



# Issues related to menopause and perimenopause

## Submission to Senate Community Affairs References Committee

15 March 2024

### About Science in Australia Gender Equity (SAGE)

SAGE is Australasia's leading advocate for equity, diversity and inclusion in the education and research sector. Founded by the Australian Academy of Science and the Australian Academy of Technological Sciences and Engineering, we provide institutions with accreditation under the world-respected Athena Swan program.

By supporting our participating organisations with advice, tools and dynamic communities of practice, we're transforming this country's most respected academic and research institutions into vibrant workplaces where everyone can thrive.

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### (Peri)menopause at work: A health and wellbeing issue

The increased focus on, advocacy for and investment in positive experiences of (peri)menopause will be pivotal in dismantling stigma and improving equity. This collective effort holds immense potential to bring about tangible improvements in the lives of individuals navigating this natural life stage. There are also emerging groups championing the cause for dedicated leave and workplace support tailored to accommodate the unique challenges associated with menstruation and (peri)menopause.

However, the evidence base around (peri)menopause at work is still undeveloped, and SAGE advises caution in drawing hasty conclusions about the implications for policy.

There are also risks to approaching (peri)menopause as a disconnected issue, separate from the many other health and wellbeing needs of employees. SAGE advocates for an integrated, systemic approach (peri)menopause, suggesting that a health and wellbeing lens is the most appropriate way to pursue equitable workplace experiences and support people experiencing this particular life transition.

# Recommendations

## 1. To avoid stigmatisation, the workplace implications of (peri)menopause should be accommodated through holistic health and wellbeing policies and practises.

While people experiencing (peri)menopausal symptoms may require additional accommodations in the workplace, SAGE cautions the Committee against singling out (peri)menopause as an independent health and wellbeing issue.

Instead, we recommend an integrated, systemic approach to supporting health and wellbeing in the workplace. This approach allows individuals to navigate their own circumstances and needs while protecting their right to privacy and preventing unintended negative consequences such as stigmatisation and discrimination.

### We should normalise, not stigmatise reproductive health at work

Individual employees will experience health and wellbeing issues throughout their working life, and these issues are different for everyone. Recently there has been an increase in concern for supporting women's health and wellbeing in the workplace, and a growing recognition that some health conditions—including reproductive health issues—disproportionately affect women. This reflects a laudable attempt to improve workplace gender equity.

However, when workplace practices and policies single out a particular group of employees, the risk of unintended consequences—such as discrimination and stigmatisation—increases.

**Singling out (peri)menopause as a discrete workplace challenge to be addressed independently of other health and wellbeing needs has the potential to generate misconceptions, unintended consequences, and even backlash against those experiencing symptoms.** This approach might inadvertently reinforce existing stereotypes or contribute to misunderstandings.

Employees who experience health issues related to reproductive health, including period pain and symptoms related to (peri)menopause, may be reluctant to speak out about their symptoms and experiences, for fear of being seen as less efficient and effective.<sup>1</sup> People encounter sexism, ageism and ableism from their co-workers and managers.<sup>2</sup> This may mean that employees do not trust that they can ask for support to manage symptoms related to reproductive health, including (peri)menopause, without potentially jeopardising their careers.

**An inclusive approach involves embedding discussions about (peri)menopause within a larger narrative of supporting diverse health needs.**

(Peri)menopause is a time-limited life transition that can largely be managed by lifestyle change and, for some, by medication. For the benefit of people experiencing (peri)menopause and the

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<sup>1</sup> Atkinson C, Beck V, Brewis J, Davies A and Duberley J (2020) '[Menopause and the workplace: new directions in HRM research and HR practice](#)', *Human Resource Management Journal*, 31(1):49–64.

<sup>2</sup> Riach K and Jack G (2021) '[Women's health in/and work: menopause as an intersectional experience](#)', *International Journal of Environmental Research and Public Health*, 18(20):10793.

people around them, it is important to 'normalise', not pathologise (peri)menopause. This will ensure that people experiencing (peri)menopause are treated respectfully.

It's crucial to approach the intersection of work and (peri)menopause within the broader framework of promoting overall well-being and gender inclusivity in the workplace.

### A health and wellbeing approach

It is known that health and wellbeing are essential to create positive, productive, and sustainable workplaces. The benefits of investing in policies and practices that support employees' health and wellbeing extend beyond the individual to impact overall organisational performance, employee satisfaction, and therefore the broader community.

Employers are legally required to provide a safe workplace. This recognises the right of every employee to work in a safe environment that promotes and prioritises wellbeing. Research indicates that certain work conditions, such as high stress environments, poor ventilation, limited access to amenities, or specific uniform requirements, can exacerbate health challenges, including those associated with reproductive health such as (peri)menopause.<sup>3,4</sup> Unsafe conditions exacerbate health symptoms, negatively affect the performance and engagement of all employees and should be addressed to create a supportive workplace for everyone.

**Equitable workplace policies and practices are those that focus on supporting all employees through different life events and transitions.**

**This means creating a systemic approach—a focus on fixing the *system* to support the health and wellbeing needs of all employees, rather than targeting *individuals* or specific demographic groups.**

A comprehensive, systemic approach to health and wellbeing fosters gender equity in the workplace by implementing holistic and inclusive policies and practices that address the diverse needs of all employees and avoid singling out specific health challenges. By fostering an inclusive culture that recognises and accommodates various life-stage transitions, including (peri)menopause, organisations signal their commitment to the wellbeing of their entire workforce.

Employers' support for employee health and wellbeing should *encompass* challenges related to reproductive health without limiting their focus to them. This inclusive approach reduces the risks of backlash and discrimination of certain others/groups, such as older women.

In addition, organisations must ensure that leaders and managers are trained to have open conversations with employees about their health and wellbeing to offer the support they need to be productive and effective in the workplace.

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<sup>3</sup> Atkinson C, Beck V, Brewis J, Davies A and Duberley J (2020) '[Menopause and the workplace: new directions in HRM research and HR practice](#)', *Human Resource Management Journal*, 31(1):49–64.

<sup>4</sup> Theis S, Baumgartner SJ, Janka H, Kolokythas A, Skala C and Stute P (2023) '[Quality of life in menopausal women in the workplace – a systematic review](#)', *Climacteric*, 26(2):80–87.

## 2. Investigate expanding the eligibility criteria for the right to flexible working in the National Employment Standards.

Allowing employees to request adjustments to work hours, patterns, or locations to accommodate their personal circumstances, including their health and wellbeing needs, will provide employees with the autonomy they need to manage their health and wellbeing and maintain productivity at work.

Requests for flexible working arrangements form part of the National Employment Standards (NES). The NES apply to all employees covered by the national workplace relations system and can't be excluded by any award, agreement or contract.

According to the Fair Work Act, an employee currently has the right to request a change in their working arrangements if they require flexibility because they are pregnant; are the parent, or have responsibility for the care, of a child who is of school age or younger; are a carer (within the meaning of the Carer Recognition Act 2010); have a disability; are 55 or older; are experiencing family and domestic violence; or are caring for or supporting an immediate family or household member who requires care or support because they are experiencing family and domestic violence.

**We recommend that the Committee explores the potential to expand these rights under the Fair Work Act to give employees the right to request flexible working arrangements if they are experiencing health and wellbeing challenges.**

**We also recommend that this exploration should consider the possibility of creating a *universal* right to request flexible working arrangements.**

### Workplace flexibility is critical

Flexible working is important to ensuring that health and wellbeing needs are inclusively supported in the workplace. These policies can be designed to enable employees to manage their health and wellbeing, including their reproductive health. Every employee with health issues should be able to access the support and flexibility they need to manage their work.

As identified by the Australian Menopause Society, allowing employees the flexibility to work from home, schedule medical appointments as needed, and take breaks to manage severe symptoms enables employees to navigate health and wellbeing challenges.<sup>5</sup>

This contributes to the creation of a culture of support and a positive work environment, which is a key driver of employee wellbeing, retention, engagement, productivity, and organisational reputation.

To achieve gender equity in the workplace, every employer should offer provisions and flexibility to provide employees with the support they need to manage their work, health and wellbeing. The best way to ensure this practice is to expand employees' rights to apply for flexible work.

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<sup>5</sup> Australian Menopause Society (2022)

[https://www.menopause.org.au/images/stories/infosheets/docs/AMS\\_Menopause\\_and\\_the\\_workplace.pdf](https://www.menopause.org.au/images/stories/infosheets/docs/AMS_Menopause_and_the_workplace.pdf)

### 3. Fund and develop educational resources and training for workplaces on supporting employee reproductive health and wellbeing.

Educational bodies, such as SafeWork Australia or similar, in consultation with health care experts, including the Australian Menopause Society, should be funded to develop and deliver educational resources and training for organisations. Consideration should be given to develop a process of validation that helps to ensure the quality and integrity of the resources.

The training should:

- a. build organisational capacity to embed reproductive health and wellbeing support in the workplace. This could include supporting organisations to embed inclusion and accommodation for reproductive health into existing policies and practices; and assisting organisations to create an environment and culture that supports reproductive health and wellbeing.
- b. equip managers, supervisors and human resources teams with the knowledge, confidence and tools needed to support employees to manage their health and wellbeing, including reproductive health.
- c. equip employees with knowledge, confidence and tools to advocate for their own needs and to work collaboratively with their manager and the organisation to manage health and wellbeing, including reproductive health.
- d. support organisations to evaluate their strategies for supporting employees and to use collected evidence to inform ongoing improvements in support.

The development of resources that educate employees, managers/leaders, and human resources teams about health and wellbeing, including reproductive health, and ways to support people who are experiencing it, provide the opportunity to embed considerations surrounding reproductive health into existing workplace strategies and practices. This allows a holistic and inclusive approach to supporting health and wellbeing.

## The evidence base: Work and (peri)menopause myths

The existing body of research on the economic repercussions of menopause and perimenopause in Australia is notably lacking in high-quality, empirical evidence. While certain media and consumer surveys suggest significant productivity and income losses due to menopause symptoms, caution is warranted in interpreting such figures. Often, these statistics may originate from convenience samples, potentially unintentionally exacerbating the perceived severity of symptoms.

**Contrary to sensationalised accounts, data from the 2023 National Women's Health survey indicates a relatively low proportion of Australian women facing challenges in working or studying, taking leave, or needing extended breaks due to menopausal symptoms. This suggests that a majority of individuals managing menopausal symptoms are doing so effectively.**

Key facts about (peri)menopause from the 2023 National Women's Health Survey:<sup>6</sup>

- 97% women aged 65 and over had reached menopause, 69% of women aged 45 to 64 reported they had reached menopause and 3% of women aged 18-44 had reached menopause.
- Only 4 in 10 (37%) women were bothered by symptoms attributed to menopause in the last 5 years. Of those:
  - 3 in 10 found it hard to work or study,
  - 2 in 10 missed exercises, and
  - fewer than 1 in 10 missed days of work or study (however, 17% of midlife women reported they have taken leave).

While there are several symptoms attributed to menopause, including hot flushes, night sweats, 'brain fog' and weight gain, not all the symptoms have been clinically verified to be caused by menopause. Only hot flushes and night sweats are well-established symptoms.<sup>7</sup>

Additional studies on Australian women corroborate these findings. For instance, a 2017 study revealed that two-thirds of women reported no impact on their work performance due to menopause, while 6% acknowledged a somewhat negative effect, and another 6% described a significant impact.<sup>8</sup>

Notably, the nature of one's work may influence the difficulty experienced with menopausal symptoms. Research suggests that women in higher-level roles with increased work stress may encounter greater challenges. However, the 2023 National Women's Health Survey did not find a disproportionate impact on women in the knowledge sector, challenging assumptions related to symptoms such as 'brain fog'.

The available research suggests that it's essential to recognize that **(peri)menopause alone should not be considered a singular factor causing women to leave the workforce or encounter economic inequality**. A 2021 survey showed that it is not unusual for older workers to leave organisations due to illness or injury (26%), but poor relationships with managers (18%), needing to care for family members (13–21%), lack of flexibility (12%) and promotion opportunities (12%) are also commonly reported reasons.<sup>9</sup> Some health conditions can accelerate (peri)menopause, and so while most people experience (peri)menopause in their 40s or 50s, it should not and cannot be linked to a certain age. Rather, it should be approached within the context of health and wellbeing.

To gain deep and comprehensive insights into the consequences of life transitions and stressors on mental and emotional well-being at work, rigorous empirical evidence is imperative. This data should form the foundation for developing holistic and tailored workplace policies and practices that comprehensively address the needs of individuals navigating these significant life changes.

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<sup>6</sup> Australian Menopause Society, Women's Health Research Program (Monash University) and Jean Hailes for Women's Health (n.d.) [The impact of symptoms attributed to menopause by Australian women](#), Jean Hailes for Women's Health.

<sup>7</sup> 2023 National Women's Health survey p.25/26

<sup>8</sup> Hickey M, Riach K, Kachouie R and Jack G (2017) '[No sweat: managing menopausal symptoms at work](#)', *Journal of Psychosomatic Obstetrics & Gynecology*, 38(3):202–209.

<sup>9</sup> Australian HR Institute (2021) [Employing and retaining older workers](#), Australian Human Rights Commission.

## A good practice example from the SAGE network

Many Australian higher education and research institutions use the SAGE Athena Swan framework<sup>10</sup> to identify inequities (from their workforce data and through staff consultation), implement targeted solutions, and systematically evaluate the outcomes and impact of those solutions. Addressing health and wellbeing as part of their work with SAGE ensures that SAGE's rigorous design and evaluation standards are also applied to their health and wellbeing interventions, and helps grow the evidence base by sharing their findings with others.<sup>11</sup>

**The following case study from the George Institute for Global Health, a participating SAGE institution, may help other organisations improve their support for employees experiencing (peri)menopause.**

### Reproductive Health Policy at the George Institute for Global Health

The George Institute for Global Health is committed to ensuring everyone can access workplace support to manage common lifecycle reproductive health matters.

After consulting with their staff, the Institute is implementing a new Reproductive Health Policy in their workplace. This policy recognises that a gender equitable workplace supports employees to engage in productive work with flexibility, taking a gender-inclusive lifecycle approach to support retention and career progression for women in particular, and removing stigma attached to requesting workplace support for common health matters.

The policy is research-based and sets out the workplace adjustments that an employee can request, such as changes to work location, workflow and timing, scheduling and other flexibilities to support and normalise accommodations. It is supported by existing workplace flexibility principles which provide guidance to managers and employees in how to talk about and implement these changes.

The policy also allows employees who are experiencing symptoms related to menstruation, (peri)menopause and chronic reproductive health conditions to access 10 days of specified paid leave to accommodate these symptoms. Employees also have access to this leave to support medical procedures and employee health impacts related to fertility treatments, miscarriage and pregnancy termination. This leave is additional to other leave provided for wellbeing, parental leave and stillbirth.

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<sup>10</sup> Science in Australia Gender Equity (SAGE) (n.d.) [SAGE pathway to Athena Swan](#), SAGE website, accessed 9 February 2024.

<sup>11</sup> For example through SAGE communities of practice or in their applications for SAGE Cygnet Awards, which are peer-reviewed case studies that are publicly available on the [SAGE website](#).