Women's Health In the North
680 High Street
Thornbury, VIC 3071
info@whin.org.au
(03) 9484 1666

February 19, 2024

Committee Secretary
Senate Standing Committees on Community Affairs
PO Box 6100
Parliament House
Canberra ACT 2600

Sent via email to community.affairs.sen@aph.gov.au

To Whom It May Concern,

Re: Submission to the Senate Community Affairs References Committee, inquiry on issues related to menopause and perimenopause

Women's Health In the North (WHIN) welcomes the opportunity to make a submission to the inquiry on issues related to menopause and perimenopause.

We are supportive of this inquiry highlighting the inherently gendered experience of ageing, and exploring the breadth of impacts across social, economic, physical and emotional arenas. Access to services, information and support is a key factor in realising gender equality in Australia, in addition to the social and economic participation of women and gender diverse people. Reform and coordination at a national level is required in order to support Australians who experience issues related to menopause and perimenopause, and to dismantle the broader stigma surrounding sexual and reproductive health. We hope that this inquiry will lead to meaningful health and economic policy responses that will make a real difference in the lives of women and gender diverse people, and their health outcomes.

Through decades of work with communities and organisations at regional and state-wide levels, WHIN has a highly developed understanding of the sexual and reproductive health needs of women and gender diverse people across the life course. We welcome the opportunity to contribute to this inquiry and any further opportunity for input into your work.

If you have any questions about this submission, you are welcome to contact me at (03) 9484 1666.

Sincerely,

Helen Riseborough
CEO
Women's Health In the North

Submission to the Senate Community Affairs References Committee, inquiry on issues related to menopause and perimenopause

Women's Health In the North – February, 2024

Executive summary

This submission has been developed by Women's Health In the North (WHIN), the regional women's health promotion and advocacy organisation for the northern metropolitan region of Melbourne (NMR). The recommendations in this submission are based on the expertise and experience of WHIN and the Victorian Women's Health Services in supporting sexual and reproductive health (SRH) care across Victoria over the last 30+ years. Our key recommendations are:

Recommendation	TOR Alignment
1. Invest in research to address: - knowledge gaps in the role of hormone therapy in treating menopause symptoms; - mood disorders associated with troublesome menopausal symptoms; - the impact of menopause on employment and workplace performance.	a, b, i
2. Invest in a national workforce and training plan to monitor and increase the capacity of the Australian health workforce to provide evidence-based, best practice menopause-related healthcare provision	c, f, i
3. Invest in developing a national, integrated and coordinated healthcare system to ensure that everyone living in Australia can access the menopause healthcare that suits their needs.	b, d, f
4. Ensure that underserved communities have access to best practice, evidence-based information and services that are culturally safe and culturally appropriate.	a, b, h
5. Create provisions in national legislation for menopause leave (as part of wider reproductive leave) via both modern awards and in National Employment Standards, that enshrine the right to paid gender-inclusive reproductive leave in addition to regular personal leave and annual leave; and the right to flexible working arrangements.	a, c
6. Address stigma and lack of understanding of menopause in Australian society.	c, e, g

Background

On 6 November 2023, the Senate referred an inquiry into the issues related to menopause and perimenopause to the Senate Community Affairs References Committee for inquiry and report by 10 September 2024. We appreciate the opportunity to provide a submission. This submission is written in response to the Committee Terms of Reference.

I consent to this submission being published on the inquiry website and shared publicly online.

About Women's Health In the North

As the regional women's health promotion and advocacy organisation for the northern metropolitan region of Melbourne (NMR), Women's Health In the North (WHIN) seeks to eliminate gender inequalities and improve the health, safety and wellbeing of women and gender diverse people. WHIN has prioritised sexual and reproductive health (SRH) since its establishment in 1992 and acknowledges that SRH is a broad and holistic area of health that has a defining impact on women and gender diverse people throughout their lives.

Terms of Reference response

This section is framed in direct response to the Committee Terms of Reference. Issues related to menopause and perimenopause, with particular reference to:

a. **the economic consequences of menopause and perimenopause, including but not limited to, reduced workforce participation, productivity and retirement planning;**

Evidence indicates that the experience of ageing is inherently gendered.[1] These gender differences are multifaceted and are compounded by experiences of other forms of discrimination and marginalisation including racism, transphobia, homophobia and ableism. In Australia, women currently comprise 47.9% of all employees,[2] meaning that nearly half of the workforce will manage symptoms relating to menstruation, perimenopause and menopause.[3] Gender pay inequity continues to be a persistent issue in Australia. Australia's national gender pay gap is 13%, denoting that for every $1 on average that a man makes, women earn 87 cents.[4] Data from the Australian Bureau of Statistics (ABS) indicate that women's superannuation balances at retirement are 47 percent lower than men's, reaching a $70,000 gap by the statutory retirement age of 65.[5]

It is acknowledged that a contributing factor to the gender pay gap is women's greater time out of the workforce for caring responsibilities impacting progression and opportunities. While marked efforts to implement more equitable parental leave policies are underway in many sectors in Australia, little progress is being made to attend to the specific health experiences of people who manage symptoms of perimenopause and menopause.

Research by Circle In supports international findings that employee experiences of menopause in the workplace are underpinned by cultures of ignorance and isolation.[6] There are few employers that offer menopausal policies or leave to support employees and their managers. 83% of respondents said that their work was negatively affected by their experiences of menopause.[6] Almost half (45%) of respondents said they considered retiring or taking a break from work when their menopause symptoms were severe, but 72% of those did not go through with it, many citing financial reasons.[6] Results from the National Women's Health Survey indicated that 37% of respondents bothered by symptoms in the last 5 years, that they attributed to menopause, reported these symptoms made it 'hard to do daily activities', with 31% finding it hard to work or study, and 12% missing days of work or study.[7]

Due to extended breaks from work, the Australian Institute of Superannuation Trustees estimates that menopause could currently be costing Australian women a collective $15.2 million in foregone income and superannuation for each year of early retirement. This amounts to an economic loss of $112.2 billion over an average 7.4 years of missed earnings opportunities.[8]

b. the physical health impacts, including menopausal and perimenopausal symptoms, associated medical conditions such as menorrhagia, and access to healthcare services;

Menopause most commonly occurs naturally between the ages of 45 and 55 years, with the average onset at around 51 years.[9] Menopause is considered 'early' when it occurs between 40 and 45 years. Perimenopause refers to the period of time preceding the menopause to one year after the menopause.[9] Common symptoms of menopause include vasomotor symptoms such as hot flushes and night sweats, and urogenital symptoms including vaginal dryness, burning, irritation, decreased lubrication with sexual activity, dyspareunia and an increased risk for urinary tract infections.[9] Additional symptoms include trouble sleeping, skin changes, a decline in muscle mass and strength, increased risk of osteoporosis, and metabolic changes which increase the risk of cardiovascular disease.[9]

Non-medical and medical approaches to managing menopause symptoms are available to people seeking support.[9] Non-medical approaches include clinical hypnosis and cognitive behavioural therapy, and some people also find acupuncture and yoga helpful. However, not all have proven to be effective in randomised controlled trials. Medical treatment options include menopausal hormone therapy, and non-hormonal options to manage symptoms.

Access to treatment options and clinical support can be inaccessible for many people experiencing perimenopause and menopause due to financial barriers, language barriers, geography, widespread community and professional stigma, and a low number of specialist providers in primary care who have special interest in women's health in midlife and menopause. Further to this, there is a lack of gender-affirming information and services available and appropriate to support trans men, intersex, non-binary and gender diverse people who also experience menopause. An integrated and coordinated healthcare system that supports people experiencing symptoms of perimenopause and menopause requires investment in workforce planning and development, publicly funded services and supports, and tailored approaches to provide culturally appropriate, accessible and affirming information and support.

c. the mental and emotional well-being of individuals experiencing menopause and perimenopause, considering issues like mental health, self-esteem, and social support;

Experiences of perimenopause and menopause are unique, and for some people mental health can decline during the menopause transition. There is mixed evidence on the impact of menopause on mental health as there are many concurrent factors involved, including past experiences of mental ill-health, how troublesome the person's symptoms are, access to clinical and social support, and broader social and economic circumstances.

As mentioned, several studies have explored the relationship between experiences of menopause and workforce participation, however there is little research on the impact of menopause on participation in arenas other than employment. Research with women born between 1946-1964 identified key contributors to good mental health including social interdependence, feeling valued, physical activity, good nutrition, and having faith and belief.[1] Further understanding of whether these areas are impacted by menopausal symptoms would be inform approaches to holistic clinical and social support for those in need, and the prevention of mental ill-health among people experiencing menopause through settings-based health promotion activities.

Relating to menopausal symptoms, hormonal changes, vasomotor symptoms and sleep deprivation can contribute to mood fluctuations, anxiety, irritability, forgetfulness and difficulties in concentration and decision making.[9] Psychological and emotional symptoms may be related to the lack of oestrogen, in addition to the stressors of ageing and the changing role of women throughout this life stage.[10] Australian data indicate that the highest age-specific suicide rate for females was in those aged between 45-49 years in 2022.[11] Some suggest that suicide at this age may be related to biological changes associated with menopause.[12]

For trans men, intersex, non-binary and gender diverse people who also experience menstruation, there is a severe lack of research on experiences of ageing and menopause.[13] Trans and gender diverse individuals can experience menstruation in a variety of ways. However, available information, resources and advice from health professionals are tailored to the experiences of cisgender women which can be distressing and unaffirming for folks seeking advice and support.[14]

While physical symptoms may contribute in-part to mental ill-health for women and gender diverse people who experience menopause, it is equally important to consider the social determinants of mental ill-health: social connectedness, freedom from discrimination and violence, and economic participation,[15] which are influenced by the broader environmental context of gender inequality. Attributing mental ill-health solely to the biology of the menopausal transition renders this social context irrelevant, and risks further entrenching the views of women's unsuitability for the workforce or lack of resilience due to 'biological needs'. It is vital that interventions focused on improving the mental health of persons experiencing perimenopause and menopause are coupled with investment in broader strategies to address gender inequality at all levels of the social ecology.

d. the impact of menopause and perimenopause on caregiving responsibilities, family dynamics, and relationships;

The midlife context can be a period of significant change for many, involving challenges across a variety of life stressors and socioeconomic factors.[16] These may include loss of family roles, loss of the ability to bear children, and physical illness which often coincide perimenopause and menopause. For some people, hormonal changes associated with menopause can impact their sexual wellbeing and relationships.[17] However, sexual wellbeing is complex and can be impacted by many other factors in a person's life.[17] Results from the National Women's Health Survey indicated that a higher proportion of people in their reproductive and midlife years reports that the symptoms they attributed to menopause negatively impacted their relationships, compared to other age groups.[7] Authors note, however, that these groups are likely to be in the workforce and/or managing caring responsibilities so it is important to consider the impact of outside stressors exacerbating these factors. These compounding factors mean that these groups are also likely to have less time to pursue other interests that could mitigate some of these overlapping impacts.

e. the cultural and societal factors influencing perceptions and attitudes toward menopause and perimenopause, including specifically considering culturally and linguistically diverse communities and women's business in First Nations communities;

Perimenopause and menopause are seldom talked about within broader society, due in-part to the pervasive stigma and taboo that surround reproductive health issues. Social attitudes contribute to the varied experiences of menopause, including the medicalisation of the negative aspects of the experience.[18] Ongoing stigma can lead to isolation, ignorance, delays to help-seeking for physical and mental health impacts, reduced workforce participation, and discrimination.[18] Normalising menopause and emphasising positive or neutral aspects of the life stage can combat the narrative of 'loss' or 'decline' which is tied to the intersection of sexism and ageism.[19]

Culturally and Linguistically Diverse Communities:

There is little research on the experiences of menopause for cultural and linguistically diverse communities in Australia. However, we do know that the health system is inequitable and presents barriers for the multicultural community. People who speak a language other than English at home participate less in health services than those who speak English at home.[23] Additional barriers include: health professionals' lack of knowledge regarding cultural norms, difficulty navigating the healthcare system, transport difficulties, cost, lower levels of health literacy and discrimination.[21-23] It is important to note that experiences of and attitudes towards menopause will vary significantly between and within cultural and linguistic groups, as will interactions with the healthcare system. Information, resources and support need to be tailored to reflect this diversity of experiences to promote equitable health outcomes.

First Nations Communities:

Menopause is not a subject often discussed among First Nations women, which may lead to barriers when discussing the topic with healthcare professionals.[24] In an exploratory qualitative study on how Aboriginal women view menopause, the term 'change of life' was widely recognised and signified the ageing process as well as an associated gain of respect in community. Many women also reported

insufficient understanding and a lack of available information, which demonstrates a need for tailored information that recognises the importance of language to support Aboriginal women experiencing menopause.[25]

f. the level of awareness amongst medical professionals and patients of the symptoms of menopause and perimenopause and the treatments, including the affordability and availability of treatments;

Workforce development is integral to increasing access to appropriate, evidence-based healthcare services that support people experiencing perimenopause and menopause. The reproductive healthcare workforce is diverse, including general practitioners, nurses, specialists, allied health practitioners, health promotion practitioners, community workers and bilingual and bicultural workers. Investment in workforce planning and development must consider all these roles to reflect the scope of support required to improve access to information and services related to menopause.

A cross-sectional study of Australian healthcare providers indicated that participants appeared knowledgeable about menopause and its consequences, however were uncertain about its management.[26] In 'Listening to Women's Voices: Results of the Victorian Women's Health Survey 2023', Victorian women reported that healthcare providers need more training and expertise to better support people as they transition through the stages of menopause, saying that they struggled to find knowledgeable practitioners who could provide high-quality and evidence-based care.[27] Victorian women also reported that they wanted more education about menopause and other reproductive health issues, and better discussions about their shared experiences to reduce stigma.[27]

g. the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports;

Reproductive health and wellbeing leave has become a topic of interest in recent years. However, there is limited research on the effects that these policies have on organisations and people experiencing reproductive health issues, including perimenopause and menopause. Recently, individual organisations have begun to implement menstrual and/or menopause policies which include leave entitlements and flexible work arrangements for persons managing symptoms or needing clinical support.[28] Reports recommend that a holistic approach to employee health and wellbeing also includes risk assessments to make suitable adjustments to the physical and psychosocial environments, information and support provision, and training for managers.[29]

Paid reproductive health leave policies acknowledge the specific health experiences of people who menstruate, promotes workforce participation and gender equality, and seek to remove the stigma and taboo surrounding menstruation, menopause and other reproductive health issues. Reproductive leave is unlike other leave entitlements in Australia as it is not enshrined in the National Employment Standards. Research indicates that experiences of menopause vary between those who work in manual jobs compared with corporate workplaces,[30] and between those in casual or irregular work compared to full-time positions.[31] This indicates that the socioeconomic context of workplaces has an impact on the experiences of menopause.

Australian Unions and private organisations are increasingly advocating for and adopting reproductive health and wellbeing leave policies in workplaces.[32] These entitlements differ in regard to the level of available leave days per year, and the conditions covered by clauses or policies:

- Victorian Women's Trust: 12 paid days per calendar year
- Women's Health Matters: 24 paid days per calendar year
- Modibodi: 10 paid days per calendar year
- Future Super: 6 paid days per calendar year

A number of resources are available to employers to better support individuals experiencing perimenopause or menopause:

- Women's Health East: How to become a menopause friendly workplace[33]
- Victorian Women's Trust: Menstrual and Menopause Wellbeing Policy[34]
- Menopause at work: Menopause savvy conversations for line managers and supervisors[35] and Working through menopausal transition: A collaborative tool for line managers and employees[36]
- Australian Menopause Society: Menopause and the workplace[37]
- Australian HR Institute: Menopause In the Workplace.[38]

Reproductive health and wellbeing leave recognises the social and financial pressures that this places on people experiencing reproductive health issues like menopause and provides an alternative to requiring these people to deplete their personal leave for issues that are not illnesses.

h. existing Commonwealth, state and territory government policies, programs, and healthcare initiatives addressing menopause and perimenopause;

The National Women's Health Strategy highlights 'Maternal, sexual and reproductive health' as a priority for Australian women and girls.[39] Actions pertaining to menopause include supporting people and their health care providers to manage the effects of menopause through increased workforce training, commissioning further research into the health and economic impacts of menopause, and promoting existing and emerging information sources for complications from menopause.[39] However, at present Australia has no national women's sexual and reproductive health strategy to guide research, policy, program development and evaluation.

At a Victorian level, the State Government Department of Health is leading the delivery of the Women's Health and Wellbeing Program to bridge the gendered gap in healthcare.[40] Key aspects of this package include funded mental health and well-being support groups to address specific health issues, including menopause. 20 new women's health clinics, and a dedicated Aboriginal-led women's clinic, will be established to overcome some of the barriers to treatment, advice and services on issues including menopause.[40]

Victoria's women's sexual and reproductive health plan 2022-30 recognises menopause as an important gender equality and age equality issue. Actions within the plan include addressing and reducing stigma associated with perimenopause, premature menopause and post-menopause, and continued workforce development on issues relating to menopause.[41]

i. how other jurisdictions support individuals experiencing menopause and perimenopause from a health and workplace policy perspective; and any other related matter.

Awareness and access to menopause-related information and services remain a significant challenge in most countries. The sexual wellbeing of menopausal women is overlooked in many countries, with implications including vaginal dryness, sexual pain, and increased risk of sexually transmissible infections including HIV.[42] The World Health Organization (WHO) considers that social, psychological and physical health support during the menopausal transition and after menopause should be an integral part of health care.[42] WHO have committed to raising awareness of menopause and its impact on women at individual and societal levels, as well as on countries' health and socioeconomic development, whilst also emphasising a life course approach to sexual health and wellbeing by ensuring that women have access to appropriate health information and services to promote healthy ageing and a high quality of life before, during and after menopause.[42]

Global leaders in reproductive health published a collective global consensus in 2021 to improve the wellbeing of people experiencing menopause within society and within the workplace.[43] The global consensus accurately positioned menopause as a gender- and age-equality issue, providing recommendations for employers, managers, healthcare professionals and people who experience menopause.[43] A key recommendation of this global consensus recommendations on menopause in the workplace was incorporating menopausal health within workplace health and wellbeing frameworks and policies, as part of the wider context of gender and age equality and reproductive and post-reproductive health.[43]

There is an absence of international examples of how global commitments to gender and reproductive health equity are implemented at a national legislative level, with jurisdictions in support of menopause workplace equity sharing recommendations for employers in lieu of legislative reform.

For example, there is Government commitment for supporting the menopause transition and period in the United Kingdom (UK). A national survey of more than 4,000 menopausal women aged 45-55 in the UK found that 14% of women had reduced their hours at work, 14% had changed to part-time work, and 8% had not applied for promotion.[44] Additionally, a 2019 survey found that three in five menopausal women - usually aged between 45 and 55 - were negatively affected at work and that almost 900,000 women in the UK left their jobs over an undefined period of time because of menopausal symptoms.[44] The Minister for Employment commissioned an independent report in 2021 to look at the issue of menopause and employment, given the impact menopause can have on women's working lives, particularly in the latter stages of their careers. "Menopause and the Workplace: How to enable fulfilling working lives" contains 10 recommendations aimed at bringing about comprehensive change and support for those experiencing the menopause, in key areas of government policy, employer practice and wider societal and financial change.[44] There is ongoing exploration of the recommendation to make menopause a "protected

characteristic" under the Equality Act, alongside age, disability, race and other attributes, to ensure people are not discriminated against within their places of employment due to menopause.[44]

In countries where there is not Government or legislative support for the menopause transition and experience of menopause, organisations and institutions can adopt these gender equitable policies and approaches to menopause on their own. For example, in, as U.S. businesses like the tech company Nvidia and the drugmaker Bristol Myers Squibb have begun to establish some accommodations for menopause, including help with finding treatments.[45]

Recommendations

We support this important Inquiry, with the following recommendations:

Recommendation	TOR Alignment
1. Invest in research to address: - knowledge gaps in the role of hormone therapy in treating menopause symptoms; - mood disorders associated with troublesome menopausal symptoms; - the impact of menopause on employment and workplace performance.	a, b, i
2. Invest in a national workforce and training plan to monitor and increase the capacity of the Australian health workforce to provide evidence-based, best practice menopause-related healthcare provision	c, f, i
3. Invest in developing a national, integrated and coordinated healthcare system to ensure that everyone living in Australia can access the menopause healthcare that suits their needs.	b, d, f
4. Ensure that underserved communities have access to best practice, evidence-based information and services that are culturally safe and culturally appropriate.	a, b, h
5. Create provisions in national legislation for menopause leave (as part of wider reproductive leave) via both modern awards and in National Employment Standards, that enshrine the right to paid gender-inclusive reproductive leave in addition to regular personal leave and annual leave; and the right to flexible working arrangements.	a, c
6. Address stigma and lack of understanding of menopause in Australian society.	c, e, g

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