The Menopause Report

The Voice of Atlantic Canadian Women.

THE UNSPOKEN BURDEN OF MENOPAUSE | 2026



IWK Foundation | WOMEN'S HEALTH

Foreword

A message from the IWK Foundation CEO



Menopause is a normal stage of life, yet many women across Atlantic Canada are left to navigate it alone. Over the last year, we asked Atlantic Canadian women to share their health experiences with us and the response was overwhelming. We heard from a staggering **31,607** women, in what is the largest open survey on women's health in Canada. This report draws on the experiences of the **18,665** women across Atlantic Canada who answered questions about menopause.

Women told us they struggle to make sense of changes in their sleep, mood or concentration while keeping up at work and caring for others. When they sought help, some worried they would have to convince others that their symptoms deserved attention.

As I read their responses, I was struck by how early the gaps in support appear. Among respondents in perimenopause, three in four worried their concerns would not be taken seriously if they raised more than one concern at a single appointment. Only five per cent felt well informed about the next stage of their health.

We also heard what can make a difference. One woman described the relief of having a family doctor who listened and worked with her to make sense of symptoms she found confusing. Every woman should have that kind of care within reach, along with reliable information before symptoms disrupt their lives, timely access to healthcare providers with expertise in menopause, and practical support at work and in their communities.

At the IWK Foundation, we will use what women have shared to make all the stages of menopause a priority. Through Women's Health Equity Now, we will bring healthcare providers, researchers, employers, community organizations and governments together to improve how women are supported before, during and after menopause.

To the women who shared their experiences with us, thank you. You have shown us where to start and what better care can look like. Your experiences will guide the work ahead.



Jennifer Gillivan, ICD.D
President & CEO, IWK Foundation

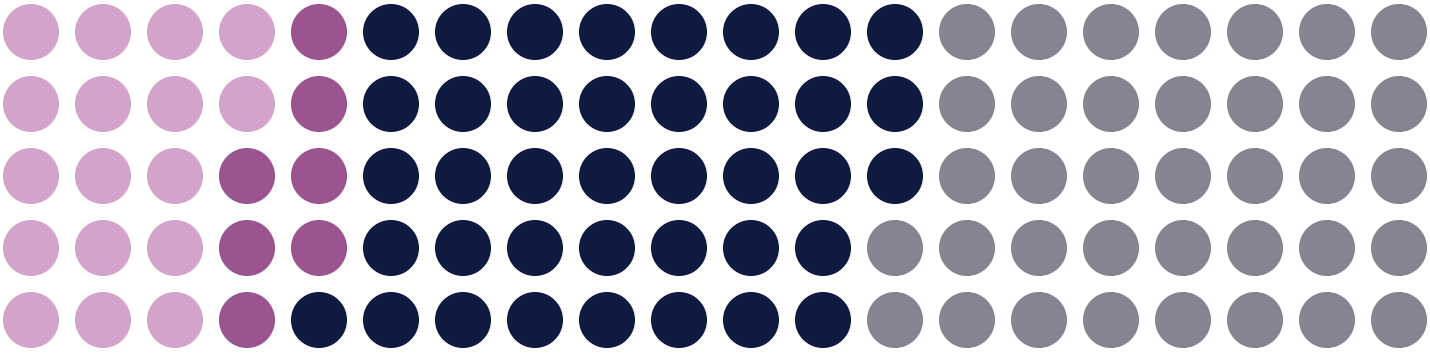
Response

The 2026 Voice of Atlantic Canadian Women represents the results and participation of **31,607 women** across Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island. This menopause report represents the **18,665 women** who answered menopause-specific questions.

In addition, a number of respondents provided partial responses, which were retained for analysis where appropriate. As participation was voluntary and the survey was non-mandatory, response rates varied across questions.

Across Atlantic Canada

Where respondents are in their reproductive life stage.



17%

Perimenopause

The stage before menopause, with symptoms like hot flashes or irregular periods.

6%

Entering or in menopause

Entering or experiencing menopause, when periods are stopping or have stopped recently.

39%

Postmenopausal

After menopause, when periods have stopped for more than a year.

37%

Other reproductive stages

Currently have periods, pregnant or recently had a baby, never had a period, other or not sure.

Each dot represents roughly 1 in every 100 respondents. Percentages are rounded, so the dots are adjusted to make 100.

Introduction of Findings

The Voice of Atlantic Canadian Women

The Unspoken Burden of Menopause

59%

The Crisis of the "Muddled Middle"

Menopause is creating a broad decline in everyday health, with **59%** of perimenopausal women rating their health between 5 and 7 out of 10. Only **26%** feel their health is excellent. Many women are not acutely ill but are far from thriving.

87%

More Than a Hormonal Shift

Menopause is affecting women's mental and neurological health, not just their reproductive systems. Mental or neurological issues affect **87%** of perimenopausal and **82%** of menopausal women, while mental health ratings improve significantly after menopause.

21%

A Direct Driver of Workforce Loss

Menopause is disrupting women's productivity, concentration and attendance during their peak working years. Over time, these impacts can push experienced women out of the workforce, with **21%** of postmenopausal women reporting an earlier-than-planned departure or retirement.

19%

Trapped at the Front Door of Care

Women often have access to general healthcare providers, but limited access to specialists and other supports needed for menopause care. The system provides an entry point, but not necessarily the expertise or continuity to address complex symptoms. Among women entering or in menopause, **19%** needed but could not access a specialist.

75%

The Fear of Being Dismissed

Many women enter healthcare appointments already filtering their symptoms. With **75%** of perimenopausal women worried that multiple concerns will not be taken seriously, fear of dismissal is limiting honest conversations and comprehensive care.

64%

The Caregiver's Paradox

Women are navigating menopause while managing work, children, aging parents and other responsibilities. As a result, **64%** of perimenopausal women delay their own healthcare to care for others, while more than half postpone care because they are too busy.

56%

A Parallel Care Network

Women continue to trust doctors and pharmacists, but limited access to specialized care is pushing them toward digital resources, telehealth, complementary providers and self-diagnosis. They are not rejecting professional care; they are filling the gaps left by the system. Among women entering or in menopause, more than half rely on social media (**56%**).

6%

An Information Vacuum

Women are navigating major health changes without enough reliable information or preparation. Only **6%** of perimenopausal women feel well informed about women's health stages, while **89%** want more information about women's health issues.

64%

Empowerment Comes After the Transition

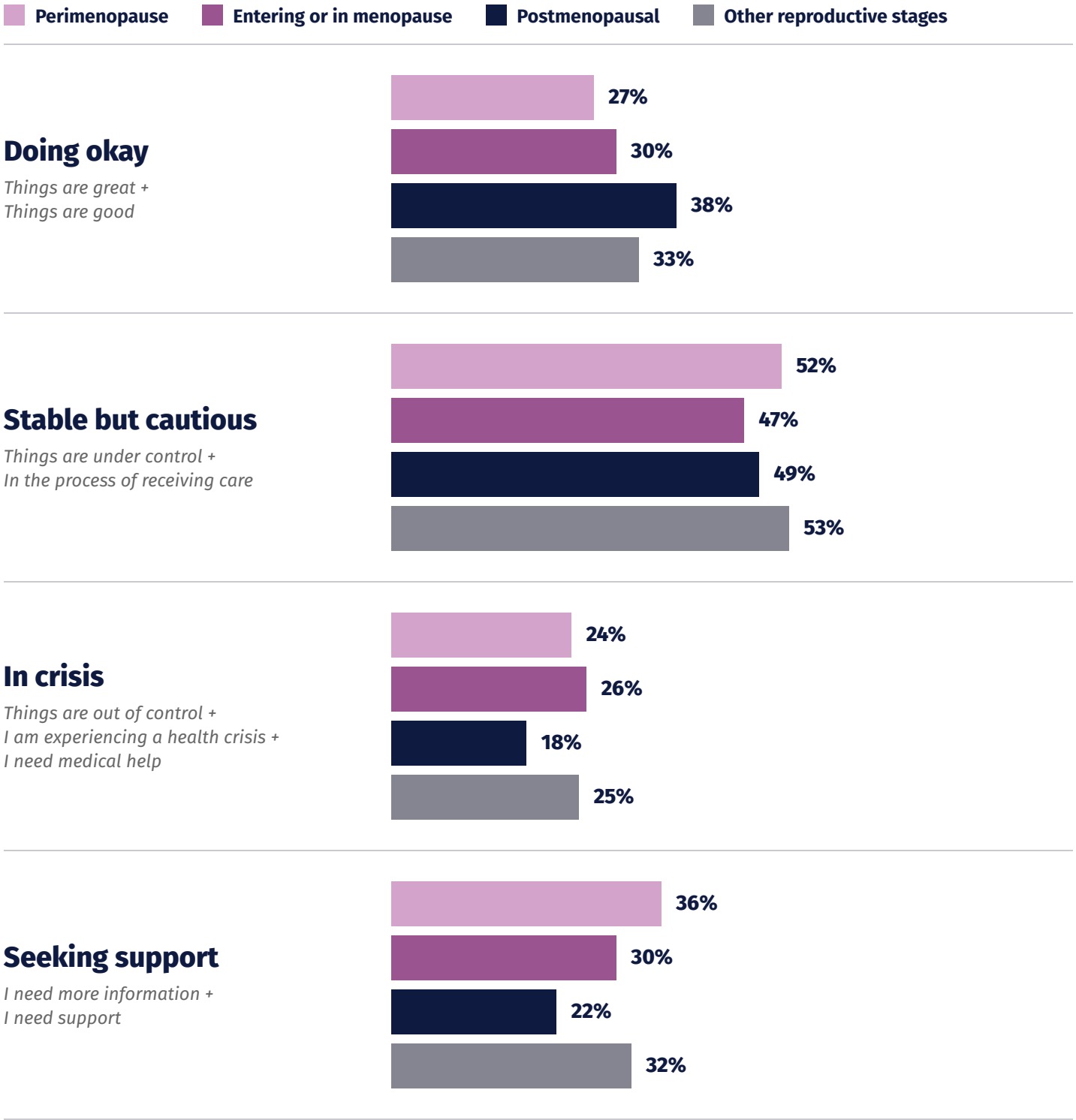
Postmenopausal women consistently report feeling more respected, informed and confident in healthcare than women still navigating the transition. This suggests that validation often comes only after women have moved through the period when they need support most. Among postmenopausal women, **64%** say their provider made them feel informed about their options.

> *"We get so much support through pregnancy, which is only 9 months, but perimenopause can go on for years and we know so little."*
>
> *"Overall, women's health is ignored. I don't really understand why women are not able to have menopause health cared for."*



The Menopause Transition

How women describe where they are in their own health journey, by reproductive stage.



Women could choose more than one response, so categories overlap.

> *"Oftentimes, it is women supporting other women with tales of what worked for them and encouragement to advocate for themselves with their family doc."*

Perimenopause

The stage before menopause

with symptoms like hot flashes or irregular periods



17%
of respondents

33%
are aged 35–44

63%
are aged 45–54

26%
rate physical health good (8–10)

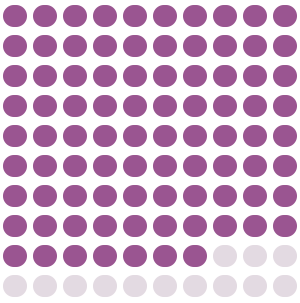
59%
rate physical health fair (5–7)

31%
rate mental health good (8–10)

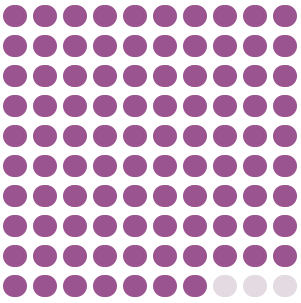
68%
provide care or support for others

The Physical and Mental Toll of Menopause

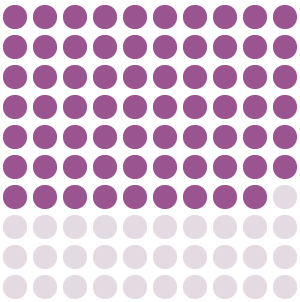
Out of every 100 perimenopausal women:



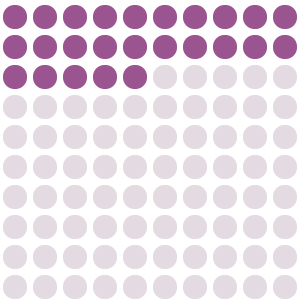
87%
Mental and neurological
Stress, anxiety, sleep disorders, depression, memory loss, headaches and migraines



97%
Reproductive and menstrual
Hormones, hot flashes, issues with menstruation, PMS, endometriosis



69%
Chronic and systemic
Weight management, blood pressure, arthritis, autoimmune diseases, diabetes



25%
Sexual health
Problems in sex life, sexual dysfunction or difficulties

Information Gap

6% feel **well informed** about each stage of women's health. 50% feel somewhat informed and 43% not very or not at all informed.

5% feel **well informed** about their next health stage. 38% feel somewhat informed and 55% not very or not at all informed.

Self-Censorship and Fear of Dismissal

65% worry that discussing all their symptoms makes them appear difficult

71% feel the need to appear healthy, even when not at their best

82% carefully consider which symptoms are "worth mentioning"

63% don't have enough time with their provider to discuss everything

75% feel concerns won't be taken seriously if they raise several at once

64% worry about not being heard by their healthcare provider

52% feel comfortable sharing health concerns with their provider

52% put off seeking healthcare because they are too busy

64% often delay care because of other responsibilities

Day-to-Day Impacts

61%

have health issues impacting their day-to-day life

87% say their health affects home life

75% say their health affects social life

89% say their health affects their work

Entering or In Menopause

Periods are stopping

or have stopped recently



6%
of respondents

59%
are aged 45–54

31%
are aged 55–64

25%
rate physical health good (8–10)

57%
rate physical health fair (5–7)

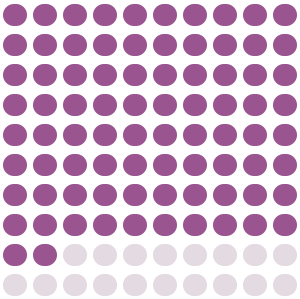
37%
rate mental health good (8–10)

45%
rate mental health fair (5–7)

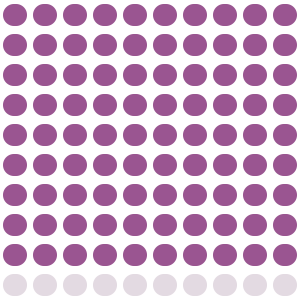
55%
provide care or support for others

The Physical and Mental Toll of Menopause

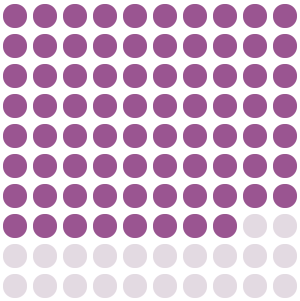
Out of every 100 women entering or in menopause:



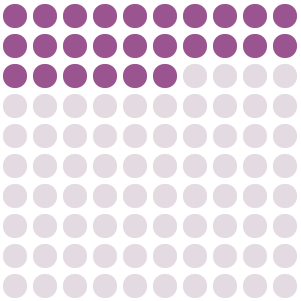
82%
Mental and neurological
Stress, anxiety, sleep disorders, depression, memory loss, headaches and migraines



90%
Reproductive and menstrual
Hormones, menopause, hot flashes, issues with menstruation, PMS, endometriosis



78%
Chronic and systemic
Weight management, blood pressure, arthritis, autoimmune diseases, diabetes



26%
Sexual health
Problems in sex life, sexual dysfunction or difficulties

Information Gap

10% feel **well informed** about each stage of women's health. 54% feel somewhat informed and 35% not very or not at all informed.

7% feel **well informed** about their next health stage. 42% feel somewhat informed and 48% not very or not at all informed.

Self-Censorship and Fear of Dismissal

60% worry that discussing all their symptoms makes them appear difficult

69% feel the need to appear healthy, even when not at their best

78% carefully consider which symptoms are "worth mentioning"

59% don't have enough time with their provider to discuss everything

67% feel concerns won't be taken seriously if they raise several at once

56% worry about not being heard by their healthcare provider

57% feel comfortable sharing health concerns with their provider

43% put off seeking healthcare because they are too busy

56% often delay care because of other responsibilities

Day-to-Day Impacts

59%

have health issues impacting their day-to-day life

80% say their health affects home life

73% say their health affects social life

82% say their health affects their work

Postmenopausal

After menopause

periods stopped more than a year ago

39%
of respondents

46%
are aged 55–64

41%
are aged 65+



33%
rate physical health good (8–10)

50%
rate physical health fair (5–7)

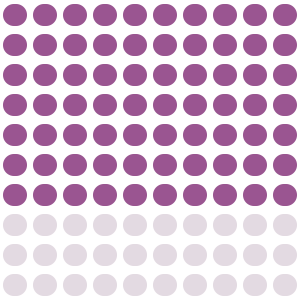
51%
rate mental health good (8–10)

37%
rate mental health fair (5–7)

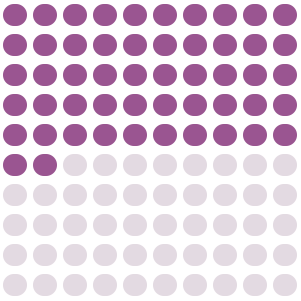
40%
provide care or support for others

The Physical and Mental Toll of Menopause

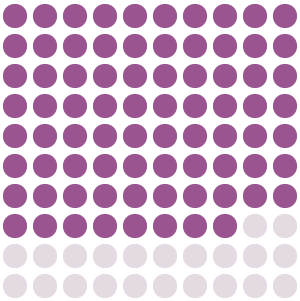
Out of every 100 postmenopausal women:



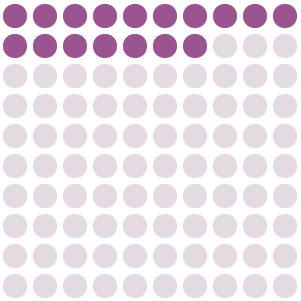
70%
Mental and neurological
Stress, anxiety, sleep disorders, depression, memory loss, headaches and migraines



52%
Reproductive and menstrual
Hormones, menopause, hot flashes, issues with menstruation, PMS, endometriosis



78%
Chronic and systemic
Weight management, blood pressure, arthritis, autoimmune diseases, diabetes



17%
Sexual health
Problems in sex life, sexual dysfunction or difficulties

Postmenopausal

Information Gap

74% The most-informed group: 74% feel **somewhat or very informed** about each stage of women's health. Only 25% feel not very or not at all informed.

15% feel **well informed** about their next health stage. 43% feel somewhat informed and 37% not very or not at all informed.

Self-Censorship and Fear of Dismissal

46% worry that discussing all their symptoms makes them appear difficult

59% feel the need to appear healthy, even when not at their best

73% carefully consider which symptoms are "worth mentioning"

49% don't have enough time with their provider to discuss everything

58% feel concerns won't be taken seriously if they raise several at once

45% worry about not being heard by their healthcare provider

61% feel comfortable sharing health concerns with their provider

25% put off seeking healthcare because they are too busy

38% often delay care because of other responsibilities

Day-to-Day Impacts

51%

have health issues impacting their day-to-day life

78% say their health affects home life

69% say their health affects social life

49% say their health affects their work

Conclusion

A Movement for Change

No woman navigating menopause should have to figure it out alone. Too many are left without clear information, questioning their symptoms and worrying about whether they will be taken seriously.

The experience can affect their day-to-day lives, from sleep, memory and mental health to work, family and daily responsibilities. Many women continue caring for others while putting their own healthcare on hold. Support often comes too late, after the most difficult part of the transition has passed.

Perimenopause is a critical stage when new symptoms and unfamiliar changes can bring more questions than answers. Women may not know what is happening, whether their symptoms are part of menopause, or where to turn for help. Clear guidance and reliable information are needed to help women understand what they are experiencing and find the support they need.

Menopause is not something women should be expected to quietly endure. The voices in this report make the need clear:

Every stage matters. Every woman deserves to be heard, believed, and supported.



Methodology

Background

As an extension of our pioneering survey of women across the Maritimes, the IWK Foundation invited women across Newfoundland and Labrador to participate in the survey in 2026. The outcome was a holistic Atlantic review of women's healthcare. The survey joined the voices from Nova Scotia, New Brunswick, Newfoundland and Labrador, and Prince Edward Island. This report focuses on the life stages, experiences, and insights of women across Atlantic Canada and their current experiences with menopause.

This Menopause Report focuses on women who are in perimenopause, entering or in menopause, or postmenopausal. Those who are not in one of these stages fall into the category of other reproductive stages and are highlighted as an additional stage for comparison.

Our hope is that these stories, as a vital evidence base, will inform policy, practice, and ultimately, a more holistic and supportive approach to women's health in our region.

Design

This study employed a cross-sectional online survey design to gather qualitative and quantitative data from women across Atlantic Canada. Data was collected via a self-administered online survey, which was optimized for completion on mobile devices to ensure broad accessibility. To cater to the region's linguistic diversity, the survey was made available in both English and French.

The survey was open between July 2nd and July 31st, 2025. The Newfoundland and Labrador survey was open from July 17th to August 9th, 2026.

The survey utilized a non-probability, convenience sampling method, wherein participation was voluntary and open to all individuals who accessed the survey link. The median time to complete the survey was approximately 19 minutes overall and approximately 33 minutes for those who completed the full questionnaire.

Recruitment

A comprehensive public outreach strategy was deployed to recruit participants, with a deliberate effort to engage a diverse array of communities across Atlantic Canada. The survey was promoted through various digital channels, including targeted advertisements on social media, the IWK Foundation's website, associated social media platforms, and the IWK podcast, inviting widespread participation. Word of mouth also played an important role and was one of the most powerful ways the survey gained traction. This proactive engagement provided crucial insights into the nuanced approaches essential for effectively reaching and including various community groups in surveys of this kind.

The Newfoundland and Labrador iteration of the survey was reviewed and approved by NL's Health Research Ethics Authority (HREA), under the Health Research Act.

Target Audience

The target population for this study included all women and individuals who identify as women residing in the Atlantic Canadian provinces of New Brunswick, Nova Scotia, Newfoundland and Labrador, and Prince Edward Island. The study utilized a non-probability, convenience sampling method, wherein participation was voluntary and open to all individuals who accessed the survey link.

Recognizing the importance of diverse perspectives, throughout the data collection period, dedicated outreach was conducted to various cultural, racial, and socio-economic communities, and soft quotas were monitored to encourage a broad respondent pool.

While these efforts yielded valuable participation from diverse groups, we acknowledge that the final demographic composition of respondents predominantly represented the region's majority demographic, and that participation from individuals identifying as non-binary or other genders was also limited.

This highlights an area for continued focus, and we are committed to achieving greater representation of the rich diversity within the Atlantic Canadian female population. This initial outreach has deepened our understanding of the specific engagement strategies required, and we are actively working with leaders from various communities to ensure even greater inclusivity and input in our future work. To cater to the region's linguistic profile, the survey was offered in both English and French. In the New Brunswick context, it is important to recognize that French-speaking communities include Acadian communities as well as other Francophone communities.

Furthermore, the IWK Foundation is steadfast in its support for the Two-Spirited and LGBTQ+ communities, recognizing their invaluable insights within the healthcare system. While this particular survey was primarily focused on women and individuals who identify as women, the systemic changes and heightened awareness we aim to foster through this report are intended to create a more equitable and responsive healthcare environment for all marginalized communities. We are committed to continuing our journey of awareness and advocacy. Indeed, the report includes powerful examples and quotes from individuals within the Two-Spirited and LGBTQ+ communities, demonstrating the alignment of our values and the shared journey towards inclusive healthcare.