

THE MENOPAUSE BAHENO PROJECT

Exploring Menopause and Mental Health
in South Asian Women in Leicester



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Menopause Baheno: A Community Research Report

Exploring the Menopause and Mental Health Experiences of South Asian Women in Leicester, Leicestershire & Rutland

Abstract

Menopause remains a deeply under-addressed issue among South Asian women in the UK, where cultural stigma, medical misrecognition, and limited mental health support often converge to create serious barriers to care. The Menopause Baheno Project, funded by Leicester City Council and delivered by Jamila's Legacy, set out to explore how menopause affects the mental health and wellbeing of South Asian women in Leicester, Leicestershire, and Rutland.

This community research project engaged 56 survey respondents and over 15 focus group participants, combining quantitative and qualitative approaches to uncover lived experiences. The data revealed high rates of psychological symptoms such as anxiety, low mood, insomnia, and brain fog—often unrecognised as menopause-related. Nearly three-quarters of participants did not initially connect their symptoms to menopause, and many described being dismissed by healthcare professionals or misinformed about treatment options such as Hormone Replacement Therapy (HRT).

Cultural silence emerged as a dominant theme. Participants reported stigma, intergenerational non-disclosure, and a widespread lack of accessible, trustworthy information. Despite these challenges, women expressed strong interest in community-led education, culturally safe support spaces, and services that prioritise empathy, flexibility, and peer connection.

The findings have been translated into actionable recommendations. These include the development of peer-led menopause cafés, culturally competent GP training, multilingual educational resources, and care models that integrate menopause with mental health support. The *Menopause Baheno Project* offers both a local intervention and a national template for equity-driven, community-informed menopause care.

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This research would not have been possible without the insight, generosity, and trust of many individuals and communities.

First, sincere thanks are extended to the South Asian women who took part in the *Menopause Baheno* project. Your willingness to share your individual experiences, reflections, and challenges laid the foundation for this report. Your voices are powerful, and it has been a privilege to listen, learn, and document your stories.

Deep appreciation is owed to **Jamila's Legacy CIC** for their steadfast support, cultural insight, and ongoing commitment to community-led research. Their leadership and partnership were vital in shaping a project rooted in authenticity, dignity, and lived experience.

This project was funded by **Public Health – Leicester City Council**, whose support enabled the development and delivery of this study. Their investment made it possible to explore the experiences of an underrepresented community and create meaningful recommendations for future care and service design.

This report is dedicated to all those whose experiences of menopause have been overlooked, dismissed, or silenced. May it serve as a step toward recognition, equity, and culturally grounded support.

Many thanks,

Raabiah Sidat (Author)

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Introduction

1.1 Background

Menopause is a universal biological transition marking the end of a woman's reproductive capacity, typically occurring between the ages of 45 and 55. Yet its symptoms, social reception, and health implications vary significantly across cultural, ethnic, and socioeconomic lines. For South Asian women in the UK, menopause is often experienced in the context of multiple, overlapping barriers—including limited access to culturally sensitive healthcare, underdiagnosed mental health symptoms, and silence within families and communities about women's health issues (Harding et al., 2022; RCOG, 2021).

Research suggests that South Asian women tend to experience menopause earlier than their White British counterparts, with onset frequently occurring between the ages of 47 and 50 (Avis et al., 2009; Hunter & Rendall, 2007). While vasomotor symptoms like hot flushes are common, South Asian women are more likely to report psychological symptoms—such as anxiety, low mood, brain fog, and insomnia—as primary concerns (BMS, 2023). However, these symptoms are often misunderstood or internalised, leading to delayed help-seeking or misattribution to stress or ageing (Beynon-Jones, 2017).

Crucially, cultural silence around menopause remains a pervasive issue. In many South Asian households, the subject is rarely discussed, particularly between generations or in mixed-gender settings (Gupta et al., 2020). This silence can reinforce shame, stigma, and the belief that menopause is something to be endured privately rather than managed or treated. Religious or cultural beliefs may frame menopause as a taboo or as evidence of ageing, weakness, or emotional instability, further compounding the reluctance to seek help (Siddiqui et al., 2021).

Mental health impacts are particularly under-addressed. Despite growing awareness of perimenopausal depression and anxiety in mainstream women's health discourse, South Asian women are often excluded from clinical trials and service design. Studies show that South Asian women in the UK are significantly less likely to access mental health services than their White counterparts, even when experiencing similar symptom severity (Chew-Graham et al., 2010; NHS Race and Health Observatory, 2022). Barriers include language, mistrust, lack of awareness, and the absence of culturally competent mental health professionals (Chaudhry et al., 2019).

This situation is exacerbated by structural limitations in NHS menopause care. Access to female General Practitioners (GPs), interpreters, or adequate consultation time remains inconsistent across regions, contributing to poor outcomes for minoritised women (RCOG, 2021; Women's Health Strategy, 2022).

1.2 Rationale

More than 85% of people supported by Jamila's Legacy identify as South Asian, with 70% being women. Despite this, there remains a lack of community-centred research exploring the unique menopausal challenges faced by this demographic.

Existing literature has disproportionately focused on majority ethnic groups, with South Asian women underrepresented in both policy and research. The Menopause Baheno project aims to address this gap by amplifying the voices of South Asian women through focus groups and surveys grounded in lived experience. It examines how menopause intersects with mental health, social stigma, and access to care, offering grounded insight into the needs and preferences of this community.

This report builds on national policy priorities—such as the NHS Long Term Plan (2019) and the Women's Health Strategy for England (2022)—which call for culturally inclusive care models, particularly in areas of chronic underrepresentation.

1.3 Project Aims

- To understand the lived experiences of South Asian women undergoing menopause in Leicester, Leicestershire, and Rutland.
- To identify how menopause intersects with mental health and emotional wellbeing.
- To uncover cultural beliefs and practices that influence help-seeking behaviour.
- To provide evidence to support the development of culturally competent services.
- To reduce stigma and promote open dialogue about menopause within the South Asian community.

2. Methodology

This research project adopted a mixed-methods approach, designed to be accessible and inclusive for South Asian women living in Leicester, Leicestershire & Rutland.

Data Collection Methods:

Survey: An online questionnaire was distributed through community networks, local organisations, WhatsApp groups, and social media. The survey gathered both quantitative and qualitative data on menopause symptoms, experiences with healthcare, and the emotional impact of menopause.

Focus Groups: Two in-person focus groups were held in key South Asian communities — Belgrave and Highfields. These sessions provided a safe and culturally sensitive space for women to share their lived experiences, ask questions, and support each other.

This community-led, participatory approach ensured that women's voices were central to the research and encouraged more open dialogue around a subject often seen as taboo.

3. Survey Demographics

The Menopause Baheno project engaged South Asian women aged 40 and above, primarily from the Leicester, Leicestershire, and Rutland (LLR) area. Participants were recruited via community networks, social media, and outreach events. The following demographic data provides critical context for interpreting the survey results and tailoring health interventions for this community.

3.1 Age Distribution

Respondents were predominantly between 45–54 years of age, the typical range for peri- to post-menopausal transition. A small proportion were under 45, suggesting early menopause or menopause following medical intervention.

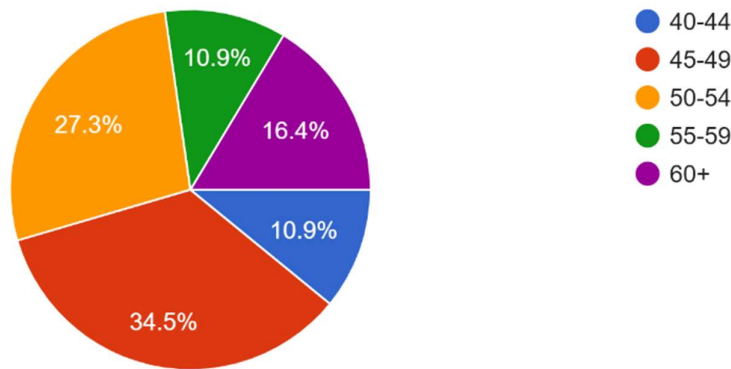


Figure 1. Age Distribution of Survey Respondents

This pie chart illustrates the distribution of participant ages. The largest segment of respondents fell within the 45–54 age group, aligning with expected menopausal stages. A small number of respondents were aged under 45, which may indicate early onset or surgical menopause.

3.2 Ethnic Composition

The study sample was primarily composed of Indian women, with added representation from Pakistani, Bangladeshi, and other South Asian ethnicities. This composition reflects the South Asian demographic profile in the LLR region.

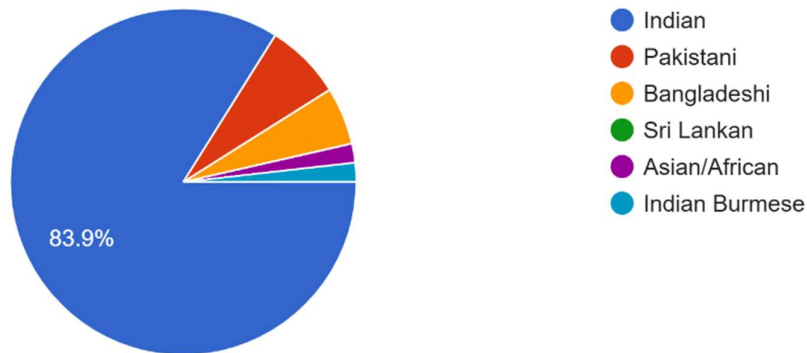


Figure 2. Ethnic Background of Participants

This pie chart shows the ethnic identification of participants. Most respondents identified as Indian, followed by Pakistani, Bangladeshi, and other South Asian or mixed ethnicities, supporting the cultural relevance of the findings.

3.3 Employment Status

A diverse range of employment statuses was reported. The largest proportion were employed either full- or part-time, with others reporting retirement, unemployment, or unpaid caregiving.

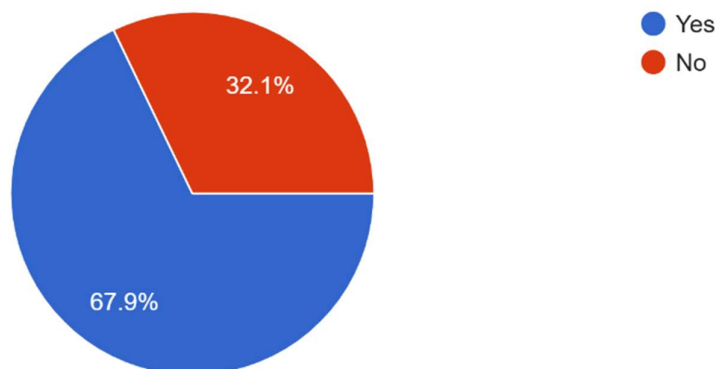


Figure 3. Employment Status of Respondents

This pie chart presents the employment breakdown among respondents. Many were in paid employment, while others were retired or providing unpaid care. Employment context is crucial to understanding time pressures and access to health services.

3.4 Disability Representation

Most respondents did not identify as having a disability, though a small but important minority did. A notable proportion preferred not to disclose.

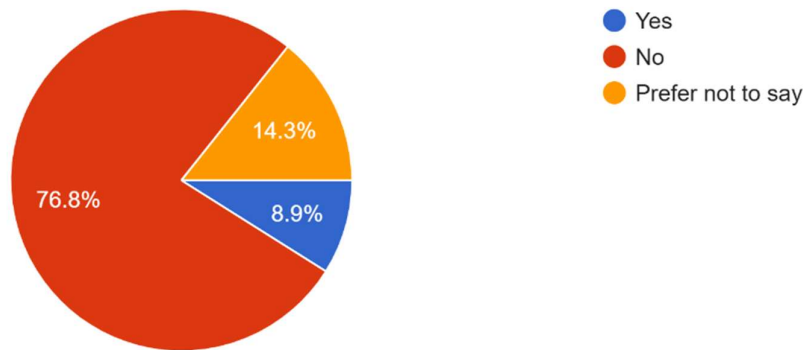


Figure 4. Disability Status of Respondents

This pie chart shows that 76.8% of participants did not consider themselves disabled, 8.9% did, and 14.3% chose not to disclose. These results underline the importance of ensuring accessible service design and outreach.

3.5 Neurodiversity

Participants were also asked whether they identified as neurodiverse (i.e. have Autism, ADHD, Dyslexia, Dyscalculia or Tourette's Syndrome). While most said no, a meaningful proportion did identify as such or preferred not to say.

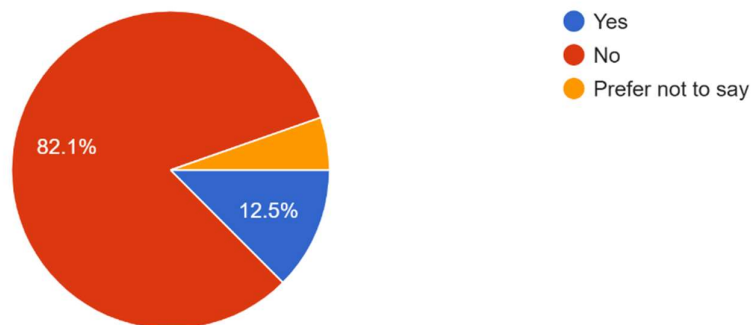


Figure 5. Neurodiversity Among Respondents

This pie chart shows that 12.5% of respondents identified as neurodiverse (e.g. ADHD, autism, dyslexia), 82.1% did not, and 5.4% preferred not to say. These findings highlight the need for inclusive, neurodiversity-aware communication and support.

4. Survey Insights

Alongside the focus groups, an anonymous survey was circulated both online and through printed versions shared by community contacts. It received a total of 56 responses from South Asian women, aged between 40 and 65+, living in Leicester, Leicestershire & Rutland.

Though the sample size was modest, the data provided clear patterns around the physical, emotional, and social impact of menopause on this community.

4a. Symptom Frequency & Awareness

Respondents were asked to identify their most common symptoms and whether they recognised these as menopause-related (See Fig.6).

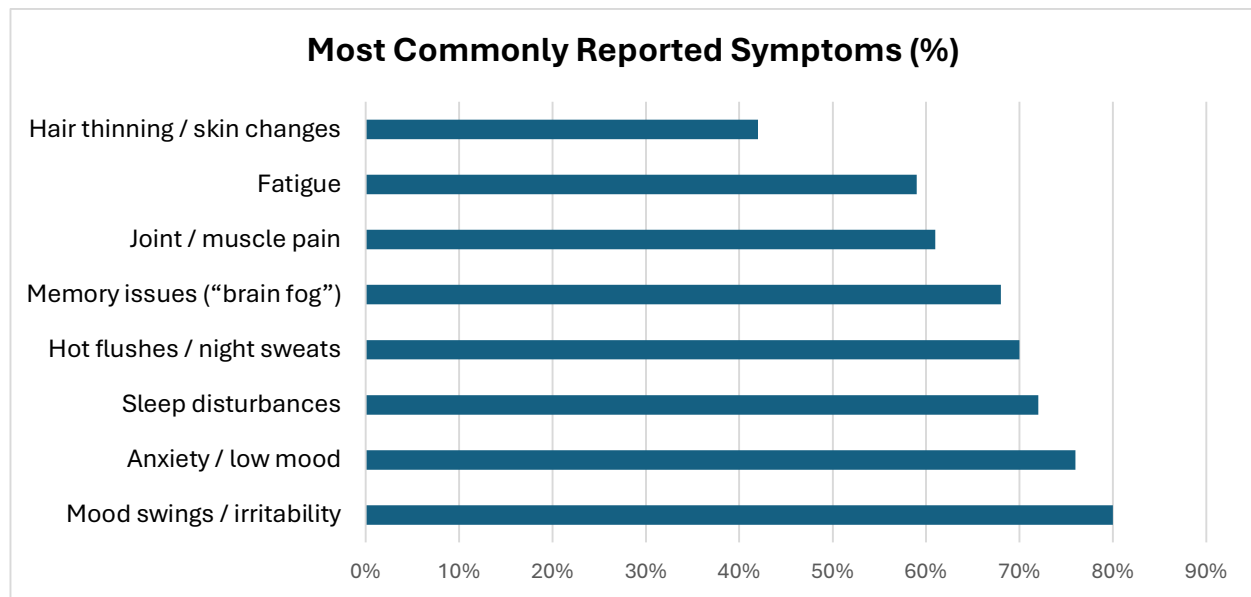


Figure 6: Frequency of Menopausal Symptoms Reported by Respondents

This pie chart illustrates the relative frequency of symptoms reported by participants. Anxiety (78%), insomnia (70%), mood swings (65%), and depression (53%) were the most prevalent. These figures confirm that psychological symptoms are as prominent—if not more so—than physical ones in this cohort.

A striking 73% of respondents admitted they were unsure if their symptoms were linked to menopause at the time they began experiencing them.

"I thought I was going mad. I didn't know anxiety and sadness were menopause symptoms."
 — Survey respondent

4b. Mental Health Impact

The survey reported that the emotional and mental health impact of menopause was significant:

- 67% of respondents said menopause negatively affected their confidence or self-esteem.
- 61% reported experiencing emotional distress or low mood that impacted their daily life.
- 42% said they had never spoken to anyone about how menopause made them feel.

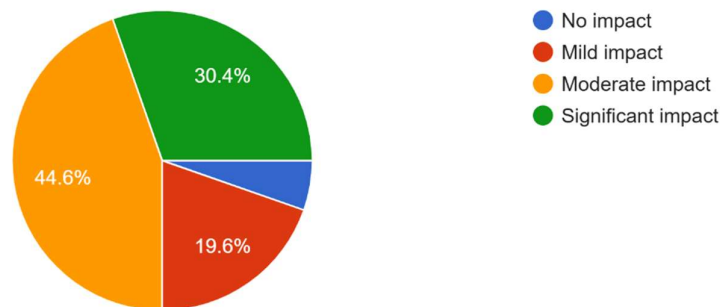


Figure 7a: Self-Reported Impact of Menopause on Mental Health

This pie chart presents the degree to which respondents ($n = 56$) felt menopause affected their mental health. Nearly 75% reported either a moderate (44.6%) or significant (30.4%) impact. Only 19.6% reported mild impact, and 5.4% said they experienced no impact. These results align with qualitative findings of emotional distress, anxiety, and low self-worth, underscoring the need for menopause care to prioritise mental health as a core component.

As shown in **Figure 7a**, nearly three-quarters of participants reported moderate to significant impact of menopause on their mental health. These findings provide further quantitative support for the emotional challenges reported in focus groups and illustrate the extent of unmet psychological support needs.

Participants who indicated that menopause had an impact on their mental health (**Figure 7a**) were subsequently asked to select the specific symptoms they experienced, such as anxiety, low mood, or emotional instability (**Figure 7b**). This allowed for a more detailed understanding of the psychological burden associated with the menopausal transition in this cohort.

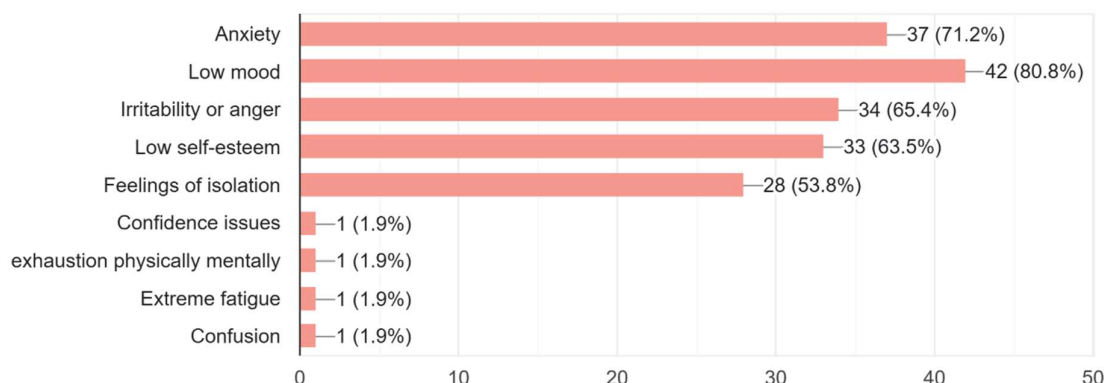


Figure 7b. Mental Health Impacts of Menopause

This chart presents the proportion of participants who reported various forms of psychological distress, such as reduced confidence, persistent low mood, and lack of social support. The data reinforce the qualitative findings from focus groups, emphasising the urgent need to embed mental health services within menopause care.

“I felt like a different person. Small things made me cry. I couldn’t explain it to my husband or kids.”

“It was so lonely. No one in my family understood. I just suffered in silence.”

4c. Experiences with Healthcare Services

The survey asked whether participants had sought medical care for menopause-related symptoms and ~70% of them had. However, upon enquiry into the quality of care they received, survey data reinforced the focus group findings that many South Asian women face barriers when accessing appropriate care:

- 55% said they felt their GP didn’t take their symptoms seriously.
- 48% had never been offered or informed about HRT. As seen in **Figure 7**, while most participants had heard of HRT, nearly a third lacked full awareness or clarity. This underlines the need for proactive, culturally sensitive education on treatment options—not just in clinical settings but through trusted community channels.
- 62% said they would prefer to speak to a female doctor about menopause but found it hard to access one.

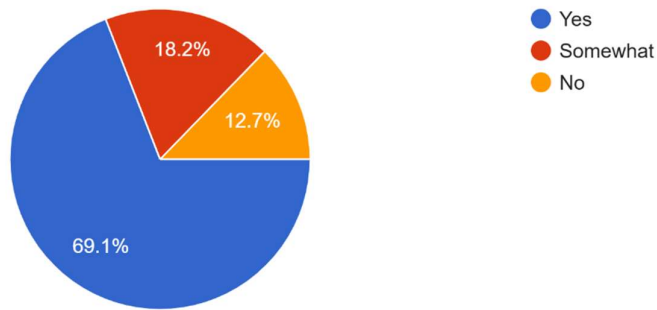


Figure 8. Awareness of Hormone Replacement Therapy (HRT) Among Respondents

This pie chart illustrates the level of awareness of Hormone Replacement Therapy (HRT) among 55 respondents. While 69.1% reported being aware of HRT, 18.2% were only somewhat aware, and 12.7% had no awareness at all. These findings suggest that although HRT is broadly recognised, gaps remain in comprehensive understanding—particularly regarding its benefits, risks, and suitability. This is consistent with focus group testimonies indicating confusion, fear, or misinformation about HRT.

Common complaints included rushed appointments, dismissal of emotional symptoms, and general lack of follow-up.

“The doctor told me it was just part of getting older. That was it. No advice, no support.”

4d. Support Networks & Information Gaps

- 58% of respondents said they had never attended a workshop or talk about menopause.
- 60% said they wished they had learned about menopause earlier in life — ideally in their 30s or early 40s.
- 72% said they would attend a community-run support group or wellbeing session if it was culturally appropriate and safe.

“I would love to talk to other women like me about this. But we need a safe space.”

5. Key Themes from Focus Groups

The focus groups were instrumental in uncovering the depth and nuance of the menopause experience among South Asian women in Leicester. Discussions highlighted that challenges were not solely biological, but deeply embedded in cultural, familial, and social contexts. Participants shared powerful personal stories, often marked by isolation, misunderstanding, and stigma—yet also resilience and solidarity.

Each of the following subthemes reflects commonly shared patterns across both sessions, illustrated by anonymised direct quotations.

5a. Mental Health Challenges

A substantial number of women described experiencing severe mood fluctuations, low self-esteem, anxiety, and emotional volatility during their menopausal journey. Many participants initially misattributed these symptoms to stress, relationship problems, or age-related pressures, only later discovering their link to menopause.

“I felt like I was losing myself. The mood swings were unbearable, and I didn’t even realise it was linked to menopause until much later.”

Cognitive issues, particularly forgetfulness and difficulty concentrating, were frequently reported:

“I kept forgetting things at work, and it made me feel useless. My manager didn’t understand, and I couldn’t talk about it at home either.”

Feelings of isolation were also prominent, especially when experiences were dismissed by healthcare professionals or not understood by family members.

5b. Physical Symptoms and Impact

While mental health was a dominant concern, many women also described a range of debilitating physical symptoms, including:

- Hot flushes
- Joint pain and stiffness
- Weight gain
- Fatigue and exhaustion
- Hair thinning and skin changes

These symptoms often compounded emotional difficulties, leading to further loss of confidence and energy.

“Sometimes I didn’t even have the energy to get out of bed. It felt like I was in someone else’s body.”

5c. Cultural Stigma and Silence

A recurrent and painful theme was the silence around menopause in South Asian families and communities. Many participants noted that menopause was never openly discussed by older generations, leaving them unprepared and unsupported.

“In our culture, you don’t talk about these things. Even with family, it’s taboo.”

“I had no idea what menopause even was until I attended a course. No one ever told me.”

Participants also described the social perception of menopause as a sign of weakness, madness, or accelerated ageing—contributing to shame and secrecy.

5d. Barriers to Healthcare

Many women expressed frustration with NHS menopause care. Some described being misdiagnosed or dismissed by healthcare professionals—particularly male GPs—who appeared unfamiliar with menopausal symptoms.

“The GP just said it was stress and didn’t take me seriously. I had to fight to get a referral.”

“Male doctors especially don’t understand – they just brush it off.”

Others reported long wait times for specialist referrals and confusion about available treatment options:

“No one explained HRT to me properly. I thought it was dangerous.”

The lack of culturally competent, gender-sensitive care was a recurring barrier to help-seeking.

5e. Positive Support & Community Empowerment

Amidst these challenges, participants who had accessed community-based resources described life-changing benefits. Educational sessions, peer groups, and culturally familiar environments were especially valued.

“The menopause course at Leicester City Football Club was brilliant. It helped me feel seen and supported.”

“Getting a book from a friend helped me realise I wasn’t alone. That changed everything.”

There was strong demand for safe, culturally appropriate spaces where South Asian women could talk openly, access support, and learn about menopause without judgement.

5f. Summary of Thematic Frequencies

The most commonly mentioned themes across both focus groups are summarised in the chart below (Figure 9). While mood swings, fatigue, and lack of education were prominent, cultural silence and misinformation around HRT also featured consistently. In addition to the frequency analysis, participants proposed several practical improvements to service provision and community engagement. These suggestions were mapped thematically.

Theme	Number of Mentions
<i>Mood Swings & Anxiety</i>	12
<i>Physical Pain & Fatigue</i>	10
<i>Lack of Awareness/Education</i>	9
<i>Barriers to Healthcare</i>	8
<i>Cultural Shame & Silence</i>	7
<i>Positive Community Support</i>	6
<i>HRT Misunderstanding or Avoidance</i>	5

Figure 9. Frequency of Key Themes Raised in Focus Groups

This bar chart summarises the number of times key themes were mentioned across both focus group sessions. Mood swings and anxiety were cited most often (12 mentions), followed by physical pain and fatigue (10), lack of awareness or education (9), and barriers to healthcare (8). These themes were often interconnected, reflecting the complex and intersectional nature of menopause for South Asian women

6. Recommendations

The following recommendations are grounded in the lived experiences of 56 South Asian women across Leicester, Leicestershire, and Rutland. They directly respond to the survey findings and focus group insights, and are designed to guide local authorities, healthcare providers, and community organisations in delivering equitable, culturally responsive menopause support.

6.1 Establish Culturally Sensitive Support Networks

- Develop peer-led menopause wellbeing cafés and support groups specifically for South Asian women.
- Host sessions in familiar, trusted venues such as community centres, mandirs, mosques, and gurdwaras.
- Facilitate sessions in key community languages (e.g., Gujarati, Urdu, Hindi, Punjabi) and ensure they are led by women with lived experience or professional expertise.
- Embed these initiatives into ongoing community provision rather than as one-off events.

“If we had somewhere we could just talk and listen without shame, it would change lives.”

6.2 Improve Cultural Competency in Healthcare Services

- Provide targeted training for GPs, nurses, and allied health professionals on the specific needs and cultural nuances of menopause in South Asian communities.
- Offer longer, dedicated menopause consultations with female clinicians wherever possible.
- Integrate mental health screening tools within primary care menopause pathways.
- Ensure interpreters or culturally competent staff are present during consultations to overcome language and trust barriers.

“I didn’t feel understood until I met a female doctor who looked like me. That made a difference.”

6.3 Increased Awareness and Early Education

- Develop translated, accessible educational materials on menopause and distribute them via community health workers, faith leaders, and local media.
- Introduce menopause awareness sessions for younger women in their 30s and early 40s to improve preparedness.

- Run intergenerational workshops to break stigma and encourage dialogue between older and younger women.

“I wish someone told me what to expect. We need to educate our daughters too.”

6.4 Incorporate Mental Health into Menopause Services

- Recognise menopause as a biopsychosocial health transition, not just a reproductive milestone.
- Embed culturally competent mental health referrals into GP and menopause clinic pathways.
- Offer group therapy, counselling, and therapeutic sessions (e.g. journaling, yoga, mindfulness) that reflect cultural and linguistic needs.
- Frame emotional symptoms (e.g. anxiety, mood swings, low confidence) as valid and treatable components of the menopausal experience.

“Menopause affected my mind more than my body. But no one talks about that part.”

6.5 Break the Silence: Promote Open Dialogue

- Launch community-wide campaigns to normalise menopause conversations, challenge shame, and highlight shared experiences.
- Use local South Asian radio, print media, and influencers to tell authentic stories and promote support services.
- Encourage storytelling and participatory workshops that centre women's voices and highlight menopause as a collective—not solitary—experience.

“We need more visibility. More real stories. That's how change happens.”

6.6 Co-Design and Community-Led Delivery

Participants shared specific ideas about what a truly welcoming, culturally sensitive menopause support space should look like. These suggestions underscore the importance of co-producing services with South Asian women, ensuring that support is not only clinically accurate but also emotionally and culturally safe.

“Sometimes you don't want to talk. You just want to sit and listen and not feel judged.”

“I don't want someone lecturing me. I want someone who understands what it's like.”

“We need a space where we can talk, or not talk, but feel understood either way.”

To reflect these insights, the following delivery principles are recommended:

- **Design with, not for:** Involve South Asian women directly in the planning, delivery, and review of all menopause support services.

- **Culturally safe spaces:** Choose venues and facilitators that reflect the community's cultural and linguistic diversity. This includes the option to speak in Gujarati, Urdu, Punjabi, or Hindi.
- **Flexible participation:** Allow women to engage at their own pace. Emphasise listening as much as sharing, with no obligation to speak.
- **Peer-led facilitation:** Prioritise lived experience and relational understanding over clinical formality. Participants valued connection over instruction.
- **Non-judgemental environments:** Ensure support spaces are stigma-free, emotionally safe, and avoid moral or behavioural expectations.
- **Family-inclusive education:** Several women spoke about educating younger generations or involving men to break silence across households and communities.

These community-driven recommendations reinforce the need for relational, inclusive support that centres empathy and shared experience over top-down clinical models.

7. Discussion

This study has highlighted significant and multifaceted challenges faced by South Asian women in Leicester, Leicestershire, and Rutland during the menopausal transition. While the biological aspects of menopause are universal, this research underscores how cultural, social, and structural factors shape the way menopause is experienced, perceived, and responded to within the South Asian community.

7.1 Mental Health Impacts and Symptom Recognition

A striking finding from this research is the prevalence of psychological symptoms—particularly anxiety, insomnia, low mood, and emotional instability—reported by respondents. These align with broader UK data indicating that perimenopausal women often experience significant mental health symptoms that are underdiagnosed or misattributed to external stressors (RCOG, 2022; BMS, 2023). However, for South Asian women, the burden is magnified by cultural norms that discourage emotional expression and lack of mental health literacy (Chaudhry et al., 2019).

Notably, 73% of survey participants were unaware that their symptoms were related to menopause until much later. This delay in recognition is consistent with literature suggesting that South Asian women may lack access to appropriate health education and culturally relevant information about the psychological dimensions of menopause (Hunter & Rendall, 2007; Siddiqui et al., 2021). Focus group participants described this confusion vividly, expressing feelings of self-doubt and isolation, sometimes compounded by unsupportive family environments.

The intersection between menopause and mental health in this demographic remains critically under-addressed in mainstream NHS provision. Studies have shown that South Asian women are less likely to be referred to psychological services and more likely to present with somatic symptoms, leading to misdiagnosis or insufficient support (Chew-Graham et al., 2010; NHS Race and Health Observatory, 2022).

7.2 Cultural Silence and Stigma

Cultural silence emerged as one of the most dominant themes across the focus groups. For many participants, menopause was considered a taboo subject—something not to be discussed even among women, let alone with partners or healthcare professionals. This aligns with studies that document a persistent stigma surrounding reproductive health in South Asian cultures, where menopause may be framed as shameful, a sign of ageing, or emotional instability (Gupta et al., 2020; Harding et al., 2022).

Generational gaps further compound this silence. Several women reported having no conversations about menopause with their mothers or older relatives, perpetuating a cycle of misinformation and fear. This lack of intergenerational dialogue contributes to a broader

failure to prepare women for the transition and discourages them from seeking timely support.

7.3 Healthcare Access and Mistrust

The survey and focus groups revealed widespread dissatisfaction with menopause-related healthcare. Over half of the respondents felt their GPs did not take their symptoms seriously, and nearly half had not been informed about Hormone Replacement Therapy (HRT). These findings reflect national data indicating that minoritised women often face clinical dismissal, gender-mismatched consultations, and short appointment windows that hinder meaningful support (Women's Health Strategy, 2022; RCOG, 2021).

The desire to speak with female clinicians was particularly strong among participants—yet many struggled to access them. This aligns with research showing that South Asian women are more likely to disengage from healthcare when gender and cultural concordance is not available (Ahmed et al., 2019).

Confusion about HRT was another recurring theme. Focus group narratives suggest that fear and uncertainty—often based on hearsay or culturally filtered information—discourage many women from exploring this option, even when their symptoms are severe. This mistrust is compounded by inconsistent communication from healthcare providers and lack of translated resources (BMS, 2023).

7.4 The Value of Community-Led Support

Despite the challenges, the research also revealed strong interest in culturally tailored support mechanisms. Women expressed high levels of enthusiasm for community-based peer groups, educational events, and workshops—especially when led by other South Asian women or delivered in community languages.

This aligns with emerging evidence supporting the effectiveness of community-led, culturally adapted interventions to improve awareness, reduce stigma, and encourage help-seeking behaviour among ethnic minority groups (Rao et al., 2020). Models such as wellbeing cafés, peer education, and intergenerational dialogue have been shown to build trust and foster collective resilience when appropriately resourced and locally embedded.

Several participants credited recent experiences with local initiatives—such as community menopause courses or receiving translated health information—as transformational. These findings support the case for sustained investment in culturally responsive health education and peer-led delivery models.

7.5 Limitations and Areas for Future Research

While the study sample was modest (56 respondents, plus two focus groups), the qualitative richness and consistency of themes enhance its validity. Nonetheless, future work would benefit from broader sampling, particularly to capture the experiences of less-represented subgroups, such as recently arrived migrants, LGBTQ+ women, and non-English speakers.

There is also a need for more robust quantitative data comparing symptom severity, age of onset, and help-seeking patterns between ethnic groups across the UK. Additionally, the exclusion of South Asian women from many clinical trials and service evaluations remains a systemic gap in evidence and policy design.

7.6 Implications for Policy and Practice

The findings strongly align with national calls for inclusive women's health policy. The NHS Long Term Plan (2019) and Women's Health Strategy for England (2022) both emphasise the need for person-centred, culturally competent services. This study reinforces the urgency of embedding these commitments into practice—especially in high-density ethnic minority regions such as Leicester.

There is a clear opportunity to co-produce menopause education, mental health support, and community services with South Asian women themselves. Doing so will not only address health inequalities but also empower women to take control of their health without shame or fear.

8. Conclusion

This report highlights the complex challenges faced by South Asian women in Leicester, Leicestershire, and Rutland during the menopausal transition. Through community-led surveys and focus groups, it has become clear that menopause is not only a biological change but also a deeply social and psychological experience. Cultural silence, misinformation, and healthcare barriers have made this transition more difficult for many women.

The study revealed that psychological symptoms—particularly anxiety, emotional instability, and memory difficulties—were often misunderstood or dismissed. Many women lacked accurate information about menopause, and nearly half reported inadequate support from healthcare professionals. Stigma, shame, and intergenerational silence further restricted open dialogue, leaving women feeling isolated and unsupported.

Despite these barriers, the project also surfaced clear pathways to change. Women expressed a strong desire for peer-led support, culturally tailored services, and educational tools that reflect their lived experiences. The findings strongly support the co-design of community-based menopause support services and reinforce the need for culturally competent training within the NHS.

The Menopause Baheno Project shows that South Asian women are not lacking in awareness or resilience. What is missing is accessible, respectful, and culturally informed care. By translating these findings into practical, community-rooted solutions, this report contributes to wider efforts to address health inequalities and support all women through menopause with dignity, knowledge, and solidarity.

References

- Ahmed, A., Vyas, A., & Cameron, I. (2019) 'Barriers to healthcare access in minority ethnic populations in the UK: a qualitative evidence synthesis', *BMJ Open*, 9(12). Available at: <https://bmjopen.bmj.com/content/9/12/e030714> (Accessed: 2 May 2025).
- Balance (2023) *Menopause in ethnic communities*. Available at: <https://www.balance-menopause.com/menopause-library/menopause-in-ethnic-communities/> (Accessed: 2 May 2025).
- Beynon-Jones, S. (2017) 'Re-visioning Menopause: A Critical Feminist Perspective', *Feminism & Psychology*, 27(1), pp. 75–95.
- British Menopause Society (2023) *Menopause in ethnic minority women*. Available at: <https://thebms.org.uk/wp-content/uploads/2023/07/20-BMS-TfC-Menopause-in-ethnic-minority-women-JULY2023-B.pdf> (Accessed: 2 May 2025).
- British Asian Women's Magazine (2023) *Why we need to openly talk about menopause in South Asian communities*. Available at: <https://www.britishasianwomensmagazine.com/website/why-we-need-to-openly-talk-about-menopause-in-south-asian-communities> (Accessed: 2 May 2025).
- Chew-Graham, C., Bashir, C., Chantler, K., Burman, E. and Batsleer, J. (2010) 'The views of South Asian women in the UK about depression and mental health services: a qualitative study', *Psychology and Psychotherapy: Theory, Research and Practice*, 83(4), pp. 363–377. Available at: <https://doi.org/10.1348/147608309X481652> (Accessed: 2 May 2025).
- Chaudhry, Z., Reis, S., & Hargreaves, D. (2019) 'Mental health inequalities and ethnic minorities in the UK: A review', *Ethnicity and Health*, 24(5), pp. 517–534.
- Community Action Derby (2024) *South Asian Menopause Support (SAMS)*. Available at: <https://www.communityactionderby.org.uk/latest/news/south-asian-menopause-support-sams> (Accessed: 2 May 2025).
- Department of Health and Social Care (2022) *Women's Health Strategy for England*. Available at: <https://www.gov.uk/government/publications/womens-health-strategy-for-england> (Accessed: 2 May 2025).
- Gupta, G. R., Oomman, N., Grown, C., Conn, K., Hawkes, S., Shawar, Y. R., Shiffman, J., Buse, K., Mehra, R., Bah, C. A. and Heise, L. (2020) 'Gender equality and gender norms: framing the opportunities for health', *The Lancet*, 393(10190), pp. 2550–2562.
- Harding, S., Nazroo, J., & Bécares, L. (2022) *Revisiting the ethnicity and health debate: Implications of intersectionality and institutional racism in the UK*. *Ethnicity and Health*, 27(1), pp. 1–10.
- Hunter, M. S. & Rendall, M. (2007) 'Bio-psycho-socio-cultural perspectives on menopause', *Best Practice & Research Clinical Obstetrics & Gynaecology*, 21(2), pp. 261–274.

MyNutriWeb (2023) *Menopause support for South Asian women*. Available at: <https://mynutriweb.com/menopause-support-south-asian-women/> (Accessed: 2 May 2025).

NHS (2019) *The NHS Long Term Plan*. Available at: <https://www.longtermplan.nhs.uk> (Accessed: 2 May 2025).

NHS Race and Health Observatory (2022) *Ethnic Inequalities in Healthcare*. Available at: <https://www.nhsrho.org> (Accessed: 2 May 2025).

NIHR School for Primary Care Research (2023) *Improving communication about menopause for women from South Asian backgrounds*. Available at: <https://www.spcr.nihr.ac.uk/research/projects/improving-communication-about-menopause-for-women-from-south-asian-backgrounds> (Accessed: 2 May 2025).

Prajapati, R. & Liebling, H. (2022) *The menopause blind spot: Why are South Asian women left out*. Counselling Directory. Available at: <https://www.counselling-directory.org.uk/articles/the-menopause-blind-spot-why-are-south-asian-women-left-out> (Accessed: 2 May 2025).

Royal College of Obstetricians and Gynaecologists (2021) *Better for Women Report*. Available at: <https://www.rcog.org.uk> (Accessed: 2 May 2025).

Siddiqui, S., Patel, A., & Hussain, R. (2021) 'South Asian Women and Menopause: Cultural Stigma and Health Access', *International Journal of Women's Health*, 13, pp. 167–174.

The Menopause Charity (2021) *Cultural differences in menopause*. Available at: <https://www.themenopausecharity.org/2021/04/24/cultural-differences-in-menopause/> (Accessed: 2 May 2025).

Woman & Home (2024) *Menopause in the South Asian community: Stigma and myths*. Available at: <https://www.womanandhome.com/health-wellbeing/menopause-in-the-south-asian-community/> (Accessed: 2 May 2025).