‘We are a testament to our own resilience’ Understanding the experiences of multicultural women

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About HCCA

The **Health Care Consumers’ Association (HCCA)** is a health promotion agency and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on local health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations;
- training in health rights and navigating the health system;
- community forums and information sessions about health services; and
- research into consumer experience of human services.

HCCA is a Health Promotion Charity registered with the Australian Charities and Not-for-profits Commission.

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Acknowledgements

The Health Care Consumers’ Association (HCCA) extend our sincere thanks to each of the focus group members, who generously shared their stories and experiences with us to create this report.

Executive Summary

The experiences shared by women participating in this focus group highlighted a clear and pressing need for greater menopause support within multicultural communities. While experiences vary across individuals and cultures, discussions revealed that conversations about women’s health remain taboo in many cultural contexts.

Participants described significant barriers to learning about menopause and accessing reliable information and support, often stemming from ingrained cultural attitudes towards women’s health. As a result, menopause is frequently surrounded by silence and stigma, leaving many women feeling unprepared, overwhelmed and unsupported during their transition. This lack of open discussion can contribute to delays in seeking care and receiving appropriate support.

Accessing care for menopause was identified as another significant challenge. Participants reported the process for diagnosis can be lengthy and costly, while finding an effective management plan often involves a trial-and-error approach. These factors can create additional emotional, financial and practical burdens for women navigating menopause. Many of the challenges discussed in this focus group are likely to resonate with people experiencing menopause symptoms more broadly regardless of cultural background.

However, the participants consistently emphasised that multicultural communities face unique barriers that require targeted attention. A key finding from the discussions was the need for culturally tailored menopause information, support and care. Participants stressed that culturally appropriate resources and communication strategies are important to reducing stigma and encourage open discussions about menopause. A more nuanced and inclusive approach to menopause education and support, can improve access to care, promote the quality use of medicines and empower women to make informed decisions about managing their health and wellbeing.

About this report

Culture, language and ethnicity all impact how menopause is perceived, experienced and managed.

Cultural and societal values around aging, health and womanhood can influence how menopause is discussed and labelled across cultures. For some, it can be viewed as a regular part of aging. Other cultural perceptions are more polarising, with attitudes towards menopause ranging from a time of freedom to a time of loss. Belonging to a collectivist culture can impact your likelihood to seek out treatment, even while living in western, individualist societies. Keeping individual symptoms and struggles private may be more common, in favour of prioritising family and community. The type of treatment used to manage symptoms may also be influenced by culture. For example, opting for traditional medicines (labelled as complementary alternative medicines, or CAMs in Australia). [1]

There may not be a word for menopause, or for specific menopause symptoms in some languages. Additionally, it may be considered as a private or taboo subject that isn't something to be openly discussed even amongst other women.

Ethnicity itself can influence which symptoms you experience and how severe they are. For example, joint pain is the most common symptom for Vietnamese and Korean women, while in western countries the most prevalent symptom is hot flashes.[2]

There are several barriers multicultural women may face that limit opportunities to better understand the menopause transition and seek care and support for disruptive symptoms. This includes stigmatisation of health topics like menopause, as well as language, cost and health literacy. Ultimately the gaps in menopause care and knowledge for multicultural women remain understudied.[3]

Approach

Participant overview and recruitment

The participant recruitment for this focus group was led by the HCCA Multicultural Liaison Officer. They leveraged their connections and relationships with various multicultural communities to reach women from a variety of cultural backgrounds to join this focus group. The personalised approach to recruitment ensured that the topic was broached sensitively and represented a variety of cultural backgrounds. Information about menopause and its symptoms were explained to the participants during recruitment to make sure they were eligible to participate.

Participants were informed that their participation was voluntary and they were able to stop and leave the discussions at any point. They were also provided with contact information for support organisations in the instance the discussions caused emotional distress and they needed support.

Approach to the focus group

The approach taken with this focus group (i.e. in-person, no recording, tailored recruitment and facilitation by HCCA’s multicultural liaison officer) meant that the participants of this focus group felt comfortable and free to express their thoughts and share their experiences. Some participants disclosed to the group about having suicidal thoughts, HCCA ensured their safety and wellbeing and offered support during and immediately after the discussion and ensured they were able to contact supports if they needed, ensured they were able to take breaks if needed and reached out following the discussions.

Many of the participants had attended the focus group in the hopes of being able to access additional information about menopause. Following the focus group, HCCA shared a range of online, evidence-based resources including those that were discussed by the members of the focus group to provide more information to the participants.

Data collection and analysis

A qualitative data collection approach was used for this project. The in-person focus group was facilitated by HCCA and explored participants experiences, perspectives and preferences with a discussion guide with open-ended questions.

The focus group was facilitated by a HCCA staff member and two other HCCA staff members as note takers. An inductive approach was used to analyse the data.

A total of 14 women took part in the focus group. They represented a variety of cultural backgrounds:

- African
- Chinese
- Mexican
- Indian
- Pakistani
- Italian
- Pacific Islander

The participants were aged between their 40s – 60s. Thirteen of the women identified as being perimenopausal/menopausal and only 1 participant was post-menopausal.

Four participants identified as being single parents. One participant identified that they were not eligible for a Medicare card. Some participants identified as living with other chronic health conditions.

Key Findings

Finding information

Overall, the participants highlighted that finding information about menopause was very difficult and often led to confusion, panic and anxiety about their symptoms.

A key challenge identified by the participants was knowing where to go for both information about menopause and support for menopause symptoms. All participants identified that they looked for information online. They highlighted the information presented online was often difficult to understand and did not provide enough specific information that would allow them to pinpoint if their symptoms were a result of menopause or if it was from other health conditions.

For the few participants who were able to find information that was positive and useful, the information came from friends or family members. One participant reported getting information support from their partner who was older and had been through menopause already. Another participant reported getting information and support from their mother who had been through menopause and was a health professional. Most of the participants also reported getting information about menopause from a General Practitioner (GP).

The participants reported that much of the information and messaging they see about menopause often has negative connotations and causes a lot more panic than it should. There is no real acknowledgement that menopause is another stage of life and that ‘we have welcomed menopause’.

> *‘[there is no information on]… How do you hold a woman’s hand and walk her through this journey?’*

Experiences of symptoms and accessing support for menopause symptoms

The participants reported experiencing a range of menopause symptoms including hot flushes, night sweats, and sleep problems.

Many of the women also discussed changes to their mental health and mood as part of their menopause symptoms. Some women expressed having suicidal thoughts and only learning that it can be a symptom of menopause after seeking help from their GP.

> *‘[I am]… either fine and functioning or teary and wanting to kill someone’*

Understanding menopause symptoms

Many of the women described feeling confused about the cause of their menopause symptoms.

For some women, it was because much of the information about menopause was often incorrect and misleading and led them to believe that their symptoms were as a result of them not looking after themselves or that there is something else wrong with them.

> *‘Everything says it starts in your 50s, so you make excuses about yourself – maybe I didn’t sleep well, I didn’t eat, I need to exercise more…’*

This confusion was felt most strongly by the women who reported having other chronic health conditions. They identified that they often were confused if their menopause symptoms were part of their existing health conditions or new. They also reported as not knowing if their menopause symptoms were improved or worsened by their existing health conditions or the medications they were on to manage them, or vice versa.

In particular, one participant reported using a hormonal intrauterine device (IUD) for birth control to manage symptoms for other reproductive conditions. Without a cycle, menopause symptoms became difficult to track and understand.

Accessing menopause support from family and friends

When it came to discussing support for menopause and menopause symptoms, participants reported varied experiences. The participants from Pacific Island and East Asian backgrounds identified that menopause and women’s health in general was not spoken about in their cultures and families and they found it difficult to seek support within their familial networks. Some participants noted that they attempted to talk to their family members for support and were told there was nothing to talk about.

> *‘…You’re supposed to go through it as part of being a woman. It’s not a topic to be discussed.’*

One participant identified that in her culture menopause had a negative connotation and it was often said that a woman has ‘stopped blossoming’.

For many of the participants, support came from their social networks. Participants recognised the importance of having a social safe space where they can talk about how they are and get support and advice without judgement. One participant reported the invaluable support she received from her neighbour to help look after her kids when dealing with a symptom flare or when she needed to step out for a walk/short break. She described needing to build this relationship as she did not have family nearby to call on for support.

Participants reported that quite often partners, spouses and family members had a general lack of awareness of menopause and did not know how to support them when they were experiencing flare ups of their symptoms.

> *‘I’m supposed to be there for my children, but I’m going through a big mess and no one is there for me.’*

They recognised and discussed a need for more awareness and education to destigmatise menopause and allow for better care and support for people going through menopause. Suggestions included wider education campaigns for the people around them, including family members and colleagues at work.

Accessing menopause support from health professionals

Most of the participants identified seeing a GP for support for managing their menopause symptoms. However, only 2 participants reported having positive experiences with their GP when it came to support with identifying and managing their menopause symptoms. Many of the participants reported feeling dismissed by their GPs when seeking support for their menopause symptoms. A handful of participants reported that their GP would run a blood test and if the results came back as normal, they felt their additional questions or queries were dismissed. The participants also identified mixed experiences with their GPs based on the gender of the practitioner. While some reported only having positive experiences with female GPs, a handful also reported feeling dismissed by their female GP.

Only 2 participants described having a GP who was supportive and proactive in supporting them to manage their menopause symptoms. For these participants the GP:

- Informed them of their options around managing their menopause
- Was proactive in describing and explaining the benefits and risks of treatments available to them.
- Administered the Depression, Anxiety and Stress Scale (DASS) to measure emotional state.

Similarly, only 2 participants knew of the existence of a menopause clinic in Canberra.

Outside of those already using it, Menopause Hormonal Therapy (MHT) was not a term that the participants were familiar with or understood.

Experiences of managing menopause symptoms

The participants reported a range of methods for managing their menopause symptoms.

The participants identified using a range of strategies to manage their menopause symptoms such as, non-pharmaceutical strategies like modifying their diet and exercise, and medicinal strategies.

Most of the participants reported using non pharmaceutical treatments to manage their menopause symptoms. These included:

- Yoga/exercise
- Breathing exercises
- Using a range of mindfulness activities to navigate their feelings and distract their minds
- Counselling
- Fasting
- Reflexology

Many of the participants reported using complementary and alternative medicines (CAMs) or supplements that are available through their pharmacists. These were:

- Ashwagandha*
- Melatonin
- Promensil
- Iron supplements

- Digestive enzymes
- Fenugreek
- Evening Primrose oil

*a handful of the women who reported using ashwagandha reported receiving conflicting advice from their health professionals on the use of ashwagandha. They reported being advised against the use of ashwagandha by their GPs as it was not proven to be effective. However, the women who identified as being from south Asian backgrounds noted that ashwagandha has been used within ayurvedic care for many centuries and opted to continue using it.

One participant reported being given a traffic light resource to help them understand the potential benefits and risks of complementary and alternative medicines for menopause.

Only a handful of participants reported using prescription medication to manage their symptoms. One participant reported using hormone replacement patches when initially starting treatment. However, following changes around the use of the treatment by the Therapeutic Goods Administration (TGA), they were no longer available, and they needed to use an alternative. The participant identified needing to trial a range of options to manage their symptoms before they were able to find something else that worked for them. The alternative treatments were a combination of testosterone, estrogen gels to manage the hormonal shifts and their associated symptoms. As a result of the changes made by the TGA, the participant noted they went from using one treatment to two, which also added to the cost burden of managing her symptoms.

One participant reported being prescribed an anti-depressant (Mirtazipine) to manage their symptoms. However, she chose not to use it after learning about the potential side-effects of the medication.

Cost of menopause care

The participants who used specific treatment for managing their menopause symptoms identified the process and an estimate of the costs associated with accessing menopause care. These costs included:

- 3 different medications for menopause
- 6 weekly blood tests and GP appointments to review results
- Any other investigations and tests if medications need to change or if there are other concerns in health

When outlined, many of the other participants identified that the cost of accessing care for menopause was too high to pursue specific care and management of their menopause symptoms. This was particularly out of reach for the women who were single parents, pensioners or did not have a Medicare card.

> *‘Getting over menopause symptoms is a rich person’s game. It is just too expensive for a pensioner.’*

One participant reported seeking support from family members overseas to be able to pay for care and medication for other health conditions.

> *‘The cost for someone not on Medicare is much higher – everything costs more.’*

Productivity

The participants discussed the significant impacts that menopause symptoms had on their productivity and lives. They identified that symptoms like brain fog and mood changes have disruptive impacts on their family and social lives, their workplaces and studies.

The participants recognised the high negative costs of not having adequate supports to enable them to continue as normal in their day-to-day lives.

A handful of participants reported as being ‘lucky’ to have an understanding workplace and supportive managers at work who supported work from home arrangements and flexible working hours to allow them to manage their work as they needed to. However, other participants reported feeling anxiety around discussing needing support or flexible arrangements as they had male supervisors who might not understand or were fearful of negative consequences to their employment.

> *‘[I am] only able to work because I am able to work from home – I wouldn’t be able to keep working if I wasn’t able to.’*

Gaps and improvements for the future

Information on menopause

The participants identified that information on menopause was not helpful as it did not help them to understand or clearly delineate between menopause symptoms and other health conditions. They also reported that there was little to no information that can be shared with family and friends to help them understand menopause and learn how to support someone going through menopause.

Some of the opportunities identified by the participants were:

1. Creating information on menopause that is more specific and discusses the intersection of menopause and other health conditions.
2. Creating information specifically designed for family members to educate them on menopause.

Destigmatising menopause

Participants often described their menopause experiences as isolating and identified that they had never had conversations about menopause before. To address this gap, participants suggested:

3. Introducing peer-led social groups and networks to provide informal advice and support for people going through menopause.

4. Running classes and support sessions that are targeted to people going through menopause and their partners/family members that teach them what menopause is, what to expect and how to support them. Ideally these would be structured like pre-natal classes designed for people giving birth and their partners to teach them about pregnancy, birthing and post-natal care and support.

Menopause Care

Through the discussions, the participants identified that accessing care for menopause and menopause symptoms were often difficult as they didn’t know where to go and the costs of accessing care from health professionals is often too high and is a barrier. Recommendations to address these barriers include:

5. Creating information and resources that support people going through menopause to navigate and access the care they need.
6. Improving health care funding to reduce the costs of accessing menopause care. For example, introducing menopause care plans (like mental health care plans) that allow people going through menopause to access bulk-billed or subsidised menopause care at menopause clinics and GPs.

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[1] Whelan, Éadaoin, Dempsey, Maria, and Voon Yi Chi, Cheryl, 2026, “Cultural Differences in Women’s Experience of Menopause: A Qualitative Review’, Journal of Cross-Cultural Psychology, Volume 57, Issue 4, https://doi.org/10.1177/00220221261418307

[2] Haines C. J., Xing S.-M., Park K.-H., Holinka C. F., Ausmanas M. K. (2005). ‘Prevalence of menopausal symptoms in different ethnic groups of Asian women and responsiveness to therapy with three doses of conjugated estrogens/medroxyprogesterone acetate: The Pan-Asia menopause (PAM) study’. Maturitas, Volume 52, p. 264–276, https://doi.org/10.1016/j.maturitas.2005.03.012

[3] Whelan, Éadaoin, Dempsey, Maria, and Voon Yi Chi, Cheryl, 2026, “Cultural Differences in Women’s Experience of Menopause: A Qualitative Review’, Journal of Cross-Cultural Psychology, Volume 57, Issue 4, https://doi.org/10.1177/00220221261418307