

A Scientific Review on the Missing Conversation in Women's Health: Understanding Perimenopause, Reducing Stigma, and Advancing Culturally Inclusive Care

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ABSTRACT

Perimenopause remains one of the most misunderstood, under-recognized, and stigmatized phases of a woman's life. Despite affecting half the global population, awareness among women and even healthcare clinicians remains remarkably low. This paper explores the sociocultural silence around female reproductive health, the multifaceted impact of perimenopause, the rising risk of chronic diseases during midlife, and the urgent need for accessible, culturally grounded education. It concludes by highlighting technology-enabled solutions such as the MeNOW companion app as a path toward empowering women with knowledge, agency, and early preventive care.

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Introduction

Stigma, Silence and the Unnamed Transition

Across many societies, menopause and perimenopause are shrouded in silence, shaped by decades of cultural stigma surrounding female reproductive health. In regions where women's bodies are considered private, taboo, or inappropriate for open discussion, knowledge transfer about midlife transitions is nearly nonexistent. The stigma starts as early as a woman getting her first period, and navigating puberty with confusion and shame. This carries through a woman's health journey as issues associated with reproductive health such as infertility, abnormal cycles, endometriosis, and hormone imbalances tend to be ignored. There is no education on what is normal, so when issues arise that are abnormal, they are often dismissed. As a result, millions of women enter perimenopause without understanding what is happening to them. What is even more concerning is that clinicians, particularly those outside gynecology, have historically lacked training or awareness of perimenopause as a distinct physiological stage. The term perimenopause itself was largely absent from medical education until recent years, causing symptoms such as anxiety, insomnia, irregular cycles, palpitations, and cognitive changes to be misdiagnosed or dismissed. This combination of cultural silence and clinical gaps has perpetuated a cycle of misunderstanding that affects women across generations and geographies.

The Physical, Emotional and Cognitive Impact of Perimenopause
 Perimenopause is not a single symptom or a brief event. It is a complex neuroendocrine shift that can span 4–10 years, affecting virtually every system in the body. The beginning of the transition journey also varies between demographics, for example South Asian women tending to start their perimenopause journey up to a decade earlier than their caucasian counterparts. Fluctuating estrogen and progesterone levels contribute to vasomotor symptoms, joint pain, sleep disturbances, metabolic changes, and menstrual unpredictability. These physical manifestations are

often accompanied by profound emotional and cognitive effects. Women frequently report mood instability, heightened anxiety, depressive symptoms, and a sense of losing control over their bodies. Cognitive changes, often described as “brain fog”, can impair memory, focus, and executive function, affecting work performance and quality of life. Because these symptoms vary widely between women, many feel isolated or mistakenly believe something is “wrong” with them. Without proper education or support, the psychological toll becomes as significant as the physical. According to statistics show that women are 70% more likely to be medically gaslit during perimenopause, and women of color 2.5 times more likely to be dismissed at their doctors appointments. (Medical Gaslighting Statistics Statistics: Market Data Report 2025). Combining the lack of support from the medical field and lack of understanding from women in midlife, it is no surprise that women struggle with unmanaged symptoms during this transition phase.

Increased Risk of Chronic Disease During the Perimenopausal Window

Beyond visible symptoms, the perimenopausal transition marks a period of accelerated vulnerability to long-term health conditions. Declining estrogen contributes to rising cardiovascular risk, including hypertension, dyslipidemia, and endothelial dysfunction; making heart disease the leading cause of death for midlife women. Similarly, hormonal shifts increase the risk of insulin resistance, weight gain, and type 2 diabetes. Cognitive decline becomes more pronounced during this stage, and longitudinal studies indicate that the earliest brain changes associated with dementia often emerge during the menopausal transition. Bone density loss accelerates significantly as well, putting women at a higher lifetime risk of osteopenia and osteoporosis. These risks highlight perimenopause not only as a stage of symptoms but as a critical window for preventive medicine.

Disproportionate Burden on High-Risk Demographics

Women with pre-existing vulnerabilities face an even greater burden during perimenopause. Those with a history of autoimmune disorders, polycystic ovarian syndrome (PCOS), diabetes, or cardiovascular disease experience more severe symptoms and greater physiological instability. Additionally, women from ethnic minority groups, particularly South Asian, African, Arab, and Hispanic populations, carry higher baseline risks for cardiometabolic disease. Cultural norms in many of these communities further discourage discussions about reproductive health, intensifying stigma and delaying care. Socioeconomic factors compound these disparities: limited access to specialized clinicians, lack of culturally relevant information, and fragmented healthcare systems prevent early intervention. The intersection of biological risk, cultural silence, and structural inequity creates a significant public health gap.

The Importance of Education and the Role of Digital Solutions

Closing this knowledge gap begins with education, on both sides of the table. Accurate, culturally sensitive, and accessible education that empowers women to recognize symptoms, seek help early, and advocate for their health. Digital tools have emerged as powerful equalizers in this space, enabling personalized support outside traditional healthcare settings. The MeNOW My Menopause Companion app is designed specifically to address these shortcomings. It provides evidence-based resources, symptom tracking, preventive health guidance, and culturally inclusive content tailored to diverse populations. By bridging the divide between clinical knowledge and lived experience, the app helps women understand their symptoms, prepare for medical appointments, and take proactive steps toward long-term well-being. Importantly, MeNOW reframes menopause not as a silent decline but as a stage that can be navigated with confidence, connection, and community.

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