



Exploring the challenges that menopause presents to mature women students whilst undertaking postgraduate studies – A lived experience study.

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ABSTRACT

The Higher Education Statistics Agency state that for the academic year 2023/2024, women over 30 years made up 38% of all postgraduate students and 57% of the overall total number of postgraduate students in the UK. Being a mature learner is now deemed to be the fastest growing group in Higher Education thereby redefining the educational system and the definition of adult learner. Education is a tool for empowerment providing women with opportunity to change their lives and facilitates their personal evolution. However, mature women learners often face challenges. When considering that the growing population of post graduate mature students are women over 30 years of age, and that 31 years is the average age in the UK for the onset of menopausal symptoms, it is reasonable to claim that a large percentage of mature post graduate women students will experience menopause at some stage during their academic journey, which could impact their studies. Menopause is a natural transition for a woman, and is commonly defined, described or recognised through a diverse range of symptoms that signals this transitional stage. Although most women will experience menopausal symptoms, some will experience few or no symptoms; whilst for others they can be debilitating and have a significant impact on everyday life and their wellbeing. With no previously recorded qualitative research in this area, this phenomenological study set out to respond to a call for research to identify the challenges that the menopause presents to mature women students whilst undertaking postgraduate studies, by drawing upon the lived experiences of a sample of students within one Higher Education institution. The study found that the menopause does present challenges to women's engagement in academic study in particular the impact of cognitive symptoms, but the gravity and occurrence of symptoms is uniquely different to each individual. The study does however highlight the lack of awareness, policy, and adjustments available to support mature women students during this natural transition which could negatively impact their student experience alongside the institutions' reputation with regards to equity and fairness. The study concludes with a number of implications for Higher Education institutions to consider.

Key words:

Menopause, perimenopause, post menopause, mature women students, menopause symptoms, challenges of menopause.

INTRODUCTION

Education, according to Sorella (2024, p.1) provides women an opening to change their lives and asserts that 'it is a tool for empowerment, providing opportunity and facilitating the evolution of the self'. However, it is argued that when women adult learners, in particular mature learners resolve to commence, or return to education, they often face challenges.

UK data highlights that more women over forty (40) years of age are undertaking University study. Clark (2025) claims that women are more apt to be mature students as opposed to men, highlighting that in the academic year 2022/2023, 26% of mature students were women as opposed to 20% of men, and furthermore constituted the majority of all Higher Education students in the UK at that time. The Higher Education Statistics Agency (HESA) (2025) brings those statistics up to date stating that for the academic year 2023/2024, women over 30 years made up 38% of all postgraduate students and 57% of the overall total number of postgraduate students in the UK. Being a mature learner is now deemed to be the fastest growing group in Higher Education (Clark, 2025). The rapid dominance and growth of mature women students, who are on occasion deemed 'non-traditional', undertaking, or returning to Higher Education has according to Sorella, redefined the educational system and the definition of adult learner (2025, p.14).

An Nguyen & Dang (2025) briefly explore the terms 'mature student', 'adult learner' and 'students returning to education' and claim that the terms are used interchangeably to describe a group of learners deemed over a certain age. The term 'non-traditional student' is also prevalent in their research, but largely used as an umbrella term to include diverse backgrounds, low socioeconomic status, individuals with disabilities and those with no standard qualifications. Elsewhere however, the term is defined by a number of characteristics including age; with American studies specifically referring to students over 24 years (National Centre for Education Statistics, 2026). The UK HESA (2023) explicitly defines mature students as 'individuals aged 21 and above', with the UK's Universities and Colleges Admissions Service (UCAS) defining Undergraduates as aged 21 years and above, and Postgraduates as aged 25 years and above at the instigation of their studies (2026).

Within the context of this study, 'mature women students' adopts the UCAS definition in relation to age.

Research has historically affirmed that mature women students' motivations to undertake or return to education are influenced mainly through an appetite to complete their education or to upgrade skills to assist in the transferal into a more contemporary workforce. However, they have faced "pronounced obstacles due to the multiplicity of their roles, lack of social support and challenges of assimilating into an environment designed for younger, traditional students" (Sorella, 2024, p.1).

Sorella (2024) asserts that although mature women make up the majority of adult learners, their experiences are often minimised, disregarded, and diminished in the academic domain, and they face distinct challenges both academically and personally. Pascall & Cox (1993) support this view highlighting that many mature women face significant individual challenges in addition to those related to the identity of their new role as a student. Research suggests that these experiences and challenges can be categorised under three distinct concepts – '*situational, dispositional and institutional*' (Sorella, 2024; MacKeracher et al, 2006, Wilson et al, 2018). MacKeracher et al (2006, p.2) claim that the 'concept of barriers' to undertaking education, and its typologies, have been relevant to adult education, and its related literature, for over fifty years, so it is not new. However, an accepted definition or description of these categories, and their typologies, is arguably absent from research, yet it is subject to

continuous amendment and discussion as educational experiences adjust to developing landscapes.

In summary, Sorella (2024) describes '*Situational*', in the context of mature women students, as the exploration of the personal obstacles related to domestic or family relationships and obligations. Wilson *et al* (2018, p.1) refer to a more generic context and adds that '*situational*' also relates to life situations, poverty and even violence in the home. MacKeracher *et al* (2006, p.3) however claim that '*situational*' barriers consist of 'broad circumstantial conditions' that impact the ability of adult learners to access and pursue education, and add mobility, sensory and learning disability to the description.

'*Dispositional*', according to Sorella (2024) refers to student's attitudes and perceptions regarding age, gender, previous education, and socioeconomic levels. Wilson *et al* (2018) suggest in furtherance of this description that '*dispositional*' could also encompass negative attitudes towards education by family or peers, low self-esteem, and the general demands of family life. MacKeracher *et al* (2006, p.3) supports this definition adding that the most frequently discussed descriptions also include being 'too old..., too sick..., too tired.'

'*Institutional*' is suggested as concerning the deficiency in the discernibility afforded to non-traditional students by Higher Education institutions, which includes mature women students (Sorella, 2024). In addition, Wilson *et al* (2018, p.18) suggests that '*institutional*' includes unsuitable curriculum and current government policy, whereas MacKeracher *et al* (2006, p.3) emphasise that '*institutional*' primarily refers to the limitations inherent in the methods institutions use to design, deliver, and administer learning activities', adding to the list, the consequences of the absence of support services at times and places suitable to mature learners.

The above definitions and descriptions are not exhaustive and are arguably subject to contextual and contemporary influences and sustained interpretation. Fagan 1991, (as cited by MacKarcher, 2006) and Ekstrom 1972, (as cited by Sorella, 2024) both feature 'health' as a situational factor which is not clearly visible, and questionably absent elsewhere in the literature. The term 'health' can arguably encompass a diverse range of diseases, disorders and symptoms affecting the population in general, irrespective of gender. When considering that the growing population of post graduate mature students are women over 30 years of age (HESA, 2025), and that 31 years is the average age in the UK for the onset of menopause symptoms (NHS, 2022), a subject which is gaining significant attention in contemporary research in relation to the impact of symptoms on women's health and personal and professional lives; it is reasonable to claim that a large percentage of mature post graduate women students will experience menopause and its symptoms at some stage during their academic journey, and that these symptoms may impact their studies. With this in mind, there appears to be an obvious absence of research that specifically considers the menopause as a *situational* barrier which needs to be overtly highlighted and explored further.

Defining 'menopause'

Menopause is not a disease nor is it a disorder, it is a natural part of a woman's aging process (UCDavis Health, 2025) and is commonly defined, described or recognised through a diverse range of symptoms that signals this transitional stage (Hamoda, 2021). Natural menopause occurs as the balance of hormones change in a woman's body as she gets older, as a result reproductive organs (ovaries) stop producing as many hormones leading to the non-release of an egg each month and the ending of a woman's menstruating cycle

(NHSinform, 2025). Menopause can however also occur as a consequence of particular medical surgeries, cancer treatments, or when induced by medical intervention causing symptoms to be more acute and often sudden (NHSinform, 2025). The organisation 'Menopause Support' assert that menopause 'directly affects approximately half of the world's population' and has the potential to 'indirectly affect the other half of the population too: partners, family, friends, and colleagues' (2025, p.2). They add that an individual's experience of menopause is unique and that it should be noted that 'not all who experience menopause identify as women' (2025, p.43). Furthermore, some women find that it 'just happens to them, bringing about changes they've possibly never thought about and even less anticipated' (Open University, 2024).

Within the UK, menopause usually occurs within women between the ages of 45 and 55 years, with the average age being 51 years (Hamoda, 2021; NHS 2022, NHS inform 2025). However, it is recognised that it can occur earlier or later than this for some women (Menopause Support, 2025b).

'Menopause' is a general, commonly recognised term used to designate the time in a woman's life when she may experience symptoms related to shifting and reducing hormone levels where her monthly menstruating cycle will eventually stop (Menopause Support, 2025a). Although often used as a 'blanket term' (The Better Menopause, 2024) the overall transition period of menopause can be clearly divided into three distinct stages:

Stage 1 – PERIMENOPAUSE – translates as 'around menopause' (Besins, 2023) and is seen as the first natural transition to the menopause. This stage normally begins about eight to ten years before menopause when a woman is typically in her late 30's or early 40's (UCDavis Health, 2025; Wembley Women's Health, n.d.) and is when symptoms begin to be noticed. Symptoms can be wide ranging and not always obvious ones, they can present as physical, psychological, or emotional in nature and can change overtime (Besins, 2023). This is the time when hormone levels begin to change and fluctuate but occurs before a woman's menstrual period stops completely (Besins, 2023). A woman can be in perimenopause for several months or several years (Cleveland Clinic, 2024).

Stage 2 – MENOPAUSE – this stage is defined by the absence of a monthly period for twelve consecutive months (Menopause support, 2025). The average age of menopause in the UK is 51 years but can vary. Unlike the other two stages, menopause itself is a defined moment, and a stage, that a woman does not remain in beyond one day (Cleveland Clinic, 2024).

Stage 3 – POSTMENOPAUSE – this stage is the time after menopause, and one where a woman will remain for the rest of her life (Menopause Support, 2025, Cleveland Clinic, 2024, Besins, 2025). During this stage most menopause symptoms will ease, but some women will continue to have mild symptoms for several years whilst post menopause and are then unfortunately at increased risk of certain ill health conditions (Cleveland Clinic, 2024).

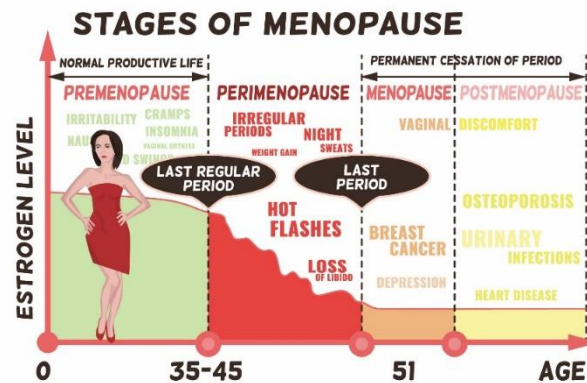


Diagram 1 – Stages of Menopause (source: Wembley Women's Health, n.d.)

The Symptoms of Menopause

According to Newson (2025) the symptoms of perimenopause and menopause are the same, however they are ordinarily experienced, or noticed, before actual menopause occurs, with some women experiencing more difficult or severe symptoms during the perimenopause stage. Unfortunately, there isn't global agreement on the number of menopause symptoms that women present with, however sources claim that there are between 30 to over 100 symptoms recorded (The Menopause Charity, 2024; Gynae Expert 2025, Migala, 2025). Although most women will experience menopausal symptoms, some will experience few or no symptoms; whilst for others they can be debilitating and have a significant impact on everyday life and their wellbeing. Importantly as symptoms can vary so broadly, they may not necessarily align with what an individual has heard, or understands, about the menopause (The Menopause Charity, 2024). The symptoms a woman will encounter or experience, and when, are influenced by multiple factors including, genetics, health status and lifestyle (Migala, 2025).

Symptoms, according to a number of sources, can be categorised into three main areas – 1. *Physical* 2. *Psychological and cognitive*, and 3. *Other*.

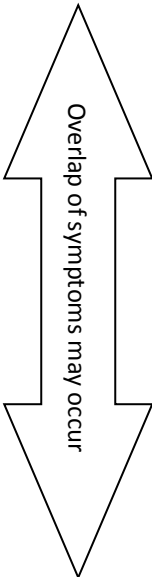
	Symptoms	Examples (Not exhaustive, see source for full list)
Physical	1. Vasomotor symptoms 2. Genitourinary symptoms 3. Fatigue 4. Breast changes 5. Musculoskeletal symptoms 6. Dermatological symptoms 7. Cardiovascular symptoms 8. Gastrointestinal symptoms 9. Weight and metabolic changes 10. Menstrual changes	1. hot flushes, night sweats 2. urinary tract infections, incontinence 3. exhaustion, sleep problems 4. breast soreness, tenderness 5. joint pain/stiffness, muscle ache/loss. 6. acne, body odour, hair loss, dry skin. 7. blood pressure, palpitations, heart disease 8. bloating, constipation, nausea. 9. weight gain, slower metabolism, men- belly. 10. lighter/heavier periods, longer/shorter periods.
	1. Memory and mood symptoms 2. Sleep symptoms 3. Sensory and Neurological Symptoms	1. Anxiety, anger, decreased motivation, memory lapses, brain fog, irritability, isolation.

Psychological and Cognitive	4. Immune and Allergic Symptoms 5. Behavioural changes	2. Insomnia, waking up often, sleep apnoea. 3. Restlessness, headaches/migraine, sensitivity to noise, coordination issues, temperature intolerance 4. Dry/itchy eyes, onset of skin disorders, autoimmune flare ups 5. Impulsivity, heightened caution and anxiety, compulsive or repetitive behaviours
Other	1. Oral and dental changes 2. Sexual Health changes 3. Respiratory symptoms 4. Appetite and Digestive changes	1. Gum disease, tooth sensitivity, oral pain/discomfort. 2. Decreased libido, vaginal dryness. 3. Breathlessness, wheezing, short of breath. 4. Loss of appetite, increased cravings.

Diagram 2 - Categories of menopausal symptoms and examples. (Adapted from source: Migala, (2025)).

Migala (2025) and others suggest that as the menopause transition is so individually unique it can be difficult to establish when, and if, a woman will experience any symptom or a range of symptoms (Menopause Support, 2025a). Often when symptoms are experienced, they may overlap across the different transitional phases (Migala, 2025, Newson, 2025). Furthermore, as menopause is a transitional period, symptoms can change in nature and gravity as a woman moves through the stages (Menopause Support, 2025a). Despite this, research infers that trends in symptoms recorded can provide some indication of expectations for women as follows:

Stage	Age	Symptoms
 Perimenopause	Begins in 30's to early 40's and can last for 7 to 10 years	Irregular and unpredictable menstrual cycles, brain fog and memory loss, hot flushes, night sweats, anxiety, and sleep difficulties.
 Menopause	Between 45 – 55 years UK average is 51 years	Period free year but symptoms experienced in perimenopause may continue.
 Postmenopause	From the time of menopause through to the rest of her life	Some symptoms may continue but will start to improve. Some women will still experience, hot flushes, mood problems, night sweats, low libido, dry skin, sleep difficulties, urinary incontinence, weight changes.



Overlap of symptoms may occur

Diagram 3 – Age and related symptoms during transition period of menopause (Adapted from sources Migala, 2025, Newson, 2024, The Menopause Charity, 2024)

CONTEXT TO THE STUDY

This phenomenological study is being undertaken with a view to ascertain and explore, through lived experiences, the challenges that menopause presents to mature women postgraduate students during their academic study. In drawing support for the study, Twamley *et al* (2025) acknowledge that ‘understanding the impact of menopause in education is of growing importance’, with Wood (2025) emphasising how the current increased research on menopause transition (including its impact on daily life, support, and society’s attitudes) is still ‘primarily focused on surveying symptoms with less focus on women’s lived experiences’.

Sorella (2024, p7) suggests that much research has already been undertaken on adult education and learners, and the challenges and obstacles that have to be navigated when returning to higher education, however she stresses that the impact of these obstacles and challenges are rarely discussed or explored so far as they specifically apply to mature women students. She goes even further by asserting that ‘mature female students form an overlooked population that is shunned and considered as old and invisible against an environment filled with younger adults’ (2024, p36.). Thebe (2020) supports this view by highlighting that historically women have been largely underrepresented in research mainly because ‘it would appear that we are too difficult to study...., because we have periods and complicated hormones’. Hill (2021, p.3) insists that the sheer volume and range of symptoms together with the specific needs of those who are in menopause is not reflected in the research, but subtly adds that it is however beginning to attract some attention.

Quental *et al* (2023, p.1820) suggest that many women consider the menopause as a private matter which they often separate from their professional environments, and further claim that the menopause symptoms they experience do not necessarily fit the image that women wish to portray as they advance their careers’. Undertaking educational study is seen as a career choice for some (Brooks *et al*, 2024), however the cultural understanding of menopause and its implications for higher education learning, together with identifying how to support women without creating unintended obstacles to their progress, is significantly unexplored.

Two recently published articles produced by Bokaian *et al* (2024) and Galletly (2024) who emanate from different academic disciplines – (Bokaian *et al* from the business and management arena, and Galletly within health, specifically nursing), appear to provide the most compelling foundations to this current research. Both agree that although an increasing amount of contemporary research has provided a platform for discussion regarding the impact of menopause at work, (which highlights sustained misunderstanding and discrimination of the subject, and those that encounter it), ‘student experiences within Higher Education continues to be missing from the current discourse’ (Bokaian *et al*, 2024). Bokaian *et al* (2024) offer some mitigation by arguing that the pronounced scarcity of research and literature addressing this connection is due to the fact that menopause usually affects women aged between 45- 55 years, but the average age of business school learners is 26years. This they contend, reflects ‘broader systemic invisibility and marginalisation of menopause experiences in society’ (2024). They do however go on to highlight that data from Chartered ABS (2024) has drawn attention to the potential impact of menopause on the business school community by claiming that 56% of business and management students studying at level 7 (postgraduate level) are aged 40years or more, and that 32% of postgraduate students in the wider business learner community are in the same age cohort – thereby proposing that a proportion of their students will be experiencing menopause and its impact.

Galletly (2024) puts forward the argument that as research confirms that menopause symptoms can have a detrimental effect on a woman's performance within the workplace and can adversely affect a woman's capability to perform day to day activities; higher education study undertaken over a sustained period 'should be included in this caveat' (p.1). She goes further to advocate that as greater understanding is being achieved and is resulting in the development of policies and support systems to assist women's retention in the workplace, 'the same approach should be applied in the university setting for students' (2024, p.2).

Menopause policy for students is seldom considered in policy development within Higher Education institutions as the majority are produced in the context of the workplace to support staff (Galletly, 2024). A search of the National Students Union website does not produce any results in relation to menopause policy for students, and only limited success is found when interrogating UK university websites via a google search, with the majority of policies being directed at staff only. This is supported by Galletly, (2024) who undertook a similar exercise. It could therefore be claimed that there is a national policy deficit in the support that universities provide to students transitioning through the menopause. Galletly (2024, p.2.) argues that this lack of visible understanding and support could negatively impact the student experience and the institutions reputation with regards to equality and retention. However, she suggests that with better policy framework, institutions can become better placed to support students in the same way as employees are supported by employers (2024, p.2).

Galletly's article draws upon numerous research articles to support her call for further discussion and consideration in relation to specific policy for students experiencing menopause (2024, p.3) but is absent of any qualitative data regarding lived menopause experiences amongst students. Crucially she underscores the need for qualitative research to commence the dialogue to better understand how student's ability to study at higher education level may be affected by menopause symptoms and to what extent, together with establishing how and what support they would value. Galletly agrees that there is currently 'no literature available to draw upon' (2024, p.3).

There is a clear scarcity of published research that has elected to use qualitative methods to hear the experiences of menopausal mature women students. In addition, there is a lack of data available on the types of symptoms that present the greater challenges or obstacles to women whilst undertaking academic study. There are however some published articles such as Galletly (2024) and Bokaian *et al* (2024) that begin to 'dip their toe' into the issue, but these are literature based, offer minimal quantitative data, with wider research principally focussed on women academic staff rather than students.

To enable informed understanding of the challenges that menopause may present to mature women students during their academic journey, there is a critical need to hear and understand their personal experiences which offers researchers a powerful tool for gaining further insight (Anto *et al*, 2025). It is argued that returning to academic study presents challenges 'per se' for mature students, however for mature women students who are part of the growing population of postgraduate students over 40years the challenges and obstacles that they face may be significantly impacted by the addition of the biological milestone of menopause which they have to navigate.

It is within this context, with a particular focus on postgraduate mature women students, that this research aims to build upon current knowledge, and to identify, through the lived experiences of a group of students within one Higher Education institution, the challenges that the menopause presents to them. In doing so it aims to inform the direction of future

policy, commence the dialogue, and identify the relevant support and information that will meet the needs of mature women students now and in the future.

METHODS

Phenomenology is a qualitative research approach that seeks to explain the meaning or fundamental nature of something through the way that people experience it (Marek, 2015) first hand. The aim of phenomenological research is to gain deep insight into the lived experiences and feelings of a specific group in relation to the subject or phenomenon being studied, 'through their actions, emotions, thoughts, and senses' (Tavakol & Sanders, 2025, p.1441).

In developing a research strategy for this study, a phenomenological approach was deemed the most appropriate method as the research aimed to focus specifically on the lived experiences of a specific group (i.e. postgraduate mature women students) and how they make sense of a particular issue (i.e. the impact of menopause on their studies).

Phenomenology has two philosophical perspectives – 'descriptive' and 'interpretive' which direct the exploration and understanding of an individuals' experience (Tavakol & Sanders, 2025, p.1442). 'Descriptive' phenomenology focuses on describing someone's lived experience without a researcher's interpretation, whereas 'Interpretive' phenomenology requires the individual to make sense of the experience and the researcher interpreting that understanding. (Tavakol & Sanders, 2025, p1442). A descriptive phenomenological approach was adopted in the study as the researcher wanted to direct focus on the participants literal descriptions of their experiences without the researcher's interpretation, which would provide 'unfiltered representation' of the challenges that menopause presents to them (Gelling, 2011,p.25). Furthermore, as it was an area of qualitative study not previously undertaken, the researcher's aim was to use the findings as a first step to enable future research to be developed. Therefore, the study was approached and undertaken using a 'bracketing technique' where the subject matter was considered with a fresh perspective, 'free from any preconceived notions to understand it more objectively' (Tavakol & Sanders, 2025, p.1443).

Phenomenological research relies on small, judiciously selected participants to provide in-depth, data intense narratives of their experiences. Sample sizes are often comprised of ten or fewer participants (2025, p.1443). Phenomenology does not prescribe an exact number of participants as the sample size should be influenced by the study's goals. Urcia (2021, p.6) states that a sample size can consist of between three to fifteen but adds that 'even few participants are considered adequate'.

Identification of participants for this study was achieved from the researcher's professional network and through volunteers who had heard of the study's existence. Selection was then guided by knowledge of participants age and probability of being at menopause transition, their availability, and their confirmed status as a current or recent mature woman student at postgraduate level. A cohort of four participants was identified and approached - two participants agreed to be interviewed; one participant declined the invitation to be interviewed due to perceived conflict of interest and the other became unavailable.

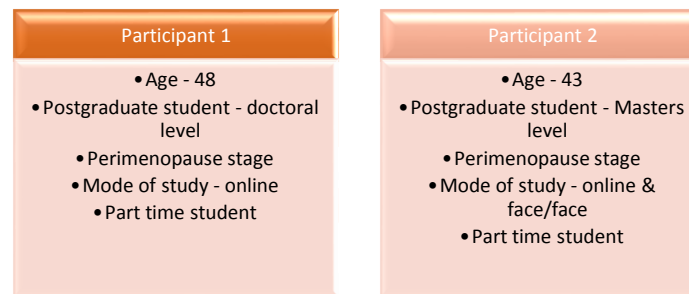


Diagram 4 – Participant characteristics

Ethical approval was provided prior to engagement with participants. Each participant was provided with written information outlining the study, confidentiality of their identification, data protection issues concerning the retention and disposal of the information they were to provide, and details of support should they require. Consent to participate in the study and the use of their personal experiences in the study was also addressed. This information was then repeated at the commencement of their respective interviews and recorded.

Prior to their interviews, participants were emailed a one-page document which set out a table of menopause symptoms which had been created from reviewing 'The Menopause - specific Quality of Life (MENQOL) checklist' and the 'Menopause Charity Symptoms checklist' (2021) and then adapted to meet the study's requirements. Participants were asked to consider the symptoms listed and to indicate which ones they had experienced. Having done so, participants were then asked to identify the extent to which they felt that the symptom had '*bothered*' or '*had an impact*' on them specifically whilst they had undertaken their studies. Upon completion of the questionnaire participants were requested to return a copy to the researcher and to retain a copy to be used during their subsequent interview as an aide memoire. Both participants returned a completed questionnaire.

Interviews, which are considered the predominant data collection method for phenomenological research (Masoodi, 2017, Gelling, 2011,) were arranged shortly after the return of the questionnaires. They were held over Microsoft Teams and were recorded upon agreement of each participant and retained until transcription had been completed and then deleted. Participants were also offered access to PowerPoint slides which contained all the interview questions to act as an aide memoir should they require.

A semi- structured interview was the preferred method utilised in the study as it is a flexible and adaptable technique that allows the interviewer to elicit in-depth information from participants on pre-agreed issues, allowing participants to respond freely to questions, whilst also maintaining focus on the overall direction of the study and its objectives (Ruslin et al, 2022, p.28-29). Within the study, interview questions were compiled in advance so as to direct the focus onto data required, but flexibility was afforded to the interviewer to introduce further questions to seek clarification or to probe deeper into a response.

DATA ANALYSIS

Analysis of the interview data was performed primarily using a thematic analysis method (Clarke & Braun, 2016), with a phenomenological influence. Clarke & Braun's six-phased framework, provided structure, with some flexibility, for identifying, analysing, and interpreting patterns within the data set, whereas phenomenological analysis assisted in understanding how individuals make sense of experiences. For both, the focus of the

analysis was to provide meaning, context, and interpretation (Ahmed *et al*, 2025).



Diagram 4 – Thematic analysis process – source: adapted from Ahmed *et al*, 2025.

Familiarisation with the data involved revisiting the recordings, preparing transcripts to initially cleanse the data (remove any perceived bias, filler words, information regarding identity, or other sensitive information) and then to identify initial key words and any significant statements made by the participants. Basic coding techniques were then employed to identify key concepts, these were then further refined into broader categories as the participants experiences were grouped together. Three overarching themes emerged, which were validated through previous research findings (Ishak *et al*, 2021 Anto *et al*, 2025).

The themes were: 1. *Biopsychosocial changes*; 2. *Impact on academic experience*; and 3. *Strategies for managing symptoms*.

Biopsychosocial changes is a term that was developed by George Engel in 1977 which recognises that biological, psychological, and social factors (body, mind, and environment) all interact and influence each other. Sub-categories of this theme consisted of physical symptoms, psychological/cognitive symptoms, emotions, identity, menopause stigma and taboo.

Impact on academic experience; this theme encompasses categories aligned to barriers to learning and academic performance, balancing numerous roles, lack of institutional support and awareness, and fear of judgement from peers or educational staff.

Strategies for managing symptoms was considered from both personal and professional (as a student) perspectives. In relation to personal, this included personal adaptations; the quest for, or inherited awareness and knowledge of menopause; and obtaining proactive professional help. With regards to professional, this included participants recommendations for formal adjustments, and availability or access to informal support.

RESEARCH FINDINGS

1. *Biopsychosocial changes*

The lived experiences of the participants in this study corroborate the changes and symptoms that women generally encounter during menopause, with participants having experienced both physical and psychological/cognitive symptoms in their current perimenopausal stage, albeit at different levels of gravity and number of symptoms. The most prominent symptoms experienced were psychological/cognitive – ‘brain fog’, memory issues, feeling overwhelmed and anxiety. Data extracted from the completed questionnaires showed that participant 1 had experienced all symptoms listed, whereas participant 2 indicated less.

The number of different symptoms and the gravity experienced between the participants can however be explained by the different stage of perimenopause that they are currently situated, as it is known that symptoms usually worsen as a woman progresses through the perimenopause stage (My Menopause Centre’, 2026; Cleveland Clinic, 2024). The results

also enforce how the menopause is unique to each individual woman. What the study also highlights from the participants narratives is that despite some improved information in the public domain around menopause, it is still difficult for women to discuss the subject and make sense of their symptoms (Gillespie, 2025):

'I didn't realise at the time what it was. At times I felt I was losing my mind because, I felt originally before I realised what it was, I thought I was depressed. I thought there was something wrong, (that) I had depression, but I couldn't understand why.....ultimately, when I started having night sweats, that's when there was this light bulb because I realised, well that's not depression, that's this (perimenopause)' (Participant 2)

'This year has been a bit of an awakening for me, there's obviously lots of talk at the moment about menopause, which I think is absolutely critical considering half the population experience this and so my awareness has been heightened in terms of what it means..... So, this year it feels like things kind of started coming to a head. I noticed unexplainable weight gain, I noticed that my mood would just drop, and because I'm very consistent in terms of the way I am, I was like there's no explanation for that' (Participant 1).

Both participants shared that they didn't recognise their symptoms or connect them to perimenopause initially but to other life factors. This misattribution of symptoms is not uncommon with some claiming that perimenopause 'wasn't even on the NHS website five years ago' and that historically women were taught to 'just push through' (Ali, 2025), its argued that when women do start to make the connection they may have already been dealing with symptoms for years and have accepted the discomfort (Ali, 2025).

2. Impact on Academic experience

Establishing the impact on academic experience was one of the objectives of this study and was deemed an integral stepping-stone to addressing the current knowledge gap. The data was able to identify which symptoms the participants found 'bothersome' and to what degree through the use of a questionnaire which was later explored in the interviews. Participant 1 indicated that the majority of symptoms impacted 'quite a bit' or were 'extreme', whereas participant 2 reported no impact from the majority of symptoms, with 'a little' from others, but noted one symptom as 'extreme'. Participant 1 therefore indicated a higher level of impact overall. Two categories stood out - firstly, 'tired and a lack of energy' with both indicating the impact as 'quite a bit', and secondly, the impact on 'Memory and brain fog' was considered as 'extreme' by both.

'The brain fog absolutely because I was finding it too difficult to connect the dots with things during my masters..... My brain just really struggled to make sense of things and its one of the things I've always prided myself on is taking complex things and making them really simple (Participant 1)

'Nothing was very clear, and then that's coupled with brain fog, it was just like swimming in mud really' (Participant 2)

The academic process was discussed in stages with each participants to elicit any information to support menopause impact i.e., attendance at lectures, undertaking research, class/peer engagement, compiling documents, submission, and feedback.

Both participants studied part-time, with a mixture of face to face and online lectures. Participant 2 noted no impact on attendance within lectures, whereas Participant 1 highlighted further cognitive impact:

'I find it a lot harder to remain engaged.....that's definitely a menopausal thing, because before I could listen to somebody for an hour and now it just feels like it's too much' (Participant 2)

With regards to the activity of undertaking academic research, participant 1 noted that the impact would be influenced by the complexity of resources used, including academic language and her ability to make sense of the more complex ones; whereas participant 2 expressed 'frustration' resulting from duplicity of work created by forgetfulness which she linked to menopause symptoms. Cognitive impact was therefore the more prominent issue for both.

Engagement in activities in relation to group work, peers etc was then explored. Participant 1 referred to imposter syndrome being heightened in such an environment, and commented how she felt her contribution wouldn't be good enough. Participant 2 disclosed that there was no group work within her lessons but did refer to the impact of being within a younger class cohort:

'Do I even want to contribute anything here, because I don't think mine is up to scratch or I don't think mine's going to be that good...' (Participant 1)

'Quite a lot of my class were a lot younger than me and full-time students, non-professionals, so I don't think they could relate anyway, but luckily I didn't have that experience.' (Participant 2)

Both responses pointed towards an underlying self-confidence issue due to menopause. It is recognised that women experience a decline in confidence and self-esteem during menopause transition due to hormonal shifts that can affect mood, emotional resilience, and cognition (Pause Live, 2026). Some of the common signs display as negative self-talk and imposter syndrome which some suggest are fuelled by 'menopausal changes and internalised ageist ideals' (Pause Live, 2026).

The next stage of the academic process discussed was the compilation of written documents (assignments, dissertations etc). Both participants found that the impact here was challenging. Participant 2 spoke of the need to be organised and how she had adopted a strategy to meet deadlines. Participant 1 described the impact as:

'...it takes more effort to think about what it is that I want to say in a structured way, ... so there's definitely an impact in trying to synthesise and play back in written form because of the confusion, because of the lack of concentration, because of the loss of words, it can feel quite overwhelming to not try and get that out on paper.' (Participant 1)

It is argued that the menopause can generate a considerable need for amplified organisation for some women as hormonal shifts can make established routines feel overwhelming, requiring more mindful and deliberate strategies for organisation. In doing so it can create a sense of control for the individual when the menopause can so easily control the individual.

The final stages of the process – submission and receiving feedback – raised no issues. Participant 1 highlighted that she had noticed that recently more detailed feedback was easier to comprehend rather than minimal feedback which only served to feed anxieties over ability.

Both participants were asked if prior to commencing their studies they had ever considered how menopause may affect their academic engagement. Neither had contemplated this adding:

'Not at all, it had not been a consideration at all. I had no clue that it would impact my studies'
(Participant 1)

'No not at all, I didn't think that going in to do a masters at that period, it didn't even occur to me that I was going to go through this period of my life and that it could impact me. It didn't occur to me at all' (Participant 2).

Menopause and the effect of its symptoms on an individual cannot be predicted therefore the participants responses come as no surprise. UCLA Health (2008) findings suggest that during early and late perimenopause women do not learn as well as they do during the other menopausal phases. The research however points out that 'the effect of perimenopause on learning seems to be temporary; and that the amount of learning to pre, and post-menopausal levels do return during the postmenopausal stage'.

The issue of support from their Higher Education institution was explored. Neither participant had required or considered support from the university, and neither was aware of what support was available to mature women students. A brief search of the University's website did not reveal the existence of a menopause policy for students.

3. *Strategies for managing symptoms.*

Both participants had proactively sought medical support for their symptoms and had positive experiences. There was also reference to familial, friend and colleague support which had proved beneficial.

'I had a fantastic female GP, who listened to me, gave time to listen to me and said, you know, you've really been suffering for too long, we could have helped you earlier' (participant 2).

On an individual basis participants had developed their own strategies for minimising impact of menopause on their studies such as being organised, setting deadlines, removing obstacles to concentration, and drawing upon other professional skills that they possess. This evidenced considered self-care on their behalf and an ability to make adaptations to help navigate the impact that symptoms were having.

The participants were asked to reflect on their lived experience and knowledge of their symptoms and the impact that the menopause had had on their academic journey with a view to suggesting what the University could do to assist women when their symptoms were bad or were having an adverse effect on their studies.

Participant 1 felt that variable submission dates may assist with symptoms of fatigue, concentration, and feelings of being overwhelmed.

Participant 2 also highlighted submission dates that could be adjusted, similar to what is currently available for those students with mental health issues, and also the need to have a particular process for menopausal women to access support to help them navigate this period of time.

In concluding their respective interviews, both students voluntarily offered their support for the research that they were now part of, and for the perceived value it would offer within the Higher Education environment:

'I think an important aspect of this is that we are all going to experience menopause in our own way and there will be some commonalities, so that feeling of being seen and heard I think has been amazing, so thank you for creating that space where I have felt I could share my experiences and I think this is really courageous work and really , really important for women like us' (Participant 1).

'I do think it's definitely a necessary piece of research. I think people are, women are now more open about having discussions. I think gone are the days where it was not talked about, it wasn't recognised, and it was almost seen as an embarrassment.... putting something in place to allow them

to continue doing their job and studying effectively whilst trying to navigate what is just this horrendous, it is a horrendous period of time because, one day you're fine the next you're not. So, I think it is necessary and I do hope in the future, one day when my daughter is my age there's, less stigma and something they support and manage' (Participant 2).

Implications for Higher Education Institutions

- There is a critical need for all Higher Education institutions to have a student menopause Policy that addresses the specific needs of this student group to ensure fairness and inclusivity.
- Institutions should have clear and accessible support pathways for menopausal students administered by staff who have menopause knowledge.
- Institute staff should receive menopause awareness training so as to provide relevant pastoral care and to identify menopause impact on academic performance.
- Institutes and student unions should have a nominated student menopause champion, that has knowledge and experience of menopause, to advocate the needs of the student group and ensure that 'menopause' is considered at a strategic level.

CONCLUSION

The aim of this study was to explore the challenges that menopause presented to mature women students whilst undertaking post graduate studies. A phenomenological approach was undertaken where lived experiences from a small sample of participants were considered and analysed thematically. Three main themes emerged - biopsychological changes, impact on academic experience, strategies for managing symptoms.

The study's findings firstly corroborate the physical, psychological, and cognitive changes and symptoms that women commonly experience during the menopause transition and has been able to highlight those symptoms that have the greatest impact on academic performance –namely 'brain fog', 'fatigue', and 'concentration'. Secondly, it evidence's that each woman's experience of menopause is different, unique and tailored to the individual. However, it highlights that mature women students transitioning through the menopause have the additional challenge of navigating the impact of their symptoms on their academic journey. Finally, the study suggests that the impact of symptoms on academic performance is experienced differently in relation to gravity and frequency, however the gravity of the impact appears to be influenced by the woman's menopause stage, and the length of time she experiences that stage.

Higher Education institutes have a critical role to play in supporting mature women students. Promoting an inclusive culture of equality and fairness, developing, and implementing specific menopause policies and offering both environmental and procedural adjustments will significantly assist women during this natural transitional phase, but will importantly evidence investment in student health and well-being.

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