

Analysis of the Current Status and Needs of Perimenopausal Health Care for Community Women

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Abstract: *Objective:* To explore the acceptance of health care services for perimenopausal women in the community and related influencing factors, and to clarify the specific needs of this group for health care services. *Methods:* 100 perimenopausal women in the community from January 2022 to December 2023 were selected as the research subjects. According to whether they had received community perimenopausal health care services, they were divided into a health care group of 53 and a non-health care group of 47. The basic characteristics and health cognition levels of the two groups were compared, and the women's needs for health services were collected and sorted through questionnaires. *Results:* The proportion of qualified health cognition in the group receiving health care was higher than that in the group not receiving health care, and awareness and convenience were the main factors affecting health care acceptance ($p < 0.05$). The demand survey showed that women had the most concentrated demand for health promotion and personalized inquiry. *Conclusion:* The coverage of community health care services for perimenopausal women still needs to be expanded. Lack of awareness and lack of service convenience are the main limiting factors. Targeted improvements in service content and supply models can better meet actual needs.

Keywords: Community women; Perimenopause; Health care status; Influencing factors; Service needs

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1. Introduction

Perimenopause is a special physiological period when women transition from the reproductive stage to old age. Significant changes in the endocrine system can cause a series of discomforts such as hot flashes and mood swings, and may increase the chance of health problems such as osteoporosis.

Standardized health care service intervention can effectively alleviate the above discomforts and maintain physical and mental health^[1]. As the aging of the population continues to advance, the number of perimenopausal women in our country's communities continue to increase. The effectiveness of health management for this group is directly related to family harmony and the quality of community health construction. Perimenopausal health care has therefore gradually become an indispensable and important component of the primary health service system. However, during the actual work, some women failed to obtain relevant health care support in time due to various factors, and women of different ages,

cultural backgrounds, and health conditions had significantly different specific needs for health care services, resulting in problems such as uneven coverage of community perimenopausal health care services and mismatch between supply and demand ^[2]. At the same time, many communities lack in-depth research on women's actual needs in the process of providing health care services. The content and form of services are relatively single, making it difficult to fully meet the personalized health needs of perimenopausal women. This situation not only affects the improvement of women's own health, but also restricts the overall advancement of community health management. Based on this, this study conducted a group comparison and demand survey among 100 community perimenopausal women, and systematically analyzed the current status of health care service acceptance, influencing factors and actual needs, and provided data support and practical reference for the optimization and improvement of community perimenopausal health care services.

2. Materials and methods

2.1. General information

100 perimenopausal women in the community from January 2022 to December 2023 were selected and divided into a health care group of 53 women and a non-health care group of 47 women according to whether they had received community perimenopausal health care services. The age of the group who received health care was 41 to 59 (49.35 ± 2.68) years old; the age of the group who did not receive health care was 40 to 60 (49.72 ± 2.73) years old. The two groups are comparable, $p > 0.05$.

2.1.1. Inclusion criteria

- (1) Aged 40 to 60 years old and meeting the perimenopausal criteria;
- (2) Living in this community continuously for one year;
- (3) Voluntarily participating in the study and being able to cooperate in completing the survey.

2.1.2. Exclusion criteria

- (1) Combined with severe organ dysfunction;
- (2) Cognitive abnormalities or communication disorders;
- (3) Out of the scope of community management.

2.2. Research methods

2.2.1. Grouping basis

The group receiving health care refers to women who have received at least one health care service such as perimenopausal health guidance, physical examination or special consultation provided by the community in the past year; the group not receiving health care refers to women who have not received any special perimenopausal health care services from the community in the past year.

2.2.2. Data collection uses a questionnaire survey combined with on-site communication to collect data

The questionnaire has been pre-surveyed and revised by experts to ensure reliability and validity. The content includes general demographic characteristics, health awareness, health service acceptance and demand tendencies. A total of 20 items were designed, including 8 items related to awareness level and 12 items related to needs. The cognitive items use a 1 to 2 point scoring method (1 means not understanding, 2 means yes). Solution), the demand items are in the form of a single choice. Before the questionnaire is distributed, the investigators explain the filling requirements to the women in detail. They are collected and checked on site to ensure that the filling is complete. The effective recovery rate is 100%. For the on-site communication, 20 women in each group are selected for semi-structured communication. The communication content focuses on barriers to the acceptance of health care services, demand pain points, etc. The communication duration

is controlled to 15 to 20 minutes. The entire process is recorded and transcribed into text materials for supplementary analysis.

Investigate factors affecting health care, including insufficient health awareness, lack of service convenience, and low professional trust.

2.2.3. Demand survey

The content of the demand survey includes health care service forms, specific service items, service hours and access methods.

The service forms cover 5 categories such as health promotion and online guidance. The specific service items include 8 items such as dietary conditioning and psychological counseling. The service time is set to 3 options such as weekends and evenings. The access methods include 4 categories such as community health service centers and online platforms. The number and proportion of people choosing each type of demand are counted to clarify the direction of demand concentration.

2.2.4. Quality control investigators have received professional training and are familiar with the content of the questionnaire and communication skills, and avoid leading questions; after the questionnaire is collected, a double check will be carried out

If any errors or omissions are found, the women will be contacted in a timely manner to supplement and improve it; after the communication data is transcribed, a dedicated person will conduct coding analysis to ensure that the information is extracted accurately.

2.3. Observation indicators

Compare the qualified proportion of health cognition between the two groups (qualified if the score of cognition-related items is ≥ 6), analyze the main factors affecting the acceptance of health care services, and calculate the proportion of women's demand for various health care services.

2.4. Statistical methods

SPSS24.0 was used to analyze the data. Measurement data used the *t* test and count data used the χ^2 test. $p < 0.05$ was considered a statistically significant difference.

3. Results

3.1. Comparison of the qualified proportion of health cognition between the two groups

In the group that received health care, 42 cases had qualified health cognition, with a pass rate of 79.25; in the group that did not receive health care, 23 cases had qualified health cognition, with a pass rate of 48.94. The rate of qualified health cognition in the group that received health care was higher than that in the group that did not receive health care ($p < 0.05$), **Table 1**.

Table 1. Comparison of the proportion of qualified health cognition between the two groups [n (%)]

Group	n	Number of qualified cases
Receiving health care group	53	42 (79.25)
Not receiving health care group	47	23 (48.94)
χ^2		10.059
<i>p</i>		0.002

3.2. Comparison of factors affecting health care between the two groups

There are significant differences between the two groups in influencing factors such as insufficient health awareness, lack of service convenience, and low professional trust. Among them, insufficient health awareness and lack of service convenience are the main constraints ($p < 0.05$), see **Table 2**.

Table 2. Comparison of the proportion of qualified health cognition between the two groups [n (%)]

Influencing factors	Health care group (n = 53)	Not receiving health care group (n = 47)	χ^2	<i>p</i>
Lack of health awareness	8 (15.09)	22 (46.81)	11.931	0.001
Lack of service convenience	6 (11.32)	19 (40.43)	11.254	0.001
Low professional trust	4 (7.55)	8 (17.02)	2.117	0.146
Bound by traditional concepts	3 (5.66)	7 (14.89)	2.360	0.125
other factors	2 (3.77)	3 (6.38)	0.357	0.550

3.3. Health care service demand survey results

The demand survey shows that women have the highest demand for health promotion at 82.00, followed by personalized inquiries at 75.00. The specific demand distribution is shown in **Table 3**.

Table 3. Health service demand survey results [n (%)]

Requirements	Select number of people	Demand proportion
Health promotion	82 (82.00)	82.00
Personalized inquiry	75 (75.00)	75.00
Special physical examination	68 (68.00)	68.00
Online guidance	56 (56.00)	56.00
Door-to-door service	43 (43.00)	43.00

4. Discussion

The health status of perimenopausal women is closely related to the coverage and quality of community health care services. Through group comparison and demand survey of 100 community perimenopausal women, this study found that the proportion of qualified health cognition in the group receiving health care was significantly higher than that in the group not receiving health care.

This result shows that the acquisition of health care services can effectively improve women's understanding of perimenopausal health knowledge, and the improvement in cognitive level may further promote women to actively accept health care services to form a virtuous circle^[3]. The factors that affect women's acceptance of community perimenopausal health care services are complex, among which lack of health awareness is the primary factor. Nearly half of the women in the group who did not receive health care lacked a basic understanding of the health risks related to perimenopause and the importance of health care. Some women even regarded hot flashes, insomnia and other uncomfortable symptoms as normal physiological phenomena and ignored intervention, leading them to actively seek care. The willingness to seek health care services is not strong; secondly, the lack of service convenience has also become an important limiting factor. Some women are unable to receive services in time due to conflicts between service time and their own housework and work arrangements, or the remote location of community health service points and inconvenient transportation. The lack

of online service channels also makes it difficult for some women with mobility issues to obtain convenient support^[4]. In addition, some women have doubts about the professionalism of community health services and believe that community health workers have limited professional ability to solve complex health problems. This is also a factor that cannot be ignored that affects service acceptance. During the exchange, it was also found that some women are ashamed to talk about perimenopausal-related health problems due to the influence of traditional concepts and are unwilling to actively participate in health services or ask related questions. This hidden factor also reduces the service acceptance rate to a certain extent^[5].

Judging from the results of the health care demand survey, women have the highest demand for health promotion at 82.00. This is because health promotion can systematically convey perimenopausal health care knowledge and provide opportunities for interactive communication, allowing women to gain knowledge while communicating with peers and professionals to satisfy their need for basic health knowledge. Access needs and social needs; personalized inquiry needs accounted for 75.00, reflecting that women want to receive exclusive guidance for their specific symptoms and health conditions^[6]. However, the current supply of personalized services in community health services is relatively insufficient, and most of them focus on unified health education, which is difficult to fully meet this demand. The demand for special physical examinations accounted for 68.00, indicating that women are more concerned about their own health conditions and hope to promptly detect potential health problems through professional examinations, especially osteoporosis, abnormal blood sugar and other high health risks during perimenopause. This demand also reflects the lack of special examination items for perimenopausal women in routine physical examinations in the community, making it difficult to meet their accurate health screening needs. The demand ratios for online guidance and door-to-door services are 56.00 and 43.00 respectively, reflecting women's pursuit of service convenience. Some young women prefer to obtain guidance through online platforms at any time due to their busy work schedule, while older or mobility-impaired women have a more urgent need for door-to-door services. This difference also suggests that community health services need to take into account the convenience needs of different groups. In terms of demand for specific service items, the exchange found that women have the most prominent needs for dietary conditioning, psychological counseling, and methods to deal with common symptoms. Some women also hope to receive special services such as traditional Chinese medicine health care and exercise guidance. This also provides a clear direction for the optimization of community health care services^[7,8].

The optimization of community perimenopausal health care services needs to be guided by current problems and actual needs, and a precise and diversified service system should be built. First of all, we should strengthen health education, promote perimenopausal health knowledge through community bulletin boards, WeChat groups, home visits and other channels, produce easy-to-understand brochures, short videos and other materials, carry out key education for women in the group who have not received health care, improve their awareness of the importance of health care, and at the same time eliminate the psychological concerns of some women through the personal statements of women who have received health care services, and increase awareness and participation in health care services. Willingness; secondly, it is necessary to enrich the service form and content, increase the frequency of health propaganda and optimize the theme of the propaganda, focus on the common symptoms that women are concerned about, dietary conditioning and other contents, invite gynecologists, nutritionists and other professionals to give lectures to improve the professionalism of the propaganda, and at the same time expand the coverage of personalized inquiry services, equip professional health care personnel to provide one-on-one guidance to women, and formulate personalized health care plans according to their health conditions. In terms of service convenience, service hours can be flexibly adjusted to set weekend or evening service hours, an online inquiry platform and health management applet can be built to facilitate women to obtain guidance and health monitoring support at any time, door-to-door physical examinations and health guidance services can be provided to women with limited mobility, and the layout of community health service points can be optimized to improve service accessibility. In addition, professional training for community health workers should be strengthened, and regular participation in perimenopausal health-related courses should be organized to improve their ability to identify common symptoms, health guidance and communication skills, and enhance women's trust in community health services. At the

same time, it is necessary to establish an expert consultation mechanism with medical institutions in the jurisdiction, and regularly arrange for gynecological experts to visit the community for consultation to solve complex health problems.

There are obvious differences in the needs of perimenopausal women of different age groups and cultural backgrounds. Young women are relatively highly educated, prefer online guidance, short video education and other convenient consultation services, and pay more attention to psychological counseling, weight management and other content; while older women are relatively less educated., the demand for health promotion, face-to-face consultation and door-to-door services is more prominent, and more attention is paid to osteoporosis, cardiovascular disease prevention, etc. The community should fully consider this difference in the process of optimizing services, formulate hierarchical and classified service plans, and design exclusive service content and forms for different groups. At the same time, communities should establish health records for perimenopausal women, dynamically track changes in health status and service demand, and promptly adjust service content and supply methods to ensure the pertinence and effectiveness of health care services. They can also introduce peer support mechanisms and select women who have received health care services and have performed well as volunteers to assist in health education and peer mutual aid activities to create a good health care atmosphere. In addition, the community should strengthen collaboration with the Women's Federation, Civil Affairs and other departments, integrate various resources to increase investment in perimenopausal health care services, enrich service supply channels, improve service quality and coverage, and form a synergy for perimenopausal health care services through multi-party linkage.

To sum up, the current health care services for perimenopausal women in the community have problems such as uneven coverage, insufficient awareness and lack of service convenience. Women have an urgent need for health promotion, personalized consultation and other services. By improving awareness, optimizing service forms and content, and enhancing service convenience, we can effectively improve the status of health care services and meet women's actual needs, which is of great significance to improving the health and quality of life of perimenopausal women.

About the author

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Disclosure statement

The author declares no conflict of interest.

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