

Issues related to menopause and perimenopause

Submission by the Australian Council of Trade Unions to the
Senate Community Affairs References Committee on issues
related to menopause and perimenopause

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Introduction

About the ACTU

Since its formation in 1927, the ACTU has been the peak trade union body in Australia. It has played the leading role in advocating for, and winning the improvement of working conditions, including on almost every Commonwealth legislative measure concerning employment conditions and trade union regulation. The ACTU has also appeared regularly before the Fair Work Commission and its statutory predecessors, in numerous high-profile test cases, as well as annual national minimum and award wage reviews.

The ACTU is Australia's sole peak body of trade unions, consisting of affiliated unions and State and regional trades and labour councils. There are currently 36 ACTU affiliates who together have over 1.7 million members who are engaged across a broad spectrum of industries and occupations in the public and private sector.

Background

The ACTU welcomes the opportunity to make a submission to the Senate Community Affairs References Committee on issues related to menopause and perimenopause.

The impact on workers of menopause, perimenopause, and reproductive health more broadly is significant, yet still poorly understood and largely taboo in the workplace. Those impacts include reduced wellbeing and economic participation, discrimination, and withdrawal from the labour market, with significant implications for gender equality and women's economic security. As men have traditionally been considered the default worker, the reproductive body and the physiological transitions women go through, including menstruation and menopause, have not been taken into account.¹ There is growing evidence that this failure to recognise the reproductive bodies of workers over the life course (from childbearing and caring years through to menopause) can have significant negative consequences for workers, employers, business, the economy, and gender equality.²

¹ Colussi, S., Hill, E., & Baird, M. (2023). Engendering the right to work in international law: Recognising menstruation and menopause in paid work. *University of Oxford Human Rights Hub Journal*, 5, 1-40.

https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4613359

² Submission of Professor Elizabeth Hill (University of Sydney) and Ms. Sydney Colussi (PhD Candidate, University of Sydney) – Co-convenors of The Body@Work Project to the Senate Community Affairs References Committee on issues related to menopause and perimenopause, p 1.

While menopause and perimenopause have historically been regarded as issues that solely affect women, the ACTU's submission recognises and affirms that these physiological transitions are also experienced by gender diverse workers, including trans men, non-binary and intersex workers.³ Accordingly, the ACTU's recommendations are inclusive of all affected workers.

Our submission will respond to the terms of reference of the Inquiry regarding (a) the economic consequences of menopause and perimenopause; and (g) the level of awareness amongst employers and workers, and the awareness, availability and usage of workplace supports.

A number of the ACTU's affiliates have done significant work on issues relating to menopause and reproductive health more broadly, which will be outlined in this submission. This includes:

- Surveying members on the issue
- Bargaining for reproductive leave and workplace adjustments
- Developing materials and resources
- Undertaking/commissioning research

The ACTU also included questions regarding menstruation and menopause in its 2023 'Work Shouldn't Hurt' Survey, the results of which are summarised below.

Summary of ACTU Recommendations

Recommendation 1 – the government should invest in research to better understand the impact of reproductive health on women's participation in the workforce, the effectiveness of workplace supports, the extent to which women reduce or end their workforce participation due to menopause, and the economic impact of that to them and the economy.

Recommendation 2 - The government should consider funding a public education campaign to increase the understanding of the range of symptoms of menopause and the impact they have on those who experience them, including through unions and employer organisations.

Recommendation 3 - Include reproductive health as a reason that workers can request flexible work arrangements under s65 of the Fair Work Act.

³ Consistent with the federal government's [Australian Government Guidelines on the Recognition of Sex and Gender](#); the Australian Bureau of Statistics' [Standard for Sex, Gender, Variations of Sex Characteristics and Sexual Orientation Variables](#) and contemporary anti-discrimination legislation.

Recommendation 4 – Include reproductive health as a protected attribute in anti-discrimination law, including in the Fair Work Act provisions.

Recommendation 5 – Develop a Regulation and Code of Practice under model WHS laws regarding reproductive health.

Existing Research and Data

There is currently little research and data available in the Australian context about the impact of menopause and perimenopause on workers, and the associated economic consequences.

However, there is nonetheless a growing body of research evidence on poor workplace supports for reproductive health (including menstruation, fertility treatment, pregnancy loss and menopause), showing that inadequate support for these reproductive concerns contributes to inequality and gendered disadvantage at work, with some women reporting reduced wellbeing and economic participation, discrimination and withdrawal from the labour market, with significant impacts for gender equality and women’s economic security.⁴ A failure by employers to recognise and accommodate menopause in the workplace can result in:

- Reduced job satisfaction, productivity and retention which can contribute to feelings of disengagement with work;⁵
- Increasing the likelihood of women reducing their hours of work, leaving management roles, or retiring early at a time when they are at the peak of their experience and earning potential;⁶
- Poor workplace conditions (such as poor ventilation, temperature control and lack of managerial support) which may impact the wellbeing and labour force participation of menopausal workers;⁷
- Workers experiencing stigma, negative gender stereotypes and ageism related to menopause, with research showing women are often hesitant to disclose their

⁴ Colussi, S., Hill, E. and Baird, M. (2024) ‘Reproductive policies: An expanding approach to work and care’ in M. Baird, E. Hill, and S. Colussi (eds) *At a Turning Point: Work, Care and Family Policies in Australia* (Sydney University Press, 2024) p 20.

⁵ Colussi, S., Hill, E. and Baird, M. (2023) “Engendering the right to work in international law” p. 18.

⁶ British Medical Association, *Challenging the Culture on Menopause for Working Doctors* (2020); Gavin Jack et al, *Women, Work and the Menopause: Releasing the Potential of Older Professional Women* (La Trobe University, September 2014) 1, 3–4.

⁷ Emily Bariola et al, ‘Employment Conditions and Work-Related Stressors are Associated with Menopausal Symptom Reporting among Perimenopausal and Postmenopausal Women’ (2017) 24(3) *Menopause* 247.

menopausal status and request workplace support due to feelings of embarrassment and fear of discrimination.⁸ For example, a 2021 study found that although 83% of women experiencing menopause were affected at work, 70% felt uncomfortable speaking with their manager about it.⁹

Recent studies in the UK have found that up to a quarter of menopausal women will experience debilitating symptoms that for some leads to long-term absences from work and for others forces them out of the workplace entirely.¹⁰ In Australia, the Federal Government has estimated that 28% of menopausal women will have symptoms severe enough to impact their participation in the workforce.¹¹

This aligns with ABS data showing that 26.8% of working women retire under the age of 55.¹² This is despite women in the 45-54 age group typically intending to retire at the average age of 64 years, with men intending to retire at age 65. The actual average retirement age for women is 52.1, and 59.5 for men.¹³ Women are retiring seven years before men on average, and 12 years before their desired age of retirement.

For female retirees under 55, 44.9% say their reason for ceasing work was their own sickness, injury or disability. This drops to 23.7% of women aged 55-59, and 16.6% of women aged 60-64. The total number of female retirees in each age group is broadly similar. A difference of 21.2% in otherwise identical cohorts points to significant health issues for under 55 year old women driving retirement well ahead of when they intended.¹⁴

A 2021 survey of over 700 Australian women found that 83% of respondents said their work was negatively affected by menopause. Almost half of participants considered retiring or taking a break from work when their menopausal symptoms were severe, with 28% taking leave.¹⁵ 42% of

⁸ Vanessa Beck, Jo Brewis and Andrea Davies, 'The Post-Re/Productive: Researching the Menopause' (2018) 7(3) *Journal of Organizational Ethnography* 247, 252; Kathleen Riach and Gavin Jack, 'Women's Health in/and Work: Menopause as an Intersectional Experience' (2021) 18 *International Journal of Environmental Research and Public Health* 1.

⁹ Circle In. (2021). Driving the change: Menopause and the workplace. <https://circlein.com/research-and-guides/menopause-at-work/>

¹⁰ Menopause is forcing women to retire early, government adviser warns" <https://tinyurl.com/3sku68ru> and "Quarter of women with serious menopause symptoms have left jobs, study finds" <https://tinyurl.com/yktj6bu8>

¹¹ Federal Budget Women's Budget Statement, October 2022

¹² Australian Institute of Superannuation Trustees. (2023). 2023-24 Pre-budget Submission to the Assistant Treasurer and Minister for Financial Services. <https://consult.treasury.gov.au/pre-budget-submissions/2023-24/view/689>; ABS Retirement and Retirement Intentions, Australia <https://tinyurl.com/24enn27k>

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Circle In. (2021). Driving the change: Menopause and the workplace. <https://circlein.com/research-and-guides/menopause-at-work/>

women who considered this option and didn't take leave cited financial reasons as a major barrier.¹⁶ Only 3% felt they had received 'excellent' support from their workplace during menopause, with 60% saying the support was 'poor' or 'below average.' 70% said they did not feel comfortable talking to their manager about their needs, with 53% saying their manager's awareness would have been a great support to them during this time.

Reproductive health issues clearly have the potential to have significant impacts for the gender pay gap and the retirement income gap. Menopause often affects workers when they are at the peak of their careers, when they are in senior roles or about to progress into those roles. However their experience of menopause may cause them to leave senior roles, reduce their hours, not progress further in their careers, be overlooked for promotions or projects, or retire early. It also often affects workers after they have used up most of their personal leave entitlements to take care of children or ageing parents, and may not have much left to take care of their own health.

It also impacts workers in casual and insecure work, those in low paid jobs, those who may be working across several employers to make ends meet, and those who work in industries with physically demanding or unsafe working conditions, or which have not had historically had effective access to bargaining to win better working conditions. The addition of dealing with challenging menopausal symptoms in jobs and industries where there are already multiple challenges for older women workers forces women to reduce work or leave entirely. A UK survey found that a significant number of healthcare workers had reduced their hours, left management roles, or considered early retirement due to menopause¹⁷, and the HSU reports a similar phenomenon in Australia.¹⁸ Another study observed that menopausal women in casual work appeared to be more frequently and more severely affected by musculoskeletal symptoms than those in comparable secure work.¹⁹

The AIST has estimated that menopause may cost women in the 50-54 age group more than \$15 billion per year in lost earnings and superannuation for every year of early retirement.²⁰ This

¹⁶ Ibid.

¹⁷ British Medical Association (2022), Challenging the culture on menopause for working doctors report, <https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/gender-equality-in-medicine/challenging-the-culture-on-menopause-for-working-doctors-report>

¹⁸ Submission of the Health Services Union to the Senate Community Affairs References Committee on issues related to menopause and perimenopause, p 6.

¹⁹ Yoeli H, Macnaughton J, McLusky S, 'Menopausal symptoms and work: a narrative review of women's experiences in casual, informal, or precarious jobs', *Maturita*, vol. 150 2021, <https://pubmed.ncbi.nlm.nih.gov/34219903/>.

²⁰ Australian Institute of Superannuation Trustees. (2023). 2023-24 Pre-budget Submission to the Assistant Treasurer and Minister for Financial Services. <https://consult.treasury.gov.au/pre-budget-submissions/2023-24/view/689>, page 25.

amounts to a combined shortfall of over \$112.2 billion in foregone earnings due to early retirement (7.4 years).²¹ There is a clear need for more research and data about the impact of reproductive health on workers, workforce participation, and the resulting economic consequences. The need for greater research generally into women's health at work was acknowledged by the Senate Community Affairs References Committee in a 2023 report²², where it recommended that the Government consider commissioning research and policy responses on the impact of reproductive health on women's participation in the workforce and the adequacy of existing leave entitlements under the National Employment Standards (Recommendation 36). We concur with this recommendation and the need to look at reproductive health broadly, including the impact of menstruation, perimenopause and menopause on workers and women's participation in the workforce.

To begin to address this, the ABS should start collecting baseline data about the extent and impact of menopause on workers, perhaps as part of its Multipurpose Household Survey within the Labour Force Survey. Deeper research into the impact upon women should be conducted and examine the impact on reproductive health on women and work including:

1. the effectiveness of workplace support to address those impacts
2. the extent to which women reduce or end their participation in work as a result; and
3. the economic impact on women and the economy more generally.

The Government could task the Behavioural Economics Team (BETA) of the Australian Government or commission external researchers to do this.

Recommendation 1 – the government should invest in research to better understand the impact of reproductive health on women's participation in the workforce, the effectiveness of workplace supports, the extent to which women reduce or end their workforce participation due to menopause, and the economic impact of that to them and the economy.

²¹ Ibid.

²² Senate Community Affairs References Committee (May 2023), [Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia \(aph.gov.au\)](#), Recommendation 36.

Impact on Workers – Recent Union Research and Data

A number of unions have started to survey their members in relation to menopause, perimenopause, menstruation, and other reproductive health issues. Some of these are summarised below, and the ACTU is aware that a number of unions intend to survey their members in the near future. These survey results are particularly useful given the lack of information and data generally about the impact of menopause, perimenopause and menstruation on Australian workers, and highlight some common themes.

ACTU Work Shouldn't Hurt Survey

Work Shouldn't Hurt (WSH) is an annual, quantitative, longitudinal tracking program for Work Health and Safety (WHS)/Occupational Health and Safety (OHS), conducted by the ACTU Centre for Health and Safety. The third wave of surveys was conducted in May - June 2023. An external panel was used to survey a broadly representative sample of Australian workers, with quotas for age, gender, and state. There were 3,043 respondents who completed the survey in 2023.²³

In 2023, two questions about menopause and menstruation symptoms and their impact on work were added to the WSH survey. There were 1483 respondents who answered this question, 1474 of whom identified as female, and 9 who identified as own identity/nonbinary. Respondents were asked whether they experienced menopause or menstrual symptoms that affected their work. 55% of respondents said their symptoms didn't affect their work, or the question was not applicable to them. The most common symptoms that workers said were affecting their work were tiredness and fatigue (35%), feeling more stressed (25%) and less able to concentrate/brain fog (24%). These symptoms were highest for the 50-59 age group – with 54%, 37% and 39% of respondents experiencing those symptoms respectively.

Other symptoms affecting work included being less confident in their abilities (16%); less able to carry out physical duties (14%), and experiencing uncomfortable air temperature at work (19%).²⁴

Respondents were asked whether any changes were offered or made to assist with dealing with menopausal or menstrual symptoms. 17% reported changes to work schedules (eg flexible work, reduced hours, working from home or a different site), 15% reported changes to the work environment (eg fans, increased amenity breaks, access to cooler workspaces) and 10%

²³ Work Shouldn't Hurt Report 2023, page 7.

²⁴ Ibid page 43.

reported changes to work duties (eg change to role, uniform requirements). 16% of respondents said that this question wasn't applicable to them, or that no changes were required. Concerningly, 48% said they did not raise the issue or request any changes (48%), and 7% reported that their employer did not allow any changes.²⁵

Given access to toilet facilities is a basic requirement under health and safety laws, it is concerning that 9% of workers reported needing easier access to toilets. This was the only issue that was consistent across the age groups (8% -10% in each age cohort).²⁶

CPSU-PSU Survey

The CPSU-PSU conducted a survey of women and non-binary members in January 2024 regarding perimenopause and menopause. It received 1330 responses, and common themes raised by CPSU-PSU members included workplace and cultural stigma, inadequate understanding and respect, a lack of reasonable adjustments at work, and significant financial penalties.

The CPSU-PSU survey found that the most commonly reported symptoms affecting work included cognitive symptoms (brain fog, memory function, anxiety, low mood, poor concentration); fatigue and exhaustion; problems with temperature regulation; and heavy bleeding and flooding. Experiencing symptoms in workplaces with low awareness of perimenopause and menopause contributed to poor workplace support, including failure to make reasonable adjustments, and in many instances led to lost career opportunities and negative economic impacts.

Most respondents to the survey experienced some negative economic effects. The most common included running down of personal leave, medical costs, reduced hours/pay/promotional opportunities, family strain and relationship breakdown. It was clear from the responses that menopause and perimenopause has many economic impacts, including:

- Interrupted career trajectories
- Reduced workforce participation
- A barrier to career development with symptoms impacting self esteem, mental health, confidence and/or capacity to take on additional challenges and/or apply for promotions

²⁵ Ibid, page 43-44.

²⁶ Ibid page 43.



The FSU conducted a member survey in 2023-24 regarding the impact of menopause and menstruation on finance workers. The FSU survey found that the most commonly reported symptoms affecting work were sleep problems or tiredness, brain fog or problems with recall, mood changes/irritability, and difficulty focusing or concentrating. It was common for workers to express frustration about the lack of general understanding of symptoms of menopause and their debilitating impact. Only 24% of finance workers who had experienced menopausal symptoms at work reported that they had disclosed the impact those symptoms were having on them at work to their line manager. The most common reason for workers disclosing their menopausal status was having a supportive line manager. That leaves 76% of workers who chose not to disclose to their line manager. The most common reasons workers identified for not disclosing their menopausal status was a fear that they would be perceived negatively, that their abilities would be questioned, or that they believed menopause was a private issue they weren't comfortable discussing at work.

FSU Survey

Support at work and a lack of understanding of the symptoms of menopause and perimenopause was mentioned frequently. Survey respondents identified a lack of understanding and respect as contributing to an absence of responsiveness from managers, and many described feeling unsupported. Respondents were asked about workplace adjustments that could assist them in managing their symptoms at work and increase workforce participation. A range of workplace supports were identified, including flexible work, working from home, ability to take additional breaks, uniform flexibility and consultation with staff on uniforms, adjustments to provide thermal comfort (air conditioning, fans, iced water), provision of information and advice, awareness training, and flexibility and understanding from supervisors. Many respondents reported difficulties with accessing reasonable adjustments at work. These included difficulty accessing flexible work or work from home arrangements to manage symptoms, strict rostering not allowing for toilet breaks to manage heavy bleeding or hot flushes, refusal of requests for a desk fan, and unsuitable uniforms which did not provide appropriate thermal comfort.

- Reduced hours and early retirement

More than 35% of respondents said their experience of menopause meant they were more likely to retire early, and 50% said their experience of menopause meant they were less likely to apply for a promotion, which undoubtedly plays a role in the finance industry having one of the largest gender pay gaps in Australia, partly attributable to the lack of women in senior roles.

Respondents were asked about workplace adjustments and initiatives that could assist them in managing their symptoms at work. A range of workplace supports were identified, including flexible work, working from home, flexibility to take short regular breaks, provision of information and advice, and ensuring managers and HR are trained and demonstrate support.

Common themes

Education and awareness

These survey results highlight the importance of increasing education and awareness of the impact that menopause and reproductive health more broadly have on workers. Despite the fact that about half the population will go through menopause and perimenopause, they are not well understood, the symptoms are not well known, and the taboo nature of the subject often means there is a culture of silence and the impact on workers is hidden. Neither workers who experience menopausal symptoms nor their managers are well informed about the breadth of symptoms that can be attributed to menopause and perimenopause.

It is vital that awareness of the impact that menopause has is increased amongst workers and their employers. Stigmas and taboos need to be broken to allow those who are experiencing the menopausal transition to ask for flexibility and to be supported. The government has an opportunity to take the lead in breaking these stigmas and taboos, to provide a nationally led education campaign which will in turn encourage employers to provide education and support to their workforces.

Recommendation 2 - The government should consider funding a public education campaign to increase the understanding of the range of symptoms of menopause and the impact they have on those who experience them, including through unions and employer organisations.

Workplace supports

The survey results highlight that for many workers, menopausal symptoms negatively impact on their ability to work, which has many implications such as disengagement, reduction of hours, leaving or not pursuing senior roles, and early retirement. This is despite the fact that menopausal workers are generally highly skilled and experienced, and that many symptoms can

be managed effectively through the making of reasonable adjustments and access to flexible working arrangements.

Menstruation, perimenopause and menopause are standard life events for women workers. They should not be treated as illnesses, but rather employers and workplace laws and policies should ensure that all workers who experience menstruation, perimenopause and menopause are safe and healthy at work, and are able to keep working, contributing and progressing in their careers. An active and holistic approach needs to be taken to providing workplace supports and adjustments and to build awareness to normalise menstruation, perimenopause and menopause.

The survey results identify a range of workplace supports that are helpful to workers experiencing symptoms of menstruation, perimenopause and menopause that impact their work. One of the most common supports identified was access to flexible work and working from home arrangements. Accordingly, we recommend that the circumstances in which an employee can make a request for flexible working arrangements ought to be extended to employees experiencing reproductive health symptoms or concerns.

Recommendation 3 - Include reproductive health as a reason that workers can request flexible work arrangements under s65 of the Fair Work Act.

Discrimination and fear of speaking up

The survey results identify that many workers are reluctant to speak about their experience of menstruation, menopause and perimenopause in the workplace, due to stigma, embarrassment, the taboo nature of these issues, the lack of support, understanding and respect from employers, and fear of the consequences of doing so (for example being perceived negatively, having their abilities or commitment to work questioned, fear of encouraging further sexism or ageism in the workplace, or being otherwise discriminated against).

The survey results also highlighted the difficulties workers face in accessing reasonable adjustments at work. Some workers described workplace practices which could constitute indirect discrimination against menopausal workers, such as unsuitable uniforms which do not provide thermal comfort, and strict rostering that does not allow for toilet breaks to manage heavy bleeding or hot flushes.

Anti-discrimination laws should ensure that workers are not discriminated against on the basis of their reproductive health. The addition of reproductive health as a standalone protected attribute in anti-discrimination legislation would also assist in bringing about the cultural shift required in

many workplaces to ensure workers receive the support and workplace accommodations that they require.

Recommendation 4 – Include reproductive health as a protected attribute in anti-discrimination laws, including in the Fair Work Act anti-discrimination provisions.

Work Health and Safety

Employers have an obligation to ensure work conditions and environments must not adversely impact workers' health and safety, but there is a lack of specific guidance regarding reproductive health under model work health and safety laws. Given the importance of workplace adjustments and supports to help workers manage their reproductive health and associated symptoms, a Regulation and Code of Practice should be developed which detail the specific health and safety hazards and risks that can arise in relation to reproductive health, including menstruation and menopause. This should include the provision of and access to appropriate facilities, equipment and reasonable control measures and adjustments to ensure workers experiencing menstruation, perimenopause and menopause can work in a healthy and safe way.

Recommendation 5 – Develop a Regulation and Code of Practice under model WHS laws regarding reproductive health.

Union Responses

Reproductive policy emerged as an industrial issue in Australia in the early 2000s when unions brought claims for menstrual leave at the University of Sydney in 2003 and at Toyota Australia in 2005, arguing there was a need for dedicated paid leave because menstruation is not a sickness but 'simply part of being a woman.'²⁷

A number of the ACTU's affiliates have made significant recent progress on these issues through engaging with their members and with employers, bargaining and the development of materials and resources. We provide several detailed examples below, however as an overview:

²⁷ Colussi, S., Hill, E. and Baird, M. (2024) 'Reproductive policies: An expanding approach to work and care' in M. Baird, E. Hill, and S. Colussi (eds) *At a Turning Point: Work, Care and Family Policies in Australia* (Sydney University Press, 2024) pp 21-22.



The FSU has also had success with getting paid leave into agreements and in policy, for example 12 days paid menopause and menstrual leave in the CBUS Enterprise Agreement, paid menopause leave in the Police Bank Enterprise Agreement, and a menopause policy at Aware Super that provides support and paid leave for workers who need it.

The Menopause and Menstrual Policy Framework provides employers with information on the best ways to increase awareness of menopause and provide workplace support. It is being updated with the results of the FSU's 2023-24 research.

The FSU developed a policy framework in 2021 based on available research on Australian and international experiences, and which drew heavily on the experience of finance workers in the UK. In 2023 the FSU conducted its own research (see overview above) on the impact of menopause and perimenopause on finance workers in Australia.

FSU

The HSU has been actively bargaining for reproductive health and wellbeing leave, and flexible work arrangements, since 2020. The HSU Women's Plan, published in 2021, called for 5 days paid reproductive leave which would increase workforce participation, reduce the gender pay gap and the retirement income gap. It also calls for adjustments to working arrangements that assist in accessing treatment or alleviating symptoms associated with reproductive issues. The HSU Women's Plan was updated in March 2024 and now calls for 12 days paid reproductive leave, to reflect the concerns of HSU members that more than 5 days is required. The HSU has won reproductive health and wellbeing clauses in a number of agreements.

HSU

- Numerous affiliates have undertaken other work on this issue, such as surveying their members, developing materials and resources, and undertaking research.
- Many affiliates also advanced claims for flexible work arrangements or other workplace accommodations, such as the right to work from home, flexible working hours, changes to the work environment and access to unpaid leave.
- The quantum of the leave bargained for varied, with the most common claim being put forward being 5 days, 10 days and 12 days.
- Numerous affiliates have included a claim for menstrual/menopause/reproductive leave and/or entitlements in bargaining. About half of affiliates who have included a claim have been successful in winning clauses in agreements.

SDA

The SDA undertook a research project with the University of Sydney on menopause and heat at work in 2022. The resulting Menopause at Work Report²⁸ recommended that allowances be made within the workplace for symptomatic menopausal women to moderate aspects of their thermal environment to achieve thermal comfort. Thermal comfort within indoor environments could be achieved either by allowing symptomatic menopausal women access to cooler workspaces (air conditioned) or where this is not feasible, by providing them with personal cooling systems such as fixed or portable electric fans. Further cooling aids which could assist in indoor environments were combining access to air-conditioned spaces or fans with other personal cooling systems such as cold drinking water, cold gel/ice packs, and misting with cool water.

Queensland Council of Unions

The Queensland Council of Unions (QCU) launched the “It’s for Every Body” campaign in March 2024 to win leave and flexibility entitlements for workers experiencing reproductive health issues (including menstruation, chronic conditions such as endometriosis, managing fertility related issues, breast and prostate screening and perimenopause and menopause). The campaign called for new laws to provide up to 10 days paid reproductive health leave for all workers, in acknowledgement of that fact that reproductive health can affect everybody, at every stage of their working lives, and can have negative impacts on their capacity to work.

In May 2024, the Queensland Government announced it will introduce 10 days paid reproductive health leave for approximately 265,000 Queensland public sector workers by 30 September 2024. Workers with reproductive health issues will also have access to flexible work arrangements.

CPSU-SPSF (Victorian Branch)

CPSU-SPSF (Victorian Branch) recently won a new reproductive health leave clause in the Victoria Public Service Agreement 2024, which will provide 5 days of paid leave to Victoria state government workers. Employees experiencing reproductive health issues can also request workplace supports that prioritise comfort and wellbeing, such as working from home.

²⁸ Jay, O and Carter, S (June 2022) Menopause at Work Report, University of Sydney.

Conclusion

Reproductive health and its impact on gender equality has been the subject of increasing discussion over the last few years, although there is still a concerning lack of research and data in the Australian context. Unions have been actively engaging on these issues and the work they have undertaken has highlighted themes that are consistent with the broader research – including the impact on women’s workforce participation and resulting economic consequences, the lack of understanding and awareness in workplaces, the difficulties workers experience in disclosing these issues and seeking appropriate workplace adjustments and support, and the need for a holistic and active approach to reproductive health to ensure all workers are safe and healthy at work, and can continue to work and progress in their jobs and careers. The recommendations we have made in this submission seek to begin to grapple with these issues, including addressing the lack of research and data, the lack of awareness and education, and some of the gaps in our industrial, anti-discrimination and work health and safety laws.

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