



Beyond the Silence: Understanding Menopause among Urban Poor Women in the Philippines Through Health Beliefs and Social Capital

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ABSTRACT:

Menopause is a natural biological process experienced by all women, yet for many in impoverished communities, it remains a silenced and marginalized health concern. This study explores the lived experiences of menopausal women in one of the depressed districts Cebu City, Philippines, an urban poor community where poverty, cultural stigma, and limited healthcare access intersect. Using the Health Belief Model (HBM) and Social Capital Theory (SoCap) as guiding frameworks, the research analyzes how sociocultural beliefs, health literacy, and community networks shape the way these women perceive, experience, and cope with menopause. Findings from surveys, in-depth interviews, and focus group discussions with 15 purposively selected women aged 40 to 65 reveal alarmingly low awareness of menopause-related health risks. Most participants exhibited little to no knowledge of conditions like osteoporosis, cardiovascular disease, or depression, which are commonly linked to menopause. Key barriers included financial constraints, inaccessibility of health services, low education levels, and cultural interpretations such as “patoo-too” (cultural beliefs) that discourage medical help-seeking. Despite these challenges, strong bonding social capital emerged as a vital resource. Women relied heavily on informal support networks, family, friends, and shared neighborhood spaces, for emotional comfort, advice, and culturally embedded coping practices like massage, conversation, and communal thrift shopping. The study concludes that menopause in marginalized communities is not only a biological transition but a deeply socioeconomic and cultural struggle, often rendered invisible in both public health policy and reproductive health discourse. It calls for community-based, culturally sensitive interventions, the inclusion of menopausal health in local policies, and capacity-building for barangay health workers. By surfacing silenced narratives and informal resilience practices, this research reframes menopause as a public health and social justice issue, advocating for the empowerment and visibility of midlife women in urban poor settings.

JEL Classification: X10.

1. Rationale

Menopause is a natural biological process experienced by all women, yet its manifestations and impact are deeply shaped by social, economic, and environmental contexts. While it is a universal phase in women’s lives, menopause remains underrecognized and under-prioritized, especially among those living in poverty. This study, seeks to uncover the culturally embedded experiences of menopausal women in a marginalized urban community in Cebu City. It draws on two key theoretical frameworks: The Health Belief Model (HBM) and Social Capital Theory (SoCap), to analyze how individual perceptions and community-based relationships shape the way women experience and cope with menopause.

In impoverished urban settings, women do not experience menopause in isolation. Beyond physiological symptoms, they must navigate the compounded burdens of economic insecurity, limited healthcare access, and culturally ingrained silence around reproductive aging. Menopause in these communities becomes an unspoken suffering, normalized, internalized, and often ignored amid the overwhelming demands of daily survival. Through the lens of the Health Belief Model, this study examines how these women perceive their menopausal symptoms, how they assess their susceptibility and the severity of their condition, and how they weigh the benefits and barriers to seeking support or treatment. These health beliefs are strongly shaped by cultural taboos, lack of formal



education, and economic hardship, factors that significantly influence their confidence in managing menopause and their ability to engage with health services.

Despite its universality, menopause is rarely treated with the same attention afforded to other reproductive experiences like pregnancy. In many marginalized communities, it remains a taboo subject, obscured by restrictive gender norms and social stigma. Media representations further complicate this by medicalizing menopause and portraying it as a condition that requires pharmaceutical treatment (Krajewski, 2018), which can distort women's understanding of this life stage. Research shows that among migrant and refugee women, menopause is often experienced as an “age of despair,” marked by secrecy and shame (Ussher et al., 2018). This imposed silence reinforces feelings of alienation and disempowerment, outcomes not of biology alone, but of gendered marginalization and cultural neglect (Lazar et al., 2019).

The selected research site is a densely populated and economically disadvantaged district in Cebu City, marked by informal housing, overcrowding, and irregular employment. According to the Philippine Statistics Authority (2023), the poverty threshold in Central Visayas is ₱13,294 (approximately USD 230) per month for a family of five. Most households in this community fall well below this benchmark. Women here rely on precarious livelihoods such as street vending, domestic work, and laundry services, jobs that offer neither job security nor health benefits. The challenges of menopause are further magnified under these conditions, as women must manage both physical discomfort and emotional strain with minimal access to reproductive health education or formal medical care. Amid these systemic hardships, however, the community exhibits unique grassroots coping culture that highlights the power of Social Capital Theory. Women regularly gather outside their homes for informal, everyday conversations. These interactions, though casual in appearance, serve as crucial support systems. Through shared storytelling and mutual validation, women exchange coping strategies, normalize their experiences, and construct a collective sense of resilience. SoCap helps explain how trust, shared identity, and informal relationships form protective social networks that compensate for the absence of institutional support.

These networks not only help individual women feel seen and understood but also foster solidarity that is essential for well-being in contexts of deprivation.

This study ultimately seeks to surface the silenced narratives of these menopausal women. Voices that are largely absent in national health policies, feminist discourses, and academic research. By integrating HBM and SoCap, the research provides a dual perspective that captures both individual health behaviors and the communal structures that support or hinder them. This sociocultural lens allows for a more nuanced understanding of how gender, poverty, and aging intersect to shape the menopausal experience. It also supports the call for inclusive, responsive health frameworks and community-based policy interventions that recognize menopause not only as a biological milestone but as a socially embedded, and often marginalized, phase of women's lives.

2. Research Objectives

The study aimed to validate the experiences and state of menopausal women in an urban poverty setting by identifying their symptoms and exploring their coping mechanisms in dealing with these symptoms. The study thus pursued the following objectives:

1. To analyze how sociocultural and economic conditions shape women's health beliefs and behaviors related to menopause, including perceptions of susceptibility, severity, benefits, barriers, and self-efficacy as framed by the Health Belief Model (HBM).
2. To examine the role of social capital, such as trust, shared norms, and support networks in influencing how women cope with menopausal changes, including how collective practices help challenge or reinforce the silence surrounding menopause.
3. To assess the responsiveness and accessibility of local healthcare systems in addressing the unique needs of menopausal women from marginalized communities.

The study aimed to contribute a more inclusive and context-sensitive understanding of women's health, particularly in relation to aging, gender, and poverty. The findings advocate for community-based interventions and gender-responsive health policies that bring



menopause into mainstream public health discourse, transforming it from a silent struggle into a shared, supported life stage.

3. Methodology and Data Collection

This study employed a convergent parallel mixed-methods design, combining qualitative narrative inquiry, quantitative survey, and secondary data analysis to explore the lived experiences of menopausal women in urban poor settlements. The simultaneous collection and independent analysis of both qualitative and quantitative data enabled the integration of findings, providing a comprehensive understanding of menopause as an overlooked and underserved public health concern. At its core, the research adopts a qualitative exploratory approach, appropriate for investigating a topic that remains underexamined in marginalized Philippine communities. This design allowed for the surfacing of emerging patterns, contextual narratives, and deeply rooted sociocultural dynamics that shape how women perceive and cope with menopause. Guided by the Health Belief Model (HBM) and Social Capital Theory (SoCap), the study frames both individual-level health beliefs and the role of informal community networks in managing menopausal symptoms.

While primarily exploratory, the study also incorporates expository elements to explain key theoretical frameworks and the sociocultural context of reproductive aging. Furthermore, evaluative components are embedded in the analysis, particularly in assessing the responsiveness of local healthcare systems. These insights are informed by both first-hand narratives and barangay-level service records, highlighting the invisibility of menopause in formal health reporting. Altogether, this integrated methodological approach offers a nuanced, multilayered perspective on how menopause is experienced, interpreted, and managed within the constraints of poverty, stigma, and institutional neglect.

The study employed purposive sampling method was used to recruit 15 women aged 40–65, all of whom were informal settlers living below the poverty line in urban slum communities. Participants were selected based on their socioeconomic marginalization, with occupations limited to unstable, low-income work such as ambulant vending, seasonal domestic labor, or on-call jobs, while others were unemployed. This deliberate selection

criterion ensured that the research captured the lived experiences of menopausal women facing acute economic vulnerability, offering critical insights into how poverty, informal labor conditions, and healthcare inaccessibility intersect with menopausal health. By focusing on this underserved population, the study highlighted the compounded challenges they endure, where menopause is often overlooked amid daily survival struggles, further reinforcing the need for gender-sensitive and poverty-responsive health interventions.

Data Collection for this study employed a mixed-methods approach, integrating both qualitative and quantitative strategies to provide a holistic understanding of menopausal experiences among urban poor women.

The study employed a mixed-methods approach, integrating both qualitative and quantitative components to capture the complex experiences of menopausal women in urban poor communities. The qualitative component involved in-depth interviews conducted in Cebuano, the respondents' native language, to ensure cultural and linguistic sensitivity. This choice considered the participants' educational background and was intended to promote clarity, ease of articulation, and the expression of genuine emotions. The interviews explored personal narratives surrounding menopause, focusing on emotional experiences, bodily changes, and individual coping mechanisms. To complement the one-on-one insights, focus group discussions (FGDs) were also conducted separately, providing a safe space for shared dialogue while maintaining participants' comfort and privacy. Across these methods, emerging themes centered on healthcare access, social perceptions of aging, and the psychosocial impact of menopausal transitions. Throughout the process, ethical standards were strictly observed, including securing informed consent, ensuring confidentiality, and safeguarding voluntary participation free from influence or coercion.

The quantitative component included the administration of a structured survey that gathered demographic data and employed adapted instruments based on the Health Belief Model (HBM) and Social Capital Theory (SoCap). These tools assessed health-seeking behaviors, perceived susceptibility, and the role of social networks in coping with menopausal symptoms. To strengthen validity, secondary data from the Barangay Health



Center's Daily Service Record (February to June 2025) was also analyzed, enabling the triangulation of self-reported experiences with recorded patterns of health service utilization.

4. Theoretical Frameworks

To fully grasp how women living in urban poverty experience menopause, this study employed four theoretical frameworks: The Health Belief Model (HBM) and Social Capital Theory (SoCap).

The Health Belief Model was crucial in understanding how women interpreted their menopausal symptoms. It revealed their perceptions of susceptibility ("Is what I'm feeling normal?"), severity ("Are my symptoms dangerous or life-altering?"), benefits of seeking help (I feel relief, I have peace of mind), and barriers (How much will this cost? I am ashamed as people will judge me. Where can I get help?). It also helped identify cues to action, such as advice from friends or health workers, and assessed their self-efficacy, or confidence in managing their physical and emotional changes. For many, low health literacy and economic constraints shaped hesitant or delayed responses to their symptoms.

The Social Capital Theory offered insight into how networks of trust and mutual support influenced coping. Living in densely populated and tightly knit communities, these women relied on informal conversations with fellow vendors, neighbors, and relatives to make sense of what they were going through. Through shared narratives, they found not just practical advice but emotional validation, a crucial form of support in the absence of formal healthcare access. Social capital, therefore, functioned as both a coping mechanism and a space for collective healing.

5. Related Literature

5.1. On Sociocultural and Economic Influences on Menopausal Health Beliefs and Behaviors

Menopause is a complex bio-psycho-socio-cultural process influenced by various factors. The findings from this community reinforce global and regional research that highlights menopause as a bio-psycho-socio-cultural process deeply influenced by cultural, economic, and social determinants of health (Deepika & Kumar, 2023; L. Hall et al., 2007; Namazi et al., 2019). The low perceived susceptibility to menopause-related health

risks, revealed by the majority of respondents choosing "Walay Kahibalo" (NO knowledge) reflects not only limited individual awareness but also the broader absence of culturally grounded health education in low-income urban communities. Hall et al. (2007), who emphasized that cultural perceptions strongly shape how women interpret and manage menopause. In this community, cultural silence and stigma surrounding reproductive aging have likely contributed to this knowledge gap. The lack of awareness about conditions such as osteoporosis, cardiovascular disease, and depression, which are well-documented menopause-related risks, indicates that women are not receiving the necessary information from either formal healthcare systems or informal community networks.

Furthermore, Namazi et al. (2019) stressed the role of social determinants, education, economic status, employment, and family support, in menopausal health. The respondents, most of whom are unemployed or informally employed and living below the poverty line, illustrate how socioeconomic conditions constrain health literacy and access to care. These women, living in urban poverty, are not only biologically vulnerable but also structurally marginalized from accessing relevant health information and services.

The case of these women vividly demonstrates that cultural beliefs, low literacy, and economic hardship intersect to create a dangerous gap in women's perceived susceptibility to menopause-related health risks. These findings underscore the urgent need for culturally tailored, community-based health interventions. Empowering women with accurate, accessible information, delivered in Cebuano and contextualized to their lived experiences, is essential for enabling informed decisions, preventive behaviors, and timely care during and after the menopausal transition.

The findings clearly reflect the core insights of cross-cultural and psychosocial research on menopause, as highlighted by Robinson (1996), Hall et al. (2007), Deepika & Kumar (2023), and Namazi et al. (2019). These scholars emphasize that menopausal experiences are shaped not only by biological changes but also by deeply embedded psychological, cultural, and economic factors, a dynamic that is fully evident in the experiences of the 15 women from this urban poor community. In this community, the most significant perceived barrier which



is reported unanimously, was lack of financial resources. This aligns with Namazi et al.'s assertion that improved socioeconomic conditions are critical to promoting women's health during menopause. Financial insecurity in this setting restricts access to clinics, medications, healthy food, and even basic transportation, making health-promoting behaviors nearly impossible for many. The lack of access to healthcare services, as cited by 12 respondents, further confirms systemic gaps in menopause-specific care. This supports Hall et al.'s recommendation that healthcare systems must be responsive to cultural and psychosocial influences. Without nearby clinics or trained professionals familiar with menopausal care, women are left without the necessary support to manage their symptoms.

Cultural beliefs, particularly "patoo-too" (local superstitions or traditional understandings of illness and aging), reported by 7 women, mirror Robinson's cross-cultural observations that cultural frameworks strongly influence how menopause is interpreted and responded to. These beliefs may discourage formal medical consultation and reinforce silence around symptoms like hot flashes, mood changes, or sleep disturbances, conditions that are already stigmatized. Lack of education or health literacy, also cited by 7 women, shows how limited understanding blocks access to care. This resonates with Deepika & Kumar's insight that psychological stress, self-esteem, and anxiety are intertwined with how symptoms are experienced and addressed. Without education, women may not only misinterpret symptoms but may also internalize them as personal weaknesses, further discouraging action.

From the perspective of the Health Belief Model (HBM), these findings emphasize that even when women recognize their symptoms, strong perceived barriers prevent health-seeking behavior. This suggests that future interventions must go beyond awareness campaigns. Effective strategies must address financial constraints, improve access to services, respect cultural norms while challenging harmful misconceptions, and build health literacy through localized, language-appropriate education. These findings confirm that menopause in urban poor communities is not merely a medical issue but a socio-cultural and economic concern. Addressing it requires an integrated approach that tackles both the structural and cultural barriers preventing women from accessing the care and support they need.

5.2. On Role of Social Capital in Coping with Menopausal Changes

5.2.1. Trust, Comfort, and Strategic Disclosure

Social capital plays a crucial role in helping women cope with menopausal changes. Extant literature emphasizes the crucial role of social capital in supporting women through the menopausal transition. According to Naworska et al. (2020), women with strong social networks tend to exhibit more positive attitudes toward menopause and report lower levels of depressive symptoms. Formal social group participation, such as those facilitated by the University of the Third Age, is linked to increased physical activity and mitigated severity of climacteric symptoms. Similarly, Divya et al. (2024) found that higher levels of social support correlate with a lower intensity of menopausal symptoms, while Sophia et al. (2022) emphasized that coping strategies involving social networks are essential for symptom management. Koch and Mansfield (2004) further underscored the need for accurate information and strategies to mobilize emotional, informational, and instrumental support from these networks.

The findings from the community clearly affirm that social capital significantly shapes the menopausal experiences of women in low-resource urban communities as shown in the types of support that included emotional comfort (15), advice (11), coping tips (5), and some instances of financial aid (2). This demonstrates active structural social capital, wherein frequent interaction and relational closeness allow for emotional buffering and informal knowledge sharing. Many women in the community acknowledged shared menopausal experiences, and through regular conversations that foster trust, empathy, and mutual understanding, they were able to normalize their symptoms, dispel fears, and build emotional resilience, reflecting the cognitive dimension of social capital and the empowering realization that "dili ra diay ikaw" (you are not alone). Statements such as "Nisalig kay parehas man mi ug gipamati" (I trust them because we feel the same) and "Magtinabangay kay parehas ming mga pobre" (We help each other because we are all poor) highlight bonding social capital, which is particularly strong in homogenous, economically marginalized communities.



5.2.2. Community Norms and the Shared Values

As described by Sarracino & Mikucka (2017), social capital encompasses the relational qualities and shared values that enable individuals to face collective challenges, a concept clearly illustrated in the case of this community, where structural social capital is reflected in consistent interactions with trusted networks like family and peers, and cognitive social capital is evident in the mutual trust and shared emotional narratives among women; together, these forms of social capital foster resilience and empowerment, effectively compensating for structural poverty and the absence of formal health services by supporting adaptive behaviors and psychosocial well-being. While formal healthcare systems may be absent or insufficient, social capital functions as a powerful informal health resource for menopausal women in urban poor communities. It provides not only emotional scaffolding but also cultural validation and practical strategies for symptom management. These findings validate prior studies while demonstrating that in highly marginalized settings like Barangay Ermita, social capital is not peripheral but central to women's menopausal health outcomes. Its presence underscores the importance of community-based, peer-driven interventions that can operate effectively alongside or in the absence of institutional medical structures. Although most literature on social capital in organizations focuses on formal workplace settings, its core principles, such as trust, reciprocity, shared norms, and collective efficacy, are highly transferable to informal community contexts.

The responses of urban poor women in this study suggest that community-based social capital functions in parallel ways to Workplace Social Capital (WSC) in shaping behavior, facilitating emotional resilience, and enabling informal coping systems in the face of life-stage health transitions such as menopause.

Participants' statements reveal a consistent set of cultural narratives that frame menopause as a natural, inevitable, and largely unchangeable process. Phrases like "Normal ra man na nga magka sakit sakit basta may edad na" (That's normal, to feel various aches and pains as one gets older) and "Natural ra man na ang menopause, dili man na matambalan" (Menopause is just natural, it can't be treated) reflect a resigned normalization of menopause-related discomfort, which reduces its

visibility as a legitimate health concern. This aligns with the idea of community-level shared beliefs functioning similarly to workplace norms, providing a set of socially sanctioned attitudes that guide what is considered acceptable discourse and behavior.

However, these same norms may also inhibit open discussion and proactive help-seeking, particularly when menopause is framed in dismissive or stigmatized ways. The use of humor to refer to menopausal symptoms, jokes about menopause, like being an old witch, easily irritable, serves as a subtle mechanism of social control and silencing, reinforcing the idea that open acknowledgment of menopause is taboo or embarrassing. This is akin to workplace cultures where certain issues (mental health or emotional exhaustion) are quietly recognized but not openly discussed, thereby limiting the activation of support systems.

5.2.3. Shared Coping Practices as Collective Social Capital

Despite the lack of formal discourse around menopause, participants described a range of accepted communal coping strategies, such as "magpahuway," "magpahilot," "magchika chika," and "mag suroy suroy, ukay-ukay" (to rest or to take a break, to get a massage, to chat casually or to gossip/light conversation with friends, thrift shopping/strolling around). These reflect low-cost, socially embedded practices that offer both emotional and physical relief. While informal, these behaviors serve as community-level job resources, paralleling how WSC buffers organizational stressors. Much like how WSC enables better knowledge sharing and stress reduction among employees (Bakker & Demerouti, 2017; Prusak & Cohen, 2001), these collective practices help women mitigate emotional strain and sustain social connectedness. Importantly, these behaviors are not random. The regularity of shared leisure (karaoke sessions or market outings) suggests the intentional use of informal social capital for emotional well-being, even when biomedical help is unavailable. Such practices represent a kind of grassroots innovation, drawing from available relational resources to fill the gap left by absent formal support systems. As with WSC facilitating workplace performance and innovation (Maurer et al., 2011; Michalakopoulou et al., 2023), the community context demonstrates adaptive resilience through collective strategies.



6. Findings

This study uncovers the painful and often invisible reality that many menopausal women living in urban poverty suffer in silence. Based on the lived experiences of 15 purposively selected women aged 45 and above from Barangay Ermita, Cebu City, the research reveals that menopause remains an unrecognized, unsupported, and misunderstood health concern, both at the community and institutional levels. Using the Health Belief Model (HBM) and Social Capital Theory (SoCap) as guiding analytical frameworks, the study explores the intersection of biology, culture, economy, and informal community resilience.

Most participants experienced symptoms commonly associated with global clinical menopause profiles, such as hypertension, joint pain, vaginal discomfort, shortness of breath, and emotional distress. However, these symptoms were often misinterpreted or dismissed as signs of aging, fatigue, or “pato-too” (folk illnesses), reflecting a widespread absence of menopause-specific knowledge and the persistence of cultural misconceptions. A striking 11 out of 15 respondents answered “Walay Kahibalo” (no knowledge) when asked about menopause-related health risks such as osteoporosis, cardiovascular disease, or mental health issues. This low health literacy reflects not only a lack of formal education but also a cultural silence that has normalized menopause as an untreatable, natural consequence of aging, thus minimizing its urgency as a legitimate public health concern.

Economic hardship significantly compounds the problem. All 15 participants identified financial constraints as the primary barrier to seeking professional medical help. Additional obstacles include limited access to health facilities (12 women), low health literacy (7 women), and cultural beliefs and stigma (7 women) that further discourage consultation. These challenges collectively illustrate how poverty, gender norms, and cultural silence intersect to create a landscape where menopause is experienced not only as a physical condition but as a compounded form of social suffering. The HBM helped explain how women perceive their symptoms in terms of severity and susceptibility, and revealed that cues to action, often informal and rooted in personal networks—were rarely initiated by health professionals or institutions.

To triangulate these self-reported findings, secondary data were drawn from the Barangay Health Center’s Daily Service Record (February–June 2025). Of the 542 total clients, only 31 women aged 40 and above were recorded for general check-ups, and although many reported symptoms aligned with menopause, such as hypertension and joint pain, none were diagnosed or recorded as menopause-related cases. This institutional silence further validates the women’s narratives and confirms that menopause is invisible in formal healthcare systems, highlighting an urgent gap in recognition and service provision at the barangay level.

Despite these structural and cultural limitations, the women demonstrated remarkable resilience through bonding social capital. All 15 respondents reported relying on informal networks: family (8) and friends (7), for emotional and practical support. Community-based coping strategies emerged as culturally embedded tools for relief: massage (magpahilot), casual conversations (magchika-chika), and ukay-ukay or thrift shopping (magsuroy-suroy) offered physical comfort and emotional release. These grassroots practices, while simple and informal, functioned as collective mechanisms of psychosocial resilience and solidarity. Phrases like “I trusted them because we felt the same” and “We help each other because we are all poor” reflect the deep trust and shared struggle that bind these women together in the absence of institutional support.

However, the same cultural narratives that enable informal support also perpetuate the stigma. Menopause is often downplayed with humor or resignation. Statements such as “It’s normal to feel aches and pains when you get older” serve to normalize the discomfort and silence surrounding this phase of life. Humor, while a coping mechanism, also reinforces the taboo and discourages open discussion and proactive health-seeking behavior. This dual dynamic of empowerment and constraint underscores the complexity of menopause in marginalized settings.

Ultimately, these findings portray menopause as a multidimensional struggle, a convergence of biological vulnerability, economic precarity, cultural silence, and institutional neglect. Yet within this silence, there exists a powerful counter-narrative of community-led care and shared strength. The women have forged a system of informal support and collective coping, offering each



other empathy, understanding, and validation when formal systems fail them.

Their narratives are more than personal testimonies—they are a collective call for systemic change. This study highlights the need to reframe menopause as both a public health and social justice issue, especially for women in marginalized urban communities. Addressing this requires dismantling stigma, enhancing health literacy, building culturally appropriate health interventions, and integrating menopause into the broader reproductive health continuum. By listening to and amplifying these silenced voices, society can begin to replace neglect with understanding and turn struggle into empowerment—ensuring that menopausal women, regardless of their socioeconomic status, are seen, heard, and supported.

7. Recommendations

Based on the study's findings, a set of comprehensive, multi-level recommendations is proposed to address the complex and often neglected needs of menopausal women, particularly in marginalized urban communities. At the policy level, it is imperative to integrate menopausal health into national and local reproductive health policies, especially at the barangay level, where women first access community care. This includes the development of a Cebu City ordinance that formally recognizes menopausal women as a vulnerable group needing inclusion in health programming and services. To complement policy reform, localized health education initiatives must be launched. These should be conducted in Cebuano and tailored to the literacy levels of urban poor communities, focusing on raising awareness about menopause-related health risks and equipping women with culturally relevant coping strategies. Easily understandable and accessible materials are essential to empower women who may have limited formal education.

Moreover, the success of such interventions hinges on the readiness of front-line health providers. Therefore, capacity-building programs for barangay health workers are recommended, including the integration of menopause-specific modules into public health outreach and family planning seminars. These trainings will enable health workers to recognize, refer, and effectively support menopausal women within their communities. Recognizing the strength of social capital as a coping

mechanism, the institutionalization of peer-led spaces where women can share menopause experience without fear, shame, and judgement. These will serve as informal yet empowering venues for dialogue, support, and education. Alongside this, community-based support groups combining wellness activities, like body movement, group Zumba, and stress management, with emotional and informational resources will further promote healthy aging and psychosocial well-being. In terms of sustainability and reach, the expansion of intersectoral collaboration is vital. Partnerships with OB-GYNE specialists, NGOs, cooperatives, and local health units can provide needed services such as health screenings and wellness sessions. Additionally, academic institutions are encouraged to replicate and scale the invention model, conducting further research in similarly underserved areas.

Lastly, to ensure equitable access, there must be focused efforts to address financial barriers. This includes advocating for the inclusion of menopause-related support within social protection programs like PhilHealth or LGU-based assistance, and encouraging the subsidization of health screenings and wellness kits for economically disadvantaged women.

Ultimately, these recommendations affirm that menopause is not merely a biological event but a public health and social justice issue. Addressing it requires culturally sensitive, community-driven approaches that recognize the full dignity of women in midlife. Empowering menopausal women, through education, support, and systemic change, transforms menopause from a silenced personal struggle into a collective journey of wellness, visibility, and empowerment.

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