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**“Double Trouble”: Menopausal relationship complications experienced by lesbian,  
lesbian/asexual, lesbian/queer and queer women in same-sex couples**

**Sue Westwood**

**Abstract**

Despite growing awareness about the significance of menopause in women’s lives, there is very limited research on its impact upon their relationships, especially in relation to women in same-sex relationships. This article reports on a small-scale research project with twelve lesbian/queer identifying women who had experienced/were experiencing menopause transitions, exploring the impact on same-sex relationships. The women’s narratives suggested distinct differences between those who experienced their respective menopause transitions at different times and those who experienced them at the same time. In particular the former had to live with menopause (i.e., their own and their partner’s) for longer, while the latter had to deal with the challenges and complexities of overlapping, and sometimes magnified, symptoms. The narratives of two women who left their partners during menopause also highlighted, in contrast with extant literature, that not all women in same-sex couples work through menopause transitions together. This article argues that menopause constitutes “double trouble” for women in same-sex couples, complicating and compounding their experiences, and requiring specific forms of relationship-work to navigate the challenges they encounter.

**Keywords:** menopause, minority sexualities, relationships

**Introduction**

There is growing appreciation of the significance of menopause for midlife women, and also ‘[s]ome trans men, gender nonbinary, and genderqueer individuals with at least one ovary and a uterus’ (Crawford et al., 2021, p. 1583). “Menopause” is generally understood to consist of

three main phases: perimenopause (symptomatic transitioning into menopause); menopause (12 months after the end of periods, when it is no longer possible to reproduce); and post-menopause (the phase after menopause when symptoms can continue, sometimes for many years) (Huang et al., 2023; NHS, 2023). Although individuals between the ages of 45 and 55 are most likely to experience menopause, it can affect younger and older persons as well. The majority of women experience at least one symptom, with many experiencing multiple symptoms, which on the whole are understood negatively and/or as disruptive (Bazeley et al., 2022; Evandrou et al., 2021; Huang et al., 2023; Women and Equalities Committee, 2022). These include hot flushes; night sweats; disturbed sleep; problems with memory and concentration; anxiety/depression and other mood-related difficulties; erratic periods and/or flooding; vaginal dryness/irritation; reduced/loss of libido; and recurrent urinary tract infections (Huang et al., 2023; NHS, 2023). There is no such thing as a stereotypical menopause. Instead, it involves a series of personalised transitions between menstruation/non-menstruation and fertility/infertility, with prolonged phases of liminality between them (De Salis et al., 2018). [...]

Menopause transitions can have a profound impact on intimate relationships (Bulut et al., 2024; Hayfield et al., 2024; Johnston-Ataata et al., 2020; Kling et al., 2019). This is especially in relation to a menopausal woman's alterations in mood, self-confidence, sense of self, and levels of sexual desire, as well as sleep and temperature control issues. There is highly variable menopause support from healthcare providers and in the workplace (Riach & Jack, 2021) which can affect a menopausal woman's wellbeing and, in turn, their intimate relationships. Yet, despite the importance of menopause for relationships, there is only limited research on how menopause impacts women in same-sex relationships (Hayfield et al., 2024; Westwood, 2024b). This deficit lies within the wider context of sexual minority

exclusions/marginalisations in the literature on couples, coping and stress (Randall et al., 2023).

This article contributes to filling this knowledge gap by reporting on the narratives of twelve lesbian, lesbian/asexual, lesbian/queer, queer identifying British women (a subset of data from six respondents taken from a larger online survey and six online interviews) about menopause and women in same-sex relationships. The argument which will be presented is that there are unique ways in which women in same-sex couples experience menopause transitions amounting to “double trouble”, their intimate relationships being affected by both their own and their partner’s/spouse’s respective menopause transitions in a variety of ways, which serve to complicate both their menopausal experiences and their relationships. experiences of all menopausal women across a range of sexualities and intimate relationships.

## **Background**

Menopause is experienced in varying ways involving ‘a complex interplay of personal predicament, somatic change, and sociocultural context’ (De Salis et al., 2018, p. 520). Whilst many menopause narratives involve discourse relating to decline and loss within the context of the intersection of ageism and sexism, it can also have more positive connotations, (Throsby & Roberts, 2024). Among some women, it is viewed negatively: marking the loss of fertility, representing physical decline, and perceived age-related diminished sexual attractiveness at the nexus of ageism and sexism (Bulut et al., 2024). Among other women, it is viewed positively as relief from menstrual symptoms, freedom from the risk of pregnancy (among heterosexual and some bisexual women), and the onset of a life phase associated with wisdom and increased self-confidence (Bulut et al., 2024; Throsby & Roberts, 2024). Positive and negative attitudes cut across sexual identities (Hyde et al., 2011).

There is only limited literature on the impact of menopause on relationships. It has been reported that greater and more severe menopause symptoms tend to correlate with lower levels of marital satisfaction among heterosexual couples (Kling et al., 2019). In a recent review of the literature on women's experiences of intimate and sexual relationships during menopause (which did not differentiate by sexual orientation), Bulut and colleagues identified a range of studies which highlighted that women experienced changes in sexual desire during and post-menopause, impacting their sexual relationships (Bulut et al., 2024). For many heterosexual women, research suggests, this can involve a decrease in desire (Hinchliff et al., 2012), however, some women experience an increase in desire (Hinchliff et al., 2010; Ussher et al., 2015). Some post-menopausal women have been found to be concerned about the impact of a reduced sex drive on the emotional closeness with their romantic partners and/or an inability to satisfy their sexual needs (Thomas et al., 2020).

Zhang and colleagues reported, in a review of the literature, that most heterosexual male spouses have limited knowledge and understanding of menopause, finding it difficult to cope with their wives' menopause symptoms, especially mood fluctuations and changes in sexual desire, which results in the men often distancing themselves to avoid conflict (Zhang et al., 2020). A study by Currie and Moger, which did not consider sexual orientation, suggested that partners of menopausal women 'expressed a desire to provide support but were unsure how to do so' (Currie & Moger, 2019, p. 183). Recent research with heterosexual menopausal British women (Hayfield et al., 2024) has also shown the linkage between understanding and perceived support: male partners who did not appear to understand what a menopausal woman was going through were perceived as being unsupportive. By contrast, male partners who were perceived as understanding 'were portrayed in heroic terms', conveyed in 'strong statements' which described them as "relentlessly supportive" and "fantastically understanding" (Hayfield et al., 2024, p. 454). Hayfield and colleagues also found that among those women who were

experiencing a loss/lack of sexual desire, and/or physical symptoms which made penetrative sex difficult, their male partners ‘were portrayed as victims’ of their menopausal symptoms which caused them (their male partners) to miss out on sexual activity (Hayfield et al., 2024, p. 455).

Despite growing recognition that menopause is an intersectional experience (Riach & Jack, 2021), there is comparatively little research on menopause experiences among women in same-sex relationships (Glyde, 2022; Sobel et al., 2024; Westwood, 2024b). Much of the existing literature is highly heteronormative and cisnormative, presuming heterosexuality and cisgender identities (Throsby & Roberts, 2024). Most studies do not report on sexual identity and/or gender identity, and even those that do, tend to not differentiate/analyse their findings in relation to either (Westwood, 2024b). Among the limited number of studies on menopause among women in same-sex relationships, it has been suggested that lesbians, compared with heterosexual women, may be buffered from some of the relational impacts of menopause due to having more open communication styles, enjoying greater reciprocal partner support, and being less focussed on penetrative sex (Everett et al., 2021; Kelly, 2005; Paine et al., 2019; Ussher et al., 2015; Wingo et al., 2018; Winterich, 2003).

These studies have tended to focus on the positives of successful lesbian relationships. They have not considered those same-sex relationships between women which are not working so well, which may be less supportive or even abusive (Laliga-Mollá et al., 2024; Umberson et al., 2015) and where menopause may exacerbate pre-existing relationship tensions, sometimes leading to relationship breakdowns. There has also been insufficient differentiation between women in same-sex relationships experiencing asynchronous and synchronous menopause transitions. A more nuanced understanding is required to make greater sense of the complexities of menopause among women in same-sex relationships. This article contributes to filling this

knowledge gap by analysing the narratives of twelve sexual minority women in same-sex couples, about the impact of menopause on their relationship(s).

## **Methods**

***Positionality:*** This mixed-methods project was conducted by a single researcher, who is a feminist gerontologist and socio-legal scholar, and a leading expert in the field of LGBTQ+ ageing. She experienced a challenging menopause over a decade ago whilst also working full-time and completing her PhD (career changing into academia in late middle age). She was single at the time.

The project was granted initial ethical approval for a mixed-methods online survey from the University of York's Economics, Law, Management, Politics and Sociology (ELMPS) Ethics Committee on 28th July 2023, with further permission being granted by ELMPS on 12th March 2024 for some additional follow-up online interviews. The data reported here are from both sources. The first are taken from a data subset from the small online survey (N=60), aimed at UK lesbian, gay, bisexual, trans and queer (LGBTQ+) individuals who had experienced/were experiencing menopause, which sought to explore their healthcare and workplace experiences. The second dataset is from the second-phase online interviews. The reason for the two data sets is that the survey data indicated that there was something unique and particular about menopause for women in same-sex relationships, about which it would be useful and informative to explore in greater depth, via some additional online interviews.

Survey questions were sourced from the House of Commons Women and Equalities Committee's 'Menopause and the Workplace' survey (Women and Equalities Committee, 2022) and the Department of Health and Social Care 'Women and Health' survey (Department of Health and Social Care, 2022) relating to symptoms, symptom onset and frequency, experiences at work and with healthcare providers, with supplementary questions specific to

sexual identity/gender identity and the menopause. Respondents were recruited via professional networks (i.e., the researcher's academic networks, based on her contacts as a leading researcher in LGBTQ+ ageing), menopause advocacy (e.g. the British Menopause Society) and LGBTQ+ advocacy (e.g. LGBT Consortium, LGBT Foundation, Stonewall, Switchboard) organisations, and social media (Twitter/X and Facebook). Fully informed participant consent was achieved via detailed pre-online survey participant information, with a mandatory checkbox to convey understanding and agreement with the terms prior to survey commencement. The full questionnaire is available (Westwood, 2023). Participant information comprised details about the background to the study and its purpose; the lead researcher's name and contact details; the voluntary nature of participation; what participation would involve; the right to withdraw, and timescales for doing so; data processing, storage and only fully anonymised dissemination; compliance with data protection regulations; and how to complain if dissatisfied in any way.

Simple descriptive statistics were used to analyse survey quantitative data while the qualitative data were coded, anonymised, and analysed using thematic analysis (Braun & Clarke, 2006). Full survey findings are reported elsewhere (Toze & Westwood, 2024; Westwood, 2024a).

The survey itself did not ask about the impact of menopause on relationships. However, six of the survey respondents made free-text comments referring to the significance of menopause for women in same-sex relationships. This prompted a second phase of the research project, to conduct semi-structured online interviews specifically about the impact of menopause on women in same-sex relationships. The same recruitment strategy as described above was deployed. Interview participants gave informed consent via an interview participant information sheet (covering the same areas as described above) and consent form prior to committing to the interview. The interviews, conducted by the author, ran for 60 minutes.

Due to time constraints, just six women were recruited for the online interviews. Despite recruitment leading to only a small number of interviewees, thematic analysis was deemed a suitable method of data analysis given the depth and complexity of the ensuing qualitative data. The data were anonymised, coded and synthesised with the data from the survey respondents who raised same-sex couples issues, and analysed using thematic analysis (Braun & Clarke, 2006). Themes were initially manually coded for frequency, significance placed upon them by participants, saliency and resonance with/complication of current literature. As the thematic analysis progressed, it became clear that an overarching distinction was between the narratives of women who experienced synchronous/asynchronous menopause, and those whose relationships ended during menopause. Responses were clustered accordingly and then re-analysed for content sub-themes.

The profiles of the six survey respondents and the six interviewees are summarised in Table 1.

Insert Table 1 here

## **Findings**

Three themes are discussed: asynchronous menopauses: the impact of one menopause after another; ‘double menopausal’ – both help and hindrance; and menopause as a reason for break-up.

### *Asynchronous menopauses: the impact of one menopause after another*

This theme reflects the experiences of women in same-sex relationships who experience their respective menopauses asynchronously (i.e. they happened successively, rather than at the

same time). The women described the challenges associated with a lack of knowledge and understanding when the first woman experienced menopause, the benefits from insights gained when the second woman experienced her menopause, and the relational impacts of experiencing menopause at different times. They highlighted how, with successive menopauses, they ended up living with menopause for a longer time than would a woman in a heterosexual relationship.

There was a general view that women in same-sex relationships were more likely to be understanding and supportive than women in heterosexual relationships,

My partner was a woman who understood. A married woman's husband might not understand and be less sympathetic, which in turn might make the symptoms psychologically more severe. (Elaine, lesbian, 80-89. survey)

... our partners can be more aware and more supportive [than a male partner] (Claire, lesbian, 50-59, survey)

This perception that women are more supportive partners than men is also echoed in the literature, including in relation to menopause (Hayfield et al., 2024; Ussher et al., 2015; Winterich, 2003). However, women in same-sex couples whose menopause transitions were asynchronous described unique challenges which impacted support. In the case of the first partner to experience their menopause transition, there was a general sense of not understanding what was going on and not having sufficient information.

We had no idea what menopause was... We didn't realise that's what it was. She thinks she was about 45 when she started... she had a lot of rage, no sweats or hot flushes, and no anxiety, little bit of depression. But yeah, her rages were quite bad... She threatened me with divorce. A few nights we would sleep in separate beds. I think, going through my menopause now, we understand. You look back retrospectively and just go 'Yes. Do

you remember when this happened? And that happened? And all these things?' And we're making those connections which is actually helping us now to join the dots and give us a better idea. (Layla, lesbian, 40-49, interview)

Layla highlights the importance of women being informed about menopause transitions before they commence so that they can make sense of what is happening to themselves and/or their partners. However, full understanding often only emerges when the second partner is going through their own menopause transitions. For example, Karen's wife is older than her and also went through her menopause transition first. Karen observed,

She's older than me, and so we always have this thing with any kind of life phase, that she's ahead of me. Things just happen to her before they happen to me... and it's the kind of thing where you don't always understand. There's things you can't understand until you experience them for yourself, [it's] just the way it is. [And menopause] is very different when you're experiencing it from the inside than when you're experiencing it from the outside. If I think back to some moments that we had like, you know, three, four years ago, they make more sense to me now, given what I'm experiencing myself. (Karen, queer woman, 40-49, interview)

Karen and her wife were more used to her wife "going first" with life-course events, however, as Karen highlights, menopause transitions are unique to each woman and she only fully understood her wife's menopause when experiencing her own transition.

For some couples menopause at different times can create a sense of divided experience between them. Moira had an early menopause when she was 36, caused by cancer treatments, and at the time 'I felt like I was at the beginning of old. When I got to 55 I felt like I caught up with myself' (Moira, queer woman, 60-69, interview). When her wife entered her

menopause transition many years later, while Moira found some of her wife's symptoms challenging, there was also a sense of relief that they had a shared experience at last,

When you're in a lesbian couple the person who's done it [menopause transition] might have some knowledge that is useful for the one who hasn't yet. And we can choose to be supportive, or we can choose not to. I chose to be supportive. I mean, I still got pissed off when she was throwing the duvet on and off all the time. But I understand. I knew it, and I was kind of glad she'd caught up with me, and we could know this together right? And she was glad too. She wished we could know this together, because I'd been knowing it lonely for so long. (Moira, queer woman, 60-69, interview)

For Moira, the asynchronous nature of her menopause transition and her wife's, and the big gap between the two, had represented a dissonance in their relationship. It was only when her wife began her own menopause transition that they had menopause – albeit uniquely experienced versions – in common. It was no longer something that divided them. It was important to Moira, and her wife, that she was no longer 'knowing it lonely'.

The partner who has already experienced her menopause transition can offer insights and guidance to the partner who goes second,

She has started to become perimenopausal, I would say. She started to become a bit more forgetful and... has started to suffer from increased anxiety, and [her] periods are getting worse. And you know, [she's] not typically an angry person, but a bit angry... I've kind of said to her 'Oh, I think that you might be starting your perimenopause now', and she kind of feels that she is as well...But there's a way in which I can offer the insights, but I'll kind of hold that a bit lightly, because it might be irritating, or it might not be her lived experience, so it's probably doing me more good that I've got those insights than it is doing [her]. (Janice, queer/lesbian, 50-59, interview)

As Janice observed, although there can be benefits in terms of sharing previous menopause experiences with menopausal partners, i.e., having access to information and understanding they did not have the first time around, this has to be conveyed sensitively and thoughtfully. No two menopause transitions are the same and for some menopausal women having her partner explain her own experiences to her may not go down well.

For many lesbian couples, especially in later life, there can be discrepancies in sexual desires. This can be true with and without menopause transitions and can apply to couples with both synchronous and asynchronous menopause. However, such discrepancies are more likely in couples experiencing menopause transitions at different times. Janice's menopausal transition started before her wife's although they are now overlapping, with Janice in the post-menopausal phase and her wife in the perimenopausal one. However, Janice was the only one to be menopausal for several years,

I went off sex completely for a while. I had like no interest at all. We were both quite libidinous people always and so I think that that was distressing for her and a surprise. And it really wasn't distressing for me. I just didn't want it [for a] good couple of years. It used to really upset her... I'd still say that I probably haven't got as much of a libido as I used to have. But it's, you know, it's back... she'd probably like it more often, but I think she's happy that there is some. (Janice, queer/lesbian, 50-59, interview)

Janice describes her experience of a decline in her sexual desires in ways which caused her wife distress, but not her, and a partial resolution during the later stages of her menopausal transition. For Moira, differences in sexual desires were the other way around, with hers being greater than her wife's,

I haven't had a big drop off in libido, she has and so that's a negotiation for us. It's all right, you know, I really think it's all right... it's definitely something I've worked

towards. It's something we've worked towards... We have a very intimate relationship, and I am really proud of our intimacy, in our touch, in our connection, our emotional, spiritual and physical connection. And so compared to that, while I absolutely think sexual intimacy is part of that, I'm grateful to have the whole package, even if it means that the sexual intimacy is less often than I would like. (Moirra, queer woman, 60-69, interview)

Moirra is describing a process of navigating variations in sexual desires between herself and her wife. She also emphasises that they engage in a range of intimacies which are equally, if not more, important to her, such as non-sexual physicality, and emotional and spiritual connections. This echoes research that suggests lesbian relationships involve a wider range of intimacies than heterosexual relationships where there is a greater emphasis on heterosexual sex (Kelly, 2005; Winterich, 2003) and that this can buffer women in same-sex couples when there is a loss of sexual desire among one/both women during menopause (Everett et al., 2021).

One of the key features of asynchronous menopause is that women in same-sex couples can spend a considerable amount of their lives living with menopause transitions,

Maybe what's interesting is that because of our age difference, it means that between us we're going through it for a long period... It's a feature of our lives for a long period of time... And so that's sort of an interesting thing like for a same sex couple that you. It has an impact on your experience. Well, for [women of] different ages. It has this longer-term impact than if it was just one of us. (Janice, queer/lesbian, 50-59, interview)

This is a key issue for women in same-sex relationships going through asynchronous menopause: some may (especially if their menopause transitions do not overlap at all) have to live with menopause transitions and associated relationship challenges for twice as long as both

women in heterosexual couples and women in same-sex relationships going through synchronous menopause.

To sum up, women in same-sex relationships whose menopause transitions occur at different times in the relationship can find a lack of information problematic when the first partner goes through her menopause transition. The other, non-menopausal partner may not be as empathic as, in hindsight, she may have wished. However, when she then goes through her own menopause transition, she may benefit from knowledge and understanding from the partner who “went first” and there may be a greater, retrospective understanding of what her partner went through. This may, for some women, bring them closer together. A key feature of women in same-sex relationships going through asynchronous menopause transitions is that they can end up living with menopause – their own and their partners – for a very long time, longer than women in heterosexual relationships where there is only one menopause to cope with.

***‘Double menopause’ – both help and hindrance***

This theme reflects the experiences of women in same-sex relationships who experience synchronous menopause transitions, i.e. they go through them at the same time. The women’s narratives highlighted how going through menopause together has distinctive qualities and both positive and negative implications. The women described challenges associated with living with two sets of symptoms, particularly in relation to tiredness, irritability, over-heating in bed at night, and making different treatment choices. They also highlighted advantages of a shared experience (albeit with symptom variation), reciprocal support, and heightened closeness arising from “weathering the storm” together.

One woman succinctly identified both specific challenges and opportunities associated with women in a couple both being menopausal at the same time,

Two menopausal women in one house is a disaster... though I suppose there is a measure of understanding that might not happen in a heterosexual relationship (Bridget, lesbian/asexual, 50-59, survey)

As Bridget observes, there can be challenges (sometimes extreme) associated with being simultaneously symptomatic, although there can also be opportunities for reciprocal support. Women with synchronous/ near-synchronous menopause have the advantage of a shorter duration of living with one another's menopause experiences. However, they have to simultaneously navigate both learning about what is happening to their own bodies and coping with/supporting each other's respective symptoms. Janice started off being the only one going through her menopause transition for several years, but now her wife is also starting her menopause transition,

It's difficult. We live in a one-bedroom flat. So, we have to put the effort into taking the space. I think it led to stress and arguments and little things that became amplified and... also the lack of sleep that comes with that when you're like ruminating, and you're tired. (Janice, queer/lesbian, 50-59, interview)

As Janice highlights, living with two sets of menopause symptoms can compound the ways those symptoms impact women's same-sex relationships, often leading to increased tensions and arguments. Tiredness can also be an issue. Research has shown that poor sleep can lead to increased, and more extreme, conflict between couples, not only during menopause (Audigier et al., 2023). Helen and her wife are both post-menopausal and still affected by tiredness,

Although we still love, you know, the physical and emotional side of our relationship.

I would say it is impacted by both of us being tired a lot. I've still got lots of lots of desire. But yeah, not always the energy. (Helen, lesbian, 50-59, interview)

As Helen shows, tiredness can also have an impact on sexual intimacy, with low energy levels affecting the ability to engage in sexual activities, even when the desire is still there.

Temperature control can also be a major problem,

Yeah, we heat each other up... It's tricky, like there's this immediate thing like one person wants to cuddle, and the other one's just feeling too warm and kind of figuring that out sometimes. It's like you don't want to be rejecting, but you're actually physically too warm to be touched... We do have a thing with temperature... I mean the thing about whether to open the window or not... I think maybe that causes disagreements.

(Karen, queer woman, 40-49, interview)

One menopausal partner experiencing excessive heat at night can put pressure on a relationship, as highlighted in the section on asynchronous menopauses. However, both partners experiencing excessive heat at the same time compounds the problem, as Karen shows.

Simultaneous menopausal symptoms, then, can put considerable strain on women in same-sex relationships,

I think the menopause did have a big effect on the relationship I was in at the time. Looking back, I think it was one of the reasons that I struggled in the relationship... We were both trying to navigate our own symptoms and make decisions about what to do in terms of HRT etc. I think this is obviously very different to a situation where only one person in a couple is going through the turbulence that the menopause can cause. It can put a huge strain on a relationship as well as potentially partners having greater understanding of what the other is going through... it is one of my abiding memories

of the worst period of my symptoms... it can potentially affect accessing GP support, looking for alternative treatments etc if you're with someone who is making different choices etc. (Alice, lesbian, 60-69, survey)

As Alice identifies, navigating two sets of menopause symptoms at the same time can be both complicated and difficult, especially when each woman may have different preferences and options available to her, especially in relation to HRT. There is also currently very little information available about the impact of menopause transitions among women in same-sex relationships, and, in particular, on the effects of taking HRT on a woman's female partner (Everett et al., 2021; Westwood, 2024a).

There is zero information about how two women experiencing menopause together may have exacerbated problems or even if things like topical HRT can impact a partner not on HRT. (Diana, lesbian, 50-59, survey)

The lack of specific information for women in same-sex relationships can make it more difficult to make sense of their respective symptoms, and to make informed treatment choices based on not only the impact on them but also on their partners (Everett et al., 2021). It is a significant reproductive healthcare inequality for women in same-sex couples (Westwood, 2024a).

For some women their menopausal transitions can be further complicated by illness,  
My partner was going through menopause at same time. Over a period of about 10 years we both had gynaecological cancers and hysterectomies. Hard to disentangle all that.  
(Faith, lesbian, 70-79, survey)

Dealing with both partners' cancers, cancer-related gynaecological issues and menopause transitions all within a single decade poses huge emotional pressures on women in same-sex relationships. It can be difficult to disaggregate which of their respective symptoms can be attributed to menopause, as well as limiting the menopause treatments (e.g. HRT) available to

them (Whicker et al., 2017) meaning their menopause-related symptoms may go untreated, and hence be more problematic.

While there are certain specific challenges for women in same-sex relationships experiencing menopause transitions at the same time, there may also be opportunities for greater reciprocal understanding and support. Some of this relies on a shared commitment to work things through together,

Well, she's a very highly anxious person as well. So I think that we both are now more able to say, 'oh, that's anxiety' or, you know, say what our needs are, or to take space. (Janice, queer/lesbian, 50-59, interview)

For Janice and her wife, naming the problem, and also finding ways to take personal space, can be helpful. Other women find practical solutions, as Karen (who, together with her wife, finds temperature control challenging) explains,

We're not tempted to [sleep separately]. We don't really have the space or the conditions for that, though, like I don't know what would happen if we had an extra bedroom. We just don't. So we just make do. We did get a larger bed... it does mean that we can make more space between us if we need to. I got linen bedding, and bamboo under-bedding, and a mattress made of natural materials, and it does seem to allow for more airflow through the bed. (Karen, queer woman, 40-49, interview)

Karen highlights how some women couples seek practical solutions to their overheating issues while still sharing the same bed. This may be because they have no other choice or because they prefer to continue sleeping together.

Helen and her wife have also made a conscious effort to navigate menopause-related symptoms relating to tiredness. They set aside times when they are most likely to have the energy for sexual intimacy,

We have been creative about that and think in terms of spending time together. More, you know, in the morning or during the day, because yeah, nighttime we are wiped out. (Helen, lesbian, 50-59, interview)

They also took steps to widen their sexual expression with one another,

So when we came together we both went ‘We are not going to let this part go.’.. It's like we're really going to work on this. And we talk about it a lot. We, you know, we're playful. We... did some courses with... a really nice woman, [who runs] a friendly sort of sex shop... we've been quite more adventurous than I have been in my sort of earlier relationships, which is lovely, that we were both up for it, and despite the sort of the fatigue sometimes getting the better of us... it's a very tactile relationship. (Helen, lesbian, 50-59, interview)

Helen and her wife have made an intentional effort to proactively respond to their menopause-related tiredness in ways which ensure they maintain an active sex life. By contrast, other women in same-sex couples who experience menopause transitions at the same time find themselves navigating their respective loss of sexual desire. For Layla, both she and her partner have experienced diminishing sexual desire, which they both understood, thus providing one another with reciprocal support,

She did have a loss of libido the same as me. But we looked at each other and we kind of knew that that was [still] something, that there was still a lot of love and affection. So we sort of carried each other through that. (Layla, lesbian, 40-49, interview)

Layla and her partner were able to maintain their sense of intimacy through recognising their enduring bond and the expression of non-sexual connections.

In Imogen's case, both she and her new partner were experiencing menopause-related loss of sexual desire. They found harmony in having similarly low levels of desire,

Yeah, you know, libido has been bad for us both. So you know, that's pretty significant at the start of a relationship... at the moment [current partner] and I are kind of in sync around libido and that's good. (Imogen, lesbian, 50-59, interview)

This demonstrates how concurrent loss of sexual desire in these relationships may be less problematic than in a relationship where only one partner's desires diminish. However, because libidinal compatibility is so important to Imogen, she is wary of receiving hormonal therapies in case they create a sexual imbalance in her relationship:

I don't want to be, to suddenly have a massive sex drive, you know, and for that to be an issue [if I take certain hormone treatments]. (Imogen, lesbian, 50-59, interview)

Imogen's wish to maintain the sexual status quo in her relationship highlights a particular dilemma which can be encountered by some menopausal women in same-sex couples. Unlike women in heterosexual relationships, many of whom are keen to restore their sexual desires and stop their menopause causing frustration to their male partners (Hayfield et al., 2024), some women in same-sex relationships may be fearful of a restoration of their sexual desires in case this makes them incompatible with their similarly low-libido menopausal partners. This, in turn, may mean that they do not seek treatment which might improve their menopause symptoms more broadly, thus adding to the strain menopause transitions place on both them and their relationships.

Clearly, there are added challenges for two women partners experiencing menopause transitions at the same time. However, as Janice also observed,

You know, being a lesbian couple, one of the things that other people who aren't in lesbian couples don't think about is like the extent to which premenstrual tension is a problem. So it's almost better being where we are now than both having premenstrual

tension at the same time every month. And the absence of that is really actually quite pleasant. (Janice, queer/lesbian, 50-59, interview)

Premenstrual syndrome (PMS) symptoms often echo menopausal ones (NHS, 2024). Through their respective menstrual cycles, women in same-sex relationships may have already navigated, and developed strategies to cope with, some of the symptoms associated with menopause transitions. As Janice points out, the ending of menstruation, and menopause, can be a positive outcome for women in same-sex relationships in terms of the end of tensions associated with both.

To sum up, women in same-sex couples whose menopause transitions occur at the same/similar times can find their respective symptoms magnified, especially in relation to tiredness, anxiety, irritability and overheating. This can lead to increased tensions in relationships and arguments. For some women, both partners losing sexual desire at the same time can contribute to low libido harmony, although this can impact subsequent treatment decisions should one partner be considering medication which might revive her sexual desire. Women described taking proactive steps to sustain their relationship during simultaneous menopause transitions, including taking space, reciprocal soothing with anxiety, making time for (sometimes more creative) sexual intimacy, and practical solutions, e.g. a larger bed and cooler bedding. For some women, although navigating joint menopause transitions can be tricky, most-menopausal life can be easier when they are no longer living with each other's menstrual mood changes. The key feature of women in same-sex relationships going through synchronous menopause transitions is that they are living with two sets of menopause symptoms – some of which interact – at the same time, which women in same-sex relationships menopause at different times and women in heterosexual relationships do not have to cope with.

### ***Menopause as a reason for break-up***

Two women described menopause as being a contributory factor in breaking up with their long-term partners and subsequently forming new relationships. Interestingly, one of the other interviewees who remained with her partner during menopause, observed that such breakups were not uncommon in her experience,

I've got a few [lesbian] friends who are my age or a little bit older, almost having kind of stereotypical midlife crises and you know, going off with younger women and really changing things up. (Janice, queer/lesbian, 50-59, interview)

Imogen ended her long-term relationship when her partner was experiencing her menopause transition, and shortly before she recognised that her own menopause transition had commenced. She explains,

So I have been in a relationship with my current partner for five years. And I ended my previous relationship about a year before I started with [current partner] and I was in that [previous] relationship for about 18 years... Menopause had a big effect on my previous relationship and the ending of that relationship. (Imogen, lesbian, 50-59, interview)

Imogen's previous partner was a little older than her and had started her menopause transition first. They were also coping with the strains of caring for ageing parents (one of whom had dementia, the other a degenerative disease) as well as her previous partner's child, while also working together. Imogen was struggling in particular with her then partner's menopause-related anxiety,

She was experiencing extremely high anxiety. I mean extremely. It's like she couldn't cope with anything... So there were all the pressures of this time in our lives, and then overlaid with these horrific menopause symptoms... It was kind of overwhelming... her levels of anxiety about things, and me not really understanding that this was part of the

menopause, not just, you know, part of our day-to-day. (Imogen, lesbian, 50-59, interview)

Imogen's experience highlights how menopause transitions often occur within the context of other life stresses, including caring responsibilities, which are often disproportionately fulfilled by, and overburden, women (Lindt et al., 2020). For Imogen, things reached a crisis point triggered by a bereavement,

It all came to a head quite quickly after my mum had died and just before I started the menopause... and I think the way in which it finished was probably in a large part due to menopause issues... It was really messy. I suppose I was already thinking that we were rocky... Brexit might have been in the mix as well. I was very upset about Brexit. I decided to go off... I had bought an interrail ticket because I wanted to experience Europe as a European and on that train journey I met [current partner]. And nothing happened between us. But it was like, I suppose, there was a spark, of this is a different life, and the one I have is not perhaps the one I want, and so that... opened a door, I suppose... (Imogen, lesbian, 50-59, interview)

For Imogen, these key transitions came together to form the catalyst which prompted her to end her long-term relationship,

I had to go back and talk to [previous partner]... it was awful. I mean she didn't seem to see it coming at all... the separation was too painful. I, we, couldn't keep in touch with each other. But we've just started meeting again, which is fantastic, but I don't know what we will salvage from it. You know we were together a long time, but the ending was so painful that I don't know. But it's hard to not be in touch, too. It's very difficult. (Imogen, lesbian, 50-59, interview)

Imogen has now been living with her new partner, the woman she met on the train, for the past five years: And it's worked brilliantly... we've got on fantastically well. (Imogen, lesbian, 50-59, interview).

Imogen reflected,

Looking back, I can say, you know, now I'm in it, I perhaps wasn't empathetic enough, because I didn't understand. And I don't think she really realized, even with the HRT. And... it was just another layer... on top of many things we were coping with, you know, work stresses and life stresses and parental stresses, and it was just too much. (Imogen, lesbian, 50-59, interview)

Imogen's very frank reflection, informed as it is by her painful feelings associated with the traumatic break-up with her previous partner, serves to highlight how for some women in same-sex couples, one partner's menopausal transitions, rather than bringing them closer together can push them further apart, even into ending their relationships. Coping with a partner's menopause can be tough, and if that issue arises in a relationship that may already be fragile/going through a difficult phase, the non-menopausal partner may simply not have sufficient internal resources to stay around and see it through and/or may not want to.

For Helen, increased sexual desire related to menopause transitions also led to her ending a long-term relationship and starting a new one,

My menopause... made me more sexual... it was almost like my sort of body was going 'Yay, last hurrah!' My ex-partner's libido had gone to zero, while mine had gone quite high. We'd had a long relationship... We'd had a child. So our intimacy hadn't been particularly, you know, a big feature. We'd become more like mums and friends for many years... [and then] there was this huge, almost visceral need for me to express myself sexually again... suddenly [around] my fiftieth birthday... I just started to sort

of think ‘God, is this my life for the rest of my life? I don't want to not be a sexual being.’ (Helen, lesbian, 50-59, interview)

Helen went on to have two successive affairs. She and her first wife subsequently had an amicable divorce and she and the second woman with whom she had an affair have been married for five years.

I found my big love, basically. I'm not saying my previous partner wasn't a big love originally, [but] it's been wonderful, yeah, and lovely to enjoy a really reciprocal, loving sexual relationship again. (Helen, lesbian, 50-59, interview)

Helen and her ex-wife (who is now experiencing her own menopause transition) have remained close,

[She is] like my sister, really now. I'm amazed that [she] was able to forgive me because I did behave pretty badly for a period which I still feel bad about at times. You know that sort of deceit aspect. So, credit to her that she's able to put that aside. I'm very lucky... In a weird way [menopause] was sort of a wake-up call to me. It was a gift. (Helen, lesbian, 50-59, interview)

Helen's and Imogen's narratives highlight how menopause can be a catalyst for a relationship breakups and lead to the formation of newer, more rewarding, intimate relationships. Menopause was, in effect, ‘a gift’, as Helen said. These narratives also show how things can work out very differently in terms of their subsequent relations with their ex-partners. Helen and her ex-wife found an amicable resolution and have maintained a close relationship despite her infidelity. By contrast, Imogen's break-up was far more traumatic, despite the absence of infidelity, leading to fractured relations which are only now beginning to heal after several years, and so far only partially. Both accounts serve to highlight that not all same-sex relationships involving menopause transitions are sites of mutual understanding and support.

## **Discussion**

The narratives reported here highlight the complexity and diversity of menopause transitions experienced by women in same-sex relationships. A key feature, not previously recognised in the literature, is that timing is crucial: whether and when two women in a couple experience their menopause transitions impacts both how they are experienced by each woman, and how they are navigated within their relationship. Experiencing successive menopauses prolongs the time two women in a couple find themselves living with menopause transitions and the associated impact on their relationship. On the other hand, women in couples where both experience menopause transitions at the same time are impacted not only by living with two sets of symptoms but also the ways in which those symptoms interact with, complicate, and sometimes amplify one another. Both asynchronous and synchronous menopause transitions amount to “double trouble” for women in same-sex relationships, either doubling the duration they are lived with, or doubling up, and often multiplying, symptoms and their impact on a couple. This “double trouble” is a significant differentiator between menopause transitions experienced by women in same-sex couples and women in different-sex couples (where there is only one menopause to deal with). Until now, the literature has been silent on this (Everett et al., 2021; Westwood, 2024a, 2024b). It is vital that the different ways sexual minority women experience menopause transitions are better recognised and understood, particularly by clinicians, relationship counsellors, and therapists offering treatment, guidance and support, and also in the information about menopause transitions provided to the general public.

Among women who experience menopause asynchronously, there can be a disjuncture in their relationship, caused by them having very different sets of embodied experiences – one menopausal, one not – at the same time. This can place several strains on their relationship, not least of which relate to not understanding what is going on (when the first partner begins her menopause transition), one partner changing due to menopause (Johnston-Ataata et al., 2020)

while the other has not, one partner having to navigate her personal experience of her embodied menopause transition while both partners have to navigate the consequences for their relationship. In many ways, this is no different from what happens in different-sex couples. However, for women in same-sex relationships used to experiencing commonality in their shared womanhood (albeit from different, intersecting standpoints), one of them experiencing menopause and the other not can create a life-stage experiential gulf between them, unlike any other embodied differences they may have encountered. As one of the interviewees observed, both she and her wife were relieved when her wife eventually also went through her menopause transition because they could finally share the experience together. In this way, menopause life-stage differences can be a source of added strain among women in same-sex relationships.

Among women who experience menopause synchronously, there can be compounding and complicating of their symptoms, particularly in relation to mood changes, temperature control, and the decision to take HRT. Again, the literature is silent on the impact on women in same-sex couples going through their menopause transitions at the same time. Menopause discourse, particularly in a relational context, is singular, i.e. one person experiences their menopause transition, which, if they are in a relationship, also then affects their partner. The limited literature on menopausal relationships is about how menopause symptoms and changes in a woman a) affect her (male) partner; and b) whether and how that (male) partner responds and the extent to which they are understanding and/or offer support (Zhang et al., 2020). The literature does not consider the situation where *both* partners are menopausal, where there are two menopause transitions involved, and which is not simply additive (i.e. the two menopauses are happening in parallel) but intersectional (i.e. they are interacting with, and complicating, one another). The lack of recognition in the literature, the absence of understanding among heteronormative healthcare professionals (Everett et al., 2021; Kenner et al., 2023; Meads et al., 2019; Westwood, 2024a), and the unavailability of information about/for two menopausal

women in same-sex couples is a profound site of health inequity for women in same-sex relationships.

The narratives of the women who ended relationships during menopause highlight another important issue which is under-recognised in the literature and which is relevant for women across the sexualities spectrum. Menopause can be a catalyst for relationship disruptions and for change, for moving away from something no longer sufficiently fulfilling and/or towards something which offers hope for something better. For one of the women, menopause served as a wake-up call, causing her to question a long-term relationship which had been sexless for years. It was not just that her increased sexual desire made her want a more sexual relationship, it was also that her awareness of her own ageing, made salient by her embodied experiences, prompted her to seek a better ageing future for herself. The other interviewee who could not live with her long-term partner's anxiety-related menopause symptoms was prompted to initiate change by both that and by a combination of other life transitions she was facing, including bereavement. Each woman's relationship ended in different ways – one amicable, one traumatic – showing how experiences can vary markedly between couples, including same-sex ones.

The significance of menopause for relationship dissolution is an important and under-addressed topic. In a recent survey of over 1,000 UK women, the Family Law Menopause Project and Newson Health Research and Education reported that 73% of their respondents 'blame the menopause for the breakdown of their marriage' (Newson Health Menopause Society, 2022). More understanding is needed about the interaction between menopause and relationship breakdowns, both in relation to women in same-sex couples and women in different-sex couples.

Menopause-related discrepancies in sexual desire posed challenges for some women in same-sex couples. Among those women whose relationships survived/were surviving menopausal transitions, there were accounts of various ways of accommodating comparatively greater/lesser sexual desires. The women's discourse was one of respectful communication and of an expectation of reciprocal understanding and support. There were no 'heroic' or 'victim' narratives about the partner who was getting less sexual activity than they wished, unlike previous findings in relation to the male partners of menopausal women (Hayfield et al., 2024). Gabb has argued that

the absence of normative sexual scripts enables queer couples to more readily manage sexual discrepancies. Gendered differences and inequalities persist within many heterosexual relationships while reflexivity and increased openness characterise queer coupledness. (Gabb, 2022, p. 24)

Some of the narratives in this study resonate with Gabb's observations and the earlier literature which has suggested that lesbian relationship styles, and the decreased focus on genital sex for intimacy, promote greater reciprocity and mutual support enabling a more successful navigation of menopause-related discrepancies in sexual desire (Cohen & Byers, 2014). However, it is important to avoid over-idealising lesbian relationships in this regard, as exemplified by the two women who left their partners during menopause, one of whom was specifically motivated by seeking a more sexually active relationship. There is no single, monolithic narrative about lesbian relationships, including with regard to menopause.

### ***Limitations***

This study is based on a very small sample. However, it does indicate potential sites of commonality and differences among and between menopausal women in relationships with

other women. The analysis was performed by a single researcher and might have been strengthened by the contribution of other perspectives.

## **Conclusion**

This article contributes to the knowledge gap about the impact of menopause on women in same-sex relationships. It highlights how menopause uniquely impacts women in same-sex couples in diverse ways. It also shows how menopause transitions can prompt some women to adapt in ways which preserve their same-sex relationships while in others it can be a catalyst for break-ups and the formation of new relationships. More research is needed on the impact of menopause in relationships across the sexualities spectrum, how menopause can be more complicated for women in same-sex relationships, and its contingencies in terms of whether they experience it asynchronously or synchronously. More research is also needed to better understand the part menopause plays in mid-life relationship break-ups across the sexualities and relationship-configurations spectrum.

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TABLE 1. Profiles of interviewees and selected survey respondents. [White\* = White (English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy or Irish Traveller, Roma, or any other White background)]. All identified as cisgender.

Code	Age	Sexual identity	Identify with gender assigned at birth?	Ethnicity	Disability	Currently/ previously menopausal?	Age of onset	Survey (S) or interview (I)
Alice	60-69	Lesbian	Yes	White*	No	Previously	52	S
Bridget	50-59	Lesbian/asexual	Yes	White*	No	Currently	42	S
Claire	50-59	Lesbian	Yes	White*	No	Currently	49	S
Diana	50-59	Lesbian	Yes	White*	No	Currently	45	S
Elaine	80-89	Lesbian	Yes	White*	No	Previously	55	S
Faith	70-79	Lesbian	Yes	White*	No	Previously	48	S
Helen	50-59	Lesbian	Yes	White*	No	Previously	51	I
Imogen	50-59	Lesbian	Yes	White*	Yes	Currently	51	I
Janice	50-59	Queer/lesbian	Yes	White*	Yes	Currently	46	I
Karen	40-49	Queer	Yes	White*	No	Currently	46	I
Layla	40-49	Lesbian	Yes	White*	Yes	Currently	45	I
Moira	60-69	Queer	Yes	White*	Yes	Previously	36	I