

From Shame to Support: Rethinking Menopause Conversations in South Asia

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Commentary

Abstract

In South Asian societies, menopause is a natural biological transition that is often shrouded in silence and stigma. This lack of awareness and support leaves women to cope with symptoms such as emotional distress, hot flashes, insomnia, and mood swings. This commentary examines menopause and related issues across South Asia, where women experience early onset around age 47 years, compared with the global average of 51 years. This commentary draws on Bronfenbrenner's ecological model and intersectionality theory to explain why conversations about menstruation are taboo, and menopause is treated with even deeper secrecy. For personalized care, symptom monitoring, remote consultations, and culturally tailored digital menopause care initiatives have gained momentum in healthcare systems in developed countries; however, their potential adaptation in another context remains largely overlooked. Therefore, this commentary discusses how technology can bridge the existing socio-cultural barriers to empower women experiencing menopause and facilitate open conversations without shame and stigma. Grounded in an ecological framework, it advocates for integrating menopause-related concerns into existing healthcare systems, workplaces, and communities. In South Asian healthcare systems, the focus on women's reproductive health largely neglects menopausal care, a gap further compounded by limited provider training and the absence of supported workplace policies. To shift perspectives from silence to dignity, hormone replacement therapy (HRT) may play an important role in improving the mental well-being of mid-life women.

Key Words: Menopause, stigma, South Asia, AI healthcare, digital health, reproductive health

Introduction

The end of reproductive years of a woman is called “menopause,” which is accompanied by various physical and emotional symptoms. During this significant transition, South Asian women face challenges enveloped in cultural taboos and silence. Reportedly, women from this region experience menopause earlier (46.7 to 47.16 years) compared with the global average, 51 years [1,2]. Despite this earlier onset of premenopausal symptoms, healthcare services addressing related conditions such as mental health issues, osteoporosis, and cardiovascular diseases are needed. [3] remained limited. This commentary addresses menopause across South Asian countries (Pakistan, Sri Lanka, India, Nepal, Bangladesh, Afghanistan, Bhutan, Maldives). However, within this region, Afghanistan faces major health gaps due to conflict, Bhutan has limited highland data, and the Maldives lacks island-specific research, highlighting the need for an inclusive framework addressing the SAARC context. These regional disparities highlight that menopause is not only a biological milestone but is also influenced by geographical location and unequal healthcare infrastructures across South Asia.

Theoretically, stigmas around menopause are shaped by multiple socio-ecological factors, including restrictive community norms, a neglected healthcare system, and discomfort with open conversation [4]. Cultural perspective of menopause as the “end of womanhood” can lead to emotional isolation and low self-esteem [5]. To address these cultural and healthcare service barriers, this commentary evaluates the need to reframe menopause through “holistic support”, sociocultural sensitivity, and AI-assisted innovative healthcare solutions.

Stigma and Socio-Cultural Barriers

South Asian culture often takes a conservative approach towards conversation about female reproductive health, particularly menopause [6]. A study highlighted that the 3Ms (maternity, menstruation, and menopause) are interconnected stages in a woman's life that deeply influence emotional, physical, and social well-being, and are often stigmatized and silenced [7]. Even menstruation is often treated as a taboo subject in many communities, while menopause is even more stigmatized [7]. This cultural silence, combined with the lack of clear terminology in local languages to characterize menopausal symptoms, makes it difficult for many women to express their symptoms, further complicating communication and care [8]. Theoretically, Goffman's concept of stigma highlights why menopause may become a “discredited identity” associated with fears of ageing, and exclusion from social roles, often leading women to emotional exhaustion [9]. Additionally, for many South Asian women, employment can be a double-edged sword; the expectations of caregiving limit the ability to practice self-care during menopause [6], as women frequently balance workplace responsibilities, motherhood, and, in some cases, taking full responsibilities of managing a household and finances. Studies from Pakistan and India further indicate that menopausal symptoms are often framed as “suffering to be endured,” which develops a culture that discourages women from seeking health services [6].

Healthcare System Gaps

Women's healthcare is primarily focused on fertility and maternal health issues, often giving limited attention to menopausal symptoms and related interventions

[2,10,11]. Why is this considered to be a cultural norm, and an absence of fragmented care services in the South Asian healthcare system? To answer this question, insights from various studies indicate that healthcare professionals usually lack adequate training in managing the biological and psychosocial factors of menopause [2,6,8]. Due to cultural misconceptions and provider hesitance in treating menopausal symptoms, treatment uptake remains low; for example, the prescribing rate of "hormone replacement therapy" among South Asian women is notably limited [8]. Incorporation of menopause care in primary care to minimize long-term morbidity is crucial. The gender-sensitive care GSC+ (which addresses women's specific socio-cultural needs) model and the biopsychosocial care model (which includes integration of psychological, social, and biological factors) require contextualization of provider education and the biopsychosocial care model, respectively, to enhance patient outcomes [12,13].

Workplace Impact and Policy Needs

In recent decades, South Asian women's workforce participation has accelerated; however, the gap remains critical in addressing menopause-related challenges in workplaces [6,10]. Menopausal symptoms impair women's productivity and well-being, yet support at the workplace and structured policies for menopause-related needs remain scarce [3,8]. The stigma associated with open dialogue limits the development of support mechanisms in workplaces. A change in organizational policies, guided by intersectionality theory [14], can foster a culturally-sensitive and gender driven workplace environment tailored to menopausal needs, including peer support, flexible hours, and health benefits [8].

AI and Digital Health Innovations: Western Models

Rapid integration of AI-driven systems shows promise in how digital health solutions can detect early symptom patterns in the premenopausal and menopausal phases. An exemplary case is the women's health clinic in the UK, which not only detects symptoms but also analyzes patterns to provide customized support and mentoring in reducing menopause related stigma [8-15]. Such initiatives help women to identify early symptoms by combining biomedical information (e.g., hormone levels, sleep patterns, occurrence of hot flashes, blood pressure, or any other conditions) with lived experiences of how symptoms affect daily life. This combined approach supports early risk identification and facilitates virtual consultations, which are particularly valuable in societies where menopausal stigma and shyness with open conversation limit help-seeking. In Australia, another digital initiative with special features to track menopausal symptoms offered customized behavioral interventions to enhance women's career retention and productivity at workplaces [16]. These AI-empowered initiatives maintain confidentiality, which helps gain women's trust in sharing their emotional and health concerns with healthcare professionals. They also help overcome traditional barriers related to communication, stigma, and access to menopause related services.

South Asian Digital Divide (Women 45+)

Women aged 45 and above experience one of the widest digital divides in the region, with only 21% owning smartphones, alongside limited digital literacy, and restricted autonomy in accessing online health services [17]. These limitations

make it harder for women to access reliable menopause information or telehealth support, reinforcing silence around symptoms. Therefore, any AI-enabled model designed for the region must account for literacy gaps, shared device use, and gendered restrictions on technology access.

Adapting AI-Enabled Menopause Care for South Asia

South Asia faces unique challenges, including entrenched cultural norms, limited healthcare services and infrastructure, digital divide, and significant language diversity [6,17]. These barriers, such as the gender-specific digital divide among women aged 45+ with low or no internet connectivity, limited access to smart devices, and a lack of knowledge to use online-health services [11]. These challenges hinder women's accessibility to reliable menopause information and tele-health support, encouraging silence around menopausal experiences. However, AI offers potential opportunities in low-resource settings by enabling tailored, culturally sensitive telemedicine services and educational programmes that protect privacy and help reduce stigma [11]. Before large-scale implementation, AI-enabled solutions in the South Asian context must account for gendered restrictions on technology access and literacy gaps. Adherence to socio-ecological and intersectional frameworks ensures that interventions are context-specific to diverse communities and are tailored to the institutional needs [4-18]. Such platforms and digital communities offer unique spaces for peer support and lived experiences through fostering an open dialogue culture among women and reducing the stigma and shame associated with menopause [2]. Additionally, real-time

data generated through such platforms can inform culturally appropriate healthcare policies, including workplace-focused interventions.

This article is a commentary based on secondary literature and theoretical frameworks; therefore, ethical approval was not required.

Conclusion and Call for Action

In South Asia, menopause remains an unacknowledged health priority marked by early onset, limited clinical care, and social stigma. Socio-ecological and intersectional approaches highlight that women's menopausal experiences are shaped by family, community, workplace, and society, as well as by intersecting factors, such as age, occupation, and socio-economic status. AI-enabled platforms in the UK and Australia demonstrate how digital technologies can enhance symptom monitoring, communication, and access to care, and provide a low-cost framework; however, the implications of these models remain challenging if not adapted to the South Asian cultural context. Unlike in developed regions, women aged 45 and above in South Asia face multiple challenges, including unequal access to technology and inadequate workplace policies for addressing midlife health issues. AI-enabled adaptation must therefore consider these challenges, such as resource constraints, urban-rural disparities, and localization to cultural norms. Failure to address these factors risks undermining women's inclusivity and access. As a future course of action, a phased implementation approach is recommended:

- 1. Introduce culturally sensitive AI solutions** – Develop open, secure,

and regionally relevant AI-enabled platforms that build trust and support early symptoms reporting, and raise awareness of appropriate clinical interventions, i.e., hormone replacement therapy (HRT).

2. **Strengthen digital literacy among midlife women** – Implement target digital literacy programmes to enable women to confidently use technology and access AI-supported health services and telehealth platforms.
3. **Integrate menopause into workplace well-being policies** – Encourage supportive organizational policies, inspired by UK and Australia models, to address menopause related productivity loss, absenteeism, and job retention challenges.
4. **Foster international collaboration and co-development** – Foster partnerships to co-create digital health solutions to enhance efficiency, knowledge exchange, and regional outreach.

Future research should evaluate the cultural acceptability, equity, and effectiveness of AI-enabled menopause care, particularly in addressing psychosocial stigma, workplace challenges, and intersectional identities. By integrating international evidence with local contexts and theoretical frameworks, South Asia has the potential to transform menopause care into a supportive, dignified, and digitally inclusive experience, enabling women to navigate this life stage with autonomy, self-confidence, and well-being.

Author Contribution Statement

The commentary, conceptualization, and manuscript development were undertaken by Sana Naz under the academic supervision of Dr. Malathie Dissanayake.

Ethical Approval

This article is a commentary derived from secondary literature and theoretical analysis. As it does not involve human or animal participants, primary data collection, or the use of confidential or identifiable data, formal ethical approval was not required in accordance with standard research guidelines.

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The authors declared they have no conflicts of interest relevant to this study.

Statement on the Use of Artificial Intelligence

During the preparation of this work, the authors employed OpenAI (GPT-5.2) to enhance clarity and readability. All outputs were carefully reviewed and revised where necessary, and the authors assume full responsibility for the final content.

Data Availability Statement

This commentary does not present any new research data. All information discussed is based on publicly available sources, previously published literature, and the author's own analysis and perspectives. Relevant references have been appropriately cited throughout the manuscript.

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