



Submission

Senate Standing committee on Community Affairs

Issues related to menopause and perimenopause

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To: Senate Standing Committees on Community Affairs

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The Older Women's Network NSW wishes to address the following from the terms of reference.

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

Background

The Older Women's Network (OWN) has been a vital, strong and consistent voice for older women in NSW for more than 38 years. We have been at the forefront of progressive change, activism and advocacy since a group of women decided to do something for older women in 1985.

We have gone from strength to strength as a dynamic member-led organisation expanding throughout Australia. Over the years, OWN has developed services and resources for older women, written and contributed to numerous influential reports¹ on key issues for older women. We have played a big part in putting issues such as income security, homelessness, ageism, wellbeing, abuse of older people and domestic violence at the forefront of public policy debates.

¹ See: <https://ownnsw.org.au/media/reports-papers-publications/>

Women's health has a significant and direct effect on employment options, and in turn their longer term prospects for a safe and productive retirement. Any health issues, such as those arising from menopause that can adversely affect whether women remain employed, retain hours, or limit training and promotional opportunities can determine whether women live their last 20 to 30 years in comfort or poverty.

Homelessness and poverty have been a focus for OWN since older women became the fastest growing segment of the homeless population.² For example, OWN is raising funds to build housing in partnership with the Women's Housing Company. It is a small but important action.³ This is a 'downstream' solution. 'Upstream' solutions such as supporting women to remain in the workforce to build a solid superannuation base, would hopefully make such projects redundant in the future. Consequently, the focus of this submission is on the economic consequences of managing menopause symptoms in the workplace and its effect on their family and working life.

Evidence base

This submission is supported by a literature review and qualitative data collected in discussion groups with OWN members over December - January 2023-24. Each group consisted of four or five women with the average age of 75. Group members were all familiar with each other and had worked in professions up to retirement age. Each discussion was around 30 mins. The discussion starter questions were:

1. How did you change your employment arrangements such as reducing hours, take extended leave or reject promotional or training opportunities due to menopausal symptoms?
2. How did you manage symptoms in the workplace?
3. What supported you to continue working?

Relevancy of historical experiences

The responses to the discussion starter questions are used in this submission. While few participants were currently in the workforce, respondents' experiences are unlikely to be exceptional then, or now.

² See: <https://www.aihw.gov.au/reports/homelessness-services/specialist-homelessness-services-annual-report/contents/older-clients> viewed 26 Jan 24.

³ [Buy A Brick Campaign](#).

Women told their experiences, with the understanding that restraints placed upon them at the time, will not be experienced by women in workplaces of the future. The responses help build directions and principles the Inquiry could use in developing and assessing recommendations.

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

Experience of Consultation Group Participants

In response to the question as to whether participants changed their work pattern due to menopause symptoms, the answer was a resounding 'no'. Often this chorus occurred before the completion of the question. There was little scope, and their financial responsibilities too great, to take leave of any kind.

This did not mean they did not adapt and seek changes in their workplace when it was possible. At times when it was not possible, often due to the unpredictable nature of the symptoms, they kept going but spoke of this time as creating instances of anxiety and embarrassment. Many years later they still spoke with the same emotion they experienced at the time. For example, chairing meetings and losing their train of thought with an extreme hot flush. They said they did not refer to it at the time and neither did anyone attending their meeting. They still live in hope that no one noticed.

Some women described this as a time when they could take on more work, return to study and travel for work. This age group were more likely to have had their first child in their mid 20's so by the time they were in their late 40's and 50's their children were independent.⁴ For others, menopause was accelerated or took second place to breast cancer

⁴ ABS: In 1981 and 1991, women most commonly had their first child in their twenties, with the proportions of first-time mothers aged 25–29 years being higher compared to 1961 and 1971 (36%–37% vs 21%–25%).

diagnosis (chance of diagnosis increases with age, peaking at age 61)⁵, or divorce (peak age for men leaving marriages is between 40 and 50)⁶.

When participants did make changes to their working arrangement, they found it hard to separate what was a result of menopause and other significant life events. In hindsight they believe they would have made better decisions if they were aware that menopause symptoms could be affecting their decision making. If advice was available, they would have sought advice about their health and career decisions.

Changes in the workplace

There were examples of taking steps to manage their working conditions. For example, they were more likely to work from home when it was possible; or they changed their physical environment with blinds or fans in their rooms.

Managing workplace change

For women who sought adjustments in the workplace, they all agreed that this was possible because of good personal relationships with their manager; and because their manager or employer was a woman.

There was no workplace policy they could turn to in order to support their request. They took action alone because they had personal agency within the workplace. Participants were concerned that women in service industries, such as childcare, would be fearful of making requests to management without support. It was important to stress that their professions and level of education allowed them scope to negotiate in a way that women in other workplaces do not enjoy.

Research often focusses on the need for women, usually in professions with shortages, to stay in the workforce.⁷ This suggests that women only

⁵ <https://www.canceraustralia.gov.au/cancer-types/breast-cancer/statistics>

⁶ <https://aifs.gov.au/research/facts-and-figures/divorces-australia-2023>, Australian Bureau of Statistics (ABS). (various years). *Divorces Australia* (Catalogue No. 3307.0, 3307.0.55.001). Canberra: ABS.

⁷ BMA, Challenging the culture on menopause for working doctors: See<

have a place in the workforce at the extremity, when there is no one else, and they cannot be replaced. With the precarious contractual arrangements that most experience, women are rightly wary of drawing attention to their age in case they are no longer sought as employees.

The worsening of their future financial position can be accelerated by coinciding circumstances such as:

- the loss of a partner/supporting family member or divorce
- ageism in the workplace resulting in forced retirement or retrenchment
- sudden illness/injury or serious mental health problem
- repeated crisis caused by natural disasters and emergencies.

Intersectoral nature of economic support

The circumstances that cause women to leave the workforce early, to reduce hours or change their careers, and eventually rely on state-financed support in retirement are likely to be due to ageism, economic downturns and changes in their family situation. In discussions with women, menopause was the least of their pressures but this does not mean they should be ignored. Anything that allows women to build their economic base for retirement, particularly what appears to be simple solutions in response to changing health needs, should be applied. The challenge will be to apply changes across industries, and occupations. OWN stresses the need for recommendations that focus on occupations where women are concentrated, have precarious job contracts and few options to negotiate as individuals.

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;

Part of the distress and anxiety participants felt about their menopause symptoms in the workplace was the signal it sent in a culture with social attitudes that fears ageing.

<https://www.bma.org.uk/media/2913/bma-challenging-the-culture-on-menopause-for-working-doctors-report-aug-2020.pdf>

Participants generally agreed that the attitude towards older women generated silence about menopause and made it more difficult to identify or seek information about options to manage symptoms. Hiding symptoms, pretending that they did not occur and fear of others noticing were a stressor in themselves. A cultural change that allowed open recognition without negative consequences could go some way in improving mental health. Discussing their responses many years later, it is only in hindsight that participants link some of their decisions at the time to menopause symptoms. For example, they changed from a high-profile position to one without client contact or away from a small community to a city.

Participants were optimistic that the public conversation about menopause was starting to change the stigma and cultural norms so that the silence they experienced would not be part of the workplace of the future. In particular, they mentioned media personalities⁸ being open about experiences, normalising what is part of the human life course for half the population.

There is evidence that symptoms, particularly anxiety is less in cultures that value experience and maturity.⁹ Reduction in anxiety for women and improving their mental health would see women entering this phase in a more positive light. Parallels can be drawn with how industrial issues generated improved conditions and protections for married women who were once refused employment, maternity leave, childcare and carers leave; and more recently family violence. What were once considered private issues within the family have become part of the industrial landscape.

As the population ages, it is time to normalise ageing as a stage of life that can be managed in the community and workplaces for the benefit of the individual and economy. Reducing the taboos around menopause

⁸ Opinion: Symptoms of menopause can make it harder to work. Here's what employers should be doing, UWS, Dr Michelle O'Shea, and Dr Sarah Duffy, 23 Jan 2024. See: https://www.westernsydney.edu.au/newscentre/news_centre/more_news_stories/symptoms_of_menopause_could_make_it_harder_to_work_heres_what_employers_should_be_doing.

⁹ Minkin, Mary, Reiter, Suzanne and Maamari, Ricardo, 2015/05, Prevalence of postmenopausal symptoms in North America and Europe

allows workplaces to respond in the most appropriate way for their workers and organisation.

Participants did not view this time in their life as a negative period, it was also a time for reflection, a time where they could revive suspended goals. Promoting a positive culture in workplaces could also incorporate this perspective, one where past experience can be highlighted and ways found to interpret this experience in the current environment – rather than assuming that it is out of date and has no place in the ‘modern’ world. This requires challenging ageist assumptions.

Recommendations should work hand in hand with legislative and proactive industrial changes. In reviewing the history of how attitudes change in the workplace and generally in society, it is not enough to focus on promotional campaigns. It cannot be left to voluntary codes developed by industry, there must be accountability behind changes so that new practices become common place and not exceptional.

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

Safe workplaces as a human right

In reviewing the types of requests made by participants to their employer, they could be standard options which would benefit all employees. For example, they requested:

- Tinted glass, window blinds or shutters
- Fans and better ventilation
- Uniform adjustments
- Working from home
- Flexible leave arrangements
- End of trip facilities (showers and change rooms help everyone and allow active transport options)

Women who successfully negotiated these changes noted that their employer or manager was a woman. This suggests not only was there an empathetic response, but that their manager was informed. To replicate this in all workplaces, managers can be educated, normalising an open workplace culture, ensuring bullying is reduced, and older workers are valued.

Voluntary application of such changes are not enough to support women who have no agency in their workplace. Too often the advice available to women today is to discuss their needs with their manager.¹⁰ It should not be the responsibility of individual women to seek and explain why they need an environment in which they can effectively undertake their work. The type of changes they sought were of benefit to all workers and their productivity more generally.

Australia has a proud history of protection of workers with a legislative framework that helps ensure all workers return in the same health at the end of the day as when they began working. This includes national conventions to which Australia is signatory such as the United Nations and International Labour Organisation (ILO) conventions and protocols.¹¹ Including the *Protocol of 2002 to the Occupational Safety and Health Convention, 1981 ratified on 10 Aug 2011 (In Force)*¹².

These requirements along with legislation that provides protection against discriminatory practice should be used to support workers and employers. Action by employers should not be voluntary, it should be part of best practice in meeting their duty of care and legislative responsibilities. Most important are guidelines that support requests, and a process where it is easier to say 'yes' than 'no'. All workers need to be able to make these requests without fear of losing their job or promotional prospects.

¹⁰ Typical of online advice to women see: <https://menopausealliance.au/menopause/how-to-discuss-menopause-with-your-workplace/>> viewed 25 Jan 2024.

¹¹ Title: The Fundamental Conventions on Occupational Safety and Health: An overview of the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), 2023.

¹² **C155** - Occupational Safety and Health Convention, 1981 (No. 155), Viewed on 23 January 2023 at:< https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:11200:0::NO::P11200_COUNTRY_ID:102544>.

Employers and governments point to the cost of universal policies, but there is very little evidence for a business case for or against this approach. On the plus side, organisations can become an employer of choice, retain experienced employees and reduce absenteeism. Independent research is needed to determine the true cost of introducing worker friendly policies.¹³

Victorian Women's Trust is a good example of introducing a graded response to menopause and menstruation supports.¹⁴ They share a package of policies and templates as part of a campaign for employers to take of up their approach. In their experience, leave taken for this purpose is extremely rare. A graded response in the workplace - changing the working environment, working from home and lastly additional entitlements to take leave – reduces the likelihood that leave will be taken.

An example of the lack of awareness is a review of public information from Employee Assistance Programs (EAP) where we found only one (Benestar) that refers specifically to menopause. They provide an e-book¹⁵ on women's health that includes general information about good health. In the promotional material to staff, it is rare to find it mentioned as a reason that a worker may wish to call and seek advice.

Safe Work and a right to work is a Human Right

The overarching right for women to work is identified as a human right and should inform all strategies, plans and negotiations with industry. It is not a matter that conditions should be improved for women in some professions because they are needed for the economy.

It should not be the responsibility of individual women to advocate alone, in a culture that does not respect experience and age or women.

Inclusiveness and Cultural Change

Older women often describe their public invisibility in the community and workplaces. It is not possible to separate the Australian attitude towards ageing with the changing circumstances of women as they age.

This is essentially ageism, and something older women in the workforce need to be cognitive of in order to survive. Indicators of cultural change need to be incorporated

¹³ Women, work and the menopause: releasing the potential of older professional women 2 0 1 4

Gavin Jack,, Australian Research Centre in Sex, Health and Society

¹⁴ <https://www.vwt.org.au/blog-menstrual-andpolicy/>

¹⁵ <https://acrobat.adobe.com/link/review?uri=urn:aaid:scds:US:0b1e2884-600a-38b6-b798-758a86916b23>

into individual managers' accountability - it is not only a matter of training. There should be clear strategies for reducing the stress to all workers who express health concerns from being ridiculed, stereotyped and stigmatised.

Reliable data

In undertaking this submission, we found that there was a serious lack of data about women's decision to voluntarily change their working arrangements. Nor is there good information for industry as to the benefits and costs of endorsing and applying guidelines that give everyone in the organisation agency over their working environment. The published research on demands on industry is either contradictory¹⁶ or focuses on one professional segment (such as medical practitioners). This allows employers and government to exaggerate the potential cost of doing business, or to the economy, and and to ignore the changes needed in all industries, not just areas of high demand.

Workers' and employers' experience in adapting to the COVID pandemic has shown that both can be flexible to change practices and still thrive. Guidelines that are not directed specially at women but for all workers to be able to adapt conditions where possible will counter the shift in perception that women themselves are the problem.

Next Steps

There is a need for more research to understand the positive aspects of midlife in the working environment. Among the challenges is differentiating what issues are caused by symptoms, what are societal expectations, the pressures on workers as they age, and changing life circumstances. Take for example, documented increases in fatigue – is this caused by symptoms or caring for parents who are living longer, adolescent children, other health conditions, divorce, the stress of hiding symptoms or disrespectful treatment of older workers?

In order to fill the knowledge gaps, a multi-disciplinary approach is needed which has as its foundation the participation of women. Decisions should not be made without consultation with the women impacted by them.

What can be prioritised now:

- Compulsory training for managers

¹⁶ Verdonk, P et al, Menopause and work: A narrative literature review about menopause, work and health, 'Work', 2022, 72(2): 483-496, published June 2022

- Access to EAPS programs that are skilled and promote their service to women in mid-life
- Adoption of policies and guidelines such as that delivered by the Victorian Women's Trust
- Delivering practical workplace changes that are available to everyone such as working from home, uniform adaptations, improved ventilation and cooling
- Anti-bullying programs that include respectful treatment of ageing
- Framing this issue as a workplace health issue so that needs of people in mid-life are a standard part of risk inventories and evaluations