



**Maynooth
University**

National University
of Ireland Maynooth

Department of Sociology

Maynooth University

Third Year Special Topic Thesis

**What are the lived experiences of students navigating the menopause transition while
studying at Maynooth University?**

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Table of Contents

Plagiarism and originality statement	i
Table of Contents	ii
Acknowledgements	iv
Abstract.....	v
Chapter 1: Introduction	1
Chapter 2: Review of the Literature	4
2.1 Introduction	4
2.2 Historical context	5
2.3 Media Discourses.....	6
2.4 Medical Discourses	7
2.5 The knowledge gaps.....	8
2.6 Conclusion.....	10
Chapter 3: Statement of research question, methodology and methods	12
3.1 Research Design and Question.....	12
3.2 The Qualitative Approach.....	12
3.3 Sampling Approach	14
3.4 Ethical Considerations	15
3.5 Consent.....	15
3.6 Confidentiality, privacy, anonymity.....	15
3.7 Limitations:	15
3.8 Terminology.....	16
Chapter 4: Discussion of Findings	17
4.1 Introduction	17
4.2 Stigma - “one of these things is not like the other.”	17
4.3 Silence and taboo.....	20
4.3.1 Silence and taboo, the historical impact – “nobody was talking about it:” ...	21
4.3.2 Silence and taboo, moving forward – “just be open with them.”	22
4.3.3 Silence and taboo, the media impact – “brought this whole thing into the open.”	22
4.3.4 Silence and taboo, in the university context – “that's a me problem.”	23

4.4 The desire for affiliation - “maybe you’re just not alone.”	25
4.5 Intersection of life events – “the perfect storm”	27
4.6 Ambition - “we're not here to tick boxes.”	28
4.7 Summary of findings	31
Chapter 5: Conclusion	32
Reference List:	34
Appendices	40
Appendix 1: Consent form.....	40
Appendix 2: Interview Guide	41
Appendix 3: Advertisement for Sample Selection	42
Appendix 4: Interview Transcript	43

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Abstract

This research explores the lived experience of navigating the menopause transition while studying at Maynooth University. Research on menopause has been dominated by quantitative, biomedical perspectives. The social meaning of menopause is an under researched area generally, and particularly on the experience of studying at third level while experiencing the menopause transition. This qualitative study aims to address that gap. The review of the literature provides an understanding of the research to date, from which themes of stigma and taboo emerge. The analysis of the data obtained from eight semi-structured interviews uncovers stigma, silence, taboo, desire for affiliation, the intersection of life events and ambition as significant findings. While mid-life students are not seeking special status within the university status, they do express a desire for their differentiated status to be acknowledged.

Chapter 1: Introduction

This research aims to gain an understanding of the lived experience of navigating the menopause transition while attending Maynooth University. All women, or fifty percent of the population, will experience menopause. According to the World Health Organisation, menopause is the end of a woman's reproductive years (World Health Organisation, 2022). There are three stages of menopause; peri menopause – the transitional phase prior to menopause, menopause which is the stage entered twelve months after the last menstrual cycle is experienced, and post menopause. These terms are used interchangeably in everyday life (Dillaway, 2020). This description of menopause is constructed in medical frameworks and does not reflect the social, physical, emotional, and mental impacts of this transition, which can last several years (Beck et al., 2018; Dillaway, 2005). It also remains a largely taboo subject. In a historical Irish context, women's bodies have been understood in the context of shame and stigma, while women have been framed as homemakers, mothers, and wives under patriarchal control (Whitty, 1993; Inglis, 2005). In more recent times, women's voices have become more prominent. This was seen in recent, successful, campaigns to change Ireland's abortion laws (Cullen and Korolczuk, 2019; Kennedy, 2020). This campaign helped reduce stigma surrounding abortion access and initiated change. In 2021, public discussions on menopause on Irish radio opened up conversations about the lived reality of menopause (Liveline, 2021). A personal trouble became a public issue (Mills and Gatlin, 2000). The taboo around menopause extends to academia. Research is focused on medical and quantitative knowledge, and the qualitative, social meaning is under researched. A review of the literature on menopause research suggests themes of taboo and stigma. Medical knowledge is socially constructed, and societal norms and values are reflected in it (Clarke, 2010; White, 2002). Medical views of menopause are dominated by patriarchal views which depict menopause as a time of loss and deficiency (Dillaway, 2005; Perz and Usher, 2008). Media discourses have

begun to bring menopause into open and have had some positive impacts around dismantling the taboo. However, it is still often regarded as a personal challenge and can be framed conservatively, with contradictory representations given, which still give rise to stigma and taboo, and reinforce the medical portrayal of menopause (Krajewski, 2019; Orgad and Rottenberg, 2023; Voicu, 2020; Young and Kotera, 2022). However, there have been movements recently to improve the workplace experience for women experiencing the menopause transition. Steffan (2021) suggests this may be helping to change the discourse to a less negative one. This study has identified a gap generally in qualitative, social understandings of menopause, and more specifically in the experience of third level education while navigating the menopause transition.

The purpose of this study is to explore how mid-life women navigate the menopause transition while studying at Maynooth University. My interest and motivation for this stems from the fact that I am a fifty-year-old woman, who is currently experiencing the menopause transition while engaged in an Arts degree in Maynooth University. Having not had the opportunity to attend college as a school leaver, obtaining a degree has long been an ambition. Realising early in my first year of university that I was experiencing menopause symptoms was simultaneously a shock and a relief. Shock at the severity of the symptoms and at the fact that I had not recognised the symptoms sooner, and relief that when I eventually did, I was able to get the necessary help, in the form of Hormone Replacement Therapy (HRT) to manage this transition. This was the difference between carrying on with college and leaving the course. As I had waited so long to attend university, the prospect of not being able to continue was devastating. Being in a new environment, that is predominantly orientated towards young people, while experiencing this mid-life event was a lonely and confusing time.

Considering much public discussion on menopause in recent years, this research is timely. The main aim of this study is to shine a light on the social and emotional impacts of mid-life women who have returned to education and are simultaneously experiencing the menopause transition.

The qualitative approach, which is explained in Chapter 3, explains how a deep understanding can be gained. This research presented an opportunity for a small population of women, who are outliers in the third level environment, to express themselves, and voice their lived experience, and thus helping to creating understandings in an academic sense. This is especially important in such an under researched topic. Each woman interviewed for this research, was eager to share their experience, forthcoming, open, honest, funny, trusting, and happy to be heard and contribute. As a result, collecting the data, through one-to-one interviews, for this research, was a privilege. While my own experience allowed me to have empathy, I had to be careful to ensure that my experience did not influence the questions or how I interpreted the answers.

Through the literature review chapter, I examine the key themes that emerge relating to the experience of menopause. Chapter 3 explains the methodology and the methods of data collection used and why I chose them. Chapter 4 discusses the findings that emerged from the qualitative data and examines it using the data from the literature review and the lens of Goffman's Stigma. Chapter 5 concludes and summarises the research.

Chapter 2: Review of the Literature

2.1 Introduction

The World Health Organisation defines menopause as the end of a woman's reproductive years, occurring for most women between the age of 45 and 55 (World Health Organisation, 2022). Peri menopause is the transitional phase leading to menopause, while menopause is the cessation of menstruation. Hormone fluctuations can occur during the perimenopause, menopause, and post menopause stages and have varying levels of physical, emotional, mental, and social impacts (Dillaway, 2020). In day-to-day life, however, the terms are used interchangeably and tend to be referred to as peri menopause or menopause (Dillaway, 2020). These three phases have been defined by medical understandings (Mansfield et al., 2004). This is a complex mid-life transition which can last several years. It is experienced by fifty percent of the population but remains a taboo (Beck et al., 2018; Dillaway, 2005). In 2021, public discussions were kickstarted when women shared their menopause experiences on Irish radio, and a documentary was released on the topic in the United Kingdom (UK) (Davina McCall, 2021; Liveline, 2021). Such open conversations are socially significant in Ireland where, traditionally, women were excluded from public life, confined to the role of homemaker, mother and wife, and carrier of the pure national identity, resulting in the embodied shame and stigmatisation of women (Whitty, 1993; Inglis, 2005). This research aims to explore and understand how mid-life women navigate the menopause transition while studying at Maynooth University. This literature review aims to provide an understanding of the research to date and provide context and a conceptual framework to this research. Firstly, the historical context of the understandings and experiences menopause and of the female body in Ireland will be reviewed. Media and medical discourses will be discussed. There is a gap in knowledge generally about the lived experience and meanings of menopause transition, and specifically

on student life experiences, and these gaps will be discussed. The information obtained from this research, will enhance understandings of this life phase in the context of adult education.

2.2 Historical context

Understandings of menopause have evolved over time and are embedded in medical understandings (Baber and Wright, 2017; Jack et al., 2019; Krajewski, 2019; Utian, 1997; White, 2002). Pre 20th century, understandings were limited to cessation of menstruation and loss of fertility, and reflected social norms and values of the time, often linking menopause negatively to mental capacity, sanity, and sexual deviance (Baber and Wright, 2017; Utian, 1997). The perception of menopause was overwhelmingly negative, focusing on loss and decay. The 20th century saw the development of hormone therapies as a form of treatment and some of the aims were to stop women becoming unattractive and make them easier to live with (Utian, 1997). This patriarchal, medical gaze viewed women's ageing bodies as being out of control and requiring interventions (Leng, 1996; Marnocha et al., 2011). There is little academic research into how women in Ireland navigated the menopause over time. What is known about historic attitudes to women in Ireland is that it was focused on reproductive capabilities. Views were moulded by patriarchal, religious, moralistic, and nationalistic discourses (Inglis, 2005; Keating, 2015; Kennedy, 2020; Whitty, 1993). Women's identity was tethered to childbearing and family life, and deviance from social norms resulted in stigma, shame, and often confinement (Connell, 1968; Inglis, 2005; O'Sullivan and O'Donnell, 2007). Gendered, bodily, social control was enshrined in everyday life. In more recent times, women's voices and knowledge have come more to the fore. In 2018, during the campaign to change Ireland's abortion laws, the personal, lived experiences of women came to the fore, helping to reduce stigma and instigate change (Cullen and Korolczuk, 2019; Kennedy, 2020). Women's issues are now being voiced publicly, and this has evolved into more media discourse on menopause.

2.3 Media Discourses

It is now recognised that menopause is not merely a physiological change, but a social and psychological one too (Ayers et al., 2010; Hunter and Rendall, 2007; Rubinstein, 2013; Winterich and Umberson, 1999). Experience is nuanced and the context in which the menopause transition is cultivated has an impact (Winterich and Umberson, 1999; Dillaway, 2005). This midlife event often occurs at a time of when demands of family, health, and the workplace intersect, and can be exacerbated by media discourses. Orgad and Rottenberg (2023) found that, historically, media representations of ageing women's bodies and specifically menopause, were framed negatively. Negative discourses around menopause can impact adversely on women experiencing it, and for how older women are perceived generally (Deeks and McCabe, 2001; Hayfield and Campbell, 2022; Steffan, 2021). In Ireland, in 2021, a weeklong radio discussion on menopause put women's voices to the fore (Liveline, 2021). Similarly, in the UK, following a documentary, there was much public discussion on menopause (Davina McCall, 2021). The host of this program revealed she'd been advised against making it as it was "aging and unsavoury." Celebrity culture has encouraged open conversations, with high profile women such as Angelina Jolie and Lorraine Kelly speaking openly and bringing a more positive framing of menopause (Orgad and Rottenberg, 2023). However, media discourses can also present menopause as a personal challenge and deflect from social and cultural understandings. More prominent media coverage is not necessarily correlated with dismantling the taboo around menopause, and there are many contradictions in media representations (Krajewski, 2019; Voicu, 2020; Young and Kotera, 2022; Orgad and Rottenberg, 2023). Conservative media framing is part of a power play that further stigmatizes women (Orgad and Rottenberg, 2023). This can lead to exploitative marketing of menopause products. Demands for Hormone Replacement Therapy (HRT) products has risen by fifty percent in United Kingdom in recent years. However, marketing of these products can increase

ageing anxiety and is still focused on the presentation of menopause as a problem that needs fixing, reinforcing the medical framing of menopause (Krajewski, 2019).

2.4 Medical Discourses

Medical knowledge is socially constructed (Clarke, 2010; White, 2002). The views of the biomedical world reflect societal norms and values. Patriarchal attitudes to women are clear in the medicalized view of menopause (Leng, 1996; Perz and Ussher, 2008). Additionally, under the medical gaze, menopause is viewed as undesirable, and a time of decay and deficiency (Atkinson et al., 2021; Dillaway, 2005; Perz and Usher, 2008). The pressure to treat menopause increases tension for women between the need to use HRT to prevent post-menopausal health problems, and the possibility of acquiring health problems associated with HRT (Leng, 1996; Dillaway, 2005). Additionally, there is a conflict for women between wanting to accept their changing bodies and what they present to those around them (Leng, 1996; Steffan, 2021). Women may feel negatively about their sense of identity and understanding of their bodies and health (Atkinson et al., 2021; Hayfield and Campbell, 2022; Marnocha et al., 2011). However, negative perceptions may be linked with the ageing process generally and not specifically with menopause (Deeks and McCabe, 2001). Concern of the perception of others often means concealing and controlling ageing bodies and minimising symptoms (Deeks and McCabe, 2001; Atkinson et al., 2021). A lack of knowledge around the menopause process compounded by a neoliberal, internalised, self-talk reinforces the idea that women need to present themselves as not ageing (Deeks and McCabe, 2001; Young and Kotera, 2022). Ironically, the lack of knowledge regarding menopause extends to the medical profession itself (Hayfield and Campbell, 2022). Despite the medical view of a menopausal body needing to be controlled, women in the United Kingdom (UK) report a difficulty in accessing hormone replacement therapy (HRT). This is at odds with the expectations of young students who believe passive women need to fix menopause by seeking the advice of an expert, empathetic doctor who will diagnose and fix the problem. This attitude suggests that a woman may be perceived to be at

fault for not “fixing” her menopause problem. Steffan (2021) argues that a self-fulfilling prophecy can occur based on how women perceive themselves to be perceived. This can result in the menopause transition being experienced as a stigmatised identity. This is clear from workplace experience of women where quality of life can be negatively impacted during the menopause transition (Grandey et al., 2019; Jack et al., 2016; Riach, 2007; Steffan, 2021; Whiley et al., 2022; Theis et al., 2023). Women fear being judged, stereotyped, or thought incompetent in the workplace and avoid discussing menopause symptoms (Beck et al., 2018; Steffan, 2021). Whiley et al. (2022) suggest, in the workplace, women's menopausal bodies are viewed as “dirty” and “leaky.” The UK government have developed policies since 2021 to encourage older women to remain in work longer, viewing them as a previously unrealised resource (Atkinson et al., 2021; Orgad and Rottenberg, 2023). This is helping shift the discourse from a medical frame to a one of transformation and liberation and may offset some of the negative connotations (Jack et al., 2016; Steffan, 2021). It is therefore important to ensure the menopause transition is better understood in the workforce (Atkinson et al., 2021; Orgad and Rottenberg, 2023).

2.5 The knowledge gaps

There was a dearth of studies on navigating the menopause transition while attending third level education. However, Naworska et al. (2020) examined the experience of perimenopause or post menopause in 50–64-year-old women. The study looked at social relations and the menopause experience, including in the context of the University of the Third Age. This study found that interpersonal relations are important in attitude to menopause. Those women with a strong social network had more positive attitudes and enjoyed better physical and mental health outcomes. Other studies have focused on ageing generally for third age (sixty-five and over) students without specifically exploring menopause (Formosa, 2012; Williamson, 2000). Women of the third age were more inclined to study than men, and this may be due to missed opportunities of career and education in earlier life due to gendered caring responsibilities.

Additionally, gendered socialisation can mean women's identity is less linked to career, and more strongly identified with that of a mother and part-time worker. Freedom from caring responsibilities gives women time and opportunity to pursue educational ambitions (Williamson, 2000). However, Formosa (2012) argues many older women have unique barriers to education including caring responsibilities (parents, children, grandchildren) which are overlooked by educational institutions. Education in later life can have positive impacts such as reducing age related health risks such as dementia, and helping people remain as active participants in society. However, educational settings fail to recognise that older students are not passive individuals but are active participants seeking to understand and utilise their education in the world around them.

Much of the research into the menopause transition has been from a quantitative, biomedical, negative perspective. There is little research on the social meaning of menopause. Kaufert (1982) asserts, there are two lived experiences of menopause – the physical reality and the socio-cultural context – and suggests the societal meanings of menopause can positively or negatively impact women. How a woman understands and navigates the menopause transition needs to be understood in a qualitative, social context. Research into the workplace has increased recently, driven by economic goals (Atkinson et al., 2021; Orgad and Rottenberg, 2023). Education in later life would support women in staying in the workplace longer. However, how women navigate the experience of being a mature student while going through the menopause transition has not been under explored. Through qualitative study, the lived experience and the nuanced perspective can be captured in this area. How it impacts on women's identity, body image, well-being, and academic performance can be identified and analysed. Theoretical frameworks can be used as a conceptual tool through which to analyse the data collected. The literature reviewed uses a wide range of theoretical frameworks, including feminist theories of Greer, McNay, Grosz and Butler, and the framing theory of Goffman. Themes of identity, performance, and stigma have emerged from the literature and

based on this, Goffman's micro theory of stigma will be very suitable in analysing data collected for this research (Goffman, 1963; Inglis and Thorpe, 2019; Loyal and Malesevic, 2021).

Stigmatized people are defined in relation to "normal" people (Goffman, 1963). Stigma is something which sets people apart from the normalised other. It can be categorised as "abominations of the body," (scars etc that are visible on the body) "blemishes of individual character," (behaviour) and "tribal" (marginalised groups) identities (Goffman, 1963:4). Stigma lies in the relationship between the attribute and the audience. Stigmatized people may respond by attempting to correct their perceived flaw, use their perceived stigma as an excuse for lack of success, or overcome their perceived stigma through "tortured learning" (Goffman, 1963:10). Alternatively, they may view their stigma as a limitation for "normal" others. Stigmatized people desire affiliation and may seek out the company of others who share their stigma ("the own") or those who are sympathetic to and understand their stigma ("the wise") (Goffman, 1963:19). Stigmatized people are often unsure of how they are perceived by others. Others may be uncomfortable when confronted with stigmatized people and not know how to respond, and stigmatized people must learn how to handle these situations. Aware of not being regarded as an equal, a stigmatized person may feel shame. A discrepancy may exist between the stigmatized persons virtual and actual identity, and masking their stigmatized identity may become a coping mechanism, or they risk becoming marginalised (Loyal and Malesevic, 2021). Goffman argued, unwritten social rules constrain individual behaviours but can form the basis for social life (Inglis and Thorpe, 2019).

2.6 Conclusion

The aim of this literature review is to provide a conceptual and theoretical framework through which understandings of the lived experience of menopause transitions can be made. Definitions and understandings of menopause are defined in medical terms by the cessation of

reproductive years (Mansfield et al., 2004; World Health Organisation, 2022). Perimenopause, menopause, and post menopause present varying levels of physical, emotional, mental, and social impacts (Dillaway, 2020). This mid-life occurrence can last several years and despite impacting half the population remains a taboo (Dillaway, 2005; Beck et al., 2018). However, recent media discussions in Ireland and the UK have given a voice to many women experiencing menopause (Davina McCall, 2021; Liveline, 2021). Traditionally in Ireland women's bodies have been the source of stigma and shame as it often conflicted with the nation's ideals of purity, making public discussion particularly significant (Whitty, 1993; Inglis, 2005). The aim of this research is to understand and comprehend the ways in which mid-life women manage the menopause transition while studying at Maynooth University. The historic understandings of menopause, media, and medical discourses were reviewed. A clear gap in the knowledge of the lived experience of menopause transition and while studying at third level has been identified. This research aims to enhance those understandings and help bridge the gap.

Chapter 3: Statement of research question, methodology and methods

3.1 Research Design and Question

The main objective of this research is to explore and understand the factors that shape the experiences of mid-life women as they navigate menopause while studying at Maynooth University. Much of the literature focuses on macro level structures such as the biomedical sphere, workplace, media and so on. There is little research on the micro level and none on the lived experience of the pursuit of third level education during this life phase. This research aims to gain a deep understanding of the lived experience of the menopause transition at third level while studying, through an inductive, constructivist, interpretivist, qualitative approach (Marvasti, 2004; O'Leary, 2004).

3.2 The Qualitative Approach

Striving to interpret the social world is fundamental to human nature (Marvasti, 2004). The qualitative approach seeks to understand a situation or problem from the perspective of the subject, without predicting the answers. The interpretivist/constructivist approach is based on the idea that the world is socially constructed, and the qualitative approach is most suited to this paradigm. This paradigm recognises that social context impacts how people view and interpret their lived experiences. Qualitative methods seek to understand these different perspectives and experiences and focus on how, rather than why, the social world is constructed, and seeks to attach meaning to micro level social interactions. There are many possible realities, answers, and perspectives to the research question which cannot be captured by quantitative methods, as the focus would be too narrow (Bachman and Schutt, 2017).

Qualitative methods can include participant observation, observation, focus groups, case studies, interviews. Interviewing involves collecting data by asking subjects open-ended

questions and can be structured, semi-structured, unstructured, formal, informal, one-to-one, or group (O’Leary, 2004). It is important to select the best option for the research question. Semi-structured, informal, one-to-one interviews were selected as the most appropriate method for this research. Semi-structured interviews are a good compromise between the less flexible, more restrictive structured interview, and the free-flowing unstructured interview. Flexibility is possible, and the capture of nuanced experiences more likely. To this end, an interview guide was prepared, which included some broad, general areas (appendix 2). Given the personal nature of this research, one-to-one interviews were considered more appropriate, and they are also more suitable for an inexperienced researcher. Interviews are a two-way process for which the interviewer should be well prepared (Marvasti, 2004). As well as asking questions, the responses need to be listened to fully, while paying attention to non-verbal communication. The respondent should do most of the talking and be allowed to answer uninterrupted. Being aware of one’s own bias is important, as this may impact on the questions asked, and how answers are interpreted. Therefore, it was important for me, as someone who is currently experiencing the menopause transition, while studying at third level, to be aware of potential bias. Reflexive awareness ensured I made a conscious effort to be mindful of my own position, opinions, and experiences during each interview (O’Leary, 2004). I ensured my interview questions were open ended, and I listened carefully to each answer, and noted non-verbal communications. However, my own experience also allows for a unique insight and perspective, and for empathy and understanding during the interview process. Interviews were conducted in rooms in the Maynooth University Library. These offered convenience for participants, as well as privacy. Interviews lasted between thirty and sixty minutes.

During this research, a serendipitous observation was made and has been included in the findings. Observation is a systematic method of data collection that is dependent on the researcher’s ability to gather data by observing the environment and social interactions that occur there (O’Leary, 2004). This observation was made in a corridor in Maynooth University.

3.3 Sampling Approach

Sampling is important for any research and in this case non-probability, non-random sampling methods was used. A weakness of this is the non-generalisability (any conclusions reached cannot be deemed to be true for the wider population), however, this is not the aim of qualitative research. This type of research aims to develop a deep understanding of a specific phenomenon in context. Sampling bias is another potential weakness (Crow and Semmens, 2007). To mitigate this, the sample has started with two colleagues known to me and seven further participants were identified through snowballing. These two participants acted as gatekeepers for all other participants. I was introduced on campus, via the gatekeepers, to the remaining participants, and had a preliminary conversation, in which I introduced myself, and outlined the nature of the study, and what would be required from them in relation to time, consent etc. An advertisement was placed on college notice boards but yielded no results (appendix 3). I contacted the Maynooth University Mature Student Society and the Healthy Campus Team, but no response was received. The criteria for participants included, being currently enrolled at Maynooth University, either as undergraduate, post-graduate or post-doctoral students. Additionally, they must be between 40 and 60-years old, and are experiencing, or have experienced perimenopause symptoms while studying at Maynooth University. One person was excluded on that basis. Eight participants were recruited in total.

Pseudonym	Age	Prior Education Level	Current Education Stage
Ciara	55	Level 6	Year 3, undergrad.
Erin	50	Level 6	Year 3, undergrad
Daisy	56	Leaving Certificate	Year 3, undergrad
Amy	59	Level 5	Year 3, undergrad
Ruth	47	Leaving Certificate	Year 3, undergrad
Michelle	59	A Levels	Year 3, undergrad
Emily	50	Post Leaving Cert Course	Year 1, undergrad
Ava	49	Leaving Certificate	Year 3, undergrad

Table 1: Participants

3.4 Ethical Considerations

Ethical awareness should be a central consideration of all research (O’Leary, 2004). This is a personal, intimate topic, and so several ethical issues were considered. In qualitative research projects, there is close contact between the interviewer and the participants. Trust is therefore vital and is gained through consent and assurance of confidentiality. There must be a balance of power between researcher and participant. Guidelines of the Sociological Association of Ireland were followed to ensure the rights and privacy of the participants were respected (Sociological Association of Ireland, 2023).

3.5 Consent

Informed consent is fundamental to trust. As the researcher the onus was on me to explain, fully, to the participants the nature of the study. This was done on the first informal meeting and followed up with consent forms which were emailed in advance of the interviews (appendix 1). Two hard copies for signing were available at the interview. One copy was retained by me, and the other was kept by the participant. The nature of the consent was re-explained to each participant before recording began. It was emphasised that consent could be withdrawn at any time up to 20th March 2024.

3.6 Confidentiality, privacy, anonymity

Assurances around the confidentiality of the information were given. It was explained that all recordings were password protected, stored safely, and permanently deleted as soon as transcriptions of interviews were made. Pseudonyms were chosen by all participants and all identifying information was anonymised or removed.

3.7 Limitations:

All participants were from similar class and ethnic backgrounds. In a small study as this, the participants may not be representative of the wider population. However, in an area that is understudied, this study provides a good starting point for future work.

3.8 Terminology

Brain fog: this refers to cognitive challenges experienced around menopause (Maki and Jaff, 2022). This can manifest in many ways:

- Memory - struggling to recall names, details, words etc,
- Difficulty in maintaining concentrations and train of thought.
- Problems focusing.
- Forgetting initial intentions (the reason for entering a room, for example).
- Difficulty in switching between tasks.

Mature student: A mature student is aged twenty-three or over (Central Applications Office, 2024). This is a broad range. In this study the participants range from forty-seven to fifty-nine and refer to themselves as mature students. However, as Michelle, one of the participant's explains "*there's mature, and then there's mature.*"

*Menopause: when menstruation has ceased for twelve months (World Health Organisation, 2022).

*Peri Menopause: the transitional period leading to menopause which can several years (World Health Organisation, 2022).

*These terms are often used interchangeably.

Chapter 4: Discussion of Findings

4.1 Introduction

This study set out to explore the lived experiences of students navigating the menopause transition while studying at Maynooth University. An analysis of peer-reviewed literature was discussed in chapter two, and a knowledge gap was identified in the sociological understandings of studying during the menopause transition. The literature further revealed themes of stigma and taboo, and understandings constructed in medical frameworks. The literature also showed signs of positive change on a social level through media discourses. However, menopause is still exemplified as an individual experience which women must manage and fix. This literature was to help analyse the data collected from a series of eight semi-structured interviews conducted with students of Maynooth University who are experiencing menopause transition while studying. Stigma, silence and taboo, desire for affiliation, the intersection of life events, and ambition emerged as the main findings. This section provides a detailed account of the findings in the context of the literature review. The theoretical lens of Stigma (Goffman, 1963) is used to interpret and explain the findings further. While the findings are closely aligned with the literature review, more nuanced understandings of the taboo around menopause have emerged, suggesting a shift in attitudes. The lived experience of the menopause transition while studying at third level is an under researched area and this study has brought new information to light. The participants of this study are navigating menopause at a time in life when many challenges converge. However, despite this, these students are dedicated and serious about their study, and while desiring an acknowledgement of their status, they do not seek special accommodations academically.

4.2 Stigma - “one of these things is not like the other.”

Stigma was identified as a central theme of the literature review, and the presence of stigma was a major finding of this research. Perspectives in the historic, medical, social, workplace

and media spheres, stigmatize ageing women (Baber and Wright, 2017; Inglis, 2005; Jack et al., 2019; Keating, 2015; Kennedy, 2020; Krajewski, 2019; Utian, 1997; White, 2002; Whitty, 1993). Women's menopausal bodies are stigmatized as "dirty" and "leaky," or out of control in need of interventions (Leng, 1996; Marnocha et al, 2011; Whiley et al., 2022). This stigmatizing negativity surrounding menopause, and ageing generally, can mean women are concerned with hiding, controlling, and concealing symptoms to camouflage their spoiled identity (Atkinson et al., 2021; Deeks and McCabe, 2001; Hayfield and Campbell, 2022; Leng, 1996; Marnocha et al., 2011 Steffan, 2021).

Before discussing the finding of stigma from the semi-structured interviews, it is appropriate to share an experience of my own at this stage. As mentioned in Chapter 3, as part of recruiting participants, I placed advertisements on college notice boards (appendix 3). One evening, when passing a notice board displaying my advertisement, I observed a group of younger students reading the notices. One young student scrunched up their face and commented on how "weird" it was to be doing a study on menopause. There was laughter and nodding from the rest of the group. I experienced a wide range of emotions in that moment; embarrassment, anger, shame, disappointment, to name but a few. I felt ridiculed. It was stigmatizing. When the time came to remove my advertisement, I did so early in the morning while the university was quiet to avoid detection. Goffman (1963) describes how stigmatised people are defined relative to "normal" people. This group of students were typical of most of the student body in terms of age, and it was clear, that to them, menopause is outside that norm, and is something funny and distasteful. I changed my behaviour, in an example of performance management, to avoid further judgement connected with the "weird" poster, and to avoid drawing attention to my spoiled identity.

For the participants of this research, stigma has a significant impact on the experience of studying at Maynooth University, while navigating the menopause transition. While often cloaked in humour, negative language, and terminology around how they "perceived

themselves to be perceived” as older students was evident (Steffan, 2021). Amy describes the awareness of being an outlier in the context of the university setting:

you're walking around the university, or into the library on your own, and you're going to take your seat amongst all the young people one of these things is not like the other, you know (Amy).

This highlights the mid-life student’s perception of herself as not belonging. With this can come fear of judgement and stereotyping which may lead to a reduction in the quality of life (Beck et al., 2018; Grandey et al., 2019; Jack et al., 2016; Riach, 2007; Steffan, 2021; Whiley et al., 2022; Theis et al., 2023). Amy’s view of herself in the context of the university setting is that of an outsider; seeing herself as a student but aware of the fact she’s “not like the other(s)” suggests she is defining herself in relation to the wider university population.

These concerns of perception as an outsider are described by Erin, whose menopausal symptoms were compounded by ill health:

at times I wondered how other people saw me as well..... felt conscious of the fact that I was so much older..... did they notice how foggy I am? Did they see how dopey I am? But it was feeling like a failure at the time, because I couldn't keep up with the younger people because I had all this other stuff to deal with (Erin).

Physical symptoms of menopause were a cause for concern also in highlighting stigma. Ruth describes the anxiety of dealing with fluctuations in body temperature:

it's uncomfortable to sit in a room when you're really, really warm. And you're conscious that other people know. And you think you might be smelly and you're not.....you're constantly thinking stupid stuff (Ruth)

Fear of drawing attention sometimes prevents the participants from acting when dealing with “leaky bodies” (Whiley et al., 2022):

Some of the rooms are so warm.....sometimes I've opened a window..... but they just close it nearly straight away.....I don't bother now, I just put up with the heat... I don't want to make a big deal and draw attention (Ava).

As highlighted in the literature review chapter, Goffman (1963:4) theorised that stigma is something which sets people apart from others and can be categorised as “abominations of the body,” which can be seen in the understanding of these women that they are visibly different to the “normal” group. Assertive behaviour in attempting to make conditions slightly better for themselves (opening a window) can draw attention to the “blemishes of individual character,” and highlight the stigma. Goffman (1963) describes how, during such interactions, individuals are placed into categories based on their virtual social identity. This virtual identity may be different than the individual’s actual identity. This is seen with Amy’s description of the awareness of her difference. The gap between these two identities is where stigma lies. When the difference is obvious to others, social identity may be spoiled. Stigmatized individuals often choose to deal with this identity difference by concealment. This can result in stigmatized people feeling they have to perform or manage the perception of themselves in order that they may not be viewed as stigmatized, and their spoiled identity concealed. As Whiley et al. (2022) discussed, “leaky bodies” can be a source of stigmatization, and this is obvious from the participants experiencing raised body temperature and the concern of detection. The women, concerned, their menopausal symptoms would be noticed, take action, or sometimes inaction to avoid detection.

4.3 Silence and taboo

Menopause remains a taboo subject despite half the population experiencing it (Beck et al., 2018; Dillaway, 2005). Associations of menopause with negatively, decay, loss, insanity, and deviance, fuel this taboo (Baber and Wright, 2017; Jack et al., 2019; Krajewski, 2019; Utian, 1997; White, 2002; Whitty, 1993). More media coverage regarding menopause has not necessarily improved this (Krajewski, 2019; Voicu, 2020; Young and Kotera, 2022; Orgad

and Rottenberg, 2023). The research has highlighted that while the taboo around menopause is still evident, it is nuanced. For this reason, this finding has been presented as four sub findings; the historical impact, moving forward, the media impact, and the university context.

4.3.1 Silence and taboo, the historical impact – “nobody was talking about it:”

Embodied social shame and stigma of women were embedded in the foundations of modern Ireland (Inglis, 2005; Keating, 2015; Kennedy, 2020). Women’s identity was based on their reproductive capabilities and family life, and were forged in the fires of a religious, patriarchal society. Patriarchal views are also evident in the medicalised view of menopause and are overwhelmingly negative (Leng, 1996; Perz and Ussher, 2008). The legacy of historic, embodied shame and stigma is evident in the silence from older generations.

Daisy spoke about how her older sister, and older friends never discussed menopause with her, and the impact this had on her:

*Nobody ever spoke to me about it... I was just gobsmacked. The quietness around it...
I(felt) alone (Daisy).*

For Michelle, despite an otherwise open relationship with two older generations, she experienced the taboo and silence around menopause:

Well, with my mother and my aunt and my granny, like, I would have known them very well..... and I never heard them complaining once about the menopause. Never once. And obviously they were going through it, but they were just not saying it..... nobody was talking about it..... and we talked about everything else (Michelle).

Kaufert (1982) attests menopause must be understood not just as a physical experience but a socio-cultural one too. Social meanings of menopause have an impact on women’s experience. As Daisy explained, the silence made her feel alone with her menopause experience. However, as the literature highlights, historically, women’s understandings have

been based in negative, patriarchal, medical frames. The fact that most participants in this study did not discuss menopause openly with preceding generations, can be understood on this basis. However, there are indications that this attitude is changing.

4.3.2 Silence and taboo, moving forward – “just be open with them.”

The participants of this study recognise the taboo around menopause, especially with older generations, and are keen to move away from that. All participants talked about the importance of being open with family members and friends about the menopause experience.

Ciara described why she spoke openly to her own daughters:

Because they know like, what I'm going through like, you know.... realistically, they're all going to go through it (Ciara).

However, the openness with future generations is not limited to female family members as Ruth describes:

having four sons, I think it's important for me to talk about it, and I was the same with periods as well. Like, just be open with them so they know what's going on (Ruth)

As highlighted in the literature review chapter, taboo around women's issues generally has changed in Ireland in recent times, with women's voices coming more to the fore (Cullen and Korolczuk, 2019; Davina McCall, 2021; Kennedy, 2020; Liveline, 2021). These participants exemplify how they are the “in-between” generation, caught between the legacy of historical silence, and striving for better for the next generation. The women of this study attribute this to media discussions on menopause.

4.3.3 Silence and taboo, the media impact – “brought this whole thing into the open.”

Orgad and Rottenberg (2023) found that celebrity culture has helped encourage a more positive framing of menopause. This is evident from this research as many of the women cited the Channel Four documentary, “Sex, myths and the Menopause,” a program which was made, despite the host being advised against it, on the basis that it would be “ageing and unsavoury” (Davina McCall, 2021). This type of media representation can encourage more open conversation around menopause. This research shows this to be the case for the participants, with the Channel Four documentary being particularly influential:

she (Davina McCall) single handedly brought this whole thing into the open and got women to talk about it, and realise it's a normal part of life, and it should be more talked about, and openly acknowledged (Michelle).

While this demonstrates a significant shift in attitudes over one generation, the literature highlights how there can be many contradictions in media representations, including the presentation of menopause as an individual challenge which may detract from social and cultural awareness and understandings, and reinforce medical understandings (Krajewski, 2019; Orgad and Rottenberg, 2023; Voicu, 2020; Young and Kotera, 2022). In this study the desire and willingness for openness among the respondents, did not extend to all social contexts, and the individualisation of menopause was seen in the university context.

4.3.4 Silence and taboo, in the university context – “that's a me problem.”

Despite the willingness for openness, this study has revealed that taboo still exists in some contexts. Symptoms of menopause bring some challenges for mid-life students. Brain fog emerged as something which had a negative impact on study. However, there was a reluctance to discuss the impact of this challenge on their studies, with lecturers, particularly male lecturers.

They don't need the aul wan in the class coming up and kind of going, oh, well, you know, I was sweating, and I couldn't think, and you know that type of thing. I think

that's a me problem. It's gas. I talk to anybody. But I, don't think I want to use that as an excuse..... And I don't want them to think, if there's a drop (in grades) or something for them to turn around and go, oh Jesus, that's menopause. Like God love her..... But I've never felt I'd have an issue going to talk to someone if I was having an academic problem. but I don't know if I brought in the personal whether that would change perception. (Ruth)

For Ruth her reluctance to speak to a lecturer was based on the fear she would be perceived to use her stigmatized identity as an excuse for a decrease in academic results.

For Ciara her reluctance was more emphasised around speaking to male lecturers:

Oh...less absolutely less (likely to go to a male lecturer) I don't know if the men actually take menopause seriously (Ciara)

These excerpts highlight how the women are conscious of how they are perceived. This had a gendered impact, with women unlikely to approach a female lecturer, but even less likely to speak to a male lecturer.

Steffan (2021) suggests women are concerned with how they are perceived to be perceived resulting in menopause being a stigmatised identity and a taboo subject. In the workplace, women avoid discussing menopause in fear of being considered incompetent (Beck et al., 2018; Steffan, 2021). This holds true for the university experience also. As Atkinson et al. (2021) and Deeks and McCabe (2001) found, this can lead to the concealment and the minimization of symptoms. “Abominations of the body” can produce stigma (Goffman, 1963:4). Stigma is not in the attribute or in the audience, but in the relationship between the two. In this study, the women feel stigmatised with certain audiences, but not with others. With older generations the subject was often taboo, however, with the younger generations there was more openness and discussion on the topic, a change which is linked to more representations in the media. This change is not obvious in all settings. Social context is

important, and stigmatized people often engage in managing their social identities to navigate their environment. Silence and taboo are more obvious in some social situations where the difference, or perception of difference is highlighted. While historically, taboo and silence were present in a wider audience (Inglis, 2005; Keating, 2015; Kennedy, 2020; Whitty, 1993), in university, taboo was more evident when the audience was in the form of a lecturer, and this was gendered. It suggests these women, in what Goffman (1963) refers to as “impression management,” feel the need to manage their stigmatised identity and get on with their studies, and not draw attention to, or use their menopause symptoms as a reason for accommodations.

4.4 The desire for affiliation - “maybe you’re just not alone.”

As highlighted in the literature review, menopause is viewed as a personal, individual issue (Hayfield and Campbell, 2022; Orgad and Rottenberg, 2023; Steffan, 2021). Women experiencing menopause in the workplace conceal menopause symptoms to avoid being stereotyped or judged (Grandey et al., 2019; Jack et al., 2016; Riach, 2007; Steffan, 2021; Theis et al., 2023; Whiley et al., 2022). The UK government has recognised the need to develop policies to support mid-life women in the workforce. This type of action can help offset the stigmatization of menopause (Jack et al., 2016; Steffan, 2021). Supporting mid-life women while navigating the menopause transition in the workforce recognises their worth and contribution to society and the economy, as well as helping de-stigmatize a natural life stage. Supporting midlife women through education would complement workplace involvement. Naworska et al. (2020) found that a strong social network helped improve attitudes to menopause while having a positive impact on physical and mental health. This study found a desire for supports in the university setting.

Many of the women described how they were influenced to attend Maynooth University due to a belief that it is known for its high numbers of mature students. However, their expectations of being among many similar people, were not met:

I was told Maynooth loves mature students, I was so disappointed, I couldn't see anyone who looked like me..... I felt it acutely. There are supports there for other things like pregnancy, but I've never seen anything about our age group advertised.....our needs are more specific to our age (Amy, respondent D)

The need for an affiliation group was expressed by many of the participants. There was a consensus that existing mature student groups within the university did not meet this need, as the age group is too broad (age twenty-three and over). Many of the women expressed a desire to have the opportunity to meet with other mid-life women in the context of university.

Erin expressed the idea for a network:

maybe set up a network with mature students as well.... an actual support network rather than a social society (Erin).

While others expressed a desire for a physical space:

it would be great if even if you had somewhere a room where you could go and sit down and just pour your heart out to somebody that understood (Michelle).

Others explained why such an affiliation group is important:

just, you know, that maybe you're just not alone. (Emily).

The participants desire to be part of a group, where a feeling of belonging was experienced, rather than a feeling of being an outsider. This suggests a perception of being not just a stigmatized individual but part of a stigmatized group, or in Goffman terms, a “tribal” category (Goffman, 1963:4). Within a tribal group, where everyone shares the same stigma, individuals will not feel their stigma. Goffman (1963) attests that while the discrepancy between a stigmatized individuals virtual and actual identity may result in them avoiding contact with others, they may seek out other similarly stigmatized people (“the own”) or people who are sympathetic and understand the experience of the stigmatized (“the wise”) (Goffman, 1963:19). The excerpts above demonstrate the participants desire to seek out “the own.” As Naworska et

al. (2020) argues, affiliation groups can have a strong positive impact on the lived experience of menopause.

4.5 Intersection of life events – “the perfect storm”

This study found that experiencing menopause transition is just one factor in navigating midlife. It cannot be viewed in isolation but must be understood in the context of the individual's life experience. The menopause transition is therefore a nuanced experience (Winterich and Umberson, 1999; Dillaway, 2005). Williamson (2000) found that for third age students' freedom from caring duties can present an opportunity to achieve unfulfilled ambitions, and this is clear in a midlife context also. However, Formosa (2012) points out, many older women have unique barriers to education. Menopause occurs during midlife when many other demands such as family and health intersect (Dillaway, 2005; Winterich and Umberson, 1999). For some of the participants in this study, freedom from caring responsibilities freed them up to attend university, while for others, they were managing the demands of college with caring responsibilities of younger, and older family members. The intersectionality of midlife demands was described by Daisy:

It comes at such a difficult time.... because you could have teenagers whose hormones are raging, and your own hormones are raging, and you could have elderly parents you're trying to help. It's just a perfect storm of everything culminating at that age, it gets trickier (Daisy).

For some menopause, and mid-life demands intersect with other personal health issues:

(with menopause) you do tend to put on a bit of weight around your tummy and that is like, that's sorta hard..... I would have had an eating disorder in my 20s, which doesn't help with weight gain..... and that frightened me as well (Ciara)

The participants in this study are experiencing a range of health-related issues, including chronic pain disorders, eating disorders, post-cancer recovery, gynaecological problems and so

on. These intersect with the menopause transition. For two participants, Hormone Replacement Therapy (HRT) to assist with menopausal symptoms, was not an option due to health histories. This is particularly difficult when there is a perception that women need to “fix” their menopause (Hayfield and Campbell, 2022; Krajewski, 2019; Steffan, 2021). As Erin explains:

When its medically induced its straight in, crash, bang, wallop, you go in the height of menopause, its shorter, more intense, I had very, very intense hot flushes.... night sweats, just waking up in a pool of sweat, itchy all over.... there's no HRT, there's no treatment you can take really to help.... I just had to deal with it (Erin).

Taking on a new identity as a student during this mid-life phase represents much anxiety for the participants and mid-life students must adapt accordingly. As Amy explains:

I am aware of the fact that I'm doing something at a point in my life where it's probably difficult. But, I think that we do things in a different way, I know that I do things slightly differently.....I think when you're a mature student, you're inclined to be a bit more studious (Amy).

Goffman (1963) attests people can acquire stigma at any stage of life and refers to “third pattern” as a stigma acquired in later life (Goffman, 1963:34). This can represent a readjustment period or a “turning point” (Goffman, 1963:38). The above excerpts highlight how the combination of stigmatized identities, together with mid-life responsibilities combine with the student identity to become a period of readjustment. For these participants the readjustment means working differently to counteract and cope with the difficulties mid-life presents.

4.6 Ambition - “we're not here to tick boxes.”

As explored in the review of the literature, women may choose to study in later life as gendered norms and socialisation meant opportunities were not available earlier (Formosa, 2012; Williamson, 2000). Freedom from caring responsibilities give women time and opportunity to pursue their ambitions (Williamson, 2000).

Emily, who left school at fifteen for personal and family reasons, explains how attending university is fulfilling a long-held ambition:

I promised myself at some stage I would always go back into education.

..... it was my time and I've kept that promise to me (Emily).

The timing of attending university was important as there was a feeling of being freer from caring responsibilities and being able to pursue their own ambitions:

My kids are old enough now to do more for themselves..... so I said fuck it, it's now or never (Ava)

Older students are not simply passive learners, but active participants with ambitions to utilise and/or further their education (Formosa, 2012). This research supports these assertions. This study demonstrates that the participants have hopes and dreams backed up by determination and resilience to overcome any barriers they may encounter due to their mid-life and menopause status. These women have high expectations of themselves, and their academic achievements reflect this. In that regard they identify as different - more studious, and more serious - than younger students:

(some younger students) are quite content to get forty or fifty percent..... we're not here to tick boxes, we're here to do the best that we can do. I mean, it took us a long time to get here..... we're giving as much as we can physically and possibly give (Ruth).

This ambition for high achievement is present, despite the hurdles of mid-life. Brain fog is one such hurdle which impacts all the participants in this study:

I do a lot of reading I can't remember it when I go into class. It's as if I've never even opened it.... the retention is a big thing (Ruth)

Ciara describes knock on effect of memory problems on her work and confidence:

I started to have forgetfulness and not being able to concentrate and sort of lose my train of thought really quickly, and all that type of stuff..... everything was taking longer..... I was thinking like, I don't know if I can do this anymore (Ciara)

Ava explains how “brain fog” changes how she works:

At times brain fog and tiredness kicks in, I think they kinda go together..... I have to be very organised, make sure I've left myself plenty of time to get assignments done. I don't know when I'm going to hit a wall.... I can't afford to leave things to the last minute.....sometimes I think I have to put in twice the effort as the younger ones.....you can end up very anxious about it all (Ava).

Despite the challenges encountered, the participants show resilience and determination in overcoming them to fulfil their ambitions and achieve high standards in their academic endeavours. Additionally, Amy describes how studying itself may in fact be an antidote to brain fog, something which Formosa (2012) also attests to:

If you have brain fog due to menopause, isn't studying the perfect way to counteract it?
(Amy)

Goffman (1963:10) also describes how stigmatized people compensate for their stigmatized shortcomings through “tortured learning.” This is where stigmatized people dedicate themselves to mastering their shortcomings through immense effort. This is useful for understanding the efforts undertaken by the participants to overcome the midlife barriers, particularly brain fog, in university. Stigmatized people can sometimes use their deviance as a learning tool and use it to criticise the performance of the non-stigmatized which is apparent with the comparisons to younger students. Impression management as described by Goffman (1963) is clear here also, as the participants differentiate themselves from younger students in terms of performance and attitude to study.

4.7 Summary of findings

The purpose of this study was to explore the personal, lived experience of navigating the menopause while attending Maynooth University. Chapter two discussed and analysed peer-reviewed literature. This analysis revealed themes of stigma and taboo, which were framed in medical understandings, underpinned by patriarchal, historical notions of bodily shame. Indications of societal change visible through media representations were noted. Despite this, menopause is still depicted as an individual experience to be managed and fixed alone. There is a dearth of research on the experience of studying at third level while navigating the menopause transition which this study has helped to address. The data collected from eight semi-structured interviews with students, who are experiencing menopause transition, were analysed using the understandings gained through the review of the literature. Stigma, silence and taboo, desire for affiliation, the intersection of life events, and ambition emerged as the main findings. This section provided a detailed account of the findings within the context of the literature review and the theoretical lens of Stigma (Goffman, 1963). The findings were broadly in line with the literature review. However, more nuanced understandings of taboo emerged. Additionally, new findings on the lived experience of the menopause transition while attending university have emerged. Mid-life students are unique in that they are pursuing education at a time in life when many challenges intersect, including menopause. However, despite this, mid-life students are committed, serious students who are fulfilling long held educational ambitions. They have expressed a desire for their different status to the majority student body to be recognised.

Chapter 5: Conclusion

This research explored the lived experience of navigating the menopause transition while studying at Maynooth University. Menopause is something which all women will experience. Understandings of this transitional life phase are overshadowed by medical framings which do not reflect the actual lived experience from a social, emotional, physical, or mental perspective. It remains a stigmatizing, taboo subject. Embodied shame was part of the lived experience of Irishness. However, there are indications this is changing, and women's voices are being heard, the repeal the eighth campaign being a recent example.

The literature review chapter highlighted teams of stigma, taboo and understandings based on the medical view of menopause, and the historical legacy of shame of the female body. Media discourses have helped bring discussions on menopause to a public sphere, and the impact can be seen in recognition that workplace policies need to be developed to support midlife women in remaining in employment. However, despite midlife women demonstrating their educational ambition, and the positive impact education can have physically, mentally, and socially (Formosa, 2012) it is an area that is under researched.

The aim of this study was to address that knowledge gap. This research has supported the findings of the literature review and additionally has presented nuanced understandings of how stigma and taboo connected with menopause, intersect with age and the experience of studying at third level for mid-life women. Media discourses have begun to embolden women to be more vocal, however, menopause is still experienced as an individual event which needs to be managed alone. The participants in this research navigate many barriers particular to this stage of life, however, they are high achieving students, who do not look for, or expect, concessions, but desire to be facilitated in finding their "own," (Goffman, 1963) and to be understood as a distinct group.

These findings indicate that mid-life women in third level education need their nuanced needs recognised and facilitated. The literature review has highlighted how supporting midlife women to remain in the workforce would have economic benefits (Atkinson et al., 2021; Orgad and Rottenberg, 2023). Such support can in turn help to move the emphasis on negative, patriarchal, medical understandings of menopause, to more positive, open, freeing perceptions. The participants in this study have indicated they are ambitious and wish to return to, or reinvent themselves in the workplace, and education is a stepping stone to fulfil that ambition. Recognising the unique experience of mid-life women in third level education would have many benefits. Firstly, to the women themselves. The literature review chapter highlights the historical legacy of social control endured by women in Ireland. Supporting women who are currently at mid-life stage would assist in moving beyond that legacy and allow them to make recompense for missed opportunities earlier in life. As the literature review highlights, education at midlife has an added benefit of decreasing health risks associated with age. Secondly, society would benefit from encouraging women, with much life experience to be fully engaged in the world around them through education and work. Thirdly, this would have economic benefits as retaining women in the workplace ensures they are contributing financially through taxation (Atkinson et al., 2021; Orgad and Rottenberg, 2023). Economic and social benefits would also be gained from a healthier society also.

While this research has produced novel findings, it is a small study. It is important that more research is done to fully understand this life stage from a social perspective in various settings. This research has shown that mid-life women are ambitious and have a lot to offer the world around them. However, they are in a unique situation of experiencing many intersecting life events, including menopause. With the right, research based, supports in place, mid-life women can be empowered to fulfil their own ambitions, utilise their strengths, and contribute positively to the world around them.

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Appendices

Appendix 1: Consent form



Thank you for agreeing to take part in my Special Topics assignment in the Department of Sociology at Maynooth University.

I am undertaking a research study under the supervision of Akangshya Bordoloi and Dr. Paul Ryan.

I am conducting research on the lived experience of students navigating the menopause transition while studying at Maynooth University. This is an under researched area and the information gathered in my research will help enhance understandings of this life phase in the context of adult education.

Your participation will involve a one-to-one interview, lasting no more than one hour. The information you give in the interview will be used in the research.

With your permission the interview will be recorded. I will store the recordings and notes safely. Your identity will be confidential, and I will use a pseudonym to identify your interview data. Neither your name nor private information will appear in the final thesis.

All information that is collected about you during the course of the research will be kept confidential. No names will be identified at any time. All electronic information will be password protected and will be accessed only by Samantha Cullen.

You are under no obligation whatsoever to take part in this research. If you decide to do so, you will be asked to sign a consent form and be given a copy of this for your own records. You are free to withdraw your information up until such time as the research findings are transcribed and edited (20th March 2024).

The research will be written up and presented as a thesis. A copy of the research findings will be made available to you upon request.

You may contact my supervisors Akangshya Bordoloi or Dr. Paul Ryan if you feel the research has not been carried out as described above.

If you need any further information, you can contact me: Samantha Cullen, email: sxxxxxxxx@xxxx.ie, mobile: xxx xxxxxxx

If you agree to take part in the study, please complete and sign the consent form below.

I have read the information above and consent to participate.

Signed:

Date:

Appendix 2: Interview Guide

Research Question:

What are the lived experiences of students navigating the menopause transition while studying at Maynooth University?

Themes:

Menopause, identity, well-being, performance

Interview Guide

Consent – go over consent and recording.

General background.

Family, education, work etc

Menopause

General understandings

Sources of information

Symptoms

Support - medical

Experiences

Life impact

Action taken?

Understandings now v before

Identity

Attitudes to aging/body

Perception of others of you

Performance

Impact on college work?

Impact elsewhere? Work/Home/Social

Well-being

Supports – college and elsewhere

What supports would you like to see in college and elsewhere?

Appendix 3: Advertisement for Sample Selection



PARTICIPANTS WANTED



My name is Samantha and I'm a (very!) mature student doing an undergraduate thesis for Sociology. It is aimed at understanding the experiences of studying while managing (peri)menopause symptoms.

Participation will involve a one-to-one, informal interview, that will last between 30 and 60 minutes.

If you have experienced symptoms while studying (at any level; undergrad, masters, PHD) and you are interested in participating, please contact me on the email below.

Many thanks,

Samantha

Appendix 4: Interview Transcript

Name: Ciara (pseudonym)

Age: 55

Occupation: Full time student

Date: 22nd February 2024

Transcript:

Samantha (Interviewer)

Thanks very much for agreeing to talk to me. So we've had a chat about the consent and you've had a read of the consent form, and you understand and you're happy its being recorded.

Ciara (Respondent)

Yeah

Samantha (Interviewer)

And you know the consent can be withdrawn anytime up until the 20th March, I think, its on the form, yeah the 20th.

Ciara (Respondent)

Yeah that's fine

Samantha (Interviewer)

So we've had a chat already and you ah know I'm looking at the experience of being a student while managing menopause symptoms?

Ciara (Respondent)

Yeah.

Samantha (Interviewer)

OK, great. Thank you. Yeah. And, so, tell me a bit about yourself. Your background

Ciara (Respondent)

Right, OK, well, I'm a XXXXX lady, always have been, but I'm now living in County XXXXX. Yeah, I have three children and I'm currently studying for a BA in xxxxx and I have a husband (laughing)

Samantha (Interviewer)

Why are you laughing?(laughing)

Ciara (Respondent)

Well, you know just, I forgot about him if you can believe it, I have a life partner, I would say. Yeah. Yeah. So that I've been with for like, what, nearly 35 years now? So. Yeah. No, like, yeah, lifes good, lifes good.

Samantha (Interviewer)

Very good, so ah what brought you to Maynooth?

Ciara (Respondent)

Well, I sort of messed about with education for a while. I've done some education in xxx, and xxx, and xxx, and I came here, and I thought, yeah, I really wanted to be a social worker, so that would have been my goal, but since I've been here, that's changed. Like I just thought. OK, let's get serious again, I'm sort of at the age now where I sort of felt either do it do or not. You know so yeah, that's what brought me. Yes. And then when I picked Maynooth specifically because a guidance Counsellor said it'd be a better fit. Not that not that would be a better fit in a way, but she said I thought I might go. I'm better here because I was accepted into Trinity, but uh yeah, I had. I had to weigh up the pros and cons and I felt this probably the right fit for me. Am, there was a there's a bigger population of mature students and stuff like that. So yeah, just feel more comfortable here.

Samantha (Interviewer)

Ok, and what were you doing before then?

Ciara (Respondent)

Ah, I was working in xxx.

Samantha (Interviewer)

And did you enjoy that?

Ciara (Respondent)

Working in xxx? Yeah, it's all right. Very harrowing. Very tiring. You sort of, Am, It's it type of job where you get, like sort of it. It's a great job. It's very rewarding. But like it just uh, it it can play a lot on you as an individual. And yeah, it can be very harrowing at times. So I knew I needed to change.

Samantha (Interviewer)

Yeah. I know what you mean. So you're working now?

Ciara (Respondent)

No, not working now. Full time mammy back again.

Samantha (Interviewer)

Full time student as well, and you're in your final year as well yeah

Ciara (Respondent)

I am. Yeah.

Samantha (Interviewer)

And am, are you looking forward to finishing up?

Ciara (respondent)

Yeah. Well, I'm hoping to do my masters in xxxxxxx. Yeah, and. And you can see it change from being a social worker, where I actually seen that, like, policy is an issue. Yeah, can actually help people. And like even what we're going to be discussing later about HRT and stuff policies and as way of accessing medication and stuff like that. Before you wouldn't so policy can make a big difference in people's lives. So I think that's the way I want to go.

Samantha (Interviewer)

That's great that you found what you wanted to do. And am so as you said what we're here to talk about menopause, so I suppose just to confirm first of all that you're experiencing menopause transition.

Ciara (respondent)

I am, I actually am really, truly like I'm actually I'm 55, but I've only started experiencing symptoms in the last year, so I've actually quite lucky. The doctor said I'm quite late coming to menopause, so I would have really thought about it over the last sort of year and a half? Basically, the last year?

Samantha (Interviewer)

And so, yeah. So a year and a half. And am so like, how would you describe menopause if you have someone asked?

Ciara (respondent)

Madness, Madness, Madness is the word for it and yeah, very alarming. You think, like, after going through the process of having children and getting that little bit older, that life was going to change, it was going to be good, your periods would stop, you'd stop being emotional or you know, you were actually in a good space then all of a sudden, as I said, the madness happened and ah, this takes over your life. You know every aspect of your life and at the beginning, I didn't really know what it was. So it was a little bit sort of God what's going on now like, you know what I mean? But like, yeah, so madness, basically.

Samantha (Interviewer)

So did it take by surprise then?

Ciara (respondent)

Yeah, really. Because I've actually thought I might have gone through it already because usually you can start like a lot younger. I thought actually, maybe I've gone through it and I hadn't experienced any symptoms and I was going.....(shrugs)

Samantha (Interviewer)

Right. Yeah. You thought you were one of the 20%?

Ciara (respondent)

Yeah (laughing) that this didn't happen me. No, it decided, no, it was my time. So I'd say I was about 53. So like I'm 55, so yeah, yeah, about the last year and a half.

Samantha (Interviewer)

So you were in college when it kicked in, yeah. And so, like, would you have been aware of what the signs of menopause were before you started?

Ciara (respondent)

Well, I've always been aware, but like I wasn't really when I sort of started to have forgetfulness and not being able to concentrate and sort of lose my train of thought really quickly, and all that type of stuff. I was thinking OK, what's going on here? And then I got started to get flushes and I knew that they were associated with it, then, I thought, OK, this has to be hormonal or something going on that's not right. So yeah. I would have been aware because you do hear about it and you do, but I wouldn't have really looked into it. I wouldn't have really engaged with it because it didn't affect me. Whatever it did start to affect me I did start to engage with it.

Samantha (interviewer)

OK, is it fair to say that until you got physical symptoms that the other symptoms maybe didn't set off the alarm bells?

Ciara (respondent)

Yeah. No, no. It was only when I got the the physical symptoms that, like the, the flushes and the stuff like that, I was like, OK, this has absolutely this has to be.

Samantha (interviewer)

They're kind of the more stereotypical kind of things, I think.

Ciara (respondent)

Absolutely, yeah, this has to be, like the change, like my body has to be experiencing something that's actually, you know, hormonal maybe or something.

Samantha (interviewer)

And like, where would you have gotten your information about menopause before or?

Ciara (respondent)

Am really, just through conversations with people, maybe and stuff like that, I would have heard from like we sort of, uh, you know, my mother or people like that talking about like, going through menopause and stuff like that. But like and then you see some information on television and stuff like that. It's not...they would be the ones that would have would introduced me to it. I would have, I would have heard about it, you know. And but now there's more like, there's more like in the public domain now, more now and it's....you do see it and you do see it on, you know, advertising in doctor's surgeries and places like that. But really, the first sort of interaction I would of had was the older generation is sort of being talked about this stuff. Yeah, well, my mum was pretty open like she would have talked about menopause quite a bit. So, like, yeah, I think she probably felt the madness.

Samantha (interviewer)

Yeah, like thats great. Cos like my mother doesn't talk about it at all.

Ciara (respondent)

No. Oh, yeah, it's it's like, yeah, it's one or the other. Like, I'm open about it now. You know what I mean? With my own daughters. Because they know like, what I'm going through like, you know, that's right.

Samantha (interviewer)

Yeah, do you think that's important for them in the future.

Ciara (respondent)

Yeah, I do, because I mean, realistically, they're all going to go through it, you know? So you know.

Samantha (interviewer)

Yeah, that's true irrespective of whether they go on to have children or whatever,

Ciara (respondent)

Yeah, that's going to happen. Yeah. Yeah.

Samantha (interviewer)

And so kind of now that you're kind of in the middle of this, are your understandings the same as before you started going through it or different?

Ciara (respondent)

Well, I I know a little bit more about it now and I know sort of what's the effects that has on your body and stuff like that, like where, where I even though I experienced them, I didn't really sort of know what they were. And then like, I actually, I am on medication. So I had a really understanding doctor so when I went to her like she, she explained to me. She gave me the pros and cons and gave me information to read and websites to go on. So yeah, I've learned. I've learned a lot more about it now.

Samantha (interviewer)

Yeah, yeah, that's good. And like with your doctor, did you go to your own GP?

Ciara (respondent)

What happened was it wasn't the usual GP I have, but it was another. Both the GP's I use are, now are female. The one that I usually have is out sick and I got another doctor and I actually think that was a really good thing, because I think my other doctor would know me too well, and because I, like, I was recently diagnosed with celiac disease and some other sort of medical issues, they probably would might put it down some of the stuff, like I don't think she would look for menopause. Do you know that type of way where this doctor didn't really know my medical history, so straight away, she said to me do, you think you think it could be this, or this and do you know what's happening? And explaining the symptoms like the night sweats which are absolutely horrific. They're..... they're... they're the ones, that I think, the day ones are bad. But the night ones were absolutely horrific. So I think she sort of listened to me and listened to what I had said and then gave me a lot of information back to go and research stuff. But to ultimately make my own decision on whether, I wanted, what route I wanted to go

Samantha (interviewer)

Yeah, like be open minded about it.

Ciara (respondent)

Absolutely more open minded and a big woman's advocate, which is, you know what I mean? Like she has this big interest in in you and your situation and like, you know everything which was great, really comforting. Like this was a big thing for me like you know what this this doctor actually does really understand and is listening to me.

Samantha (interviewer)

Yeah. Yeah, I think that's really important, isn't it? Especially when you have the psychological, or maybe not psychological, but you know the forgetfulness you mentioned and stuff like that.

Ciara (respondent)

No it is psychological. It is like, yeah. So that. Yeah, yeah. And then even with that forgetfulness you sort of you sort of second guess myself all the time. You know what I mean? Like is that right or you know I I wasn't, I wasn't believing something, like my own ability which like was really really scary, you know, that really did frighten me, cos usually like I'm quite decisive. Yeah, whether that's right or wrong or a good thing, I don't know. But like to suddenly go to being completely undecisive was like, oh

Samantha (interviewer)

So is it fair to say it felt out of character for you, not yourself?

Ciara (respondent)

Yeah. Absolutely. Absolutely.

Samantha (interviewer)

Yeah. Yeah, and you were offered HRT?

Ciara (respondent)

Yeah, And I actually decided after I did some reading. I didn't just go ah yeah, I was like, I did some reading. And I thought the benefits outweigh..... the benefits of having the medication outweigh the sort of, like I know there's effects and those things have happened, but I'm lucky that I haven't experienced any. You know, I've actually been OK.

Samantha (interviewer)

Yeah, yeah, yeah, I know what you mean. And like would the doctor have explained any potential negative impacts of HRT?

Ciara (respondent)

Am she didn't really actually, I have to say that. She was more pro medication I have to say that because she was saying about bone strength when you get older, heart disease HRT will actually really help with that process. So she was more pro. Con's ok she was saying that, hey, you could get blood clots, this can happen, that can happen. And but she said to her was she was talking about her decision she said let me put it this way, she said to me when I'm your age cos she was younger than me, so I start laughing and she was oh I didn't mean, and I was like its ok I'm used to that, and she said, when I'm your age, I'll be taking HRT. You can be so indecisive, that meant that getting to make that decision, Like, why didn't she really like? I know I made it myself and I did read a lot about it, but I think she really sort of like, when she said that to me, yeah, like, OK, I can go with that one.

Samantha (interviewer)

A bit of clarity or reassurance?

Ciara (respondent)

Yeah, and that with a bit of clarity and a bit of reassurance that this would be OK, yeah

Samantha (interviewer)

Yeah, yeah, because it is hard if you're in that mindset where you're you're struggling and you can't find clarity with things

Ciara (respondent)

Yeah its like a brain fog and its always there, no matter what you do

Samantha (interviewer)

Yeah, yeah

Ciara (respondent)

Yeah, no matter what you're doing even making dinner. Like just standing there, making the dinner, and the kids are like "mam, what are you doing?" (Laughing) And I don't know where I went because

I didn't go anywhere in particular, but I just completely zoned out like Jesus. What's wrong with you, woman?

Samantha (interviewer)

And again is that, that's a character for you?

Ciara (respondent)

Oh, absolutely. I'd be very sort of focused, you know, and you know.

Samantha (interviewer)

Do you find that in, like in college work then that that affects you when you're in college like that's just that's zoning out and yeah.

Ciara (respondent)

Yeah, it was actually terrible. Like trying to write an essay or, you know, you, you'd lose your train of thought, what am I trying to say here and you go, back over what can you have written, it was load of rubbish

Samantha (interviewer)

Yeah, yeah.

Ciara (respondent)

And like I can't believe I wrote that. Like, so everything was taking longer, and it would become more like I was thinking like, I don't know if I can do this anymore. Like before I went on HRT the kids kept saying, you know, you can do this, mam. Like, you know, they were very reassuring. And they were like, c'mon Mam, you can write this stuff in your sleep. What's wrong with you? Do you know what I mean? Like what? Like it was like I couldn't...it wasn't coming together on the page. And it wasn't making sense. And then, like to read, read back over it and I go what the hell? Like but you know, now lucky enough that's changed. Yeah, that's changed.

Samantha (interviewer)

Yeah...(inaudible)... And when you were feeling like that, like with college work that you were maybe, did you realise you were struggling in the moment or was it...like, or was it afterwards, looking back?

Ciara (respondent)

I probably realised there's an issue when I, as I said when I read back over the stuff I'd written and I was going...what? Like it was sort of like in a different language. It was like I wouldn't even like. It was like, you know, the way you go to college, you were in your academic tone and you, you know, and I was reading back over, still written, and I was going, and I was going Jesus,

Samantha (interviewer)

Yeah.

Ciara (respondent)

You know, like, what the hell is that? Honestly, you know, like it was like. And then, like, when I'd read back over and I I sort of change, you know, and go on with it like it, what is going on, you know what I mean? What happened here?

Samantha (interviewer)

Yeah.

Ciara (respondent)

Like result wise and everything it was fine, like I did really well but that like that's because it took an awful lot of work and effort more so now, more so back then then then it does now. Now everything is a lot sort of, it's coming together easier and able to get me head around stuff but back then no it wasn't (inaudible) and it was horrible

Samantha (interviewer)

I know

Ciara (respondent)

Like yeah, because you're used to being able to achieve a certain level and then all of a sudden it's not there anymore and you're going. What's going on, you know?

Samantha (interviewer)

So would you say, to keep the results the same. You have to work extra hard to to keep to keep everything the same.

Ciara (respondent)

Definitely twice as hard. Yeah, twice.

Samantha (interviewer)

Yeah. Yeah. And. And would you have felt, would you have felt that it was would have been OK for you to go to a lecturer and explain what was happening? Would you have felt comfortable if you needed an extension or just a bit of understanding?

Ciara (respondent)

Yeah, I think. I don't know. I actually didn't go because like, I sort of just put my head down and got, and it's probably spent a lot more time on it than I should have. But like I, maybe I should have gone and asked, do you know what I mean? Maybe it should have gone. Look, I'm going through this or whatever but then I didn't want, I didn't want to like and and we're in a position here in Maynooth that a lot of lecturers are women so they would've understood, but did I really want them to know? I don't know

Samantha (interviewer)

Yeah.

Ciara (respondent)

I don't know why I didn't because I probably should of, but I don't know why. But I can't explain why I wouldn't have gone to them and said because I'm open about it, I've no problem with it.

Samantha (interviewer)

Yeah.

Ciara (respondent)

I don't mind talking about it if someone asked me questions or like 100 percent I've no problem but like just probably didn't feel I could, maybe, I don't know why, I just don't know why.

Samantha (interviewer)

And would you do you, would you change that if you were to go back, would you go back and?

Ciara (respondent)

Oh, absolutely. Yeah. I would have went straight away and said look I'm (laughing) having really bad, flushes, I can't concentrate, my brain's gone, I'm finding (inaudible) struggling to write this. Can you help? Or what can you do for me? Yeah, I would now. I would now. But back then when you're going through it, probably not, you know, because like it was, it was sort of, when you're going through at the start, you sort of feel like, like..... when people look at you and talk to you and you're speaking to them you. I'm. I'm actually. I'm sort of second ... what am I gonna say? Do you know what I mean. What's actually going to come out of my mouth? Because I was saying stupid things, you know (laughing) stupid. And then like it was like, OK. And even people look at you going what? (laughing) (inaudible) so you know, I don't know like back then I probably I was a bit probably bit afraid of that I wouldn't have been able to maybe verbalise what I wanted to say correctly and you know get it right and whatever but like ah yeah, no. Weird

Samantha (interviewer)

Yeah and if you had gone like would would you have been concerned about what they might have thought of you, how they they would have perceived what you were going through.

Ciara (respondent)

The fact most of them were women probably not. I'm taking them, assuming, they would probably feel that that well and the most of the lecturers that we have would be older women. So like they honestly maybe younger or older myself but like in that bracket where they could possibly have gone through menopause. You would have hoped that they would have understood. But then not everyone experiences the same symptoms. So they mightn't have, they might say, look, I had to get on with it. You know what I mean? So. And you get a lot of that. There's a lot of people that actually feel that way. Yeah. You know, sure I've gone through it get on with it. You know what I mean? But its different for everybody

Samantha (interviewer)

Yeah, that's true, yeah it is and then everyone has different ways and approaches to HRT or what they can and can't take and and, but if so, if you'd had to have to go to a male lecturer would you have felt less or more likely to go?

Ciara (respondent)

Oh...less absolutely less

Samantha (interviewer)

Any why is that?

Ciara (respondent)

I don't think they'd actually, probably, I don't know. I don't know when the men actually take menopause seriously. I don't think they think they think it's just so it's another woman woman's thing really. Like I don't think even my own husband. He knows I'm on medication but he's never really asked me about it. He's never asked me how I feel about it. So I don't think, if he doesn't and I'm with him 35 years, what would a man who doesn't know me feel. Would he feel any type of empathy towards me? Probably not (laughing)

Samantha (interviewer)

I know, yeah, yeah

Ciara (respondent)

So that really sort of you know, I probably have gone, no to be honest, I wouldn't

Samantha (interviewer)

And so, like, you know, in the workplace, there's lots to talk about menopause. And actually somebody actually sent me something this morning about ammmm.... Oh, I think it's at a European level. They're talking about the possibility of of workplaces not putting in policies and being potentially sued if they don't put in menopause policies. So do you think, like, what

do you think that would be helpful in college for students like given that like as you said Maynooth has a massive mature student population.

Ciara (respondent)

Yes. Yeah, I'm coming from studying social policy. I think it should be a policy in place that deals with the issues relating to ah menopause and then am like the issues that you're like, the forgetfulness or like, I mean, as I said, it's different for everyone. So we had to get a structured structured policy but there should be something some sort of policy where the greater good is considered and that women ah would have am a way of approaching lecturers if there's a policy in place, you know there's a policy in place, if you have got a policy, then yeah, you say, OK, well, that's if know about the policy of course. But like, I'm sure, like, you know, people talk but like, if there's a policy in place there should be a policy where everyone knows where they stand and if there is an issue you can go and you can talk to whoever you need to talk to, do you know what I mean

Samantha (interviewer)

Yeah. And do you think that would like think if there was a policy there that you would have felt more comfortable going to a lecturer, especially a male lecturer, because you have that sort of back up nearby.

Ciara (respondent)

Absolutely. Absolutely. Because the policy is there. So you know, and I mean hopefully to be aware of the policy and like what it entailed. And you know, I mean, you're not asking for anything specific, you're just probably asking for maybe a little bit more time, do you know what I mean? Like, because like, as I said to you time like, it took so long to write a paragraph instead of taking like maybe an hour or two it was taking maybe a day and half. Which is a big stretch, you know? So like, yeah. So maybe just time constraints, I think, are people really struggle with the menopause?

Samantha (interviewer)

Yeah, yeah, I know. Yeah, it's. Yeah.

Ciara (respondent)

Well that's what I struggled with

Samantha (interviewer)

Yeah. And then do you find that tiring?

Ciara (respondent)

Yeah, absolutely exhausted. You're absolutely exhausted. Yeah, that's another big part for it for me. But then again, as I said, if I'd gone to my own doctor she would have put that down as coeliac disease because that is the side effect of that. So, like, getting this other doctor, she didn't really know if it was coeliac or anything related to that disease. So yeah. Yeah.

Samantha (interviewer)

Yeah, so that kind of open minded approach

Ciara (respondent)

Yeah

Is starting to approach it.

Samantha (interviewer)

Am like, so has the experience that you're talking about has that impacted you outside of college as well or just, you're talking about making the dinner

Ciara (respondent)

Yeah, and drifting off, like it did. You know what I mean? Even, like, sort of like, when I when I was going through the stages of it, like in the beginning and stuff like that. I sort of like, liked to isolate myself. Like, like I didn't. I wouldn't go into social situations. I didn't feel comfortable. Where before I'm a very social person. So it did change me. So like, yeah, I sort of shied away

from their family gatherings, parties, people were like what's going on like you know. Ohh, just too busy and you know what was just the fact, I just no, I didn't feel comfortable though I didn't want to go you know.

Samantha (interviewer)

yeah, yeah.

Ciara (respondent)

It it's very hard. It's like because I would be quite social and I do like to talk and I do like to chat and I love my family and I love all that type of stuff and I love gatherings and being around people. But, that sort of changed and I didn't I that was like, that was isolating. You feel isolated. You know, I was very. I felt like very isolated, even though I was in a family of like, I had my kids there and my partner there like it's just so I still felt isolated. It felt very like sort of fairly alone with my troubles at the time, I think,

Samantha (interviewer)

yeah, and did help them with the H..with the H R T then help with that

Ciara (respondent)

Ohh absolutely yeah, yeah,ah no it did yeah.

Samantha (interviewer)

And, like so, would that have affected then like you mentioned about, you know, isolating yourself, would that have affected your relationships then, family members or?

Ciara (respondent)

Yeah, sort of. Yeah, because I was even quiet with them, even with the kids like, it's a really big thing, we would have been always as a family, we always have dinner together. Yeah, I always tried to make that point. It's getting harder. The older they get. But like, just sit at the table and ask them about their day and how it's gone. And like, they'd be coming in, going are

you to have dinner Mam and I just take me plate and go into the bedroom, I'd say I'm going to computer. I'm busy. And they knew it was the difference? What's going on? You know, but like. I just I actually really didn't know that that was, that I was intentional. I think I knew I was doing it but like..... don't know how I felt about that, but like I just sort of I'd go off with my plate, I'd go, I'm going to watch telly and relax me mind or something like. That, yeah, they just found that very strange.

Samantha (interviewer)

Just out of character for you again, like. Yeah, yeah.

Ciara (respondent)

Out of character for me, yeah

Samantha (interviewer)

And like it has, it has going through all the all the things you're talking about, you know, experience and that has that changed how you feel about your body.

Ciara (respondent)

Oh, that that sort a that was another thing that sort of because once you start taking HRT, uh, whether it's slows down your metabolism or does you do tend to put on a bit of weight around your tummy and that is like that's sorta hard. Sorta and yeah, that's one thing. Like, I don't know how to explain it to ya like? That's hard. Like, because everything is about body image even when you get older it doesn't that doesn't go away. Like I would have thought you get older and you wouldn't give a fuck...sorry....you wouldn't care what you look like you know what I mean. You wouldn't. It wouldn't bother ya or whatever, but that no, that has actually bothered me. The fact that I put on weight. And I even said to the doctor, and she's look, she said another year or two will be gone. Don't be worried about it. But like when it's you and it's your image and how you see yourself, you're sort of going, oh, I don't like that. You know what I mean?

You know? So it does change that and that's something that I think like most women will have to get used to.

Samantha (interviewer)

Yeah, yeah.

Ciara (respondent)

That you will, no matter what you eat or what you do.

How much you exercise this is this is just gonna happen do you know.

Samantha (interviewer)

Yeah yeah

Ciara (respondent)

Though, do you know what I mean? And that's it. So look, I've accepted it, but I don't like it.

Samantha (interviewer)

Yeah, yeah, I know exactly what you mean.

Ciara (respondent)

Yeah, (laughing)

Samantha (interviewer)

And do you think ah.....ah.....now this is me losing my train of thought (laughing)

Ciara (respondent)

(Laughing) Right.

Samantha (interviewer)

What are we like? Like has it changed like. Yeah. So you think you still have that even though like as you said you're 55, but you still feel that pressure to look a certain way?

Ciara (respondent)

Absolutely, absolutely, yeah.

Samantha (interviewer)

And is that like, do you feel that pressure is to look a certain age or a certain way?

Ciara (respondent)

Well, I take up a bit lucky because everyone everyone says to me when I tell them how how old I am they go ohh Jesus, you couldn't be that age. So I actually think I've aged alright, but like it's the way you, the way you look, you know like and I think I don't think it's other people's perspective of me I don't I think it's my own I think it's what like I I have I would have had an eating disorder in my 20s, which doesn't help with weight gain, but I've learned to deal with that through certain with certain sort of triggers and stuff like that. You know with certain sort of sort have stuff in place that I'm won't fall back into that way of thinking whatever and that frightened me as well, I was thinking, is this going to happen, you know, because the if I start seeing myself perceive myself in one way. I I'm, it's not true, but like it's an image that I have and it just goes back into my head because of the like the little bit of weight gain and yeah, it's not going to change and but thankfully it hasn't that I've been able to deal with. Do you know what I mean? What what's been happening and accept it. Maybe accept it a little bit, but because the doctor and people have told me this is going to happen. So it is going to happen. You're going to. It's going to happen to you. So you're going to have to deal with it. So you know.

Samantha (interviewer)

Yeah, that's a lot. That's an extra dimension then it's not just about, yeah.

Ciara (respondent)

Yeah. Yeah, it is. You know, and I mean, I'll tell you what as well. I think a lot of people in my age don't like admitting that they have an eating disorder I've no issue with it because I've gone through it been there and come out the other side, thankfully. Bu thats all to do with body image

and I think the pressures are more, I think the amount of young girls now that have like eating disorder and they're hidden eaten like the eating disorder is hidden. Like I didn't, it was only like my mother realised I had an issue. You know what I mean? That it was recognised then but I certainly wouldn't have discussed it or talked about it, do you know what I mean?

Samantha (interviewer)

Yeah.

Ciara (respondent)

Sorry, its off the point, but you know it's to do with like sort of. Yeah. It's all to do your body image and the way you see yourself like you're just your ability to sort of am cope with weight gain, rather than reverting back to this sort of process of like eating and bingeing and whatever you want to call it, you know what I mean and then sort of sort of trying to regulate yourself in a way, you know? I've been lucky that I've been able to keep it up (inaudible) but it takes work. Like, I'm not gonna say it's easy, but it's not. But it does take work. But I'm I, I'm trying to see the benefit and I trying to see the light at the end of the tunnel. Your body will change again so just give it time. So yes. Yeah. Yeah.

Samantha (interviewer)

Yeah. Yeah, So it's yeah, it's a phase of as opposed to forever. And like, do you think because, you know, because we're in college and we're in this environment that's predominantly young do you think that changes how you feel about going through menopause and like the change in your body?

Ciara (respondent)

A little bit. Yeah, totally. Yeah. Well, I wouldn't discuss it with any of the younger people in the class but I don't think that's, it just never happened, its never come up in discussion. But like sorry, what was your question again? (Laughing)

Samantha (interviewer)

(Laughing) I was just saying, yeah, because we're we're in this young person's environment. Does that impact, does that kind of maybe heighten the awareness of the fact that you were going through this change, that's like a mid life change and you know, and even how you look and feel about your body and you're surrounded by all young people.

Ciara (respondent)

Absolutely. Yeah. Yeah. No. Yeah, it is. But like I think the HRT is actually really helping with that. Do you know in the beginning I would have, I did struggle and I felt, oh God. And you know, look at you. Look at this and then like, you know, and then once and HRT, and its like oh, OK. I'm alright (Laughing)

Samantha (interviewer)

Yeah, yeah, yeah. You're more yourself, yeah.

Ciara (respondent)

(Laughing) I just. I just got to go do what I need to do you know what I mean? But Yeah, no, looking at other people and myself, I just, I know, I know. See, I think it's a, it's a generational gap is like all the young people are lovely. They're great, they're beautiful, but they have their own issues. So we'll going through something, you know what I mean? And it just happened I'm in my 50s and going through menopause but like Yeah, well, like, no, I think it's more pressure from myself than would be from anyone that me thinking about anyone else is, you know, myself thinking more pressure on myself by myself on myself to look and feel a certain way.

Samantha (interviewer)

Yeah, I supposed the other thing was about being in like this young environment is that sometimes, like, do you feel like do you feel like when the when lecturers and stuff are or you know these general emails that come around about different things are aimed at you or are addressed to midlife women. Or who are they aimed at?

Ciara (respondent)

I think some of them like maybe like will I get the map stuff (laughing) you know that's for you. But yeah, no, some of the other stuff, like, you know, you know, they're like, they're not really. Yeah, it's. Yeah, I don't know really. It's sort of hard, but like, no, I I feel like I think it's inclusive, but like I it it, I do feel like that because when we're mature students that I don't think the young ones particularly like us that much, not that they don't like this, but like they're because we're so sort of like, what's the word? Our work is so.....ahh

Samantha (interviewer)

Studious (laughing)

Ciara (respondent)

Studious. Yeah. There you go. So, like they're going. Oh, my God. Look at those people. (Laughing) You know, I like being here and I like the mix, and we're lucky like, I think we're lucky in the course of the xxx and xxx that like, we have a really good mix. Yeah. And like, everybody chats and talks to to you so I've haven't felt, I haven't felt really any ageism, really. Do you know what I mean like, I haven't been. I haven't experienced any of that. But like, yeah. No, it's been it's, you know, its been alright.

Samantha (interviewer)

Yeah, well thats good. Am

Ciara (respondent)

I don't think that answered your question. I think I went way off (laughing)

Samantha (interviewer)

No, no, its all, Like it's not about right or wrong, it's about.

Ciara (respondent)

My brain is still in that in that mode.

Samantha (interviewer)

All about your experiences as opposed to being a kind of a right or wrong. Am. Well, yeah. If if you have, if you hadn't experienced any menopause symptoms in college, do you think that would have changed at all your college experience, like, when you look back like?

Ciara (respondent)

Probably would have been a little bit easier in that that first year or first year and a half maybe say that, so the halfway through first year, the second year, I'd say it probably would have been easier if I haven't got any of these symptoms but am, yeah. No. And and like, I really wish women didn't have to experience menopause. Do you know what I mean? I really do. Well, like I. Yeah. I think it's made it a little bit harder. I think like definitely has made her what has made it harder, and now even even now, like I'm still, I'm still a little bit indecisive. Do you know what I mean? So for for someone that would have been very sort of, maybe maybe it's a good thing I'm a little bit more indecisive because I think it gives me a little bit a leeway. I might be a little bit more open to things whereas before I might be in a bit more shut down.

Samantha (interviewer)

OK, so yeah, not all bad then. Yeah, yeah, yeah.

Ciara (respondent)

Yeah, do you know what I mean? So it's not all bad. Yeah. But like, yeah. No, I think am if I hadn't had any symptoms, yeah, everything, college would have been much easier. I think of that, that especially that period in time would have been a lot easier for me because I struggle.

Samantha (interviewer)

Yeah, yeah, yeah, but hasn't put you off because you want to go and your masters. So that's good.

Ciara (respondent)

Absolutely not, definitely not. You know what I mean, definitely not. And even though I still have a little bit like, for some strange reason, these night sweats have come back again, so I'm going to go back to the doctor and just say, uh, maybe they might up the dose, you know, and another thing about that is really, you know, there's different things, you have the patches and things and whatever and like what I've noticed in those patches is the doctors and chemist haven't been able to get certain brands. So you're either getting this big, huge thing that doesn't stick to you and leaves your body with marks, or you're getting this tiny thing that you can sometimes lose (laughing) you know what I mean? And I'm not liking that. I don't think it's that because it's women's health. Do you know what I mean? Like, why can they not get these patches and why can we not standardise this as in, you know, I think that we cannot, cos, I I feel sometimes I feel that.....they stick to you and then they leave a mark on your body, which is OK. That's fine. You you try clean it off but like other times. You can wake up and patch is gone. And then you're going where the fuck is that? (laughing)

Samantha (interviewer)

Yeah, yeah. I know. Yeah. So then do you think you might not be getting?

Ciara (respondent)

(laughing) Yeah, you think you're not getting anything but yeah, no I've started to experience the night sweats again, so I am going to see the doctor now in the next couple of weeks.

Samantha (interviewer)

And does that affect your sleep?

Ciara (respondent)

Absolutely. Wakes you up. And no matter what you have to get up and like this morning now, I woke up at 3 o'clock and I just, I just got up and I wasn't having a shower. I was just, like, got up. And after about 3 o'clock in the morning, I wasn't having a shower, even though I was soaking. And I just got up, changed me pyjamas, dried myself down with a towel and change me pyjamas and get back into bed and XXXXXX goes are you alright? Yeah, yeah, I'm just sweating (laughing) And then I got up this morning and had a shower of course, but when you wake up at 3 O'clock in the morning, there's nothing worse than that feeling. You're soaking. The back of your hair is wringing, everything is just wet and you're like, oh, Jesus. Do you know what I mean? No, it's not good.

Samantha (interviewer)

Yeah. And then just like, have a knock-on effect on you then the next day?

Ciara (respondent)

Off course, because you're tired. You do be tired.

Samantha (interviewer)

Does the tiredness then heighten the other symptoms?

Ciara (respondent)

The tiredness can heighten the other symptoms like where like you're sitting in a lecture and you're going, are you looking and you're going (whispering) what are you talking about? And you know why you're there but its just, its just.... and I I used to like talking in class, not not like talking in class, but someone asked me a question and I'd answer it. Now I won't because I could be halfway through the sentence and I would lose focus like with this interview and you halfway through (laughing) I'm talking about completely different. Then you're going Oh my God so I'm really trying to concentrate (laughing)

Samantha (interviewer)

(laughing) I know, I know, but you're doing brilliant

Ciara (respondent)

So I tend not to do you know what I mean? Cos I sort of like oh God no (laughing)

Samantha (interviewer)

Yeah, I know. So it's so it's even even like symptoms that don't even occur during the college day can still have enough a knock-on effect.

Ciara (respondent)

It does have a knock-on effect, absolutely yeah, because I will not speak, unless I'm specifically asked a question. If it's just a general thing I'll be like, OK, someone else can answer that. But like, cos I know, I'd have a fear that halfway through, I'd lose my train of thought.

Samantha (interviewer)

Yeah, yeah.

Ciara (respondent)

.....yeah, and I'd go what am I bloody talking about you know?

Samantha (interviewer)

And if that happened, like if you put your hand up and that happened, how would you think you'd react?

Ciara (respondent)

Ohh, I'd think Oh my God (laughing) I'd probably just start laughing. Yeah, and I I probably actually would say, I'm sorry, I I'm going through menopause I've lost my train (laughing) so I probably would say that cos that would be my way of dealing with it going OK, these people don't think I'm stupid.

Samantha (interviewer)

Yeah, yeah, yeah. And what do you think the reaction would be if you did that?

Ciara (respondent)

Ohh, I'd say most people, most of the women are say girls in the class would be like ooooooooooK. You know what I mean? I don't think they would have an issue with that. I think the men will go what is she talking about? She's completely mad or, you know, something like that I think that that's the reaction you'd get. I think the women might be a little bit sympathetic.

Samantha (interviewer)

Yeah, yeah, its interesting..

Ciara (respondent)

(laughing) yeah I'd hope they would. It would be a good social experiment to see what happens and look at the face of to see like what way they react, yeah, I think a lot would be sort of sympathetic. Yeah, hopefully would be anyway. I would be if it happened to someone else and (inaudible) oh God love you know (laughing)

Samantha (interviewer)

I know. Yeah, I know. It's kind of, yeah, I know. But yeah. Do you want to be the person who does the experiment?

Ciara (respondent)

No. (laughing) no thanks.

Samantha (interviewer)

(laughing) oh, am, OK, I think I think I've covered..... I think I've covered everything. Yeah, that I want to cover with you anyway. And so is there anything you want to add or say like?

Ciara (respondent)

Ah,no like I think like most of the things that we have discussed like is what you said and just sort of just sort of the..... you know the debilitating failing factors of it like like, you know, people I'm going through menopause or whatever, it can be like really

harrowing. You know, it really can be and it can be really scary as well, you know. And then when you sort of start to feel better you can realise there is help there like regardless of whether you the medical route, but you know, whatever route you go, just get some sort of help. You know, I think like to try to do this on your own would be very challenging. I mean there's load of homeopathic remedies and stuff like that. It doesn't have to be medical, but like something you know? But as I said, after having kids and wherever and (inaudible) and you're thinking, OK, I'm on the pigs back here like this is it now, this is the life for me, and then all of sudden then its a double whammy.

Samantha (interviewer)

Do you think you'd feel more supported if there were more, if it was easier, in college for example, to go and put your hand up and say this is me, this is where I'm at at the moment and

Ciara (respondent)

Yeah, absolutely, yeah. 100% I think that I think that needs to be addressed in college situations especially for mature students and like even young, younger people that go through early like but people need support. You need to have, you need to feel you, need to feel listened to you you need to be able to think. OK, I can go and I can explain you know, and be listened to it rather than look sorry, you know or....., you know, because, like, even when you talk to people, about going through menopause, unless you actually have gone through it or being going through it, people are sort of OK and I was one of them up until two years ago when I said, OK, and I wouldn't have thought much ago until, like, you know, and I think I've been lucky, I've been sort of lucky compared to what some other people get horrific symptoms.

Samantha (interviewer)

Yeah, yeah, I know. Yeah. Yeah. And do you think the media has done anything to help, like, do you think

Ciara (respondent)

I think its tried, I think it's, I think like it's a terrible thing to say well, but like if you're get the likes of Victoria Beckham or someone onboard, I mean because they like these people have some social influence that they need to be coming out and talking about it I'm sure she's nearly at that age of menopause or something like that? Yeah. You know, you know what I mean.

Samantha (interviewer)

Yeah, she must be, I think she's similar age to myself. Not too far off.

Ciara (respondent)

Yeah, do you know what I mean, people like them coming out and talking about it like.

Samantha (interviewer)

Yeah, be open about it. Yeah I think a few have like, Davina McCall and yeah. Yeah.

Ciara (respondent)

Yeah, she's fantastic, and you know the more the better, the more they come out and, the more you hear about it the more in the public domain, the more debate you can have and the more discussion, and then of course you're gonna get better policy and better ah.....Better understanding better interventions. You know what I mean? Everything will change but sure like even the intervention now between what I have now like, I remember XXXXXX mother telling me she's 75. When she was 40 she had to have a hysterectomy, so she went into early menopause and they put her on a tablet that made her feel sick. So that was the only tablet available at the time. So when that didn't work, so she was taking off treatment and she was given nothing else. The result now is she has very bad osteoporosis and stuff like that. So like back then, and even from back then to now, there's been a change. There's been a change in attitude. You know what I mean?

Samantha (interviewer)

So even as you say the lack of availability sometimes.

Ciara (respondent)

Which is a big thing, its terrible.

Samantha (interviewer)

How? How does that make you feel? Like when you go in to get your stuff and it's not there?

Ciara (respondent)

Terrible. I know because I know for a fact that if that if men have to take HRT it be readily available. You'd have the correct patch, the correct dose, it wouldn't be take 2 of this and 3 of that

Samantha (interviewer)

(laughing) they might have vending machines with HRT

Ciara (respondent)

Yeah, absolutely, there you go. There's the point and thing like yeah, there won't be vending machines, and you be able to just press the button because like, like in, in, in Irish society, Women's Health is..... we're second class citizens. So our health is looked at as second class. So it's not..... addressed the way it should be. It's getting better. But I think young people now and even the likes of yourself asking for more. And they're they're demanding more, you know? So stuff is changing, but it's slow. It's slow.

Samantha (interviewer)

Yeah, yeah, it is. Still, we've a lot left to offer and if we could, we could give a lot, yeah.

Ciara (respondent)

Absolutely a good friend now. I have a friend, now that she's gone through immunotherapy she started coming out of breast cancer, but like she was saying to me like that, she's so delighted she can get this, but only for Vicky Phelan she wouldn't be because she fought for this to come in and this this therapy means she is 93% less likely to have this cancer again. So like, you know,

Samantha (interviewer)

Thats reassuring

Ciara (respondent)

Absolutely reassuring but like, that girl had to die in order for this to happen in women's health. Bu as I was saying to you the inequality is so..... frustrating and annoying. But it is getting better. But like it's still there and like it's still big thing. And it needs to be addressed in a public forum. You know where people will actually listen but sure.....

Samantha (interviewer)

Yeah, absolutely, yeah, yeah. I better let you go! So listen, thank you so much. I really appreciate it.

Ciara (respondent)

You're welcome.