

UNSW
Centre for Social
Research in Health



Trans and Gender Diverse People's Understanding of and Reception to Information on Menopause and Related Acute Hormonal Fluctuations

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Prepared for: AusPATH Conference | Nipaluna | November 2025

Acknowledgement of Country



'I found Community' by Caleb Nichols-Mansel,
commissioned for Working It Out Inc.



Positionality statement

- **Dr Kerry Drysdale** (she/her) is a queer cis woman who researches LGBTIQ+ health at UNSW. She underwent a hysterectomy and bilateral oophorectomy (surgically induced menopause) in her early 40s after 12 months of chemically induced menopause.
- **Mx Yeşim Karasu** (they/them) has a strong vision for queer health and empowerment - particularly regarding suicide prevention and wellbeing for trans and gender diverse people. With a background in psychology and LGBTIQ+ health, Yeşim specialises in meaningful community engagement and the development of resources with and for priority populations.



Background

This was a research project between **UNSW and ACON**, through the TransHub (or Trans Health Equity) program.

The aim of this project was to explore the perspectives and experiences of trans and gender diverse people who have or will experience **perimenopause, menopause or related acute hormonal fluctuations** associated with oestrogen cessation and/or ovulation cessation.

Research questions:

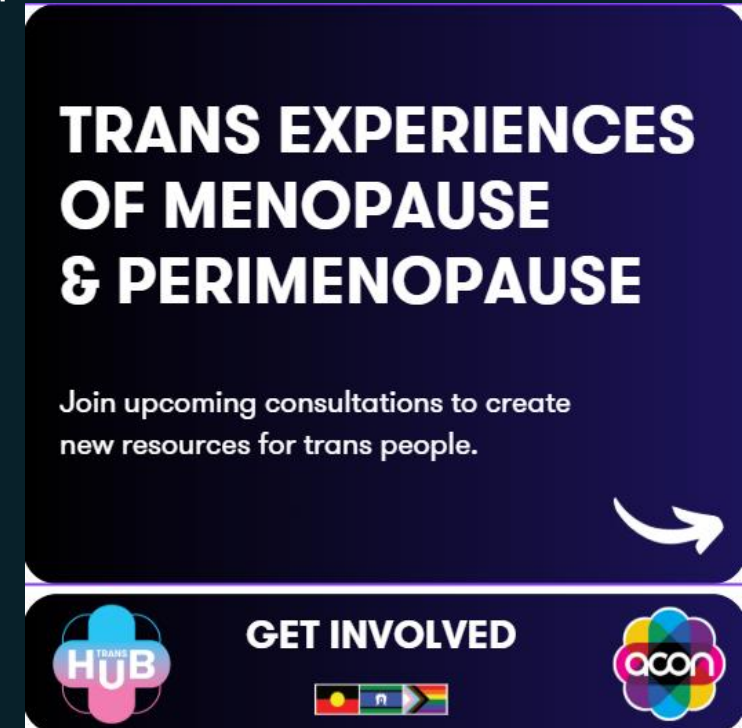
- What are the **experiences or expectations** of perimenopause, menopause and/or acute hormonal fluctuations among trans and gender diverse people?
- What are the **types of information** that trans and gender diverse people are looking for in relation to perimenopause, menopause and/or acute hormonal fluctuations?
- How can **resources better** align with the experiences or expectations of trans and gender diverse people who have or will experience perimenopause, menopause and/or acute hormonal fluctuations?

Methods



Qualitative data were collected through 3 focus groups, which is a highly effective method for gaining information about the variety of experiences and opinions about health issues.

We leveraged the audience of TransHub (our existing platform for trans, gender diverse people and their allies) and our existing networks to recruit trans & gender diverse people.



Ethical approval to undertake this research was received from the UNSW Human Research Ethics Committee (iRECS7219) and the ACON Research Ethics Review Committee (D202408).

Participants' demographic characteristics



Characteristics	n (%)
Age	
18-29	6 (35%)
30-39	2 (12%)
40-49	4 (24%)
50-59	2 (12%)
60-69	1 (6%)
Prefer not to answer	2 (12%)
Gender	
Man	6 (35%)
Non-binary	6 (35%)
Agender	1 (6%)
Another term	4 (24%)
Sexuality	
Queer	11 (64%)
Bisexual	3 (18%)
Another term	3 (18%)

Characteristics	n (%)
Country of birth	
Australia	9 (53%)
Other	5 (29%)
Prefer not to answer	3 (18%)
Location of residence	
Urban	12 (71%)
Regional	2 (12%)
Rural	1 (5%)
Prefer not to answer	2 (12%)

How was menopause defined?

- Trans and gender diverse people defined menopause similarly to **clinical definitions**, such as WHO's definition of menopause *as occurring after 12 consecutive months without menstruation* (WHO 2024).
- This is because this clinical definition includes experiences of menopause occurring **chemically, surgically** or through **gender affirming hormonal therapies**.

For me, the experience of menopause is just a natural process I've been through as part of my gender affirming journey.

How was menopause defined?

- Participants **resisted reliance** on menopause being a ‘natural’ experience occurring at **midlife only** *for which there is no other obvious physiological or pathological cause and in the absence of clinical intervention* (WHO 2022).

I think there's so many things because [menopause] is caused by other things as well. Why should that be natural? Why should the fact that I would like hormones to replace my previous hormones, including testosterone, to be [considered] unnatural?

How was menopause defined?

- The implication that biomedical interventions were somehow **unnatural**, and that menopause was something that could only be **attributed to cis women** was also disputed.

I think that the whole concept of menopause is so pathologised. I mean the way it's called symptoms. So, I can't think of a better word, but it implies that it's an ailment, yet it's something that every AFAB [assigned female at birth] human is going to go through at some point, be it earlier because you go on testosterone, or later because the aging process.

How was menopause defined?

- Menopause was also not linked to a particular age in trans and gender diverse peoples' understandings and experiences.

I strongly believe that we hold the word menopause to a very direct age group and I think just reading general things online about it, everyone's like, 'yeah, happens right after you're 40'. But myself, as soon as I started testosterone - I'm around 18 now - that is when I started going through it. So, I think we need to open up the possibility that a lot of younger people are going through that.

How was menopause defined?

- Rather, it may serve as a blanket term to include related **acute hormonal fluctuations** associated with oestrogen cessation and/or ovulation cessation at any time).

I sort of reached estrogen cessation, but mainly it was the advent of going on T [testosterone]. And there's the people I speak to [who] tend to understand that [gender-affirming hormonal therapeutic intervention] also means that there's sort of a pseudo menopausal effect of period ending, and things like that. But all of that was happening for me at the same.

What information on menopause is needed?

- Menopause was **not an inherently negative experience**; and indeed, some participants welcomed it as part of their broader gender affirmation.
- However, the experience of seeking support as a trans and gender diverse person was **notably stressful**.

But I think [this is] such an information dense thing - how we experience these hormone fluctuations differently - that they may need to be a whole different page on the science behind that, who we can reach out for, and also treatment. Because I felt so alone.



What information on menopause is needed?

- Trans and gender diverse experiences of (peri)menopause is also seen to be a critical area in which **accurate, comprehensive and inclusive information is needed.**
- There is strong appetite for information related to menopause **for and by trans and gender diverse people**
- Information needs to come from a **strength-based approach** to acknowledging the diversity of experience of trans and gender diverse people.

I would prefer not to call it menopause. It makes me really shitty. Like, it is a hormonal deficit in the same way that a thyroid hormone deficit can occur as you get older? And yes, it happens to half of the people in the world, which is fine, but defining it as anything as anything other than a hormone change really bothers me.



What information on menopause is needed?

- Participants were equally clear that **normative scripts** around menopause were largely based on **cisgender heterosexual women's experiences**.
- It was difficult to read themselves into available information when these **social scripts did not align with their gender identity**.

And not to the, you know, brain fog and the... Look, I've experienced all of those things. But I think putting [menopause] down to hot flashes is extremely reductive. Like, this is a major hormonal change that we're going through, and we can address in our own way.

What information on menopause is needed?

- All people, not just trans and gender diverse people, required factual and practical information to (1) **diagnose themselves** as being peri/menopausal and thus understand what was happening to them, (2) to **know what therapeutic interventions** were available if needed, and/or (3) to be able to **manage their own health** in ways that reflected their gender identity.

If someone has a pre-existing condition that causes most of these [symptoms], then how are they going to differentiate menopause [from] maybe that condition is just getting worse. Like, we need information [on] how to recognise it.



What information on menopause is needed?

- There was a clear preference for **embedding diversity** of menopausal experiences across any content, to ensure a wide enough targeting of audience, reflecting the general need for **inclusivity, equity, and diversity**.

I think that every single GP who deals with me should be able to deal with the fact that when I want to balance my hormones that comes into my gender identity and that I can do what the fuck I want. And they should stop telling me it's not HRT, it's MHT. Well, actually, they're the fucking same for me.

What are the key principles to adopt?

Principle 1 – Trans and gender diverse people need accurate information about menopause

- Trans and gender diverse people may not necessarily seek out information about menopause as they may be unaware that they will experience it, or that there is any information about menopause that reflects and affirms their gender.
- There is a need for accurate and comprehensive information on how biomedical interventions impact menopause, as these interventions will change what, how, and when trans and gender diverse people can anticipate and prepare for menopause.

Principle 2 – Inclusivity needs to be embedded throughout any resources related to menopause

- Inclusivity should be embedded throughout menopause resources, preferably at the design phase, to ensure that trans and gender diverse people can read themselves as the audience for resources. Trans and gender diverse people prefer to be explicitly named as a target audience for health promotion materials.

What are the key principles to adopt?

Principle 3 – Representation of diversity is key to effective and resonant inclusivity

- The implication that ‘women’s health’ is the sole domain in which health care and support for menopause can be accessed can be uncomfortable, even dysphoric, for some trans and gender diverse people.
- Trans and gender diverse people are generally drawn to a variety of characters and imagery in menopause resources. This includes diversity in age, ethnicity, sexuality, gender presentation, and disability – and well as the visual representation of men of trans experience and non-binary people. They are also drawn to personal accounts from trans and gender diverse people themselves.
- Trans and gender diverse people hold strong preferences for a strengths-based and affirming position rather than a deficit lens that explicitly associates negative symptomology with menopause. A strengths-based approach can accommodate, for example, that some people who are not women, may welcome menopause as a form of gender affirmation.

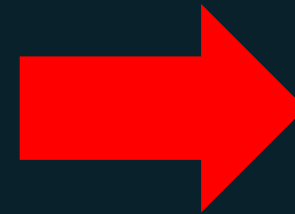
Thank you

Please get in touch!

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Or come and find us for a chat!

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