



Australian Government

Department of the Prime Minister and Cabinet

ATTACHMENT A

# OFFICE FOR WOMEN

## Impacts of menopause on women's health, workforce participation and economic security

Responding to the health, workforce and economic impacts of  
menopause

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BRIEF

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## Executive Summary

The Office for Women (OFW) has undertaken this literature review to scope the existing evidence of Australian women's experiences of menopause and related impacts on workforce participation. This review included academic research, organisation surveys and health promotions materials produced both within Australia and internationally. International research has been provided where Australian evidence is unavailable.

Understanding the impact of menopause on workforce participation can help make progress towards Australian Government commitments to cultivate a more gender and age-inclusive workforce. Existing research has demonstrated that menopause symptoms are linked with increased difficulties in the workplace and general decrease in individual personal wellbeing (Mishra & Loxton 2022, pp.49-54). However, this review found no Australian research that could link experiences of menopause with women's work decisions and economic inequalities – specifically whether menopause impacts the gender pay gap, women's average early retirement or their decreased workforce participation.

Through conservative estimates that 10 per cent of women (28,700) retire annually due to menopause, the Australian Institute of Superannuation Trustees calculates total lost income and superannuation earnings of approximately AUD\$17 billion (AIST 2022, pp. 29-30).

Strengthening the evidence base of the impacts of menopause on workforce participation through targeted research will also align with, and support, the delivery of a number of Government commitments to achieve gender equality. These commitments include:

1. Prioritising women's health and economic security as part of *Working for Women: A Strategy for Gender Equality* (March 2024), including future efforts to understand and respond to the impacts of reproductive health issues, including peri-menopause and menopause.
2. The Women's Economic Equality Taskforce (WEET) report recommendation 3.3 to '...introduce workplace protections for reproductive health, e.g., the ability to request flexible working arrangements, implement reasonable adjustments and take new forms of leave'.
3. Endorsing the commitment to restore Australian leadership in gender equality at the **Jobs and Skills Summit** with agreement that improving women's workforce participation is critical for Australia's future economic prosperity and resilience. The Employment White Paper published in September 2023 noted the potential impacts of menopause on women's workforce participation.
4. The **National Women's Health Strategy 2020-2023**, which includes training of health care providers on supporting women experiencing menopause and acknowledges the need for further research into menopause and its impact on women's work decisions and economic security.
5. Dedicating over \$1 million of **National Health and Medical Research Council** funding to develop 'MenoPROMPT', a menopause assessment tool for women and GPs to improve perimenopause and post-menopause care.
6. Appointment of the **National Women's Health Advisory Council** to 'examine the unique challenges that women and girls experience in the health system', including menopause, menstruation and reproductive healthcare.

It is important that future research use holistic frameworks that consider biological, psychological, social and cultural factors to target gaps in understanding of menopause and workforce participation. Based on this desktop research, the OFW have identified that further research is required to:

1. Establish whether menopause is a cause of early retirement among Australian women and quantifying its impact
2. Understand the experiences of specific cohorts (in particular, Aboriginal and Torres Strait Islander peoples, women with disability and those engaged in insecure employment)

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3. Understand the guidance, resources and workplace policies available to workplaces and how employers are accommodating menopausal employees and supporting flexible work arrangements to maintain their workforce participation

## Background

The Australian Government is committed to addressing women's health and wellbeing throughout the life-course, as acknowledged in the 2022-2023 Women's Budget Statement, which estimates 28 per cent of postmenopausal Australian women 'will have moderate to severe symptoms that impact their workforce participation'.

Menopause has been linked to increased workplace absences and decreased performance. Research indicates that the driving cause of this is not just menopause symptoms alone, but rather their exacerbation by lack of support often provided by workplaces (Hashimoto et al. 2020). This can be through physical environments/demands, workplace cultures and existing sexist and ageist biases, and extent of understanding of menopause (Australasian Menopause Society 2022).

### ***Menopause and women in the Australian workforce***

Australia's ageing workforce and its increased participation by women has drawn attention to menopause and work. Female workers over 45 years old ('older workers') are critical to the current and future functioning of the Australian workforce. Older women workers have enjoyed strong growth in employment over last few decades, now accounting for 18.7 per cent of the total workforce, while also enduring higher underutilisation rates than men of the same age (Tilly et al. 2013).

Among the 45-48 age cohort in 2019, there were more perimenopausal<sup>1</sup> or postmenopausal<sup>2</sup> women than pre-menopausal<sup>3</sup> (Mishra & Loxton 2022, p. 49). Of the women experiencing perimenopause or postmenopause, more than 40 per cent reported being bothered by vasomotor symptoms, with difficulty sleeping, severe tiredness and stiff/painful joints also being highly prevalent. The 2022-2023 Women's Budget Statement estimated 28 per cent of postmenopausal Australian women 'will have moderate to severe symptoms that impact their workforce participation' (Commonwealth of Australia 2022, p. 75).

Qualitative research led by La Trobe University has explored links between menopause-related symptoms and job satisfaction, work engagement, organisational commitment and intention to quit. It is important to note that the sample was limited to women working in academic, administrative, and executive roles at Australian universities. Key findings of the research included a greater intention to quit among women aged 40-49 years compared to women aged 50+ years old.

In addition, women who experienced more frequent and more bothersome menopause symptoms were associated with greater intention to quit their job. The study also found that it was "difficult to attribute many symptoms simply to menopause", also accounting for ageing generally and occupational impacts of the working environment (Jack et al. 2014).

The actual impact of menopause on Australian women's exit from the workforce remains unknown, but is thought to be incredibly significant. The Australian Institute of Superannuation Trustees (AIST) in its 2022-2023 Pre-Budget Submission has projected UK findings to the Australian context to quantify the impact of menopause on women's early retirement and resulting drop in lifetime earnings and retirement savings, estimated at \$17 billion per annum.

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<sup>1</sup> Perimenopause, also known as the menopausal transition, describes the lead up to menopause (a woman's last menstrual period) and when the ovaries either gradually or suddenly cease production of the hormones oestrogen and progesterone.

<sup>2</sup> Postmenopause refers to the stage beginning 12 months after menopause (a woman's last menstrual period). Women spend an average of one-third of their life in postmenopause.

<sup>3</sup> Premenopause refers to the period preceding perimenopause.

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ABS Retirement and Retirement Intentions data (ABS) shows 29.7 per cent of working women retire under the age of 55.<sup>4</sup> In 2020-21, there were nearly a million women retirees aged under 55, of which 11.5 per cent cited 'own sickness, injury or disability' as reason for retirement. This age range overlaps with the average age of onset for perimenopause and menopause, most commonly beginning in a woman's 40s. A relatively high percentage of the 45-48 year old cohort who often experience menopause symptoms, most prominently anxiety and depression, are not in the workforce (Mishra & Loxton 2022).

A research survey involving 700 working women, conducted by Australian consultancy Circle In, found that four out of five respondents had been affected by symptoms of menopause, but 70 per cent did not feel comfortable talking to their manager about it. Further, 83 per cent of respondents felt their work was negatively affected, and 58 per cent responded that managing work during their menopausal transition was 'challenging'. Almost half of respondents reported considering retiring or taking a break from work when their menopausal symptoms were severe.

Other Australian research has indicated that reproductive stage has no significant association with work engagement, organisational commitment, job satisfaction, work limitations and perceived supervisor support. However, postmenopausal women had lower intention to leave their organisations than pre- and peri-menopausal women (Hickey et al 2017).

Australian women currently retire 10.9 years before their average intended retirement age and 5.3 years earlier than men's average retirement age. Additionally, the Workplace Gender Equality Agency Employer Census data shows that Australian women have 22.8 per cent less in average earnings in comparison to Australian men (WGEA 2022). This is particularly concerning given that women's life expectancy is more than four years higher than men (ABS 2022).

Beyond personal financial impacts, women's exit from the workforce due to menopause has wider implications. Women's premature retirement burdens businesses with direct costs of recruitment, interview and selection processes to fill roles, and indirect costs to productivity, further exacerbated by loss of talent and knowledge.

Some studies suggest that menopausal women can derive non-financial benefits to continued workforce participation. This includes increased self-confidence and supportive social networks which can help mitigate psychological menopause symptoms (Im & Meleis 2001, in Atkinson et al. 2020). Enabling older women to remain in the workforce for longer stands to benefit employers and employees alike.

Jean Hailes for Women's Health (Jean Hailes) released a report on *The Impact of symptoms attributed to menopause by Australian Women*<sup>5</sup> (12 October 2023), co-authored with the Australasian Menopause Society and the Women's Health Research Program at Monash University. The report was based on a nationally representative, random sample of Australian women and found that women's experiences of symptoms, that they attributed to menopause, are broadly consistent with published studies. However, the proportion of Australian women missing days of work (7% of mid-life women), or taking leave or an extended break (17% reported an extended break in the last 5 years), was lower than some estimates being used to model and address the impact of menopause in the workplace. The report also found that one quarter of mid-life women (45-64 years) reported no substantial impact on their daily lives from symptoms they attribute to menopause, and an equal number reported a substantial impact. The broader survey found that other health issues like pelvic pain and menstrual problems affected more adult Australian women overall, and other health issues affected mid-life (45-64) women similarly, with the exception of a worse impact of menopause on women's mental and emotional wellbeing.

*International research on workforce participation - UK*

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<sup>4</sup> [ABS, Retirement and Retirement Intentions, Australia 2020-21, Table 3: Characteristics of retirees](#), 2023

<sup>5</sup> <https://www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women>

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Recent UK literature has indicated almost one million women have retired due to menopause symptoms and that 23 per cent of women who have been unwell due to menopause have retired (Chartered Institute of Personnel Development 2019; 50 Plus Choices Employer Taskforce 2021; Women and Equalities Committee 2022).

Other studies with a UK population sample have looked at the impact of menopause-associated symptoms and severity on workforce participation. The employment rate of women in their 50s was reduced by 0.5 per cent with each additional symptom experienced, and each additional 'bothersome' symptom reducing employment rate by 2 per cent. Early menopause, before the age of 45 years, reduced employment rate by 9 per cent. Note that this study estimated 'causal' impact, and menopause-associated symptoms that were investigated may be due to other changes not directly linked with menopause (Bryson et al 2022).

Some studies from the UK have suggested more ambiguous or at least limited effects on other work-related outcomes. One research project found no difference between pre, peri, and postmenopausal women with respect to work absence, job performance, turnover intention, and intention to leave the labour force. While hot-flushes were not associated with work outcomes, experiencing these specifically at work was associated with greater intention to leave (Hardy et al 2018).

On 18 October 2023, the UK Department for Work and Pensions released a report<sup>6</sup> from the UK Government's Menopause Champion, Helen Tomlinson, outlining guidance to help recruit, support and retain women experiencing menopause.

### *United States*

An April 2023 study by the Mayo Clinic<sup>7</sup> has estimated that menopause costs employers in the United States at least \$27 billion per year, through sick days and healthcare costs associated with menopause symptoms. It estimated USD1.8 billion (AUD2.87 billion) in lost earnings for American women per year.

In June 2023, the Bank of America published the report *Break through the Stigma: Menopause in the Workplace*<sup>8</sup>, which they developed in partnership with the US National Menopause Foundation. The report revealed that over half of peri- and post-menopausal women (51%) reported menopause had negatively impacted their work life. It also found that employers were more than twice as likely as female employees to have a positive perception of their company culture and workplace policies around menopause. It noted that twenty per cent of the workforce is in peri-menopause or menopause.

In November 2023, the Biden administration announced the White House Initiative on Women's Health Research<sup>9</sup>, the first-ever federal mandate to close the gender gap in medical research. In December 2023, Congresswomen Clarke and Lesko, in collaboration with non-profit organisation Let's Talk Menopause, presented the Menopause Research and Equity Act (2023) to Congress. The aim of the bill is to require the US Government's medical research agency, the National Institutes of Health (NIH), to convene a multidisciplinary team of health professionals to assess the status of menopause research in particular, and recommend future studies.

### *Canada*

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<sup>6</sup> *No Time to Step Back: the UK Government's Menopause Employment Champion*, October 2023: <https://www.gov.uk/government/publications/no-time-to-step-back-the-governments-menopause-employment-champion>, accessed 12 January 2024.

<sup>7</sup> [https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4097\\_proof.pdf](https://www.mayoclinicproceedings.org/pb-assets/Health%20Advance/journals/jmcp/JMCP4097_proof.pdf)

<sup>8</sup> [https://business.bofa.com/content/dam/flagship/workplace-benefits/id20\\_0905/documents/BofA\\_Lifestage-Report.pdf](https://business.bofa.com/content/dam/flagship/workplace-benefits/id20_0905/documents/BofA_Lifestage-Report.pdf)

<sup>9</sup> <https://www.whitehouse.gov/briefing-room/statements-releases/2023/11/13/fact-sheet-president-joe-biden-to-announce-first-ever-white-house-initiative-on-womens-health-research-an-effort-led-by-first-lady-jill-biden-and-the-white-house-gender-policy-council/>

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On 16 October, the Menopause Foundation of Canada (MFC) released a report by Deloitte Canada on the impacts of menopause on women's workplace participation, which found that unmanaged symptoms of menopause cost the Canadian economy an estimated CAD3.5 billion per year (equivalent to AUD3.99 billion). This equates to an annual cost to employers of CAD237 million in lost productivity and a cost of CAD3.3 billion (AUD3.81 billion) for women in lost income.

Other findings from the report highlight that most of the women surveyed were experiencing multiple menopause symptoms but felt unprepared for its impacts; felt it affected their performance at work and didn't feel comfortable or supported to discuss and manage their symptoms in the workplace.

### *Ireland*

The Irish Menopause Hub clinic conducted a survey of more than 2,800 Irish women aged between 35 and 64, which found that most of the women surveyed were experiencing menopause symptoms, but felt under-prepared for its impacts. Women felt there was a stigma around menopause at work, and government/employers needed to do more to support women in the workplace. In addition, over half of women were concerned that menopause symptoms were affecting their long-term relationships.

## Menopause interest

### ***Domestic – Australia***

#### *Unions*

Australian unions are focussed on menopause as a workplace issue. An alliance of the Australian Workers Union, Transport Workers Union, United Workers Union and the Rail, Tram and Bus Union undertook a 2023 national campaign for dedicated menopause and menstrual leave to be defined and permitted under the Fair Work Act.

#### *Private sector*

In the private sector, some Australian employers have started implementing menopause policies. Understanding of how Australian workplaces are implementing accommodations for menopausal staff remains limited and is often only presented through individual case studies, such as Future Super.

Future Super provides six days of menstrual and menopause leave, in addition to existing leave entitlements. Future Super is also addressing structural factors which contribute to gendered inequality in lifetime earnings, taking into account how women are often in lower ranking and paying roles, take time away from careers for parenting, engage in part-time work or transition to part-time work upon returning to employment after parental leave.

Future Super pays its employees earning less than \$80,000 per annum a higher superannuation rate, offers payment of superannuation at the full amount for up to 12 months when an employee utilises long-term parental leave, and pays all part-time staff with caring responsibilities the full superannuation rate. As a result, Future Super claims their internal gender pay gap has reduced from 25 per cent to approximately 5 per cent.

#### *State and Territory Governments (NSW, Victoria, ACT)*

Australian state and territory governments have started to address menopause as an underrepresented topic in healthcare and employment. The NSW Government has invested \$37.35 million over four years (2023-24 to 2026-27) for the delivery of a network of menopause services. This includes four menopause hubs and 12 referral sites across NSW. The NSW State Budget 2023-2024 allocated an additional \$34.3 million to Women's Health Centres over the next four years. There are 20 Women's Health Centres across NSW that provide holistic and woman-centred primary health care such as counselling, health



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promotion and education services to meet local needs. The NSW Government is delivering a state-wide awareness campaign which includes a digital 'Menopause Toolkit', with resources on symptoms, navigating menopause at work, and information for partners and family members of those experiencing menopause.

The Victorian Government has committed \$71 million for women's health, including \$58 million to build 20 women's health clinics to offer women support for menopause and other reproductive health issues. To begin addressing the full scope of the burden women face, in November 2022 the Victorian Government opened a dedicated women's mental health care facility, the Health, Education, Research (HER) Centre. The HER Centre will also research and provide treatment and education on a number of conditions, including eating disorders, postpartum depression, complex PTSD, family violence, and menopause.

On 13 October 2022, ACT Member for Yerrabi, Suzanne Orr MP successfully passed a motion in the ACT Legislative Assembly to develop with stakeholders a public health awareness campaign on women's reproductive health and implement a menstruation and menopause policy in the ACT Public Service<sup>10</sup>. The motion also included a requirement for the ACT Government to report on potential processes to introduce menstruation and menopause leave in the ACT Public Service by May 2023. Ms Orr moved another successful motion on 21 March 2023 for the Minister for Women to report to the Legislative Assembly, no later than the second last sitting period of 2023, on the supports the ACT Government provides to support people who are menstruating or experiencing menopause<sup>11</sup>.

### Commonwealth Government

The National Women's Health Strategy 2020-2023, which includes support for women for menopause through training for health care providers, also acknowledges the need for research into menopause and its impact on women's work decisions and economic security. Assistant Minister for Health and Aged Care, Ged Kearney (2022) explains, '[i]t's really important that we continue to invest in tools and resources to improve women's access to quality care.' As part of this commitment, Health has dedicated National Health and Medical Research Council (NHMRC) funding of over \$1 million to developing 'MenoPROMPT', a menopause assessment tool for women and GPs to improve perimenopause and post-menopause care.

### **International**

#### *United Kingdom (UK)*

The UK, having hosted research that linked and quantified menopause and women's early retirement (Chartered Institute of Personnel Development 2019; 50 Plus Choices Employer Taskforce 2021; Women and Equalities Committee 2022), is experiencing increased attention on menopause and potential responses throughout government, industry and society.

The UK Parliament's Women and Equalities Committee held an inquiry and produced a report on menopause and the workplace in 2022. This report detailed requirements and recommendations for government efforts and policy changes targeting legal and workplace reforms and changes to the health system. The Committee required the government to begin consulting in 2022 on how best to introduce menopause as a protected characteristic in discrimination legislation. Other recommendations included:

- a widespread public health awareness campaign;
- the appointment of a Menopause Ambassador with responsibility to promote best-practice for workplace supports and report on progress;

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<sup>10</sup> [https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0011/2090468/MoP062F2.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0011/2090468/MoP062F2.pdf)

<sup>11</sup> [https://www.parliament.act.gov.au/\\_data/assets/pdf\\_file/0019/2195002/MoP075F.pdf](https://www.parliament.act.gov.au/_data/assets/pdf_file/0019/2195002/MoP075F.pdf)



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- additional mandatory training for doctors and targets to have specialised clinical experts in every Clinical Commissioning Group area;
- removal of dual prescription charges for oestrogen and progesterone;
- a pilot programme among a number of public sector employers to trial menopause leave.

However, the UK Government rejected five of the total 12 recommendations, including the public sector menopause leave pilot, as well as the introduction of 'menopause' as a protected characteristic to the Equality Act 2010. The reasoning was that 'unintended consequences which may inadvertently create new forms of discrimination, for example, discrimination risks towards men suffering from long-term medical conditions' (Women and Equalities Committee 2023, p. 15, pp. 18-19).

The UK has also seen public and private workplaces independently implement changes to increase menopause support. National Health Service (NHS) Wales introduced a targeted menopause policy in 2018, as has the West Midlands Police and the Sherwood Forests Hospitals Trust. The UK Civil Service signed the Menopause Workplace Pledge, led by the charity, Wellbeing of Women, to commit to recognising the impact of menopause on its employees and to support those experiencing symptoms.

The proportion of employers providing menopause supports, including changes such as flexible start times, desk fans and comfort breaks, has more than doubled since 2019.

## Gaps in Research

This OFW desk review has identified gaps in existing menopause research. There is an absence of research linking menopause and workforce participation decisions - including retirement, use of unpaid leave to manage symptoms, transition from full-time work to part-time work and the impact on career progression and promotion. The impact of menopause on workforce participation and career decisions is not quantified in its effect on the gendered disparity in lifetime earnings and superannuation savings.

Though gender bias is thought to impact resource allocation for women's health overall, despite the significance of medical burden, menopause remains under-researched compared to other issues relating to women's reproductive health. According to the Research Data Australia website, "menopause" receives approximately one-tenth of research focus allocated to "pregnancy". While not all women will become pregnant, menopause is guaranteed to affect all people with female reproductive systems who live long enough to experience onset of symptoms.

### ***Menopause accommodations***

There is a significant research gap in understanding how women in insecure work experience and manage menopause in Australian workplace settings. Women are more likely than men to engage in part-time and casual work. Women engaging in insecure work are less likely to have access to bargaining power and rights such as paid leave, which is especially concerning considering menopausal symptoms are exacerbated by unsupportive workplaces (Atkinson et al. 2020).

Current research does not address how insecure workplaces can best implement workplace menopause supports. Existing guides, like those by Jean Hailes (2019), recommend workplaces provide desk fans, rest breaks, cold water, and encourage employees to speak to managers and health professionals. It is also not generally known how or how often workplaces across Australia use guides and implement accommodations for menopausal employees.

### ***Employment type and background***

Women from migrant and refugee background are more likely to take part in the gig economy than in more secure forms of employment, due to factors such as lack of recognition of overseas qualifications, lower levels of proficiency in English and time needed for cultural caring practices. Recent migrant women

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are employed full-time at a rate of 63 per cent, considerably lower than recent migrant men, who experience full-time employment at a rate of 90 per cent (ABS 2019).

Aboriginal and Torres Strait Islander peoples are another group more likely to engage in insecure work. Additionally, Aboriginal and Torres Strait Islander women have a workforce participation rate of 51.5 per cent, lower than the rate for Aboriginal and Torres Strait Islander men, which is 65 per cent (ABS 2016).

The relationship between menopause and factors of employment type, economic security and poverty would benefit from becoming a research focus in Australia, due to existing concerns in similar jurisdictions. Between May 2021 and October 2022, 500,000 more women in the UK began receiving hormone replacement therapy (HRT) to help manage menopause symptoms. Examination of this data indicated that use of HRT doubled in the richest areas of the UK, while only half as many women from lower socio-economic areas received options for HRT treatment.

***Aboriginal and Torres Strait Islander women***

The majority of existing research has been conducted with a biological and medical humanities lens to study menopause symptoms. There is less research linking cohorts' experiences of menopause with their workforce participation. Much research conducted since the 1990s demonstrates how compounding biological, social, psychological and cultural factors underpin the significant variation in how women approach and experience the menopausal transition.

In the few existing studies of Aboriginal and Torres Strait Islanders and menopause, women from specific communities have been shown to experience menopause symptoms differently to non-Indigenous Australian women. However, results cannot be generalised to the wider Aboriginal and Torres Strait Islander population, indicating the specific need for further research into the understanding, experiences and management of menopause by Aboriginal and Torres Strait Islander women.

Biological factors impact how Aboriginal and Torres Strait Islander women experience menopause. Specific populations of Indigenous women were found to not experience the protective effect of pre-menopausal oestrogen production levels against cardiovascular disease, otherwise found in pre-menopausal non-Indigenous women.

Reproductive factors, including lower average age at birth of first child, higher rates of average child per parent, and use of less effective methods of contraception could potentially explain why Indigenous women experience menopause differently to non-Indigenous Australian women.

Aboriginal and Torres Strait Islander women also experience specific social determinants of health, including higher unemployment and lower educational attainment, as well as a higher rate of stressful life events that contribute to increased symptom reporting and lower average-onset age for menopause than non-Indigenous counterparts.

Language as a cultural factor is particularly important in impacting how women experience menopause around the world. Yet, Aboriginal and Torres Strait Islander women's experiences of menopause and the language they use to communicate this remains underexplored in research in Australia. In one of the few studies conducted, language used by an Aboriginal community in Far North Queensland was found to contain no word that directly translates to 'menopause', and women in rural and remote areas were found to be less likely to have previously heard the term (McKenna 2001, in Jones et al. 2012). This study also found that almost 59 per cent of this community were unaware they would stop menstruating.

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## ***Women with disabilities***

There is little global literature available on the experience of menopause for women with intellectual disabilities,<sup>12</sup> with most literature focused on providing medical insights into onset and symptoms. Existing literature suggests that while physiological experiences of menopause are the same, that the onset of menopause occurs earlier in women with intellectual disabilities and even earlier in women with Down Syndrome, than for women in the general population<sup>13</sup>. It is unclear what evidence is available on the experiences of women with disabilities in the workforce, but this is likely to be limited. Consideration should be given to ensuring that policy responses respond to the specific needs of women with disabilities in the health sector and in the workplace.

## **Next steps**

The workforce participation impact of menopause is part of the policy question of broader reproductive accommodations – including paid parental leave, paid menstruation leave and paid menopause leave. There is a strong interest from the Government to understand the impacts of menopause on women's economic security, evident from the high level of ministerial interest and proactive measures taken by industry groups. This desktop review has found that fundamental evidence is missing and requires further research, in particular:

1. Quantitative and qualitative evidence to establish if, and to what extent, there is a causal relationship between menopause and women's workforce participation, in particular the impact of menopause symptoms on women's decision for early retirement in Australia and subsequent effects on their economic security.
2. The intersectional experiences of women going through menopause and its impact on workforce participation, with consideration of:
  - a. Aboriginal and Torres Strait Islander people's experiences and understandings of menopause, as well as their ways of communicating in language and responding to symptoms.
  - b. Women from migrant, refugee and non-English speaking background and their management of menopause symptoms while engaged in insecure employment.
  - c. Women with disabilities' experiences and understanding of menopause.
3. The use of available resources, guides, workplace policies and accommodations by Australian workplaces and the impact of supports on women's experience of menopause symptoms, including:
  - a. How many Australian employers use menopause workplace resources and provide support for menopausal employees
  - b. The types of menopause supports being used (including desk fans, rest breaks and paid menopause leave) and how these are implemented across workplaces providing different types of employment (full-time, part-time, and casual).

Though the Australian Institute of Health and Welfare does not currently collect any specific menopause data, there is opportunity for existing data collection systems to be used to enable research into the impacts of women's reproductive health issues.

Future research would also allow for the income and superannuation gap associated with women's early retirement to be accurately quantified.

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<sup>12</sup> *Understanding the menopausal experiences of women with intellectual disabilities: A scoping review* (Moore, Reidy, Foran 2023). <https://pubmed.ncbi.nlm.nih.gov/37320860/>

<sup>13</sup> *Learning disabilities and the menopause* (Martin, Kakumani, Martin and Cassidy, 2003). <https://pubmed.ncbi.nlm.nih.gov/12804309>

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