



PERIMENOPAUSE MENOPAUSE COMBINED REPORT

› SEP 2025

fiftyfive5

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OFFICIAL

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01

METHODOLOGY

PROJECT ROADMAP: RESEARCH WAS DESIGNED TO GAIN INSIGHTS TO GUIDE THE DEVELOPMENT OF COMMUNICATIONS, NOT REPLICATING OTHER BROADER RESEARCH CONDUCTED ON THIS TOPIC

	 STAGE 1: ALIGN + CREATE	 STAGE 2: EXPLORE	 STAGE 3: MEASURE	 STAGE 4: CONCEPT TESTING
WHAT	Messaging and territory workshop Environmental and communication scan	Qualitative research with key audience (104 women, assigned female at birth, aged 35-55 years old) and HCPs (28)	Quantitative research to understand the awareness, knowledge, experience, and behaviours of women aged 35-55	Qualitative testing of creative concepts as required
HOW	<p>Kick off meeting – virtually, to align on the research programme and objectives as well as the align on the first stage of research (Explore) so that can get moving</p> <p>Review any existing research and source relevant communication including a meeting with Queensland Health about their recent work on women’s health</p> <p>Hypothesis workshop with the Department and other village members to talk about hypotheses to test, potential messaging and territory directions. This will be taken into the research so we can go beyond exploratory insights, and get more insight into where we can go, can’t go, when it comes to developing communication to meet the objectives</p>	<p>Representative sample including location, age splits, LGBTQI+, cultural background and disability to complete an online discussion board conducted over 4 days using the Recollective platform. 30 minutes of activities per person each day. N=40 Australians. 3 x 60 min follow up online groups</p> <p>For Non-Binary we will complete one on one in-depth interviews (3) and people living with disability (3)</p> <p>For CALD – online groups (6) and First Nations face to face groups (3)</p> <p>Healthcare professionals who engage with people on this topic in 45 minute Zoom calls (25) – GPs, Pharmacists, Psychologists, Naturopath and N=3 Aboriginal health workers – so 28 in total</p>	<p>Nationally representative online survey of n=2,030 Australian women aged 35-55.</p> <p>The survey was 20-minutes in length, and included the following key areas of interest:</p> <ul style="list-style-type: none"> Awareness, perceptions and knowledge of perimenopause and menopause Personal experience of perimenopause and menopause, including any information, or help seeking behaviours Social influences on the way they view and understand perimenopause and menopause, and any stigma observed in personal or professional circles Preferred information sources and channels for information 	<p>Three phases of concept testing:</p> <ul style="list-style-type: none"> Round 1 = 10 groups Round 2 = 12 groups – including 3 First Nations Round 3 offline edit = 6 groups including 2 First Nations <p>90-minutes Zoom and face-to-face (except Round 3 was 60 mins)</p>
OUTCOME	WAYS OF WORKING, AGREEMENT ON SAMPLE FOR EXPLORE PHASE. STIMULUS IN DEVELOPMENT (MESSAGING, MYTHS ETC) TO FLESH OUT FOR EXPLORE PHASE	INSIGHTS THAT INFORM COMMUNICATION STRATEGY & IDENTIFY THE OPTIMAL TERRITORY OR TERRITORIES FOR CREATIVE DEVELOPMENT	SIZED AND PRIORITISED TARGET AUDIENCES FOR STRATEGIC COMMUNICATIONS DEVELOPMENT	TESTING, REFINING AND OPTIMISING CREATIVE CONCEPTS
WHEN	w/c 7 th July	w/c 21 st , 28 th July and 4 th August	w/c 4 th August to w/c 1 st September	Oct, Nov 2025, April 2026




02

EXPLORE QUALITATIVE - ONLINE COMMUNITY, FOLLOW UP GROUPS & IDIS


40 X 4 DAY COMMUNITY (AND 3 FOLLOW UP GROUPS WITH N=14)

CRITERIA		35-39	40-45	46-55
CRITERIA	Women / assigned female at birth	10	15	15
STATE	NSW	3	4	4
	QLD	2	3	4
	VIC	3	4	3
	Other states – 2 each from SA, WA, NT, Tasmania and ACT	2	4	4
LOCATION	Metro	6	10	10
	Inner regional	3	3	3
	Outer regional / remote	1	2	2
CHILD STATUS	With children	7	11	10
	Without children	3	4	5
OTHER CRITERIA	Living with disability	4	4	6
	Identify LGBTIQ+	3	2	2
	Culturally and linguistically diverse	2	5	5
	With private health insurance	5	8	8
	Without private health insurance	5	7	7
PERIMENOPAUSE/ MENOPAUSE KNOWLEDGE	Low SES	2	3	3
	Lower	3	4	3
PERIMENOPAUSE/ MENOPAUSE ACTIONS	Higher	2	3	1
	None, low action	0	1	0
	Some, more action	10	14	15
SYMPTOMS OF MENOPAUSE		3	11	13


6 X FOLLOW UP IDIS




3 x
Disability




3 x
Non-binary




4 x metro




2 x regional




2 x
35-39



3 x
40-45



1 x
46-55



3 x symptoms of perimenopause
2 x symptoms of menopause

Six online 90-minute focus groups were conducted with CALD women. The groups were conducted in-language by experienced native speaking researchers. Participants were sampled across six language groups:

- Vietnamese (n=6)
- Thai (n=7)
- Mandarin (n=7)
- Cantonese (n=7)
- Korean (n=6)
- Arabic (n=7)

Demographics:

- N=40
- Age range of participants: 35-55yrs
- Women were sampled from NSW, VIC and QLD.
- Participants reported varied family structures including being single, living with partners, single parent households and grandmothers.
- Women were at varied stages of life including perimenopause/menopause and reported a range of symptoms and experiences.

Please note, the sample size of each CALD community was small, up to 7 women. Therefore, reflections informed by qualitative research only in this report are not intended to represent the whole community and should be interpreted as such.



02 EXPLORE QUALITATIVE – FIRST NATIONS SAMPLE

Three (3) focus groups were conducted with Aboriginal women by experienced female Aboriginal researchers in the following locations:

- METRO – Perth, WA
- REGIONAL – Dubbo, NSW
- REMOTE – Alice Springs, NT

Demographics:

- N=18
- Age range of participants: 37-55yrs
- Participants reported varied family structures including a majority living with partners, and also single mothers, grandmothers, and some in same-sex relationships. Many were caring for children with high needs or extended family and the majority noted strong kinship relationships as part of their lives.
- Wide variation of socio-economic status.
- The women reported a variety of symptoms to suggest that a breadth of pre to post menopausal women were sampled (even when the medical terminology was not identified by the individual).





N=2030 WOMEN AGED 35 TO 55

AGE	TARGET N=
35-39	537
40-44	479
45-49	462
50-55	552
TOTAL	2030

Data has been weighted to reflect ABS population proportions for women aged 35 to 55 by age, and remoteness region within state / territory

STATE/TERRITORY	Major Cities	Inner Regional	Outer Regional and Remote	Total
New South Wales	502	104	30	636
Victoria	420	98	19	537
Queensland	277	74	64	415
South Australia	105	13	22	140
Western Australia	166	19	28	213
Tasmania	-	31	13	44
Northern Territory	-	-	9	9
Australian Capital Territory	36	-	-	36
TOTAL	1506	339	185	2030

OTHER GROUPS OF INTEREST	N=		N=
Culturally and linguistically diverse	294	No children	595
Aboriginal and Torres Strait Islanders	61	Identify as LGBTQIA+	116
Living with a disability	419	No private health insurance	768
Low SES (household income < \$50k)	270		



Fieldwork conducted from
15th August to 1st September

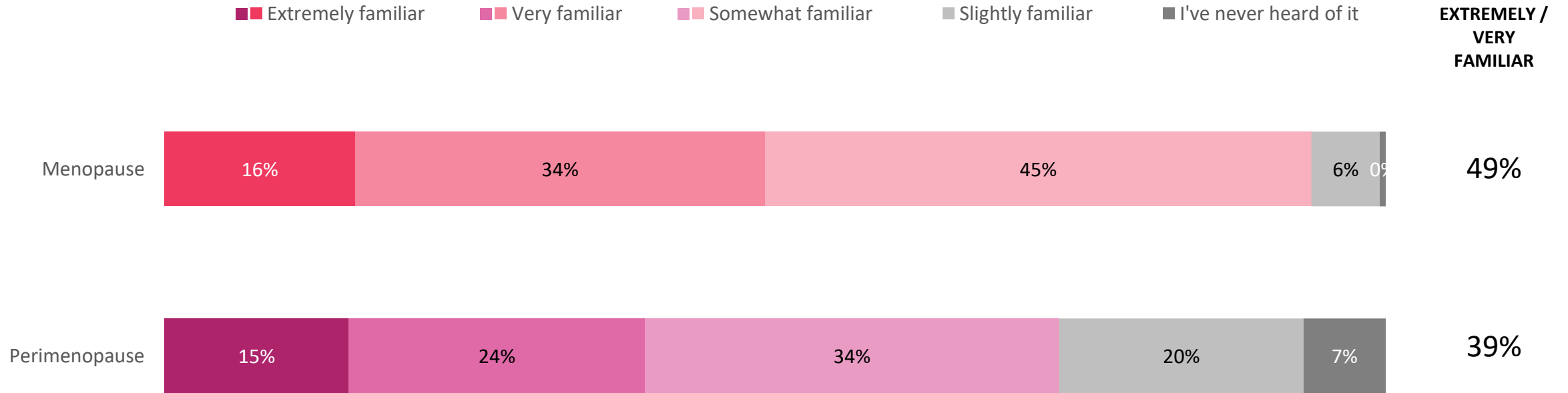


02

AWARENESS, PERCEPTIONS AND KNOWLEDGE

WOMEN FEEL MORE FAMILIAR WITH MENOPAUSE THAN PERIMENOPAUSE

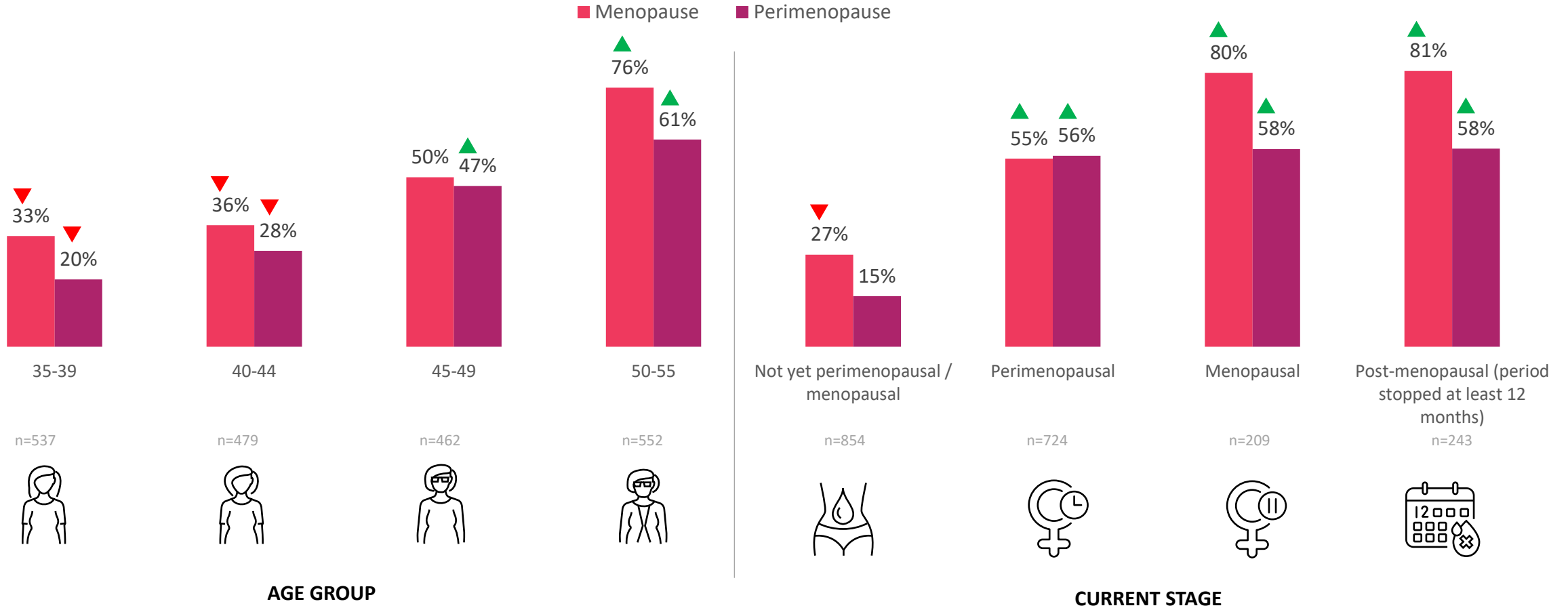
FAMILIARITY WITH PERIMENOPAUSE / MENOPAUSE



Women who have had children are more familiar with perimenopause than those who haven't (41% vs. 34% extremely / very familiar). Culturally and linguistically diverse individuals (86%) and women aged 35 to 39 (90%) are less likely to have heard of perimenopause before.

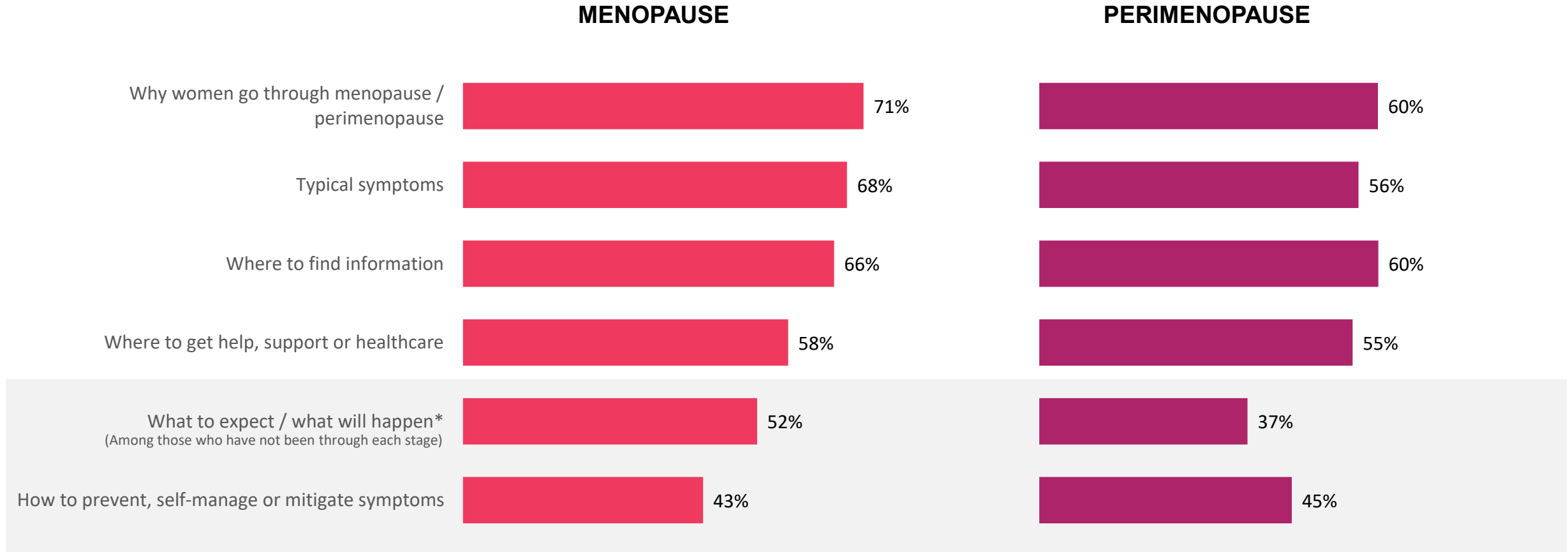
FAMILIARITY WITH BOTH PERIMENOPAUSE AND MENOPAUSE BUILDS AS WOMEN GET OLDER AND START EXPERIENCING THEM

% EXTREMELY / VERY FAMILIAR WITH...



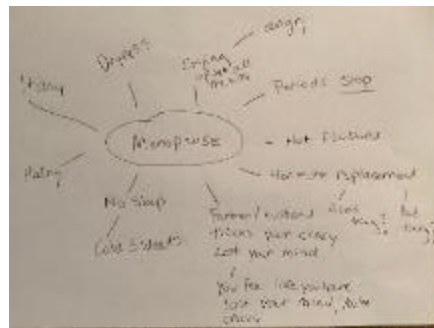
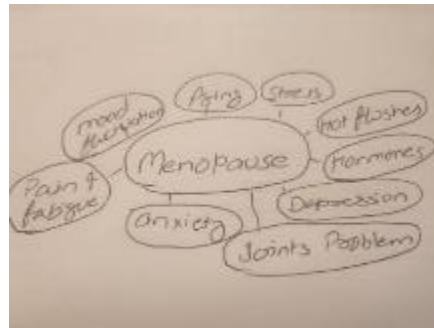
WOMEN FEEL MORE KNOWLEDGEABLE ABOUT MENOPAUSE THAN PERIMENOPAUSE IN MOST RESPECTS. KNOWLEDGE OF WHAT TO EXPECT, AND HOW TO MANAGE SYMPTOMS IS RELATIVELY LOW FOR BOTH

% RATING KNOWLEDGE 7 TO 10 OUT OF 10



QUALITATIVE RESEARCH SHOWS THAT WHEN THINKING ABOUT PERIMENOPAUSE AND MENOPAUSE, WOMEN LEAD WITH THE SYMPTOMS.

THE SYMPTOMS MOST STRONGLY ASSOCIATED WITH MENOPAUSE ARE HOT FLUSHES, NIGHT SWEATS AND MOOD SWINGS – THESE ARE ALSO BELIEVED TO BE THE SYMPTOMS MOST OFTEN EXPERIENCED BY WOMEN



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% TOTAL ASSOCIATION

% WHO THINK THIS IS AMONG THE TOP 3 MOST COMMON SYMPTOMS

Hot flashes / hot flushes	89%	78%
Night sweats	80%	36%
Mood swings	80%	43%
Weight gain	71%	19%
Fatigue / low energy	70%	14%
Irritability	67%	14%
Irregular periods	66%	29%
Brain fog	65%	15%
Low libido	65%	7%
Vaginal dryness	62%	8%
Insomnia	59%	8%
Anxiety	54%	8%
Itchy skin	35%	1%
Urinary problems	28%	1%
Chills	27%	1%
Other	1%	
None of the above	1%	

THERE IS A LOT OF MISINFORMATION AND MYTHS CIRCULATING WHEN IT COMES TO PERIMENOPAUSE AND MENOPAUSE

M E N O P A U S E



SYMPTOMS



DIAGNOSIS



TREATMENT

The most common and believed are:

- **Hot flushes** are something all women experience – this is the most dominant symptom that women know about and clouds all others
- **You will gain weight, and your sex drive will drop** – because it is expected, many people just accept this
- **You will be moody and emotional** – the framing of this is highly negative and allows people to dismiss or ridicule people going through this as ‘hysterical’. It also means women aren’t empowered to treat it hormonally

The most common and believed are:

- You have to have **hot flushes** to be in peri/menopause
- You have to have **irregular periods** to be in perimenopause
- A **blood test is the best way to diagnose** what stage you are at / it helps diagnosis – when actually it confuses, delays and means many people are not seen as being in perimenopause because of the results

The most common and believed are:

- Peri/menopause is something that you just **have to put up with** – which means women often wait till they can’t manage to seek out help and treatment
- **Acceptance of many common symptoms** i.e. hot flushes, lower libido
- Belief that **HRT is dangerous and causes cancer** – pushing women down the natural solutions first, until they have exhausted those options
- **Little thought or knowledge** about use of HRT before menopause...

These beliefs, among women and the broader community, are having significant impact on their journeys, when and how they seek treatment and support, and ultimately these years of their life

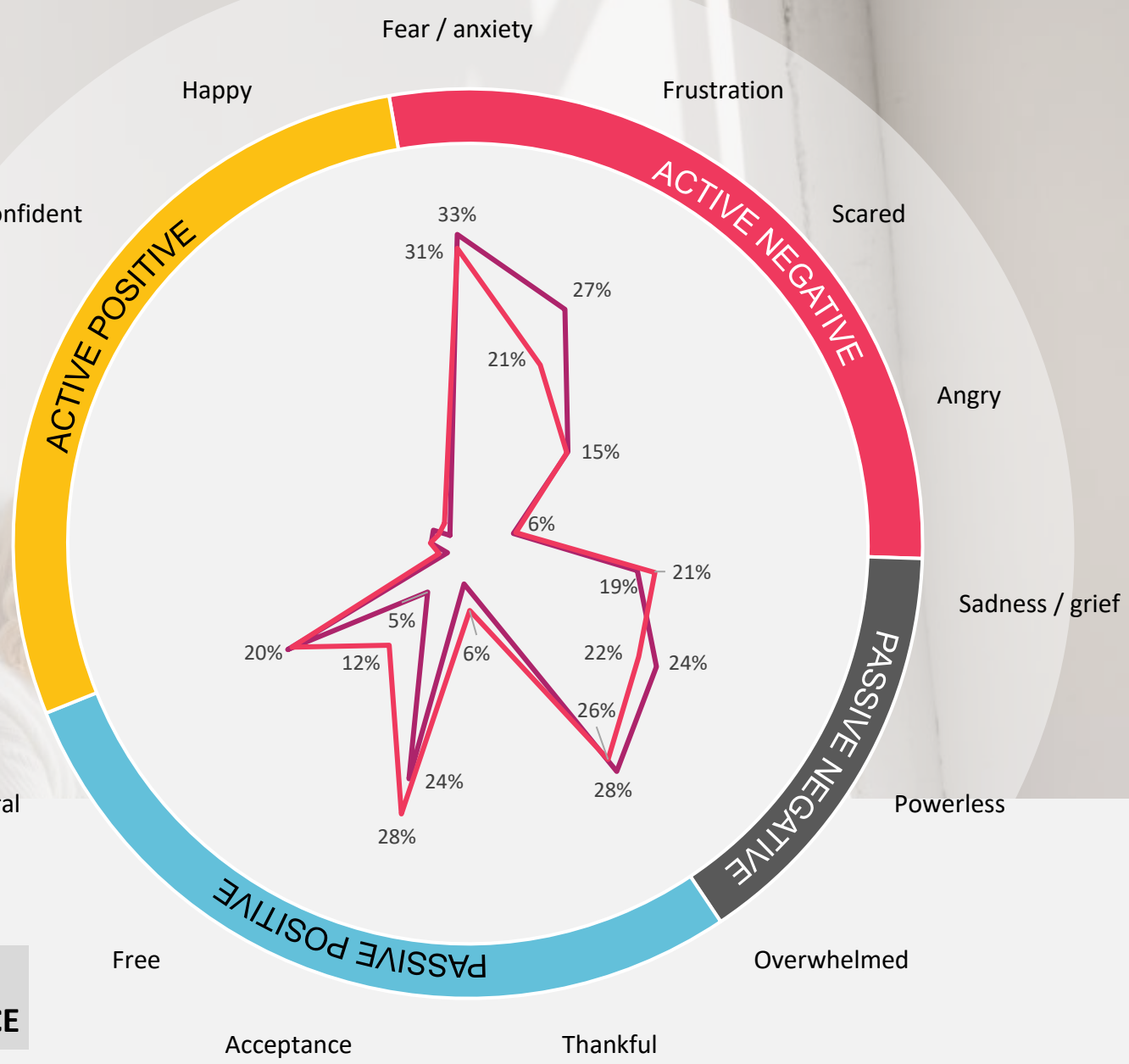


03

JOURNEY / EXPERIENCE

OVERALL WOMEN TEND TO FEEL NEGATIVE ABOUT PERIMENOPAUSE AND MENOPAUSE. POSITIVE FEELINGS ARE ROOTED IN FEELINGS OF ACCEPTANCE AND FREEDOM.

WOMEN FEEL SIMILARLY TOWARDS PERIMENOPAUSE AND MENOPAUSE. THEY ARE MORE LIKELY TO FEEL FRUSTRATED WITH PERIMENOPAUSE, WHILE MENOPAUSE IS SOMEWHAT MORE ASSOCIATED WITH FREEDOM

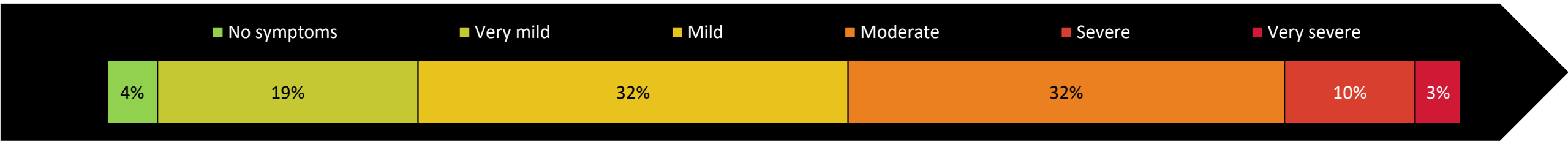


COMMS NEED TO CONSIDER THAT MOST WOMEN ARE NOT STARTING FROM A PLACE OF EMPOWERMENT OR CONFIDENCE

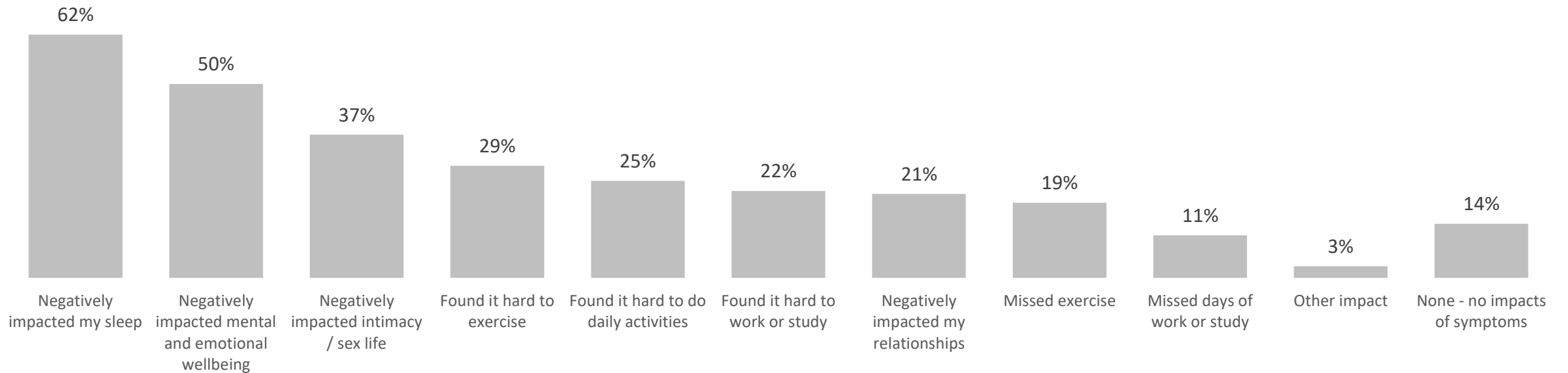
Percentages 3% or less not shown on the chart for legibility
 BOA. What emotion(s) do you personally feel when you think about perimenopause? Base: All women aged 35 to 55 who are familiar with perimenopause (n=1,892)
 BOB. What emotion(s) do you personally feel when you think about menopause? Base: All women aged 35 to 55 who are familiar with menopause (n=2,020)

45% OF WOMEN DESCRIBE THEIR SYMPTOMS AS MODERATE TO VERY SEVERE. MOST OFTEN SYMPTOMS ARE NEGATIVELY IMPACTING SLEEP AND MENTAL WELLBEING

SEVERITY OF SYMPTOMS

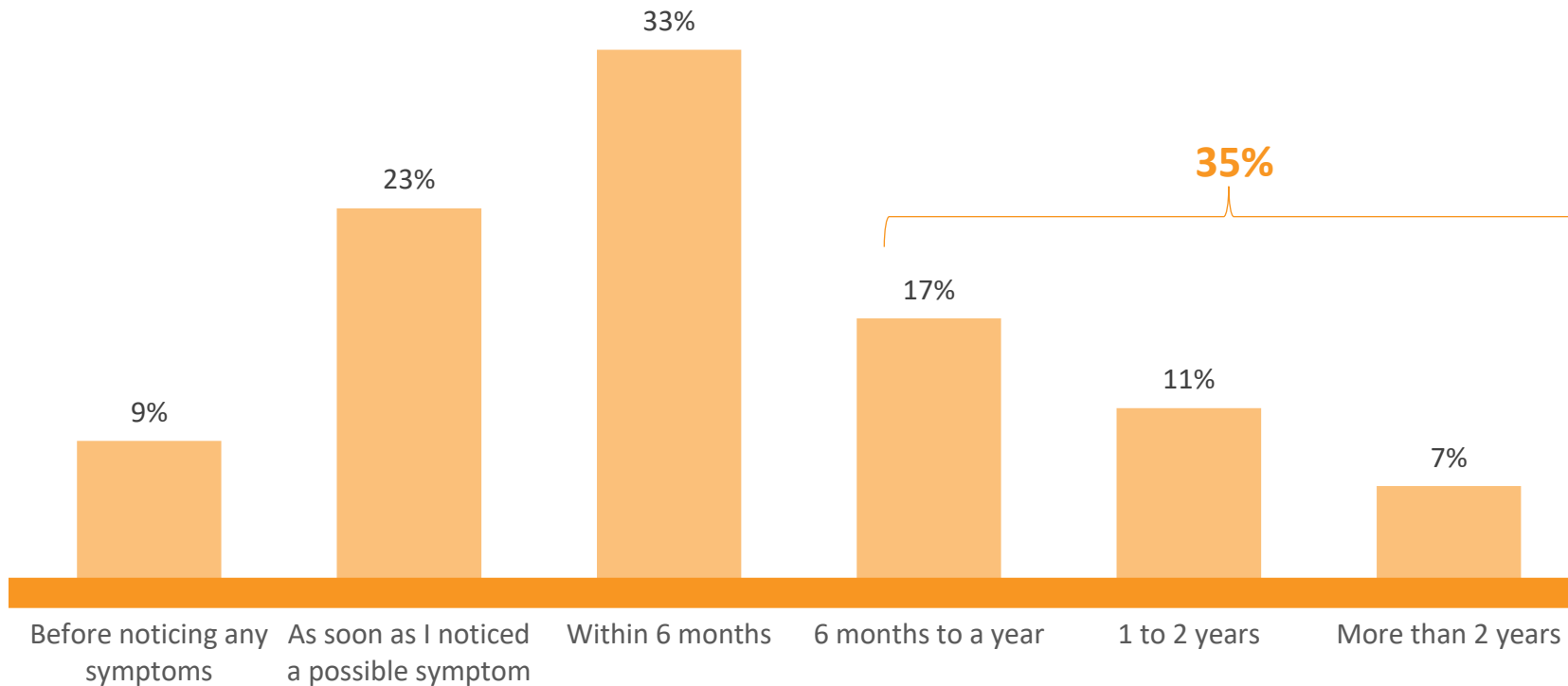


IMPACT OF SYMPTOMS



35% OF WOMEN WHO HAVE LOOKED FOR INFORMATION AND ADVICE TOOK MORE THAN 6 MONTHS TO DO SO FOLLOWING SYMPTOM ONSET. VERY FEW (9%) ARE TAKING A PROACTIVE APPROACH

TIME AFTER FIRST SYMPTOM OBSERVED



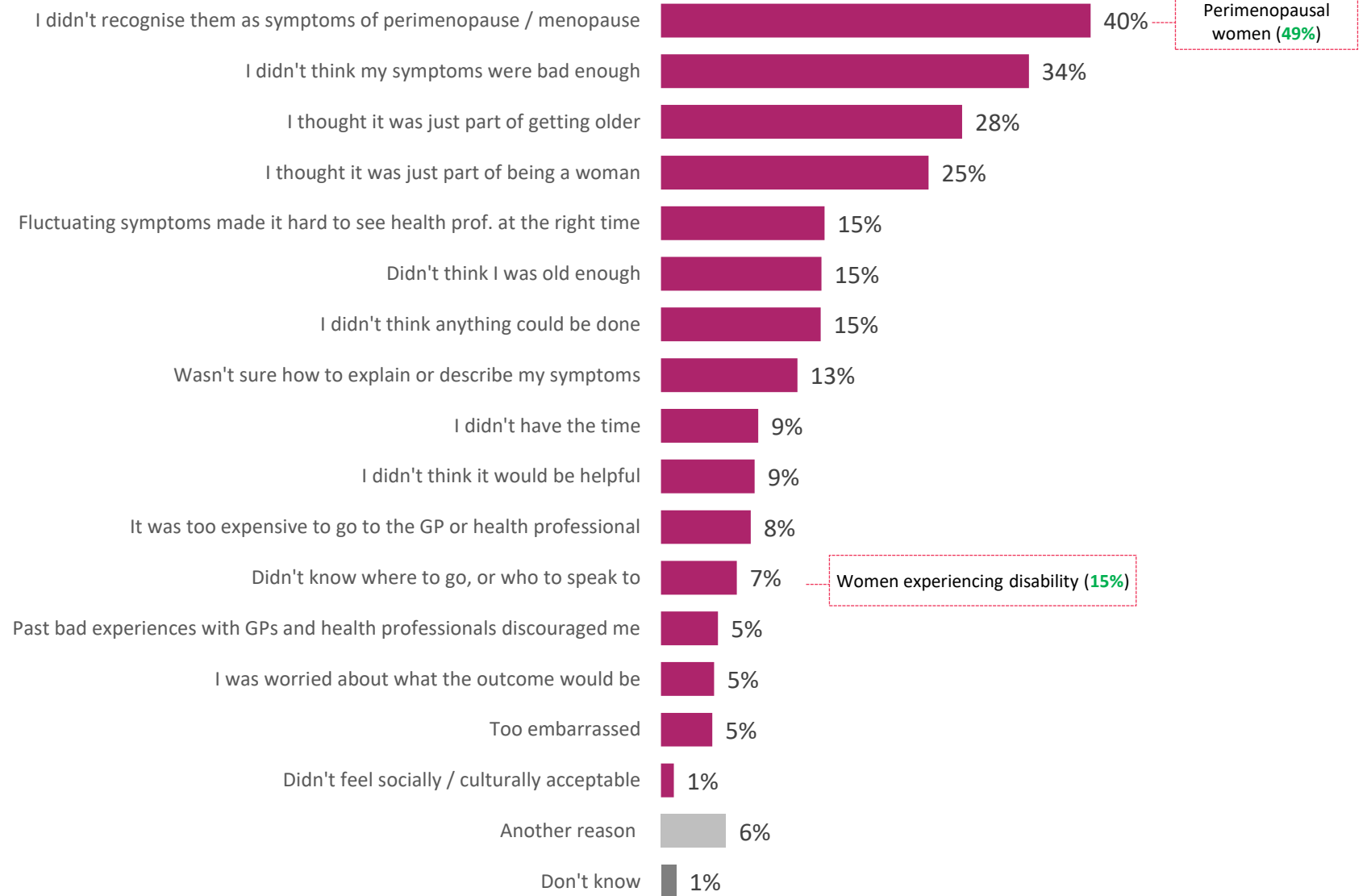
The qualitative research found that...

- For most women, it takes a **long time** to step back, look at the symptoms and **realise it could be something like perimenopause**
- Hot flushes or changes to periods are stronger known indicators, **other symptoms are usually attributed to something else first**

WOMEN WHO DELAYED SEEKING INFORMATION AND ADVICE MOST OFTEN SAY THEY DIDN'T RECOGNISE THEY WERE HAVING SYMPTOMS OF PERI / MENOPAUSE AT THE TIME

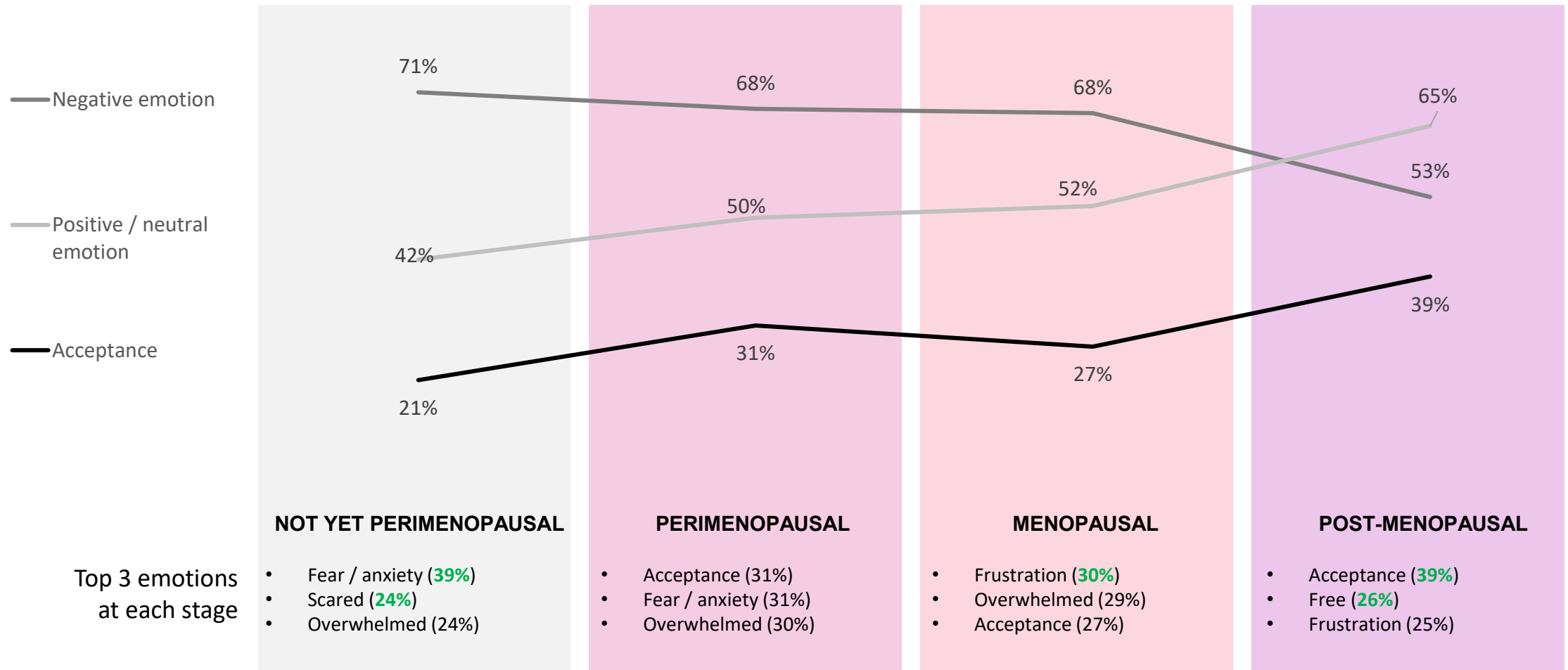


OFFICIAL
REASONS FOR DELAYING SEEKING INFORMATION AND ADVICE



AS WOMEN PROGRESS THROUGH THE JOURNEY THE WAY THEY VIEW MENOPAUSE CHANGES, FROM FEELING ANXIOUS, FEARFUL AND OVERWHELMED TO ACCEPTANCE AND FREE

EMOTIONS FELT BY WOMEN AT DIFFERENT STAGES



SUMMING UP THE CHALLENGES: PERCEPTIONS AND KNOWLEDGE (CAPABILITY BARRIERS)



CONFUSION, LOWER KNOWLEDGE

- Less than 50% of women feel familiar with menopause, and even fewer feel familiar with perimenopause. Familiarity is particularly poor among younger women.
- Perimenopause is not well understood by culturally and linguistically diverse women.
- Broad understanding about peri/menopause, but not a lot of depth of knowledge – in particular:
 - When it starts
 - How to know that it is this - what the symptoms are
 - What to expect
 - How to manage it with treatments
- This confusion is highest when it begins, and especially when it starts younger
- 7% of women don't know what stage they are in
- Delays to seeking help occur most often because women don't recognise the symptoms as peri/menopause



MANY MYTHS AND MISCONCEPTIONS CIRCULATING

- There are many myths and misconceptions about all areas of peri/menopause
 - Symptoms, treatment, diagnosis and what it might mean for this time of women's lives
- Many of these have damaging impact on how women experience this time, when and how they seek support and treatments
- Many women not seeking help believe it something they "just need to go through" as part of getting older or being a woman



NEGATIVE ASSOCIATIONS

- For many women, there are negative associations with menopause and perimenopause, almost none feel empowered or confident (<3%)
- "menopause" is often viewed more negatively, with women expressing feelings of uncertainty, lack of knowledge, and the need for more support. There is a sense that "menopause" can be confusing, intimidating, and even make women feel "old" or "like shit."

need...

...to educate, inform and raise confidence levels, especially for younger women (35-45)

...to directly challenge some of these misconceptions which are leading to poor outcomes

...to support women and positively frame the journey and this time of life



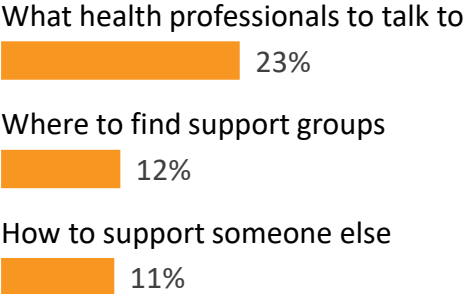
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SUPPORT AND INFORMATION SEEKING AND ENGAGEMENT

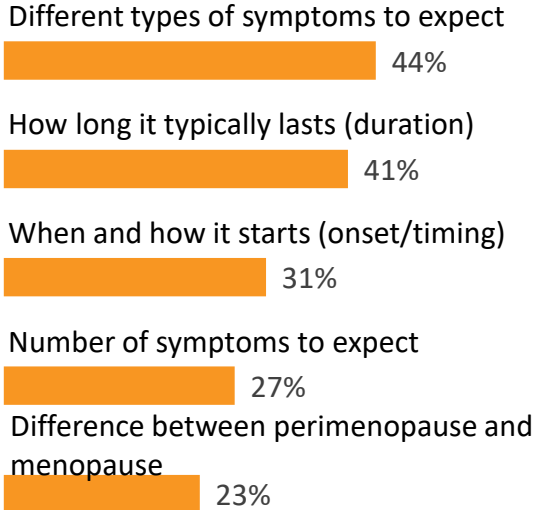
THERE IS A LOT THAT WOMEN DON'T KNOW AND WANT TO KNOW ABOUT THIS TOPIC, ONLY 6% DON'T WANT ANY MORE INFORMATION



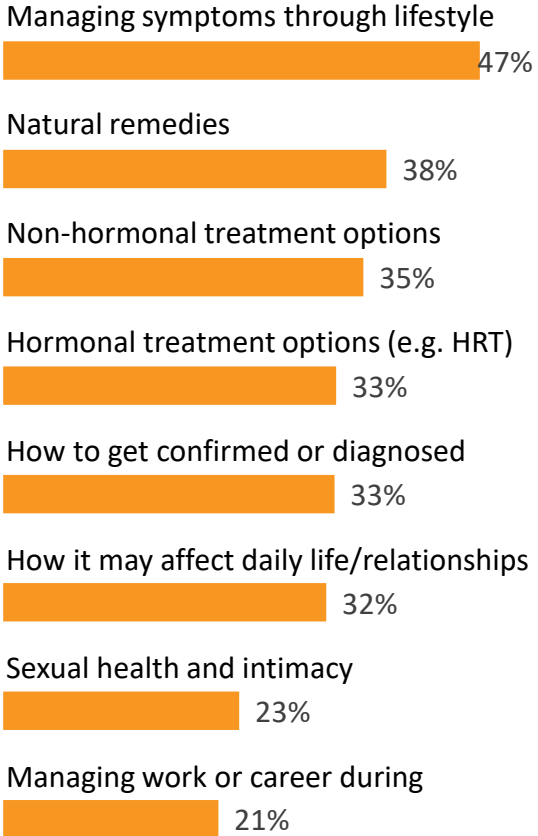
Support and planning



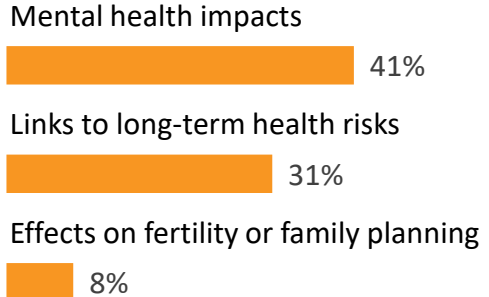
Understanding the experiences



Medical and health related topics



Lifestyle and wellbeing



Women who **aren't yet perimenopausal** are more likely to want to know more about what to expect, including ...

- Different types of symptoms (**50%**)
- When and how it starts (**41%**)

Perimenopausal women are more likely to want to know about diagnosis and treatment options, including...

- Natural / complementary therapies (**42%**)
- Non-hormonal treatment options (**41%**)
- Hormonal treatment options (**37%**)
- How to get confirmed / diagnosed (**37%**)

SOURCES OF INFORMATION OR ADVICE ABOUT PERIMENOPAUSE / MENOPAUSE

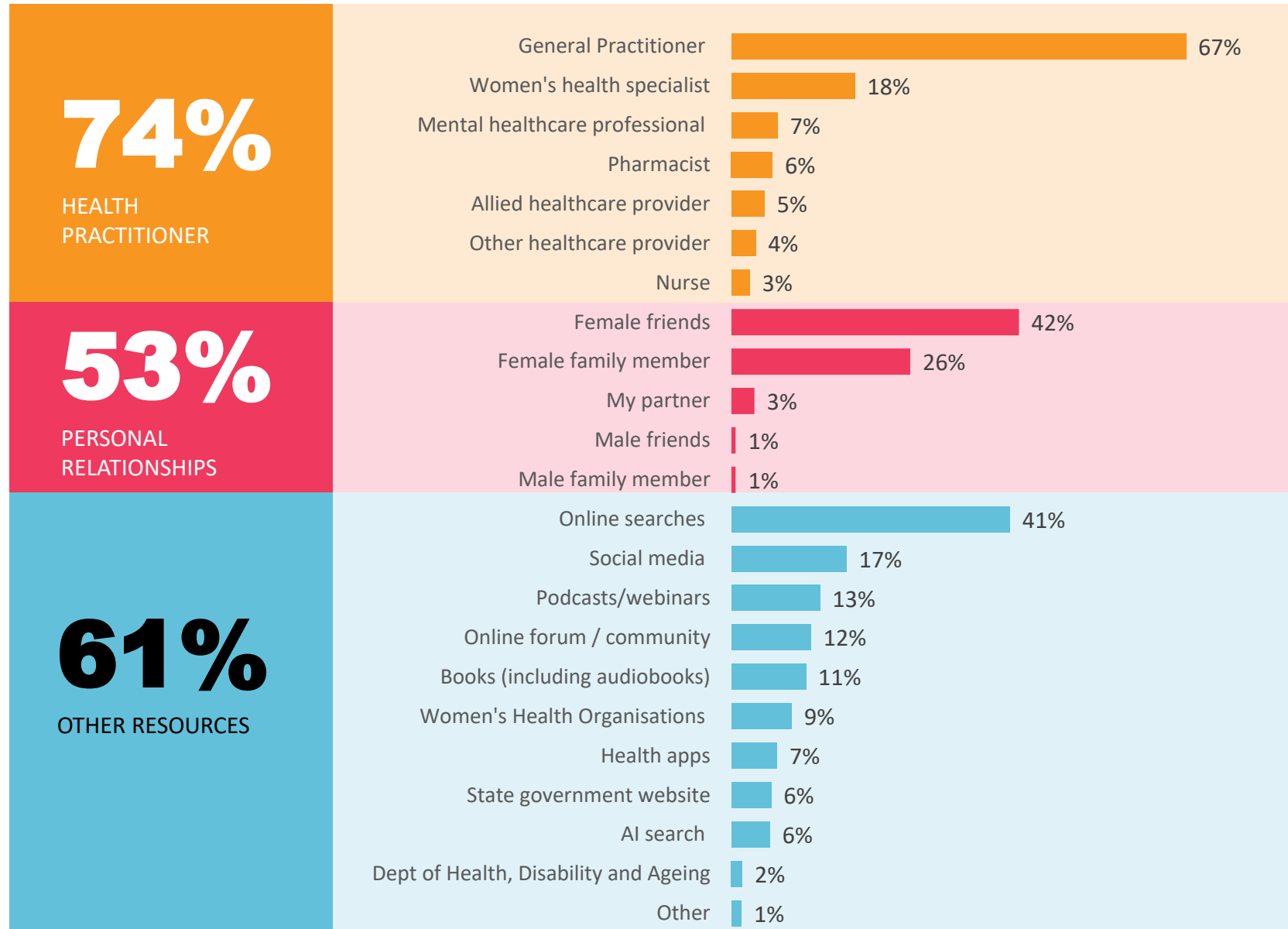
THOSE WHO HAVE LOOKED FOR INFORMATION OR ADVICE MOST OFTEN CONSULTED A GP.

TALKING TO FEMALE FRIENDS OR FAMILY MEMBERS AND DOING ONLINE SEARCHES IS ALSO COMMON

Those aged 50 to 55 are more likely to have consulted a GP (74%), and pharmacist (10%).

Perimenopausal women are more likely to have done an online search (47%), gone on social media (24%), or listened to a podcast/webinar (17%)

Those women who have a disability are more likely to have consulted a mental healthcare professional (12%)

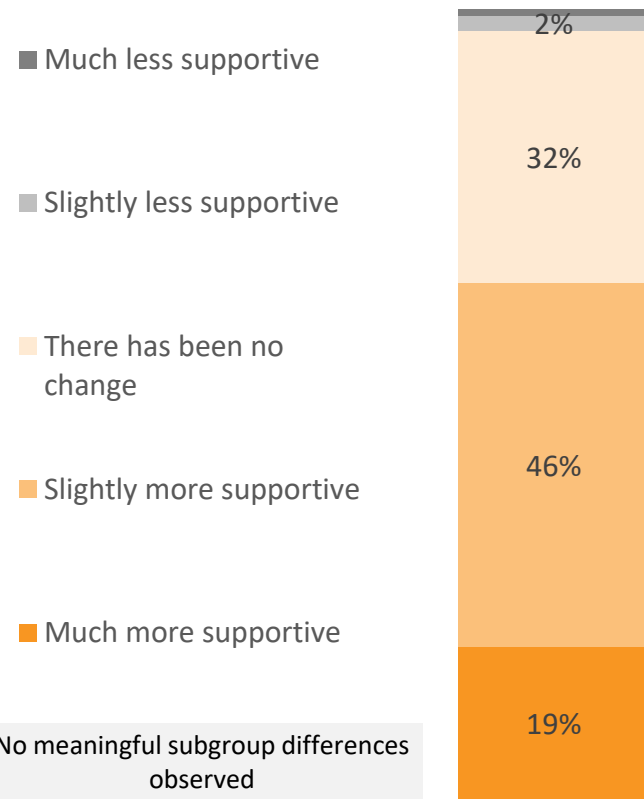


WOMEN SENSE THAT BROADER SOCIETAL ATTITUDES TOWARD PERIMENOPAUSE / MENOPAUSE IS IMPROVING...

65% OF WOMEN THINK SOCIETY IS MORE SUPPORTIVE OF WOMEN GOING THROUGH PERI/MENOPAUSE THAN THEY WERE 5 YEARS AGO



THIS LOOKS LIKE...



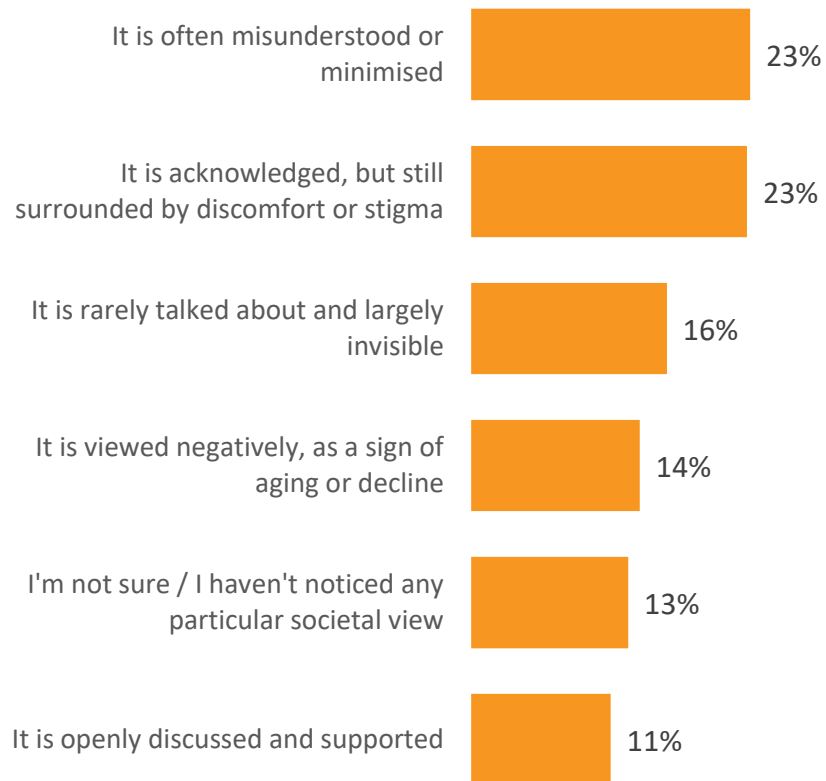
- Compared to when their mothers were going through this, there is more discussion and open-ness
- Many women are talking to close family and friends, older friends
- Peri/menopause is coming up in conversation, in social media, in product advertising
- Being supported in the workplace (e.g., special/reproductive health leave)
- More resources available to enhance society's understanding and reduce stigma



My mother went through early menopause in her 30s due to a hysterectomy. She blundered her way through it and was on and off HRT medications along the way. 40-45 years



... HOWEVER, IT STILL COMES WITH SHAME AND JUDGEMENT FOR MANY, AND IS NOT AS OUT IN THE OPEN AS IT NEEDS TO BE



- It is not something that is openly talked about with everyone
- Feelings of shame, embarrassment arise for many – about what is happening, and about the symptoms that can be associated with it
- And many women feel like it can be reacted to with judgement or even joked about



Menopause is still a confusing and somewhat taboo topic. It is discussed sometimes in tv and movies but generally through jokes rather than in an informative way. 45-49 years

WHY NOT EDUCATION OR FOCUS?

- Many wondered why there wasn't education on this topic, proactive approach to bringing up peri/menopause
- Why women have to wait till something happens to them then embark on their own (initially) solo journey
- ▼
- Women want early education, ideally starting in their 30s or even high school
- Some suggest family-inclusive education sessions to help partners understand and support them
- How about linking proactive discussions to other things that happen at this time

A KEY ROLE OF THE COMMS IS TO BRING PERI/MENOPAUSE MORE INTO THE OPEN, MAKE IT A COMMON, EASY TOPIC TO DISCUSS AND DO IT WITHOUT SHAME OR PUT DOWN HUMOUR

SUMMING UP THE CHALLENGES: ENGAGING IN SUPPORT AND TREATMENT (BARRIERS)

CAPABILITY BARRIER

LACK OF KNOWLEDGE FROM GPs ADDS GREATLY TO CONFUSION

- There is already confusion with this topic due to lack of education and discussion
- Then there is an overwhelming amount of information, often contradictory – so people often turn to HCPs to cut through this
- One in ten women (11%) are dissatisfied with the advice and information they got from their GP
- But women often cite that GPs know less than they do, struggle with management recommendations beyond pharmaceuticals
- Also, many cited as not being up to date with latest information

MOTIVATION BARRIER

GPs WHO DISMISS WOMEN - DELAYS SUPPORT AND TREATMENT

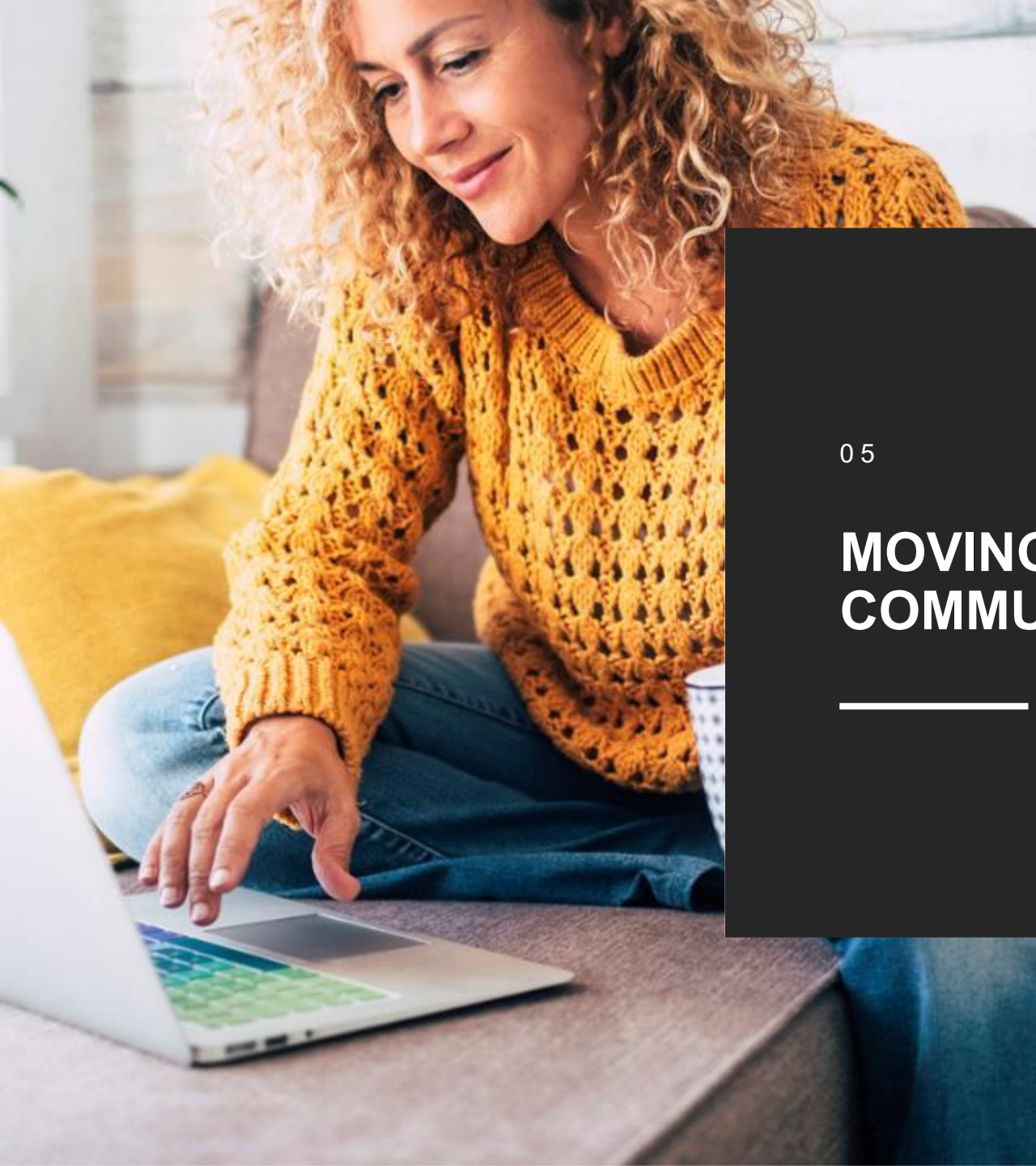
- Many women had stories of GPs dismissing women if they talking about perimenopause, or not working with them to work out what the symptoms are associated with
- If this happens, it can be months or years later that people find supportive and helpful solutions - meaning they are often suffering unnecessarily
- This also adds fuel to the negative associations i.e. just put up with it

OPPORTUNITY BARRIER

COST AND ACCESS ISSUES CONFOUND THE ISSUES

- Cost is a significant barrier for women of lower socioeconomic ability.
 - They can't get a treatment plan after one consult so have to pay for several GP appointments.
 - And HRT combi-meds is around \$48 a month which adds up
- It can be hard to get into GP appointments, especially when you want a woman GP, or one that comes recommended for this topic
- If referred to other HCPs, the access and cost issues are exacerbated, leaving them out of reach for many
- Not having a regular GP may serve as a barrier to some, as comfort talking to a new GP is significantly lower than for a GP where there is an established relationship

ADDRESSING THE POOR EXPERIENCES THAT WOMEN ARE HAVING WITH HEALTH PROFESSIONALS IS CRITICAL TO BETTER SUPPORT OF WOMEN DURING PERI/MENOPAUSE



05

MOVING FORWARD WITH COMMUNICATION ABOUT THE HUB

COMMUNICATIONS STRATEGY: MOVING FORWARD...

TARGET

Different jobs to be done for younger and older women – younger women need to know more about the symptoms, whereas older women need continued / new information about treatments

01

**ADDRESS KNOWLEDGE GAPS
AND ADDRESS
MISCONCEPTIONS**

TALK TO SYMPTOMS & TREATMENT

MESSAGING

Could it be perimenopause?
Symptoms are more varied – it's not
only hot flushes & irregular periods.
And these days there are lots of
treatment methods to support

02

**VALIDATE A SHARED
EXPERIENCE & EMPOWER**

CITE PREVALENCE & OFFER ACTION

You're not alone, it's something all
women experience.
Solutions focused - there are things
that can be done to help
(find out more, relieve some of the
symptoms, live our lives)

03

**REFRAME / ADDRESS
STIGMA AND REDUCE FEAR**

ANOTHER PHASE IN LIFE

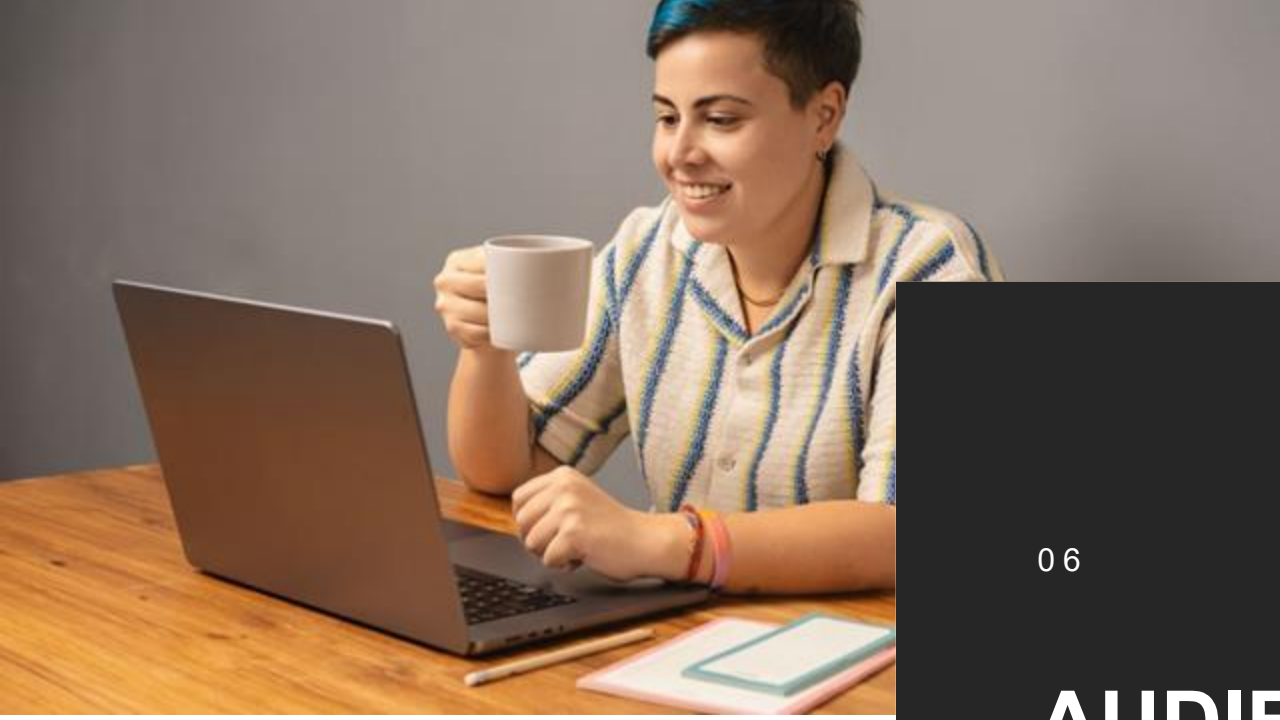
Your body doing exactly what it's
supposed to.
We just need to start talking about it
(without the ageing / infertility
baggage)

TERM AND CTA

Lead with perimenopause in comms – it's relevant to our target, aligns with GP terminology, and provides a useful anchor for the campaign.
Direct people to the hub over health professionals (but address health professionals and how/who to engage on the hub)

VISUAL IMAGERY AND TONE

Imagery and tone needs to empower women and reflect that perimenopause is not something to be ashamed of but a transitional stage of a woman's life. Confident tone, comes from a place of 'we' and speaks to women's shared experience



CIAL

06

AUDIENCES IN DETAIL



CIAL

NON BINARY AND PEOPLE WITH A DISABILITY CASE STUDIES: BASED ON 3 INTERVIEWS WITH NON BINARY PEOPLE, 3 X INTERVIEWS WITH WOMEN WITH A DISABILITY AND ANALYSING DATA FROM N=419 IN THE QUANT SURVEY



NON-BINARY PERSON

37 and lives in Metro, NSW

- Taking testosterone for the last 2 years as part of their transition
 - Which has suppressed menstruation and already experienced symptoms akin to perimenopause e.g. night sweats
- Has not been given any guidelines as to what happens later in life around perimenopause / menopause time of life
 - Unable to place themselves on the 'journey'
 - Unsure of impact of testosterone on perimenopause / menopause – *am I in menopause or would my periods start again?*
- Unaware of any information sources to help navigate 'what to expect' and not sure who / where to go to find out
 - Might speak to their endocrinologist
 - But no obvious online resources available

Information gap to support non-binary people and what to expect for their experience of perimenopause / menopause



WOMEN WITH A DISABILITY

44 and lives in Regional, VIC

- Has stage IV cervical cancer and had many rounds of radiation and chemotherapy to try and treat it
 - Chemotherapy has caused neuropathy in her hands and feet which is very painful
- Treatment for cancer has placed her into menopause
 - Chemo medically induced menopause
 - She has been experiencing hot flushes and night sweats
- Relying on gynaecological oncologist for advice on how to treat symptoms
 - They advise it's likely to be HRT patches – after the next round of radiation
- Has not pursued any information on perimenopause or menopause
 - Has heard her sister's experience of perimenopause (GP refused to give her HRT)

More likely to rely on oncology team and gynaecologists to advise rather than seek general perimenopause / menopause information

CALD INSIGHTS IN SUM: BASED ON 6 IN LANGUAGE ONLINE FOCUS GROUPS (N=40 WOMEN ACROSS VIETNAMESE, THAI, MANDARIN, CANTONESE, KOREAN, ARABIC)



AWARENESS & KNOWLEDGE

- CALD women generally have a **basic understanding** of menopause (common symptoms, age of onset, treatments), but lower awareness of perimenopause. 14% had never heard the term, and it's not commonly discussed in many CALD communities. **Language barriers:** Some languages (e.g., Thai, Arabic, Korean) do not have a direct translation for "perimenopause," making discussion and understanding more difficult.
- **Knowledge gaps** include distinguishing perimenopause symptoms from other health issues, mental health and sexual symptoms, trusted advice sources, and treatment options.



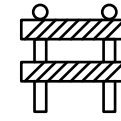
STIGMA & TABOO

- **Stigma around women's health and ageing** is more pronounced in CALD groups, especially among older generations. Topics like menopause, sexual health, and mental health are often not openly discussed.
- **Taboo and shame** can inhibit information seeking and discussion, leading to exposure to misinformation and delayed help-seeking. Younger generations are more open to discussing these topics, often using social media and peer networks to learn and share experiences.



INFORMATION SEEKING

- **GPs are the most trusted source** (trusted by 66% of CALD women), but there is a strong preference for female GPs and those who speak the participant's language.
- **Advice from friends and family** is highly valued, but conversations often exclude mental health and sex.
- **Government websites** are trusted, but lower English proficiency means some rely on less reliable content in their first language.
- **Social media** can be helpful but is also a source of misinformation (e.g., WeChat, Red Note for Chinese speakers).



BARRIERS TO INCREASING KNOWLEDGE

- **Health takes a backseat** for some CALD groups (Thai, Vietnamese), with women prioritising family, work, and finances over personal health.
- **Negative experiences with GPs** (especially male GPs) and language/access barriers can discourage help-seeking.
- **Self-research** is common but can be overwhelming and confusing due to conflicting information and lack of clear, culturally relevant resources.



So much misinformation on these platforms. WeChat is just a messaging platform, not a place for obtaining reliable knowledge.
[Mandarin participant]

I think menopause is a sensitive topic as this includes sexual relationships and physical feminine changes... I am reluctant to discuss it here.
[Korean participant]

FIRST NATIONS INSIGHTS IN SUM: BASED ON THREE FOCUS GROUPS FACE TO FACE (N=18 WOMEN IN PERTH, DUBBO, ALICE SPRINGS)



AWARENESS & KNOWLEDGE

- Low awareness of perimenopause - many had never heard the term, especially in remote areas.
- Menopause only understood after experiencing symptoms



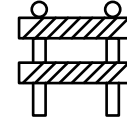
STIGMA & TABOO

- Strong cultural taboos - “Women’s business” is private; symptoms rarely discussed, even with close family.
- Shame and stigma are more pronounced in remote communities.



HELP-SEEKING & INFORMATION

- Preference for female GPs & Aboriginal health workers
- Trust in health professionals is high, but comfort depends on gender, familiarity, and cultural sensitivity.
- Metro/regional women use internet and local health services; remote women rarely seek info or discuss symptoms.



BARRIERS

- Lack of terminology and information in remote areas.
- Cost, access, and lack of proactive GP engagement are significant barriers.



RECOMMENDATIONS

- While regional and metro areas will accept mainstream media, this will not work in remote communities due to the strong stigma – need for a bespoke approach
- Use Aboriginal voices and story-based approaches.
- Increase visibility in communities (clinics, TV, posters).
- Proactively raise perimenopause/menopause in check-ups.
- Support yarning groups and local engagement.



It is taboo in our community. It is a thing culturally we don't talk about.

[Aboriginal woman, 46yrs, Alice Springs NT]

Conversations require having good relationships with patient. It involves knowing how to talk with Aboriginal women about women's health in a culturally appropriate way as perimenopause is considered to be private women's business.

[Aboriginal RN and Midwife]

I didn't know that menopause until someone else mentioned it. But I still didn't quite understand the symptoms.

[Aboriginal woman, 41yrs, Alice Springs NT]



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