



MOVING THROUGH MENOPAUSE

SAMH research into the relationship between
menopause, physical activity and mental wellbeing



Foreword

Menopause is a universal experience for women, yet each of us will feel it differently. As someone who is currently going through this experience, I realised open discussion about the menopause and its impacts on women's physical and mental wellbeing is shrouded in embarrassment and lack of knowledge and understanding. This absence of recognition and discussion of the menopause has contributed to insufficient support for women to either stay or become physically active during this important life stage.

This needs to change.

At SAMH we know that physical activity and sport play an important role in supporting our mental health and wellbeing. That is why we commissioned this essential research to better understand how menopause affects women's relationships with both physical activity and mental wellbeing.

The experiences of women who took part in this project highlighted the significant negative impact of the menopause on their mood and overall mental wellbeing; this created barriers to remaining physically active. Importantly, the relationship between the menopause and mental health came as a surprise to many women, and highlights the need for improved awareness and education about the menopause and mental health, among the general population but also among those supporting women during this stage of their life.

This research also highlights the crucial role of social and peer support in helping women stay active, with potentially supportive environments ranging from workplaces and healthcare settings to physical activity groups and sports communities. There is an urgent need to consistently embed a genuine and intentional approach to inclusivity for women experiencing the menopause across these settings.

We are grateful to and thank all of the women who took part in this research, for being open in sharing their experiences and ideas for positive change. The nine recommendations set out in this report can make a real and positive difference to women's lives, empowering them to become or stay active, while at the same time supporting their mental health and wellbeing. The findings in this report make clear the need for change and we stand ready to play our part.

Jo Anderson
Director of Influence and Change at SAMH

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Summary

The findings from this project provide important insights into the experiences of women during the menopause life stage. The survey findings show the extent of menopausal symptoms and how they are related to mental wellbeing and physical activity. The focus group findings provide deeper insight into the participants' experiences of being physically active and the influence on mental wellbeing during the menopause life stage, what helps and what hinders them to be active, and how we can better support them.

Summary of key points from survey

- This sample reported experiencing both physical and mental health symptoms during the menopause life stage.
- The participants had lower than average mental wellbeing scores.
- There was some indication that menopausal symptoms negatively impacted mental wellbeing.
- On average, the participants were physically active.
- Menopausal symptoms were perceived to negatively impact the likelihood of being physically active, and 57% reported that their activity levels had decreased during the menopause life stage.
- Those who met the physical activity guidelines had greater mental wellbeing than those who did not.

Summary of key points from focus groups

- Multiple factors influenced the physical activity behaviour of the focus group participants.
- The group indicated that their physical and psychological capability to be active had been reduced by the menopause.
- A supportive network helped participants to be active, and a lack of support hindered.
- For some, motivation and confidence to be active dropped during the menopause.
- Participants were aware of the benefits of being physically active to make them feel better.
- A range of initiatives are needed to support women to be active during menopause.



Recommendations

Drawing on these findings, SAMH has proposed nine key recommendations to the physical activity and sports community; the wider population; and policy influencers on how best to support women to be physically active during the menopause life stage to support mental wellbeing.

The Scottish Government should integrate menopause into the Scottish Health Survey to extend understanding of the relationship between menopause life stage, mental wellbeing and physical activity at a population level.

Continue to support 'normalising' menopause in physical activity, workplace and broader society (e.g. by sharing case studies of good practice). This is likely to be most effective through a cross-sectoral and cross-societal effort with support from Public Health Scotland and other key stakeholders.

Provide opportunities for everyone to learn more about the nature of menopause, and how experiences can vary by individual (e.g. Women's Health Plan priority to launch a public health campaign to remove stigma and raise awareness of the symptoms of menopause).

Support health care professionals, particularly in primary care, to be able to provide personalised support to women during the menopause life stage, in line with Women's Health Plan to ensure access to specialist menopause services.

Public Health Scotland and the sport and physical activity community should actively and intentionally **highlight the mental health benefits of being physically active** during the menopausal life stage.

Sport and physical activity organisations and community groups (e.g. leisure trusts) should **create opportunities for women to be physically active during the menopause life stage** through intentionally inclusive programmes, such as 'menopause friendly' or 'menopause specific' activities.

Sport and physical activity organisations and community groups should **create group-based opportunities for women to be physically active** during the menopause life stage in order to provide social support and enhance social connectedness.

Signpost women, including from primary care, **to trusted tools and resources** to support mental wellbeing challenges during the menopause life stage.

Support women to **prioritise self-care**.



01.

Background

In 2021, the Scottish Government launched a Women’s Health Plan, acknowledging the need to better support the ~400,000 women of menopausal age¹. In the UK, the menopause usually occurs between 45-55 years, and the average age of menopause is 51.²

Menopause is clinically diagnosed at 12 months after the final menstrual period although the peri-menopause (time leading up to menopause) and post-menopausal stages of reproductive aging are also critical phases of this transition.³ For the purposes of this report, when we use the terms ‘menopause’ or ‘menopause life stage’ we are referring to all three phases of this transition.

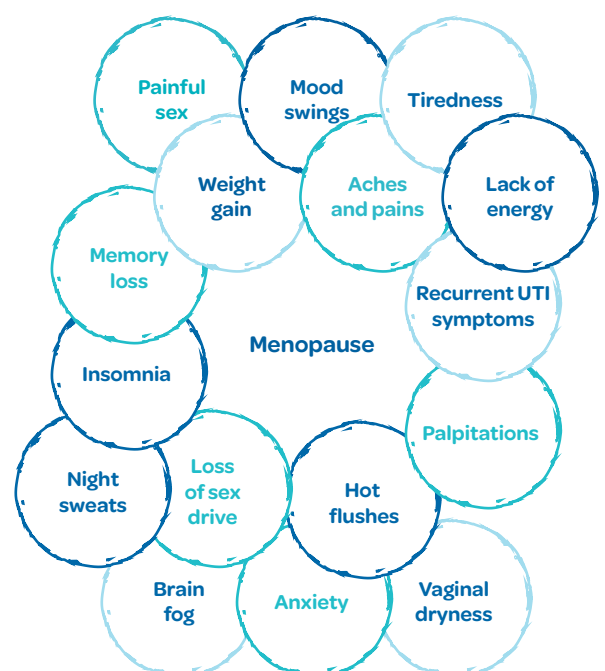
There are many other physical and mental health symptoms associated with the menopause life stage (Figure from the Women’s Health Plan). In relation to mental wellbeing, a UK survey (n=3725, 40-65yrs) showed 47% of menopausal women reported feeling depressed and 37% suffered from anxiety.⁴

Whilst medical intervention (e.g., HRT) is an option, lifestyle changes can also support women. Indeed, the Women’s Health Plan highlights that this key life stage may provide an opportunity to promote healthy lifestyle choices, including physical activity.

There is longstanding evidence that meeting recommended levels of physical activity⁵ leads to physical and mental health benefits.^{6,7,8} However, there is clear evidence of a decrease in the percentage of women achieving recommended physical activity levels around the menopause life stage. For example, the Scottish Health Survey (2021)⁹ reported declines in the percentage of women meeting the recommended levels of both moderate to vigorous physical activity (MVPA) and muscle strengthening from 40% at aged 35-44 years to 34% at aged 45-54 years, and 28% at aged 55-64 years.

There is also a growing evidence base for the benefits of physical activity during the menopause life stage, with review-level evidence now available to support the benefits for general health and wellbeing^{10,11,12,13} managing menopausal symptoms^{14,15,16,17} and as a protective strategy for longer term morbidity (e.g. osteoporosis).

Menopause related symptoms



The Scottish Government. *The Women’s Health Plan: A plan for 2021–2024*. 2021

02.

Research Purpose & Aims

The overall aim of this research was two-fold. Firstly, to increase knowledge around the intersection of the menopause and its impact on both physical activity and mental wellbeing. Secondly, to consider how the new knowledge can be used to advocate for women during the menopausal life stage to help them to be physically active and support their mental wellbeing.

To fulfil these aims, there were three objectives:

- **To conduct research to better understand women's experiences of menopausal symptoms**, and the impact of these symptoms on both physical activity and mental wellbeing.
- **To conduct research to better understand women's experiences of being physically active** during the menopause life stage.
- **To consider these research findings and make recommendations**, where appropriate, on how best to support women to be physically active during menopause life stage.

SAMH partnered with the University of Edinburgh, who carried out the research in autumn 2022, undertaking an online questionnaire and focus groups to achieve our first two objectives.



03.

Demographics

Online survey demographics

In total 1229 women responded to the survey. Prior to analysis, the data were screened to exclude participants who had not formally 'submitted' their response (n=407), participants who were aged 35 or under (n=95), and any duplicate responses (n=72). **This provided a data set of 655 complete responses.** Table 1 details participant characteristics.

Just over half the women who took part were aged between 50-59 years (51.7%), with the vast majority (96.2%) identifying as white. Women from all economic groups took part, though there was a skew towards those from Scotland's areas of more affluence. Just over half of participants reported currently taking HRT.

Menopausal status of survey participants

The majority (56%) of survey participants reported that they were peri-menopausal (i.e. periods had not yet been absent for 12 months), with 20% early post-menopausal (i.e., up to 2 years since last period), and 24% mid post-menopausal (2-8 years since last period).

Menopausal Status (n=655)

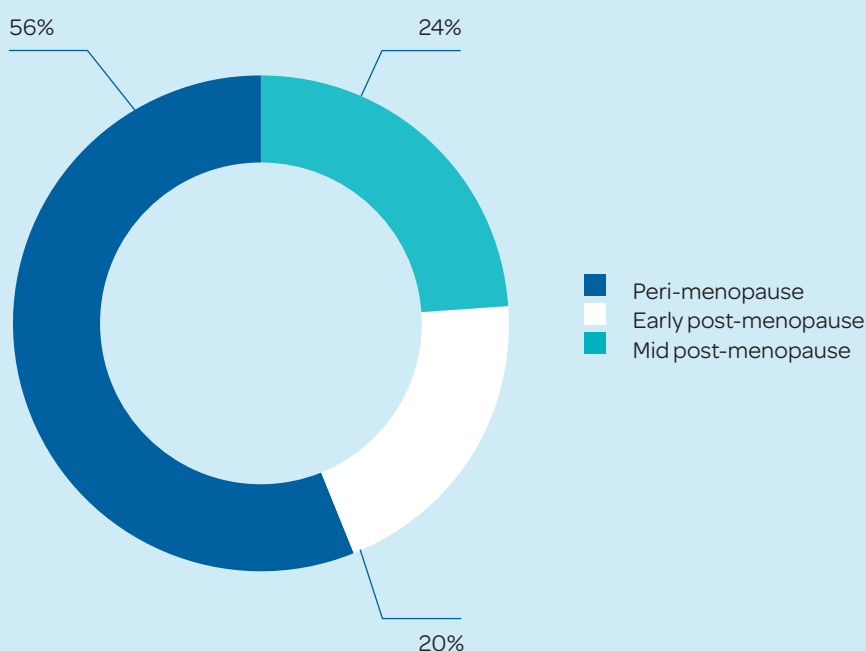


Table 1: Online survey

Demographic characteristic		%
Age		
<50 years	278	44.3
50- 59 years	324	51.7
≥60 years	25	4.0
Ethnicity		
White	630	96.2
Asian, Scottish Asian, British Asian	14	2.1
African, Scottish African, British African	9	1.4
Caribbean or Black	1	0.2
Prefer not to say	1	0.2
Gender identity same as sex at birth		
Yes	631	99.1
No	4	0.6
Prefer not to say	2	0.3
SIMD Quintiles (where data available)		
1 most deprived	39	7.9
2	77	15.7
3	88	17.9
4	138	28
5 least deprived	150	30.5
Currently taking any form of prescribed HRT		
Yes	337	51.5
No	317	48.5

75%

of respondents reported achieving the 150 minutes of moderate to vigorous physical activity each week.

Physical activity behaviour of survey participants

The survey asked people to share their levels of physical activity. Data were recorded against current UK's Chief Medical Officers recommended levels of moderate to vigorous physical activity (MVPA) and muscle strengthening activities and comparison made with findings from the 2021 Scottish Health Survey (see Table 2).

Seventy-five percent of respondents reported achieving the 150 minutes of MVPA each week (either from 5 x 30-minute sessions or 150 minutes in total). The proportion of women meeting the MVPA is similar to the data from the 2021 Scottish Health Survey where it was reported that 74% and 73% of women aged 35-44 and 45-54, respectively, met the CMO recommended levels of MVPA. This figure is high compared to the 61% of 55-64 years.

Fifty-four percent reported engaging in a form of physical activity that made their muscles feel tense, shake or warm on two or more times each week. The Scottish Health Survey reported on those who met the muscle recommendation only, and the figures were very low at 1% for 35-44 years, 3% for 45-54 years, and 2% for 55-64%.

Forty-eight percent of participants achieved both the 150 minutes of MVPA and twice weekly strength training recommendations. This figure is higher than the data from the 2021 Scottish Health Survey data where it was reported that 40% and 34% of women aged 35-44 and 45-54, respectively, met the CMO recommended levels of MVPA and muscle strengthening recommendations.

Only 26% of participants reported taking part in a sport, indicating that 74% did not take part in sport. This figure is high compared with the 2021 Scottish Health Survey where it was reported that 34%, 42% and 54% of women aged 35-44, 45-54 and 55-64 years, respectively, did not participate in sport, equating to 66%, 58%, and 46% who did take part in sport.

Focus groups: Demographics and menopausal life stage

Four focus groups took place in October 2022, with 24 participants in total. Table 3 details the composition of each focus group in terms of the number of participants, average age, and menopausal status of participants.

All participants were white with a gender identity that matched their assigned sex at birth. All participants provided their postcode, which enabled us to classify their socio-economic status based on the Scottish Index of Multiple Deprivation (SIMD). There was a spread of socio-economic status across five SIMD groupings, but like the questionnaire data there was a skew towards the areas of least deprivation with more than 50% of participants from less deprived areas.



Table 2: Physical activity behaviour

Category	Yes n (%)	No n (%)	Scottish Health Survey 2021 results by age		
			34-44	45-54	55-64
Meet 150 mins MVPA recommendation (either 5 x 30 minutes or 150 minutes total)	491 (75%)	160 (25%)	74%	73%	61%
Physical activity that makes muscles feel tension, shake or warm (twice or more per week) (muscle strengthening)	353 (54%)	300 (46%)	1%	3%	2%
Meet both 150 mins MVPA and muscle strengthening	312 (48%)	338 (52%)	40%	34%	28%
Participate in sport	170 (26%)	484 (74%)	66%	58%	46%

Table 3: Demographics and menopausal life stage of focus group participants

Focus Group	Number of focus group participants				Mean age
	Total	Peri- menopausal	Early post- menopausal	Mid post- menopausal	
1	5	2	1	2	53.0
2	7	3	1	3	51.7
3	5	1	2	2	54.0
4	7	6	0	1	52.4
Total	24	12	4	8	52.6

04.

Survey Findings

Experiences and impacts of the menopause on both mental well-being and physical activity.

Menopausal symptoms

Participants were asked about a wide range of menopausal symptoms and could indicate if they had or had not experienced each symptom (i.e., responded 'yes' or 'no'). The figure on page 13 ranks the experience of symptoms from most to least common.

While over half of people taking part in the survey experienced 12 of the 14 symptoms, it is striking that symptoms relating to mental wellbeing (e.g. change of mood, anxiety, low self-esteem and brain fog) were those most commonly experienced by participants. **Change to mood was the most common symptom, experienced by 93.8% of participants.**

Participants had the opportunity to list any additional symptoms that they experienced. Their responses are set out in the word cloud below. The size of the text represents the frequency of reporting of each symptom (i.e. largest text is most commonly reported). Again, it is notable that symptoms related to mental wellbeing, such as anxiety, depression and low mood, were some of the most frequently mentioned additional menopausal symptoms experienced by participants.

Mental wellbeing levels

As is evident from the symptoms that participants reported experiencing, it appears that the menopause life stage brought mental health challenges for participants. This observation was further supported by the results of participants' scores on the 14-item Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS), which was used to assess mental wellbeing. Table 4 shows the mean WEMWBS score for the whole sample (n=637 with valid data) and by menopausal status.

Peri-menopausal participants scored lowest, with slight increases in the two post-menopausal groups.

The table includes comparable data with the 2021 Scottish Health Survey.* Although WEMWBS is not intended as a screening tool for mental illness, there is an indication that a score of <41 is indicative of probable clinical depression, and a score between 41-44 is indicative of possible/mild depression.¹⁹ Furthermore, 37.4% of participants reported that they had been referred to, or received treatment from, a professional (e.g., GP) for their mental health during the menopause life stage. **These findings suggest that our survey sample were experiencing mental health problems.**



* Direct comparison should be undertaken with caution due to the different sampling methods, specifically that the current sample are not representative of the population but a self-selected group interested in this topic.

Percentage of participants experiencing common menopausal symptoms

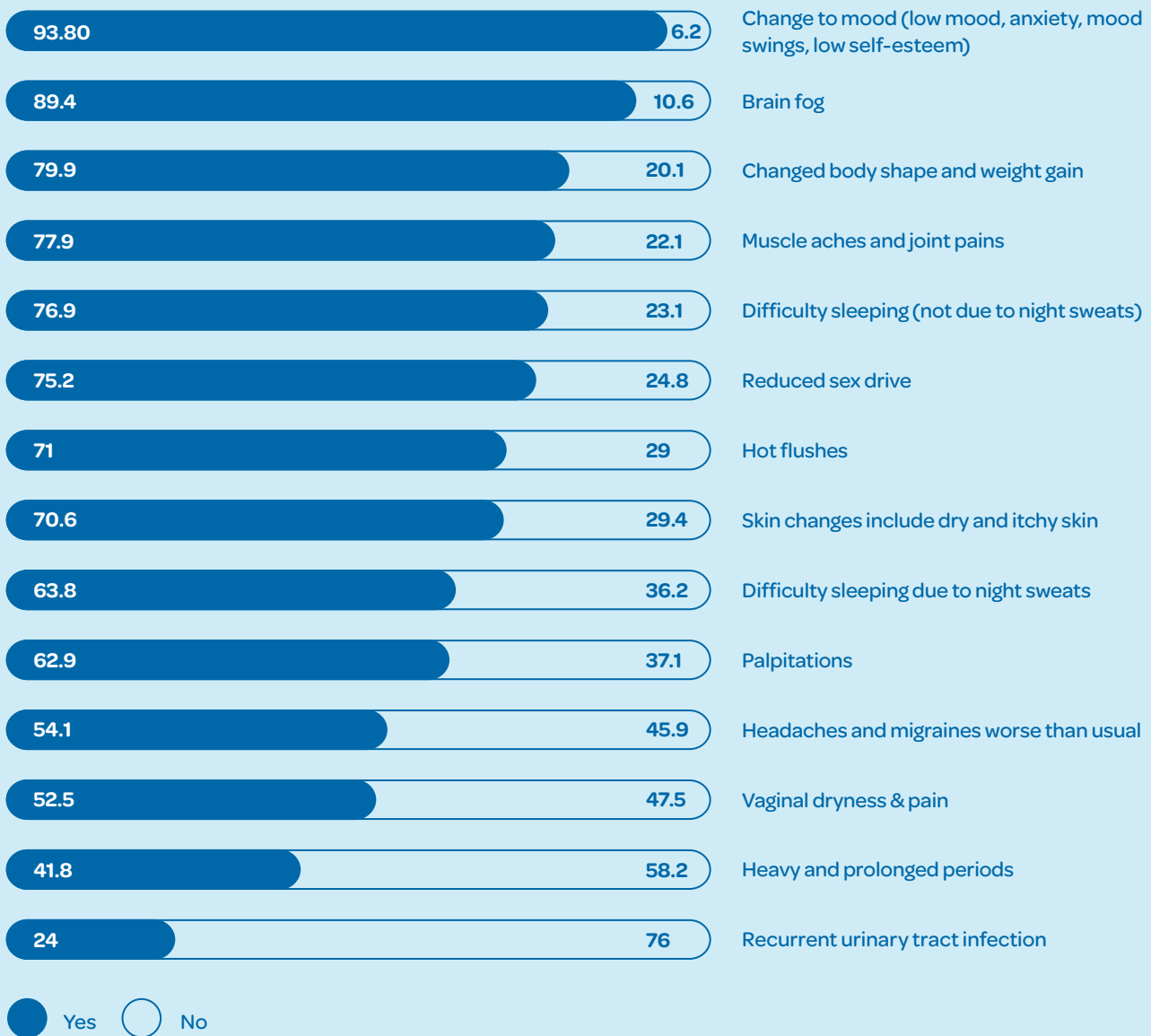


Table 4: mental wellbeing levels

Current sample by menopausal stage	WEMWBS Mean Score (survey participants)	Scottish Health Survey sample by age	WEMWBS Mean Score (Scottish Health Survey)
All	41.1 (9.1)	All	48.3 (0.23)
Peri-menopausal	40.3 (8.5)	35-44	46.5 (0.58)
Early post-menopausal	42.0 (10.6)	45-54	48.2 (0.56)
Mid post-menopausal	42.2 (8.9)	55-64	49.3 (0.57)



“They’ve set up a menopause cafe at my work. So there’s quite a few of us having a chat now.”



Impact of menopausal symptoms on mental wellbeing (by percentage)



Impact of menopausal symptoms on mental wellbeing

>60%

of respondents indicated the symptom had a negative impact on their mental wellbeing.

Participants were asked to indicate how their menopausal symptoms impacted their mental wellbeing. The chart on page 15 illustrates the extent to which each menopausal symptom either positively or negatively impacted on mental wellbeing. Not all women experienced each symptom, and those who responded 'not applicable' to any symptom were excluded from the analysis.

The adverse impact of symptoms of the menopause on mental wellbeing was clear. Specifically, for 11 out of the 14 symptoms, **more than 60% of respondents indicated the symptom had a negative impact on their mental wellbeing**. Changes to mood, difficulty sleeping (not due to night sweats), and brain fog had a negative impact for more than 80% of those who experienced the symptom.

Typically those experiencing symptoms reported lower WEMWBS scores, but these were only statistically significant for two symptoms. Specifically, changes to mood had a significantly lower WEMWBS score (-6.3) than those who did not, and this difference was classified as large. Additionally, those reporting reduced sex drive had significantly lower WEMWBS score (-2.9) compared to those not experiencing this symptom, and this difference was classified as small.



Physical activity behaviour in women experiencing the menopause

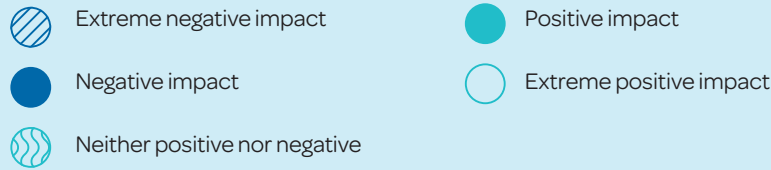
57%

of respondents reported that their physical activity levels had decreased

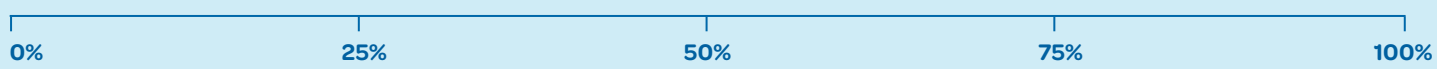
Women taking part in the survey were asked how their levels of physical activity changed during the menopause. Less than a fifth (16%) reported that their levels had increased, nearly a quarter (23%) reported levels of physical activity stayed the same, and over a half (57%) reported that their physical activity levels had decreased. Encouragingly, **nearly three quarters (74%) of the participants indicated that they were interested in becoming more active.**

Exploring the relationship between individual symptoms of the menopause and levels of physical activity, it was clear that most of the common symptoms of menopause had an adverse effect on participants' likelihood to engage in physical activity. Specifically, for 10 out of the 14 symptoms, more than **50% of respondents indicated it had a negative impact on their likelihood to engage in physical activity.** Changes to mood, difficulty sleeping (not due to night sweats), and muscle aches and joint pains had the most detrimental impact with around 70% of respondents indicated these symptoms resulted in them being a lot less likely or less likely to engage in physical activity.





Impact of menopausal symptoms on physical activity



Association between physical activity levels and mental wellbeing

During the analysis of the survey data the relationship between meeting physical activity guidelines (or not) and mental wellbeing was considered.

It is important to acknowledge that due to the cross-sectional nature of the data firm conclusions cannot be made about the causal direction of the relationships.

As set out in the table below, women meeting the MVPA and muscle strengthening activities consistently scored higher on WEMWBS measure of mental wellbeing than those who did not meet the recommendation. Notably, this difference was only statistically significant for the comparison between those meeting strength recommendations, and those meeting both MVPA and strength guidelines.

Table 5: physical activity behaviour

Physical activity behaviour	N	Mean WEMWBS score (SD)	Mean difference
Meet MVPA guidelines			
Yes	478	41.8 (8.7)	
No	157	39.0 (9.9)	2.8
Meet strength guidelines			
Yes*	342	43.0 (9.5)	
No	293	39.0 (8.0)	4.0
Meet both MVPA and strength guidelines			
Yes*	303	42.8 (9.3)	
No	331	39.5 (8.6)	3.3
Take part in sport			
Yes	161	42.7 (9.1)	
No	475	40.5 (9.0)	2.2

*statistically significantly different from those who did not meet the recommendation

05.

Focus group findings

Understanding women's experiences of being physically active during the menopause life stage



Data collection & methodology

Focus groups took place via Microsoft Teams and were facilitated by three researchers. The discussion was structured around the following broad questions:

- **What helps AND what hinders you to be physically active during the menopause life stage?**
- **How does/did being physically active influence your mental wellbeing during the menopause life stage?**
- **What could we do better/differently to support women experiencing the menopause to be physically active?**

The COM-B model was used as a framework to analyse the focus group discussions. The COM-B model,²⁰ provides a useful framework for understanding the factors that influence behaviour. The COM-B model highlights that behaviour is influenced by **C**apability (physical and psychological), **O**pportunity (social and physical), and **M**otivation (reflective and automatic). This COM-B framework was used to identify and organise the main themes to better understand the influences on physical activity behaviour during the menopause.



“I’m tired, but I think gardening really [has] been my saviour...”

The impact of physical and psychological capability on physical activity

Participants discussed how their capability impacted their ability to be physically active. The figure on page 23 illustrates which factors helped (light blue) and which factors hindered (navy) participation in physical activity.

It was evident that the principal facilitating theme related to how having access to HRT helped participants to manage symptoms of menopause, and therefore to increase physical activity levels.

“I was bed bound and I never thought I would run around the block again. I found [after] getting my HRT balanced it did get better.”

Consistent with the questionnaire findings, many participants spoke in detail about a wide range of menopause symptoms and how these had negatively affected physical capability to be active. These specific themes are outlined in the figure on page 23 and include both physical capacity and psychological capacity, including declining mental health.

“I used to go swimming three times a week, but then during peri-menopause... [I experienced] ..a brutal mess of heavy periods. I mean, two weeks of constant heavy, heavy bleeding. I didn't know when my period was coming on. I didn't know what it would be like when it did and over about a year that swimming actually stopped because I just couldn't go three times a week.”

Many participants spoke about how changes in their mental health during the menopause had made it harder for them to be active. Low mood, feelings of being overwhelmed, feelings of stress, anxiety, negative thoughts or more general discussion around mental health were mentioned, along with feelings of brain fog (“like my brain doesn't function”). Anxiety was frequently mentioned, either as a new phenomenon that had developed as a menopause symptom or an exacerbation of existing anxiety symptoms.

“Suddenly I would get really anxious about things that had never crossed my mind to get anxious about before. And one of those things was perhaps going into situations with other people, going into exercise situations, going out a walk, some people have already talked about looking like you're overweight or you're huffing and puffing. I think it's easy once that anxiety is present to then allow it to start talking to you You need to deal with this anxiety. Don't push yourself. You know, just allow yourself to be in this moment and let the anxiety pass.”

The diagrams below illustrate some examples of facilitators and barriers as identified by the women taken part in the focus groups.





The impact of physical and social opportunities on physical activity

Physical barriers and opportunities

The figure on page 25 summarises physical barriers and facilitators to engaging in physical activity during the menopause raised during the focus groups.

Key themes included having opportunities for physical activity that were easily accessible such as access to a local gym, local jogscotland classes and walking with friends. Easy access to green space was also mentioned as a positive facilitator to physical activity during the menopause.

"I'm tired, but I think gardening really [has] been my saviour. You know, just getting outside and spending time outside... getting out for walks and things as well."

Some participants though highlighted a lack of exercise classes in their local area that were appropriate during the menopause.

"Let's face it, 51% of the population experiences menopause of some kind. Yet there's no gyms, no classes, no particular activities that are tailored to the needs of menopausal, peri-menopausal, or post-menopausal women, and I do find that frustrating."

Access to a supportive GP and healthcare team and having the opportunity to try HRT were mentioned as factors that helped people to stay active. In some instances, participants found it more challenging to access support from their GP or healthcare team around the topic of menopause or accessing HRT, with a sense there was room for improvement.

Linked to this was a lack of knowledge amongst women themselves on what would happen during the menopause and knowing when to access support from healthcare professionals.

"I am peri-menopausal. To reiterate what everybody's saying about having problems with getting HRT from a GP, it's taken over 8 months and it's still not settled."

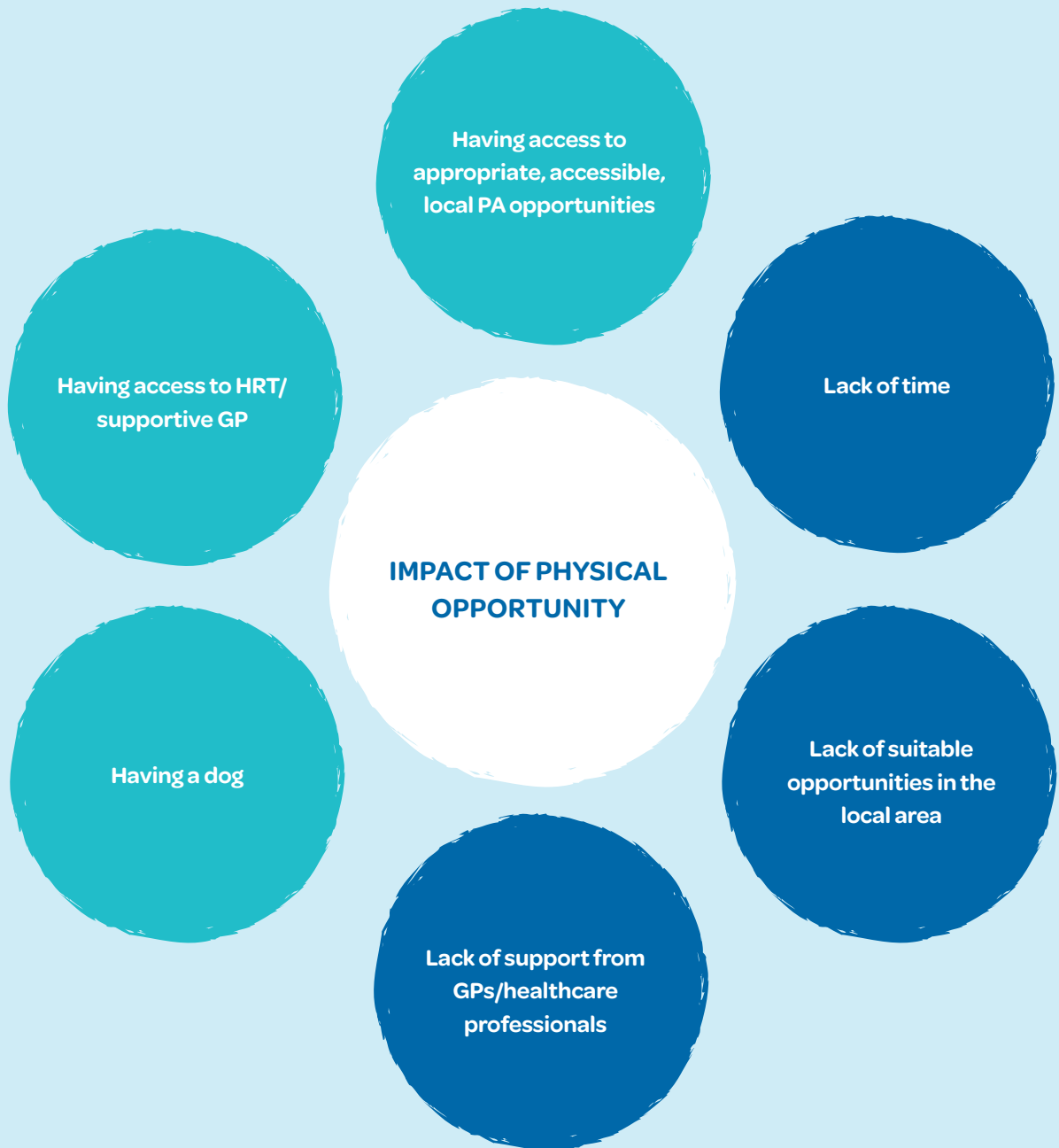
For some participants, finding time to be active at this stage in their lives was challenging due to caring for other people or juggling other responsibilities. Participants were aware of the benefits of being active but in some cases struggled to make time to prioritise themselves.

"The first thing really, it was that the kids came first. The house came first, work, and then if I had enough energy left, then activity. But to be honest, I found that really quite tricky."

There was also a broader theme emerging from the data, not specific to physical activity, but exploring wider issues around frustration at the support available during the menopause life stage. For example, one participant mentioned the lack of support in their workplace for a menopause policy.

"You know I tried to get a menopause policy into our organisation eight years ago and it became a sentence in another policy because the mostly male board at that time just couldn't see that it was anything that needed to be in there. And I sit on a board with another organisation and they've just ratified a menopause policy and action plan for the organisation on the back of some stuff that I'd sent through about 3-4 months ago. Hopefully my organisation will adopt it soon too. And that's the massive shift in a very short period of time."





Social barriers and opportunities

Participants spoke about how the support of other people helped them to stay active during the menopause life stage. This could be support from partners, family or friends. Some participants also used online forums to connect with others who were experiencing the menopause life stage (although it is not clear if this provided support to be active).

In relation to physical activity, making plans with other people was perceived as an important way to ensure an activity happened. This could be short-term plans, for example to meet a friend for a walk or a swim, or longer-term goal setting.

Participants also spoke about how it helped to connect with similar, like-minded people – the social connectedness and peer support from being active with others was important. The support of other people could be quite practically orientated (e.g. organising to do something with another person) or more psychologically orientated with the opportunity to socially connect and discuss their lives, including the menopause.

“I would say a friend [helps]. Just having someone saying on Monday, we’re going to meet and we’re gonna do X. And sometimes you then are forced to do [it] otherwise life takes over and you think oh I’ve got so much to do and I can’t take that time out. But the fact you’ve made a commitment to someone forces you to do it.”

“When I am physically active, I sleep better. And you know, especially if I get out in the morning or during the day, it definitely has an impact on my sleep. What I miss most is the social interaction with others. You know, if there’s classes or things on that I felt I was able to go to and [feel] better for being amongst others.”

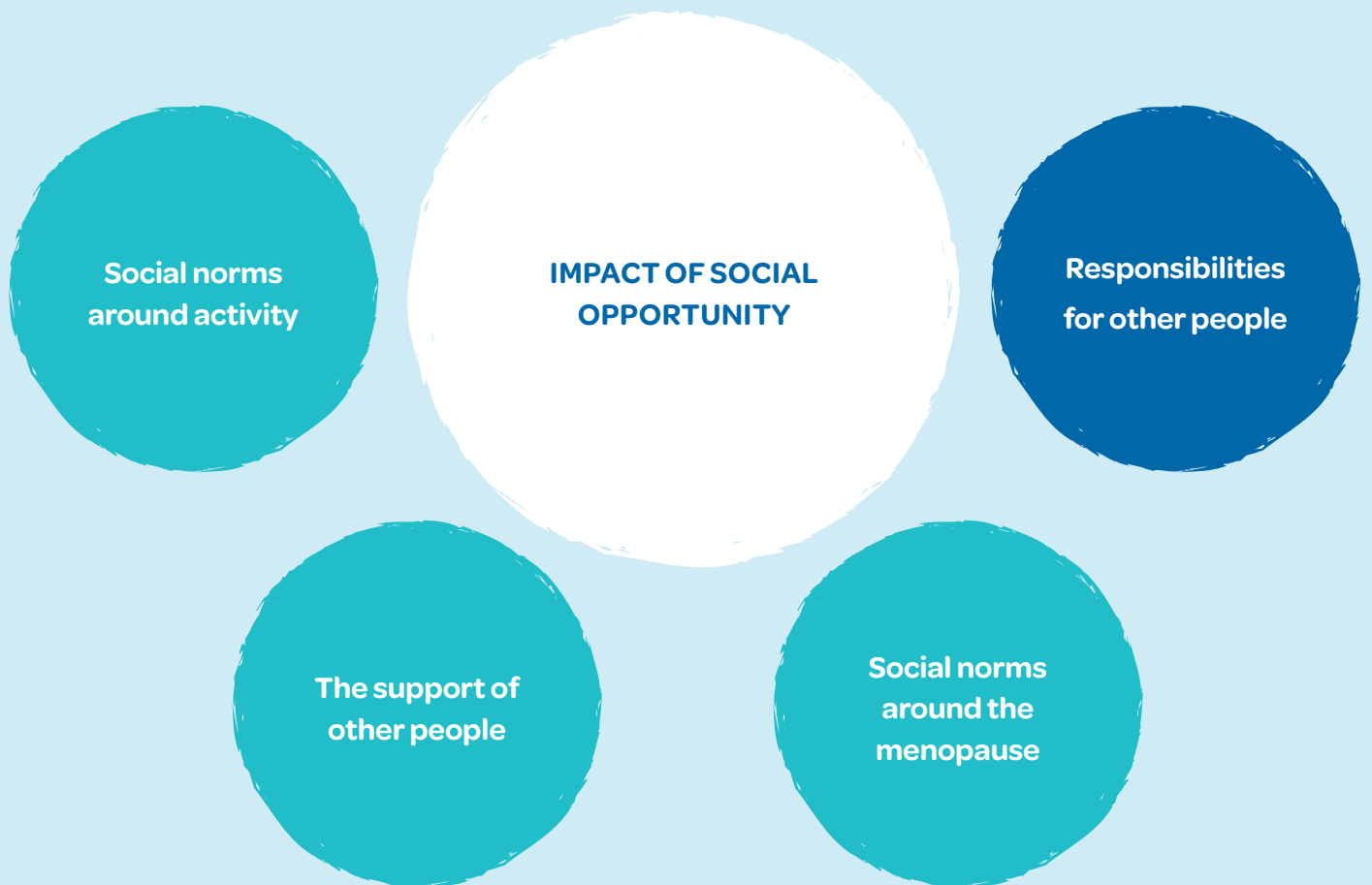
Some participants mentioned caring responsibilities limited their ability to be active during the menopause life stage (similar to lack of time in physical opportunities).

“You know some [women] in their 40s still have quite young children or you have teenagers and then you have ageing parents. And you think you know, you just get your teenagers independent, but then you’re looking after ageing parents as well and working full-time and doing the whole thing. But probably thinking that you’re doing it quite badly and everybody else is doing it way better than you. That’s a difficult time as well I think.”

Similarly, participants discussed the wider context around menopause, with a general perception that social norms around menopause are shifting with menopause discussed more openly. These discussions weren’t specific to physical activity. Examples of support that were offered through workplaces were mentioned including menopause cafés or environmental modifications e.g. desk fans.

“They’ve set up a menopause cafe at my work. So there’s quite a few of us having a chat now. And [one colleague] said she didn’t realise it was a menopause initially, but once, you know, and you learn to manage it a bit better. So I manage where I walk and when I want to walk. Now, I think of what the menopause is giving me in a really positive way. It might hinder what I do, but it allows me to figure out what I want and be vocal about it and tell people what I want in a positive sense.”

The figure below summarises social barriers and facilitators to engaging in physical activity during the menopause



Facilitator



Barrier

The impact of motivation on physical activity

The focus groups explored factors influencing motivation to take part in physical activity during the menopause. The figure summarises both barriers and facilitators to motivation:

Overall, there was an awareness that motivation to be active had changed as a result of the menopause, with this recognised by participants as a problem.

"I have found myself the most demotivated for doing physical activity, I've ever been. So I'm finding a time that I need to do it most."

Some discussed how motivation to be active had declined due to a fall in energy levels/tiredness, with challenges of caring responsibilities, or work and home life depleting energy levels. Fluctuations in energy levels at different times of the month were also a factor affecting motivation to be active, as was a general lack of enthusiasm, apathy and flattening of mood.

One participant discussed how they felt the menopause life stage really affects your ability to motivate yourself, with the perception this might be because of a feeling of loss of control of what is happening to their body.

"You have to fight. You definitely have to find something that works for you. I think for all of us, it's something different. But there is something. I think the menopause really affects your ability to motivate yourself in a way you once did. And I don't know whether it's because you don't feel in control of your body anymore. "

Many of the participants were aware that being physically active made them feel better and eased psychological symptoms of the menopause such as low mood, anxiety or stress. Some participants were conscious of the ageing process and not getting any younger, which encouraged them to stay active.

"If it wasn't for exercise, I would just be destroyed by processes including the menopause that have gone on in the last few years. And so yeah, it's just absolutely vital to reduce my anxiety, increase my wellbeing, and I feel so much better and more motivated after doing any sort of exercise."

For some, motivation was boosted by having a goal and something to train for, giving them a focus to stay active and intention to keep going.

"Netball [is] really important for my mental health. Being part of a team, being part of a group of women. Where everybody's got your back, so to speak.... Not to be able to play anymore sort of directed me to my GP, who was very supportive and it's been like a miracle. The pain has more or less gone. I'm able to play again."

The figure below summarises both barriers and facilitators to motivation



For some women in the focus groups being physically active was a longstanding part of their life and everyday routine, for example through dog walking or commuting by foot or cycling. This was seen as beneficial to ongoing participation, even at points where they wouldn't otherwise have been motivated:

“Some days you just wanted to stay inside with a cup of tea and a great biscuit and cry a little bit. But you know the dog had to get out. At least I had that. But if I think if I didn't have my dog, I'd have been like, no, I'm not gonna, not doing it.”

Many participants spoke about the importance of the outdoors and an awareness that being outside made them feel better.

“Just even getting outside and getting to have a bit of head space I think is the most important thing for me, even when I have to drag myself outside, I always knew it would be better once I came back and I would always regret it if I hadn't done it. So just having that even just some time to yourself.”

Participants spoke about the positive affects being active had on their mental wellbeing and how they wanted to use this to motivate themselves to be active again. There was clear awareness that you regret not doing something and don't regret it when you do an activity. Despite this there was a sense of confusion in some participants why motivating yourself to be active was so challenging when you get such clear benefits from it.

“I do know that when I have went for a swim or I have been for a walk, I do feel really good. But then I forget that I felt really good when I did that, and then I don't do it. And again, it's that kind of, you know, feeling bad about why do I not go for a swim?”

A lack of confidence around physical activity, including a lack of confidence preceding the menopause, had a key negative impact on motivation. The sensation of effort and feelings of discomfort, along with feeling self-conscious, seemed to suppress motivation and self-confidence. Some participants spoke about weight gain and how they didn't want to exercise if others could see them.

“I'm actually dreadful with physical activity. I always have been. I think partially because of my weight. I'm convinced that people are kind of, you know [looking at me]. I did try talking with the club but I kept saying to my husband, I'm convinced when I run past people, they go look at that fat cow, look how much she's sweating and stuff like that. So I've got absolutely no confidence exercise wise, never have [even] as a child.”



“I do know that when I have went for a swim or I have been for a walk, I do feel really good...”



06.

What could be done better or differently to support women to be active during the menopause life stage?

Alongside women's experiences of the menopause and physical activity, we crucially wanted to ensure we gathered and represented their ideas about what would support women stay or become active during the menopause.

1. Enhanced education

a. Population-wide awareness raising around the topic of menopause

Participants were aware attitudes towards menopause had changed considerably in recent years, but there was still considerable room for improvement to reduce stigma around talking about menopause. Examples of good practice to learn from in recent years in normalising discussion about health topics include breast cancer awareness.

Participants also stated the need for increased education and awareness of the menopause and associated symptoms to not just to be aimed at menopausal women. Enhanced education should also be targeted at younger women, men, partners, and family members. The Scottish Government's Women's Health plan was discussed as a useful resource but with an awareness that it had to come with additional resources to ensure it is fully implemented.

"So I don't think there's been anything else that I can think of for a very long time that the attitudes have shifted so quickly. But it's still got a long way to go and we need to keep talking about it and we need to make sure people are aware of it and make sure the information [is] there."

b. Enhanced education on the menopause for health professionals

Participants' experience of support from health professionals, such as GPs, was mixed with some participants feeling more training for health professionals was needed to help women manage their symptoms. This should include an awareness of menopause-specific lifestyle options.

"First of all, doctors need menopause training. I spoke to my doctor and she's had absolutely no menopause training whatsoever...By the time you're a GP you've been in training for 10 years. Unless you're motivated to do menopause training, there is no menopause training for doctors, which I think is absolutely shocking. And I think it's a huge, huge oversight."

The variability in support available through GPs was evident during the focus groups, with some highlighting very positive experiences. **Ideally participants felt health professionals should all be educated on the topic of menopause and able to provide consistent support to all women.**

Providing education opportunities for women during the menopause life stage was mentioned by one participant specifically in relation to how to manage the associated mental health symptoms, hopefully helping to get people out of the house.

“We spoke a lot about our anxiety and our low mood as well. I think that’s such a barrier for people even getting out. Sometimes when you start to doubt yourself about everything and the person you were and you don’t recognise the person you are at the time. I work with a lot of ladies in my age group and it’s a really common theme that we hear. And so I think some targeted work on that would be really, really helpful.”

c. Enhanced education on the menopause for sports and physical activity professionals

Having exercise professionals trained in supporting and empowering menopausal women was also suggested. This might help to offer menopause-specific exercise opportunities or to enable modification of existing opportunities.

“From the physical activity side, what I think would be absolutely great is if some of the personal trainers were coached on how to look after menopausal women. And [if there were] specialist physical trainers who could help menopausal woman. I think that would be a tremendous thing.”

d. Enhanced education – menopause specific physical activity/exercise information

There was clear enthusiasm from women taking part in the focus groups to increase awareness about how being active during menopause can improve your menopause journey. More information and role models specifically in relation to strength training were mentioned, along with guidance on osteoporosis and the role exercise can play.

Examples of good practice in relation to menopause-specific exercise opportunities were highlighted, including jogsotland menopause-friendly groups.

The importance of having a good exercise routine in place prior to the menopause was mentioned as beneficial to sustain physical activity.

“I think generally from a public health point of view, you’ve got to have messages out there to women saying get a routine in place from 35, 40. Now I understand that’s difficult with children, caring responsibilities, parents, all of the rest of it. But [the government] really needs to be getting the message out there because people are completely dropping off. And I’m hearing from people that they just can’t get into exercise because they don’t have that base.”

2. Increased social support

Support from other people was clearly a strong facilitator to staying active during the menopause life stage. Peer support, including through the online environment to share experiences, boost confidence and provide validation that their symptoms are ‘normal’ was mentioned. Having a support network in place was seen as key.

“My suggestion was of peer support, and whether that’s in an online environment [or] maybe peer support in terms of physical activity, because sometimes doing it with somebody just gives a bit of confidence. I think we can make use of those people that have lived experience. To support others and sort of share their stories and what’s worked, and I guess normalising what’s happening”



Support from other people was clearly a strong facilitator to staying active during the menopause life stage.

3. Enhanced opportunities

A key theme for supporting women experiencing the menopause to stay or become active was creating opportunities for physical activity and support for the menopause across a variety of settings. Importantly settings should be seen in the broadest sense, including, but not exclusive to, sport and physical activity settings.

a. Supportive workplaces

Enhanced support from workplaces around menopause was mentioned, including maximising progress made during the Covid-19 pandemic in relation to flexible working and having menopause workplace policies.

Interestingly, one participant highlighted progress in the workplace in relation to pregnancy (maternity leave, return to work etc) but that **for many women menopause is consistently covered up in the workplace**. Examples of good practice that were present in workplaces were mentioned, including menopause cafes, walking meetings and menopause walking groups.

“Last week in my work we had a menopause warrior day. So it is massively changing. I talk about menopausal fog all the time and that’s totally accepted. Now... the weight stuff is still a taboo, women putting on weight, you know. Maybe that’s in my head..... . So I work in a big open plan office and again five years ago people would have complained if somebody had a fan at their desk. Now it is completely acceptable and totally normalised”

One participant suggested a mini-gym in work that had equipment that was easy to access would be beneficial. Time of day was discussed as a barrier to activity by some with morning or evening tiredness/fatigue an issue so activity during the working day may provide an opportunity.

b. Menopause specific physical activity and exercise opportunities

Having a supportive environment to be active during the menopause life stage was discussed, with some participants highlighting a lack of menopause-specific exercise classes in their area.

“There are no classes really in my relevant [city] and I live you know fairly near the city centre. There are no classes that I’m aware of that are aimed at menopausal or post-menopausal, peri-menopause women for any kind of exercise.”

c. Opportunities – the importance of walking and getting outside

Walking was discussed recurrently across the focus groups, as was the importance of getting outside and getting some fresh air. Many of the women mentioned using walking to stay active, with an awareness this would boost mood, help with anxiety symptoms and give some time to yourself. Emphasising that walking does not require any specialist skills or equipment but is a great way to meet physical activity guidelines may help those who feel they have low confidence to be active.



4. Greater access to tools and resources

A small number of participants mentioned self-management tools such as journaling as a way to monitor how they felt and boost motivation. This process helped these participants recognise how different behaviours made them feel. In some instances, the diary was used to schedule activity and create a plan. One participant talked about forgetfulness, being aware that being active boosts mental wellbeing but either forgetting this feeling or forgetting to do an activity, such as journaling, providing a strategy to help with this.

“I started keeping a diary because I was struggling so much and I kept a diary of diet and sleep. And actually when I started exercising, I noticed a real correlation between sleeping better on the days I exercised to the days I didn’t exercise and I think that’s still very, very much the case.”

5. Prioritise self care

A broader theme that was apparent in the discussions highlighted clear awareness of the often multiple and competing pressures experienced by women during the menopause. Consequently, a key theme was **the need for education and public messaging around the menopause, physical activity and mental wellbeing to be delivered sensitively so not to increase feelings of pressure on women**. Helping women to prioritise their own health and wellbeing, and taking time for themselves, was felt to be important.

“My worry is that if I was sitting on the loo looking at poster saying my menopause symptoms are gonna become better if I’m active. And I’m feeling really squeezed and really pressurized and I’ve got loads on. It’s just another thing you feel is on the list and I don’t know if that’s the right approach. In some ways I kind of think why are women feeling squeezed? Why are women feeling that they’re the ones that have to do all these jobs?”

In recognition that no single approach to supporting women to be active during the menopause will be suitable for all women, participants suggested a range of suggestions that may help different people at different points in their menopause journey. This could include relaxation, exercise or diet suggestions. Finding an activity that works for you was discussed as important and being aware that previous activities (e.g. running, swimming) may no longer be suitable.

“I kept getting ill. Every month I’d get like a viral bug or something and I’d get really run down and I suddenly thought this doesn’t suit me. Perhaps I am just a walking and yoga person and then when I had sort of this anxiety and this stress coming on, a friend suggested to me doing mindfulness and meditation, that sort of thing which I found quite hard. But I tried to get into it. So I do like yoga and I do like being quiet and so I’ve had to sort of learn who I am and what suits me.”





“Just even getting outside and getting to have a bit of head space I think is the most important thing for me...”

07.

Recommendations

- **The Scottish Government should integrate menopause into the Scottish Health Survey** to extend understanding of the relationship between menopause life stage, mental wellbeing and physical activity at a population level.
- **Continue to support 'normalising' menopause in physical activity, workplace and broader society** (e.g. by sharing case studies of good practice). This is likely to be most effective through a cross-sectoral and cross-societal effort with support from Public Health Scotland and other key stakeholders.
- **Provide opportunities for everyone to learn more about the nature of menopause, and how experiences can vary by individual** (e.g. Women's Health Plan priority to launch a public health campaign to remove stigma and raise awareness of the symptoms of menopause).
- **Support health care professionals**, particularly in primary care, to be able to provide personalised support to women during the menopause life stage, in line with Women's Health Plan to ensure access to specialist menopause services.
- Public Health Scotland and the sport and physical activity community should actively and intentionally **highlight the mental health benefits of being physically active** during the menopausal life stage.
- Sport and physical activity organisations and community groups (e.g. leisure trusts) should **create opportunities for women to be physically active during the menopause life stage** through intentionally inclusive programmes, such as 'menopause friendly' or 'menopause specific' activities.
- Sport and physical activity organisations and community groups should **create group-based opportunities for women to be physically active** during the menopause life stage in order to provide social support and enhance social connectedness.
- Signpost women, including from primary care, **to trusted tools and resources** to support mental wellbeing challenges during the menopause life stage.
- Support women to **prioritise self-care**.

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About SAMH

Around since 1923, SAMH is Scotland's national mental health charity. Today, we operate over 70 services in communities across Scotland, providing mental health social care support, addictions and employment services, among others. Together with national programme work in See Me, respectme, suicide prevention, and physical activity and sport, these services inform SAMH's policy and campaign work to influence positive social change.

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