

MENOPAUSE GOALS



University
of Glasgow

A mixed-methods evaluation

Elanor E. Cormack, Mark Breslin,
and Christopher J. Hand
School of Education, University of Glasgow



**Believe in
the power
of football**

CONTENTS

List of Abbreviations	4
Executive Summary	5
Background	
Research Questions and Aims	6
Results – Quantitative Data	
Wheel of Life Data	7-9
Symptom Tracker	10-11
Qualtrics Surveys – Quality of Life and the Menopause	12
Sleep	12
Energy Levels	13
Memory	14
Feelings	15
Sex	16
Home Life	17
Work	18
Social Life	19
Results – Qualitative Data	
Semi-Structured Interviews	20
Menopause knowledge pre-Menopause Goals	21
Medical Experiences	22-23
Menopause Goals Likes	24-25
Menopause Goals Impact	26-28
Reflections & Recommendations	29-30
Qualtrics – Open-Field Comments	
What’s Working Well	31
Even Better If	31
Next Steps	31
Discussion	
Summary of Key Findings	32
Recommendations	32
Acknowledgements	33
References	33

LIST OF ABBREVIATIONS

BPS	British Psychological Society
MG	Menopause Goals
SFA	Scottish Football Association

EXECUTIVE SUMMARY

In response to the challenge of menopause and the lack of support available to women during this period of their lives, the Scottish Football Association (SFA), St Mirren Charitable Foundation, and Menopause Improvement trainer Maria Anderson collaborated to develop and deliver a pilot programme: Menopause Goals: Celebrating the Second Half. The 12-week programme covered understanding the physical changes, managing relationships, taking control, and treatment options in a group setting. Sessions were held weekly at St Mirren FC's stadium and were attended by 25 women. Evaluation of the programme was carried out by a research team from University of Glasgow and consisted of analysing weekly symptom tracking data, Menopause Quality of Life surveys at three time-points, and semi-structured interviews with five of the participants.

The findings demonstrate positive changes across the course of the programme. These changes range from physical symptom reduction, mental wellbeing improvements, knowledge increases, and ability to create balance in their lives. Participants stated that the programme had a profound impact on their lives and were grateful for the opportunity to attend and share their experiences with other women. Recommendations for the expansion of the programme are provided.

BACKGROUND

The UK is currently struggling with a health crisis in relation to menopause. This crisis is characterised by widespread misinformation and myths, with insufficient education on menopause (Munn et al., 2022). This lack of awareness and apprehension is particularly evident and challenging during the pre- and peri-menopausal stages (Harper et al 2022, Shahzad 2021). Surveys in the UK indicate that individuals undergoing menopause feel neglected by both healthcare providers and workplaces (BMS, 2016).

In response to this challenge, the Scottish Football Association (SFA), St Mirren Charitable Foundation, and Menopause Improvement trainer Maria Anderson collaborated to develop and deliver a pilot programme: Menopause Goals: Celebrating the Second Half. The Menopause Goals Pilot spanned 12 weeks between September and November 2023. Twenty-five adults (ages 41 to 59 years), experiencing symptoms at various menopausal stages, took part. The Menopause Goals leadership team organised weekly in-person sessions, supplemented by online resource sharing. Weekly sessions took place at St Mirren Stadium, Paisley, and typically lasted 90 minutes.

The Menopause Goals team approached Mark Breslin (School of Education, University of Glasgow) to develop an evaluation plan for the pilot scheme. In turn, Christopher Hand and Elanor Cormack (both School of Education, University of Glasgow) were recruited to the evaluation team. Initial meetings took place- both in-person and virtually – between the Menopause Goals and Evaluation teams to develop shared goals for the research evaluation, to discuss logistics around data collection, and to ensure ethical and social sensitivity around the evaluation project. This enabled co-creation of the research evaluation design but persevered the independence of the Evaluation team in terms of data analysis and interpretation.

RESEARCH QUESTIONS AND AIMS

The pilot aimed to enhance participants’ knowledge about menopause and to share and reflect on their personal journeys, helping them understand the impact on their well-being, relationships, and professional lives.

- Is there evidence that participation in the Menopause Goals project associates with participants’ subjective feelings of physical and mental wellbeing?
- Is there evidence that participation in the Menopause Goals project associates with participants ‘menopause literacy’ – that is knowledge and understanding, confidence, and self-esteem and self-efficacy around their own menopause journeys?
- What are the personal and collective challenges and benefits around menopause?
- What are the personal and collective challenges around participation in the Menopause Goals initiative?

The outcomes of the research evaluation will inform as to the success of the Menopause Goals initiative. Subsequently, this will allow for the refinement of the initiative ahead of any future scaling-up and / or broader roll out of the initiative. If successful, the pilot of the Menopause Goals initiative will pave the way towards a sustainable, scalable resource that could be replicated by similar programmes in football clubs throughout Scotland and potentially further afield. Initiatives like the Menopause Goals programme and the associated data from the Evaluation project could contribute to Scottish Government objectives, as menopause is a focal point in the [Women's Health Plan](#).

RESULTS – QUANTITATIVE DATA

Wheel of Life Data

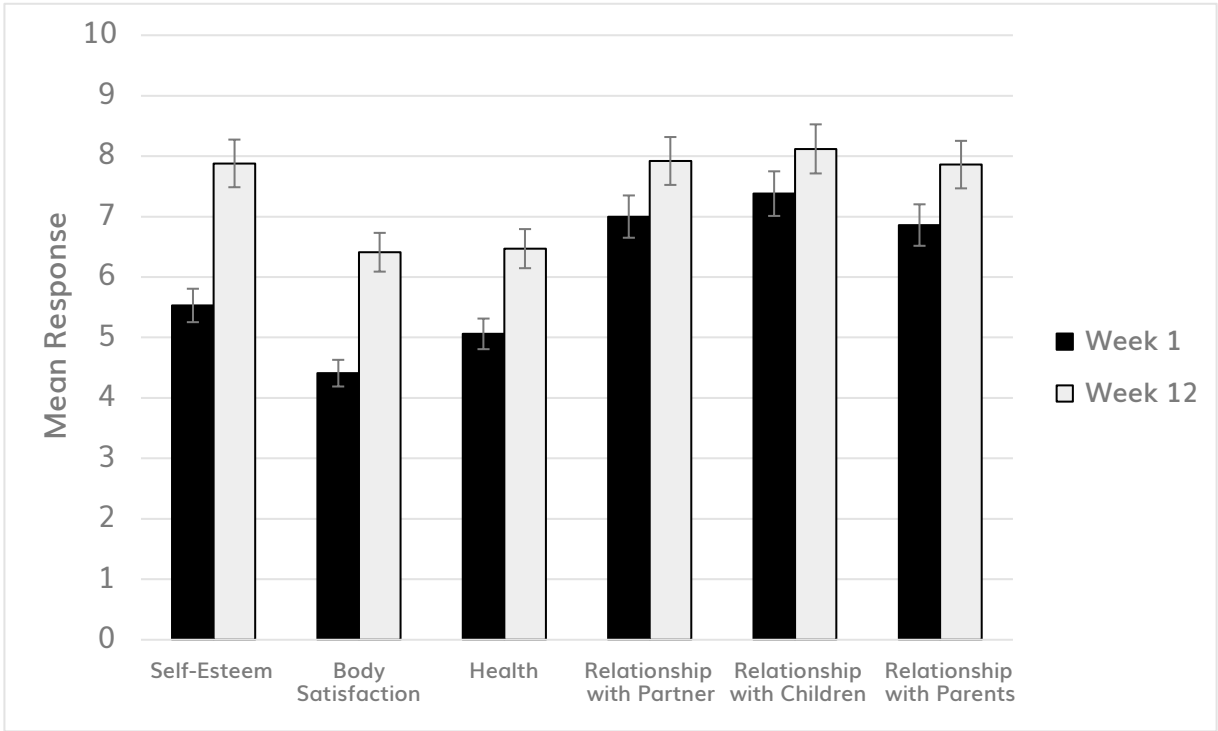
Data is summarised in Table 1 and Figures 1-3.

Table 1. Wheel of Life Data across dimensions

		Week 1		Week 12		
	Dimension	Mean	St Dev	Mean	St Dev	Change
Self-Esteem	Self-Esteem	5.53	2.33	7.88	1.17	42%
	Relationship with Partner	7.00	2.57	7.92	1.38	13%
	Relationship with Children	7.38	1.86	8.12	1.17	10%
	Relationship with Parents	6.86	2.27	7.86	1.21	15%
	Home Life	6.59	2.42	7.88	1.12	20%
	Work Life	4.95	2.68	7.22	1.96	46%
	Body Satisfaction	4.41	1.91	6.41	1.54	45%
	Health	5.06	2.08	6.47	1.55	28%
	Finances	6.24	2.11	7.29	1.49	17%
	Volcanic Veronica	5.27	2.58	5.54	3.60	5%
Frozen Freida	4.93	2.49	5.38	3.62	9%	

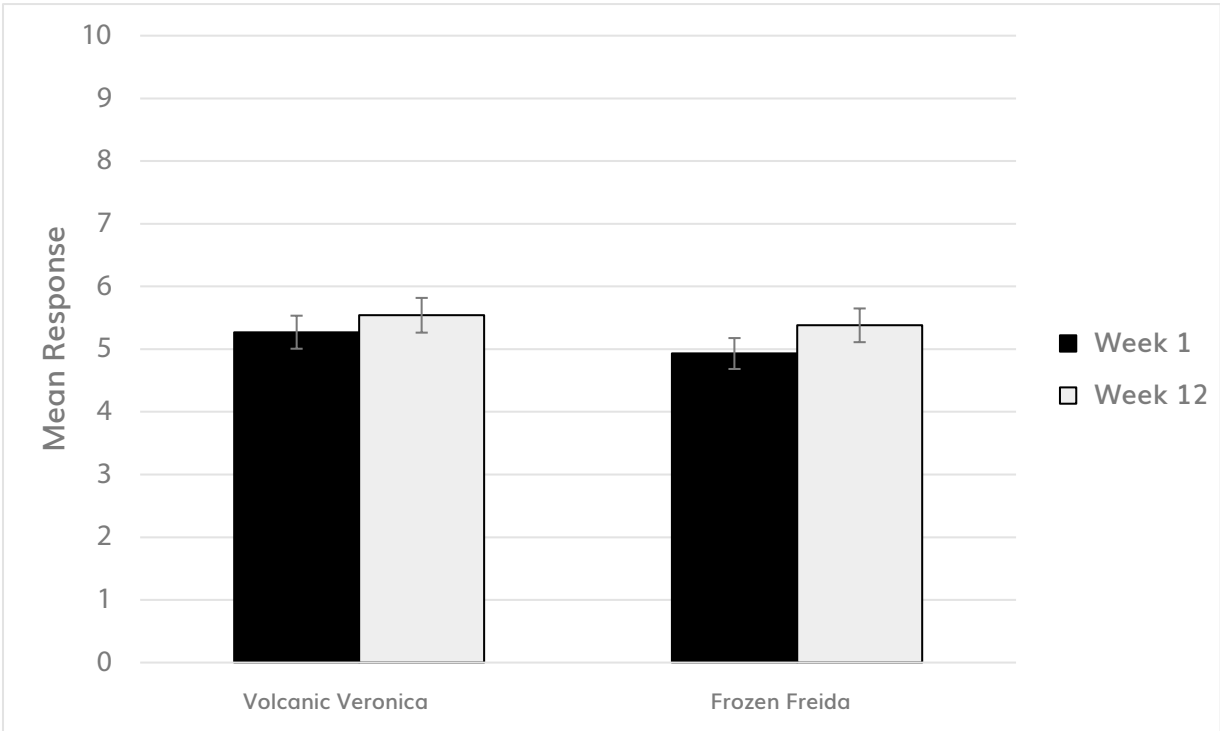
Note. Figures rounded to two decimal places. St Dev = standard deviation (variance around the mean value). Positive percentage change represents ‘improvement’ in symptoms.

Figure 1. Wheel of Life Data (A)



Note. Error bars represent 5% error.

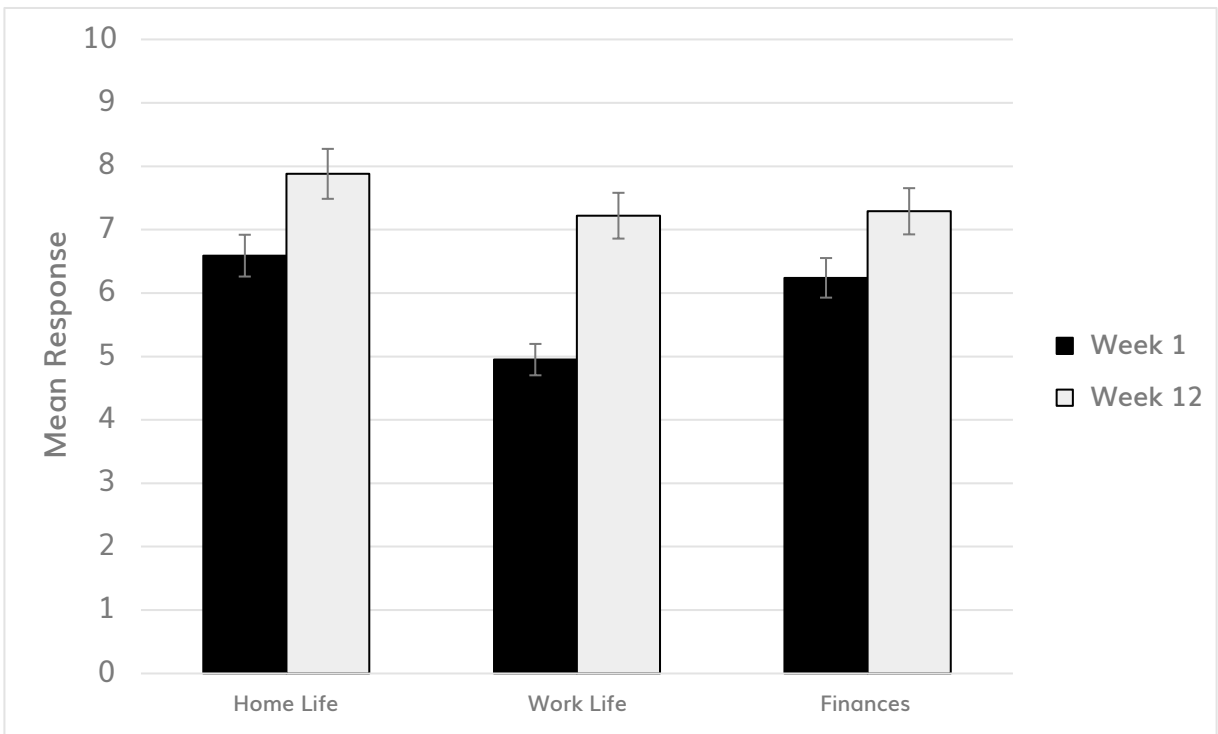
Figure 3. Wheel of Life Data (C)



Note. Error bars represent 5% error.

In general, there is ample evidence of positive outcomes in Wheel of Life data. Positive change, and higher values, represent 'better' outcomes for participants.

Figure 2. Wheel of Life Data (B)



Note. Error bars represent 5% error.

SYMPTOM TRACKER

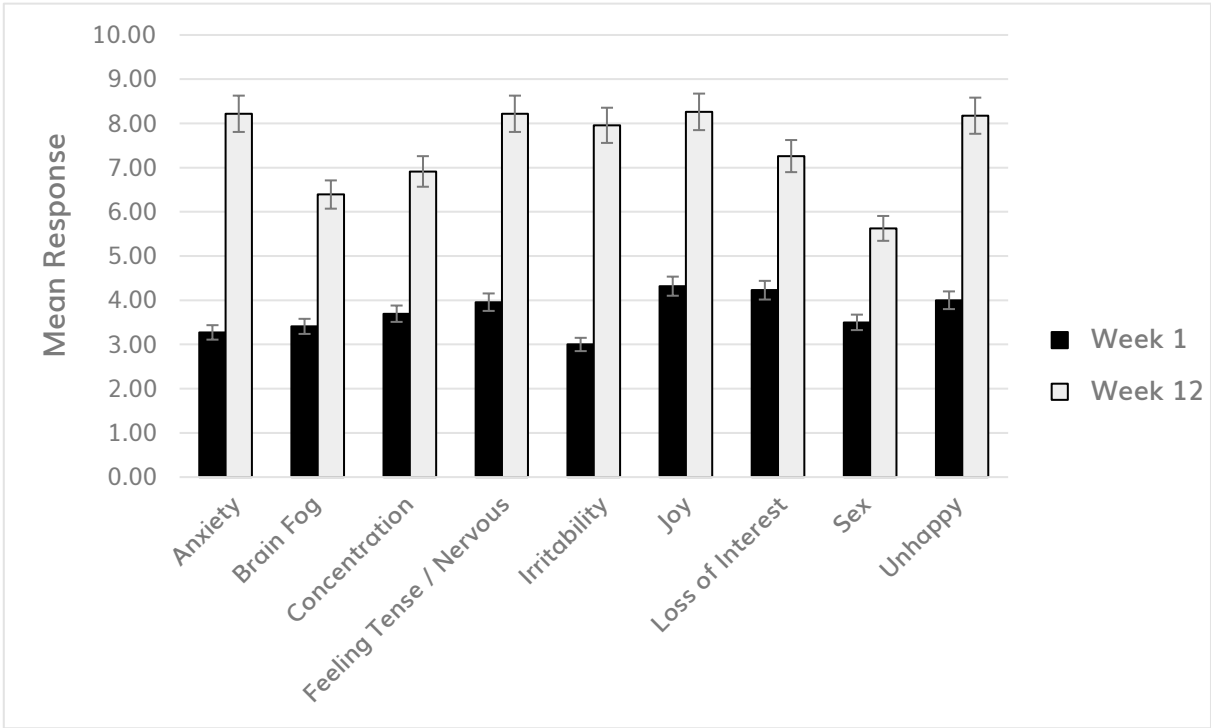
Table 2 summarises the mean responses from participants at Weeks 1 and 12.

2. Symptom Tracker data from Weeks 1 and 12.

Symptom	Week 1		Week 12		Change
	Mean	St Dev	Mean	St Dev	
Anxiety	3.27	2.27	8.22	1.04	151%
Brain fog	3.41	2.77	6.39	1.83	87%
Concentration	3.70	2.05	6.91	1.47	87%
Feeling Tense / Nervous	3.96	2.64	8.22	1.13	108%
Irritability	3.00	1.57	7.96	1.19	165%
Joy	4.32	2.50	8.26	1.39	91%
Loss of interest	4.23	2.88	7.26	1.68	72%
Sex	3.50	2.10	5.63	3.32	61%
Unhappy	4.00	2.47	8.17	1.30	104%
Bloating	3.13	2.55	5.83	2.95	86%
Crying	4.18	2.87	7.96	1.74	90%
Faintness	5.67	3.53	9.00	1.54	59%
Headaches	3.45	2.82	7.52	2.14	118%
Hot flushes	4.23	2.71	7.30	2.22	73%
Itchy legs	5.39	3.79	7.23	2.72	34%
Joint pain	3.39	2.48	4.78	2.28	41%
Night sweats	3.57	2.77	6.87	2.63	92%
Numbness	3.76	2.81	8.04	2.20	114%
Sleeping	3.70	2.60	6.61	1.97	79%
Tiredness	3.22	2.04	6.17	2.31	92%
Weight gain	3.04	2.84	4.83	3.01	59%

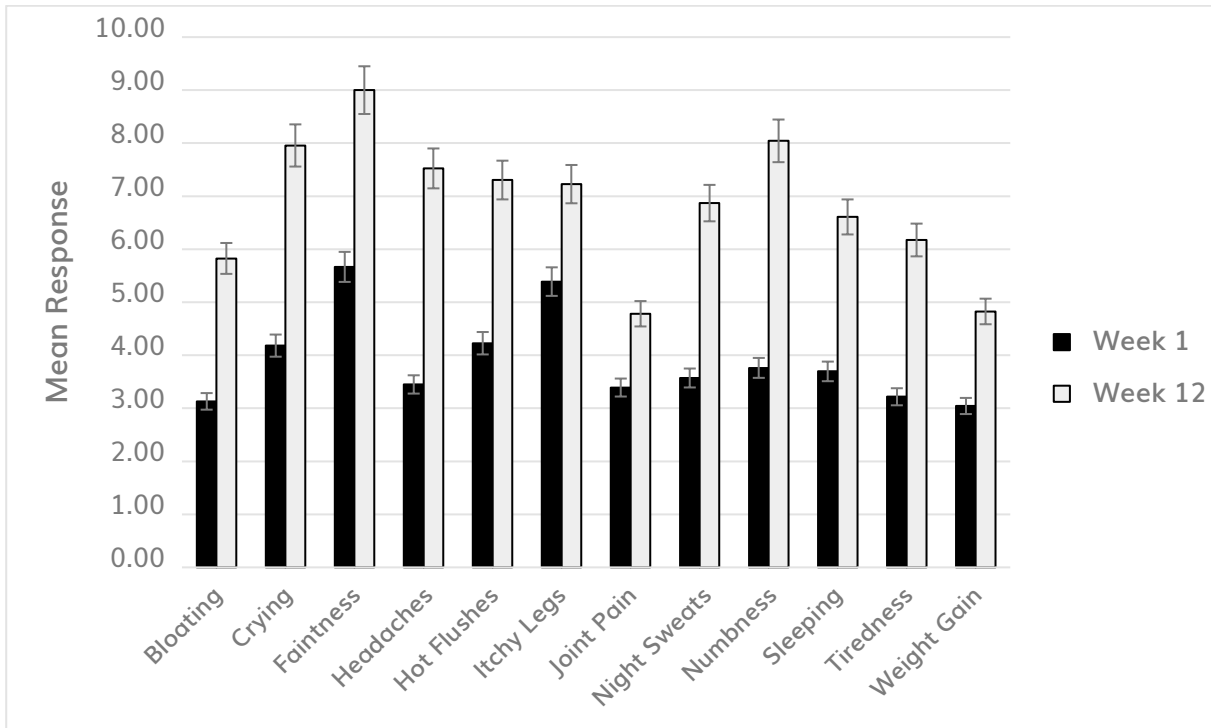
Note. Figures rounded to two decimal places. St Dev = standard deviation (variance around the mean value). Positive percentage change represents 'improvement' in symptoms.

Figure 4. Symptom Tracker –Weeks 1 and 12 (Psychosocial)



Note. Error bars represent 5% error.

Figure 5. Symptom Tracker – Weeks 1 and 12 (Psychophysiological)



Note. Error bars represent 5% error.

As is displayed in Table 2 and Figures 4 and 5, it is abundantly clear that descriptive statistics show substantially higher scores at the end of the Menopause Goals initiative. Higher scores, and positive changes, represent more-positive outcomes in terms of participants' symptoms.

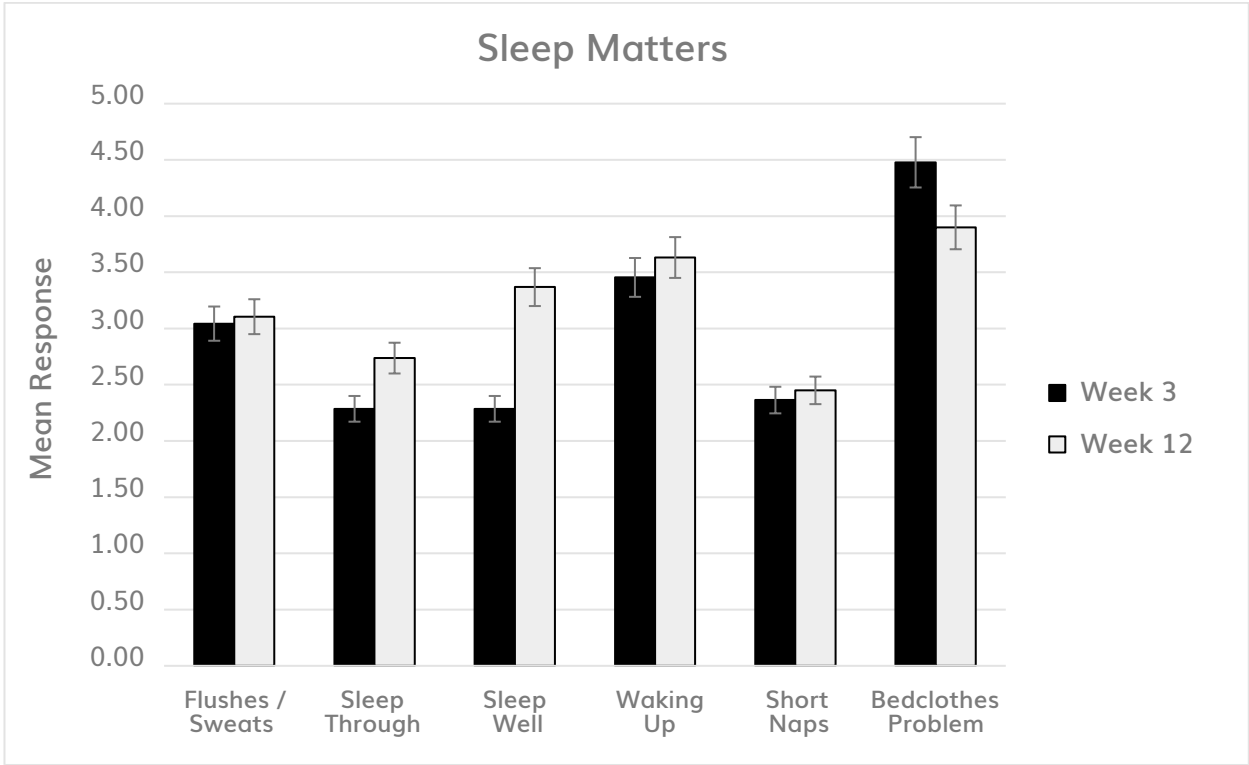
QUALTRICS SURVEYS – QUALITY OF LIFE AND THE MENOPAUSE

Twenty-three respondents completed the survey at timepoint 1 (during Week 3 of the MG programme) and twenty respondents at timepoint 2 (during Week 12). Response data is broken down by the major categories of questions: sleep, energy levels, memory, feelings, sex, home life, work life, social life.

SLEEP

Sleep data is summarised in Figure 6.

Figure 6. Average Response Values to Sleep Questions



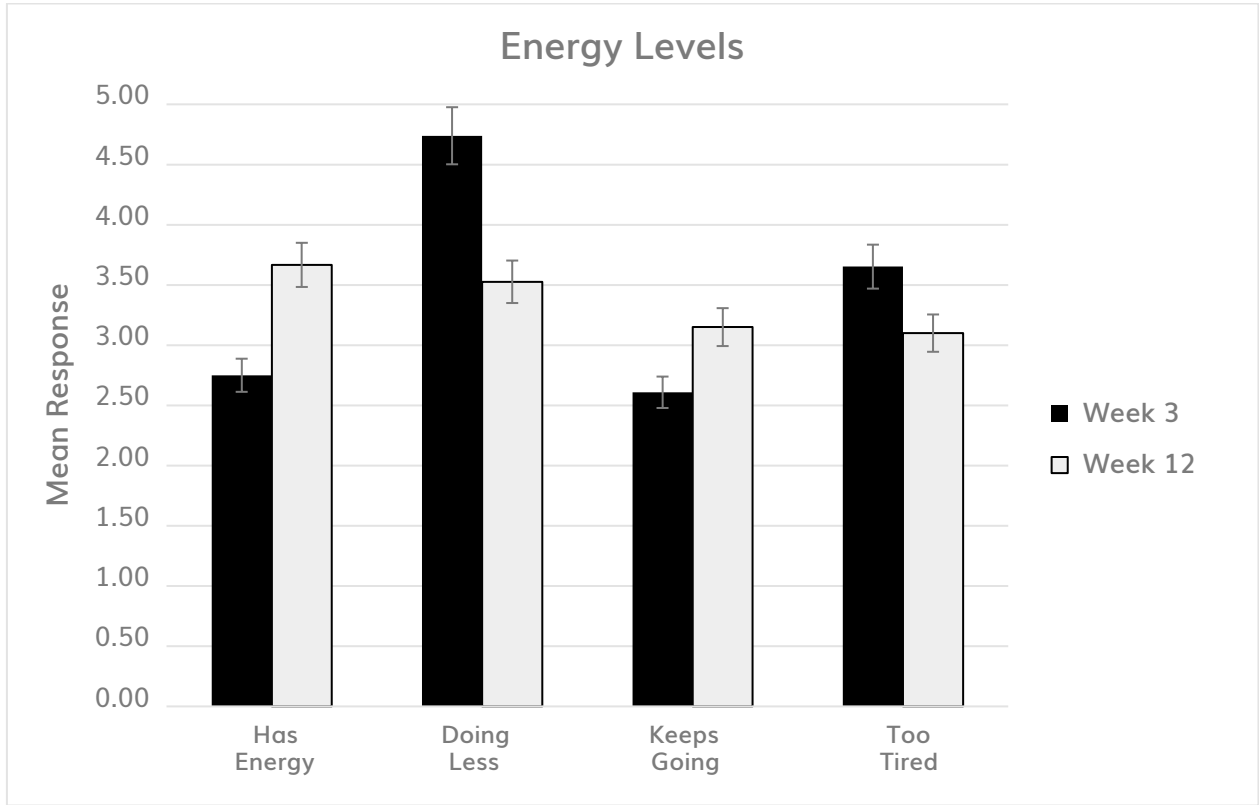
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – morecomplete nightly sleeps, greater evidence of sleeping well, and fewer problems with bedclothes (e.g., getting too hot, removing covers, then being too cold).

ENERGY LEVELS

Energy Levels data is summarised in Figure 7.

Figure 7. Average Response Values to Energy Level Questions



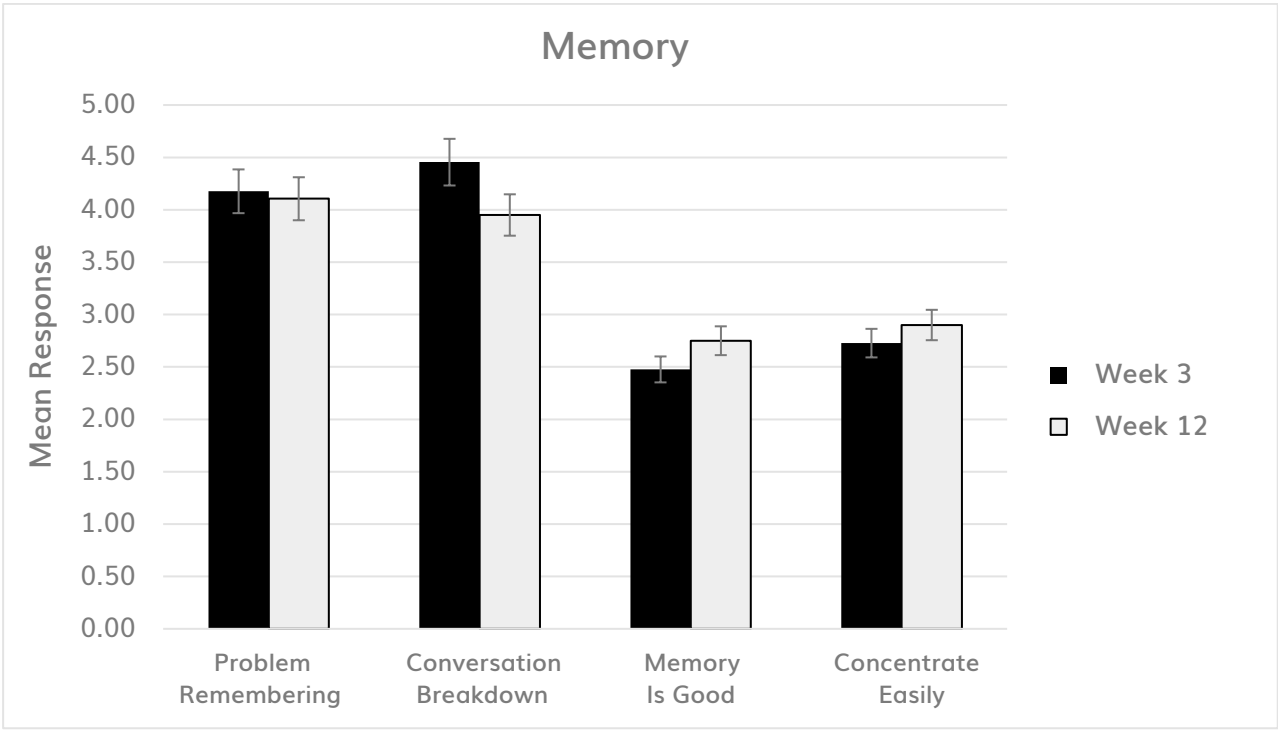
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants had more energy, were doing more (not doing less), could endure / persist, and were less tired for everyday tasks.

MEMORY

Memory data is summarised in Figure 8.

Figure 8. Average Response Values to Memory Questions



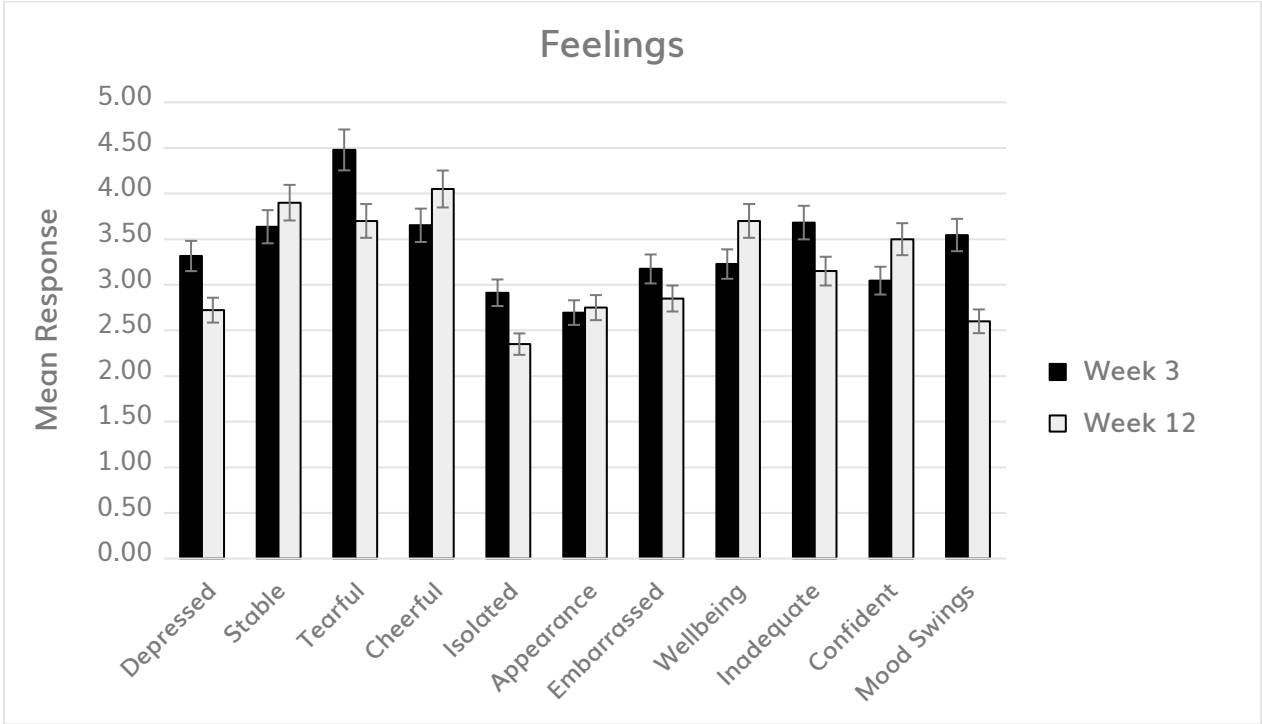
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants could continue conversations more effectively and felt more positive about their memory.

FEELINGS

Feelings data is summarised in Figure 9..

Figure 9. Average Response Values to Feelings Questions



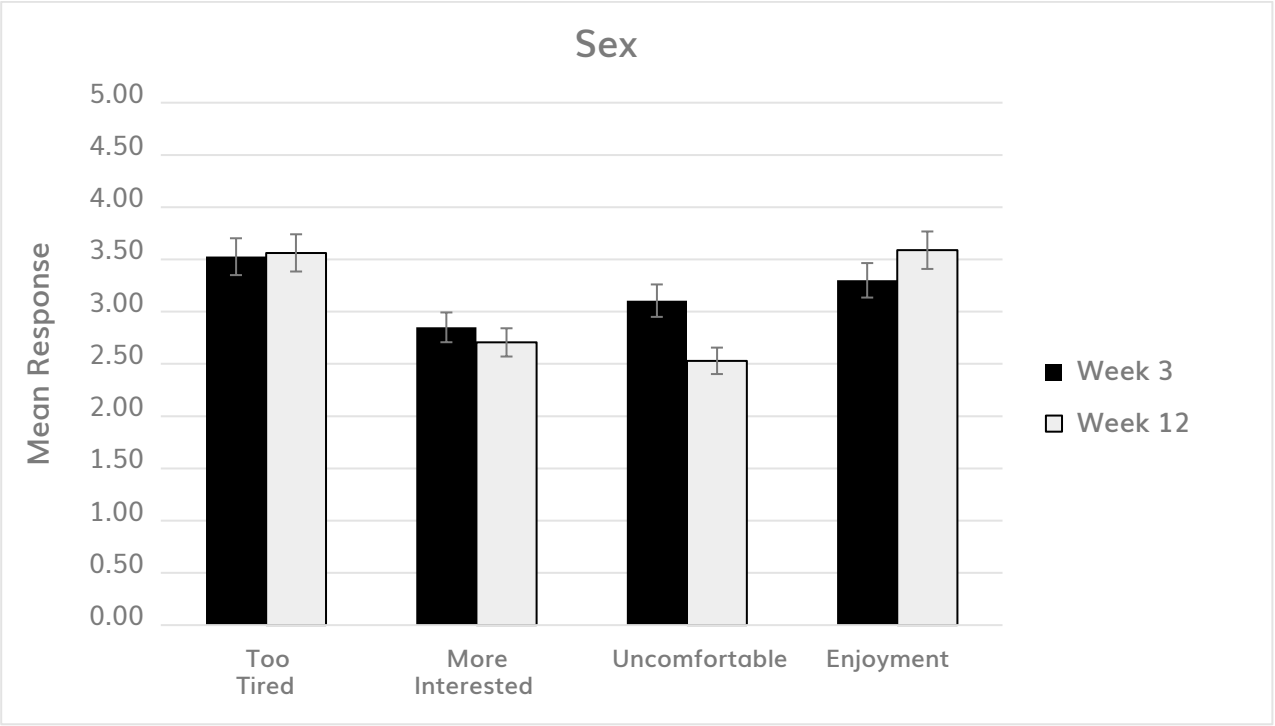
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants had more energy, were doing more (not doing less), could endure / persist, and were less tired for everyday tasks.

SEX

Sex data is somewhat invariant over the timepoints (see Figure 10).

Figure 10. Average Response Values to Sex Questions



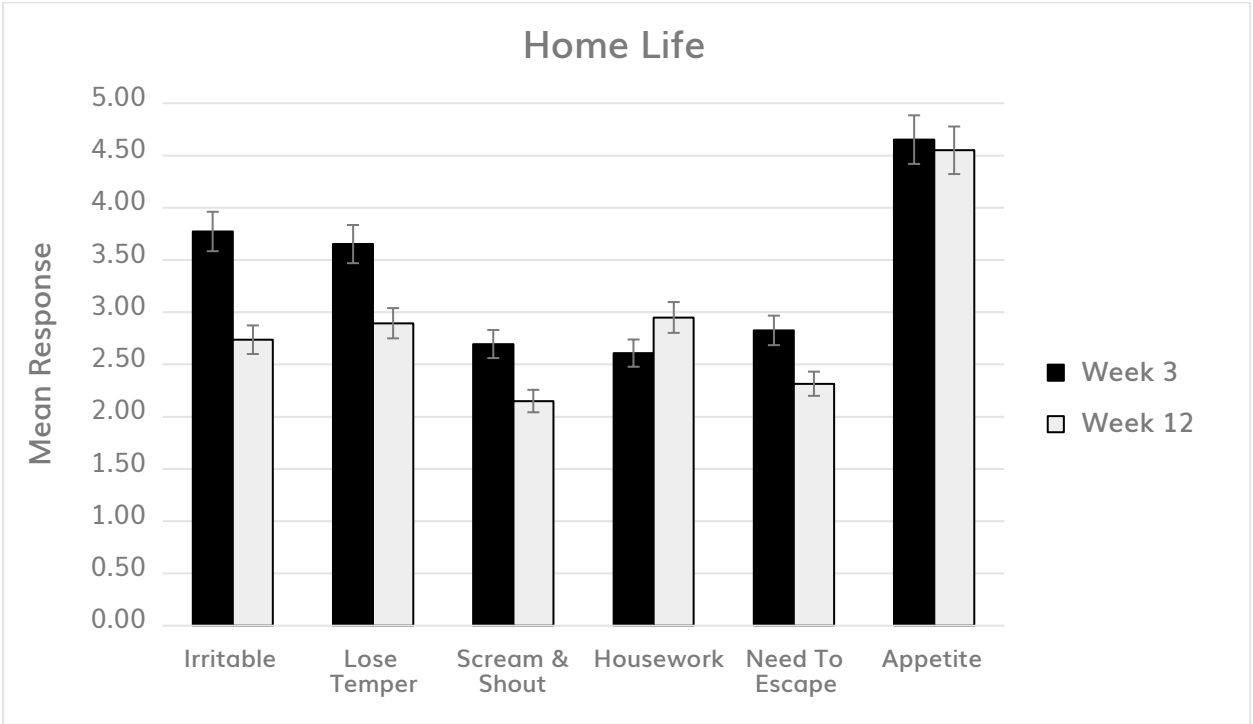
Note. Error bars represent 5% error.

Participants appear to report fewer challenges around physical discomfort during sexual intercourse.

HOME LIFE

Home Life data is summarised in Figure 11.

Figure 11. Average Response Values to Home Life Questions



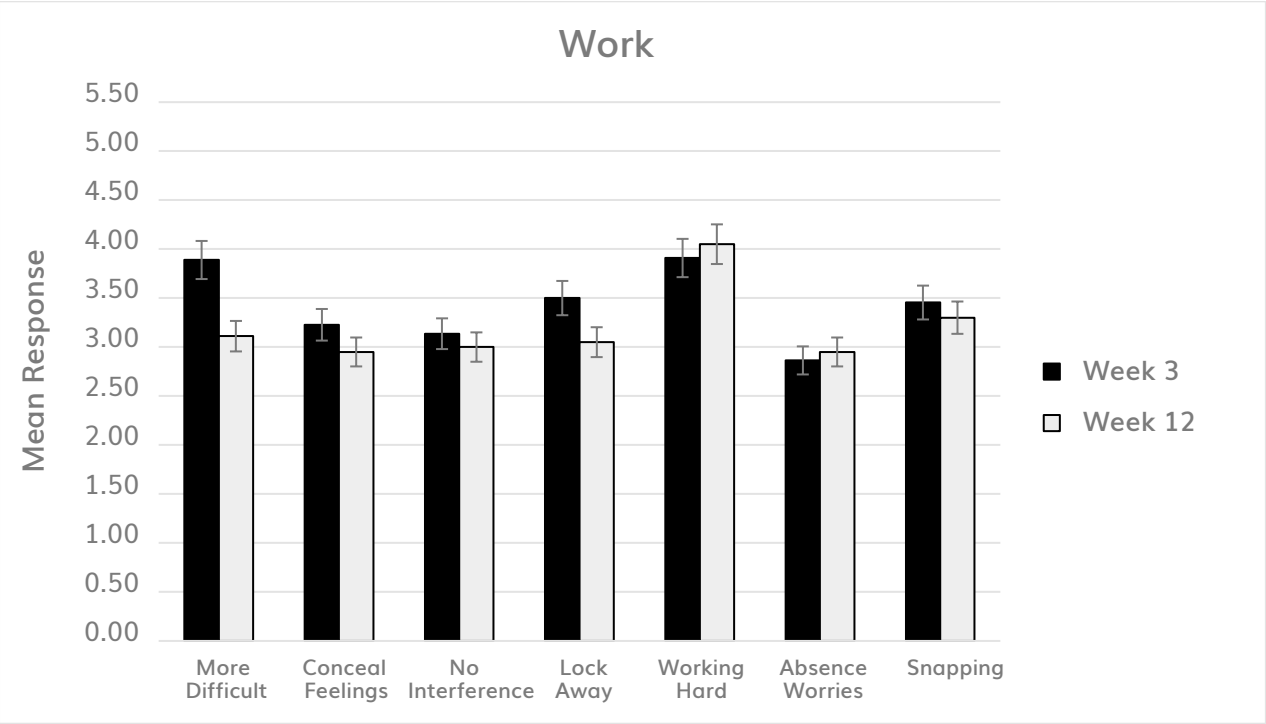
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants are less irritable, calmer, less volatile (i.e., screaming and shouting), find housework / chores easier, and less need to self-extract from public spaces.

WORK

Work data is summarised in Figure 12.

Figure 12. Average Response Values to Work Life Questions



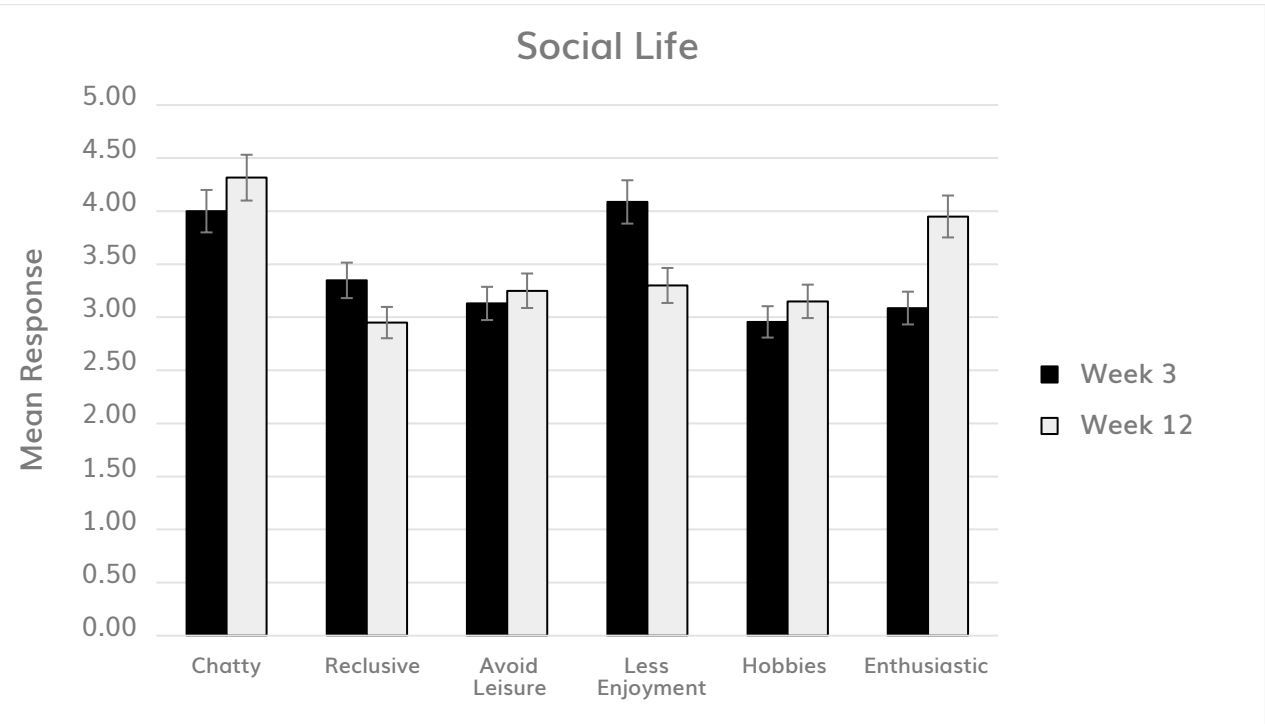
Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants find it easier to do their work (less 'more difficult' responses), and feel less of a need to lock themselves away in the workplace.

SOCIAL LIFE

Social Life data is summarised in Figure 13.

Figure 13. Average Response Values to Social Life Questions



Note. Error bars represent 5% error.

In general, the data represents positive changes from timepoint 1 to timepoint 2 – generally, participants are less reclusive, find more enjoyment from social things (less 'less enjoyment'), and feel enthusiastic about things.

RESULTS – QUALITATIVE DATA

Semi -Structured Interviews

The main themes and sub-themes extracted during the analysis are summarised in Table 3

Table 3. Main themes and sub-themes

Main theme	Sub-theme
Menopause knowledge pre - MG	Lack of information
	Only negative
	Lack of
Medical experiences	Resistance to engaging
	Delayed treatment
	Support
	Lack of GP knowledge
MG'likes'	Delivery style
	Safe space
	Simple information
MG impact	Symptom improvements
	Practical changes
	Knowledge gain
	Mindset change
	Continued sharing
Reflections & recommendations	Frustrations
	Delivery considerations
	Role for previous participants
	Target age
	Enjoyment & gratitude

MENOPAUSE KNOWLEDGE PRE-MENOPAUSE GOALS

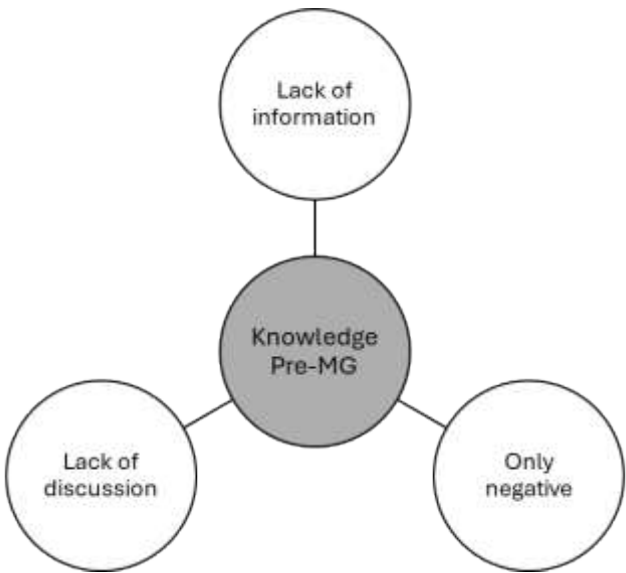


Figure 14: Sub-themes on participant menopause knowledge

All participants shared their reflections on their knowledge of the menopause prior to attending the programme and all had felt like they did have some knowledge prior to the programme, but that the programme challenged that understanding. The participants often learned that they actually knew less than they thought:

- “There was just so many lightbulb moments”
- “murky waters. Not mud... Not crystal clear. Not clear as mud. It’d say it’d be murky.”
- “I thought we had a good understanding of it and by week 3 I realised no, I know nothing, I do not have a clue.”

The lack of previous discussion in families/friends and the lack of available clear information or education were often mentioned by participants:

- “you are not educated on how to read the signs of your body”
- “I never ever sat down and spoke to anybody about it before.”
- “Nobody really spoke about brain fog or joint pains or anything like that”

Where information had been accessed or discussions held, the participants found that the focus was always on the negatives:

- “there was never anything positive to come out of being menopausal”
- “it was like well, your life kind of ending then”.

Overall, participants felt that they had lacked enough knowledge prior to the MG programme to be able to fully understand what was happening to them and how best to deal with it.

MEDICAL EXPERIENCES

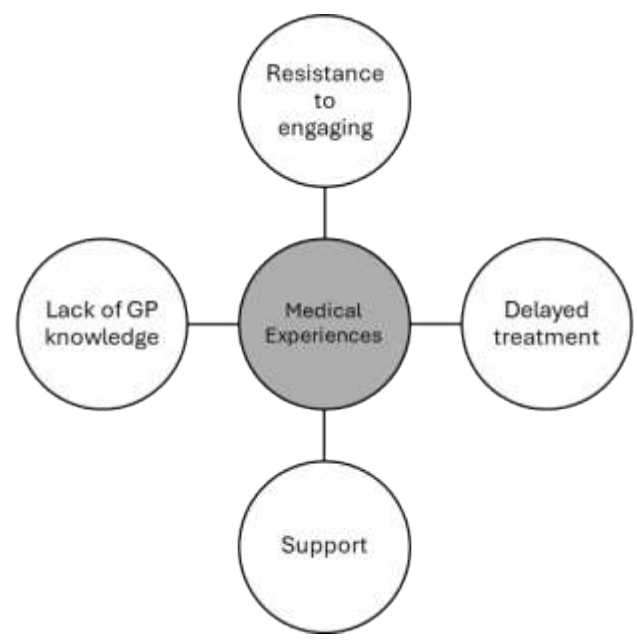


Figure 15: Sub-themes on participant medical experiences relating to menopause

The participants talked about their experiences with medical professionals when looking for support for their menopause symptoms. These experiences were almost entirely negative or unhelpful, although some had accessed helpful support (often after a long process).

Participants had experienced resistance to helping from GPs and local healthcare with attitudes often being focused on the women being an annoyance or avoidance of providing HRT:

- “I had a lot of menopausal symptoms, but the doctors were like, ohh, you’re a bit young for being”.
- “[my GP] getting frustrated because people have watched Davina and...we’re all diagnosing ourselves with menopause”.

Linked to this was the length of time it took to get HRT or other support:

- “It was a very prolonged back and forth and my GP was, saying why don’t you try this and that and eventually I got a locum GP who said why don’t we try HRT?”
- “it did take maybe four or five years to eventually get HRT and see my bloods”.
- “eventually they did say ‘Yes, you are actually in perimenopause’”.
- “3 months down the line before I could get an appointment”

Once participants accessed specialist support they did find that they got good care:

- “I got kinda referred to see like gynaecologists and stuff and got a wee bit of good support”
- “she’s [my gynaecologist] just so lovely and did all my bloods”.

The overall feeling from the participants was that the difficulties accessing help was fuelled by a lack of knowledge in the medical professions:

- “it was like they didn’t really know how to deal with you”
- “they don’t really know themselves yet”.

As a result of the lack of knowledge and unsupportive attitudes, participants felt that women needed to be armed with information when they went to their GPs:

- “I think if you’re not strong enough they just won’t listen”
- “They wanted to kinda give you something or maybe try that or maybe try that, but they don’t really help you in a way if that makes sense, whereas having more knowledge has helped”.

An inconsistency in support and treatment was also noted:

- “it’s interesting how the GP receptionist can just tell you your bloods are normal, but actually when they’re analysed they weren’t normal”
- “it was just depending what GP she got, how much interest they took”

Some participants accessed HRT through their GPs without having any substantial discussion on their options:

- “The doctor, we didn’t actually have much of a chat about HRT and he just phoned me back and said I’ve left you a prescription which I just kind of took”
- “I’ve never actually, I’ve not actually seen a GP in regards to this and it’s about a year”.

MENOPAUSE GOALS LIKES

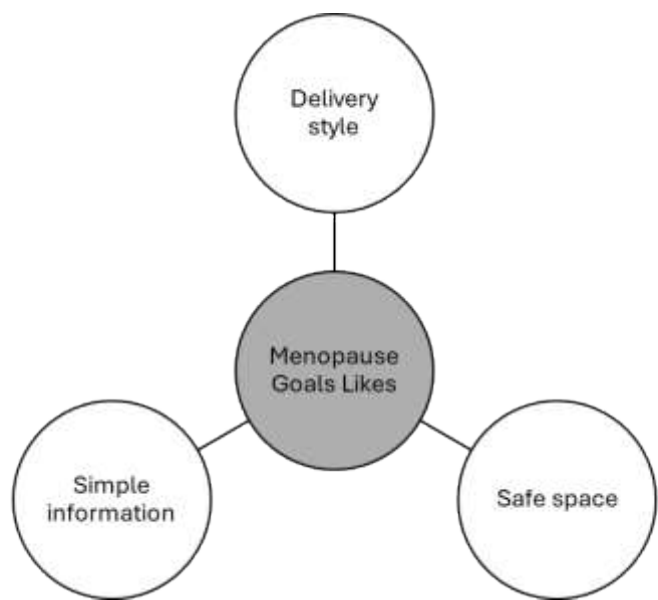


Figure 16: Sub-themes on participants’ Menopause Goals ‘likes’

When focusing on the MG programme itself, participants were able to state a number of aspects that they particularly liked about it. They liked the delivery style and environment created:

- “it was very welcoming and very warm”
- “it was delivered really well, facilitated well with Maria, who’s obviously very knowledgeable”
- “they kinda adapted their programme a bit for us, so that we understood what they were trying to tell us and the reason why they were trying to tell us”

The way information was disseminated was also noted as a positive:

- “there was a different way of giving information and it was really good and nobody was ever made to feel silly for anything that they didn’t know”
- “I didn’t feel like we were preached to”
- “it was kind of simple how they, they made sure that we understood and they weren’t being overcomplicated with fancy language and all that. They, the girls really took care to make sure we understood what their message was. Their message was quite clear every week, whatever we were speaking about.”

Participants also commented regularly on the safe space that was created in the group and on the dynamics of that:

- “everyone genuinely cared about each other”
- “we were able to chat about our experiences and just knowing that we weren’t alone and that we continue not to be alone”
- “It did feel like a very safe space with everybody else there. Like, they didn’t all talk all the time. And there was quite sad bits at times. And I felt like everybody was there to support everybody else. And no matter what happened after week, some people could be crying, we always ended up laughing at some point. So it lifted you.”

There was a consensus from the participants that there was something different about the group dynamic to what they have elsewhere in their lives:

- “yous [sic] communicated was a very different way from how you communicated with other people. It was a very, I would think, a deeper level, much quicker.”
- “You chat with these women in a very different level than what you would with other folk. So I think that is a good thing because you’ve built up a trust with these people. You know exactly that these women are going through something, if not the same as yours, but very, very similar, so they can appreciate, I’m not going to say everyone is going to understand where you’re at in the world, but they can appreciate where you’re at in the world.”
- “...the amount I have learned from these women, the amount that I’ve sat there going, ohh thank goodness. I’m just, I’m just as mental as her, just as daft as well I didn’t know that either. I didn’t know that. Well, thank God you’re here and saying that because I’m 23 sitting thinking it and you’ve actually just said it, you know, feeling so safe that I could tell them anything.”
- “I think it absolutely has to be delivered in a group setting like that because you’ve got your peer support and you can open up, I like that people, that we’re all very different, but we all had that common thing.”

MENOPAUSE GOALS IMPACT

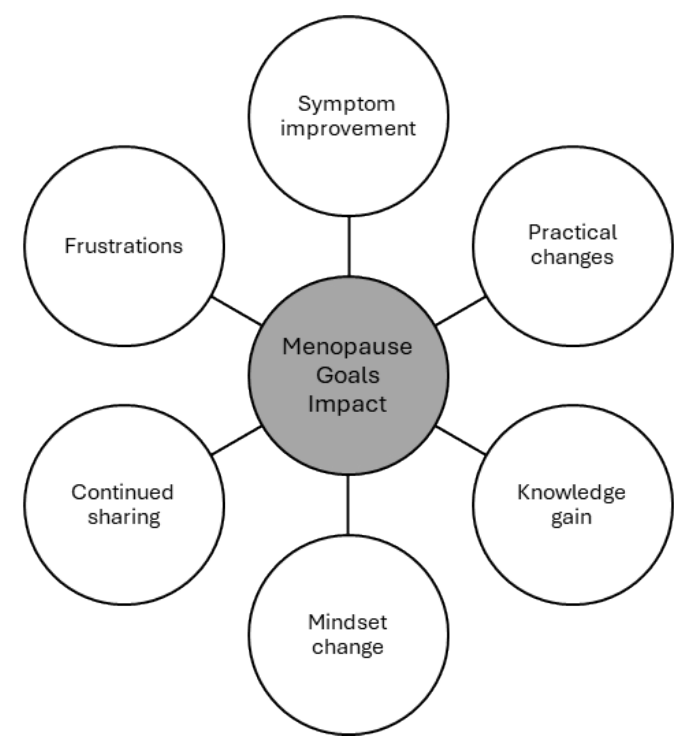


Figure 17: Sub-themes on the impact of Menopause Goals for participants

Participants felt that the MG programme had impacted them in several different ways. Firstly, they had noticed improvements in their symptoms and the way they managed them:

- “I’m getting more sleep and I feel more awake and I’m not having the brain fog so much, which is really good”
- “I feel like it’s given me more energy”
- “it’s better I think for me keeping a track and then I can go back and see that, OK, I wasn’t feeling so good that day, but I know why and then I know how to address it more, which I didn’t before.”
- “When I get back to my track and start tracking, doing my bit of walking, drink my water and how did I wake up this morning, how much sleep, all the rest of it, they don’t feel as bad. They’re still there, but they don’t feel as bad because I feel as if I’m in control”.

For many of the participants this was linked to practical changes they had made, based on learning from the programme and found the small steps suggested helpful: 24

- “it was like, a bit empowering because, like, they were just plain simple things that you could do to try and make your life a bit better”
- “[drinking more water was] hugely an improvement for me with regards to the sleepiness and the brain fog”
- “I love a power pose now and ...it makes such a difference”
- “I cook more from scratch now, which I didn’t, which is a good thing”
- “trying to modify my diet every time I’m out shopping I’m thinking right, I need to get more, more fish in, more of that sort of protein in and then then look at my chocolate intake”.

Taking time for self-care was also a theme in what the participants said:

- “made you prioritise yourself and actually think about how you’re feeling”
- “not beating myself up as much because I felt as if I was being really hard on myself”.

Gaining more knowledge was mentioned by all the participants as a benefit of the programme:

- “really getting as much information as I could to understand all your hormones and not just oestrogen, like all around HRT”
- “that light bulb moment just makes all, all the difference, definitely”
- “...if you’ve got a red day or your energy levels are going down ... then you have the tools to realise why it’s like that. And you know it’s only temporary and like what can you do to change it... Like it makes you feel like you’re in control as opposed to like, I don’t know what’s happening. I’m just like an emotional wreck today and I don’t know why.

Participants also talked about sharing this knowledge with other people outside the programme:

- “my friends would be like, So what was the chat today? What’s the chat this week? So they’d be getting slightly educated on it as well as me.”
- “I can actually go out and help others and talk to others about it and hopefully help them be a bit more confident, if that’s what they need, that I am now, and a bit more manage, be able to manage your symptoms, encourage them to go and speak to their doctor, encourage them to go and ask for the help they need.”
- “I’ve actually encouraged so many women and boys in my work if they’re having a bad day, they do the power pose and it makes such a difference. The serotonin levels just go through the roof. It’s great... It’s not something I’ve just kept for myself.”

MENOPAUSE GOALS IMPACT

- A change in mindset was often mentioned by the participants, in terms of feeling more confident and empowered after the programme:
- “there’s so much more control, which I didn’t know that I needed. And this is gave me the tools to take control back”
 - “it’s just about embracing or trying to embrace and not hide from what I’m going through. Because it’s real. It has to be faced. We can’t just put heads in the sand and give it ‘ach I’m a woman in my certain age’”
 - “So like my whole outlook just now is so much positive and so much better.”
- The final benefit identified by the participants was the opportunity to share experiences and be part of a continuing group to do that.
- “...that you’re not alone. There’s other people out there that will that are there to help you and support you and just know that I’ve got a good, good 25 new friends that are there to support me any day I want, anytime I want.”

- A different type of impact that was voices by several participants was that they now feel frustrated that they were not given this kind of education and access earlier:
- “you couldn’t get past the fact you didn’t know something and then you can’t unknow that you didn’t know that.And you and you feel like you feel like ‘how did I not know that?’”
 - “So it’s actually made me quite infuriated and quite annoyed that we’ve not been told any of this when it’s so simple.”
 - “I think I would definitely be in a far better place and I think a lot of women would be in a far better place and I think a lot of relationships would be in a far better place because women would know what’s actually happening to them instead of not having a clue what’s happening to you.”

REFLECTIONS & RECOMMENDATIONS

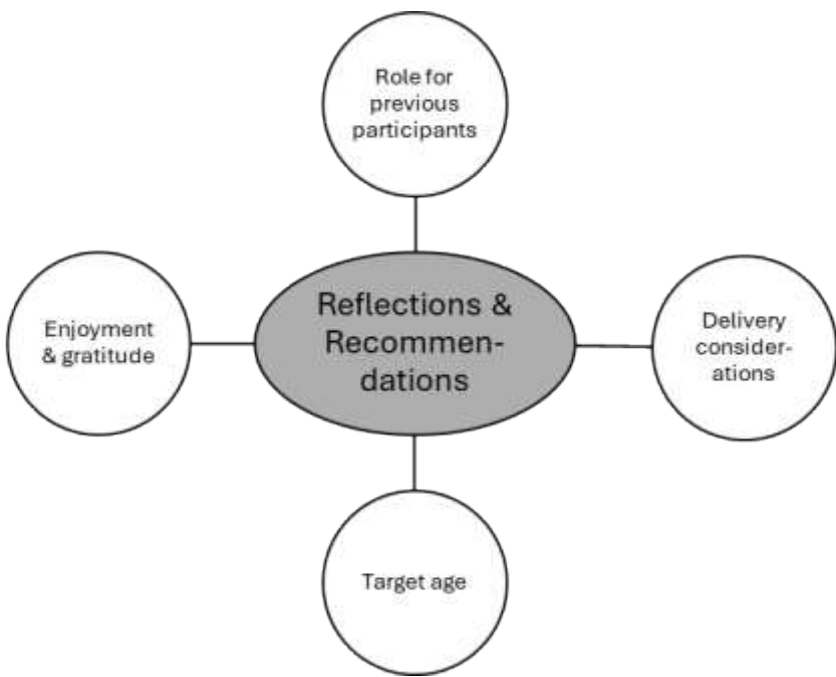


Figure 18: Sub-themes on participant reflections on the Menopause Goals programme

- Participants reflected on their overall experiences in the programme and considered recommendations for MG moving forward. In terms of practical delivery considerations, several participants felt that a longer or more session would be better and considered more sessions:
- “... the discussions went on longer than normal. So I would probably say 2 hours would probably be better for it because there wasn’t any time that we left at 8.”
 - “I mean, they could probably do another 12 week block with us and I’m pretty sure there’s probably like another 12-weeks worth of topics they can cover. But I feel like they covered the main things.”
 - “Although there was a set agenda at the start, I don’t think we stuck to it wholly because of what people needed. So maybe saying like this is agenda we’re going to stick to that if the additional things come up we’ll maybe have another couple of weeks at the end..”
 - “we’re all there in the chat as a support for each other, which is great, but just that even not even if you can’t do a quarter maybe twice a year, twice a year, people meet up just to check in, and then they have that check-in support, in case they need it as well.”

- Management of the group dynamic and size was also considered by several participants in terms of ensuring everyone feels comfortable to talk:
- “it’s when the strong characters like how you bring that back into the room without it like taking over”
 - “I think when you’ve seen I’ve noticed it towards the last four weeks, there was other people who hadn’t spoke who were coming out and speaking. So it took a long time for the quieter ones to come out because it was quite so I think a smaller class number.”

REFLECTIONS & RECOMMENDATIONS

Looking toward future iterations of the programme, some participants also suggested that they could be involved in delivery:

- “If everything went to plan ... maybe invite some of the members along to the next kind of courses so that we could say well we’ve been through this and this is what to expect. Because I think one of the things on our last night was a lovely last night but a lot of people were saying the first night they came they were like I don’t know what to expect and I don’t know if I want to be here because it’s quite daunting going into something brand new. But to have someone who’s been through it to say, we felt like this but you’re going to get so much out so stick like, keep coming.”

Another suggestion from the participants was that the programme could be targeted to premenopausal women too. The thinking here was to better prepare women for the journey ahead, rather than waiting until they are already on it:

- “can we get people a wee bit younger like maybe before you go through it so that you’re not in a process and then thinking, ohh, I’ve had to do this, this and this and you’re like four or five years down the line. If you knew that before they say if this happens, you could maybe do this or do that and thinking about your preparation like maybe taking a better diet that might help you with some of the nutrients that you need that can help like boosting some of your hormones and stuff.”

Overall reflections on the programme were largely of enjoyment and gratitude:

- “I found me again and it was nice and it was good and it was because of that group... found this group and I’m ever ever, ever so grateful for it.”
- “Menopause Goals is amazing!... I think just really enjoyed it and really got a lot from it... more so than I imagined that I would get”.
- “I loved being part of menopause goals”
- “I think it’s honestly been absolutely fantastic. It really has.”

QUALTRICS – OPEN-FIELD COMMENTS

Participants were given the opportunity to use open-text fields to indicate “what’s working well...” and “even better if...” within the Qualtrics surveys at both Weeks 3 and 12.

What’s Working Well...

Broadly speaking, the positive feedback fell along two dimensions: menopause literacy and social connectedness.

Participants responded that they felt more knowledgeable after the sessions and had been able to make positive changes in their own lives, especially in relation to physical and mental wellbeing. Water-drinking was highlighted as a specific example of how participants had used the information from the sessions to make positive lifestyle changes.

Socially, the emphasis was on connectedness – shared experiences, shared symptoms, opportunities for (and successfully) bonding with one another, feeling relaxed and safe, feeling connected with the facilitators as well as the other participants. Many participants reported that being active during the sessions – actively sharing their stories, experiences, feelings – was crucial to the success of the sessions and establishing the connectedness that was so highly valued.

Even Better If...

The only consistent suggestion for enhancement related to the length of the sessions:

several women reported that they felt that 2 hours (as opposed to 90 minutes) would have been beneficial. This related to the amount of material / activities included within each session – which sometimes felt a bit cramped and / or rushed.

Another suggestion related to session materials / learning materials. Essentially, some participants raised the possibility of having more take-home materials: learning booklets, pamphlets, recommended readings, etc.

Next Steps

Women were asked about what they’d do next and reflections for the future. The comments focused around three areas; what they now have, what they are looking forward to; and what they're not looking forward to.

In terms of what they now have, the women focused on having more knowledge about their hormones and practical changes to help (drinking water, nutrition, etc). There were also several mentions of self-care and the new-found importance of being kind to themselves and taking care with spending their energy.

The women stated they were looking forward to taking more control of their lives and bringing joy, positivity, and balance to their futures. This was supported by applying the learning from the programme, but there was also an emphasis on being able to spread their knowledge and help others (friends, daughters).

Concerns for the future largely centred on losing the contact with the women from the programme. As one participant stated, “Not seeing the group of amazing women on a weekly basis!” Other concerns related to forgetting what they had learned, having difficult conversations with healthcare professionals and others, and potential future symptoms.

DISCUSSION

Summary of Key Findings

When combined, the findings of the programme evaluation via weekly tracking, Qualtrics (online) survey, and interviews indicate the following key points:

- Over the course of the programme, women reported an improvement in:
 - All the Wheel of Life measures; relationships, work/home life, body satisfaction, health, and finances.
 - Instances of 'Volcanic Veronica' and 'Frozen Freida'.
 - All weekly measured physiological and psychosocial symptoms.
 - Sleep, energy levels and memory.
 - Participants reported improved feelings. Being less depressed about things, get less tearful, feel more cheerful, feel less isolated, feel better about their appearance, feel less embarrassed about hot flushes, better feelings of general wellbeing, lower inadequacy, higher confidence, and fewer mood swings.
 - Socially, participants are less reclusive, find more enjoyment from social things and feel enthusiastic about things.
 - Small positive changes reported in sex, in particular less physical discomfort.
 - In work, participants find it easier to do their work and feel less of a need to lock themselves away in the workplace.
 - At home, participants are less irritable, calmer, less volatile (i.e., screaming and shouting), find housework / chores easier, and less need to self-extract from public spaces.
- Participants had come to the programme with a lack of access to menopause knowledge and had experienced difficulty accessing medical support.
- Participants particularly liked the delivery style, safe space created, and the simple, understandable information provided in Menopause Goals.
- Participants experienced symptom improvement and made practical changes based on the knowledge gained. They also experienced mindset changes that impacted their wider lives and were continuing to share what they had learned, both within and outwith the participant group.
- Participants overwhelmingly enjoyed the Menopause Goals programme and found it helpful. They provided some suggestions for future delivery, based on their experiences.

Recommendations

Looking ahead to “Menopause Goals: Next steps,” the objective is to leverage football's influence to educate communities on a topic often deemed taboo. This innovative resource seeks to educate and empower volunteers and staff involved in football across Scotland and beyond, equipping them with the necessary tools and knowledge to assist women in their menopause journey.

The goal is to enable women to comprehend the complexities of menopause, fostering logical thinking about their body's needs by applying their learning in manageable steps, women can reduce symptoms, feel more supported, boost confidence to communicate with health professionals, families and friends and articulate their needs effectively.

ACKNOWLEDGEMENTS

The St Mirren FC Community Foundation provided funding for this evaluation.

The Evaluation Team (EC, MB, and CH) would like to thank the Menopause Goals team for their support and openness throughout the evaluation process.

We particularly acknowledge the contributions of the women who participated in both the Menopause Goals initiative and the evaluation project.

REFERENCES

Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology, *Qualitative Research in Psychology*, 3:2, 77-101, <https://doi.org/10.1191/1478088706qp063oa>

British Psychological Society (2021). Code of Human Research Ethics. <https://www.bps.org.uk/guideline/bps-code-human-research-ethics>

Harper, J. C., Phillips, S., Biswakarma, R., Yasmin, E., Saridogan, E., Radhakrishnan, S., C Davies, M., & Talaulikar, V. (2022). An online survey of perimenopausal women to determine their attitudes and knowledge of the menopause. *Women's Health*, 18. <https://doi.org/10.1177/17455057221106890>

Munn, C., Vaughan, L., Talaulikar, V., Davies, M. C., & Harper, J. C. (2022). Menopause knowledge and education in women under 40: Results from an online survey. *Women's health*, 18. <https://doi.org/10.1177/17455057221139660>

Shahzad, D., Thakur, A. A., Kidwai, S., Shaikh, H. O., AlSuwaidi, A. O., AlOtaibi, A. F., Carrick, F. R., & Abdulrahman, M. (2021). Women's knowledge and awareness on menopause symptoms and its treatment options remains inadequate: a report from the United Arab Emirates. *Menopause*, 28(8), 918–927. <https://doi.org/10.1097/GME.0000000000001783>



University
of Glasgow