



# **Menopause: Tackling the Taboo**

## **An evaluation**

### **Final Report**



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**January 2023**

## Acknowledgements

Gratitude is extended to those who took part in this evaluation as without their time and contributions, this report would not have been possible. It is hoped that this report is able to accurately reflect their perspectives and experiences. Thanks are also extended to the WomenCentre project team who helped to facilitate the completion of this evaluation.

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# Executive Summary

## Background and context to the project

The Menopause is experienced by all women and can have a significant impact on their lives and their mental health and that of their families. The Menopause: Tackling the Taboo project was delivered with funding and support from Huddersfield Central Place Partnership ward councillors (comprising of Almondbury, Dalton and Newsome Wards). The project was delivered by WomenCentre between February 2020 and January 2023, with local women and their families and was co-ordinated by a Project Worker (PW). The project aimed to:

1. Better understand and raise awareness of the menopause and its impact on women, their families, and their lives.
2. Put in place a range of support to help women (and their families) better manage their experiences/symptoms of the menopause.
3. Create opportunities for local women to shape the design, delivery, and evaluation of a local response to support for women going through the menopause and their families.
4. Enable opportunities to share learning across Kirklees and beyond.

Key activities of the project included:

- Regular Menopause Cafes
- Well-being activities/events
- Information sharing and awareness raising activities
- Social media

## The evaluation

The evaluation took place from January 2022 until December 2022. The aim of the evaluation was to explore the following questions:

1. What activities and outputs did the Project deliver?
2. To what extent have local people and communities been involved in shaping the development and design of Project activities?
3. How many women and their wider families and communities accessed Project activities?
4. How successfully did the Project reach women from different cultural, socio-economic, and other diverse communities in the three Wards?
5. What impact has the Project had? Is anyone better off as a result of the Project?
6. To what extent has the Project achieved its stated aims, outcomes, and targets?
7. In addressing the above questions, the evaluator will consider:

- What the key success factors are (what made a difference, how and why)?
- What didn't work as planned (what barriers/gaps are there, how can we overcome or reduce these)?
- Have there been any unexpected outcomes (positive and/or negative)? What are they?
- What learning, conclusions and recommendations can be drawn from the evaluation findings to be shared locally, regionally, and nationally?

The evaluation used a mixed-methods approach involving three workstreams:

1. Quantitative survey with a) project beneficiaries; and b) wider community.
2. Qualitative data collection with a) project beneficiary focus groups; and b) one to one interviews with the project worker and steering group members.
3. Analysis of existing project data including a) steering group minutes, b) project progress reports, c) social media outputs and engagement, and d) project activity feedback.

## **Main findings**

### **Increased awareness of the menopause**

Gaining knowledge was the primary motivator for engagement with the project. Owing to engagement with the project, over two thirds of project beneficiary survey respondents strongly agreed/ agreed they had improved knowledge/ understanding about the menopause. Participants particularly valued the learning they gained from each other across project activities. Peer support was identified as facilitating greater understanding of menopause symptoms, available treatments, holistic options, and the impact of the menopause on all areas of their life. Owing to increased awareness, women identified feeling empowered to make informed decisions about the management of their menopause symptoms.

Despite increased awareness of the menopause, symptoms, and support, for the women who directly engaged with the project, the evaluation identified a continuing gap in menopausal knowledge in the wider community. Women expressed that this lack of understanding, knowledge, and support, particularly from partners and health care professionals, often contributed to their sense of isolation, anxiety, and loss of self-esteem.

### **Key Learning**

1. There is a continuing gap in knowledge of the menopause and perceived availability of support.
2. Women engaged with the project perceived they had improved knowledge/ understanding about the menopause.

3. Women engaged with the project identified peer support as central to their improved knowledge/ understanding about the menopause.

### **Key Recommendation**

1. Learning from the project and evaluation should be shared via social media platforms (to reach a local, national, and international audience) to raise further awareness.
2. Learning from the project and evaluation should be shared with local community organisations, to enable continued awareness raising in relation to the menopause, symptoms, and available support, to the wider community.
3. Future activities will continue to benefit from approaches incorporating peer support.

### **Improved mental health and well-being**

The evaluation identified the significant impact of the menopause on women's mental health. Improved mental health and well-being was a further motivator for respondents' engagement with the project. Over two thirds of respondents to the project beneficiary survey strongly agreed/agreed they had improved well-being owing to engagement with the project. Women explicitly shared the benefit of the 'safe' spaces provided by the project in which they could share their feelings and anxieties without judgement. The value of peer support and being with and learning from other women with a shared experience was also highlighted. Whilst the value of the information shared and support provided via social media was acknowledged, the value of face-to-face contact was reiterated within the evaluation.

### **Key Learning**

4. Women's mental health can be impacted during the menopause.
5. Women perceived they had improved mental health and well-being owing to engagement with the project.
6. Women who engaged with the project identified peer support as central to their improved well-being.

### **Key Recommendation**

4. See Key Recommendation 1 & 2.
5. Future activities will continue to benefit from face-to-face activities/events.
6. The support of trained facilitators and/or volunteers may be beneficial within future work to enable women to be adequately supported and signposted.

### **Impact of previous trauma on experience of the menopause**

In addition, the evaluation highlighted the way in which psycho-social stressors, particularly trauma relating to past experiences (including domestic and sexual violence), can have a significant impact on women's menopause transition. Indeed,

the mental health and well-being of some women was significantly impacted during their menopause, with evidence of self-harm and suicidal ideation.

### **Key Learning**

7. Women's previous trauma can lead to worse menopause symptoms.

### **Key Recommendation**

7. See Key Recommendation 6.
8. Women only spaces are required for future activities to enable women to safely share and process their experiences.

### **Project reach**

The evaluation highlights the extensive reach of the project, both within, and beyond the target geographical areas (including national and international social media reach). The project successfully and directly engaged with the target population in terms of age range and menopausal status. One of the project aims was to increase knowledge and understanding of the menopause, symptoms, and the impact across all members of the community (women, families, communities, professionals/ services and employers). However, there were some evident gaps in project reach and engagement.

In particular, the evaluation identified gaps in engagement with diverse communities, including racially minoritized women. To ensure that more women are empowered to make decisions regarding their menopausal transition and access appropriate support, future work should a) continue to engage with diverse communities to ascertain what support is required and what that support should look like; and b) share learning from the project to support existing community groups to develop their own menopause support.

The evaluation identified that men engaged in some awareness raising activities and information sharing events. Equally some women project beneficiaries perceived that their male partners benefited from the support they themselves received from the project. Despite this, few men engaged in the steering group or project activities, despite every effort made to include them. The lack of understanding of the menopause by male partners was identified within the evaluation as negatively impacting on women's experience of the menopause; therefore, a continuing need to raise menopausal awareness with men is reiterated within this evaluation. However, the complexities of engaging men in a women centred project is acknowledged. Therefore, future work may benefit from different strands that a) continue to raise awareness in the wider community, whilst b) providing women only spaces to support women in their menopause transition.

### **Key Recommendation**

9. See Key Recommendation 1, 2 & 8.



10. Further scoping work is required with women from diverse communities to establish the support they require to ensure future work is as far reaching as possible.

# 1. Introduction

## 1.1 WomenCentre

WomenCentre provides holistic, one-stop services at their centres in Huddersfield, Dewsbury, and Halifax, and in the community. They offer a wide range of services including emotional and practical support on issues such as debt, benefits, mental or physical health, domestic violence, counselling, training, and development, and much more.

WomenCentre enables women to:

- improve health and well-being.
- increase training and employment opportunities for improved economic conditions.
- raise self-confidence, self-esteem, and social interaction skills.
- improve citizenship and social inclusion.
- support the development of positive, safe, and stable circumstances and relationships.
- improve safety and wellbeing of their children.

## 1.2 Tackling the Taboo, the project

The menopause is experienced by all women, potentially having a significant impact on their lives and their mental health and that of their families. However, it is rarely discussed publicly, and very little information and support is available.

The Menopause: Tackling the Taboo project was delivered by WomenCentre between February 2020 and January 2023, with local women and their families. The project was delivered with funding and support from Huddersfield Central Place Partnership ward councillors (comprising of Almondbury, Dalton and Newsome Wards).

### **Project aims**

1. Better understand and raise awareness of the menopause and its impact on women, their families, and their lives.
2. Put in place a range of support to help women (and their families) better manage their experiences/symptoms of the menopause.
3. Create opportunities for local women to shape the design, delivery, and evaluation of a local response to support for women going through the menopause and their families.
4. Enable opportunities to share learning across Kirklees and beyond.

The pilot aimed to help improve the wellbeing and mental health of women going through the menopause by improving knowledge, awareness and understanding about the menopause, symptoms and how to manage these. Anticipated outcomes, for women experiencing menopause and their families include:

### **Anticipated outcomes**

1. Better understanding of the menopause, symptoms, and the impact across all members of the community (women, families, communities, professionals/services, and employers).
2. Increased ability to self-manage, or support others, to manage the menopause and its impact.
3. Improved mental health and wellbeing for women and their families.
4. Improved confidence and self-esteem for women experiencing the menopause.
5. Reduced anxiety and feelings of isolation for women experiencing the menopause.
6. The development of knowledge about the menopause and where to get support for women and their families from all communities.

## **1.3 Tackling the Taboo evaluation: Aims and Objectives**

In 2022, Dr Kelly Lockwood was commissioned to evaluate the Menopause: Tackling the Taboo project. The aim of the evaluation was to explore the following questions:

1. What activities and outputs did the Project deliver?
2. To what extent have local people and communities been involved in shaping the development and design of Project activities?
3. How many women and their wider families and communities accessed Project activities?
4. How successfully did the Project reach women from different cultural, socio-economic and other diverse communities in the three Wards?
5. What impact has the Project had? Is anyone better off as a result of the Project?
6. To what extent has the Project achieved its stated aims, outcomes, and targets?
7. In addressing the above questions, the evaluator will consider:
  - What the key success factors are (what made a difference, how and why)?
  - What didn't work as planned (what barriers/gaps are there, how can we overcome or reduce these)?
  - Have there been any unexpected outcomes (positive and/or negative)? What are they?
  - What learning, conclusions and recommendations can be drawn from the evaluation findings to be shared locally, regionally, and nationally?

## **1.4 Structure of the report**

This report provides the findings of the evaluation reporting on each stage of the process and draws on both quantitative (descriptive statistics) and qualitative data collected during 2022. The report is structured as follows:

- **Section 2** outlines the research methods that shaped the evaluation.
- **Section 3** provides a summary of project activities.
- **Section 4** presents an analysis of quantitative data from the two surveys, 1) survey with project beneficiaries, 2) survey with wider community members.
- **Section 5** presents the analysis of qualitative data from the project beneficiary focus group and one to one interviews with project staff and volunteers.
- **Section 6** offers a discussion and concluding comments, specifically considering to what extent the project has met the intended aims and outcomes.

## 2. Methodology

### 2.1 Methods

The evaluation used a mixed-methods approach involving three workstreams:

- (1) Quantitative survey with
  - (a) Project beneficiaries
  - (b) Wider community
- (2) Qualitative data collection
  - (a) Project beneficiary focus group
  - (b) One to one interviews with project worker and steering group members
- (3) Analysis of existing project data including:
  - (a) Steering group minutes
  - (b) Project progress reports
  - (c) Social media outputs and engagement
  - (d) Project activity feedback

Each workstream is discussed below. Before data collection took place, a consultation was held with the project team. This consultation helped to shape the design of data collection instruments (survey, interview, and focus group questions).

#### 2.1.a Quantitative Data

##### *Project beneficiary survey*

The project beneficiary survey was an online self-completion questionnaire and was promoted to potential participants via the project social media platforms (as discussed in Section 3), the project Menopause Cafes and other project activities. The survey responds to Project Evaluation Aims (PEA) 4 & 5 to explore who was accessing project activities and what impact the project had. Eighteen surveys were completed.

##### *Wider community survey*

The wider community survey was also an online self-completion questionnaire and was promoted to potential participants in the target geographical areas, via local social media platforms. This survey aimed to ascertain knowledge and awareness of menopause and associated symptoms and support needs in the target area. Thirty-four surveys were completed.

## **2.1b Qualitative Data**

### ***Beneficiary focus group***

The focus group was face to face. Potential participants were invited to contribute to the focus group via the project social media, within the project Menopause Cafes, and other project activities. The focus group responds to PEA 1,2,4 & 5, exploring to what extent local people and communities were involved in shaping the development and design of project activities; how successfully the project reached women from different cultural, socio-economic, and other diverse communities in the three Wards; and who accessed project activities and what impact the project had. The focus group consisted of seven participants.

### ***One to one interviews***

One to one interviews were conducted on line via Microsoft Teams with the project worker and a steering group member. The interviews respond to PEA 1,2,3,4 & 5.

### ***Analysis***

Focus group and interviews were audio recorded, transcribed, and analysed using thematic analysis (Braun & Clarke, 2006). Verbatim quotes from participants are included within the report to support the key themes presented and to add rigour and integrity to the discussion and conclusions made.

## **2.1c Existing project data**

Relevant project information was analysed, this included:

- Project overview documentation
- Project worker progress reports
- Steering group meetings minutes
- Reports about any specific activities with numbers benefiting and any feedback obtained

In addition, access was given to each of the different project social media platforms, including Facebook, Twitter, and Instagram. Social media platforms were closely analysed over a three-month period (Oct 2022-Jan 2023). Particular attention was paid to audience demographics, the number of posts, reach and engagement.

## **2.2 Ethics**

The researcher has experience of research and consultation on ethically sensitive topics. The evaluation has been conducted in line with the ethical guidelines of the British Sociological Association (2017). In addition, the researcher is experienced in practice and research with women, and as such, is adept at negotiating issues of sensitivity, anonymity, confidentiality, and informed consent.

Each survey was promoted with information about the purpose of the survey and how the data would be used; and each participant was asked to indicate their consent to

take part in the survey before being able to complete the remainder of the questions. Similarly, information was circulated to all potential participants for the qualitative data collection stream. The purpose of the evaluation, how the data would be used, and issues of confidentiality and anonymity were then reiterated at the start of the focus group and interviews, with consent renegotiated and audio recorded. All outputs have been proofread and quality checked to ensure their robustness. All data has been anonymised and stored securely in line with Data Protection.

## 3. Summary of project activities

### 3.1 Menopause Cafes

The project agreed to the terms of the Menopause Cafe (see Appendix 1). The project commenced during the Covid-19 pandemic, therefore initial cafes (between October 2021 and January 2022) were held online via Zoom. Thereafter, accessible, and private spaces were explored and trialled, with fortnightly cafes held at two separate locations, The Hive Community Café in the town centre, and the United Reformed Church, Moldgreen. Different times and days for the cafes were trialled and negotiated with those attending the café and engaging with other project activities. Owing to requests from those engaged with the project, cafes were also trialled in the evenings. In addition, the PW supported other local organisations, including Morrisons supermarket, to deliver their own Menopause Cafes. Attendance at the cafes varied throughout the duration of the project between 2-18 attendees with an average of around 7.

The regular cafes, which were agenda free, were supplemented with dedicated time for focused discussion and guest speakers which were requested by or negotiated with project beneficiaries. Such discussions included health and well-being practitioners and a menopause question and answer session with a local GP.

### 3.2 Well-being activities

#### 3.2a Women's walking group and 'craft and natter' sessions

In addition to the menopause cafes, a series of well-being activities were held throughout the duration of the project, including a women's walking group and 'craft and natter' sessions. Although initially well attended, attendance became more sporadic and therefore the decision was made to host these activities on a more ad hoc basis during weeks when no other events were being hosted to enable the facilitator to focus on the menopause cafes.

#### 3.2b Eden's Forest well-being days

The project facilitated two separate well-being days at Eden's Forest<sup>1</sup>, one in October 2021 (17 participants) and the second in April 2022 (7 participants). The day was facilitated by Forest School practitioners, and attendees were able to participate in woodland activities, including chopping wood, building a campfire, walking in the woods, and going on the zip wires.

Feedback from the event was very positive, with those attending appreciating the opportunity to be in the outdoors, be active and to connect with others (please see Appendix 2 for full feedback comments).

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<sup>1</sup> <https://www.edensforestcic.org/aboutus>





Images 1-4 – Eden's Forest Well-being Day

### 3.2c The Big Event

A large event was held at United Reformed Church, Moldgreen, to further raise awareness, provide information, share learning, facilitate well-being activities, and celebrate the project. A call was sent out via social media for local artists and well-being experts to be involved in the event. The final event incorporated several facilitators, including motivational speakers, artists and wellbeing experts and therapists, with a song 'The Menopause Blues' written and performed by the WomenCentre Music Group (please see Appendix 3 for the event programme). In total there were 50 attendees at the event. Feedback from the event was very positive, with those attending describing the event as an 'excellent evening' and 'very inspiring' with an 'informative, interesting, varied programme' (please see Appendix 4 for full feedback comments).





Images 5-8 – The Big Event

### 3.3 Awareness raising activities

Over the lifetime of the Project the PW engaged in numerous outreach and awareness raising activities, including events at:

- Oasis Care Support Services (approx. 30 attendees including 12 men)
- Lawrence Batley (17 female attendees)
- Wellness Wagon (engaged with approx. 15 individuals including 3 Men)
- Dalton Together (engaged with approx. 30 individuals including 10 men)
- Tolson Museum (engaged with approx. 15 individuals including 2 men)
- Presentation to local GPs (4 GPs in attendance).

These events provided opportunity to promote and raise awareness of the project, raise awareness about the menopause and its impact and of available support.

### **3.4 Social Media**

The social media aspect of the project aimed to engage with those who need support around the menopause, but were unable to attend other project activities, such as the menopause café. Social media engagement grew throughout the course of the project. The project worker was supported by the WomenCentre's Communications Officer for advice on how to use social media effectively within the project.

#### **3.4a Facebook**

By the end of the Project there were 423 Facebook followers and 338 individuals had liked the Facebook page. 99% of Facebook followers identified as female, with 1% identifying as male. In terms of age range, 60% of the female followers were between 45-54, 22% 35-44, and 12% between 55-64. Most followers (47.8%) were from the Huddersfield area, however, the project reach via this platform was much wider (see Table 1). Facebook followers included individual women, and professionals and other organisations and projects. Facebook worked as a platform for sharing information about the project, motivational posts, wider menopause related information, and wider menopause activities. Over the three-month analysis period (October 27th – January 23<sup>rd</sup>) there were 35 posts. Post reach ranged from 0 - 3,006 with an average reach of 204 individual people. Post engagement (the number of times that people engaged with a post through reactions, comments, shares, views, and clicks) ranged from 0 - 252 with an average engagement of 14 per post.

#### **3.4b Instagram**

By the end of the Project there were 566 Instagram followers. 94% of followers identified as female, with 6% identifying as male. In terms of age range, 50% of the female followers were between 45-54, 17% between 55-64, and 16% 35-44. Most followers were from the United Kingdom (65%); however, the project Instagram platform had an international reach, including the USA, Canada, and Australia (see Table 2 & 3 for breakdown of geographical location of Instagram followers). Instagram followers included individual women, and professionals and other organisations and projects. Instagram worked as a platform for sharing information about the project, motivational posts, wider menopause related information, and wider menopause activities. Over the three-month analysis period (October 28th – January 23<sup>rd</sup>) there were 8 posts. Post reach ranged from 5 - 205 with an average reach of 115 individual people/organisations. Post engagement (the number of times that people engaged with a post through reactions, comments, shares, views, and clicks) ranged from 0 - 12 with an average engagement of 7 individual people/organisations per post.

### 3.4c Twitter

By the end of the Project there were 22 Twitter followers. Most followers were professionals and other organisations and projects. There were no tweets during the three-month period analysed.

### 3.4d WhatsApp

By the end of the Project there were 25 people in the WhatsApp Group. The WhatsApp group consisted of individuals who had engaged with the project and had given permission to be added to the group. The group was used to share information about project activities and a means for members to share information and communicate with each other.

Table 1: Geographical location of project Facebook followers.

Huddersfield	202
Bradford	15
Halifax	15
Brighouse	10
Holmfirth	10
Mirfield	7
Dewsbury	6
Elland	6
Barnsley	5
Hebden Bridge	5

Table 2: Geographical location of project Instagram followers by Town/City.

Top towns/cities

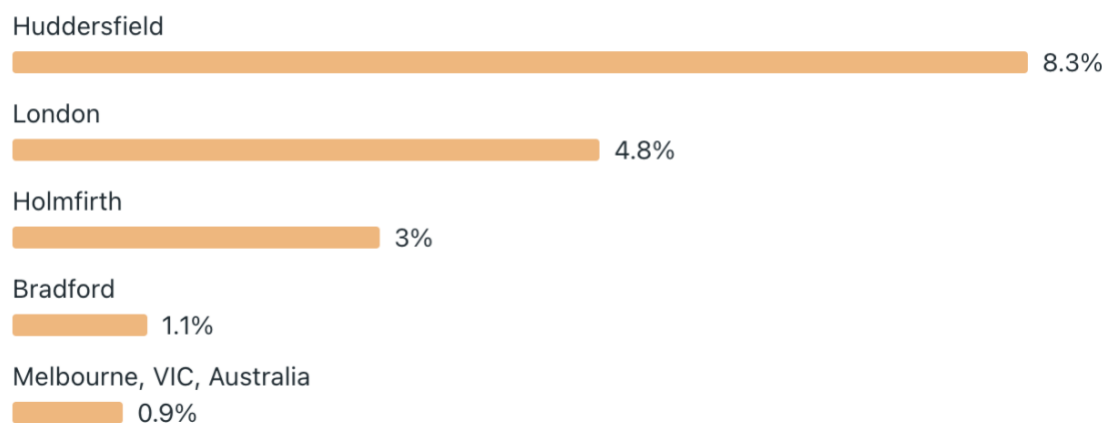


Table 3: Geographical location of project Instagram followers by Country.

Top countries



## 4. Findings – Quantitative Data

### 4.1 Project beneficiary survey

This section presents findings from the project beneficiary survey; the survey was distributed to potential participants via project social media and project activities with a total of 18 completed questionnaires. Some surveys contained missing answers, but all responses have been analysed as far as possible. This accounts for the inconsistency in the total number of answers for each individual question. The survey produced descriptive statistics and some qualitative data (which is presented in Section 5).

#### 4.1a Demographics

Table 4 Demographic characteristics of survey participants (n=18)

		Total	%
Living in project area	Yes	12	67
	No	6	33
Gender	Female	18	100
Age	41-55	16	89
	56-70	2	11
Sexual orientation	Heterosexual	17	100
Ethnicity	White British	17	94
	Other White Background	1	6
Disability Y or N	Yes	12	67
	No	6	33
Religion	No religion	12	67
	Christianity	5	28
	Atheism	1	6

The project was aimed at a specific target geographical area of Almondbury, Dalton, Newsome, and Town Centre. In total, 67% (n=12) of survey respondents stated they lived in the target area, with 33% (n=6) living outside of the area.

All survey respondents identified as 'female', 'heterosexual', and as 'White British' or 'White other'. The age and gender of participants is consistent with the project target population.

In terms of ethnicity, this statistic may reflect the broader project beneficiaries but does not reflect the demographic of the target geographical area, with census data indicating that around 13% of Almondbury residents, 21% of Dalton residents, and 34% of Newsome residents, are from a minority ethnic background (Kirklees Observatory, 2022, 2022a, 2022b).

Similarly, 67% (n=12) of participants identified as having 'no religion', with 27% (n=5) identifying their religion as 'Christianity'; this again is inconsistent with census data which indicates an average percentage of those who identify as having no religion across the target area of around 28% and those who identify as being Christian between 46-60%.

33% (n=6) of participants identified as having a disability, with specific disabilities identified below:

- 28.6% (n=2) = Social or behavioural issues
- 14.3% (n=1) = Vision
- 14.3% (n=1) = Hearing
- 14.3% (n=1) = Mobility
- 14.3% (n=1) = Mental Health
- 14.3% (n=1) = Chronic condition
- 14.3% (n=1) = Ehlers Danlos Syndrome

#### **4.1b Menopause specific information**

94% (n=17) of the project beneficiary survey respondents identified as being either peri-menopausal, menopausal, or post-menopausal, with 6% (n=1) identifying as pre-menopausal. One participant identified as engaging with project activities to support someone else, which may account for the one participant who was pre-menopausal.

#### **4.1c Awareness of the project**

Over 83% of participants engaging with the project became aware of the project via social media (for further discussion of social media engagement, please see Section 3 & 5).

#### **4.1d Motivation for project engagement**

In terms of motivation to engage with the project, participants responded:

- 83% (n=14) gain knowledge about the menopause
- 71% (n=12) improve mental health
- 41% (n=7) improve confidence and self-esteem
- 47% (n=8) improve levels of anxiety
- 41% (n=7) reduce feelings of isolation
- 41% (n=7) support others

### 4.1e Project engagement

The survey identified that in terms of engagement with project activities, 78% (n=14) of respondents had engaged with project social media, 61% (n=11) the menopause cafes, 11% (n=2) well-being walks, 22% (n=4) crafting sessions, 12% (n=2) Eden's Forest (wellness day). For further discussion of project activities please see Section 3.

### 4.1f Project outcomes

#### *Understanding*

In response to the statement *'To what extent do you agree with the following statement - From engagement with the project activities, I have a better understanding of the menopause, symptoms and the impact'*, participants responded:

- 18% (n=3) 'strongly agree'
- 53% (n=9) 'agree'
- 23% (n=4) 'neither agree nor disagree'
- 6% (n=1) 'disagree'\*

#### *Knowledge*

In response to the statement *'To what extent do you agree with the following statement - From engagement with project activities, I have increased knowledge about the menopause'*, participants responded:

- 24% (n=4) 'strongly agree'
- 47% (n=8) 'agree'
- 23% (n=4) 'neither agree nor disagree'
- 6% (n=1) 'disagree'\*

#### *Ability to manage*

In response to the statement *'To what extent do you agree with the following statement - From engagement with project activities, I have an increased ability to self-manage, or support others to manage, the menopause and its impact'*, participants responded:

- 29% (n=5) 'strongly agree'
- 41% (n=7) 'agree'
- 18% (n=3) 'neither agree nor disagree'
- 12% (n=2) 'disagree'\*

#### *Well-being*

In response to the statement *'To what extent do you agree with the following statement - From engagement with project activities, I (and my family) have improved mental health and wellbeing'*, participants responded:



- 35% (n=6) 'strongly agree'
- 29% (n=5) 'agree'
- 24% (n=4) 'neither agree nor disagree'
- 12% (n=2) 'disagree'\*

### **Self-confidence**

In response to the statement '*To what extent do you agree with the following statement - From engagement with project activities, I have improved confidence and self-esteem*', participants responded:

- 29.5% (n=5) 'strongly agree'
- 29.5% (n=5) 'agree'
- 35% (n=6) 'neither agree nor disagree'
- 6% (n=1) 'disagree'\*

### **Anxiety**

In response to the statement '*To what extent do you agree with the following statement - From engagement with project activities, I have reduced anxiety*', participants responded:

- 18% (n=3) 'strongly agree'
- 29% (n=5) 'agree'
- 35% (n=6) 'neither agree nor disagree'
- 18% (n=3) 'disagree'\*

### **Isolation**

In response to the statement '*To what extent do you agree with the following statement - From engagement with project activities, I have reduced feelings of isolation*', participants responded:

- 29% (n=5) 'strongly agree'
- 35% (n=6) 'agree'
- 18% (n=3) 'neither agree nor disagree'
- 18% (n=3) 'disagree'\*

### **Knowledge (support)**

In response to the statement '*To what extent do you agree with the following statement - I have increased knowledge about where to get support for myself or those I am supporting with experiences of the menopause*', participants responded:

- 29% (n=5) 'strongly agree'
- 53% (n=9) 'agree'
- 6% (n=1) 'neither agree nor disagree'
- 12% (n=2) 'disagree'\*

## 4.2 Wider community survey

This section presents findings from the wider community survey; the survey was distributed to members of the wider community within the target area via localised social media, with a total of 34 questionnaires completed. Some surveys contained missing answers, but all responses have been analysed as far as possible. This accounts for the inconsistency in the total number of answers for each individual question. The survey produced descriptive statistics.

### 4.2a Demographics

Table 4 Demographic characteristics of survey participants (n=34)

		Total	%
Living in project area	Yes	15	45
	No	18	55
Gender	Female	34	100
Age	41-55	22	65
	56-70	9	26
	25-40	3	9
Sexual orientation	Heterosexual	30	88
	Bisexual	1	3
	Lesbian/gay woman	1	3
Ethnicity	White British	32	94
	Black Caribbean	1	3
	Mixed – white and Black Caribbean	1	3
Disability Y or N	Yes	8	24
	No	25	75
Religion	No religion	23	68
	Christianity	8	24
	Atheism	1	3
	Paganism	1	3

## 4.2b Menopause specific information

81% (n=26) of participants identified as currently (or knowing/supporting someone) experiencing the menopause. 78% (n=25) identified as either peri-menopausal, menopausal, or post-menopausal. 2 participants identified as supporting a work colleague and 1 participant identified as supporting a friend.

## 4.2c Awareness and knowledge of menopause symptoms and support

### **Knowledge**

In response to the statement '*How knowledgeable do you feel about the menopause (symptoms, impact, available support)?*', participants responded:

- 6% (n=2) 'very knowledgeable'
- 38% (n=12) 'fairly knowledgeable'
- 34% (n=11) 'somewhat knowledgeable'
- 19% (n=6) 'not very knowledgeable'
- 3% (n=1) 'not knowledgeable at all'

In response to where their knowledge came from, participants responded:

- 61% (n=17) personal experience
- 43% (n=12) friends/family
- 32% (n=9) GP/other medical professional
- 68% (n=1) online
- 32% (n=9) social media
- 14% (n=4) community support group
- 61% (n=17) personal experience

'Other' sources included, conference (n=1), work (n=1).

### **Accessing support/information**

In response to the statement '*What support, if any, have you accessed with issues around the menopause?*', participants responded:

- 50% (n=16) GP/other medical professional
- 44% (n=14) online
- 34% (n=11) social media
- 38% (n=12) friends/family
- 16% (n=5) community support group
- 13% (n=14) not accessed support

In response to the statement '*If you needed support or advice (for yourself or someone else) about the menopause, where would you look?*', participants responded:

- 68% (n=21) GP/other medical professional
- 68% (n=21) online
- 45% (n=14) social media
- 52% (n=16) friends/family
- 26% (n=8) community support group
- 7% (n=2) would not know where to go to access support

#### ***Availability support/information***

In response to the statement '*Do you feel there is adequate support services and/or information available for those experiencing the menopause?*', participants responded:

- 81% (n=26) No
- 6.3% (n=2) Yes
- 6.3% (n=2) Unsure/prefer not to say
- 6.3% (n=2) Don't know

In response to the statement '*Do you feel there is adequate support services and/or information available for partners/family members of those experiencing the menopause?*', participants responded:

- 9% (n=3) Yes
- 63% (n=20) No
- 22% (n=7) Unsure/prefer not to say
- 6% (n=4) Don't know

## 5. Findings – Qualitative Data

### 5.2 Motivation for engaging with the project

#### 5.1a Experience of menopause: impact on mental health and well-being

Drawing on their own mothers' experiences of the menopause, several women described how they had learned that '*nobody talked about the menopause*' (Focus group participant 5 (FGP5)).

*I couldn't talk to my mum about stuff like that 'cause she just said, 'I'm going through the change'. I never understood what that was. (FGP5)*

*My mum never talked about the menopause. (FGP3)*

Similarly, FGP3 suggested that through her experience of her mum's menopause she had learnt that women would '*just take to their bed*' (FGP3). Consequently, some women suggested that during the early stages of their own menopause they '*didn't really know about it*' (FGP6).

In addition, whilst some women highlighted the benefits of having a supportive network of family and friends during their experience of the menopause, others spoke of a lack of support and understanding from those around them; '*My partner really just doesn't understand*' (FGP4); '*often it's very hard to explain it to somebody who clearly doesn't understand*' (FGP1). And others told of not wanting to burden those close to them with their experiences '*I don't talk to him about it because I don't think he'd understand, and I wouldn't want to burden him with my problems anyway*' (FGP5). Consequently, many of the focus group participants described feeling isolated and lonely owing to their experiences of the menopause.

*It was not always understanding what it [menopausal symptoms] was ... and I suppose feeling alone. Because even though my friends are quite [good], it's not something we have really talked about. (FGP2)*

*I feel isolated, lonely with it. And then I think, is it depression? Is it menopause? Is it just because I've had a bad year, and some days I can't get out of bed. (FGP4)*

*I've got friends which are the same age as me. So, when I was feeling like that, I did feel really lonely because none of them, lucky for them, were having any of these feelings that I was. (FGP5)*

Similarly, participants also described their mental health and well-being being significantly negatively impacted owing to the menopause.

*I had the worst anxiety, I had to stop going out. I couldn't even empty the bin..., I was petrified of everybody. I couldn't even make a phone call or anything to go to the dentist. There were times when I've got like with my anxiety, like you can't get out of*

*the house with it, I felt like, 'am I going deluded? is there's something really wrong'?*  
(FGP5)

*Yesterday I had a full day in bed with anxiety, my anxiety feels like I'm being eaten away. I just feel ill with it..., you just feel like you're going mental.* (FGP4)

*I'd be there, like cooking tea, all of a sudden, I'd leave what I we're doing, and I'd be walking the moors in the dark in the pouring rain, crying me eyes out. I'm thinking, 'what is going on here?'* (FGP4)

*My anxiety was so bad, my husband was like 'you should go out' and I was like 'I can't'.* (FGP2)

In addition, women told of a loss of confidence and self-esteem;

*I think you've got to that age, like menopause and perimenopause, your children [have] usually grown up and sometimes it's a bit of a void because they've grown up and you've got menopause hitting you and you've lost your ways.* (FGP2)

### **5.1b Lack of understanding of menopause from health professionals**

Several women also talked about the lack of knowledge and understanding of the menopause and associated symptoms from health professionals, with inconsistent support and a tendency to diagnose mental health issues.

*I went to the doctors..., they [said] it was depression, and the doctor wouldn't give me anything, they said, no, you're depressed.* (FGP5)

*I was sectioned, but when I look back, I think it was the menopause. But they just give you tablet after tablet to the point I was like a zombie. And when I looked around, they were all a similar age. I thought, 'how many people are stuck in hospital with depression or anxiety when [its] the menopause'.* (FGP2)

*When you do go through the medical route with the GP, it's almost like you're on a pre-set, you know, its depression, we'll give you some [medication], you're pigeonholed.* (FGP1)

*The medical support and advice is so hit and miss, it just depends on what doctor you get, what their understanding is. In my experience, it's just not consistent across the board, there isn't a consistent approach. So, it's very much like a postcode lottery because it depends who you get.* (FGP1)

Whilst a lack of understanding and recognition of menopause and associated symptoms from health professionals was identified, some women found health professionals were often too quick to respond to the menopause in a clinical way (offering HRT) without encouraging exploration of alternative options.

*I think the mental health services are very poor at understanding menopause, without taking a holistic approach and looking wider but they just weren't aware of some of those things that you can do. (FGP1)*

Owing to the lack of awareness and understanding, many women, therefore, engaged with the project to improve their own knowledge and understanding and gain support from peers. In addition, there was a strong sense of wanting to share their own knowledge and experience to benefit others.

*I'm going holistic, I feel like there's so much put on about the medication side, so I just come down to talk to other women, to help other women, to share my experiences, I'm just doing research now and having a look at all the things that are happening for people that's different, you know, culturally and things like that, so I thought I'd come down and be part of this group. (FGP3)*

*That was an important thing for me as well, sharing experiences..., when I started going through the menopause, I just had quite a lot of experience and training and awareness, I began to make lifestyle changes, but when I talked to other women, they just weren't really aware of some of those things that you can do..., that holistic approach..., part of it was to make friends and to raise awareness in general, but also about just sharing things that I've tried that I know work. So, it's giving back as well as. (FGP1)*

## 5.2 Engagement with the project

### 5.2a Co-constructed nature of project activities

To ensure the project responded to local need, the PW described the development of the steering group, which included representation from the WomenCentre, the Place Partnerships<sup>2</sup>, Kirklees Democracy<sup>3</sup> and 'women with lived experience' from the different target geographical areas. The PW explained that 'anybody that wanted to be involved in the project got invited to the steering group, we didn't turn anybody away' and that women were invited to 'come along to the steering group meetings and have their say as to what's gonna happen and how they want things to run'.

A challenge identified was in engaging General Practitioners (GPs). The PW discussed getting 'in touch with about 12 local GP's and there was [only] one that engaged with us'. In addition, the PW presented to a Group of GP Surgeries to raise

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<sup>2</sup>

<https://www.kirklees.gov.uk/beta/your-council/place-partnerships.aspx#:~:text=Place%20Partnerships%20are%20led%20by,our%20local%20places%20even%20better.>

<sup>3</sup> <http://www.democracycommission.org.uk/>



awareness of the project and encourage the GPs to promote and sign post individuals to the project (Progress Report (PR)).

In addition to the steering group meetings, the PW described how project beneficiaries were provided an opportunity to inform the service via discussions and feedback opportunities with other group activities: *'we've left post it notes on the tables and [asked women] 'what do you want from the project'* and described some of the specific activities and information sharing events that had been held as a direct response to requests from the project beneficiaries:

- how to lose weight
- appropriate diet and exercise
- crafting session
- well-being walks
- understanding the menopause
- surgical menopause
- GP Q&A session
- information about HRT

Focus group participants also discussed the opportunities they had to contribute to the development of the project.

*They're open to our discussions and ideas and what else we can do.* (FGP3)

If there were any disagreements, participants indicated that they *'just talked them through at the steering group and in the group [and had] a vote'* (FGP2).

## 5.2b Perceived benefits of being involved with the project

### *Peer support*

One of the key perceived benefits of being involved with the project was identified as *'collective wisdom'* (qualitative survey data (QSD)) and *'feeling of community'* (QSD) with a sense that *'we're all in it together'* (FGP5). In agreeing to the terms and principles of the Menopause Café Charity (see Appendix 1) the cafes have no agenda, enabling free conversation. As highlighted by the PW, the benefit of this approach is that *'women can come along and talk about whatever they want'*. This was reiterated by focus group participants:

*We talk about a bit of everything..., If somebody wants to talk about something, we'll talk about it. We talk about everything... it's just not all about menopause* (FGP3).

Similarly, one project beneficiary survey respondent suggested that *'the open conversations between us all and the support we offer each other'* was the key benefit



of their participation in the project. Women explicitly shared the benefit of being with, learning from, and being supported by others with a shared experience.

*I'm just getting it off my chest. The more I talk, the more I feel better. This is the best therapy I've ever had, because what you say in this room doesn't go any further. And we've all been through it. And you do think you're going crazy. You think there's nobody else like you. But when you listen to the other people's stories and you think, you know, it's tough, it is. It's really tough and it's horrible. And you think nobody else understands but when you're here, you realise they do because you're going through something that we are going through. We're all in it together. (FGP5)*

*I wouldn't have been able to share what we share today [before joining the group]. I'm not crazy, you know. I just think if I share once and someone's felt like that, then they know that they're not going crazy. (FGP2)*

*It's this thing about normalising people, let's just normalise our feelings instead of feeling like we need to have something for them. (FGP3)*

*I think there's a lot of ladies, and myself, that that we actually need that connection because when they leave here, they might not speak to somebody other than their husband and they're not getting anywhere. So, for her to come here and be able to speak, even if she doesn't speak, even if we are speaking and your listening, it has that great benefit. And people will actually lift you, you'll come here feeling crap and go out feeling energised. (FGP5)*

FGP1 noted that the menopause can leave women feeling 'completely disempowered' with a tendency to then look for 'help outside' which is 'not a good place to be'. Although the benefit of 'a good partner, like a good GP' (FGP1) was identified, the shared learning between the women facilitated by the project was highlighted as being more 'empowering' (FGP1). Women told of how they shared their experiences of working with health professionals, negotiating relationships, and other ways of managing their menopausal symptoms, including a menopause diary (FGP5), lifestyle changes including increased exercise, improved sleep patterns and attention to their diets (FGP1&3). Some women told of actively seeking advice from each other in the group, either during the menopause cafes or via the social media platforms, which they were then able to implement making them 'feel really better' (FGP2).

### **Shared learning**

The benefits of the project to the wider community were identified within the evaluation. Owing to their own experience with and continuing learning about the menopause, some women told of how they have been able to share their knowledge with others to break the continuing and intergenerational taboo. FGP5 spoke of supporting her daughter in what she thought was potentially the early stage of the menopause, encouraging her to keep a diary so she could map her symptoms and feelings:

*I said, 'listen, I'm just letting you know, do what I did. Note it. Just note how you feel because if you note how you feel, then you can look back and say, this, this and this',*

Similarly, FGP3 told of how she felt that it was important to talk to 'anybody in our lives, even the men' about the menopause to make 'it so nobody feels that they can't ask the question'. She went on to tell how she continued to speak with her adult children about the menopause to prepare them for their own experiences of the menopause and to be able to support those around them.

In addition, the wider benefits for male partners were identified. FGP5 told of how sharing her experiences with others in the group reduced her sense of being a burden on her husband:

*My husband was absolutely fantastic with me, and I'm so grateful because, until here, now I don't have to tell him what's going on, how I feel. I feel I can share whatever I wish to share with anybody here now. So, it's nice that I've got a husband that will understand and support, but it's even better because I'm talking to women and my husband about it and I just feel so much better, and I love coming here.*

### 5.3 Working with women with complex needs

The impact on mental health and well-being of women experiencing the menopause is highlighted in section 5.1a. However, for some women, the impact on their mental health and well-being was significant, as highlighted by the PW:

*[one project beneficiary] was self-harming, cutting herself, not had any mental health problems before, but the only way she could get a release from the anxiety that she was feeling with the menopause was to self-harm.*

In addition, the PW noted how she recognised that the impact of women's previous traumas during their menopause:

*They're getting toward the menopause and they kind of like start regressing as to what's happened in their life previously. So, they're talking about like past relationships and past sexual abuse, past suicide attempts.*

This point was reiterated from a focus group participant:

*I went through quite a vicious attack about eight years ago and I was nearly killed by it..., I was diagnosed with PTSD, and I don't know what is happening at the moment..., the nightmares, the flashbacks have come back. I don't know what's happening. I just, I don't know what's going on. I was on the motorway last week. I felt like smashing into the back of a wagon. (FGP4)*

The PW noted how women's specific and complex support needs were identified during the project activities with relevant support and signposting put in place.

Although the benefits of peer support were acknowledged in Section 5.2b, the need for ongoing support from well-trained facilitators and/or volunteers was equally identified from the PW:

*We've got a lot of vulnerable women coming along, and were not happy to leave that to peers, making sure that everybody's kept safe. Women are sign posted as to where they can go to get the help and it's following them up and making sure that they're OK afterwards as well. It's a huge thing to put on the volunteer. (PW)*

## 5.4 Opportunities and challenges of social media

Social media was identified as a key tool for promoting and engaging with the project and related activities. Many of the focus group participants indicated that they found out about the project via social media.

*I found out on Facebook; I think it had come up on a sponsored post. Like it had been promoted, that's where I found out. (FGP2)*

*I found out on Instagram. Because I'm on Instagram, I post on Instagram. It just came up one day. So, I just started following it, I thought I'd like to be involved in this project because I think the menopause is something that we all need to be talking about. (FGP3)*

*I found out on Facebook; a friend had posted last night. (FGP4)*

Some participants also told of how they utilised social media to further promote the project:

*We tend to post a lot; I tend to post a lot. I talk about it, I tell people, this is where we are. (Steering group member (SGM))*

The value of social media to connect with and motivate each other was also identified.

*It's good to stay connected on social media. (QSD)*

*Sometimes people put quotes and things in the Facebook group to motivate each other. (FGP3)*

Social media was identified as 'a good tool' (FGP3) in addition to the face-to-face activities, but not as a replacement 'you actually want a face to face, you know, communications and I think it's I think it's really important' (FGP2).

Social media was equally identified as having the potential to be 'a bit negative' (FGP3) with the ability to 'drag you down a rabbit hole' (FGP2).

Concerns were raised in relation to people seeking help or advice that other members on the social media platforms were not able to respond to and the potential ‘triggering’ impact on others:

*Last week it quite upset me because I personally think that person should have gone to the doctors, because I don't honestly think that was menopause related, I just think maybe it could trigger somebody's past history or whatever, but I just think that didn't need to be put on there. And yes, you can get advice but when I was looking, nobody gave her advice. I mean, it's a shame. (FGP5)*

*I think some people do come to the internet looking for advice. I say, I can't give you that advice, you really need to check in with your GP. (FGP3)*

Some of the FGP identified the potential need for a ‘moderator’ (FGP2) to approve of social media posts.

## 5.5 Diversity

### 5.5a Ethnicity

As indicated in Section 4.1a, quantitative data from the beneficiary survey indicated a lack of ethnic diversity in relation to the project beneficiary engagement. Qualitative data from the beneficiary focus group and one to one interviews reiterates this challenge and indicates awareness of the limited engagement with project activities from Black and minority ethnic (BAME) women. One respondent acknowledged this specific challenge for the project; ‘*were not reaching the wider demographic*’ (SGM), whilst another indicated ‘*trying to get [BAME women] to engage [has] been really difficult*’ (PW). The project team had responded to this challenge by engaging in outreach work and offering support to existing groups working with BAME communities to establish their own Menopause cafes.

### 5.5b Working with partners and wider family members and support networks

The evaluation identified that men engaged in some awareness raising activities and information sharing events (See Section 3). Equally some women project beneficiaries perceived that their male partners benefited from the support they received from the project. Despite this, few men engaged in the steering group or project activities, despite every effort made to include them. The PW suggested that ‘*anybody can come to menopause café, if the men want to come along, they are very welcome..., the social media posts were for men to come and join us as well, which we had no response to, no men wanted to come and join us, no men replied to it*’. In line with the guidance from the Menopause Café charity (see Appendix 1), the PW, steering group member and focus group participants acknowledged that they could not discriminate against men. However, the challenge of engaging men in a women centred project were identified. The PW noted:

*We initially tried to recruit some men to the project, but we had a lot of opposition..., from the women (existing women in the project/steering group) not wanting men to be on the steering group. And that was one of the things that we've not managed to do. Women that have engaged with the women's centre, not necessarily the project, but the women's centre, they don't expect to come along to a women's centre group and (see men there).*

This dilemma was also identified within the focus group:

*The only sticky one we had was with the men, there were some [women] that didn't want men there (FGP3).*

Focus group participants highlighted how the issue was discussed and resolved collectively within the group. The preference for project activities to remain 'women only' was reiterated within feedback from the Eden's Forest well-being event. Those who attended were asked in an evaluation form, if they would prefer future events to remain 'women only' – 33% (n=3) indicated they had 'no preference', with 67% (n=6) indicating that they would prefer future events to remain 'women only'. The lack of understanding of the menopause from male partners was identified within the evaluation as negatively impacting on women's experience of the menopause; therefore, a continuing need to raise menopausal awareness with men is reiterated within this evaluation.

## 6. Discussion and Conclusions

This section of the report will consider the findings discussed in Section 3, 4 & 5 in relation to the aims and anticipated outcomes of the overall project.

### 6.1 Project Outputs

In line with the project aims and objectives, a wide range of outputs were delivered; including the provision of information and support through Menopause Cafes, well-being activities, peer support, social media, and community events (as discussed in Section 3).

Menopause Cafes were a regular provision throughout the project and had an average attendance of 7 women. In addition to the menopause cafes several other well-being activities were facilitated throughout the duration of the project. The primary benefit of these activities was identified as peer support, where women were able to share their experiences and coping strategies, positively impacting the mental health and well-being of themselves, and on their relationships with others.

Through a range of community events, awareness raising and information sharing activities, and social media platforms (see Section 3), the project was successful in raising awareness about the menopause, its impact and available support, and in delivering information and support. Section 6.2 further discusses the benefits and challenges in relation to this element of the project.

The project has a dynamic and active social media presence. Facebook was the most active of these platforms with a maximum reach for an individual post of 3,006. The different social media platforms were used to share information about the project, motivational posts, wider menopause related information, and wider menopause related activities. Facebook and WhatsApp were also used as a means for women to communicate with and support each other.

To enable expansion and sustainability of the project, the project aims included volunteer recruitment. Whilst the project recruited successfully to the steering group, further volunteer recruitment had not been achieved. Please see section 6.4 for further consideration of volunteer recruitment.

### 6.2 Raising awareness of the menopause and its impact on women and their families, and lives

Data from the quantitative wider community survey indicates that 80% of respondents identified as being peri-menopausal, menopausal, or post-menopausal; however, less than half identified as very knowledgeable/fairly knowledgeable about the menopause. Similarly, over 80% of respondents indicated feeling there was inadequate support/information available for those experiencing or supporting someone with the



menopause. This survey therefore identified a continuing gap in menopausal knowledge and perceived availability of support in the wider community.

As noted by Koyuncu, Unsal & Arslantas (2018), having access to accurate information in relation to the menopause can help women to have more realistic expectations about the menopausal transitions and to make better choices between treatment options for menopausal symptoms. In relation to project beneficiaries, gaining knowledge was the primary motivator for engagement with the project. Over two thirds of respondents strongly agreed/ agreed they had improved knowledge/ understanding about the menopause owing to engagement with the project. A range of information sharing events were highlighted within the evaluation (as discussed in Section 3) with project engagement from other professionals providing specific menopause talks/information sessions. However, as discussed in Section 5, participants equally valued the learning they gained from each other across the project activities, including the menopause cafes and social media platforms. Women discussed the value of this shared learning in understanding their symptoms, available treatments, and lifestyle changes, and the impact of the menopause on all areas of their life (employment, relationships) and identified feeling empowered to make informed decisions with their increased knowledge.

One of the project aims was to increase knowledge and understanding of the menopause, symptoms, and the impact across all members of the community (women, families, communities, professionals/services and employers). Challenges were reiterated throughout the evaluation of engaging with wider members of the community, including men and professionals. Despite several attempts to engage with GPs, only one actively engaged with the project. 68% of respondents to the wider community survey indicated if they needed support or advice (for themselves or someone else) about the menopause they would contact their GP. Therefore, continuing to build relationships with health professionals may enable more women to be signposted to the project and related activities. As discussed in Section 5, this may be particularly pertinent for women whose experience of the menopause is impacted through previous trauma.

Similarly, the project struggled to engage men. The need to educate men about the menopause is widely recognised in available research (Parish, Faubion, Weinberg, Bernick, Mirkin, 2019); Yoshany, Morowatisharifabad, Mihanpour, Bahri, Jadgal, 2017), campaigning organisations (GenM, 2022) and was therefore one of the aims of this project. Indeed, the lack of understanding of the menopause from male partners was identified within the evaluation as negatively impacting on women's experience of the menopause (see Section 5.1a). Therefore, a continuing need to raise menopausal awareness with men is reiterated from this evaluation. However, the evaluation identified the complexities of engaging men in a women centred project, with project feedback documentation identifying women's preference for 'women only' events and activities. Therefore, future work may benefit from different

strands that a) continue to raise awareness in the wider community, whilst b) providing women only spaces to support women in their menopause transition.

### **Key Learning**

1. There is a continuing gap in knowledge of the menopause and perceived availability of support.
2. Women engaged with the project perceived they had improved knowledge/ understanding about the menopause.
3. Women engaged with the project identified peer support as central to their improved knowledge/ understanding about the menopause.

### **Key Recommendation**

1. Learning from the project and evaluation should be shared via social media platforms (to reach a local, national, and international audience) to raise further awareness.
2. Learning from the project and evaluation should be shared with local community organisations, to enable continued awareness raising in relation to the menopause, symptoms, and available support, in the wider community.
3. Future activities will continue to benefit from approaches incorporating peer support.

## **6.3 Improved mental health and well-being for women experiencing menopause (and their families)**

A desire for improved mental health and well-being was one of the key motivators for respondents' engagement with the project. Indeed, Section 5.1a highlights the significant impact of the menopause on women's mental health and well-being, with the need for additional support and signposting. This finding is consistent with existing research that outlines the cognitive and mood changes that frequently occur before, during and after menopausal transition (Hogervorst, Craig & O'Donnell, 2022).

Over two thirds of participants in the beneficiary survey strongly agreed/agreed they had improved well-being owing to engagement with the project. Women explicitly shared the benefit of peer support in being with, learning from, and being supported by other women with a shared experience. The sense of '*all being in it together*' in a shared space without judgement was reiterated throughout the evaluation.

### **Key Learning**

4. Women's mental health can be impacted during the menopause.
5. Women perceived they had improved mental health and well-being owing to engagement with the project.



6. Women who engaged with the project identified peer support as central to their perceived improved well-being.

### **Key Recommendation**

4. See Key Recommendation 1 & 2.
5. The support of trained facilitators and/or volunteers is required within future work to enable women to be adequately supported and signposted.
6. Future activities will continue to benefit from face-to-face activities/events.

## **6.4 Impact of previous trauma on experience of the menopause**

Available research acknowledges that psychosocial stressors, including physical and sexual abuse are associated with worse menopausal symptoms (Faleschini, 2022). Therefore, a trauma informed approach to working with women around the menopause is often advocated (Gibson, Huang, McCaw, Subak, Thom, Van Den Eeden, 2019).

As discussed in Section 5, this evaluation highlighted the significant impact of women's previous traumas during their menopause, including suicidal ideation. Therefore, although the benefit of peer support is highlighted throughout the evaluation, the need for ongoing support from trained facilitators and/or volunteers is equally acknowledged to enable women to be adequately supported and signposted.

In addition, whilst the need to educate men about the menopause is acknowledged within this evaluation, the challenge of engaging men in a women centred project that may work with women with histories of physical and sexual abuse at the hands of men is identified. The Menopause Café charity advocates that events should be open to all, regardless of gender; however, this evaluation has highlighted the need for women only spaces for future groups, events and activities. Not only are women only spaces identified as the preference of the project beneficiaries but are imperative in enabling women to safely share and process their experiences.

### **Key Learning**

7. Women's previous trauma can lead to worse menopause symptoms.

### **Key Recommendation**

7. See Key Recommendation 5.
8. Women only spaces may be required for future activities to enable women to safely share and process their experiences.

## 6.5 Project reach (working with women from different cultural, socio-economic and other diverse communities in the three Wards)

Analysis of the combined data from across the evaluation highlights the extensive reach of the project, both within, and beyond the target geographical areas (including national and international social media reach). In terms of participant population, the project successfully engaged the target age range and menopausal status. One of the project aims was to increase knowledge and understanding of the menopause, symptoms, and the impact across all members of the community (women, families, communities, professionals/services and employers). However, there were some gaps in project reach and engagement.

The limited engagement with racially minoritized women was reiterated across the evaluation. The social context in which women live is important to their understanding, expectations, and experience of the menopause (Jones, 2012; Melby et al, 2005), and can influence how they may perceive and manage their symptoms (Hall, Callister, Berry & Matsumura, 2007). The project had started to engage with different groups through information sharing and awareness raising activities. To ensure that more women are empowered to make decisions regarding their menopausal transition and access appropriate support, future work could a) continue to engage with diverse communities to ascertain what support is required and what that support should look like; and b) share learning from the project to support existing community groups to develop their own menopause cafes.

The evaluation identified that men engaged in some awareness raising activities and information sharing events. Equally, some women project beneficiaries perceived that their male partners benefited from the support they received from the project. Despite this, there was limited engagement from men in the steering group or project activities, despite every effort made to include them. As identified in Section 6.2, the lack of understanding of the menopause from male partners was identified within the evaluation as negatively impacting on women's experience of the menopause, with the continuing need to raise menopausal awareness with men reiterated. However, the complexities of engaging men in a women centred project are identified and discussed further in Section 6.2.

### Key Recommendation

9. See Key Recommendation 1, 2, & 8.
10. Further scoping work is required with women from diverse communities to establish the support they require to ensure future work is as far reaching as possible.

## 6.6 Co-constructed service

One of the aims of the project was to develop and design the service in partnership with local people and communities. The project was supported via a dedicated steering group which included representation from the WomenCentre, the Place Partnerships, Kirklees Democracy, and local women with lived experience of the menopause. In addition, the evaluation highlighted the different mechanisms stakeholders had to contribute their ideas about the development and delivery of the service; this included formal mechanisms such as feedback forms, and informal mechanisms, including discussions within the Menopause Café's and social media platforms. Indeed, the focus group and one to one interviews highlighted the way in which women had been able to inform the development and delivery of the project. As discussed in section 6.5, further work may be required with women from diverse communities to establish the support they require to ensure future work is as far reaching as possible.

### Key Recommendation

11. See Key Recommendation 10.

## 6.7 Closing remarks and recommendations

By Clare Jones, Kirklees Operational Manager, WomenCentre.

WomenCentre receives this final evaluation of the Tackling the Taboo Project with appreciation. It summarises project activity over the past two years and demonstrates the value of the Project in raising awareness and knowledge about the menopause for women in the targeted wards of Newsome, Almondbury and Dalton and beyond. As indicated through this evaluation, it is the lack of understanding, knowledge and support that leads to isolation, loss of self esteem and helplessness in the face of menopausal symptoms. It has been evidenced in this report that psycho-social stressors (including trauma relating to past experiences) are associated with worse menopausal symptoms.

This evaluation seems to suggest two distinct paths for future project development:

- The first would be building on the experience of the Tackling the Taboo Project to enable other community groups to set up menopause cafes and to share the awareness raising with diverse communities. This reliance on more localised and community specific delivery partners will enable inherent barriers to an understanding of the menopause to be overcome. This community reach approach would benefit from peer led approaches.
- The second development route would respond to the findings that psycho – social stressors are related to worse menopause symptoms. This would indicate the value of a facilitated therapeutic/self help group, in which sensitive

and complex issues can be shared safely, enabling individuals to develop their own self-management skills while addressing issues of isolation.

WomenCentre recognises the role of Kirklees Councillors and Council Officers in delivering place based and community led approaches for further peer led project development through community groups. We also recognise WomenCentre's own limitations in delivering this approach. WomenCentre expertise lies in supporting and enabling women experiencing complex challenges in their lives to have improved wellbeing through a trauma informed approach. We would therefore embrace the opportunity to continue to facilitate current fortnightly menopause café at the Hive for a further 12 months, providing ongoing training and supervision to the facilitator. This group will include and offer support to new women and look to positive routes to all members going forward.

Finally, WomenCentre would like to express its thanks to Helen Pegg who has pioneered this Project with such commitment, warmth and energy. She has co created the Project together with an amazing group of skilled and talented women who formed the Project Steering Group.

Our thanks also go to Cllr Karen Allinson and Cheryl Reid, officer for Place Based Working at Kirklees Council for the opportunity to work with them on this much needed project.

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## Appendix 1 - Menopause cafes terms and conditions

The key principles of Menopause Cafes are that they are always offered:

- In an accessible, respectful, and confidential space.
- Open to all, regardless of gender or age.
- With no intention of leading participants to any conclusion, product, or course of action, eg. no speakers.
- On a not-for-profit basis.
- Alongside refreshing drinks and cake!

In abiding by these terms, the project is then able to:

- Use the charities trademarked name Menopause Cafe for events.
- Post project events on [www.menopausecafe.net](http://www.menopausecafe.net) and advertise on Menopause Cafe social media.
- Talk to the press as an affiliate of Menopause Cafe.

See link for further details - Further information regarding the Working Agreements and terms of Menopause Café can be found via the following links -

<https://www.menopausecafe.net>

<https://www.menopausecafe.net/hold-a-menopause-cafe/#quick-start-guide>

## Appendix 2 - Feedback from the Eden's Forest well-being day

In response to the question 'Please tell us about any positive impact the day had on your emotional or physical health', participants suggested:

The event provided opportunities to: connect, socialise, learn and get active.

- Felt very relaxed and rejuvenated!
- Been able to be just me for once and also to be able to have a laugh and be comfortable around people.
- A good positive start to the day.
- It was fun and calming.
- Time out just for me. Felt relaxed and happy.
- Felt like I was able to escape from the world for a few hours.
- Just great to do something for me.
- Felt a real sense of calm following the day.

In response to the prompt for 'further comments on how the day went' or if anything could have been done better, participants responded:

- I had a wonderful time felt very calm and at peace and no stress
- I think I had expected some discussions about the menopause but am also aware it was just a day of therapy however I would have liked if there had been some discussion,
- Everything ran great. Helen did a great job as did the Eden Forest team
- I was very happy how the day went.
- It was magical



## Appendix 3 – Leaflet from the Menopause event

### Michelle Shaw and Aim ee Reflexology & Massage.

Mini foot reflexology. Help to balance the whole body by experiencing the gentle but effective healing treatment of reflexology. Using pressure to stimulate the reflexes in the feet which correspond to areas of the body, helping the body to heal itself. This is a beautiful, totally relaxing treatment where many clients fall asleep. Massage techniques are also used to help ease tension in the feet.

### This evenings singing by Evie.

Special thanks to Evie  
for the beautiful music tonight.

### Join us for a light buffet supper.



### Ode to the Menopause.

Oh Menopause Oh Menopause. You're here at last, wahoo. And all the things I've heard about you, I see you've brought them too. Put your feet up, make a brew. I'm told you're here to stay. You're going to change my life I guess, well that's what people say.

I've heard that there are lots of things. I'm going to get to meet. So, tell me all about it then. Hang on I'll take a seat.

Heated flushes, Itchy skin, Running to the loo, Temper Tantrum's, Sleepless nights, not too bad

That's just a few!

Oh, sorry did you say there's more. Beg pardon do go on. I can't help thinking that's enough, you surely must be done.

Palpitations Adres and Pains, Fluctuating Weight Feeling Anxious. Stiffening Joints Now let me get this straight!

I have to suffer all of this because I am a woman. That's surely just a horrid joke. Oz, most of it's not human. Night Sweat's, Weakened Bones, Falling Out with friends. Low Libido, Memory loss, how long until it ends.

The year's may be as long as ten. Or maybe only five But why do I deserve all this? And how do I survive?

Nagging Headaches, always tired, Dryness down below Irritated, Murderous thoughts. Not sure I want to know.

Feeling Dizzy, Painful Boobs, Drying Skin and Hair. Bloated Tummy, Thinning Nails. I'm starting to despair Don't think I really want to change and truly not like this.

It's odd you came but off you go I'm giving it a miss.

Muscle Tension, Burning Tongue.

Low and Tidy Moods, I've heard enough.

It sounds like hell so basically, I'm screwed. If women have to cope with this, then what about the men?

Then tell me all the things they get –Nothing say again? What's that you say, there is one thing They do it to their grave..... They have to tend their facial hair, THEY

HAVE TO \*\*\*\*\*SHAVE.

Or edit - Midlife Dramas in Pyjamas - Menopause Story.



Welcome to an evening of entertainment, self care and a showcase of our Menopause Project.

### Tackling the Taboo of the Menopause by:

Raising awareness

Providing information

Running support activities

Sharing learning

Working alongside local women, their families and local organisations.

With thanks to our Steering group and all those who have volunteered their time tonight.

Woman's Centre – Huddersfield Base

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Phone : 07538 973794

Em ail : helen.pegg@womenscentre.org.uk

Website : [www.facebook.com/tacklingthetaboo](http://www.facebook.com/tacklingthetaboo)

Instagram : [menopause\\_tackling\\_the\\_taboo](https://www.instagram.com/menopause_tackling_the_taboo)

## Jana, Nutritionist & Massage Therapist.

Have you ever been told "it's just your age" When your joints are stiff, you aren't sleeping & your mood is off?

Worryingly, I've heard this all too often. You are not alone if you've heard it too.

Today, whether you've worked out that there is a ripple effect from a specific root cause...

Or figured that it must be something to do with per-menopause or menopause...

I want you to know that it doesn't have to be a time of suffering.

Join Jana, Nutritionist & Massage Therapist, as she shares 3 strategies that is really helping her clients -so you too can go from overwhelmed to thriving!

## Mel Edley -Mindfulness Teacher

"My name is Mel Edley and I'm a Mindfulness Teacher. I cannot even put into words what a difference Mindfulness has made to me in my everyday life. I'm calmer, I react less in stressful situations, I'm less judgmental (of myself as well as of others) and I notice the precious moments that life brings us every day, rather than living life on auto-pilot. I teach Mindfulness in Corporate environments and to the general public and I absolutely love teaching the Course!

At the session, I'll be leading a short guided Meditation and giving a little insight into the science that supports Mindfulness."

## Menopause Blues Womencentre music group.

When you feel the worlds against you and you're losing your mind

When you feel the worlds against you and you're losing your mind

Who is there to pick you up, where is somebody kind?

I can't see clearly now, this fog is all around

I can't see clearly now, this fog is all around

I'm sweaty and I'm moody, can't tolerate any sound

Feel the heat inside rising, like my brain just might explode

explode

Feel the heat inside rising, like my brain just might explode

Hey wait a minute! You know this feeling will go

Quilt off quilt on, blowing hot and cold

Quilt off quilt on, blowing hot and cold

Is this what it means to be growing old?

Half of us know exactly what this means

Half of us know exactly what this means

It's high time others accept our right to be seen

(Instrumental)

When you feel the worlds against you, and you're feeling despair

feeling despair

When you feel the worlds against you, and you're feeling despair

feeling despair

You need someone to share, to talk to and share

We're told to get on with it, like we've done all our lives

We're told to get on with it, like we've done all our lives

We're strong but we're human, want more than just to survive

survive

We're strong but we're human, want more than just to survive

survive

## Bailey Warner.

Hey I am Bailey, a wellness expert and woman's health advocate working with the beautiful brand Templespa

Over the last year we have specifically developed designated sessions tagged 'your best you' that focuses on the use of the health benefits partnered with targeted products that tackle the taboo of the menopause, focusing in on symptom checking, technique tackling & comforting collections of products that bring resolution to those of us in the midst of this time in our lives!

I'm so looking forward to sharing how we can work together to comfort & correct some long standing ideas around a topic that needs a stage.

## Debs - Motivational Speech and Artwork

Debs Teale is an advocate of creativity in health following her own remarkable journey. Having been in the mental health system for most of her life and heavily dependent on medication it took an art class to totally transform her life.

She advocates creativity as an additional service to improve wellbeing and offering hope and aspiration. She has a passion to promote everyone having a voice and a choice in their own care, something she felt lacked in her own journey.

Debs believes everyone has something to bring to the table, even if it is just themselves

## Appendix 4 – Feedback from the Menopause event

- Had a great night thank you.
- It's a truly amazing thing that you're doing don't ever stop.
- Excellent Evening.
- Very inspiring, fab evening.
- Thank you for an amazing evening.
- Fabulous evening thank you so much.
- Lots of lovely complementary speakers and entertainment tonight thank you.
- Loved the entertainment.
- Can we please lobby GPs/PCNs through project, so women get appropriate timely help and support
- Enjoyable evening, informative
- Enjoyed the hand massage
- Very good evening
- Informative, interesting, varied programme I have learned about the benefits of reflexology and the senses.
- The musical interlude was fun.
- It is good to hear/talk in a supportive environment, but education of boys and girls need to start at a young age so that girls understand their periods and boys know how to respond and empathises. This would naturally lead on to more understanding by more than half the population of perimenopause and Menopause means!
- Thank you to the organisers for a good evening and hope it's a well-received programme.
- What a lovely event I have had the privilege to be part of tonight I have loved being able to perform for the lovely audience.
- The food was fabulous!
- The leaflets looked very professional.

- It was great to catch up with ladies from the music group and WomenCentre.
- What a wonderful evening thankyou so much.
- I would like to start coming to your menopause cafes in the future.
- Favourite parts of the evening – hand massage – Speech by Debs Teale – wow absolutely inspirational Debs.
- Lovely to hear lots of different ways of managing menopause symptoms.
- Great to meet people in real life and very informative talk from Debs.
- Would be good to have events like this more often- I know many women who would love to attend – thankyou.
- Thank you for an interesting and inspirational evening.
- Keep doing what you are doing there are many women out there who would benefit from your groups.
- Thanks for putting it all together.
- Backgrounds and different cultures sharing their stories and experiences – its differently spoken about and accepted
- Been a fantastic evening – much needed to bring us together no matter colour creed background we are biologically the same.
- Great practical tips, lovely food and lovely to meet people.
- Mindfulness session was brilliant.

## Appendix 5 – Qualitative comments from project survey

- *The open conversations between us all and the support we offer each other*
- *Meeting other women and getting out of the house*
- *It's good to stay connected on social media*
- *Feeling of community, knowing I was not alone*
- *Getting together with people and just talking in a relaxed non-judgemental environment where I feel safe*
- *Talking to others who ... has helped a lot. It's hard to know what's normal or not. The group is really friendly, and I feel very supported and uplifted when I attend*
- *Being able to talk with others whilst enjoying tea and cake*
- *Connecting with other people in the same or similar situation, it's normally difficult to talk about, but this wasn't*
- *Knowing others are in the same boat and talk openly about menopause symptoms*
- *Meeting other people*