Women, Menopause and COVID-19: Understanding the Emotional and Physical Impacts on Women’s Behaviors and Health Decision-Making During and After the Pandemic
Table of Contents

Introduction ........................................ 3
  COVID-19 and Menopause ................. 3
Menopause Symptoms .......................... 6
Health Care for Menopause
Symptoms Pre-COVID-19 ...................... 7
Visits Regarding Menopause During
Social Distancing Measures ................. 10
Use of Technology and Telehealth .......... 12
  Telehealth and Menopause .............. 15
Conclusion ....................................... 17
Endnotes ......................................... 18
Introduction

The history of our country and of our world has been permanently changed. The COVID-19 pandemic is upending every corner of American society — causing hundreds of thousands of deaths and lingering illnesses, throwing millions out of work, and interrupting education for an entire generation of children. It has also demonstrated in a way no studies ever have the shortcomings in the U.S. health care system, while also highlighting areas of promising resilience.

The pandemic has also shined a light on existing socioeconomic and racial/ethnic disparities. For example, the Centers for Disease Control and Prevention (CDC) reported that COVID-19 cases are 2.8 times higher in Hispanic/Latino people and 2.6 times higher in Black/AA people as compared to white people. Additionally, rates of hospitalization were 4.7 times higher in Black/AA people and 4.6 times higher in Hispanic/Latino people than in white people, and rates of death were 2.1 times higher in Black/AA people and 1.1 times higher in Hispanic/Latino people than white people.

COVID-19 and Menopause

The CDC has identified several underlying health conditions that place people at high risk for severe illness from COVID-19. Unmanaged menopause can lead to certain health risks, including some high-risk diseases on the CDC’s list (namely heart disease and Type 2 diabetes). As such, the COVID-19 pandemic has increased the need for menopausal women to take care of their health.

Menopause, defined as the permanent cessation of menses for 12 months resulting from estrogen deficiency not associated with a pathology, typically begins between the ages of 51 and 52, although Black and Hispanic women may enter menopause earlier. Each year, an estimated 1.3 million women in the United States pass through menopause, many of whom experience a variety of bothersome symptoms such as hot flashes, disrupted sleep, mood swings and vaginal dryness.

HealthyWomen sought to understand just how the COVID-19 pandemic has affected the health of menopausal women in the United States, particularly any differences based on racial/ethnic demographics. We further sought to understand how those experiences are influencing current — and may influence future — health care behaviors and choices and what those behaviors and choices could mean for the future of women’s health.

Our goal is to raise awareness and promote dialogue about the impact of COVID-19 on women in the United States among health care professionals, policymakers and, of course, health care consumers in order to ensure that all women, regardless of demographics, are able to access the care they need.
Between June 11 and June 18, 2020, HealthyWomen conducted a 15-minute online survey to examine women's health behaviors prior to and during the height of the COVID-19 pandemic this spring, and to assess their expected behaviors when the crisis is over. This is the second of two reports on that survey. The first focuses on health-related and emotional issues overall; this one focuses on menopause.

Race was broken out as white, Black/African American (AA) and Asian. Ethnicity was broken out as Hispanic/Latino or not Hispanic/Latino. While participants who identified as Hispanic/Latino were able to choose several subcategories (e.g., Hispanic Caucasian, Hispanic Black) in this report, all are considered “Hispanic/Latino,” and “white,” “Black/AA” and “Asian” refer to people of non-Hispanic/Latino descent.

The survey also captured data based on age, geographical region of the United States and income level.

We received responses from 3,004 women, about half of whom fell within the typical ages (40s to 50s) for peri- or post-menopause (Table 1).

<table>
<thead>
<tr>
<th>Table 1: Respondent Demographic Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respondent Demographic Profile</td>
</tr>
<tr>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Age</td>
</tr>
<tr>
<td>18-34</td>
</tr>
<tr>
<td>35-44</td>
</tr>
<tr>
<td>45-54</td>
</tr>
<tr>
<td>55-64</td>
</tr>
<tr>
<td>65 or older</td>
</tr>
<tr>
<td>Region</td>
</tr>
<tr>
<td>Northeast</td>
</tr>
<tr>
<td>Midwest</td>
</tr>
<tr>
<td>South</td>
</tr>
<tr>
<td>West</td>
</tr>
<tr>
<td>Household Income</td>
</tr>
<tr>
<td>Less than $20,000</td>
</tr>
<tr>
<td>$20,000 to $44,999</td>
</tr>
<tr>
<td>$45,000 to $149,999</td>
</tr>
<tr>
<td>$150,000 or more</td>
</tr>
</tbody>
</table>

NOTE: 3.5% of respondents identified as something other than white, Hispanic/Latino, Black/AA or Asian.
Statistical Methodology

- Statistical differences between proportions were evaluated using proportions tests.
- Statistical significance testing was performed at the 95% confidence level. It was not performed on open-ended/free-response questions.
- This report only includes significant differences found at the 95% confidence level.
- All percentages in this report are rounded to the nearest whole number; due to rounding, some charts may not add up to 100%.

Women, Menopause and COVID-19 was made possible with the generous support of Astellas and The Pfizer Foundation.
Menopause Symptoms

Slightly more than half (54%) of respondents reported living with menopause symptoms, with Black/AA and Hispanic/Latino women most likely to report symptoms.\(^8\) Table 2 shows the breakdown by age and ethnicity.

One in four women who reported symptoms were ages 45 to 54 and 18% were 55 to 64. Black/AA (31%) and Hispanic women (34%) were more likely to report menopause symptoms than were white (52%) and Asian (45%) women. Published studies also find differences in menopause symptoms based on race/ethnicity. The seminal Study of Women’s Health Across the Nation (SWAN), a multi-site longitudinal, epidemiologic study designed to examine the health of women during their middle years, for instance, found Black women are more likely to report persistently high vasomotor symptoms (e.g., hot flashes, night sweats, and flushing) than other ethnicities.\(^9\)

**Table 2: Demographics of Respondents with Menopause Symptoms**

<table>
<thead>
<tr>
<th>RACIAL DIVERSITY</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White/Caucasian</td>
<td>48%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>66%</td>
</tr>
<tr>
<td>Black/AA</td>
<td>69%</td>
</tr>
<tr>
<td>Asian</td>
<td>55%</td>
</tr>
</tbody>
</table>

Base = 1,614
Health Care for Menopause Symptoms Pre-COVID-19

Menopause can be difficult to cope with for many women. Symptoms, such as hot flashes, weight gain, difficulty sleeping and memory loss, can interfere with their daily life. Hormonal changes caused by menopause can result in elevated LDL cholesterol levels, increasing the chance of heart disease. Menopause can also result in a dramatic loss of bone density. While treatments can prevent or alleviate these symptoms and conditions, research has shown that even prior to the pandemic, many women did not seek medical care for menopause.

Before COVID-19, one-quarter (25%) of women with menopause symptoms we surveyed had attended a scheduled in-person visit with their health care provider to discuss their menopause symptoms and received treatment options, while 14% attended a scheduled in-person visit and did not receive treatment options (Table 3). It is not clear, however, if they requested treatment. Women typically discussed their symptoms during their annual gynecologic exam.

Many women experiencing menopause symptoms and related health concerns did not discuss these concerns with their health care provider. Some reasons cited for the lack of communication include stigma, fear, embarrassment and distrust of health care providers. Consistent with these reports, our survey found that just 2% of those with symptoms talked to a health care provider about their menopause symptoms via telehealth before the pandemic.

Given that Black/AA and Hispanic/Latino women in our survey were more likely to be living with menopause symptoms than white and Asian women, it was not surprising that they were more likely to see a doctor about their symptoms. Table 3 delineates a number of findings, mostly regarding Hispanic/Latino and Black/AA women and how their experiences differ from other groups.
### Table 3  Pre-COVID-19 Menopause-Related Medical Appointments

<table>
<thead>
<tr>
<th>Pre-COVID-19 Menopause Appointments/Treatments</th>
<th>Total</th>
<th>White/ Caucasian</th>
<th>Hispanic/ Latino</th>
<th>Black/ AA</th>
<th>Asian</th>
<th>Menopause Symptoms (n=1,614)</th>
<th>Significant Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule an in-person appointment for an annual women’s wellness exam (OB-GYN), discussed menopause symptoms during that appointment and was provided treatment options</td>
<td>20%</td>
<td>17%</td>
<td>25%</td>
<td>24%</td>
<td>19%</td>
<td>36%</td>
<td>Hispanic/Latino and Black/AA women more likely than white women</td>
</tr>
<tr>
<td>Schedule an in-person appointment for an annual women’s wellness exam (OB-GYN), discussed menopause symptoms during that appointment and was NOT provided treatment options</td>
<td>11%</td>
<td>9%</td>
<td>14%</td>
<td>16%</td>
<td>13%</td>
<td>20%</td>
<td>Hispanic/Latino and Black/AA women more likely than white women</td>
</tr>
<tr>
<td>Schedule an in-person appointment specifically to address menopause symptoms during the annual women’s wellness exam and was provided treatment options</td>
<td>5%</td>
<td>4%</td>
<td>9%</td>
<td>9%</td>
<td>3%</td>
<td>10%</td>
<td>Hispanic/Latino and Black/AA women more likely than white women</td>
</tr>
<tr>
<td>Schedule an in-person appointment specifically to address menopause symptoms NOT during the annual women’s wellness exam and was NOT provided treatment options</td>
<td>3%</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>6%</td>
<td>Black/AA women more likely than white women</td>
</tr>
<tr>
<td>Schedule an appointment for a remote visit to address menopause symptoms and were provided treatment options</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Schedule an appointment for a remote visit to address menopause symptoms and were provided NO treatment options</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
<td></td>
</tr>
<tr>
<td>Not schedule an appointment related to menopause symptoms</td>
<td>14%</td>
<td>14%</td>
<td>11%</td>
<td>15%</td>
<td>16%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>I am not living with menopause symptoms</td>
<td>46%</td>
<td>52%</td>
<td>34%</td>
<td>31%</td>
<td>45%</td>
<td>–</td>
<td>White and Asian women less likely to be living with menopause symptoms than Hispanic/Latino and Black/AA women</td>
</tr>
</tbody>
</table>
Those who didn’t schedule appointments for their symptoms said the symptoms either weren’t bothersome or they could handle them on their own (Figure 1).

**Figure 1: Reasons for Not Scheduling Appointment to Discuss Menopause**

NOTE: All groups other than the white women and overall menopause symptoms groups had sample sizes of less than 50.
Visits Regarding Menopause During Social Distancing Measures

On January 31, 2020, the secretary of the Department of Health and Human Services declared a public health emergency for COVID-19, and on March 13, 2020, the president declared the COVID-19 outbreak to be a national emergency. By March 16, 2020, every state had declared its own emergency, and most had taken steps to mitigate the spread of the virus. In many states, these steps included some form of social distancing measures, including stay-at-home orders, closures of nonessential businesses, bans on large gatherings, school closures and limits on public places. Several states also issued executive orders to postpone or cancel elective procedures. Yet, despite such orders, many women with menopause still required care. Thirty percent of all respondents and 44% of those self-identifying as having menopause symptoms had the need to schedule an appointment for menopause symptoms during their state’s/community’s social distancing measures (Figure 2). Hispanic/Latino and Black/AA women sought menopause-related appointments at roughly the same rate (50% and 44% respectively) and both did so more frequently than white and Asian women (20 and 22% respectively). Over one-third (36%) were able to see their doctor in person and the same percentage were able to see their doctor via telehealth. White women were most likely to actually schedule an in-person appointment (45%). Overall, 38% of those with symptoms decided not to schedule the appointment.

Figure 2: Health Care Behaviors Related to Menopause Symptoms During Social Distancing Orders

Did you have the need to schedule an appointment for menopause symptoms during the COVID-19 social distancing period ordered within your state/community?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Menopause symptoms</strong></td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>White/Caucasian</strong></td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Hispanic/Latino</strong></td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Black/AA</strong></td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Asian</strong></td>
<td>78%</td>
<td>22%</td>
</tr>
</tbody>
</table>
If you scheduled an appointment for menopause symptoms during COVID-19 period, did you . . . ?

- Schedule the appointment for remote visit
  - Menopause Symptoms: 43%
  - White/Caucasian: 36%
  - Hispanic/Latino: 32%
  - Black/AA: 31%
  - Asian: 14%

- Schedule the appointment in person
  - Menopause Symptoms: 45%
  - White/Caucasian: 36%
  - Hispanic/Latino: 31%
  - Black/AA: 34%
  - Asian: 14%

- Decide on your own to not schedule an appointment
  - Menopause Symptoms: 21%
  - White/Caucasian: 22%
  - Hispanic/Latino: 20%
  - Black/AA: 17%
  - Asian: 6%

- Decide to not schedule an appointment after discussing with the health care provider
  - Menopause Symptoms: 29%
  - White/Caucasian: 29%
  - Hispanic/Latino: 29%
  - Black/AA: 29%
  - Asian: 14%

Has COVID-19 or the COVID-19 social distancing period ordered within your state/community caused you to delay/put off seeking treatment for your menopause symptoms?

- Yes
  - Menopause symptoms: 62%
  - White/Caucasian: 84%
  - Hispanic/Latino: 61%
  - Black/AA: 64%
  - Asian: 81%

- No
  - Menopause symptoms: 38%
  - White/Caucasian: 16%
  - Hispanic/Latino: 39%
  - Black/AA: 36%
  - Asian: 19%
Use of Technology and Telehealth

The past decade has seen an explosion in digital health tools ranging from fitness trackers to meditation apps to smart watches capable of performing EKGs and tracking temperature and sleep. In a survey conducted in early 2020, prior to COVID-19, 35% of Americans said they used some form of phone or table application to manage their health, and 18% said they used some kind of wearable technology.\textsuperscript{18}

Such technology is helpful because it allows patients to monitor their health and identify red flags. It also allows health care practitioners to provide care remotely and ensure patients are complying with their treatment plans. Wearable devices and apps can help women with menopause track symptoms such as hot flashes, night sweats, insomnia, and heart rate irregularities.\textsuperscript{19} Apps can provide users with educational materials, online assessment tools, data-driven intervention recommendations, curated support products or referrals to appropriate health care providers.\textsuperscript{20}

In our survey, 40% of participants said they used some form of technology to manage their well-being or to help manage menopause symptoms. Women who reported living with menopause symptoms were more likely to use technology to manage their well-being than those who did not have symptoms (38% versus 26%) (Figure 3). Black/AA (22%) and Hispanic/Latino (24%) women were more likely to use technology to manage their menopause symptoms than white (9%). Hispanic/Latino women were also more likely to use the technology than Asian women (14%). Overall, 13% of respondents indicated they use technology to help manage menopause symptoms (Figure 4).
Q6: Some women use technology to help manage their well-being and/or to help manage menopause symptoms such as symptom tracking . . . etc. Do you . . .

The most commonly used technologies for women with menopause symptoms were smartphone apps, symptom trackers, interventional devices and online cognitive behavioral therapy (online CBT). The technological tools used most specifically for menopause symptoms and not for other health needs were interventional devices (used specifically for menopause 40% of the time) and online CBT (used specifically for menopause 26% of the time). More Black/AA and Hispanic/Latino women also used interventional devices (33% and 31%, respectively) than did white (11%) and Asian (11%) women. Online CBT is used by more Hispanic/Latino women (19%) compared to white (11%) women. Other technology is used about the same or more for other general health purposes compared to tracking and/or managing menopause symptoms/health.

This is in alignment with a recent finding from the Pew Research Center that 26% of Hispanic/Latino people in the United States say they regularly wear a smart watch or other fitness tracker, compared to 21% of all Americans.21
Figure 4: Technologies Being Used to Manage Well-Being and/or Menopause Symptoms

- **Online Cognitive Behavioral Therapy (CBT)**
  - Using Tech for Menopause: 26%
  - Using Tech for Wellness: 11%
  - Asian: 19%
  - Black/AA: 15%
  - Hispanic/Latino: 11%
  - White/Caucasian: 11%

- **Apple or Samsung Health/Fitbit**
  - Using Tech for Menopause: 20%
  - Using Tech for Wellness: 28%
  - Asian: 21%
  - Black/AA: 24%
  - Hispanic/Latino: 18%
  - White/Caucasian: 18%

- **Using an interventional device**
  - Using Tech for Menopause: 40%
  - Using Tech for Wellness: 21%
  - Asian: 33%
  - Black/AA: 31%
  - Hispanic/Latino: 11%
  - White/Caucasian: 18%

- **Symptom tracking**
  - Using Tech for Menopause: 47%
  - Using Tech for Wellness: 46%
  - Asian: 42%
  - Black/AA: 44%
  - Hispanic/Latino: 42%
  - White/Caucasian: 44%

- **Smartphone App**
  - Using Tech for Menopause: 50%
  - Using Tech for Wellness: 53%
  - Asian: 59%
  - Black/AA: 51%
  - Hispanic/Latino: 50%
  - White/Caucasian: 51%
Telehealth and Menopause

Telehealth is defined as health care delivered through phone calls, video conferencing, chat, texts or a health care portal with a health care provider. Such services are beneficial because they allow health care practitioners to treat patients that they are unable to see face-to-face, including patients located in rural areas or areas with practitioner shortages as well as patients without reliable modes of transportation. Research has also shown that telehealth can lower costs for patients and providers, including by allowing patients to avoid unnecessary hospital visits.

With social distancing measures in place, telehealth’s popularity has grown exponentially during the COVID-19 pandemic. Telehealth is well suited for medical consultations regarding menopause because in-person exams are not always necessary to address many concerns and symptoms associated with menopause.

Our survey found that women with menopause symptoms were more likely (compared to those without symptoms – 10%) to report the use of telehealth pre-COVID-19 (34%) and to use telehealth during social distancing orders (34% versus 28%). However, fewer of them were satisfied (62%) with their telehealth experience than women without menopause symptoms (73%). Similarly, those without previous experience (pre-COVID-19) using telehealth (74%) rated the experience more highly than those with such experience (55%). It would seem that previous users have higher expectations than those forced to try it, perhaps reluctantly, and for the first time. During the COVID-19 pandemic, many providers are offering telehealth as a new service. With kinks to work out, experiences may be suffering for those used to a “well-oiled” digital telehealth machine.

Other key findings from respondents with menopause symptoms:

- More Hispanic/Latino (50%) and Black/AA (44%) women were likely to need to schedule an appointment for menopause symptoms compared to white (20%) and Asian (22%) women.
- More Hispanic/Latino (39%) and Black/AA (36%) women were likely to delay/put off seeking treatment for menopause symptoms compared to white (16%) and Asian (19%) women.
- Women experiencing menopause symptoms were more likely to experience both social anxiety (16% versus 13%) and separation anxiety (7% versus 4%) than those without and to have both insomnia (14% versus 11%) and feel panic (10% versus 7%).
- Women experiencing menopause symptoms were more likely to worry about:
  - Money (32% versus 28%)
  - Affording food (21% versus 13%)
  - Accessing outdoor spaces (14% versus 11%)
  - Affording and accessing health care (going/speaking to a health care provider) — 33% versus 22%)*
- Affording and accessing prescriptions (22% versus 12%)**
- Physical safety (19% versus 13%)

- Women experiencing menopause symptoms were less likely to stay connected during the social distancing orders than those who did not (43% versus 54%) and significantly less likely to create and/or maintain routines (28% versus 34%).

- Women experiencing menopause symptoms were more likely to practice mindfulness than those without symptoms (16% versus 13%) and to help others (21% versus 17%). They were also more likely to both speak with a mental health professional (12% versus 7%) and begin taking medications for mental health (7% versus 3%) compared to those without symptoms.

- Women without menopause symptoms indicated they would be more comfortable with in-person appointments six or more months after taking the survey than those with menopause symptoms (58% versus 53%). Despite their overall comfort, those without symptoms still listed "Risk of getting COVID-19" as the reason for any discomfort more frequently (88% versus 67%). It is interesting to note that those with menopause symptoms were more fearful of crowds/crowding compared to those without symptoms (53% versus 47%).

* Affording (13% versus 8%) and accessing health care (20% versus 14%) were combined.

** Affording (10% versus 4%) and accessing prescriptions (12% versus 8%) were combined.
Conclusion

Our survey showed that women with menopause symptoms were, by and large, able to access care for their symptoms during the COVID-19 social distancing measures and were more likely to use technology to manage their symptoms than women who did not report symptoms. Perhaps the biggest conclusion to be drawn from the results of this survey and this report is that Hispanic/Latino and Black/AA women are both suffering disproportionately from COVID-19 and dealing in myriad ways with bothersome menopause symptoms. They are more willing to discuss their symptoms and to take advantage of the tools at their disposal while considering their fears, emotions, and concerns. They are trying new things and getting what support and relief that they can, including mental health when needed. We also learned that Asian women seem reluctant to discuss or admit to emotional needs or worries, listing none of the above more often than not when presented with exhaustive lists of potential fears, concerns and/or emotions. Likewise, white women seem to be ready, more than most to attend in-person visits during social distancing orders and not concerned about getting out after COVID-19.

Telehealth is experiencing a test of sorts. Many are using it, but reviews are mixed. It seems that those that used it pre-COVID-19 come with high expectations, while new users are mostly impressed.

Those with menopause symptoms have disproportionate fears regarding money, food, health and physical well-being, including anxiety. They are taking steps to deal with it, like mindfulness, seeing mental health specialists, seeking out medications, etc. The profile of those with menopause symptoms closely resembles those of Hispanic/Latino and Black/AA women. This is consistent with the finding that Hispanic/Latino and Black/AA women are more likely to self-identify as having menopause symptoms.

Online CBT and interventionist devices have usage patterns specific to those with menopause symptoms, especially Hispanic/Latino and Black/AA women.

Ultimately, our survey reaffirmed the need to educate women about menopause and encourage them to seek timely diagnosis and treatment, even more so amidst the current COVID-19 pandemic.
About HealthyWomen

HealthyWomen is the nation’s leading independent, nonprofit health information source for women. Our mission is to educate women to make informed health choices for themselves and for their families, providing objective, research-based health information to our audience. For 30+ years, millions of women have turned to HealthyWomen for answers to their most personal health care questions. To learn more, please visit www.HealthyWomen.org.

Nothing is more important to our health than access to competent and affordable care and the safety of our medications and health care delivery practices. HealthyWomen works to educate women about health policy issues in these and other areas. We recognize the importance of clinical trials to improving women’s health and supporting women’s health research, particularly where sex may make a difference in research results. HealthyWomen advocates on behalf of women to ensure that women’s health is a primary focus of policymakers and advocacy groups. Our investment in developing science-based information and our effort to incorporate perspectives reflected by advances in research and technology will further our mission to provide women with relevant and accurate health resources. To learn more, please visit www.HealthyWomen.org. Follow us on Facebook, Twitter, Instagram and LinkedIn.
Endnotes


8. The number of women living with menopause was derived from the inverse of respondents choosing, “I am not living with menopause symptoms” to Q4: For women living with menopause symptoms, what did your medical visits and treatment look like before COVID-19? Did you …


