







Experience of the menopause transition in Irish women and how it impacts motivators, facilitators, and barriers to physical activity engagement



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EXECUTIVE SUMMARY

Research shows a decline in physical activity in women during the menopause transition.

This research report sheds light on some of the factors that influence physical activity in Irish women during the menopause transition. Specifically, it looks at:

- 1. What **motivates** women to be physically active
- 2. What **facilitates** women to stay physically active
- 3. What **barriers** prevent women from engaging in physical activity

Supported by Sport Ireland, this study involved interviewing 12 Irish women who were in the menopause transition gathering valuable insights into their experience during this life stage and how it influenced their physical activity, focusing on what motivates them, what helps them, and what barriers they face.

Key findings indicate that the menopause transition strongly influenced physical activity in Irish women. The main motivators included managing symptoms, improving future health, social connections, rewards, and relatable role models.

Supportive communities, adapting activities, and medical help also made it easier to stay active. However, women faced many barriers, such as feeling less capable, menopause symptoms, busy lives, and a lack of supportive environments.

The report concludes with several practical strategies, including the need for:

- Making physical activity fun and social
- Building communities through physical activity
- Creating targeted physical activity opportunities
- Offering flexible physical activity options
- Creating welcoming, women-only physical activity spaces
- Inspiring women with relatable role models
- Tailoring physical activity to every woman's unique menopause journey

By addressing these factors we can ensure that women's needs are met throughout the menopause transition which will allow them to either continue or (re)introduce physical activity during this time.



Acknowledgements: The authors would like to thank all the women who gave their time to participate in this study.

INTRODUCTION

The menopause transition (MT) is the time between having regular periods and reaching menopause[1]. Menopause happens when a woman has gone 12 months in a row without a period, due to the ovaries stopping normal function, and is not caused by any other medical issues.

Although every woman experiences MT differently, research shows that most women will experience some symptoms during this time[2], and many women in Ireland experience symptoms[3].

These can include **physical symptoms** like:

- Hot flushes/ night sweats
- · Muscle and joint pain
- Body shape/weight changes
- Vaginal dryness

As well as psychological symptoms like:

- Mood swings
- Depression
- Anxiety
- Memory problems or 'brain fog'

Importantly, these symptoms and any related physical or mental health challenges can continue even after the MT, into post-menopause, affecting a woman's health and well-being.

Research suggests that healthy habits, like staying physically active, can help women maintain good health and well-being during and after the MT[4,5].

In fact, many studies show that regular physical activity (PA) has several benefits, including better heart and muscle health, healthy weight management and improved mental well-being.



THE STORY SO FAR...

Despite the known benefits of PA, research shows that many women become less active during the MT years.

For example, data shows that one in three women in the UK, aged 41 to 60, are not getting the recommended 150 minutes of PA per week, including muscle-strengthening exercises twice a week[6].

While it is well known that PA tends to decrease during this stage of life, it is important to understand what motivates, supports, or stops women from staying active.

This can help address the drop in activity during the MT and guide the creation of future programs that meet the needs and preferences of women during this life stage to help keep them active.

It is believed that the many changes—biological, psychological, behavioral, and social—that women experience during the MT can affect their activity levels.

For example, a recent survey found that **70% of women** in the MT felt that their symptoms significantly affected their quality of life, making it harder for them to stay active[8].

This supports findings from another (and first) study in Ireland, which found that **67% of women** in the MT said their symptoms often interfered with their daily activities[9].

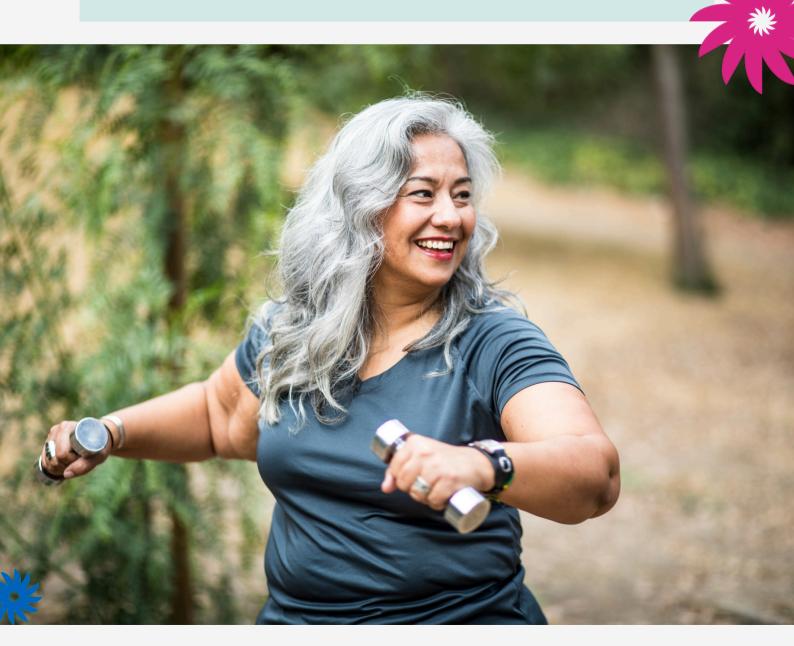
Although this stage of life offers a great opportunity to improve women's lives through PA, there is no existing research on how the MT affects Irish women's motivations, support, and challenges when it comes to staying active.



STUDY AIMS:

The purpose of this study was to explore how Irish women experience the MT and how it impacts the motivators, facilitators, and barriers to PA engagement.

- Motivators: What encourages or drives women to be physically active during the MT.
- Facilitators: What factors make it easier for women to stay physically active during the MT.
- Barriers: What challenges or obstacles prevent women from engaging in PA during the MT.



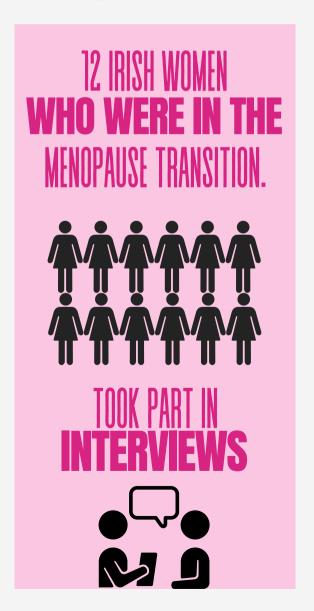
STUDY DESIGN



12 Irish women experiencing the MT volunteered to take part in the study.



The MT refers to the time when the body naturally transitions to menopause, often resulting in symptoms like changes in the menstrual cycle and hot flushes.



Participants were recruited via emails, social media, and word-of-mouth.

Participants that met the inclusion criteria took part in an individual, online (e.g., Zoom), semi-structured interview (see Interview Guide).

During each interview participants were asked about their experience of the MT and its influence on PA engagement to identifu:

- Motivators
- Facilitators
- Barriers

Information about the participants' health (such as how they rated their own health and any symptoms they experienced during the MT) was gathered during the interview to help describe the group of women in the study.

All interviews lasted between 29 and 56 min (average: 41 min).

Each interview was audio-recorded and transcribed by the lead investigator, resulting in 72,610 words for descriptive and thematic analysis.

[Thematic analysis helps researchers make sense of large amounts of text by organising it into key themes or topics that explain what is going on in the data].

Full ethical approval was granted from the Ethics Committee at the Technological University of the Shannon.

INTERVIEW GUIDE

Topic areas and key content covered in interviews with example questions:



TOPIC AREA	CONTENT	QUESTIONS
MT and PA details	Start of MT, duration, symptoms, medication used (including hormone therapy), and past/current physical activity.	 Could you describe to me your experience of the MT? Can you talk about your engagement with PA throughout your life?
Motivation to participate in PA	Reasons for engaging in PA. Factors influencing PA.	 What makes you want to go to engage in PA? Have you been influenced by anyone?
Factors that facilitate PA	PA organisation, external influences, available opportunities/resources, and practicalities.	 How are you able to fit PA into your schedule? Is menopause discussed as part of your PA groups?
Perceived barriers to PA	Symptoms and agerelated health conditions (if any). Practicalities for engaging (e.g., cost etc.).	 What prevents you from engaging in PA? Have you ever experienced a time when it was difficult to fit PA into your routine/day or because of your health/menopausal symptoms?

MAIN FINDINGS

Participant characteristics:

Characteristics	Mean/n (%)
Age (years)	49.1 ± 3.8
Height (cm) (n = 11)	165.5 ± 6.7
Weight (kg)	70.6 ± 11.5
BMI $(kg/m2)$ $(n = 11)$	25.1 ± 2.9
Average weekly engagement in 30 mins or more of PA (days)	4.6 ± 2.0 (range 1–7 days)
<i>Marital Status</i> Married Single	10 (83%) 2 (17%)
Children Yes No	10 (83%) 2 (17%)
Highest Level of Education Third level mater's or PhD Secondary school to inter-certificate Technical/vocational qualification Other (not specified)	6 (67%) 1 (8%) 1 (8%) 2 (17%)
Overall healthy diet rating (1–10 with 10 being excellent)	7.0 ± 1.2
Overall health rating (1–10 with 10 being excellent)	7.5 ± 1.3

Menopause transition symptoms:

All participants self-reported experiencing symptoms relating to the MT, both physical and psychological.

The top three symptoms reported included:

- 1. Weight gain/body shape changes (n = 9)
- 2. Lack of energy, tiredness and fatigue (n = 7)
- 3. Anxiety, depression and mood changes (n = 6)









Experience of the menopause transition:

12 themes were identified which fell under the three main categories:

CATEGORIES	THEMES
Motivators to engage in PA	Managing menopause symptomsFuture healthSocial engagement and rewardRole models
Factors that facilitate engagement in PA	FraternityAdaptation and modificationMedical supports
Barriers to PA engagement	 Perceived reduced capability Symptoms associated with the MT Busyness of life and competing demands Lack of supportive environments

MOTIVATORS



Four themes were identified that fell under the category of 'motivators'.

1. Managing menopause symptoms

Women spoke about how symptoms affected their health, which motivated them to participate in PA. In particular, PA improved mental health by reducing mood swings and anxiety. Although navigating symptoms like fatigue were a challenge, women felt better after PA, with symptom relief and improved mindset encouraging continued participation.

"IWALK FOR HALF AN HOUR EVERY DAY AND I MAKE MYSELF WALK EVEN WHEN I FEEL TIRED, BECAUSE I KNOW I'M GOING TO FEEL BETTER. WHEREAS I THINK INITIALLY WHEN THIS (THE MT) FIRST HIT, BECAUSE I WAS SO WRECKED, I WOULD JUST SIT, AND I DIDN'T CORRELATE THAT MOVING AS BEING ONE OF THE ANSWERS TO MY SYMPTOMS, WHEREAS NOW I KNOW IT IS."

Lindsau

Regular PA, especially for those classified as lifelong exercisers, was believed to have helped manage symptoms like hot flushes and resulted in an improved overall MT experience.

"THIS (PA) IS AN ASSET TO ME FOR THE REST OF MY LIFE. THE PHYSICAL ACTIVITY FOR MEISN'T JUST TO GET ME THROUGH MENOPAUSE. **BUT BEYOND. IT'S** IMPORTANT FOR HEALTH REASONS, THE PHYSIOLOGICAL AND THE **PSYCHOLOGICAL REASONS** ISUPPOSE. I'VE ALWAYS FELT IT (PA) WAS IMPORTANT. BUT NOW FOR ME. IT'S EVEN MORE IMPORTANT TO KEEP BEING **ACTIVE FOR HEALTH REASONS GETTING OLDER".**

Roisin

2. Future health

While not facing major health issues, many women became more health-conscious during this life stage. They were motivated to engage in PA to protect future health and reduce the risk of chronic conditions.

For many women, witnessing older relatives struggle with aging motivated them to engage in PA to maintain independence and future-proof their health.

Moreover, motivators shifted from improving body image and looking good to focusing on health control and optimising healthy aging during this life stage.





"HE (SON) TRAINS WITH ME A
LOT... SINCE THE PANDEMIC
WE KEEP EACH OTHER
MOTIVATED. IT'S AN
ANCHOR TO HAVE TO GO
TOGETHER. JUST HAVING
THAT SOMEBODY TO
ENCOURAGE YOU TO GO AS
WELL. I'M ABLE TO
MOTIVATE MYSELF, BUT I
CAN FIND EXCUSES,
ESPECIALLY SINCE
MENOPAUSE IS KICKING IN."

3. Social engagement and reward

Julia

Women discussed how social benefits from PA were a key motivator, especially the opportunity to socialise with friends and family which was highly valued at this life stage more so than at any other point in their life.

This increased social aspect made PA more enjoyable and encouraged regular participation, with family support helping overcome typical barriers during midlife.

Furthermore, many women were motivated by a sense of achievement, whether through reaching goals like running a half-marathon or seeing physical and psychological progress.

Women who engaged regularly in PA also found motivation in proving others wrong and changing negative perceptions of PA during midlife.

4. Role models

Many women mentioned the importance of role models in encouraging them to be active.

They were more inspired by relatable role models—other women in midlife facing similar challenges—than by those whose lifestyles seemed too different from their own.

In addition, many women perceived themselves as a role model to others particularly their children, which was an extra motivating factor to PA engagement.

"IT'S ALWAYS REALLY INSPIRING TO HEAR WHAT OTHER PEOPLE ARE DOING OR WHAT OTHER PEOPLE ARE CAPABLE OF, OR WHAT THEY'VE FOUND WORKS FOR THEM."

Sarah



FACILITATORS



Three themes that related to factors that facilitate engagement in PA were identified.

1. Fraternity

A sense of community with other women experiencing menopause helped many women to engage in PA - by providing them with a space to share information and experiences about menopause. They valued this support, both in person and through online platforms like WhatsApp, Strava, and social media.

"YOU KNOW, YOU MEET YOUR LITTLE TRIBE OF PEOPLE. I THINK, IN THE RUNNING CLUB ALL OF US ARE IN OUR 40/50S. WE'VE ALL EITHER BEEN THROUGH MENOPAUSE OR ARE GOING THROUGH IT. WE ALL HAVE DIFFERENT SYMPTOMS, SO WE'RE ABLE TO TALK ABOUT THINGS."

Alison

Many women preferred women-only spaces focused on empathy and understanding, as gyms felt intimidating.

Pre-planned group activities also helped by providing accountability, encouraging participation, especially on days when motivation was low.

2. Adaptation and modification

Women found adapting PA to their life stage essential. Some joined menopause-specific classes, while others modified intensity or types of exercise to make them more manageable during the MT.

"ICAN'T DO THAT (SPECIFIC EXERCISE IN GROUP CLASS)
NOW, SO I DO SOMETHING ELSE INSTEAD. I JUST DO WHATEVER I CAN DO. IF I CAN'T DO SOMETHING IN THAT MOMENT, I JUST CHANGE WHAT I'M DOING, OR I ADAPT IT. I LISTEN TO MY BODY."

Eimear

3. Medical supports

For some women, hormonal treatments like hormonal replacement therapy (HRT) were essential for improving quality of life, enabling them to engage in PA instead of dealing with symptoms that made it difficult to participate.

"IWAS NOT DOING THIS (PA)
UNTIL I STARTED HRT. I
COULDN'T HAVE
COMMITTED TO ACTUALLY
BEING SOMEWHERE TO DO
SOMETHING...THESE
EXERCISE HABITS THAT I
HAVE NOW ARE DEFINITELY
HRT RELATED."

Sinead



BARRIERS

Four themes were identified that fell under the category of 'barriers'.

1. Perceived reduced capability

Many women felt less capable of highintensity activities, like running, due to aging or injuries, leading to reluctance in trying or continuing certain activities.

"I WOULDN'T BE TRYING
ANYTHING LIKE A DANCE
CLASS OR, YOU KNOW,
AEROBICS OR ANYTHING
LIKE THAT NOW. AT THIS
STAGE, I'D KIND OF FEEL AS IF
I WOULDN'T BE AS ABLE
NOW AS I WOULD'VE BEEN
BEFORE... I DID THINK ABOUT
DOING RUNNING, BUT I
THINK I'VE COME PAST THE
AGE FOR IT. I MIGHT
DAMAGE MYSELF AT THIS
STAGE IF I START RUNNING."

Sue

Some women mentioned that injuries, like wrist or back pain, and illnesses such as long COVID, worsened during menopause, making it harder to engage in PA.

Some women with past PA experience struggled with physical decline during the MT, leading to self-doubt, while others felt discouraged by negative past experiences, believing PA would never be for them.



"IT'S MORE THE EFFECTS OF THE MENOPAUSE RATHER THAN ANYTHING ELSE THAT WOULD LIMIT ME (IN ENGAGING IN PA)."

Carol

2. Symptoms associated with the menopause transition

While menopausal symptoms motivated some women to be active, they also created a significant barrier for others, making it harder to engage in PA.

While some women mentioned physical symptoms like heavy bleeding, premenstrual syndrome, and weight gain as barriers to exercise, many focused on psychological challenges, such as low motivation and reduced energy.

Many women talked about the conflict of wanting to exercise to reduce symptoms, but feeling reluctant to do so because of those same symptoms.

It was evident that many women lacked education and awareness around menopause in general and of the impact of PA on potentially managing symptoms, which likely contributed to further reinforcing this barrier to PA.





"IT'S ALL TIME RELATED. IT'S
JUST GETTING YOURSELF
TO GET THAT HALF AN HOUR
TO JUST FOCUS ON
YOURSELF. IT'S VERY EASY
TO NOT FOCUS ON
YOURSELF."

Debbie

3. Busyness of life and competing demands

Many women, balancing full-time work, caregiving for children and aging relatives, and experiencing menopause, found it hard to prioritise PA.

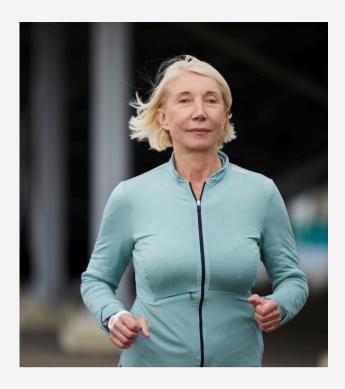
Despite knowing its benefits, competing responsibilities often led them to neglect their own needs, putting their family's welfare first and making it difficult to engage in PA.

4. Lack of supportive environments

Many women felt out of place in gym environments, which they found intimidating, male-oriented, and unappealing, creating a barrier to PA.

They also felt there were limited opportunities tailored to their needs, especially menopause-specific options, leaving them feeling overlooked and excluded from certain fitness spaces.

Some women felt that people working in fitness settings lacked understanding of menopause (so were not able to cater fully for women in midlife), which presented as another barrier.



Many also faced barriers like needing to travel to exercise locations or the cost of activities, which discouraged them from engaging in PA.

"I THINK GENERALLY MY FEELING IS IT'S NEVER BEEN **MENTIONED AT MY RUNNING. AND THERE'S NEVER MODIFICATIONS IN** MY CORE CLASSES AT ALL **AROUND WOMEN OR** MENOPAUSE... SO, YEAH, I'M A BIT ANNOYED RECENTLY THINKING THAT SOMETIMES THE EXPECTATION FOR **WOMEN IS THAT YOU KEEP UP AND YOU DO THE SAME** AS MEN. YOU KNOW. THIS IS ONE OF THE DIFFICULTIES **WITH OUR SOCIETY AS** IT MOVES FORWARD. I TOTALLY GET THAT PEOPLE ARE EQUAL, BUT WE'RE **DIFFERENT.**"

Sarah



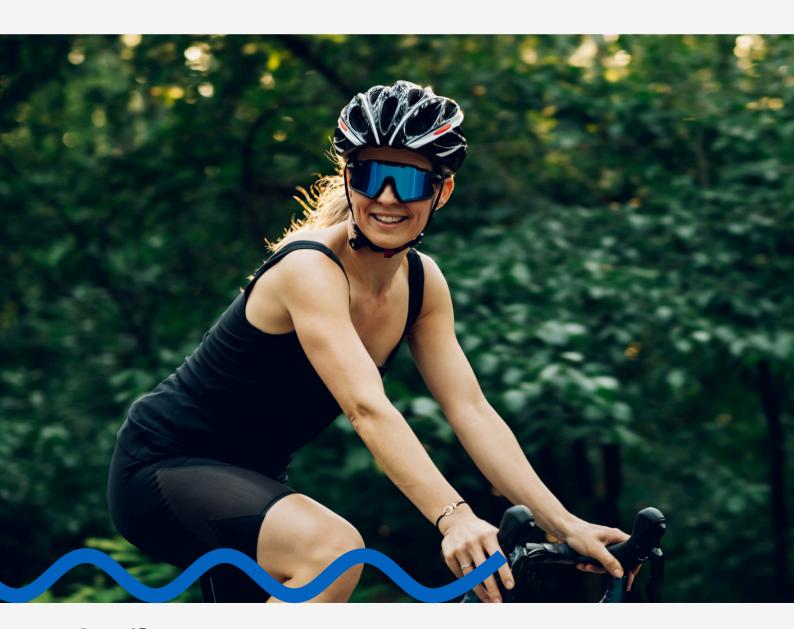
CONCLUSIONS



This study shows that Irish women's experiences during the MT can affect their ability to engage in PA.

It is important to raise awareness of the unique motivators, facilitators, and barriers they face.

For example, it is important that key stakeholders (e.g., healthcare providers, fitness and wellness professionals and organisations) understand these factors when promoting and designing new PA programs for women during the MT, as this will help women to (re)engage in PA during this life stage.



PRACTICAL STRATEGIES





Make Physical Activity Fun and Social During Menopause

PA during this time should be social, fun, and engaging. While health benefits like symptom relief are important, the focus should shift to highlight the enjoyment PA can bring to this life stage and beyond.

3



Create Targeted Fitness Opportunities for Women During Menopause

Most women in the MT feel overlooked in PA settings, highlighting the need for targeted and tailored opportunities. It's important to show women that they can try new types of PA during the MT. This can be done by broadening their view of what PA includes, beyond walking, running, or gym exercises.

9



Build Communities Through Physical Activity During Menopause

Community should be central to PA during the MT to create a sense of shared experience and provide opportunities for connection. For example, PA sessions with menopause support groups and staying engaged through virtual communities.

4



Offer Flexible Fitness Options for Women During Menopause

Initiatives should offer flexibility, such as affordable pay-as-you-go sessions, options for in-person or online activities, and shorter sessions, to overcome practical barriers to PA during the MT.



PRACTICAL STRATEGIES



Create Welcoming, Women-Only Spaces During Menopause

The environment should be welcoming and non-judgmental, with womenonly or all-inclusive spaces preferred. Advertisements should use reassuring language and images to show the space is for women in midlife.



Inspire Women During Menopause with Relatable Role Models

Imagery should feature women in the MT, providing relatable role models to inspire and motivate PA participation and help women overcome barriers to PA.



Tailor Physical Activity to Every Woman's Unique Menopause Journey

It is essential to move beyond a onesize-fits-all approach to PA during the MT. This study shows that women have varied experiences so it's important to tailor approaches to each individual.





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THANK YOU

To read the full research article please see:

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