



**Sexual
Wellbeing**
Aotearoa

**Menopause
in Aotearoa
New Zealand:**
Knowledge and
experiences
accessing care

October 2026

Acknowledgements

This report, and the survey on which it was based, was authored by Ragnar Anderson, Senior Policy and Research Advisor at Sexual Wellbeing Aotearoa. Many thanks to Jackie Edmond, Dr. Tania Huria, Dr. Beth Messenger, Dr. Amrita Namasivayan and Sue Reid, for their review of the survey and report. Many thanks to Jill Stewart for the report design.

Suggested citation

Sexual Wellbeing Aotearoa (2026). Menopause in Aotearoa New Zealand: Knowledge and Experiences Accessing Care. [Results from online survey].

https://sexualwellbeing.org.nz/media/h4plelym/swa_menopause-aotearoa-report.pdf.

Executive summary

The experience of menopause, including related symptoms, treatment options, and effects on overall wellbeing, has received increased attention over the past several years. To understand more about people's knowledge of menopause and their experiences seeking menopause related care in Aotearoa New Zealand, Sexual Wellbeing Aotearoa created an online survey. A total of 169 respondents from the across the country shared their perspectives on knowledge, access to menopause-related care, the quality of care, their perspectives on the cultural dimensions of their care, and suggestions on how to improve menopause care.

Results indicate that more education is needed to increase knowledge of menopause and treatment options. Both access to menopause-related care and perceived quality of such care is highly variable. The majority of respondents sought menopause-related care from their general practitioners (GPs). While some were satisfied with their experiences, many others provided testimonials about challenges in exchanges with their GPs in which they felt dismissed and misunderstood. In some cases, they were denied treatment options. As a result, many sought out information on their own to learn about how to address their symptoms. Others reported that they were still waiting for help with their symptoms.

The findings suggest that there is a pressing need for more GPs to be trained and informed about the benefits of treatment options such as hormone replacement therapy (HRT). This could be achieved in part, with the creation of new clinical guidance to ensure that all GPs and other healthcare providers have the same information and instructions for treatment. There is also a need for more practitioners with specialist training in menopause-related care. It is evident that more evidence-based education for the broader population is necessary so that people are aware of the breadth of symptoms related to menopause and possible treatment options. Ideally, there would be an increase in the number of affordable types of treatment for symptoms made available in New Zealand.

Key findings

- The majority of respondents reported that they had high, moderate or basic knowledge of menopause before experiencing symptoms. Online resources are the most frequently cited source of information on menopause; friends and whānau, healthcare providers, books and podcasts were other popular sources.
- Common barriers to accessing menopause treatment included long wait times for an appointment, lack of knowledge about available treatments, cost, and lack of an available specialist. One-third of respondents found it somewhat difficult to obtain an appointment for menopause-related care. There were significant differences in the cost and wait times associated menopause-related care.
- Over half of respondents reported speaking to their general practitioners (GP) about menopause. The majority of respondents (86%) felt either very comfortable or somewhat comfortable speaking to their healthcare provider about menopause.
- Evaluations of the quality of care received were decidedly mixed. Over half of respondents (60%) reported that they strongly agreed or somewhat agreed that their concerns and symptoms were taken seriously. Less than half of respondents (43%) felt that their healthcare provider was knowledgeable about menopause.
- Hormone replacement therapy (HRT) and the hormonal IUD (Mirena) were the most commonly offered treatments. Close to two-thirds (60%) reported that the menopause treatment that they had received improved their quality of life.
- Respondents expressed frustrations with the expense of menopause care, the lack of prior knowledge around related symptoms, the challenge of getting treatment from their healthcare provider, and other struggles.

Recommendations

1. Increase and improve education for General Practitioners (GPs) and other healthcare providers.
2. Develop Aotearoa-specific evidence-based menopause best practice guidance for health professionals.
3. Increase available menopause medications, both funded and unfunded.
4. Improve and expand access to menopause education for all people.
5. Fund the training and provision of specialist level menopause care within the public healthcare system.
6. Conduct more research that explores the diversity of menopause beliefs, values, and experiences is required.

Introduction

What is menopause?

Menopause is a natural process, during which the ovaries stop releasing eggs and the last menstrual period occurs. From a medical perspective, menopause has taken place when 12 months have elapsed since the last menstrual period. Perimenopause refers to the years preceding the event of menopause but the two terms are often used interchangeably. All women, and those with shared reproductive organs such as trans men and non-binary people, will experience menopause in their lifetime if they live to middle age. The last occurrence of menstruation typically occurs between the ages of 45 and 55, with an average age of 51 for women living in New Zealand.

Symptoms of menopause

Symptoms of menopause affect several bodily systems including vasomotor, genitourinary, and musculoskeletal systems; common symptoms include hot flushes, brain fog, fatigue, mood changes, insomnia, poor quality sleep, night sweats, joint pains and muscle aches, anxiety, depression, headaches and worsening migraines. The experience of menopause and its perimenopausal symptoms can result in significant impacts on several aspects of health and wellbeing. It is well recorded both in research and anecdotally that menopause symptoms have been overlooked and

dismissed, as well as the extent to which they can impact quality of life (Barber & Charles 2023). Part of this challenge sits in training; many healthcare providers have not received training to provide the latest standard of care or have retained erroneous concerns about the provisions of hormone-replacement therapy (HRT) (Berga & Garovic 2019). A recent survey of medical residents in the United States found that one-third reported that they would not prescribe HRT despite an absence of contraindications (Kling et al. 2019). One third of the respondents in the study reported that they would not keep a woman on HRT up to the menopause (defined as 12 months without menstruation). Evidence now shows that provision of HRT before the advent of full menopause is advantageous (Kling et al. 2019).

Increased visibility of menopause

Over the past decade, the experience of menopause has been an increasingly popular topic across medical, cultural, and commercial discourses. The subsequent increased attention has led to a significant shift in awareness and attitudes toward menopause, with increased recognition of the diverse ways in which this normal, yet sometimes seismic, transition can impact health and quality of life. More women have spoken openly about the challenging symptoms of menopause and have rightfully

demanded enhanced medical care to address and support the enormous physical, mental and emotional transitions. Many healthcare providers have responded, particularly given the reversal in attitudes around HRT, sometimes referred to as menopause hormone therapy (MHT).

While many healthcare providers have been keen to prescribe HRT to women experiencing symptoms associated with menopause and perimenopause, some providers are still hesitant to give these prescriptions, presumably because of the long-associated risks. Some evidence from Australia suggests that some primary healthcare providers do not feel comfortable asking about and addressing menopause-related concerns due to lack of knowledge (Stanzel et al. 2020). The little evidence that looks at menopause information seeking suggests that there are low levels of knowledge on this topic and many women seek information on the internet instead of from their healthcare providers (Fletcher et al. 2024).

Increased treatment for menopause

Concerns regarding HRT resulted from the findings of the Women's Health Initiative (WHI) study published in 2002; the study attributed the use of HRT to breast cancer and cardiovascular risks, specifically ischaemic heart disease.

While there is some risk of breast cancer with the use of HRT, the risk is not at the level suggested by the findings of this study. As a result of these findings, women going through menopause were rarely prescribed HRT for the past two decades, with prescriptions plummeting by 80% since the publication of the research. More recently, the study findings

were reevaluated and researchers discovered that the risks were misinterpreted (Bluming et al. 2023). It was also acknowledged that the average age of the women in the study was 63, which is more than a decade after the average onset of menopause. Looking at subgroups within the sample, it became clear that these risks were not applicable to peri- and early post-menopausal users. This new understanding of the data has led to the support and safe resurgence of HRT use.

As a result of the surge in prescriptions, the demand for HRT has increased so rapidly that manufacturers are struggling to keep up. This has led to global shortages of some HRT medications since 2020; these shortages have frequently been experienced by those living in New Zealand. Oestradiol patches have been particularly difficult to keep in regular supply. In late 2024, Pharmac announced a change to the suppliers of the estradiol patches and gels (from Estragon to Estradiol TDP Mylan) prompting strong objections from women across the country who felt the new brand was inferior in quality and effects. Women's health advocate, Jenny Scullin, launched a petition to ask for Pharmac to reverse the decision; signatories cited the huge implications for women's physical and mental health due to the switch. Due to the considerable public pressure and advocacy from women's health organisations, the government reversed their decision, agreeing to subsidise both Estradot and Estradiol TDP Mylan. In April 2026, Pharmac had to temporarily ration some forms of HRT due to the ongoing global supply issues. These persistent issues frequently capture attention of women, healthcare providers, politicians and media.

Cultural perspectives on menopause

There are ways in which culture mediates the experiences of menopause, such that this experience has different meanings across cultures. In their recent study, Bullivant Ngati Pikiao and colleagues investigated what menopause means for women who are Māori in New Zealand (2022). In their meta-ethnography, one of the findings was looking at the way in which menopause is conceptualised as “Natural” and a normal part of life and associated with a positive concept of “Freedom” which relates to the cessation of menstruation and childbearing. Another concept was that of “cultural protection” which “moves menopause from being singular and catastrophic event, toward being connected to cultural frameworks that inform understandings and attach meanings to women as they move through life” (Bullivant Ngati Pikiao et al. 2022). This conceptualisation of menopause is a stark contrast to the way in which it is often positioned as a medical problem to be solved within Western healthcare and problematised in culture more broadly. It is important to recognise that this positive perspective is often unrecognised or dismissed within mainstream health contexts.

Even if menopause is more broadly understood as a natural and positive transition among some Māori women, that does not mean that that there shouldn't be ways to make the experience easier to navigate. Māori women experience persistent inequities across various domains of health, including sexual and reproductive health, many of which can be

traced to the effects of colonisation in New Zealand (Huria et al. 2023, Le Grice & Braun 2016). Recent research exploring Māori women's experience of sexual and reproductive health care in Aotearoa identified the importance of receiving information from healthcare providers to feel supported and informed about options to address their symptoms or needs (Harris et al. 2025). The dissemination and provision of accurate, evidence-based information, that acknowledges diverse beliefs and values on menopause is essential to address these inequities.

Purpose of the survey

Given the increasing awareness of menopause and its increasing prominence in societal discourse, it is important to understand what women and people with a uterus in New Zealand know about menopause and their experiences of menopause-related care. This report outlines the findings of an online survey which posed questions about these elements of menopause. Along with the changes in the standard of care, shortages of the medicines, and shifting attitudes, these insights will provide critical information for the New Zealand healthcare system.



Survey design

This survey was designed to gather information about what women know about menopause and their experience accessing healthcare related to their perimenopause and menopause. An online survey was created to gather this information with several questions, some of which were open-ended. The questions covered knowledge of menopause, sources of information about menopause, experiences around menopause-related care, the types of providers they have seen for related symptoms, the cultural dimensions of their care, the treatment options offered, and barriers to menopause care.

To be eligible to take the survey, respondents needed to live in New Zealand, be 35 years or older, and to have sought menopause-related advice or care in New Zealand. Respondents had to consent to the terms of the survey and then answer the questions in the survey. This was an informal online survey and not intended to be a formal research project. Participants self-selected to participate.

The survey was launched and hosted on Sexual Wellbeing Aotearoa's website and the Menopause Wellbeing website. A small pop-up window was present in the corner of the homepage asking people to participate. The survey was also promoted through the organisation's social media channels.

Results

Demographics of respondents

We had an initial total of 222 responses but only 169 were eligible for the final sample. Among this final sample, we had a wide variety in respondent ages (see Table 1). The largest group included those between 50–54 (32%); the next largest group was 45–49 (25%).

Age of respondents	Percentage of sample	Number of respondents
35–39	6%	10
40–44	15%	25
45–49	25%	42
50–54	32%	54
55–59	15%	25
60–64	5%	9
65+	2%	4

Table 1. Age of respondents

Unsurprisingly, the gender of respondents was predominantly female with 167 (99%) identifying themselves as female/Wāhine and 2 respondents (1%) identifying as non-binary/non-conforming/Tāhine. In terms of sexual orientation, the majority identified as straight/heterosexual (n=150, 89%). One tenth (n=17, 10%) identified as Lesbian, Gay, Bisexual, Queer, Questioning, Takatāpui and two respondents (n=2, 1%) identified as asexual/aromantic (see Table 2).

Sexual Orientation	Percentage of sample	Number of respondents
Straight/Heterosexual	89%	150
Lesbian, Gay, Bisexual, Queer, Questioning/ Takatāpui	10%	17
Asexual/Aromantic	1%	2

Table 2: Sexual orientation of respondents

There were several ethnicities represented in the sample (see Table 3). The majority represented were of New Zealand Europeans (n=136, 80%). Eleven respondents were Māori (7%). Among Māori respondents several iwi were identified; among those most cited were Ngāi Tahu, Ngāpuhi, and Te Rarawa. There were 22 (13%) respondents who identified as Other and specified their ethnicity as Fijian, Korean, European, African, Filipino, and Tahitian Māori.

Ethnicity	Percentage of sample	Number of respondents
New Zealand European	80%	136
Māori	7%	11
Other (Fijian, Korean, European, African, Tahitian Māori)	13%	22

Table 3: Ethnicity of respondents

Respondents came from all regions of the country (see Figure 1). The greatest number were from Auckland (n=48, 28%) and Wellington (n=40, 24%), together representing just under half of the respondents. Just under one fifth came from Canterbury (n=21, 13%). The remaining regions all had a total of 10 or less than including Waikato (n=10, 6%), Bay of Plenty (n=9, 6%), Northland (n=8, 5%) and Otago (n=7, 4%), Southland n=5, 3%), Marlborough (n=2, 1%), Taranaki (n=4, 2%), Nelson (n=3, 2%), Manawatu-Whanganui (n=3, 2%), Hawke's Bay (n=3, 2%), West Coast (n=2, 1%), Gisborne (n=2, 1%), Tasman (n=1, 1%).

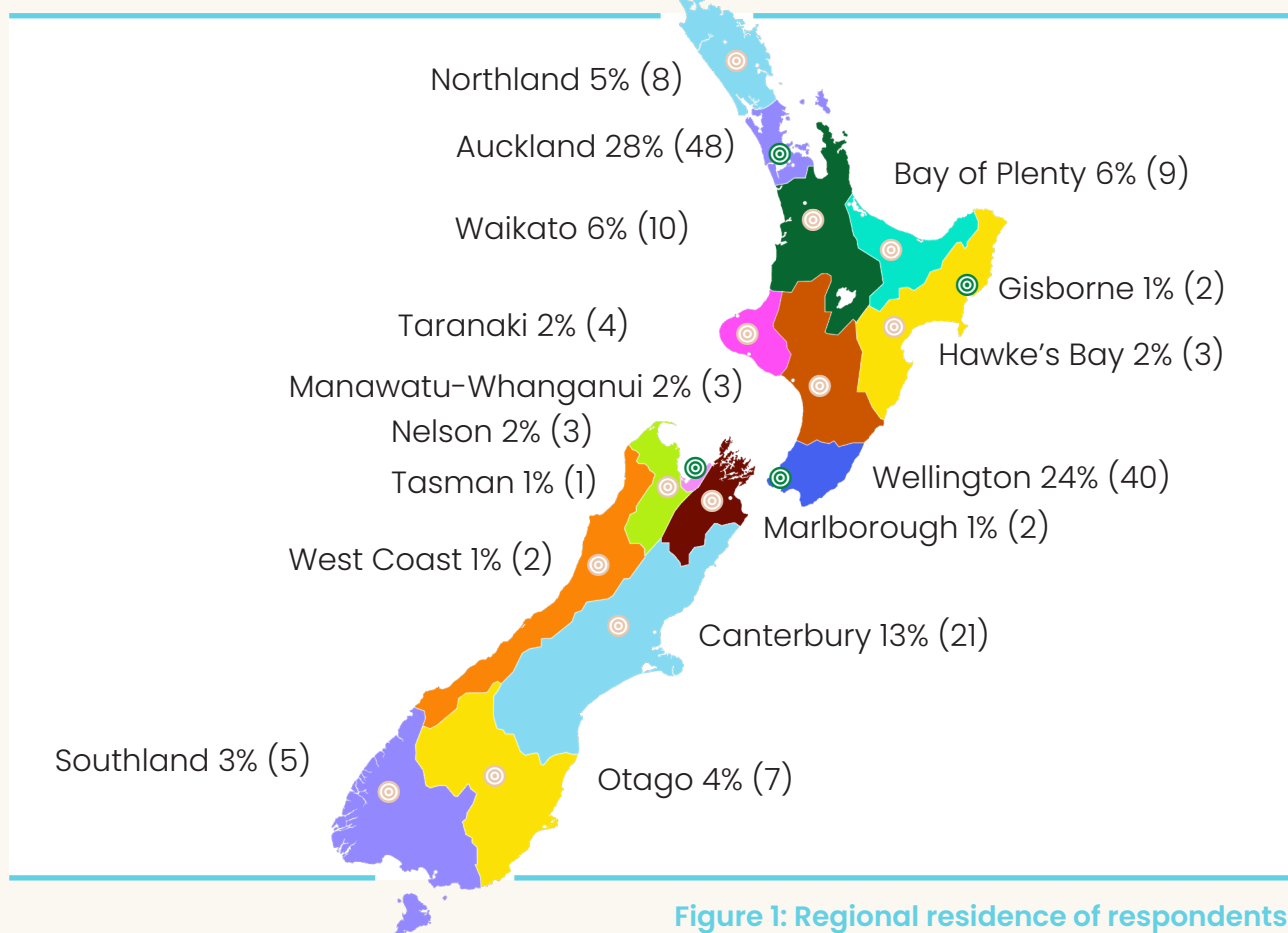


Figure 1: Regional residence of respondents

Knowledge of menopause

We were interested to understand what people know before they begin to experience menopause symptoms. To that end, respondents were asked to share their level of knowledge about menopause before the experience of symptoms (see Figure 2). Half of the groups of respondents (n=82, 49%) reported that they knew “a little – I knew some basics.” There was close to an equal amount who indicated they knew “very little – I was mostly unaware” (n=34, 20%) and “a moderate amount” (n=37, 22%). Only ten respondents indicated that they knew “a lot – I felt well informed” (6%). Six (4%) respondents felt that they did not know anything. These results suggest that the approximately three-quarters (77%) of our sample felt that they had a lot, moderate, or basic level of knowledge of menopause and what to expect from this transition. Just under a quarter reported very little knowledge or none at all.

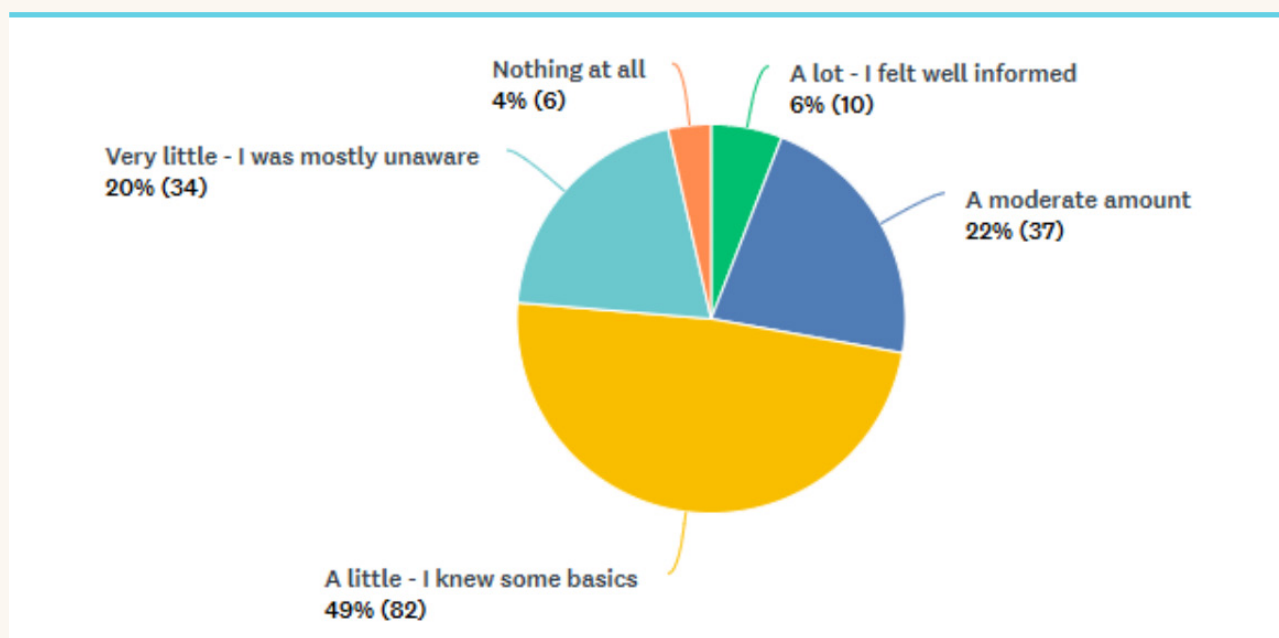


Figure 2: Before experiencing symptoms, how much did you know about menopause and what to expect?

Given the increased focus on menopause in popular discourse, we were curious about where people are learning about it. We supplied a list of common resources and asked respondents to select all those that applied. Respondents indicated that they found information from a variety of sources (see Figure 3). The most popular source of information was online information (86%) including websites, articles, and social media. The next most cited resource was friends and whānau (57%). Healthcare providers, and books or podcasts were also popular at 49% and 45%, respectively. Other resources were less popular including workplace training or wellbeing programmes (10%). Māori or Pacific knowledge (2%) and school health education (1%) were only cited as a source of information by very few respondents. Only 1% reported that they had no access to any information. Eight percent cited other sources; among these several noted that they were healthcare providers and had learned about menopause during their training.

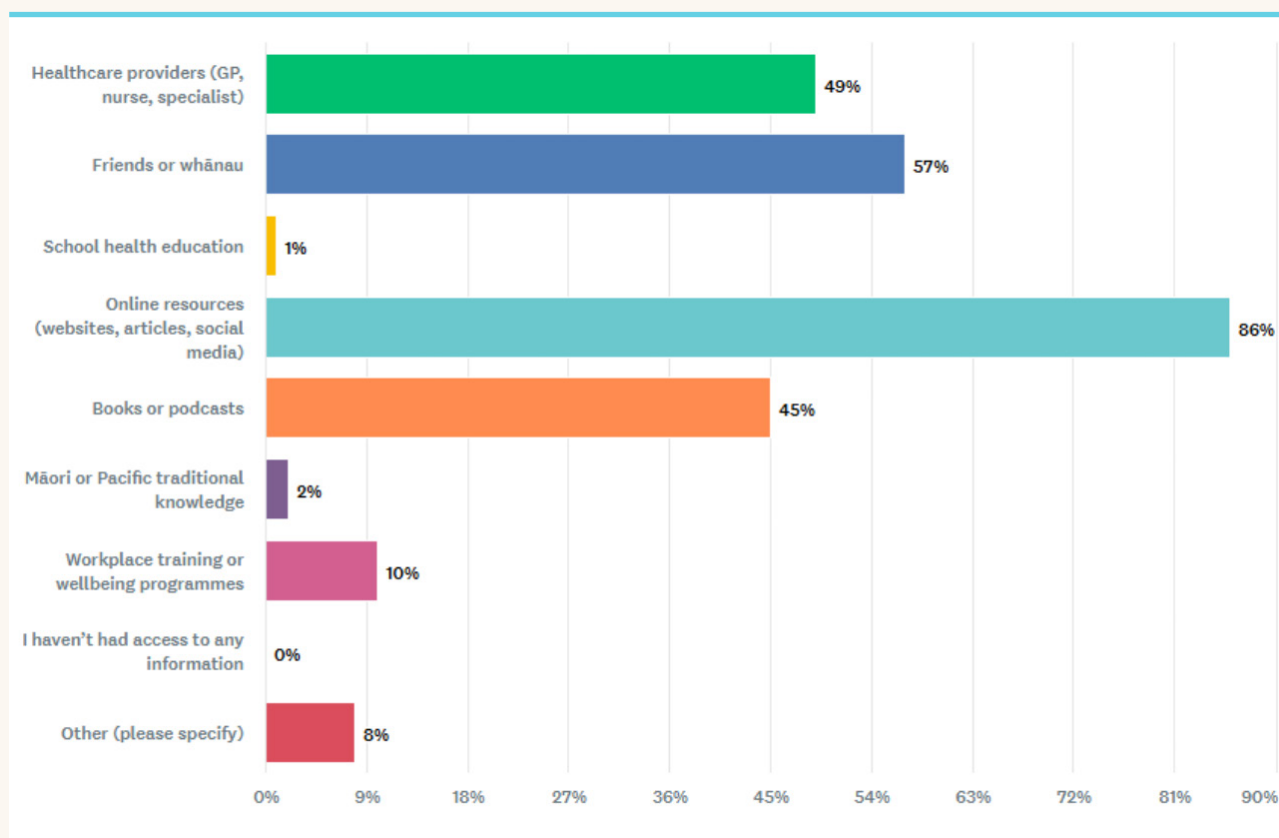


Figure 3: Where have you learned about menopause? (Select all that apply)

Other than seeking resources on their own, we were curious to understand who respondents spoke to about menopause. They were asked to select all those that applied (see Figure 4). Over half (54%) reported that they talked to their GP. Both menopause-specific clinic (13%) and gynaecologist or specialist (11%) were identified as relatively common among respondents.

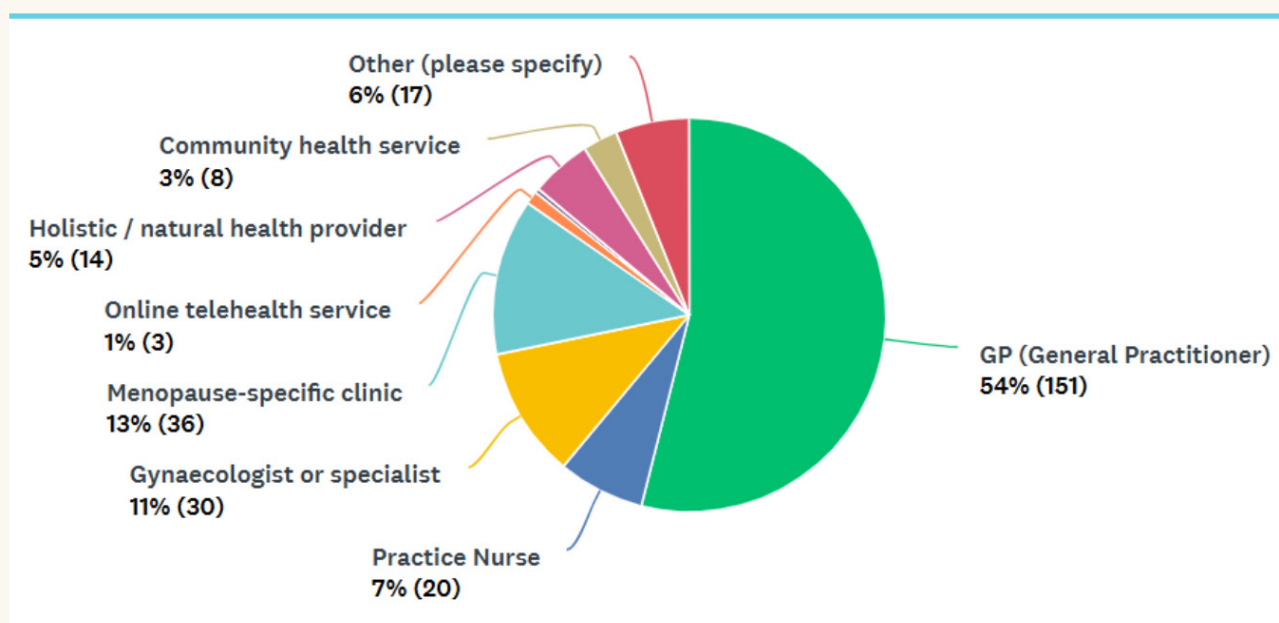


Figure 4: Which type(s) of healthcare providers have you spoken to about menopause? (Select all that apply)

Accessing menopause-related care

As awareness of menopause and its many symptoms grows, the demand for care and treatment is increasing. Respondents were asked to describe how easy they felt it was to access menopause-related care (see Figure 5). The two most frequent responses were somewhat difficult and somewhat easy, with somewhat difficult as the most frequent response. Respondents' selections likely depend on existing knowledge and resources to access care when needed.

Almost half (n=77, 46%) found it either very difficult (14%) or somewhat difficult (32%); this was close in number (n=71, 42%) to those who reported it was either very easy (17%) or somewhat easy (25%). Given the number of people who report talking to their GP about menopause, this even spread may be reflective of the regional differences in access to a GP more generally; the variation in access to a GP is a well-established challenge in the current New Zealand health system. Regardless, it is notable that just under half of respondents noted difficulty in accessing care for menopause-related concerns.

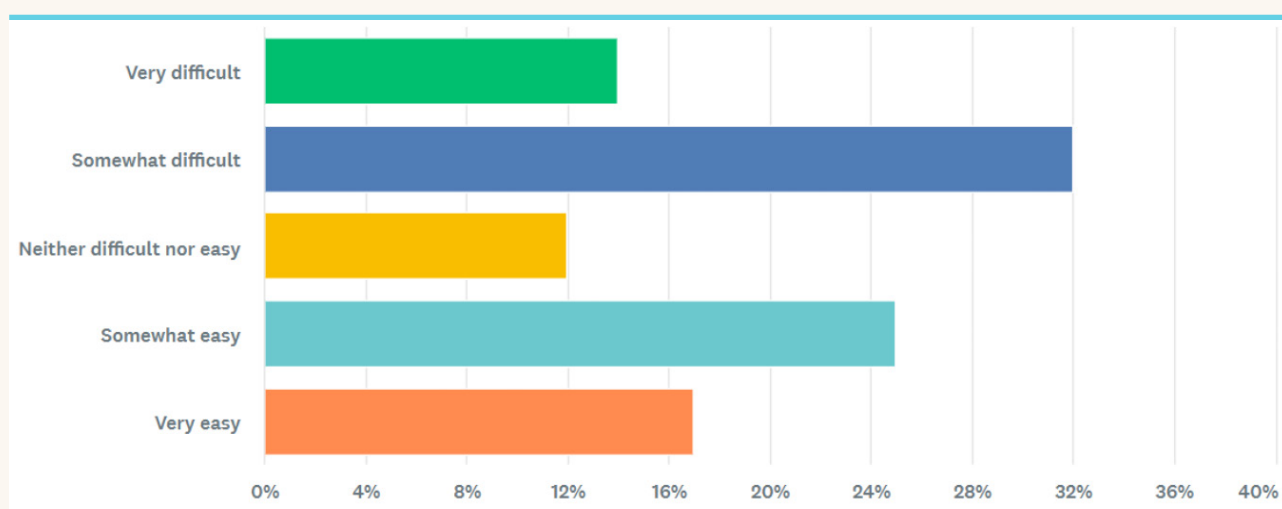


Figure 5: How easy was it to access care for menopause-related concerns?

Respondents were asked to identify the most common barriers to getting an appointment from a list of options (see Figure 6). Long wait times (38%) and lack of knowledge about treatment options (37%) were the most cited barriers. Respondents also pointed to cost (28%) and lack of available specialist (19%) and lack of local services (10%) as additional barriers. Just over one quarter selected that none of the reasons provided were a barrier. Among the 12% who selected "other" options, eighteen respondents provided a response; the most cited barrier among these comments was a sense that their GP was dismissive, did not take their symptoms or health issues seriously, or conveyed misinformation about HRT.

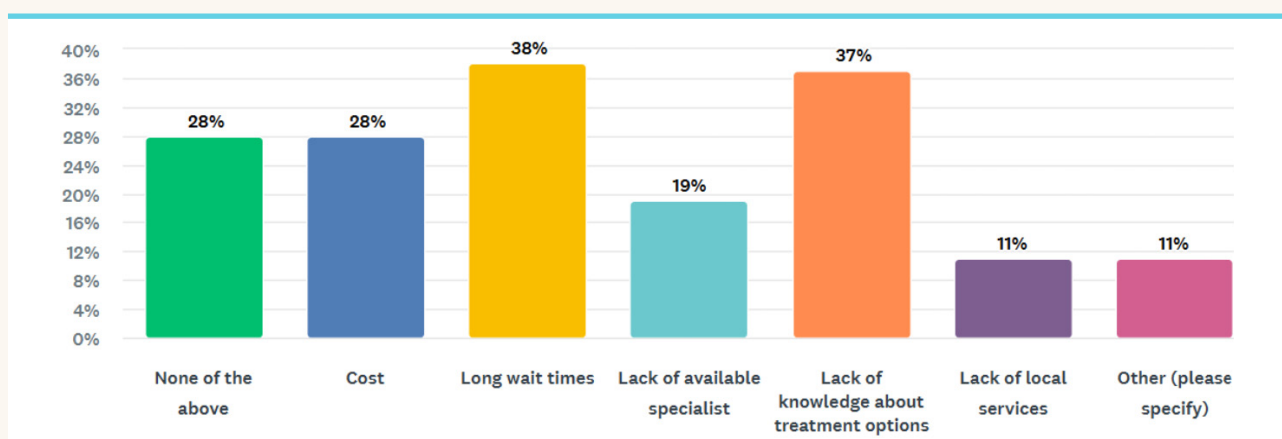


Figure 6: If you experienced difficulty getting an appointment, what were the main barriers?

All respondents were asked to share how long it took to secure an appointment for menopause care (see Figure 7). Just under one-third (31%) reported that it took 1-2 weeks, while one-fifth reported within a week (22%) as well as 3-4 weeks (22%). Just under a quarter (23%) had to wait more than one month for an appointment. Three respondents reported that they did not get an appointment (2%) and one respondent scheduled an appointment for the same day (1%).

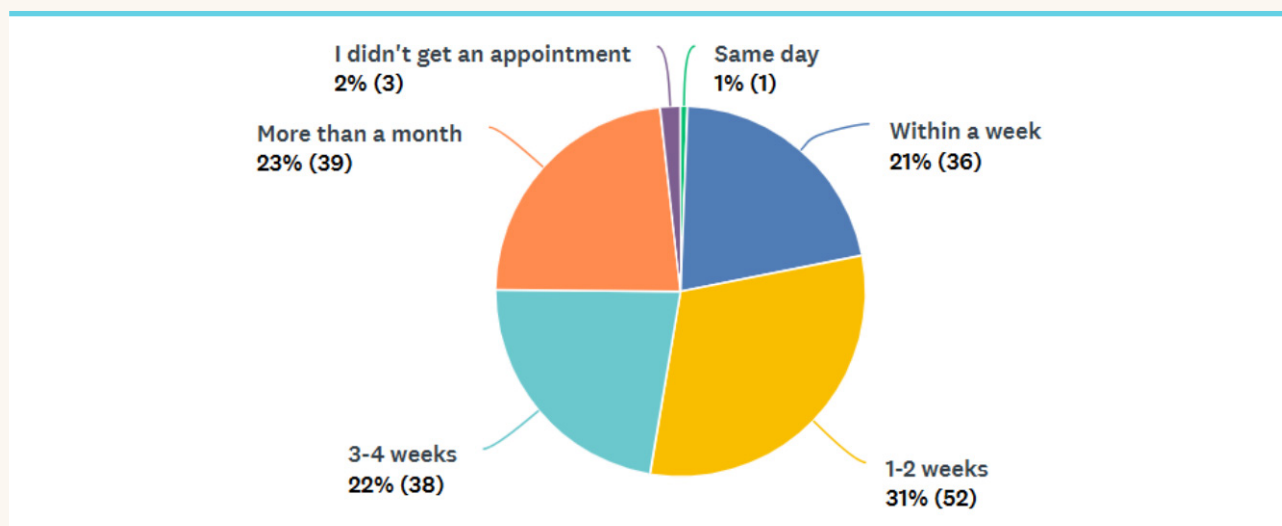


Figure 7: How long did it take to get an appointment after seeking help?

It is well established that cost can present a significant barrier in health seeking behaviours. We asked respondents to assess their perception of cost of their menopause related care (see Figure 8). We intentionally asked respondents to make this determination based on their own ideas as what is expensive to one person may feel low cost to another. Just over half (51%) felt that their care had a moderate cost. One quarter (26%) found it to be expensive while one fifth (19%) reported that the care was free (4%) or low cost (15%). A small group (4%) delayed or decided not to seek care due to the cost.

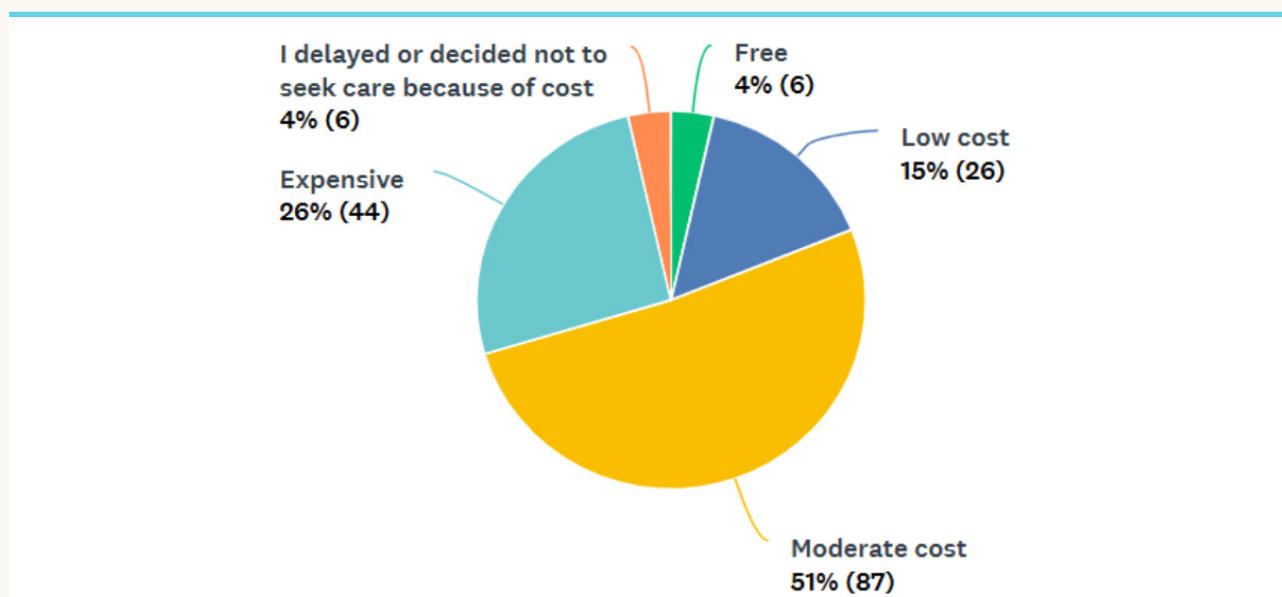


Figure 8: How affordable were the services that you received?

Quality of menopause-related care

We asked respondents several questions to assess their perception of the quality of menopause-related care that they have received. The first of these was to ask them to rate the quality of care on a scale of one to four, one representing poor quality and four indicating excellent care (see Figure 9). Over half reported (53%) that they felt the quality of care was excellent (25%) or good (28%). Just under one-third (29%) reported that it was poor. One sixth (17%) found the quality to be fair.

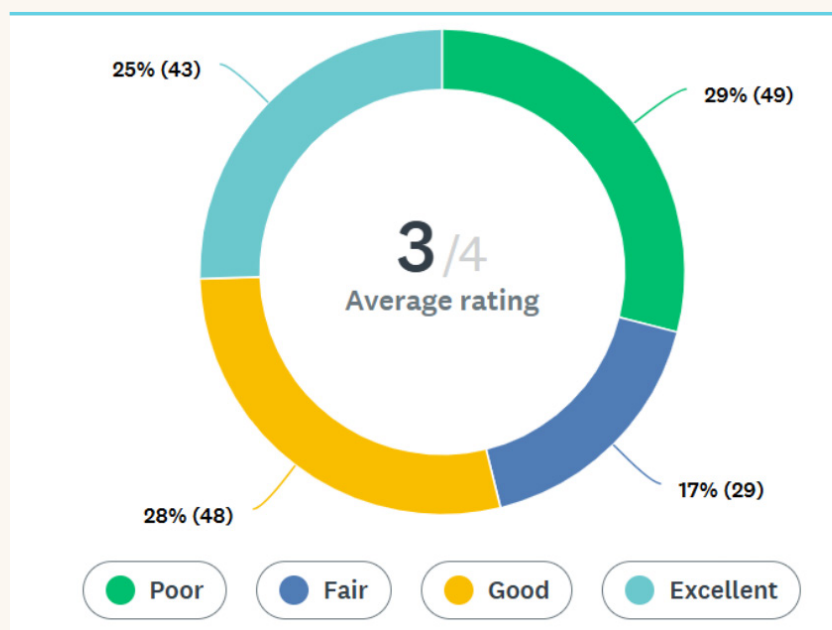


Figure 9: How would you rate the quality of care you received for menopause-related concerns?

Provider's menopause knowledge, or lack thereof, can often come through to clients accessing these services. We asked respondents to indicate whether they felt their healthcare provider(s) were knowledgeable about menopause (see Figure 10). Close to half (43%) felt that their provider was knowledgeable while one third (32%) felt that they were only somewhat knowledgeable. One quarter (25%) felt that their provider was not knowledgeable and 1% were unsure.

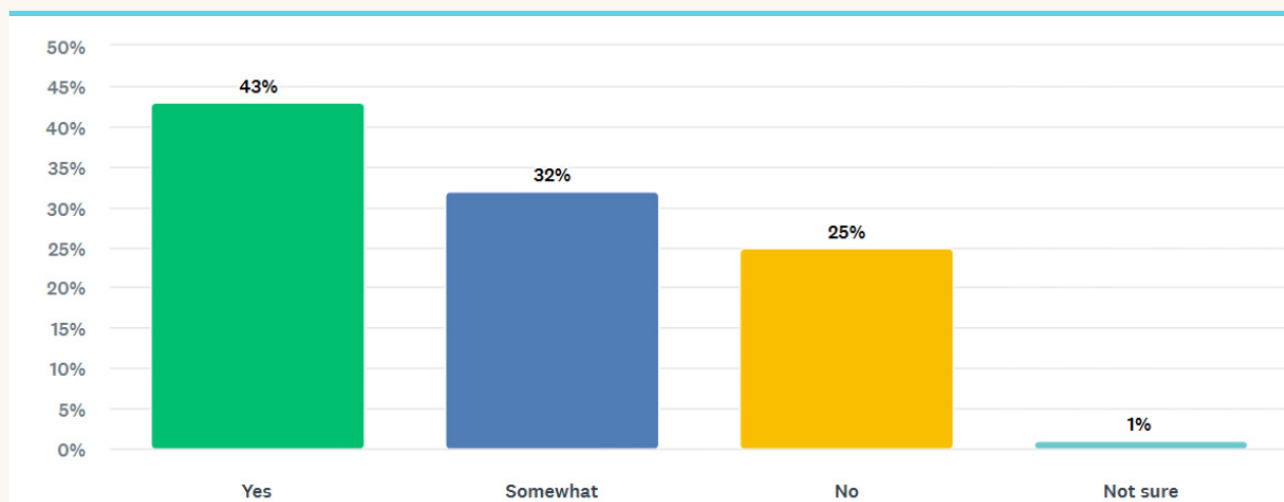


Figure 10: Did you feel your healthcare provider(s) were knowledgeable about menopause?

Respondents were asked about whether their healthcare provider took their concerns and symptoms seriously (see Figure 11). Well over half (60%) reported that they strongly agreed (37%) or somewhat agreed (23%) that their concerns and symptoms were taken seriously. One third (31%) reported that they strongly disagreed (14%) or somewhat disagreed (17%). Just one-tenth (9%) neither agreed nor disagreed.

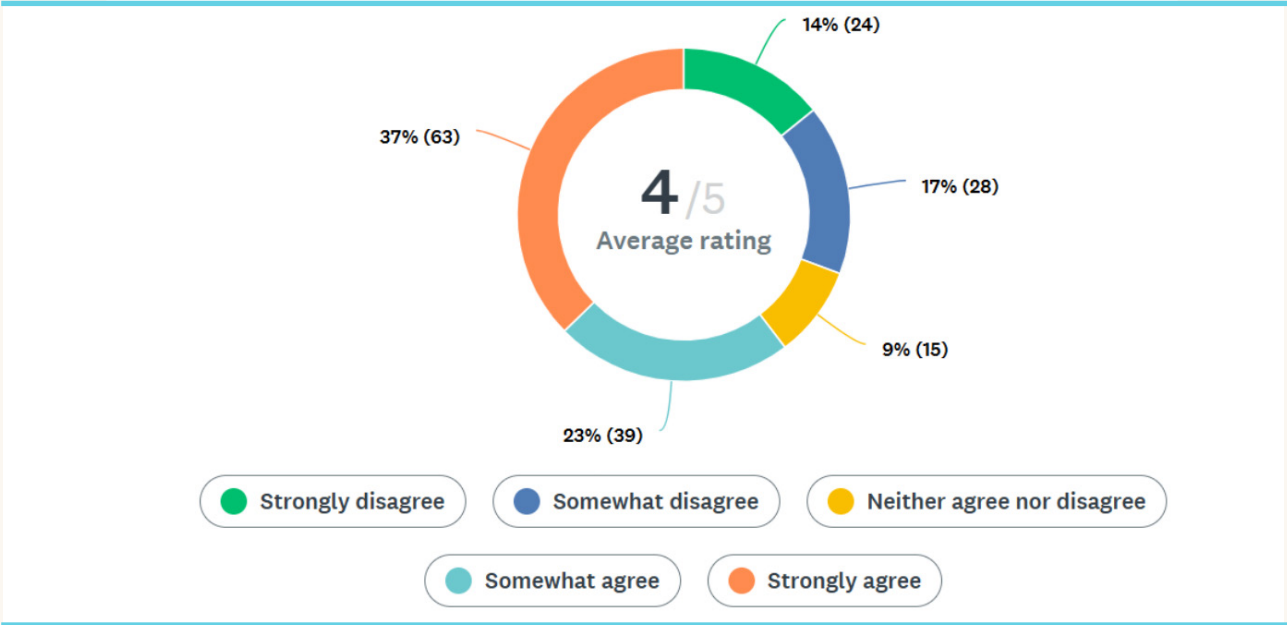


Figure 11: Did your healthcare provider take your concerns and symptoms seriously?

Experiences with menopause treatment

Respondents were asked to report on the types of treatment that they had been offered to address their menopause symptoms (see Figure 12). HRT was the most commonly offered treatment with over one-third (38%) reporting that this was what they were offered. The hormonal IUD (Mirena) was the next most commonly offered treatment, with one-fifth (20%) reporting this option was made available. Lifestyle advice including diet and exercise made up almost another fifth of the responses (18%). Mental health support (7%) and non-hormonal medication (4%) were also reported. Notably 6% of respondents stated that they were not offered any treatment or support.

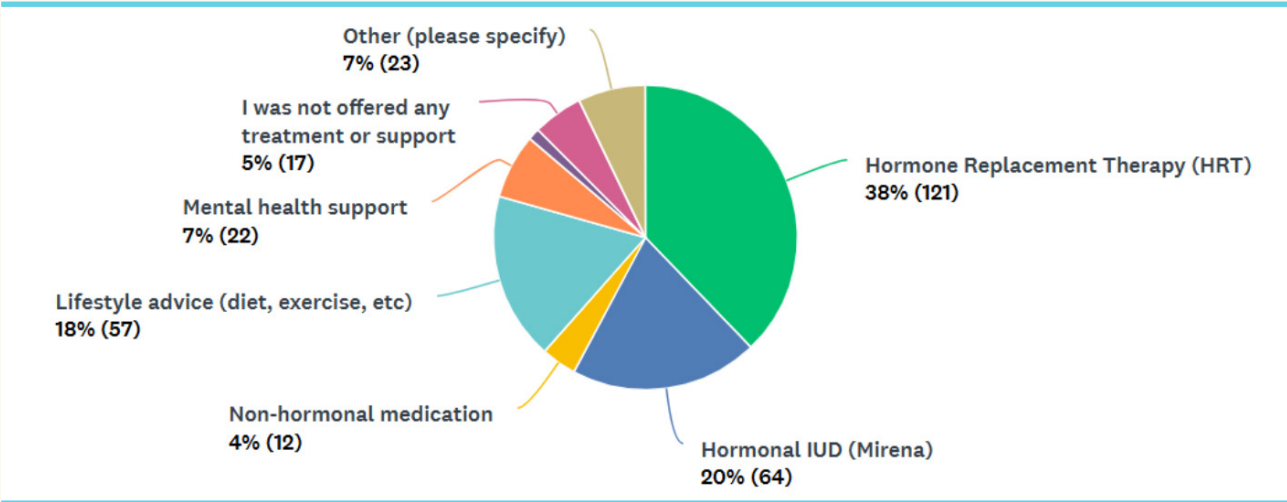


Figure 12: Have you been offered any of the following treatments or support?

Respondents were also asked if they had ever actively sought HRT and been denied. The majority (70%) reported that they had not had this experience. Over one-tenth reported that they had been denied. A total of 27 respondents provided more detail about their experience. Some key themes from these comments included:

- ♦ Challenges in interactions with gps around menopause-related care including:
 - GPs' unfavourable attitudes toward HRT
 - GPs' lack of knowledge
 - GPs trying to dissuade patients' use of HRT
- ♦ HRT never offered as an option
- ♦ Too much time had elapsed since their last period to start HRT
- ♦ Personal or family history of breast cancer was positioned to make it too risky
- ♦ Denied hormone testing, particularly for testosterone
- ♦ Informed that they were too young for menopause treatment
- ♦ Treatment was contraindicated with other medical conditions

It has been well established that treatment for menopause symptoms can have a significant effect on quality of life by reducing symptoms related to menopause. Respondents were asked about whether their experience with healthcare for menopause symptoms had improved their quality of life (see Figure 13). Close to two thirds (60%) responded that it had; among these 39% indicated it had a significant improvement and 21% reported their quality of life had improved somewhat. Of those remaining, 4% reported it made things worse, and 12% felt it made no difference to their quality of life. Close to a tenth of respondents (8%) were still waiting for support to manage their symptoms.

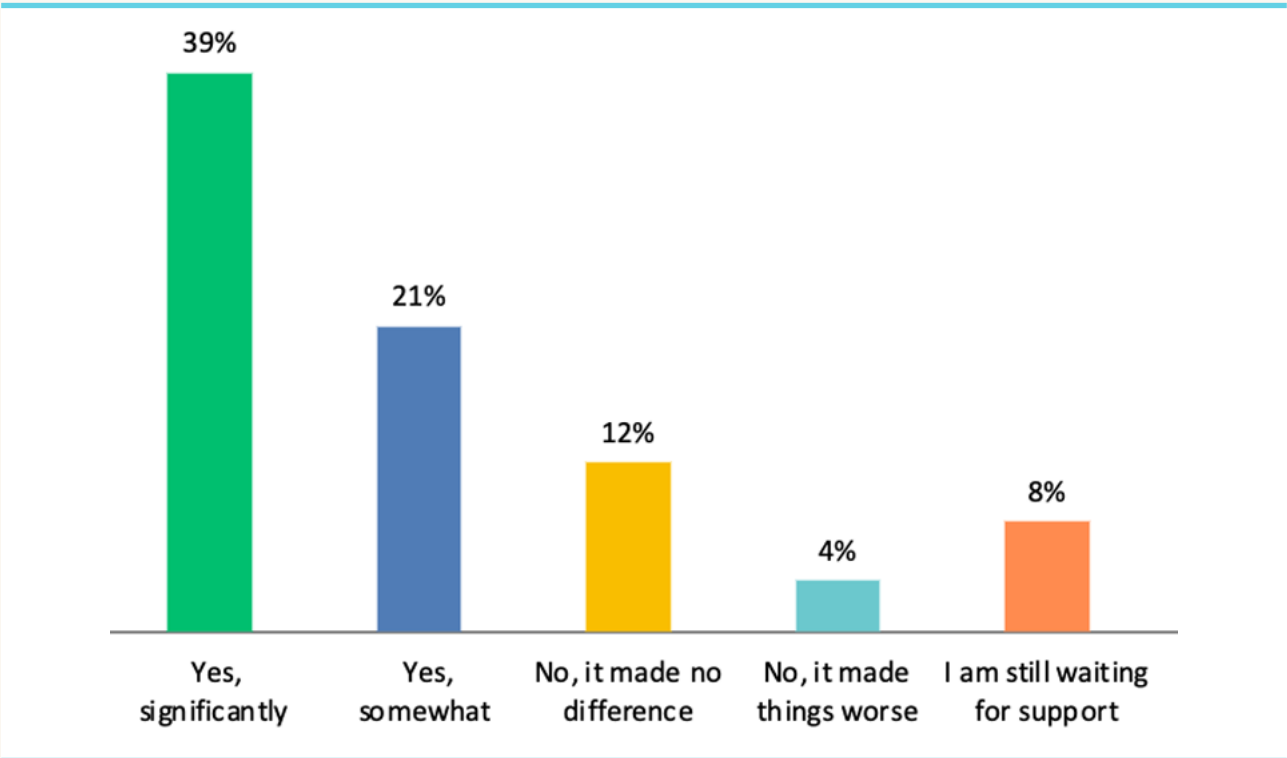


Figure 13: Has your experience with healthcare for menopause improved your quality of life?

Twenty-eight respondents provided further insights into their experience with menopause; there were several common experiences across the data which speak to a range of experiences with navigating menopause-related care. Some noted the positive outcomes from HRT and a few specified the significant improvements in their symptoms including improved sleep, less joint pain, and fewer mood swings.



It has changed my life. I had at least thirty-five menopause symptoms. Urogenital of course, but also brain skin hair gums, immunity, nails, warmth to my hands & feet, colour came back to my cheeks so I didn't look like death warmed up, balance – I kept banging into door frames & tables & chairs, memory, concentration, motivation, energy, sex drive & satisfaction, pleasure in life in general, strong fingernails, thinning hair thickening up, scaly skin has become soft & moist, vagina & vulva working normally, no more urine infections.

Other respondents focused on the challenges in finding healthcare providers who were willing to listen and provide treatments. Some pointed to the ways that seeking private, paid care made a big difference in their outcomes. Others, such as the respondent below, noted how the interactions with her GP have affected her ability to advocate for herself in this regard.



I think the treatment from my GP has made me very wary of seeking medical help. I feel conditioned now to think I'm being demanding or deluded.

.....

The sense of “being demanding or deluded” captures the common sentiment that these concerns are not worthy of discussion with a healthcare provider or treatment. The quality of care and trust in women’s ability to know their bodies is a notable issue around menopause care. Another respondent noted that it was not until she had found a responsive healthcare provider that she was able to receive the treatment that made a difference.

Reflections on critical menopause information

Respondents were also asked to reflect on what they wish they have known sooner about menopause. Three quarters (n=125) provided a response to this open-ended question. There were four main themes which emerged from their comments: knowledge of health effects and symptoms of menopause; struggles accessing menopause care; expense of menopause care; and timing of treatment for menopause. These themes are explored in the following section with illustrative quotes.

Knowledge of health effects and symptoms of menopause

Many wished that they had known more about menopause, including the wide range of symptoms, when they might begin, and possible treatments. Many noted that hot flashes were the only symptom they associated with menopause before going through it. Other respondents included impassioned paragraphs detailing information about hormones and HRT effects that they had learned. Many described having to learn about it on their own and figure the cause they were having their symptoms.



I had recurring utis from the age of 46 to 49. My doctor, my gynaecologist I visited too, and I went to a UTI specialist. None of them mentioned how perimenopause could have been the cause of my UTI, which is 100% what i've discovered it was. So not even having awareness that the chronic utis I was experiencing as most likely from low estrogen was something I had to figure out on a Facebook post, which was frustrating and 3 years of very painful discovery.



That my symptoms were related to menopause! I was in my early 40's and it wasn't on my radar. Menopause - to me - was something that happened to old people. I didn't seek treatment for menopause but I was struggling with fatigue, weight gain, lack of interest in sex. I'd raised these symptoms with my GP but they were often dismissed as stress related. Even when I started getting irregular periods and my GP suggested a Mirena, menopause wasn't mentioned. Looking back now, I can see so many things that are related to menopause. I'm just used to "putting up" with things. I wish I'd been able to - or my GP had - put all these things together. I wish I'd known all of the symptoms earlier. Things might've made sense - and been able to be acted upon - earlier.



That there are many symptoms that are indicators of menopause, not just the standard ones the doctors hang on to.

.....

That the symptoms can start much earlier than I thought. I think I had been experiencing symptoms for a number of years, but I was brought up to think that "menopause" was once your periods stopped and I still had my period

.....

I wish I had known that the symptoms I was experiencing were due to hormonal changes and that I had got help sooner.

.....

Some noted the diverse effects of menopause on one's overall wellbeing, including mental and emotional health.



I wish the symptoms were easier identified (other than just hot flashes) during perimenopause so women could take better control over their health.

.....

That it is more than just hot flashes. That it can affect your whole wellbeing and every cornerstone of your life. It has really affected my sleeping, memory and mental health.

.....

I wish I had known more about the symptoms of menopause, particularly the emotional symptoms of menopause (e.g., anxiety, overwhelm) and that perimenopause symptoms can start as early as age 35 – I think I would have sought help for symptoms in my early 40s if I had know they were related to perimenopause.

Others noted that they successfully pursued non-hormonal options and negotiated a trial-and-error approach. One respondent commented on the benefits of communicating with close connections about their experience.



It is advice and suggestions of what to try from friends, family and other women that has improved my peri-menopause experience.

Overall, many respondents articulated a feeling of frustration about their own lack of knowledge about the wide range of symptoms that could be as a result of menopause.

Struggles accessing menopause care

Several respondents reported repeatedly trying to get help for their symptoms but struggling to receive treatment.



What is available, that there is no such thing as too young, to feel empowered to push to try, rather than be brushed off which meant I did not have the confidence to go back, I had multiple other symptoms over the following three years that really affected my life.

There did not seem to be anyone interested and no advise was given for alternative services. I tried 5 times in ten years and was never helped once. Still struggling with symptoms.

Others echoed this sentiment, expressing that healthcare providers did not listen to their concerns. They wrote about the need to advocate for themselves to have their symptoms treated.



It was after I had to actively find someone who would listen to me, believe me, and prescribe something.

.....

I wish I had known more about how to advocate for myself and about the range of services and options available. I wish I had felt empowered to be more demanding of getting the help I need.

To advocate more for myself as took years before Dr would give me anything for the symptoms.

.....

Some pointed to the challenges of long wait times to receive the help that they needed. Others expressed they wished they knew which healthcare providers and clinics were specifically focused on this area of health.



That symptoms can appear much earlier than expected. There are specific clinics specializing in menopause.

Expense of menopause care

Several respondents commented on the high price of specialised care for menopause. Many felt that this type of care was necessary as they found their GPs did not have the necessary knowledge to address their symptoms.



That NZ is very behind on research and gps are hit and miss with support. Such a shame i've had to pay so much for specialist care.

I wish GPs had really looked at all the different reasons I'd come to them over the years and helped to add things up...I only understood I was in perimenopause after searching symptoms online and doing my own research...so my path to finding out more was very self-led. I'm lucky that my GP clinic runs menopause clinics (but at a large cost). Once I had one of those appointments things started to add up and I got the support I needed... but due to constraints it felt like the system was not well set up to help people understand deeper causes for things and instead just treated presenting symptoms.

Timing of treatment

Many respondents wished that they had known the benefits of seeking and receiving care earlier.



That starting treatment earlier is actually better and most health care providers will ignore all your symptoms and that you know how your body should feel. If they don't think you're the right age they rely on hormone testing which fluctuates and everybody's normal is different. I wish I knew I'd have to continue suffering until I was the right age for a doctor to help.

.....

Not to wait. Get help before you get to the point of not coping.

.....

Others articulated a sense that the domain of menopause was shrouded in secrecy and little information was available.



Everything. It's like some big secret.

Comfort and cultural concerns

Given the complexity and social stigma around menopause and reproductive health more broadly, it is important to understand how comfortable people feel speaking to healthcare providers about their concerns. We asked respondents to assess their comfort level when having conversations with their healthcare provider about menopause (see Figure 14). Over half (56%) of the respondents reported that they felt very comfortable discussing menopause with their provider. One third (30%) stated that they were somewhat comfortable. The remaining respondents reported feeling somewhat uncomfortable (10%) or very uncomfortable (6%). These findings suggest that there is generally a fairly high level of comfort experienced by respondents when communicating about menopause with their healthcare provider. It is worth noting that this may be, however, an instance in which our method of sampling could be providing a biased result.

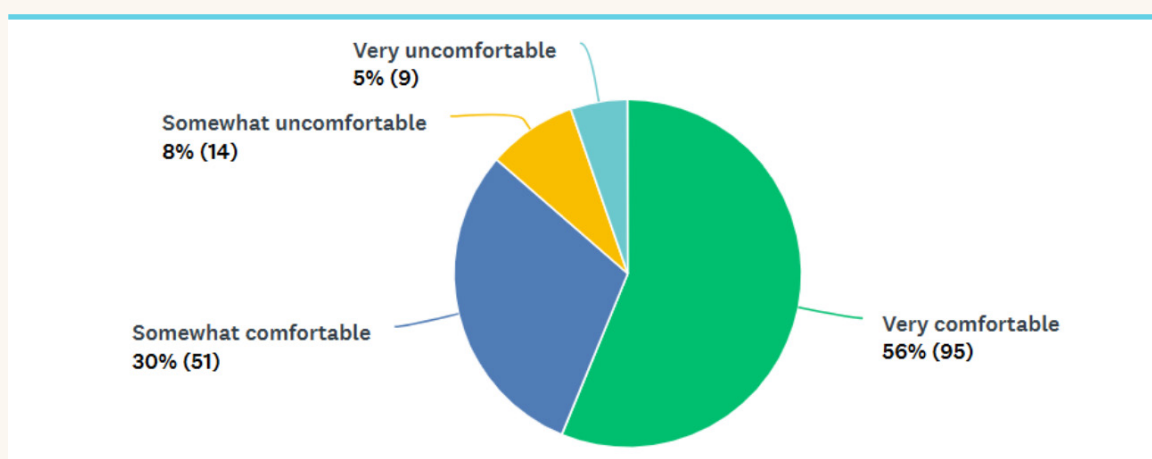


Figure 14: How comfortable did you feel discussing menopause with your provider?

Another important area of consideration is cultural competency and care among healthcare providers as well as personal values. Respondents were asked if they felt their menopause care included respect for their cultural background or values (see Figure 15). Over half (56%) of the respondents felt that their care included respect for their cultural background or values, including those who reported they felt completely (41%) or somewhat (15%) respected. One sixth (14%) reported that this respect was not really (8%) or not at all (6%) provided. Close to one-third (30%) felt that this was not applicable to them.

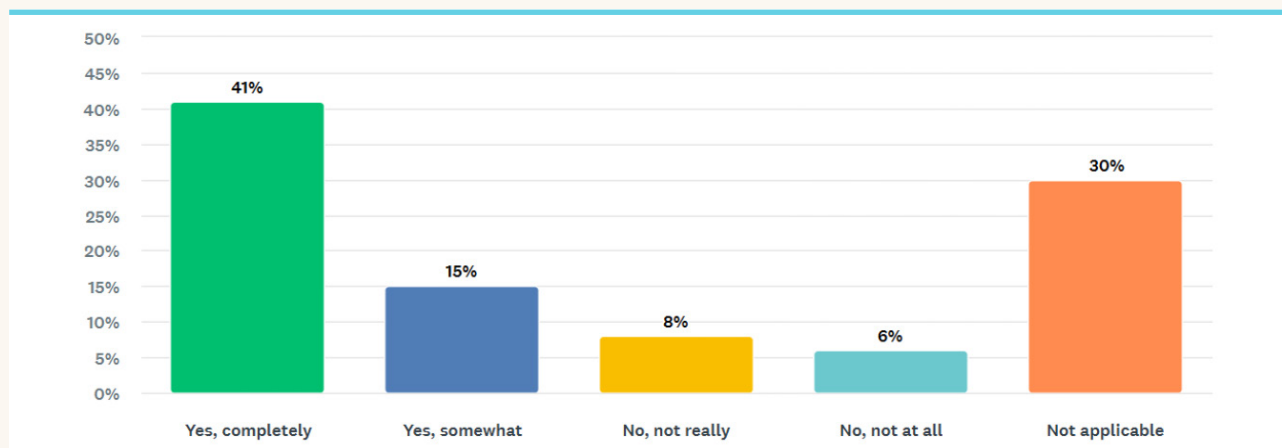


Figure 15: Did you feel your cultural background or values were respected in the care you received?

When asked about whether their cultural background and values influenced how they viewed or experienced menopause, respondents provided a wide spread of responses (see Figure 16). Three quarters were evenly divided between responding yes, somewhat (23%), not really (26%), and no (25%). Small proportions answered that they were not sure (11%) and another tenth (10%) reported that it significantly influenced their view of menopause.

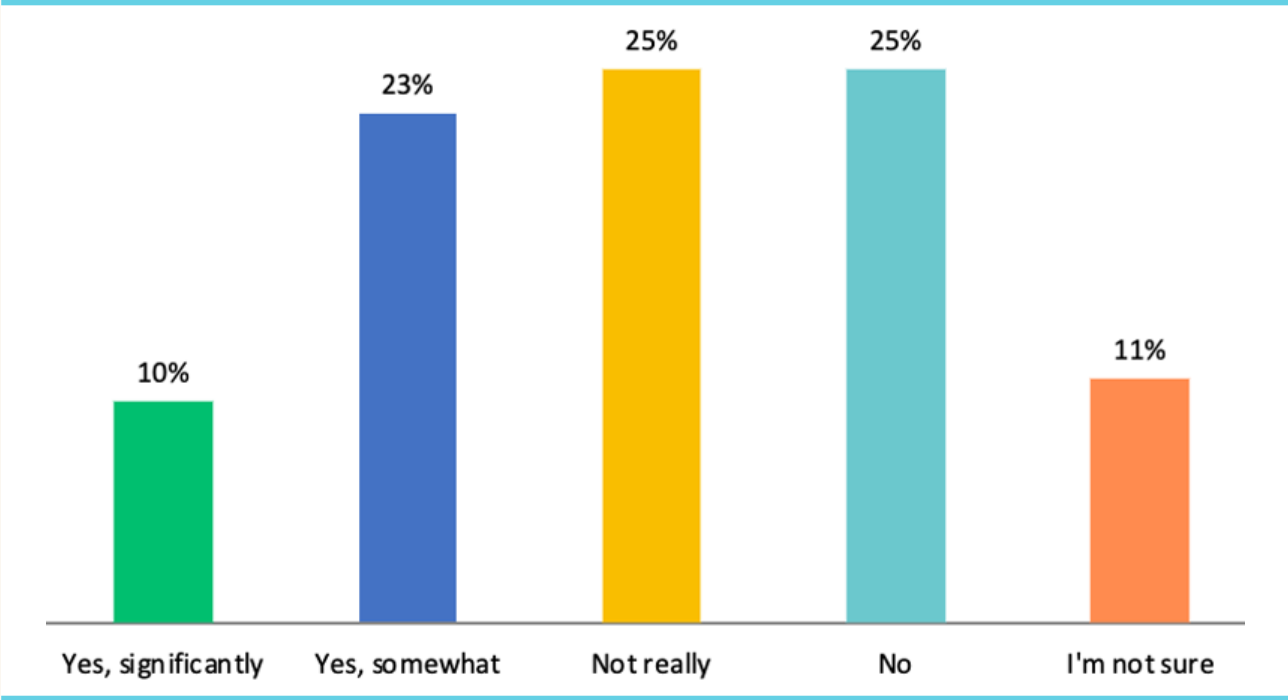


Figure 16: Do you feel your cultural background and values have influenced how you view or experience menopause?

Ten respondents provided additional detail about the nature of this influence. This additional information included comments about the fact that menopause had not been discussed openly, the significant influence of family members, the sense of empowerment found in seeking knowledge and insisting that healthcare providers address symptoms. One respondent spoke about the intersection of reproductive health and their sense of connection to their body, autonomy, Maori identity and spiritual sense of self.



Endometriosis with two Mirena for symptom management and contraception. When my Mirena ran out and my spouse had a vasectomy I removed the Mirena to see how my wairua and hinengaro responded (age 46) and have felt really powerful not having a Mirena in my whare tangata and experiencing relatively painfree periods for the first time ever. 25% endometriosis sx regress over time and I have had two resections so I really didn't want to have to have another one. The Dr was amazing and started off with asking "where I was from" as a culturally safe pātai acknowledging my whenua is important without assuming I was connected as Māori to my culture. She understood my hesitancy and acknowledged my whakaaro/thoughts. She gave me heaps of evidence and options and was completely open with whatever I decided to do.

This respondent touches on several important issues. She notes the relationship between her cultural identity and how this connects to her healthcare decisions. She also speaks to the importance of her doctor's curiosity and openness to her perspective and describes some best practices in terms of cultural safety and care in this context.

Respondents also were asked about whether they ever wanted to access menopause support that aligns with one's cultural identity or worldview including Māori, Pacific healing traditions, holistic models. Two thirds of respondents (67%) indicated that they had not had interest in pursuing this type of care. However, this could be explained by respondents mostly identifying as non-Māori, non-Pacific (see limitations). One tenth (10%) indicated they might have an interest in this care and 12% stated that they do have a desire for this type of culturally aligned care.

Suggestions to improve menopause care

Respondents were asked to share any suggestions that they might have regarding ways to improve menopause care in New Zealand. Several strong themes were identified in the data.

Improved training and education for GPs

Over a third (36%) of the 120 respondents who answered this question expressed strong feelings about the need for gps and other healthcare providers to receive more and improved education around menopause. This corresponded to the findings and comments throughout the survey which pointed to feeling misunderstood, dismissed or misdiagnosed by their GP when attempting to seek care and treatment. In this same vein, several called for doctors and healthcare providers to take their symptoms and reports seriously. Relatedly, respondents called for a shift in attitudes around HRT as many felt that outdated concerns prevented the provision of hormonal treatment options.



GPs need to be better informed and to have peri/menopause in their minds when diagnosing. It needs to be talked about more and publicized more as it can seriously affect and impact women as it did me.

.....

More and better, urgently updated continuing education for all clinicians who care for women (100% of medical professionals??) Given that the 'menopause moment' is gathering speed internationally and the post-WHI crisis of menopause care is intolerable for the current generation of women: So much of our health is at massive risk from oestrogen deficiency in the second half of life. This affects not only GP level care but also medical specialities ranging from endocrinology to cardiovascular, orthopaedic, urological, neurological and the list goes on.

We need GPs to know more about it and not dismiss some of the symptoms as being at cognitive overload. That is what I got told the first time by my GP and I think that was the beginning of symptoms. Could have prevented a lot of anguish if menopause had been discussed then. GPs need upskilling and yes I know they are super busy – have more menopause trained nurses and bring the cost to visit them down. I think it cost me \$150 for early visits – that is too expensive.

.....

Make it an initial offer – why not try it?!! Educate our health professionals around the safety of it now and to get up to speed with the rest of the world.

Educate male doctors as a priority about symptoms and solutions so they don't fear having these conversations with women who are already suffering, which is why they are there in the first place. Ensure all medical professionals (including counsellors) have the most up to date information on menopause (e.g. The link between breast cancer and HRT that was trotted out to me in my attempt to get support from the male doctor is based on outdated studies.

.....

Much more awareness among GPs, weekly specialist clinics in GP services and to respect many women are working professionals who require treatment to function in modern working environments.

Increase number of menopause specialists

Respondents also noted the need for menopause care and treatment to be made more accessible with an increase in menopause specialists, the provision of care beyond gps (several mentions of the value of Sexual Wellbeing's services).



It would be wonderful to have access to doctors who specialise in menopause and able to see us through this journey of changes. It is frustrating to not have access to different doctors in NZ, you have to be satisfied with the doctor that's available and by the time you get to go for an appointment you can't remember why you wanted to see the doctor because you wait forever to get an appointment. The same with medicine, it feels like a waste of time and money to see the doctor just so that they prescribe panadol and ibuprofen which I can get myself.

Training for health practitioners to ensure they are up to date and competent to provide advice and treatment. More affordable specialist options.

Several respondents also noted the prohibitive cost of menopause care and treatment. Several called for medication to be made free of charge and the provision of free or reduced cost for treatment.



Women who need it should have access to patches and creams with minimal side effects. (Free)

.....

Free access through pharmacy once originally prescribed hormone cream. The cost of continually going to the doctor for a prescription is too much on a pension. Without the cream I cannot have sex at my age and sex is part of my loving relationship and acts as a natural antidepressant for me.

Shorter wait times for treatment

Several noted the need to shorten wait times for care and treatment, echoing a well-established issue in the provision of primary care through general practice.



*Shorter wait times; lower costs.
The cost is very expensive – for something that should be known/ provided by your regular GP. Why do we have to more and see someone else?*

Improve public education

Others called for improved education for all people, with education provided in school and for the general public; many noted that this would help women recognise their symptoms and understand the range of available treatment options.



EDUCATION FOR ALL! Education for women, men, for doctors, just everyone! If we know that it's something all uterus owners go through then we'll feel less isolated and depressed. If doctors know more about it then we can get appropriate treatments in place for good long-term outcomes.

There needs to be a lot more education offered to women much earlier in their life cycle.

.....

All woman on their 40th birthday should receive a care package about menopause.

.....

In this same vein, others called for Pharmac to increase the number of treatment options, as well as an increase in the number of funded medication options.

Discussion

The results of this survey highlight the diverse levels of menopause knowledge and care-seeking experiences. Looking at the barriers to accessing menopause-related care, there are several systemic issues including long wait times for an appointment, unavailability of menopause specialists and high cost for care and treatment. Access to menopause education is a major factor; over one-third cited that they were unaware of treatment options. This finding suggests that many women have not been exposed to or been provided information or education about how their menopause symptoms could be mitigated and addressed. It reveals the persistent, systemic under investment in women's health which leaves many of these challenges invisible and deprioritised. This experience of limited access to menopause education and information highlights a significant disservice to those women whose lives could be improved with the provision of menopause treatment options. It suggests that while awareness of menopause is growing, the concomitant information about the ways that the range of symptoms can be managed is not communicated as effectively. This leaves a potentially tricky gap into which women may fall: feeling subject to this multisystem reorganisation of the body but not knowing that there are measures to take that can make an appreciable difference in their lives.

In terms of knowledge, the findings suggest that there are ways in which gaps in knowledge of menopause could be meaningfully addressed before women start experiencing symptoms. If there is education prior to menopause, the ability to understand the experience may be more expeditious and thus result in care provided earlier. While respondents indicated that they do seek information from a healthcare provider, the most common source of information was cited as the internet. Healthcare providers should be positioned as the most reliable and trustworthy source of information for menopause, particularly when it comes to the provision of treatment to address related symptoms.

Over half of the women reported their GPs are theoretically well positioned to help women with their symptoms, including the provision of prescriptions for HRT. It is notable that so few women are speaking to gynaecologists, or other specialists in sexual and reproductive health; this may reflect the fact that there are very few providers with these specialist skills who are available for consultations in New Zealand. Approximately one-tenth sought care from a gynaecologist, the same proportion as those who sought it from a menopause clinic. There may be considerable challenges to be able to afford care from a menopause clinic as they are typically a private service. There is a clear need for improved access to specialist menopause care within the primary health care system.

Another consideration around access to care is availability of appointments. While it was heartening to see that some respondents were able to get an appointment within a week or two, close to half reported they had to wait 3 weeks or longer to see someone. Many respondents did not know the range of treatment options available to address menopause symptoms highlighting another systemic issue. The fact that over one-third of respondents were not aware of the available options signals a critical gap in the provision of health information that could have significant effects on improved quality of life.

Given the ways in which menopause symptoms have been commonly overlooked or ignored for decades there are persistent challenges within the health care system to ensure that women who are experiencing symptoms receive the kind of care and treatment they need (Barber & Charles, 2023). These results suggest that there is a wide range of knowledge, comfort, and confidence around how to address menopause-related symptoms and care among healthcare providers. These results suggest that women in New Zealand have a wide range of experiences in accessing menopause-related care.

Better health education and communication is needed to inform women, and people with a uterus and ovaries, of the options available. Healthcare providers need additional training and education to ensure that they are providing the best menopause treatment options for their patients. This requires national guidance around menopause care and increased funding to effectively address the identified barriers of access, culturally aligned care, wait times, and cost.

Limitations

There are several limitations to this report. The total number of respondents was 169 and thus only represents a small number of experiences. Further quantitative research is required to gain a population level understanding of menopause in New Zealand. In addition, there may be sample bias as those who have struggled or had difficult experiences with menopause may be more likely to respond to a survey.

The participation rates by ethnicity for this survey are not at population parity for New Zealand; specifically Māori and Pacific and Asian populations are underrepresented. More research is required to further explore the experiences of menopause for Māori, Pacific, and Asian women and people with a uterus. Likewise, more is required to understand the needs of disabled peoples and people with a uterus and ovaries who are experiencing menopause and perimenopause. As respondents were recruited through Sexual Wellbeing Aotearoa's and Menopause Wellbeing's websites and social media channels, they may be more likely to have an understanding and awareness of menopause and women's health information than those who are not aware of or engaged with our organisation.

Recommendations

The following recommendations have been developed from the results of this survey, incorporating the suggestions from respondents who were asked what changes they would like to see in menopause services.

1. Increase and improve education for General Practitioners (GPs) and other healthcare providers

The findings from this report suggest that there is significant diversity in health professional understanding of menopause knowledge, treatment options, understanding of symptoms, and empathy around the experience of menopause and its wide-ranging effects.

2. Develop Aotearoa-specific evidence-based menopause best practice guidance for health professionals.

These findings make clear that many people, particularly healthcare providers, have outdated information and attitudes around the provision of HRT. Up-to-date best practice guidance is needed that specifically addresses the provision of HRT for those experiencing menopause symptoms.

3. Increase available menopause medications, both funded and unfunded.

Increasing the number of treatment options and the number of medications that are funded would directly increase people's ability to get the care they require.

4. Improve and expand access to menopause education for all people

The survey findings suggest that many respondents did not have a clear understanding of menopause before they experienced it. Many respondents called for improved and expanded education, both in school, workplaces, and beyond for the general population.

5. Fund the training and provision of specialist level menopause care within the public healthcare system

While many people have their menopause symptoms addressed within the primary healthcare system, there are still several that need access to more specialist care. The current care model provides this level of care almost entirely within the private healthcare sector as the public system of gynaecological care doesn't have capacity.

6. Conduct more research that explores the diversity of menopause beliefs, values, and experiences is required.

There is a dearth of current evidence that supports diverse views and understanding of menopause. Current health professional understanding is heavily biased towards western biomedical viewpoints. Within Aotearoa increasing understanding of Wāhine ora perspectives of menopause will support improved menopause provision for Māori. Likewise, for Pacific, LGBTQIA+ and disabled peoples more research that explores their beliefs and experiences is required to address inequities and the impacts of menopause on quality of life.

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