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**Submission to the Standing Committee on Community Affairs,
Inquiry into issues related to menopause and perimenopause.**

To the Senate Inquiry Committee,

Thank you for the opportunity to make a submission for this inquiry.

We, the Women's Wellbeing Association, representing over 250 women (with most members being 40 - 60 years of age), are writing to present the findings of a recent poll conducted amongst our members concerning the critical topic of menopause. As a community deeply invested in empowering women throughout all stages of life, we believe these findings offer valuable insights that can inform you in addressing women's menopausal and perimenopausal needs.

We would like to comment on sections relating to the physical health impacts, the mental and emotional well-being, the impact on relationships and the cultural/societal factors towards menopause and perimenopause of the terms of reference.

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

Through qualitative research conducted by our not-for-profit organisation, the majority of respondents (88%) indicated they felt unprepared for menopause. Many reported a lack of information and resources, with some describing feelings of isolation and confusion. Common themes included:

- Limited knowledge: Many women cited insufficient information about physical and emotional changes during menopause.
- Misconceptions: Some held inaccurate expectations, with hot flashes being the only widely anticipated symptom.
- Stigma and silence: Several mentioned a societal taboo around discussing menopause, contributing to a lack of awareness.
- Inadequate healthcare support: A few expressed frustration with healthcare providers who dismissed or misdiagnosed their symptoms.

While the majority felt unprepared, a minority (12%) reported feeling somewhat or fully prepared. These women often attributed their preparedness to:

- Personal research: Proactively seeking information through credible sources.
- Support networks: Having open conversations with friends, family, or women's groups.
- Healthcare professionals: Accessing knowledgeable and supportive doctors or other healthcare providers.

Many women feel **unprepared** for menopause due to a lack of information, resources, and supportive environments. It is crucial to address this gap by raising awareness, promoting open communication, and empowering healthcare professionals and women themselves to navigate this significant life transition.

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

This section delves into the lived experiences of women navigating menopause and perimenopause, focusing on the often-overlooked impact on their mental and emotional well-being, self-esteem, and social engagement. Drawing on a number of individual responses and their candid replies, the findings paint a clear picture.

- Impact on Self-Esteem: A significant portion of respondents (84%) reported a negative impact on self-esteem due to physical changes, mood swings, and other symptoms. This led to feelings of isolation, insecurity, and decreased confidence.
- Social Engagement: Over half (88%) experienced reduced social engagement due to discomfort, fatigue, or feeling overwhelmed. Some sought alternative support communities like women's groups specifically focused on menopause.
- Healthcare Experiences: Several responses highlighted dissatisfaction with dismissive or uninformed healthcare providers, emphasising the need for improved training and awareness among medical professionals.

- Financial Accessibility: Financial barriers to accessing effective treatments like HRT and mental health services were mentioned, posing a challenge for some individuals.
- Support Group Suggestions: Respondents called for wider availability of accessible and affordable support groups led by trained individuals, facilitating connection and knowledge sharing.

To illustrate these points further, we present some direct responses from our survey participants. [1]

- "I had months of going to meetings and telling people to just ignore me crying. It was pretty uncomfortable for everyone. And I would not go to social engagements -- ones that I knew I'd enjoy -- because of the panic attacks about not getting any work done while I was away (I was also under quite a lot of pressure from work, active investments, and carer responsibilities, as most women in their 40s are).
- "Being completely overwhelmed with life (one of the big menopause symptoms) affected my sense of self. I felt like I just couldn't cope anymore, I was angry all the time, my marriage broke up."
- "8 years of mental turmoil, failed marriage, GP that refused to talk about HRT."
- "Career was stalled due to insomnia and brain fog... also relationship break down due to sexual issues and UTI"
- "If my life hadn't been going really well when the worst symptoms hit me, I probably would have killed myself. I spent at least six months basically weeping for 2 weeks out of every month, and had at least 3 years of frequent panic attacks."
- "I thought there was something wrong with me and the Dr.s couldn't work out what was going on with my cycle. They never thought it could be perimenopause and I am shocked at the suggestion of a hysterectomy to "fix" an unpredictable cycle and sometimes heavy bleeding. "If you've finished having kids, we can just do a hysterectomy" "
- "I am struggling to work despite having 3 degrees and decades of expertise"
- "I would like the standard GP training to include comprehensive coverage of peri/menopause and all of its manifestations. I would like to have been able to describe what was happening to me and have the GP have confidence in being able to see the big picture instead of a myriad of separate symptoms. I think women's mental health could be improved in the first instance by knowing what is going on and not having to blindly guess. GPs also need ready access to referrals for mental health services for women."

- “Needs to be standardised pathology & imaging for menopausal women.”
- “More discussions with doctors, perhaps some free counselling?”
- “I would like to see free/subsidised healthcare to help with counselling, nutrition, HRT, and gym membership or exercise support.”
- “Affordable opportunities to engage in activities, easier access to fitness classes (e.g. pilates). I experience an imbalance in what is available for the “everyday” person, not on a pension, not on NDIS, but as a woman working full time whilst caring for family, prioritising my health care is within limitations due to access/costs.”
- “I cannot afford HRT as a single parent and need it to be able to work as my bladder and knees are so badly impacted by lack of oestrogen.”
- “HRT on the PBS for starters! Why is Viagra on the schedule and not many HRT? Doctors who know what they are looking at would be helpful too. I can advocate well for myself, but I personally know many women who are being prescribed antidepressants rather than peri/menopause being investigated.”
- “Perimenopause and Menopause accounts for two-thirds of a woman's life, while child bearing only accounts for one-third, but it is almost impossible to find educated services for this time of life. My female GP is younger than me and I think she just doesn't get it and certainly didn't refer me on to anyone.”

Menopause and perimenopause can **significantly** impact mental and emotional well-being, self-esteem, and social engagement. Addressing knowledge gaps, improving healthcare access, and fostering supportive communities are crucial to empower women to navigate this transition with confidence and understanding.

The impact of menopause and perimenopause on caregiving responsibilities, family dynamics, and relationships.

The transition through menopause and perimenopause can significantly impact not only individuals' physical and emotional well-being, but also their relationships and roles within family and community. This section explores the experiences of individuals navigating this phase, focusing on changes in family dynamics, support systems, and access to resources.

- **Increased Vulnerability:** Many respondents noted feeling more vulnerable and less able to fully engage in caregiving responsibilities (46%).
- **Relationship Challenges:** Some individuals reported experiencing strain in relationships due to mood swings, fatigue, or reduced patience (23%).

- Intergenerational Impact: Menopause coinciding with children's puberty was identified as a potential challenge for family harmony.
- Healthcare Professionals: Individuals sought help from GPs, psychologists, and relationship therapists, highlighting the need for improved knowledge and sensitivity within healthcare systems.
- Alternative Support: Natural health practitioners, support groups, and mindfulness practices were also mentioned as valuable resources.
- Communication: Sharing openly with family and friends was important for some, while others emphasised individual coping strategies.

To provide deeper insights into these key points, we offer a selection of participant responses. [1]

- "I am less tolerant of others' needs so my role as family coordinator has changed. Is this a function of age or menopause? My family has less understanding of the real impact of menopause as it is still a women's issue. When my sleep reduces to a couple of hours a night, I find it difficult to manage my relationships."
- "I have been proactive in my care rather than reactive, though this has had a big financial impact [on the family]"
- "I have become less giving, which has been beneficial to create boundaries, but I have become more isolated too as the dynamics for everyone in the family has its natural change with ageing"
- "I am less tolerant of others' needs and starting to prioritise my own. I understand why divorce rates are high for this age"
- "My family has less understanding of the real impact of menopause as it is still a women's issue. When my sleep reduces to a couple of hours a night, I find it difficult to manage my relationships."
- "I found I could not work and manage my family while I was having approximately 30 hot flushes a day and 8-10 hot flushes at night which woke me up. I was the main breadwinner. I was not coping. I went to a GP who suggested HRT. We tried a couple of types until I found one which suited me. Then the HRT manufacturer couldn't meet demand so no more was being imported into Aust. I had to then decide which HRT would work."
- "Stop making it a taboo topic, and not just about older women as there are plenty in their 30s and 40s going through this."
- "I think better education from earlier in life would mean more realistic expectations later in life. If it wasn't such a taboo (at best) or marginalised (at

worst) topic, then cultural understandings, healthcare systems and health outcomes for women would all be immeasurably enhanced.”

- “A clear path to find help, like a menopause clinic? No-one ever suggested I see an endocrinologist, but wouldn't you expect that to be the right person.”
- “Education and more cultural support for real women generally. Our whole system, including medical, financial etc. is created by and mostly with men in mind.”

Navigating menopause and perimenopause can be complex, **impacting not only individuals but also their relationships and family dynamics**. By addressing the need for increased awareness, accessible support systems, and improved healthcare, we can empower women to navigate this transition with confidence and maintain healthy relationships with themselves and their loved ones.

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.

The experiences of menopause and perimenopause are shaped not just by biology, but also by the complex tapestry of cultural and societal influences. This section delves into the insights gleaned from our community responses, illuminating the diverse perspectives, challenges, and needs surrounding this pivotal transition.

- **Negative Associations:** Many responses highlighted the prevalence of negative perceptions surrounding menopause, often associated with aging, loss of fertility, and invisibility.
- **Silence and Taboo:** Several women described a culture of silence around discussing menopause, hindering open communication and support.
- **Lack of Awareness:** A need for wider societal awareness and understanding of menopause was emphasised, including its diverse physical, emotional, and social impacts.
- **Positive Perspectives:** Some respondents shared empowering views of menopause as a time of growth, wisdom, and transition, urging a shift in narratives.
- **Limited Resources:** Many respondents expressed difficulty finding culturally relevant and accessible resources addressing menopause.
- **Informal Networks:** Word-of-mouth experiences, online communities, and peer support groups emerged as valuable sources of information and connection.

- **Role of Healthcare Professionals:** The need for healthcare providers with knowledge and sensitivity to menopause, particularly in diverse communities, was highlighted.

Shifting attitudes toward menopause requires collaborative efforts to empower women, **dismantle taboos**, and ensure access to culturally appropriate information and support. By recognising the diverse experiences of women in various communities, we can foster a more understanding and supportive environment for navigating this vital stage of life.

Summary of Recommendations

The Women's Wellbeing Association wishes to make the following recommendations for the Committee to consider.

Awareness and Education:

- **Public Awareness Campaigns:** Launch campaigns to spark open dialogues and normalise discussions about menopause in diverse communities.
- **Information Resources:** Develop accessible and accurate resources addressing the physical, emotional, and social aspects of menopause across various languages and cultural contexts.
- **Educational Programs:** Integrate menopause education into health curricula and community programs to empower families by providing funding and community support.

Healthcare System:

- **Healthcare Professional Training:** Provide comprehensive training for healthcare professionals on recognising, diagnosing, and managing diverse menopausal symptoms.
- **Patient Communication:** Equip healthcare providers with effective communication skills to address patient concerns and preferences with respect and compassion regarding treatment options.
- **Affordable Access:** Advocate for wider access to affordable and effective treatments like HRT and mental health services tailored to individual needs.

Support Networks and Community Building:

- **Support Groups:** Facilitate the creation and accessibility of online and in-person support groups for women experiencing menopause to share experiences and knowledge.

- Community Initiatives: Encourage and support community-driven initiatives fostering mutual support and understanding around menopause.

Policy and Advocacy:

- Financial Barriers: Address financial barriers by advocating for policies that improve accessibility to healthcare services and treatments for women across all life stages.
- Workplace Awareness: Educate employers about the impact of menopause on employees and encourage supportive workplace environments.
- Long-Term Vision: Advocate for ongoing research and policy changes that prioritise women's well-being and address the unique challenges faced during menopause.

Additionally:

- Break the Silence: Actively encourage open dialogues about menopause across generations and communities to dismantle taboos and normalise these discussions.
- Promote Understanding: Continuously educate the public, healthcare professionals, and employers about the diverse experiences of menopause to foster empathy and create a more supportive environment.

Yours Sincerely,

Bex Smith, President



References:

[1] Menopause & PeriMenopause Senate Submission Member Survey