

women walking 4 health

Promoting a Healthy Lifestyle During the Menopause and Postmenopause Phases by Advocating for the use of Walking

Work Package 2: Comprehending the walking training provision framework as physical activity during menopause and postmenopause transition

Task: T2.1_ Interviews

Deliverable Title (D2.1): Constraints from the lens of women's' experiencing menopause and postmenopausal

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Control Sheet

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Partners

Name of Partner	Short Name	Country
PHYSIS Outdoor Training	PHYSIS	Greece
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EXECUTIVE SUMMARY

1. Introduction. About the WomenWalking4Health Project

WomenWalking4Health is an 18-month EU-funded project aiming to promote a healthy lifestyle for women during the menopause and postmenopause phases by advocating for the use of walking as a form that can enhance their level of physical activity for both physical and mental well-being.

WomenWalking4Health project will focus on analysing the main constraints that could discourage women from participating in walking programs for more physical activity during the menopausal and postmenopausal transition periods, in partner countries, and generally in place in Europe. Based on the key elements that will be identified, a manual for trainers will be developed, describing the details of the training for women during the menopausal and postmenopausal transitions. This objective will practically frame the intervention and describe the process, the tools, and the potential audience.

WomenWalking4Health project prioritises the development and delivery of walking and motivational techniques that will help to overcome the constraints of inactivity and ultimately increase the physical activity levels of women experiencing menopause and postmenopause.

2. Constraints from the lens of women's experiencing menopause and postmenopausal

2.1 Purpose and Scope

The purpose of this deliverable is to explore the constraints that women experiencing menopause and postmenopause face in relation to walking and physical activity. It involves conducting interviews with women to gather insights from their personal experiences. The deliverable focuses on identifying physical, psychological, social, and environmental barriers to participation in physical activity during this stage of life.

The findings support the development of strategies and actions that promote walking and other forms of physical activity, tailored to the specific needs of menopausal and postmenopausal women.

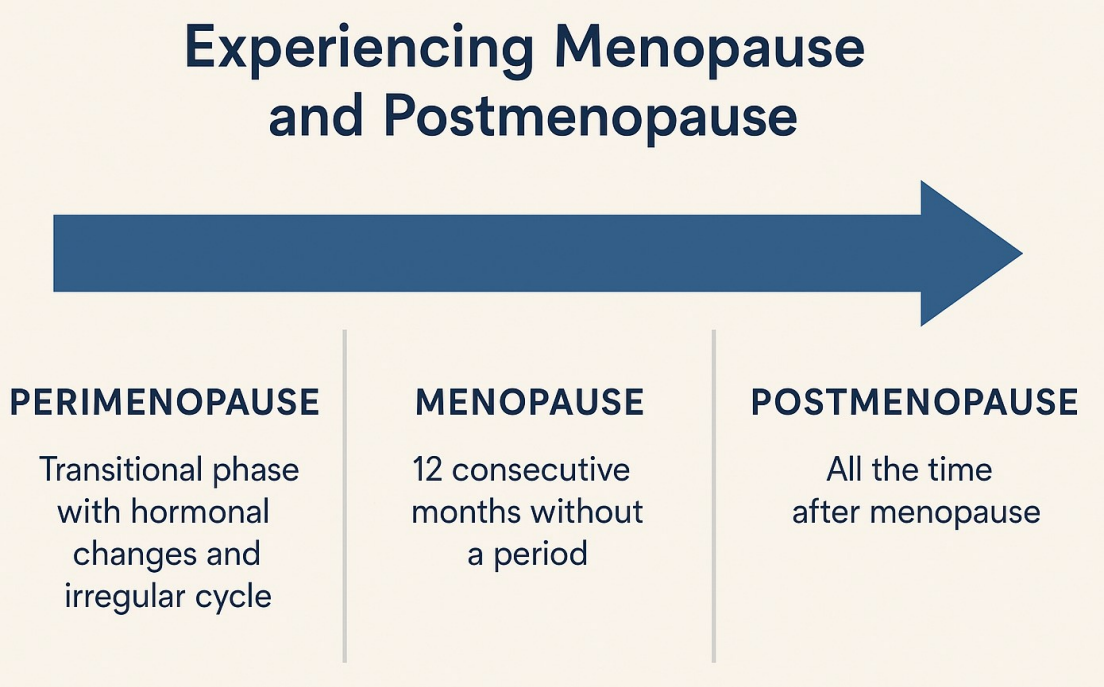
3. Main body of the deliverable

3.1. Methodology of the Qualitative Research and Data Analysis

As part of this deliverable, a qualitative research approach was applied to identify the barriers to participation in walking programs in both urban and peri-urban environments. The objective was to gain an in-depth understanding of the experiences and perceptions of women in menopause and postmenopause, and to provide a detailed examination of the factors limiting their engagement in walking activities.

In this study, the term *"experiencing menopause"* is used to describe the transitional phase surrounding the end of menstruation, typically occurring between the ages of 45 and 55 (North American Menopause Society [NAMS], 2022). This period includes the **perimenopausal stage**, during which women often report changes in menstrual patterns and various symptoms such as hot flashes, sleep disturbances, mood swings, and fatigue (Freeman et al., 2014). Menopause is clinically defined as the point when menstruation has stopped for **12 consecutive months**, without any other medical explanation (World Health Organization [WHO], 1996). However, participants in this study commonly referred to a broader experience that spans both the **perimenopausal and early postmenopausal phases**, highlighting the gradual and multifaceted nature of this life stage. These phases were often associated with significant physical and emotional changes, which shaped their motivations, barriers, and overall attitudes toward physical activity, including walking and outdoor exercise (Avis et al., 2009; Elavsky & McAuley, 2007) (picture 1).

Picture 1. Experiencing Menopause and Postmenopause



The study followed the six-phase thematic analysis framework (Table 1) as outlined by Braun and Clarke (2006) and further elaborated by Braun, Clarke & Weate (2016). This method is well-established for analysing qualitative data in the field of sport and physical activity (Braun, Clarke & Weate, 2016; Hall et al., 2015; Moore & Hesson, 2015) (table 1).

Table 1. The six phases of thematic analysis

Phase	Description
Phase 1: Familiarization with the Data	• Read and re-read the data (e.g., interview transcripts, field notes). • Note initial ideas or impressions. • Become familiar with the dataset.
Phase 2: Generating Initial Codes	• Organize the data into meaningful segments. • Create initial codes that represent specific pieces of data. • Code manually or using software.
Phase 3: Searching for Themes	• Group related codes into potential themes. • Identify broader patterns in the data. • Collate codes into themes or subthemes.
Phase 4: Reviewing Themes	• Review themes to ensure they accurately represent the data. • Refine themes, split, combine, or discard if needed. • Revisit the dataset to confirm themes.
Phase 5: Defining and Naming Themes	• Clearly define each theme and its significance. • Develop a description for each theme. • Link themes to research questions.
Phase 6: Producing the Report	• Write up the analysis and interpret the themes. • Present themes with supporting quotes. • Situate findings within existing literature.

A total of 20 women participated in this independent study, recruited from each partner organization. None of the participants had previously taken part in organized and structured walking programs on a regular basis. The semi-structured interviews focused on the participants' views regarding barriers to participation in walking programs, as well as, where applicable, the reasons for discontinuing previous involvement in such programs.

Probing techniques were used throughout the interviews to clarify participants' responses, encourage deeper reflection, and refine questions when necessary, following the approach of Strauss & Corbin (1998). The interviews lasted between 20 and 35 minutes. All sessions were

either digitally recorded or documented through written notes, then transcribed and prepared for thematic analysis.

Participant confidentiality and anonymity were strictly maintained throughout the process.

Ethical Considerations

Informed consent was obtained from all participants prior to the interviews. Participants were clearly informed of the purpose of the study, their right to withdraw at any time, and the measures taken to ensure their anonymity and the confidentiality of their data. All data were stored securely in accordance with GDPR and relevant ethical guidelines.

3.1.1. The Process Followed for Participant Interviews and the Interview Questions

The process followed for conducting the interviews with participants included the following steps:

1. PREPARATION

- Ensure logistics: Test technology (for video calls) or confirm the interview location (for in-person).
- Have materials ready: Interview guide, notepad, and recording device (with permission).

2. INTERVIEW FORMATS & BEST PRACTICES

A. In-Person Interview

- Choose a quiet, comfortable setting with minimal distractions.
- Ask for permission to record the interview on your device, if necessary.
- Keep the conversation flowing but stay on track to manage time (aim for 45–60 minutes).

B. Video Call Interview

- Ensure the participant has the correct meeting link and a quiet space.
- Manage technical issues calmly; offer to reschedule if needed.
- Keep the session between 35–50 minutes.
- Suggestion: record the interview on your phone instead of Zoom recording.

3. Post-Interview Steps

- Review notes and recordings (if used) immediately.
- Ensure data security and anonymization.
- Reflect on the process for improvements in future interviews.

3.1.2. Interview Questions

Introduction (Interviewer's Script)

Thank you for taking the time to participate in this interview. I am conducting research on the factors that encourage or discourage women from participating in walking programs during menopause and postmenopause. Your insights will help us understand how to design more effective programs that meet women's needs. This interview will take about [30] minutes, and all responses will remain confidential. You are free to skip any questions or stop the interview at any time.

Do you have any questions before we begin?

Demographic Information (3-5 min)

1. What is your age?
2. What stage of menopause are you in? (Perimenopause, Menopause, Postmenopause)
3. How often do you engage in physical activity, including walking, on a weekly basis?

Constraints: Barriers to Participation in Walking Programs (15-20 min)

A. Physical and Health-Related Barriers

- Have menopause symptoms affected your ability or motivation to walk regularly? If yes, how?
- Do you have any health conditions that make walking challenging? (e.g., arthritis, osteoporosis)

B. Psychological and Emotional Barriers

- Do you experience anxiety, depression, or self-consciousness that makes it harder to join a walking program?
- Do you prefer to walk alone rather than in a group? Why or why not?

C. Time and Lifestyle Constraints

- How do time constraints (work, family, responsibilities) influence your ability to engage in walking programs?
- Would a structured walking program with set schedules be difficult for you to commit to?

D. Environmental and Safety Concerns

- Are you concerned about the safety of outdoor walking spaces (e.g., lighting, traffic, crime)?
- Do weather conditions (e.g., extreme heat, cold, rain) discourage you from walking regularly?

E. Social and Cultural Barriers

- Do you feel supported by family and friends in engaging in physical activity?
- Have you ever felt discouraged by past experiences in physical activity programs?

Closing Statement (Interviewer's Script)

Thank you so much for sharing your insights. Your responses will be very valuable in helping design better walking programs for women in menopause and postmenopause. If you have any additional thoughts later, feel free to reach out. Would you be interested in receiving updates on the study's findings?

3.2. Results

3.2.1. Greece

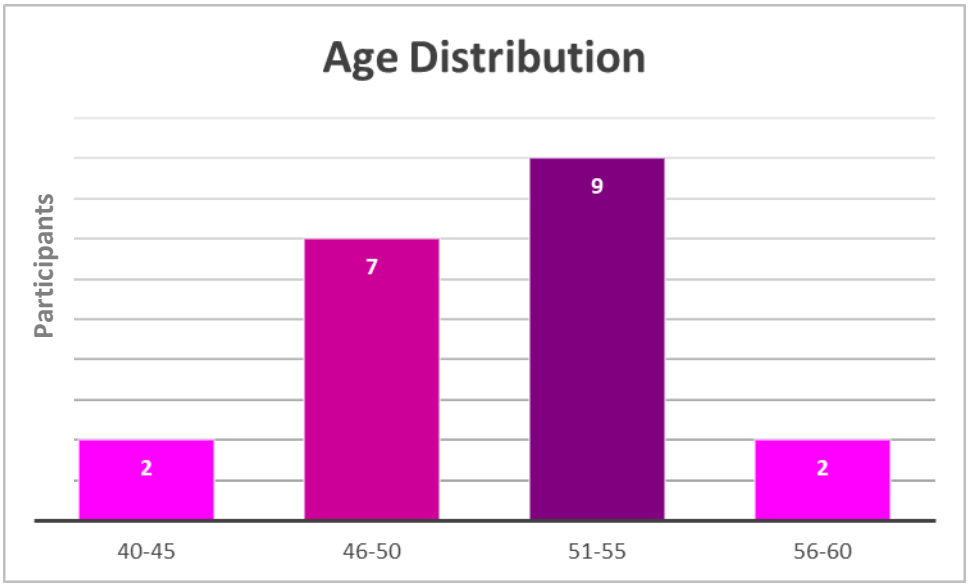
3.2.1.1. Demographic Characteristics of Participants. Greece.

3.2.1.1.1. Age Distribution

This study explores the exercise habits of 20 women aged 45–57, focusing on their physical activity frequency and whether they include walking in their routines.

The age group 51–55 has the highest representation, accounting for 50% of the total participants (18 in total). The 46–50 age group follows with 38.9%, while the 40–45 and 56–60 groups are equally underrepresented, each comprising only 11.1% of the sample (graphic 1).

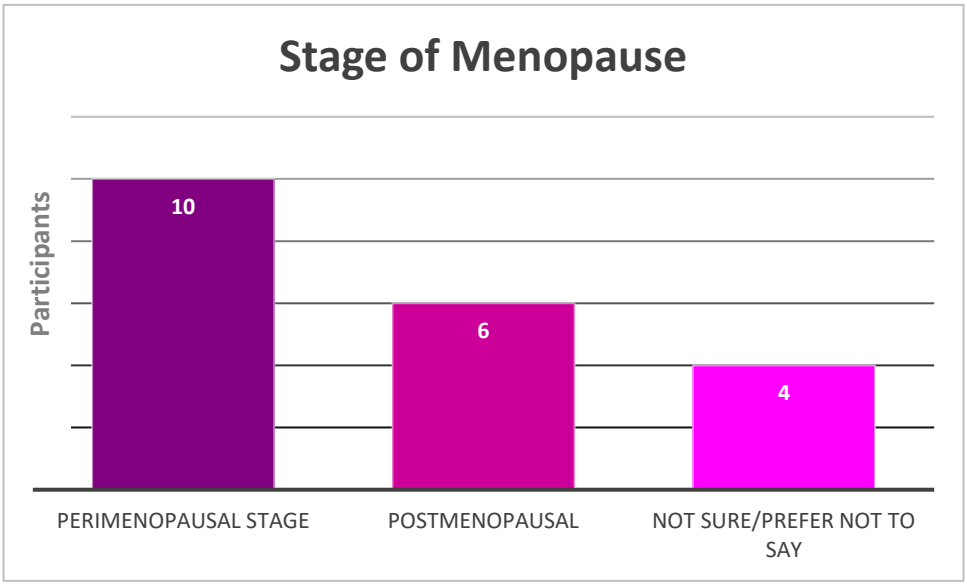
Graphic 1. Age Distribution



3.2.1.1.2. Stage of Menopause

Out of the total 20 participants, half (50%) identified as being in the perimenopausal stage, making it the most represented group. 30% reported being postmenopausal, while 20% either were unsure of their menopausal status or preferred not to disclose. (graphic 2).

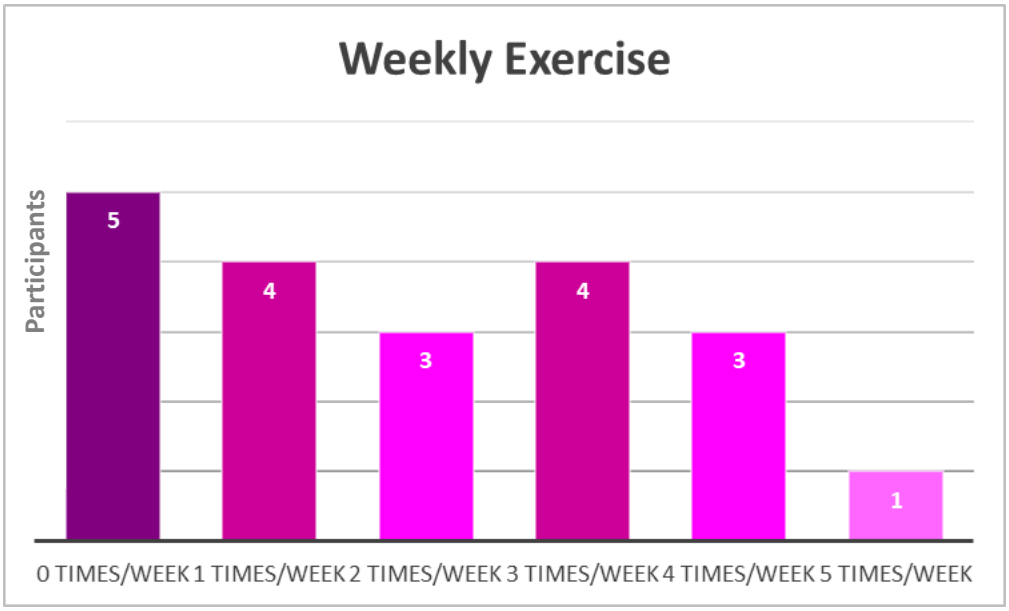
Graphic 2. Experiences of women during the menopausal transition



3.2.1.1.3. Weekly Walking Habits

Key findings reveal that 30% of the women reported no weekly exercise, while 25% exercised 3 times per week. Only 35% included walking as part of their routine, with the majority (65%) not considering it a form of exercise. Perimenopausal women showed the widest variation in activity levels, ranging from inactivity to 5 sessions weekly (graphic 3).

Graphic 3. Weekly Walking Habits



3.2.1.2. Results of Greece and Summary of Participants' Responses.

Category	Subcategory	Causes / Comments
A. Physical & Health Barriers	Sweating	It makes me feel uncomfortable.
	Fatigue/Lack of energy	Hot flashes make me feel tired.
	Joint pain/Arthritis	Joint pain due to arthritis limits or even prevents me from walking frequently and for long distances.
	Menopausal symptoms	They affect energy, but they don't prevent movement.
	Osteoporosis	It limits me, but I walk carefully.
B. Psychological & Emotional Barriers	Anxiety/Depression	Anxiety and depression make me lose the motivation to walk. Difficulty in participating in social activities
	Preference for individual exercise programs	I prefer walking alone because I feel more comfortable and focused. I avoid comparison and embarrassment. There is peace and quiet.
	Preference for group exercise	I prefer walking with a group for socializing and support, but it also serves as motivation.
C. Time & Lifestyle Constraints	Lack of time due to work and family obligations	Work obligations limit me. It would be difficult to commit to a program with a set schedule due to work and family commitments.
D. Environmental & Safety Issues	Darkness/Insufficient lighting	I am concerned about the lack of good lighting in outdoor spaces.
	Deserted/Dangerous areas Poor safety in the area.	Avoid walking at night
	Weather conditions (rain, heat, cold)	The weather often prevents me from walking, especially cold or rainy weather.

E. Social & Cultural Barriers	Support from family/ friends	My family encourages me to walk, but my friends do not participate.
	Discouragement from past experiences	Poor organization, excessive demands, feelings of failure.
	Personal insecurities	Sometimes, my personal insecurities prevent me from participating in programs

Based on the survey results, women during menopause face various barriers that hinder their ability to engage in physical activity, particularly walking. These barriers can be categorized into **physical, psychological, time-related, environmental, and social factors**, all of which need to be considered when designing exercise programs to encourage greater participation.

Physical & Health Barriers play a significant role in limiting physical activity. Women often experience sweating and fatigue due to hot flashes, making them feel uncomfortable and reducing their energy levels. This can make it difficult to engage in activities like walking. Additionally, joint pain or arthritis can significantly limit mobility, as the pain may prevent frequent walking or long durations of exercise. Women with osteoporosis also face limitations, as they must be careful with certain movements to avoid injury, though walking carefully can still be beneficial. Menopausal symptoms, while affecting energy levels, typically do not prevent movement entirely.

Psychological and Emotional Barriers are also critical to consider. Anxiety and depression are common among women during menopause and can reduce motivation to engage in physical activity. Furthermore, women's preferences for exercise programs vary, some prefer individual activities to avoid comparison and enjoy peace, while others thrive in group settings for social support and motivation. This highlights the need for flexible program offerings.

Time and Lifestyle Constraints are another major factor influencing participation. Many women face challenges balancing work, family obligations, and personal time, which makes it difficult to commit to structured exercise programs. Additionally, women may struggle with rigidly scheduled programs, particularly when their availability fluctuates.

Environmental and Safety Issues also play a role in deterring physical activity. Women are often concerned about walking in poorly lit areas or in neighbourhoods they perceive as unsafe. Weather conditions, such as extreme heat, cold, or rain, can also serve as significant barriers.

Lastly, **Social and Cultural Barriers** can influence a woman's participation in physical activity. While some women receive encouragement from their families, others lack support from friends or the community. Past negative experiences with structured fitness programs can also deter women from participating. Additionally, personal insecurities, such as body image issues or self-consciousness, can prevent some women from participating in group activities.

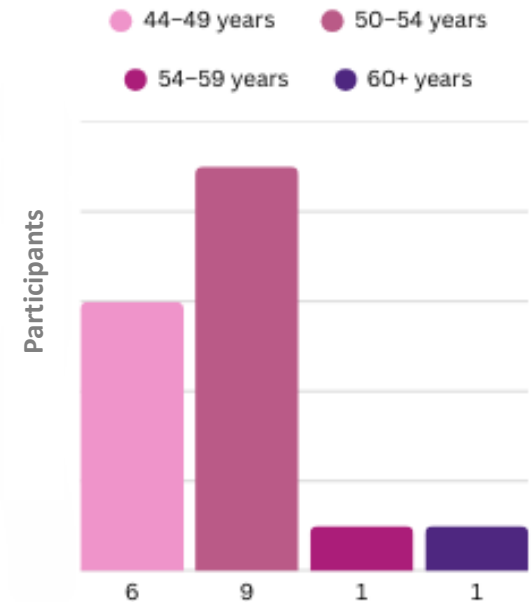
3.2.2. Slovakia

3.2.2.1. Demographic Characteristics of Participants. Slovakia.

3.2.2.1.1. Age Distribution

This report draws on feedback from 20 women, aged 44 to 63. The participants were fairly distributed across the different age groups. Overall, the largest portion (53%) fell within the 50–54 age range, followed by the group (35,2%) aged 44–49. The smallest group, making up 11,8% of the total, were women aged 56-60 (5,9%) and over 60 (5,9%) (graphic 1).

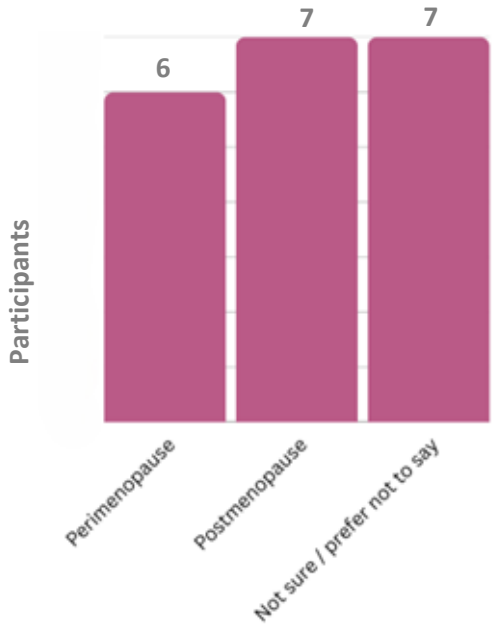
Graphic 1. Age Distribution



3.2.2.1.2. Stage of Menopause

Participants indicated they were at different points in the menopausal transition. The equal parts (both 35%) identified as being in postmenopause and unsure of their stage of menopause or preferred not to share, while 30% were in the perimenopausal stage (graphic 2).

Graphic 2. Stage of Menopause



3.2.2.1.3. Weekly Walking Habits

The responses indicate that while most participants walk on a weekly basis, the frequency differs among individuals. Majority (47,1%) reported walking 1–3 times per week. Slightly fewer (35,3%) said they walk daily and the last group (17,6%) reported walking 4-6 times a week. No participants (0%) stated they are walking rarely (graphic 3).

Graphic 3. Weekly Walking Habits



3.2.2.2. Results of Slovakia and Summary of Participants' Responses.

Category	Subcategory	Causes / Comments
Physical & Health Barriers	Physical pain	I experience joint pain, especially on steep terrain, along with sore knees and complications from past surgeries throughout all stages of menopause. I still choose to walk and engage in physical activities to help relieve the pain.
	Menstrual cycle	My menstrual cycle has become irregular.
	Urinary problems	I need to go to the toilet more often, which makes it harder to stay active.
	Other health issues	I deal with digestive issues that seem tied to perimenopause. After my uterus

		removal surgery, I noticed changes in my physical capabilities.
	Mobility/Speed	I need more time; I am not as fast as I used to be before. The speed is not what it used to be. I feel like I'm slower in everyday activities now.
	Other menopausal symptoms	Sometimes I have hot flashes, I am warm, then I am cold, so I sweat more. I need to change my clothes more often. I have huge mood swings, I am nervous, and I sweat. These symptoms are annoying, but they don't completely stop me from walking.
Psychological & Emotional Barriers	Anxiety/Depression/Lack of confidence	I feel anxious when I walk sometimes, and I've experienced depression. But I know walking helps my mental health.
	Preference of an individual program	I enjoy walking alone without talking to anyone. I feel safe walking alone only when it's in a familiar place and during the day.
	Preference of a group program	Walking alone can limit me. When I walk with someone, I can go much longer distances. I prefer walking with a group, it feels safer, more motivating, and more fun. I prefer going out in a group, not alone, because it can be more dangerous. There are many cases of seeing a bear too.
	Preference of a flexible program	I adjust based on how I feel, sometimes I walk alone, sometimes with others, often with family. It depends on my mood and who's available.

Time & Lifestyle constraints	Lack of time due to work	My work takes up most of my time.
	Family obligations	House chores and family duties leave little time for me. It would be great having someone do all the chores for me at home, around the house and around the kids. When big life events happen, like moving, I walk even less.
	Difficulty with structured program	I've never been part of a walking program before, so I'm unsure about it. I'd try one, but I don't really know how it works.
Environmental & Safety Barriers	Darkness/Insufficient lightning & Safety	I don't feel unsafe in the dark, but I still prefer walking during the day and on safe, low-traffic trails.
	Weather conditions	Bad weather doesn't usually stop me from walking, but extreme cold or heat can be dangerous. It depends on the weather, but if the weather is good, I try to do more physical activity two or three times a week. I don't enjoy walking indoors like in gyms or malls.
	Pace/Level of difficulty	I'd prefer to know details about the trail beforehand. Regular breaks help too. Uphill walks aren't really a problem.
Social & Cultural Barriers	Support of family & friends	I feel supported by my family. I choose friends to walk with who understand my slower pace.
	Discouragement from previous experiences	I used to be in a hiking club, but I couldn't keep up with the younger ones, so I stopped. I didn't have that much strength anymore. it wasn't inclusive for all ages.

	Personal insecurities	I worry I might not keep up or get tired. I value privacy and prefer private restrooms when hiking overnight.
Participants' comment & suggestions		I don't have a car, and public transport doesn't go to many walking spots or is unreliable.

The **survey data indicate** that women during menopause face a variety of barriers that hinder their ability to engage in physical activity, particularly walking. These barriers need to be taken into account when designing exercise programs to encourage greater participation.

Participants across all stages of menopause described a variety of **physical and health-related** challenges that influence their ability to engage in walking and other forms of physical activity. Joint pain, particularly in the knees, was one of the most commonly reported issues, especially when walking on uneven or steep terrain. A number of women also mentioned complications from past surgeries, which added to their physical discomfort. Despite these limitations, many continued to walk regularly, noting that physical activity helped them relieve pain and manage symptoms. Irregular menstrual cycles and increased urinary frequency were also frequently mentioned and contributed to feelings of inconvenience or discomfort during physical activity. Some women expressed that they felt slower and less energetic than before, which affected both their walking speed and general stamina. Still, the majority demonstrated a proactive mindset, using walking as a way to cope with their symptoms and maintain a sense of control over their health.

Alongside these physical factors, **emotional and psychological challenges** also played a significant role in shaping participants' activity levels. Feelings of anxiety, depression, or a lack of self-confidence were reported by several respondents, sometimes acting as barriers to physical activity. Interestingly, walking was also seen as a way to improve mental well-being, and many participants reported feeling better emotionally after walking. Preferences regarding walking companions varied; while some women valued solitude and the ability to focus during solo walks, others appreciated the social and motivational aspects of group walking. Flexibility was key—many chose between walking alone or with others depending on their mood, energy, or availability of companions. Family members, particularly spouses and children, were common walking partners, emphasizing the role of social support in maintaining physical activity.

Time constraints were another significant barrier reported by many participants. The demands of work and family responsibilities left little time for personal activities, including walking. Many respondents indicated that they would like to be more active but felt that their daily schedules did not allow it. When it came to structured walking programs, there was a general sense of

uncertainty. While most participants were open to trying such programs, many felt inexperienced and unsure about how to begin. The idea of a fixed schedule was viewed as a challenge, especially by those with unpredictable routines. Suggestions included offering flexible, beginner-friendly programs that accommodate diverse lifestyles and responsibilities, which could help make physical activity more accessible.

In addition to **personal and emotional barriers, environmental and safety-related concerns** were discussed. While most women did not feel unsafe in low-light conditions, all expressed a strong preference for walking in safe, well-lit, and low-traffic areas. Bad weather did not appear to be a major deterrent for the majority, though indoor walking, such as in gyms or shopping centers, was widely seen as unappealing. Participants emphasized that outdoor walking was more enjoyable and beneficial. A few respondents expressed a desire for advance information about walking routes, which would help them better prepare, and many welcomed the idea of regular breaks during walks. Interestingly, incline walking was not perceived as a major obstacle, suggesting that participants were generally open to varying physical challenges as long as they felt safe and informed.

Social and cultural factors also influenced walking habits and attitudes toward physical activity. Most women felt supported by their families, which encouraged them to stay active. However, not all shared this experience, one respondent mentioned a lack of support at home, underscoring the variability in social reinforcement. Personal insecurities, such as fears about getting tired or not keeping up with others, were also mentioned. These concerns sometimes discouraged participation in group walks. In one case, a participant described feeling discouraged after joining a hiking club where she struggled to keep up with younger, faster walkers. Such experiences highlight the importance of inclusive and adaptable walking programs that consider different fitness levels and age groups. Choosing the right walking companions—those who are understanding and patient—was seen as essential by some women in maintaining comfort and motivation during walks.

3.2.3. Austria

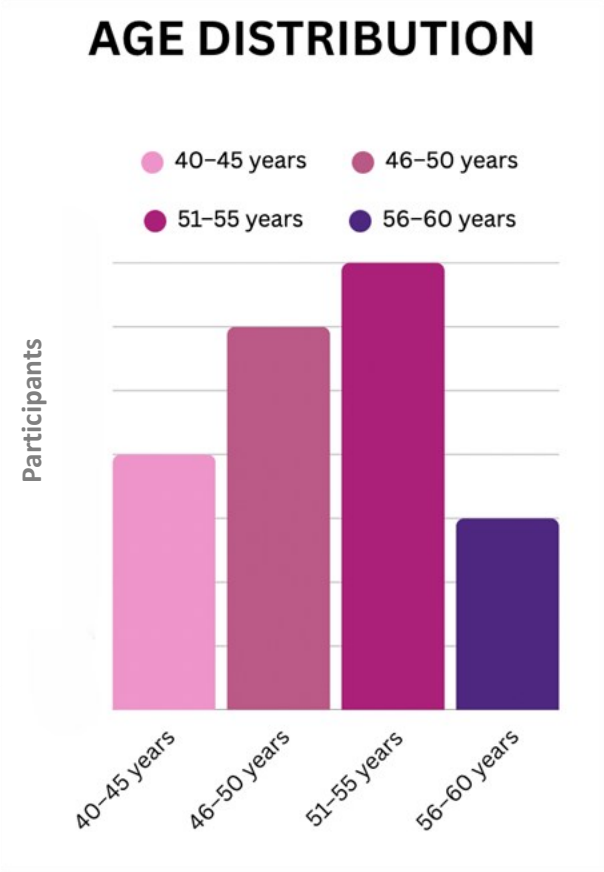
3.2.3.1. Demographic Characteristics of Participants. Austria.

3.2.3.1.1. Age Distribution

This report is based on responses from 20 women aged between 40 and 60, who provided insights into their walking and physical activity habits during various stages of menopause. The group reflects a diverse range of experiences, life contexts, and physical activity levels.

Participants were relatively evenly spread across age groups. Overall, the most participants (35%) were in the age range of 51-55 years, followed by 46-50 years and 20% of 40-45 years. The least representatives (15%) were aged 56-60 years. (graphic 1).

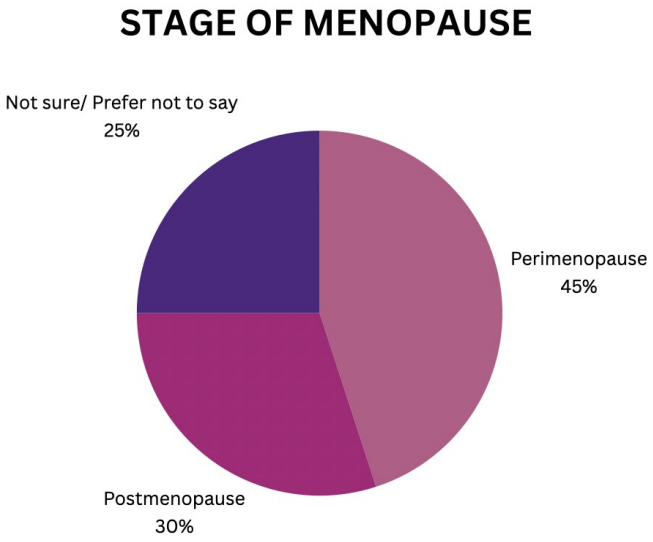
Graphic 1. Age Distribution



3.2.3.1.2. Stage of Menopause

Participants reported being at various stages of the menopausal transition. The largest proportion (45%) were in perimenopause, followed by postmenopause (30%). A small number were uncertain about their current phase or prefer not to share this information (25%) (graphic 2).

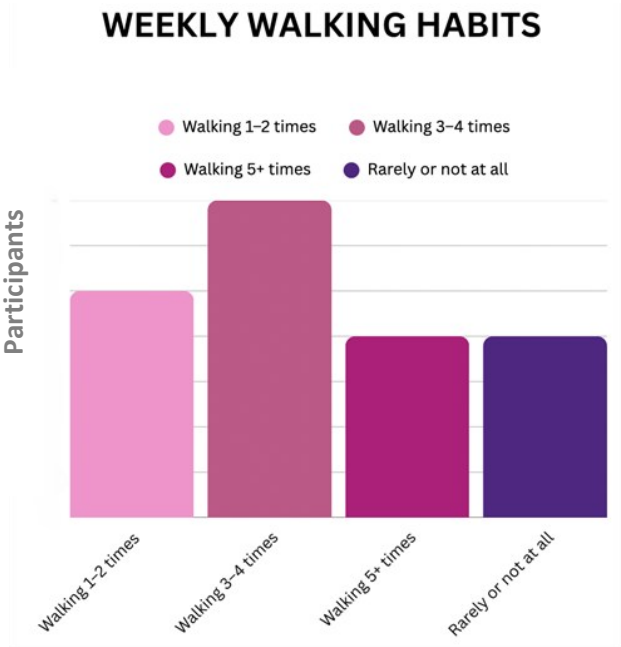
Graphic 2. Stage of Menopause



3.2.3.1.3. Weekly Walking Habits

Responses show that most participants engage in some form of walking activity each week, but the frequency varies. All in all, an equal percentage of women (30%) reported walking 3-4 times a week and more than 5 times a week. A little lower percentage of 25% reported walking 1-2 times a week and the least amount of 15% walks rarely or not at all during the week (graphic 3).

Graphic 3. Weekly Walking Habits



3.2.3.2. Results of the Austria and Summary of Participants' Responses.

Category	Subcategory	Causes / Comments
A. Physical & Health Barriers	Fatigue and Low Energy	I feel more tired than I used to in past years, and this affects me because I need to put in much more effort and motivation to be physically active. Sleepless nights mean I feel too tired the next day to walk. I'm always tired and exhausted.
	Joint and Muscle Pain	I have knee pain. Joint pain.

	Health Conditions (Chronic/Temporary)	I suffer from iron deficiency during treatment, I experience a headache, problems with breathing. Overweight, so my joints are under more strain.
	Menopause-Related Physical Symptoms	I experience heavy bleeding during my period, which used to stop me from moving at all for two days. I got very strong medication to help me. Hot flashes now reduced due to HRT.
B. Psychological & Emotional Barriers	Mood Changes, Anxiety, Nervousness	I have more difficulty sleeping, and before my period, I feel more nervous and irritable. I can't tolerate anything. Yes, I experience anxiety.
	Depression, Apathy, Mental Strain	Not now, but a few years ago during peri, yes: depression, apathy, and desire to be invisible.
	Self-Consciousness/Performance Pressure	I'm afraid I'll keep the group back, so I avoid joining. People who are into hiking have been doing it for a long time, and when I compare myself to them, I feel less motivated.
	Low Motivation	Some participants stated they lack the internal drive to prioritize walking, even though they understand its benefits. Motivation is a challenge. I always put other things e.g. household chores first.
C. Time & Lifestyle Constraints	Work and Family Responsibilities	Work and the fact that I also have some family care tasks prevent me from dedicating more time to physical activity. I work 40 hours per week, so after the working hours I find it very difficult to motivate myself to do something extra.

	Inconsistent Routines (Travel, Irregular Schedules)	I travel a lot for work and family, so I probably can't commit to something long-term.
	Competing Priorities	Sometimes I just want the weekend to go shopping or sleep, not hike or walking. If I have the birthday party of a cousin of mine, then I skip hiking.
D. Environmental & Safety Issues	Poor Lighting, Darkness	The darkness does not encourage me, even if it's safe, the feeling is not. I would not relax completely. If the spaces seem kind of dark, I usually avoid them.
	Unsafe Terrain / Weather Conditions	When it's rainy or dark in the winter, I don't feel like walking. If it's snowy or slippery, I won't go hiking due to safety. In winter, the fact that it's dark in the evening puts me already in a standby mode.
	Accessibility / Isolation	Accessibility by public transport is important so that I know I can always somehow come home. Some participants stated they avoid isolated areas without facilities like huts or rest areas.
E. Social & Cultural Barriers	Lack of Peer Support/ Isolation	My hiking group has moved ahead, and they're doing more demanding activities that I either don't want to do or can't do. Many of my friends are not hikers, and they might think I'm doing more extreme activities now.
	Taboo Around Menopause	It's still really a taboo, not enough targeted information or support.

		I think it's important to meet other women in the same age and talk about this period of life.
	Mismatch with Group Dynamics	I don't want to walk with just anyone; company matters to me. Some people are very slow, others too fast. If we all have the same pace, it's better.

The survey findings highlight that women during menopause encounter a range of barriers that affect their ability and motivation to participate in physical activity, especially walking. These challenges are multifaceted, encompassing physical symptoms like fatigue and joint pain, emotional challenges such as anxiety and low self-confidence, time-related pressures due to work and family responsibilities, as well as environmental and social factors including safety concerns and lack of supportive walking companions. Despite these obstacles, many women still recognize the value of walking for managing their symptoms and improving overall well-being.

Many women described **physical symptoms** related to menopause **and general health** that limit their ability or motivation to walk. A commonly mentioned issue was persistent fatigue or low energy levels, especially compared to earlier years. Some linked this to hormonal changes, sleepless nights, or other menopause-related symptoms. Joint pain, particularly in the knees, was another frequent complaint, along with back and ankle problems following physical exertion. A few participants reported being in physical therapy or needing to adjust their routines to avoid aggravating these conditions. Chronic or cyclical health concerns such as iron deficiency, weight-related joint stress, and menstrual flooding were also raised. These not only impacted walking directly but also created a sense of unpredictability, making it harder to commit to regular activity. Despite these barriers, some women noted that walking, when manageable, provided relief from certain symptoms, though it required extra motivation to get started.

Psychological challenges also played a significant role in limiting engagement with walking. Several women described anxiety, irritability, and heightened emotional sensitivity, especially in the days leading up to menstruation or during hormonal shifts. Depression and apathy during perimenopause were also mentioned, with one participant describing a strong desire to "be invisible" during that time. A number of women expressed self-consciousness or fear of not performing well enough in group settings. They feared slowing others down or not meeting the expected pace, which led to withdrawal from walking activities altogether. Even when women recognized the emotional benefits of walking, including stress relief and mood improvement, they struggled with internal motivation. Several noted that they prioritized chores or caregiving over exercise, despite knowing walking could help.

Time constraints, stemming from both work and personal responsibilities, were among the most common and concrete barriers. Many participants work full-time and found it difficult to engage in walking activities after work hours, often feeling drained by the end of the day. Family obligations, such as caregiving or attending events, also interfered. Some participants noted that inconsistent schedules and frequent travel made it hard to commit to any program with regularity. While some women tried to integrate walking into their routines, such as walking home from work, others struggled to find a consistent rhythm. Competing priorities like errands, rest, or social obligations often took precedence, particularly on weekends.

Environmental and safety factors significantly influenced participants' willingness to walk, especially alone or in unfamiliar areas. The lack of lighting in parks or trails, especially during darker months, was commonly cited. While participants acknowledged that their cities were generally safe, the feeling of unease when walking alone in the dark remained a strong deterrent.

Weather conditions were another major factor. Cold, rain, snow, and early nightfall made walking less appealing or completely inaccessible for some. Even those committed to outdoor activity admitted it took more motivation during winter. Additionally, **accessibility** played a role, participants emphasized the importance of routes near public transportation, or paths that were not too isolated.

Social dynamics and cultural attitudes created more subtle, but still significant, barriers. Some participants shared that they felt left behind by peers or hiking groups that had moved on to more demanding routes. In other cases, women reported a lack of walking partners with similar goals or energy levels. Importantly, several women pointed to the stigma and silence around menopause as a barrier to engaging more fully. They expressed a desire for spaces where menopause-specific concerns could be discussed openly, suggesting that current programs rarely address these needs. Another issue was a mismatch in group dynamics, some participants didn't enjoy walking with just anyone, and large or uneven-paced groups made the experience uncomfortable or stressful.

4. Conclusions

The findings of this cross-national survey conducted in Greece, Slovakia, and Austria reveal that women undergoing menopause face a complex array of barriers that impede their engagement in physical activity, particularly walking. These barriers are multifaceted, encompassing physical symptoms such as fatigue, joint pain, and vasomotor disturbances, as well as psychological challenges including anxiety, mood fluctuations, and diminished self-confidence. Additionally, time-related constraints due to occupational, familial, and caregiving responsibilities were commonly reported, limiting opportunities for consistent physical activity. Environmental concerns, such as inadequate infrastructure, unsafe walking conditions, and adverse weather,

further hinder participation. Social factors, including a lack of companionship and limited community support, also emerged as significant obstacles.

Despite these challenges, many respondents across all three countries expressed a clear interest in remaining physically active and recognized the importance of movement for their overall well-being. This suggests a strong foundation upon which to build targeted interventions. To enhance participation and adherence, physical activity programs, particularly those promoting walking, should be tailored to address the specific needs and circumstances of menopausal women within each national context. Program design should prioritize flexibility, accessibility, and cultural relevance, while fostering a supportive and inclusive environment. Incorporating educational components that address both the physiological and psychological aspects of menopause may further empower women to overcome barriers and adopt more active lifestyles. Ultimately, addressing the interconnected physical, emotional, social, and environmental factors identified in this study can contribute to the development of effective, sustainable health promotion strategies for menopausal women in Greece, Slovakia, and Austria.

5. Annex

Sources

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