause as natural and normal (Morrison et al. 2014, Makuwa et al. 2015, Ilankoon et al. 2021, Stanzel et al. 2022), 'an inevitable life process' (de Salis et al. 2018, p. 525) and part of the healthy cycle of life (Morrison et al. 2014). Some women conceptualized menopause as a positive life-change transition (Perich et al. 2017) and something you learnt to deal with (Morrison et al. 2014). Other women described menopause as a 'normal physiological phenomenon' (Li et al. 2023, p. 7) and something that 'just happens' (de Salis et al. 2018).

I realized that I have wrinkles in my face. There were some dark spots too. I have seen those in other women in the same age and I thought it is the same for all. My body is not like before. But I don't worry about it. It's nature. (Ilankoon et al. 2021, p. 5)

For some women, menopause was positively accepted as part of ageing (Makuwa et al. 2015). Some women viewed menopause as part of what it is to be a woman (Morrison et al. 2014) and described the transition as 'a gentle evolution' which should not define someone (de Salis et al. 2018, p. 525). For others, the menopause transition was viewed as the 'beginning of something new' (de Salis et al. 2018, p. 532) and others were uplifted by the changes and advantages of this stage (Morrison et al. 2014). Some perceived menopause

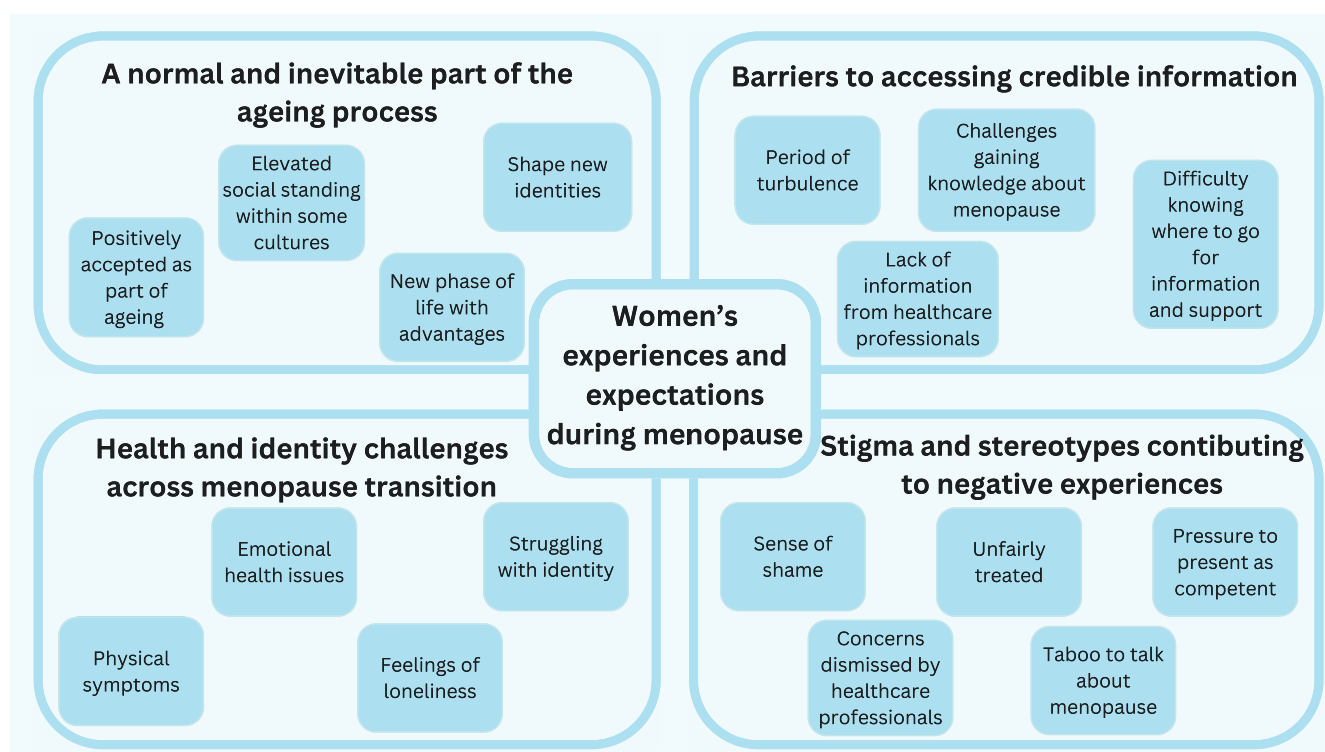


Figure 2. Themes and subthemes. Women's experiences and expectations during menopause.

as ‘a good thing for us’ since they could no longer have babies or menstruate and had more time on their hands (Stanzel et al. 2021, p. 64). Some women described feeling optimistic about the menopause transition based on their experiences with periods and premenstrual syndrome and were anxious for the transition to commence so they would know what it would be like (Morrison et al. 2014). There were also women who felt the transition would bring about a time when they could view the world or situations in a more positive way (Morrison et al. 2014):

No more bleeding! It's like entering a new womanhood, like you've done all the other stuff, the child bearing, the child rearing years and now you get to celebrate wisdom. (Morrison et al. 2014, p. 537)

Within some cultures, menopause and midlife elevated a woman's status, respect, and social standing (Stanzel et al. 2021). In Perich et al. (2017, p. 5) one participant spoke of the positive cultural associations of entering menopause as an Indigenous Australian woman where menopause was seen as a ‘stage of eldership in the Indigenous communities’, leading to better relationships with younger people in their community. The transition to elder status enabled women in other Indigenous communities to be ‘highly regarded for their wisdom and maturity’ (Stanzel et al. 2021, p. 64), and older age indicated ‘more wisdom and self-confidence’ (Lycke and Brorsson 2023, p. 3). In some Asian cultures, menopause and ageing were seen as ‘symbols of achievement’ and these women were ‘viewed as reflecting wisdom and maturation’ (Yang et al. 2016, p. 771), while other women gained greater social standing and were highly regarded during midlife:

Midlife was described in a social context as a life phase where women gain greater social standing and are highly regarded for their wisdom and maturity within their community. This respect is heavily reliant on women's achievement as wife and mother. (Stanzel et al. 2021, p. 64)

For some women, menopause represented an empowering new chapter of life, bringing welcome changes and fresh opportunities for growth and self-discovery. Women described benefits associated with not having to deal with or manage menstruation and the potential side effects (Morrison et al. 2014), including no longer needing to use contraception (Lycke and Brorsson 2023), being able to fall pregnant (Ilankoon et al. 2021), and being released from the reproductive role (Stanzel et al. 2021). Some felt liberated (Morrison et al. 2014) and embraced menopause as a new stage of life (de Salis et al. 2018). Others felt menopause represented a ‘valued and meaningful phase of life, rather than symptoms to be managed’ (Perich et al. 2017, p. 5). Some developed new creative interests (Morrison et al. 2014) and described a sense of freedom from or within their roles in their family (de Salis et al. 2018). For example, a study with UK mothers concluded that: ‘menopause might unmake women's identities, but can also be part of remaking them’ (de Salis et al. 2018, p. 533). Some women viewed menopause as a time of personal transformation, reporting deeper spiritual connections (Nguyen et al. 2024), renewed relationships (Yang et al. 2016), sexual exploration (de Salis et al. 2018), and a greater commitment to physical wellbeing through exercise (Morrison et al. 2014). Some women explained that they found their voice

and felt able to speak out for themselves (de Salis et al. 2018) and became more assertive and less tolerant (Morrison et al. 2014). Other women described being able to prioritize taking care of themselves rather than focusing on their families (de Salis et al. 2018).

I kind of view it as another phase in life... where you reach a point in life ya know where your body changes again...I'm hoping that this phase, for me, is going to be a positive experience... It is a phase where I feel like I'm being reborn and a stage in my life where I can view the world or situations differently. (Morrison et al. 2014, p. 538)

Theme two: Barriers to accessing credible information about the menopause transition

For some women, the menopause transition was a time of turbulence and part of a range of broader challenges they were experiencing in midlife. Some women who were experiencing menopausal symptoms reported having insufficient knowledge and were only aware of some common symptoms (Ong et al. 2020, Lycke and Brorsson 2023). Others struggled with bodily changes and had fears about ageing and death (Nguyen et al. 2024), with some feeling as though they had no understanding about the changes in their body (Makuwa et al. 2015):

Well, I started getting hot flushes when I was fifty, I didn't understand what it was, it started in the middle of the night, I thought I had a temperature. So, I sat there on the toilet and realised...wait a minute, hmm, can this be the menopause, what kind of problems does that give you? (Lycke and Brorsson 2023, p. 2–3)

Other challenges to gaining knowledge about menopause included low health literacy (Stanzel et al. 2021), and living in a location where there were limited government policies and funding for women's health (Stanzel et al. 2022). In some Asian cultures, women described barriers to gaining information, for example, where menopause was considered as a taboo topic (Makuwa et al. 2015), or seen as secretive and an inappropriate topic for discussion (Stanzel et al. 2021). Some women reported they came from a generation and religious background that did not talk about menopause and had been told it was something they just had to endure (Ong et al. 2020).

Huge difference [compared to Australian culture] in our culture. Menopause is secret, nobody talks about thing like that. We don't discuss it and we struggle with it. (Stanzel et al. 2021, p. 65)

Some women did not know where to go for help, which exacerbated challenges in obtaining information and support regarding menopause (Lycke and Brorsson 2023). When some women did visit healthcare professionals they were disappointed by the lack of information provided (Stanzel et al. 2021). They reported some healthcare practitioners were unsure whether their symptoms were related to menopause or not (Lycke and Brorsson 2023) and that relevant health implications were not discussed (Stanzel et al. 2022). There was also a lack of knowledge about treatments and any potential side effects. For example, some women expressed concerns

about whether some treatments could cause cancer (Ong et al. 2020). Others did not attend follow-up visits or receive advice about different treatment options (Lycke and Brorsson 2023). Some women felt awkward asking questions about menopause because of the high standing of doctors in their culture (Stanzel et al. 2022).

My mum is [an obstetrician], but she never taught me (shakes head) ...So, everything I learn, I make much, much more mistakes. It's not good. (Ong et al. 2020, p. 373)

The GPs are not much help because they have less time for any patient. They just have about 5 or 10 minutes for one patient and so that's not enough time for us to ask anything. They just check, uh...how do you feel and she writes a prescription. (Stanzel et al. 2022, p. 611)

Theme three: Health and identity challenges across the menopausal transition

A number of studies focused on the health-related challenges women experienced during menopause, including physical symptoms and emotional and mental health issues. These included feeling exhausted as a result of perceived hormone shifts (Nguyen et al. 2024) and losing energy and body strength (Ilankoon et al. 2021). Women also expressed concern about the possibility of bone weakness and osteoporosis (Morrison et al. 2014), troublesome bleeding and associated health risks such as heart attacks and cancer (Ilankoon et al. 2021). Some women felt they were unable to control their emotions (Nguyen et al. 2024), were grumpier, less polite, or diplomatic (Morrison et al. 2014) and there were *'unexpected times when they lost their tempers'* (Ong et al. 2020, p. 372). Some women discussed how these issues affected their relationships—*'suddenly felt they could not be bothered to go out with friends anymore'* (Nguyen et al. 2024, p. 201). Some women viewed menopause as signifying a *'mark of the beginning of old age'* and they felt *'like an old hag'* (de Salis et al. 2018, p. 528).

I think it is the end of our energetic life as a woman. While we had menstruation, we were healthy, good looking, and had more energy. But now it has changed. (Ilankoon et al. 2021, p. 5)

I'm getting grumpier, less tolerant of inconsiderate people. (Morrison et al. 2014, p. 540)

Some women reported that they felt alone during the menopause transition (Ong et al. 2020) and one explained they felt *'like a woman who (had) lost everything'* (Nguyen et al. 2024, p. 199). Others were angry that they had no choice in the changes (Morrison et al. 2014). Some women described a sense of hopelessness because they didn't know how long their menopausal transition would last (Li et al. 2023).

Since ending my menstruation, my spirit has also changed; no longer comfortable and excited. (Nguyen et al. 2024, p. 201)

Many women struggled with the identity challenges they faced during menopause. Some felt they were losing their younger life (Ilankoon et al. 2021) and were sad about no

longer being fertile (Morrison et al. 2014). Others described feeling as though they were losing their femininity (Yang et al. 2016) or did not feel like themselves anymore (de Salis et al. 2018). In the workplace, some women explained that menopausal symptoms *'impaired their daily functioning and desire to work'* and associated mood changes impacted functioning at work and made daily tasks difficult to accomplish (Perich et al. 2017).

I just don't feel like myself anymore really; you know I'm not the same shape, I don't sound the same, you know my hair's changed color. I just, you know I just, but then was I really me? ... I don't like feeling like this. I think I'd rather not feel like this; I'd rather feel you know like I did before. (de Salis et al. 2018, p. 526–527)

Theme four: Stigma and stereotypes contributing to negative experiences

For some women, the concept of menopause evoked apprehension and anxiety due to public discourses and attitudes regarding menopause (Morrison et al. 2014). These included being told they were abnormal (Li et al. 2023) or that their desire for sex would reduce and would subsequently affect their relationships (Morrison et al. 2014). Some also felt ashamed to tell their husbands their periods had stopped as they felt this was a sign of getting old (de Salis et al. 2018). Menopause was also linked with *'loss, death, endings'* (de Salis et al. 2018, p. 529), ageing (Lycke and Brorsson 2023), and negative mood changes due to *'broader culture discourse'* (Perich et al. 2017, p. 2).

For some women, they felt unsupported during menopause which contributed to them feeling inadequate and not wanting to accept the changes they were experiencing (Makuwa et al. 2015). This was aggravated when menopause was taboo and led to pressure to present as competent to avoid stigmatization (de Salis et al. 2018). For example, in one study women stated that menopause was portrayed as *'questionable territory...it's supposed to be depressing...a little scary...raving maniac'* (Morrison et al. 2014, p. 536). Another reported that women perceived that women experiencing menopause were seen by others as *'ridiculous'* (Lycke and Brorsson 2023, p. 3). Some women perceived menopause as embarrassing (Lycke and Brorsson 2023) and others felt society regarded menopausal women as *'being old, wrinkled, not sexy or attractive'* (Morrison et al. 2014, p. 539). Some women felt perimenopause was *'moving closer to death'* (Ong et al. 2020, p. 373) and menopause was associated with declining attractiveness and youth (de Salis et al. 2018). In one study, women spoke about society's youth ideal and felt there was an expectation to look and perform the same despite their age (Lycke and Brorsson 2023).

Some studies reported that women felt menopause was used against them and they were accused of *'faking'* their symptoms (Li et al. 2023, p. 5). Others reported that the menopause transition was *'a matter of grinning and bearing it'* (Lycke and Brorsson 2023, p. 3) and something to just put up with (Li et al. 2023). In several studies, menopause was reported as being used to denigrate women who were experiencing symptoms. Some women reported being made fun of for *'not being in their right mind'* (Li et al. 2023, p. 7) or being disparaged and labelled provocative if they raised the topic of menopause (Lycke and Brorsson 2023).

Many women felt that stigma and negative attitudes regarding menopause came from a range of sources and settings. For example, some women perceived that some health professionals dismissed their health concerns (Stanzel et al. 2021) and would brush off their experiences by saying menopause was normal and that all women go through it (Stanzel et al. 2022). Others reported feeling that experiencing negative symptoms or not coping with symptoms was a sign of weakness or self-indulgence (de Salis et al. 2018). Women reported feeling that symptoms were expected to be endured (Ong et al. 2020) and there was a ‘moral order’ where women were expected to get on with it (de Salis et al. 2018, p. 526).

Within families, workplaces, and healthcare settings, women reported feeling that they were unfairly treated specifically because of menopause. For example, some women stated they were rarely consulted about some family decisions and not treated like human being while they were experiencing symptoms of menopause (Li et al. 2023). Others felt they had been diminished by their families since their biological usefulness was over (de Salis et al. 2018) or by their partners because of a decreased libido (Nguyen et al. 2024). Within the workplace, some women felt menopause was not a ‘socially acceptable explanation for...symptoms’ and they were concerned their boss may think ‘Oh well, she’s past it then’ (de Salis et al. 2018, p. 527).

DISCUSSION

This narrative review explored qualitative research documenting women’s lived experiences of the menopause transition. Based on the findings, Figure 3 provides an overview of the key gaps identified and proposed areas for focus in future qualitative studies. There are four points for discussion based on the research questions.

First are the specific methodological characteristics of the studies included in the review. While the studies included women from a range of countries and contexts and investigated a diverse range of issues, most of the studies were largely descriptive in nature. Some studies lacked important information to evaluate the rigour of the approach—including limited or no information about the research questions, theoretical frameworks, methodological approaches, and the types of questions that women were asked. While there were clear conflict of interest statements for each of the papers, there was also limited formal funding for the studies. These methodological constraints highlight a clear gap in qualitative research on women’s experiences of menopause, indicating a need for more robustly designed and independently funded studies. Increased formal funding (independent of any commercial entities which may profit from menopause, such as pharmaceutical companies) for this type of research may provide adequate resources to ensure the development of high-quality studies that are able to gather detailed insights into women’s experiences to inform policy and practice. Future research would benefit from dedicated independent funding mechanisms that support in-depth, methodologically rigorous qualitative approaches, potentially leveraging innovative methods such as high-quality online qualitative surveys which are able to document nuanced perspectives and opinions from diverse groups of women who otherwise may not take part in structured face-to-face interviews (Thomas et al. 2024b). These types of studies are important to include women who may experience menopause-related stigma or

have limited access to traditional research participation channels. In addition, ensuring independent funding sources may mitigate any potential influence from corporate actors with vested interests (Randle et al. 2024, Thomas et al. 2024c, 2025).

Second, this review shows that women’s experiences of the menopause transition are diverse. We cannot make assumptions or generalizations about women’s unique individual and social circumstances and experiences. However, there are some common themes. Women commonly experienced a lack of access to adequate information and support from healthcare providers. The implications of the absence of comprehensive, trustworthy information, compounded by negative attitudes towards menopause, may leave women susceptible to commercial narratives that often prioritize profit over health and wellbeing (McCarthy et al. 2023). This may include the pharmaceutical and wellness industries which may exploit gaps in knowledge and promote commercial interventions and products that may not address women’s fundamental health needs or align with their lived experiences (Carbonell 2024, Orgad and Rottenberg 2024, Thomas et al. 2024c). Qualitative research has an important role to play in addressing these challenges by capturing the nuanced, lived experiences of women during menopause, identifying their specific health information needs—including where they are currently turning to for information and why, and understanding the complex ways in which women navigate this significant life transition. Qualitative methods may also be important in collecting detailed information about women’s health literacy, including how they access, navigate, and interpret (mis and dis-)information about menopause. This includes how they assess the credibility of information sources, and what may influence these perceptions. It is important to acknowledge that women need access to credible health information about menopause that is developed by independent experts, without influence from commercial actors (Orgad and Rottenberg 2024, Randle et al. 2024). This health information should also aim to provide nuanced, evidence-based, and non-commercialized resources that address the diverse needs of women across different social and cultural contexts.

Third, this review provided important insights into how women’s experiences of menopause may vary according to different socio-cultural contexts. This includes how social norms may shape women’s positive and negative experiences of menopause. While there has been concern about the ‘solutions’ for menopause particularly in the Global North due to a focus on debilitating symptoms (Thomas et al. 2024c, p. 2), the findings from this review suggest that menopause may be a culturally valued time of life for women in some contexts—including in Indigenous communities. This raises important questions about how different socio-cultural contexts contribute to the framing of menopause, what could be learned from these contexts and how they could be used to help reshape negative-gendered stereotypes. The pervasive stigma and negative stereotypes surrounding menopause were a significant theme across the studies reviewed. Women reported feeling a loss of identity and social value, with stigmatizing narratives intersecting with broader societal narratives about ageing, femininity, and older women’s worth. These reflected ageist and gendered expectations (Edstrom 2018, Rochon et al. 2021). This suggests that socially driven stigmatizing attitudes towards menopause may

Overview of key findings and proposed future areas of qualitative research

	KEY FINDINGS	FUTURE RESEARCH DIRECTIONS
Methodological limitations	<ul style="list-style-type: none"> • Focus on descriptive studies. • Some studies had limited information about research questions, theoretical frameworks, and methodological approaches. 	<ul style="list-style-type: none"> • Develop and apply rigorous qualitative designs. • Leverage innovative and inclusive qualitative methods, including authentic co-creation, to include diverse perspectives.
Funding and independence	<ul style="list-style-type: none"> • Lack of formal, independent funding. 	<ul style="list-style-type: none"> • Priority setting research to guide dedicated independent funding. • Developing mechanisms to protect qualitative research from vested interests.
Access to credible information	<ul style="list-style-type: none"> • Inadequate health information addressing the diverse needs of women. • Women exposed to conflicting information about menopause. 	<ul style="list-style-type: none"> • Understand where women turn to for health information about menopause, why they trust certain information sources, and how they interpret and apply the information they receive.
Considering socio-cultural contexts	<ul style="list-style-type: none"> • Lack of studies across socio-cultural settings. • Few studies examining the interplay of menopause with ageism, gender stereotypes, and systemic barriers. 	<ul style="list-style-type: none"> • Recognise that women may have diverse experiences with menopause. • Understand how different social, cultural, and economic contexts may influence these experiences. • Explore how gendered ageism may influence experiences.
Considering women's everyday life contexts	<ul style="list-style-type: none"> • Diverse range of experiences. • Limited focus on how menopause interconnects with midlife challenges, family dynamics, and professional roles. 	<ul style="list-style-type: none"> • Investigate menopause in the broader context of women's midlife experiences – the 'midlife collision'. • Understand how commercial factors may influence how women seek 'solutions' for menopause.

Figure 3. Overview of key findings and proposed future areas for qualitative research.

impact how women view themselves during this life stage and perpetuate systemic barriers that limit women's social and professional opportunities. There is a need to develop more comprehensive approaches to understanding women's experiences that extend beyond narrow medicalized models of menopause and challenge reductive narratives about women's values and capabilities (Hickey et al. 2024). Future research and interventions should prioritize the development of empowerment models that explicitly challenge existing

stereotypes and explore more broadly the factors that shape attitudes towards women outside of menopause (Hickey et al. 2024).

Finally, the findings from this review suggest that women's experiences of menopause occur at an important time of midlife when women often face multiple challenges simultaneously—sometimes referred to as the 'midlife collision' (Commonwealth of Australia 2024, p. 21). These can include caring for ageing parents or children, financial pressures,

health concerns, and workplace demands. However, very few studies have specifically explored experiences of menopause experiences in the broader context of women's everyday lives. While women in many studies talked about stigma and stereotypes, few studies explored whether these were specifically related to menopause or were more broadly related to a range of social, commercial, and economic determinants of health—including how menopause was framed by different groups. Women described this period as a multifaceted life stage where they fundamentally reimagined their roles within families and communities. However, they encountered challenges across various domains including within families, workplaces, and healthcare settings. Theoretical frameworks must, therefore, not only examine menopause as a biological transition but also critically analyse how broader social structures and gendered expectations intersect to shape women's experiences of midlife.

LIMITATIONS

This study has several limitations. First, we only included English-language, peer-reviewed studies. This may have also led to language bias and the omission of potentially relevant research published in other languages or formats. Second, there were only 12 studies that met our eligibility criteria, this could have been due to the age range implemented for this study. Women can experience menopause at different ages due to a range of reasons such as surgical interventions or early menopause; however, the present study only looked at non-surgical experiences of menopause.

CONCLUSION

The menopausal transition presents a complex interplay of experiences, ranging from physical and psychological symptoms to relationship challenges, with women reporting feelings of vulnerability and empowerment, loss and liberation. These experiences are influenced by cultural contexts, social support networks, and access to healthcare resources. What is less clear is how commercial and economic determinants may influence how women experience the menopause transition. The research included in this review highlights significant gaps in current support systems, including inadequate healthcare provider knowledge, limited workplace accommodations, and persistent societal stigma. This life stage, while challenging, holds potential for growth and positive transformation when properly supported through a multifaceted approach involving healthcare systems, workplace environments, and cultural shifts. This transition calls for evidence-based research, education, and positive reframing around menopause, gender, and ageing to ensure women feel valued and supported during this natural process.

CONFLICT OF INTEREST

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