



CPSU Submission to the Inquiry into the issues related to menopause and perimenopause

Community and Public Sector Union (PSU Group)

March 2024

Executive summary

The PSU Group of the Community and Public Sector Union (CPSU) represents workers in the Federal, ACT and NT public sectors, as well as in telecommunications, call centres, employment services, public and commercial broadcasting, the aviation industry, and science and research. We are committed to providing a strong voice for our members on work health and safety, industrial matters, and key public policy and political debates.

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

Noting the broad terms of reference, this submission is focussed on workforce participation and action to support workers experiencing menopause and perimenopause; and to reduce the negative consequences, economic and socio-cultural, of transitioning through perimenopause and menopause.

All women will move through perimenopause and menopause and it is most likely they will be participating in the workforce at the same time and beyond.

In Australia approximately 20% of the workforce are estimated to be experiencing perimenopause or menopause, many of these workers are at the peak of their careers. A recent study found while 83% of women in menopause were affected at work, only 70% felt comfortable speaking to a manager about it

. Many workers are suffering in silence, reducing their hours or changing jobs to manage medical symptoms of menopause and perimenopause because this is an issue that is stigmatised and there is a general lack of workplace understanding and support.

The National Women's Health Strategy 2020-2030

aims to promote workforce participation for older women. The Government has a role to play as a model employer with a majority female workforce in the Australian Public Sector (APS) (61% female, non-binary or other), and with 41% of APS employees aged between 40-54

. The APS will benefit from improved workforce participation of those experiencing menopause and perimenopause and create a pathway for other workplaces to follow.

This submission relies on knowledge and experience of CPSU members, from a survey of women and non-binary CPSU members in January 2024. The survey was designed to be inclusive and accepted responses from members yet to go through, going through, or having passed through perimenopause and/or menopause. The voluntary survey received 1330 responses in two weeks, indicating a strong interest in the intersection of workplace and individuals experiencing perimenopause and/or menopause. 58% of CPSU members identify as women or non-binary.

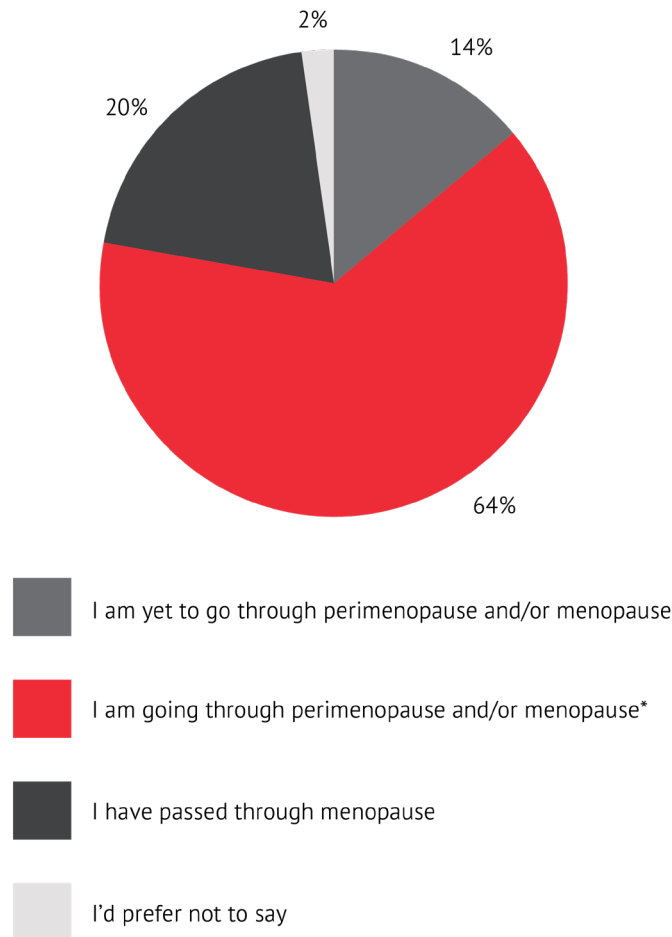
Common themes raised by our members include workplace and cultural stigma around menopause and perimenopause, consequent inadequate understanding and respect, a lack of reasonable adjustments at work - including refusing simple requests for a desk fan or uniform changes, and significant financial penalties associated with menopause and perimenopause, including the high cost of medical treatment, use of leave, and loss of income.

Recommendations

1. The Commonwealth government adopt a principle that workers experiencing perimenopause or menopause should be supported to remain fully employed and to participate fully in their workplace.
2. The Fair Work Act be modified to add menopause and perimenopause as grounds for seeking a flexible work agreement, including working from home.
3. The Australian Public Service Commission to develop a policy for all Commonwealth government workplaces, Australian Public Service (APS) and non-APS agencies, that supports reasonable workplace adjustments and cultural considerations for those experiencing perimenopause or menopause. At a minimum, those supports should include the ability to speak to a woman about workplace adjustments; access to flexible working arrangements, particularly working from home; and consideration for thermal comfort, including consultation on and flexibility with uniforms.
4. The Australian Public Service Commission work with all Commonwealth government workplaces, Australian Public Service (APS) and non-APS agencies, to improve education and awareness for supervisors on the impacts of menopause and perimenopause for workers, including adjustments and supports to maintain salary, employment and workplace contributions. So that, workplace leaders (of all genders) are encouraged to model an informed and empathetic approach to discussions around perimenopause and menopause.

Affect of perimenopause and menopause on workers

About respondents



* Includes premature or early perimenopause and/or menopause, whether triggered medically or spontaneously

While the affect of perimenopause and menopause on workers varies, it is clear it has a significant impact on economic, physical and emotional wellbeing for many.

Symptoms vary, as do the frequency, duration and intensity of symptoms. The CPSU survey found the most commonly reported symptoms affecting work included: cognitive symptoms (brain fog, memory function, anxiety, low mood, poor concentration, emotional lability), fatigue and exhaustion often accompanied by insomnia or poor sleep, problems with temperature regulation (hot flushes), extremely heavy bleeding and flooding (bleeding through period products causing staining of clothes and seats).

Experiencing these symptoms in workplaces with low awareness of perimenopause and menopause on workers contributed to poor workplace support – often in the form of a failure to make reasonable adjustments to the workplace – and in many cases lost career opportunities and negative economic impacts.

“As a high performing leader throughout my career, I found myself suddenly not performing to my usual high level due to insomnia, migraines, fatigue, brain fog, increased anxiety etc. I was either too embarrassed to explain to my line managers what was happening and when I did, even to women, it was indicated that perhaps I should start transitioning to retirement! I went through early perimenopause, so I was actually under 50 years!”

Lost opportunities and the economic impact – opting out

Most respondents experienced some negative economic effects from menopause and perimenopause.

The most cited economic impacts included running down of personal leave – particularly at a time when elder and child caring responsibilities are also often draining leave balances, medical costs (very high medication costs, appointments, treatment, surgery), reduced hours/pay/promotional opportunities, family strain and relationship breakdown. Several responses mentioned that they took hormone medication specifically to lessen the impact of their symptoms in relation to work, and ideally would have preferred not to use medication.

Many respondents described perimenopause and/or menopause as a barrier to further career development with symptoms impacting confidence to take on additional challenges at work.

“I didn’t change jobs but have stopped pursuing a promotion”

“Moving into a less demanding role set me back in my career and the promotional opportunities as a consequence.”

“I stopped doing higher duties at the Executive Level and decided to be satisfied with not progressing past an APS6 level. Executive roles come with an expectation of very long working hours and managing multiple projects and managing staff. To have remained in the role I would have required the ability to take a step back on days where the brain fog was bad - not attend as many meetings, maybe leave a bit early or even have the day off. There are no options to do this at the executive level.”

“It has made me feel much less confident in securing a higher position or another position where I could fully leverage my potential. Despite possessing considerable experience and knowledge gained from various workplaces and previous roles, the challenges associated with perimenopause and menopause have introduced a significant barrier to pursuing career advancement or exploring new opportunities.”

Similarly, respondents identified menopause or perimenopause symptoms as driving consideration of early retirement or reduced hours of work.

“I had been considering early retirement but then went on Hormone Replacement Therapy which cleared up all the symptoms. I understand there is an increased risk of cancer which I’m not happy about, but I need to hold down a job and run a family.”

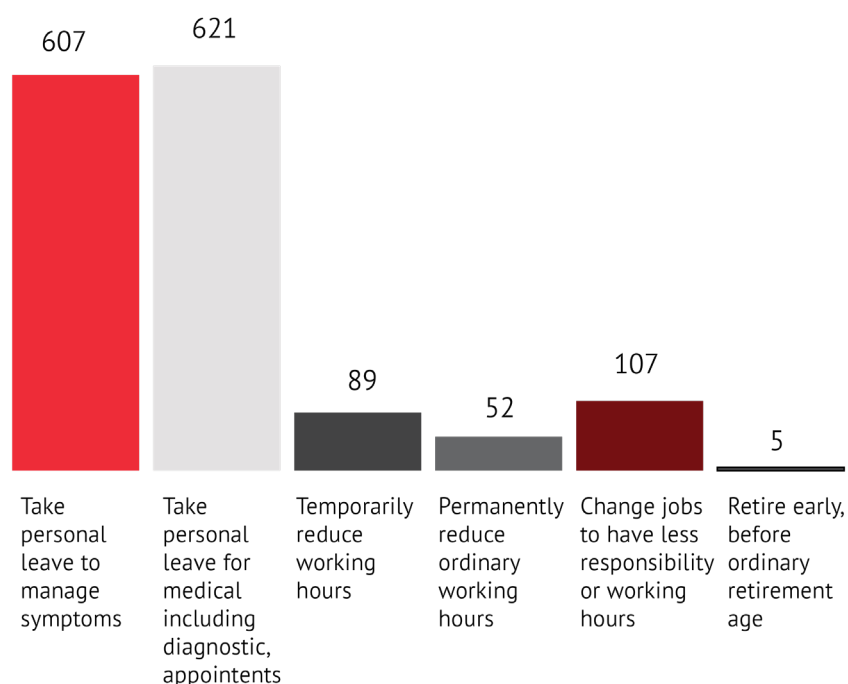
“The only way for me to cope with the fatigue of menopause is to have Wednesdays off so I can rest. I only work 4 days a week now. I would prefer to work full time.”

Affects on self-esteem and mental well-being were frequently mentioned in relation to the economic impact of perimenopause and menopause.

“It has had a huge impact on all parts of my life including work. I recently took my long service leave at half pay to give me time away from work when I was feeling so impacted by my symptoms... It makes me feel frustrated to not be performing at my best and at times I dread going to work as I have always prided myself on being a high performer and I feel deeply disappointed in myself when I struggle to perform at the standard I’m used to. It feels like I’m letting the team down if I can’t manage to complete my share of the work as everyone already works so hard, so I often work longer hours at home that I don’t report on my timesheet to make up for the fact my productivity has dipped.”

Overall, it is clear that many women face economic losses - often because of an interruption to their expected career trajectory – or because they are reducing their workforce participation due to perimenopause or menopause symptoms.

Economic loss as a consequence of perimenopause and/or menopause



Lack of reasonable workplace adjustments to manage symptoms

Compounding the symptoms of menopause and perimenopause, many reported problems arranging reasonable adjustments at work. These ranged from difficulty accessing flexible work hours or work-from-home to manage menopause/perimenopause medical care or symptoms, strict rostering that doesn't allow for toilet breaks to manage heavy bleeding or hot flushes, being told they were not allowed to have a desk fan (there were 221 mentions of fan/s), and unsuitable uniforms which did not allow appropriate thermal comfort.

Respondents identified a lack of understanding and lack of respect as a contributing factor to this absence of responsiveness from managers.

“Pretty sure people thought I was senile because of brain fog and forgetfulness - it affects your working reputation and people tend to respect you less.”

“... menopause should be a legitimate and respected reason to work from home and there should be a list of accommodations that can be approved for working in the office, eg just ask and will be supplied, like a fan or different hours.”

“I find that this transition just adds an extra layer of challenge to managing all aspects of life, for instance having to manage heavier periods while at work, and the biggest impact for me in the workplace, the impact on cognitive efficiency - occasional brain fog, difficulty finding words to complete sentences, night sweats disturbing sleep resulting in being more tired and functioning less effectively.”

“My body has decided not to work properly anymore and I had to continue working as I always had.”

“Acknowledge it as an ordinary event and treat individuals per their situation”

To reverse and minimise economic loss and reduced workforce participation resulting from perimenopause and menopause reasonable workplace adjustments need to be supported and normalised. Workplace policies and training should be implemented that increase the awareness, availability and usage of workplace supports.

The benefits of peer support and informed supervisors

Support at work and a lack of understanding of the symptoms of menopause and perimenopause was mentioned frequently. Many described feeling unsupported, particularly by management. Conversely, those who had informal peer support networks, or were supported by their supervisor, often cited this as important to their more positive experience.

“I was very grateful for the quiet support from my supervisor, who was very patient while we worked through the process over a number of months. Just knowing she had my back was invaluable. In hindsight, being able to work helped me manage the mental health side-effects and I remain grateful for that.”

“I’ve found it very empowering to talk about it, so perhaps there could be a support group for women who are experiencing symptoms.”

“Working in a male dominated environment can be challenging when dealing with women’s issues.... Even when working for a particularly sensitive and good male supervisor, when I mentioned I was having surgery for “women’s issues” he put his hand forward and asked me to stop talking... While I understood, I just felt like it was a bit of a barrier to an open and honest discussion about a health issue that sometimes affected my work availability.”

Increasing manager knowledge and ability to respond with understanding and empathy could significantly improve the experience of perimenopausal and menopausal workers.

Build awareness to improve supportive behaviours

Our members rated their employers and supervisors poorly in relation to their awareness of the symptoms of menopause and perimenopause. They considered their supervisors were more aware than their employer – indicating the importance of informed and sympathetic management in supporting workers. High numbers of members said they are unsure whether their supervisor or employer is aware of perimenopause and menopause symptoms which likely exacerbates the difficulties that many workers have discussing these issues at work and accessing workplace supports.

“I think more awareness of what women experience during menopause or perimenopause and the impact this has on day-to-day life. An understanding would then assist with better planning, and discussing alternatives and/or options available in the workplace.”

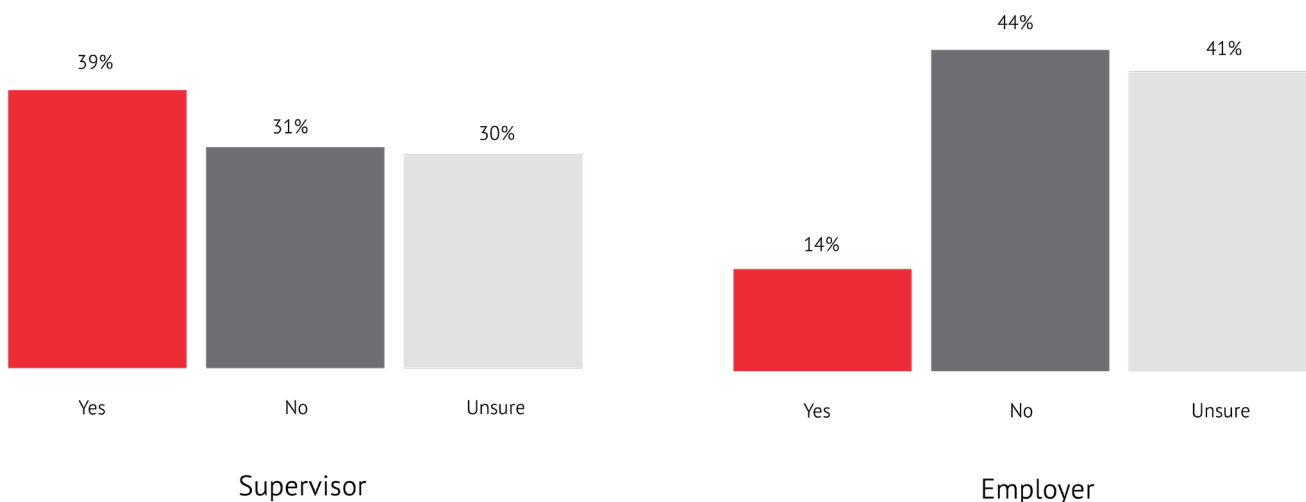
“Every woman is different and this means symptoms are different. However, we have training for everything from LGBTQI, family and domestic violence, diversity etc, it might be good to have some training available that focusses on this topic to bring awareness. I feel that some people think it’s just an ‘excuse’ without fully realising the detrimental impacts this has.”

“Very difficult to express what’s happening and limited understanding from management.”

“I don’t think it’s well understood (or not talked about) and it’s hard to say, ‘I’m feeling very menopausal today and can’t contribute to my full capacity.’”

Given the very low reported rates of awareness of menopause and perimenopause symptoms manager training is warranted.

Do you think your supervisor/employer is aware of the symptoms of menopause and perimenopause?



Cultural factors

Negative perceptions and attitudes around menopause and perimenopause are pervasive in Australian workplaces. It's clear from CPSU members responses to our survey that workplace education is necessary. It's also clear that nuanced engagement is necessary in considering any cultural factors and the intersection of factors that affect how people experience menopause and perimenopause and how they are treated in their workplace.

Education and empathy support cultural factors

Responses from Aboriginal and Torres Strait Islander, CALD and trans members on whether there were any cultural factors that would affect them accessing workplace supports varied – with some indicating they did not face a cultural barrier and others identifying a culture that made it difficult to have discussions around perimenopause and menopause, particularly with men.

“As an Aboriginal woman there are cultural protocols around women’s business which would mean I’d prefer to explain my personal needs with someone who is culturally safe and aware of what this means for my cultural responsibilities as much as they understand what it means for my body and health.”

“Being a TSI woman who has yet to experience perimenopause or menopause I don’t think there would be any cultural factors that would affect me accessing any workplace supports. I think it would be fabulous to have that kind of support.”

Similar differences were reflected in CALD identified responses

“Yes. I am Fiji Indian and at 49 years of age are not allowed to discuss such matters openly”

“I see it as highly personal - I am of CALD background and it’s not something you talk about unless to older or similar aged women and certainly not to men.”

“As a migrant and a woman from a CALD background, it was hard to talk about it and to understand that I need help. My team leader was also a migrant and from the CALD background, but did not understand /empathise. They were of the opinion that we should suck it up or leave.”

The survey was framed to include people assigned female at birth who may experience perimenopause and menopause. Usefully, we had responses from workers who identified specific challenges about raising this in the workplace.

“I’m a transmasculine person and so for me perimenopause/menopause is complicated. It would be difficult to access workplace supports because it would mean outing myself as trans and also it is likely that the wording would be

directed at ‘women’ of which I am not one. So, it’s important that language is inclusive and not gendered.”

Overwhelmingly, respondents related generalised taboos, sexism, and gendered ageism in Australian workplaces which impact and restrict all workers when discussing menopause or perimenopause – particularly in male-dominated workplaces.

“Traditionally this is not something we talk about openly, especially not with males (and not something they want to know about) with many Male leaders it can be very uncomfortable speaking to them about what needs are.”

“The taboo around menopause in the workplace is still very present with both female and male managers treating those suffering very poorly. The taboo about young women such as myself having medically induced menopause symptoms is even worse with requests for support and understanding dismissed resulting in being belittled and made fun of in the workplace.”

Poor workplace behaviours increases stigma

Several workers noted they had heard jokes of derogatory comments about menopause, often from managers. There is significant scope for reducing stigma through increasing awareness and making it clear that derogatory comments are unacceptable in the workplace.

Those who had early or medically-induced menopause often experienced additional difficulty – because it was outside the expected norm, and was often accompanied additional health issues.

“A supervisor was once speaking to us about how hard it is, I told her I’m in early menopause, but I was fobbed off with ‘you’re still young, you seem active’. There is no understanding as menopause is mostly invisible, except for when I’m dripping with sweat.”

“Unfortunately perimenopause came early for me, I’d say starting around the age of 37/38” ... “We had a lot of restructuring going on at work at that time and I think that perimenopause contributed significantly to feelings of insecurity, inadequacy, emotional upset, etc. I feel that during that time I created lasting negative impressions with some of my colleagues and managers.”

“Due to having a hysterectomy at an early age, I went through early menopause. Around the time I did develop depression which I did not connect to going through menopause, at the time.”

Time and again members said they would not raise their perimenopause or menopause with their employer most often because of stigma, embarrassment, or fear of negative consequences or discrimination. This obviously impacts on access to workplace supports

and reasonable adjustments and will require a proactive response from employers to address.

“I was very disappointed to hear some of my senior leaders laughing and joking about the fact we have policy for this at work now.”

“Not even my doctor was willing to put down my perimenopause on my medical documentation to support my work from home arrangement.”

“I’m trying to soldier on - I’m not comfortable discussing it with my manager (who is female and very supportive, but I feel like a sook when most women experience this. Silly, I know!)”

“I work in a male dominated environment and have enough trouble trying to be taken seriously so I would never tell anyone about it at work to avoid appearing weak or unreliable.”

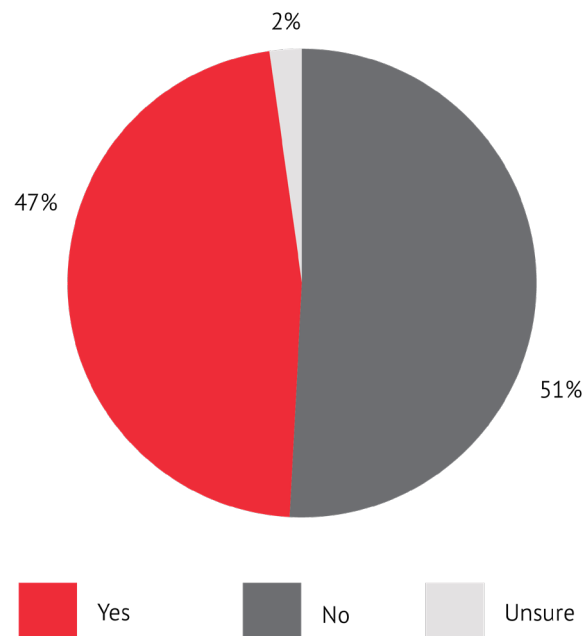
The following experience speaks to the time it can take to work through symptoms of menopause and the benefits of a supportive workforce.

“I am a sole parent, a PhD graduate, and working full time in a demanding role. I found out that I was peri-menopausal a few weeks after my father died.” ... “At home, I was short tempered” ... “At work I experienced difficulty concentrating, “ ... “so requested to work from home. HR advised him [my supervisor] to give me “the benefit of the doubt” due to my normally excellent and long term performance record with my organisation.” ... “My confidence was well below normal for a long time. Without HRT, I doubt I could be working full time or making the contribution that I am now. It took 2 1/2 yrs, but I finally felt able to apply for an internal promotion. Although I did not have high expectations, I was successful and I am now looking forward to the challenge of making new contributions to my organisation and to improving outcomes and opportunities for our clients.”

To reduce stigma, workplace leaders should be encouraged to promote workplace supports, including workplace supports that recognise cultural barriers. One way to do this would be to facilitate a female contact point for leave and flexible work requests related to perimenopause and menopause.

Policy

Does your employer have a policy that mentions menopause and/or perimenopause?



Only 2.2% of respondents said their employer has a policy that mentions menopause and/or perimenopause. Those identified as having a policy included ACT Government, DAFF, DHAC, DISR and CSIRO.

However, feedback on those employers who had a policy was largely neutral or negative, with many concerns that even where there is a policy, a guideline or a mention on the intranet, these were underpromoted, or occasionally seen as token. A policy must be accompanied by concrete support and clear messaging and training for management staff to be viewed positively by staff.

This presents an opportunity for employers to improve workplace supports and their promotion through improved policy.

What would help?

Our members suggested a variety of practical workplace adjustments to manage symptoms such as, brain fog, heavy bleeding or thermal discomfort and increase overall workforce participation. Many made the point that people's experiences varied, and some did not require support at work, so tailored solutions were needed. Their suggestions included:

- flexible work hours,
- work-from-home,
- uniform flexibility, and consultation with staff around uniform changes,
- ability to take additional breaks,
- not monitoring or timing toilet breaks,
- thermal comfort: fans, access to iced water, ability to move to a cooler part of the office,
- treat menopause and perimenopause like other health conditions,
- specific additional leave, many suggested this could encompassed in a broader 'reproductive health and wellbeing leave',
- access to leave for appointments, and access to more leave without a medical certificate,
- flexibility and understanding from supervisors,
- awareness training,
- the ability to speak to a woman about workplace adjustments of leave,
- additional time to prepare for meetings and/or presentations, and
- providing opportunities to have positive discussions around peri/menopause (guest speakers, information sessions, webinars, staff communications, working groups) that breakdown stigmas.

Many respondents mentioned that exercise was an effective way to minimise perimenopausal and menopausal symptoms. Facilitating longer and more frequent breaks during the workday would assist on this front.

Informal peer support networks were mentioned many times. Encouraging or facilitating the establishment of perimenopausal or menopause support groups in workplaces may be an effective way to drive cultural change.

"Thankfully I have women in my current workspace that I can reach out to discuss and share menopausal symptoms with and help each other on ideas on how to alleviate the symptoms. A 'menopause' working group or something similar may be of help to women experiencing menopausal symptoms."

A positive and active approach from managers and employers is necessary. It was clear from a large number of responses that many workers don't ask for help because of stigma, embarrassment, or a concern they'll be viewed as less competent.

"To be honest just a general understanding and empathy without it being specific. Don't want to encourage further sexism or ageism in the workplace."

“It would help if it was recognised as an actual condition that affects your ability to work at full capacity.”

“No support at all. It is completely ignored. It’s like mental health used to be, completely ignored.”

“What would help and what will be tolerated are very different. I would like the men in their 30 - 40s in my workplace to tolerate conversations about the impacts of menopause. This comes from leadership. Have a man deliver face to face messaging about the effects of menopause.”

Managers, of all genders, leading by example and speaking openly and empathetically about menopause and perimenopause, publicising supports and workplace adjustments, would help normalise these conversations and reduce the stigma. To do this the level of knowledge and guidance for managers on available workplace supports must be increased.

Conclusion

All women will move through perimenopause and menopause and it is most likely they will be participating in the workforce at the same time.

“Help them feel comfortable, don’t offer them to take early retirements, so painful to feel that I have expired and no longer can function. Menopause doesn’t stop me from being ambitious. Menopause is not terminal illness it is not the end; its next part of life.”

Workers and workplaces will benefit where employers take an active holistic approach to workplace adjustment, build education and awareness to normalise what is an ordinary aspect of female biology.

Employers should be making decisions that support workers to remain fully employed and to participate fully in their workplace.