

## Submission to the Inquiry into the issues related to Menopause and Perimenopause.

Women in STEMM Australia (WiSA) is a not-for-profit organisation founded in 2014, that is widely recognised nationally and internationally as a leading advocacy organisation in Australia for women in science, technology, engineering, mathematics and medicine (STEMM). Our key purpose is to connect, empower, and advocate for women and girls in STEMM to achieve equality in the Australian workplace. We consider women in STEMM to be those with STEMM qualifications or experience working in and/or enabling STEMM in industry, research, education, and government sectors.

Women of menopause age are the fastest-growing workforce demographic – [by 2030, 25% of the female population will be menopausal](#). Symptoms can result in women leaving the workforce early and not seeking promotion. [Women leaving work prematurely due to the effects of menopause costs Australian companies more than \\$10 billion a year](#). With a STEM skills shortage, the retention of experienced and senior staff should be as important as the attraction of girls and women to STEM careers.

Women in STEMM Australia welcomes this opportunity to provide a submission to the Menopause Inquiry. The findings and recommendations presented here are a compilation of the responses received to our online survey, which had **182 respondents from 96 different organisations spanning government, research organisations and industry**.

We have aggregated our respondents' data to protect their privacy and provided a summary of their survey responses including recommendations.



# Our Women in STEMM survey respondents

## Women in STEMM survey respondents

Submission to the Government Inquiry into perimenopause and menopause and its impact on workforce participation

### It is estimated that

By 2030 **25%** of the female population will be menopausal

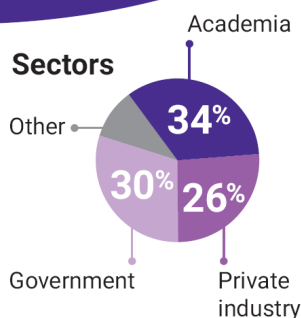
### Online survey responses

**182** respondents across **96** organisations

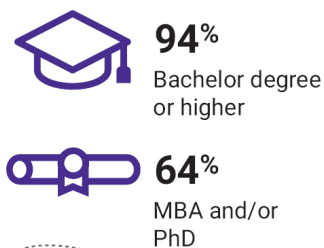
### Respondent age

**78%** >45yrs  
**20%** 25-44yrs

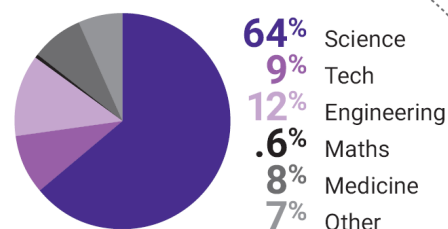
### Sectors



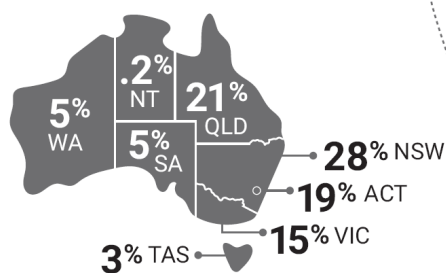
### Qualifications



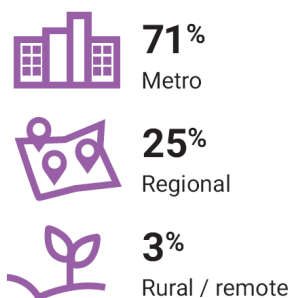
### Specialties



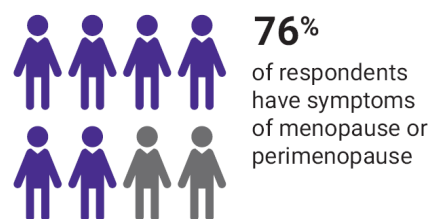
### By state/territory



### By area



### Symptoms



## Many of our respondents are in senior roles such as:

Director, Managing Director, Professor, Senior Scientist, Principal, Senior Manager Technology, Superintendent, Pro-Vice Chancellor, General Manager, Head of Sales, Senior data analyst, ARC Laureate Fellow, Head of Department, Chief Operating Officer, Surgical Registrar, Group Leader, Programming Manager, Project Director, and Transformation Head.

## Perimenopause and menopause symptoms experienced

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**76% have symptoms**, 12% no symptoms, 8.8% don't know

Respondents indicated that they had the following symptoms; irregular and heavy periods, unexpected heavy bleeding, severe pain and cramping, trouble sleeping, brain fog, weight gain, mood swings, night sweats, fatigue, hot flushes, anxiety and overwhelming feelings, unreliable memory, physically uncomfortable, cognitive challenges, stress, depression, migraines, aches & pains, bladder control issues and urinary irregularity, aging appearance, hair loss, triggered neurological symptoms, and loss of confidence.

*"I was highly anxious vs my usual energetic and "can-do" self until diagnosed. Also suffered from insomnia, heat flushes and a host of other inconvenient symptoms."*

*"Physical symptoms of headaches, psychological symptoms of brain fog and tiredness - not as alert or responsive as I have previously been."*

## Effects of perimenopause and menopause (P&M) and the impact on workforce participation

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**47% said P&M affected their ability to participate in the workforce**. 16.5% said they were unsure.

**53% said P&M had reduced their productivity**. 22.5% said they were unsure.

**34% said P&M impacted their ability to work their same hours**. 15% said they were unsure.

**59% said P&M has affected their mental health (anxiety/depression)**. 20% said they were unsure.

*"I felt too embarrassed to tell my colleagues that I was going through menopause mainly because the organisation I work for is quite ageist, especially against older women."*

*"I stopped working full-time because I felt that for the first time in my life work was making me very anxious and my mental capacity didn't feel like it was where it was 10yrs earlier."*

*"My workplace is a psychologically unsafe place. As the emotional aspect of perimenopause has become more obvious, I struggle to handle this. If I could afford to, I would quit."*

*"The work I do is complex, requires sustained attention, and relies on deep, analytical thought. I found it increasingly difficult to concentrate, and almost impossible to bring the depth of thought required for my work. My colleagues were noticing this, and this made me feel deeply ashamed and depressed."*

## Participants indicated that the following symptoms impacted their ability to participate in the workforce:

- Lack of sleep (trouble sleeping), fatigue, inability to concentrate, irritability, reduced tolerance, brain fog, inability to make timely decisions, memory loss, lack of motivation (confidence), sensitivity to noise or light.
- Hot flushes, unexpected and irregular bleeding, weight gain (requiring new work clothes), and bladder issues made it particularly difficult to navigate workplaces.
- Workplaces with less psychological safety, outdoor work/travel (making access to toilets difficult), and requiring regular breaks were all common reasons that caused women to reconsider their work commitments and impacted their ability to work full-time or commit to certain leadership positions.
- Weight gain, ageing appearance, and brain fog were commonly cited symptoms that impacted confidence and the ability to perform one's activities well.
- Brain fog and the decreased ability to focus for long periods particularly impact the perception of women's contributions at the workplace and was particularly debilitating for high-performance jobs.

## Impacts on STEMM Career Plans and Retirement

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**12% said that menopause has changed their retirement plans**, and 23.6% were unsure.

*"Looking into early retirement as I do not have the energy to keep up with work demands."*

*"Flexible work hours have ensured I am able to keep on top of my workload - making up any shorter days on days where there are no symptoms."*

While few indicated they were considering early retirement due to unsupportive workplaces, many commented on the unfortunate need to continue working for financial stability. Many have indicated they are working much longer hours to make up for their perceived loss of productivity. This also includes making up for time taken for medical appointments and increased tiredness.

After years of women's superannuation and wages suffering from time off for families, women are in an even more precarious financial position when perimenopause/menopause begins. Taking additional time off for medical appointments, dealing with P&M symptoms and moving from full-time to part-time work are real financial risks for women who aspire to retire with financial stability.

Under the government's most recent estimates detailed in their current Pre-Budget Submission for 2023-24, [menopause could currently be costing Australian women a collective loss of \\$15.2 billion in foregone income and super for every year of early retirement](#). Over an average 7.4 years of missed earnings opportunity, this amounts to an economic loss of \$112.2 billion triggered by a normal biological process that affects every woman to some degree.

## Impacts on Mental Health

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Significant impacts have been reported by our participants on mental health due to fatigue, anxiety, and changes in the body. This is amplified by a lack of a support network and a lack of distinct awareness, even among GPs. Often cited are brain fog and forgetfulness which in turn leads to embarrassment, reduced confidence in the workplace, and overall high stress levels.

*"I am very career focused and suddenly I'm being overlooked and excluded. Very stressed and upset."*

*"For a long period, I considered suicide and realised that this was not normal. I never felt like this before menopause, but struggle with it daily since."*

*"Being a 42-year-old in menopause is so embarrassing. Apart from the hot flashes and memory issues, I also have hair loss and my face is aging significantly. There isn't anyone in the workplace I could talk to about this. I feel like I have no value."*

## Level of awareness and policies on perimenopause and menopause (P&M) at work

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**81% said that there was low to no awareness or discussion of P&M symptoms and how to get through it in their workplace.**

**83% said that there was low to no awareness or discussion of P&M symptoms with their managers.**

**Only 4% said there were P&M-friendly policies in their workplaces** with a whopping 75% among them indicating this has helped them stay on and feel supported.

*"I have never heard the word "menopause" mentioned in my workplace until I received the email with the link to this survey"*

*"We are a start-up so we have few policies in place, but I'm sure if they were asked, one would be put into place. It would be helpful to have some guidance from other organisations and/or government as to what the policy should include."*

*"I am on a public company board. And this issue is not discussed and there is no policy."*

*"Efforts are being made but they are more 'lunch and learn' style info sessions that happen about once a year, from what I can tell."*

# Recommendations

**Participants recommended the following actions would improve their workforce participation and productivity:**

## **Workplace**

- Provide flexible work arrangements including work from home and part-time work.
- Provide education material/training, policies and support in the workplace for perimenopause and menopause.
- Provide perimenopause/menopause-specific leave (with no explanation required) to deal with the symptoms and the doctors' appointments.
- Provide better temperature controls in the office.
- Company boards and organisational and government executives across the country need to be educated and workplace policies that support women put in place.
- Provide psychologically safer workplaces for all.

## **Medical/Health**

- More doctors need education and training in symptoms, diagnosis and treatment. More doctors need to be trained in women's health and menopause treatment.
- Mental health checks and support are needed for perimenopausal and menopausal women.
- Medication for perimenopausal and menopausal symptoms needs to be covered by the PBS to ensure affordable access by all women.
- Subsidised or free medical appointments to doctors for menopause-specific issues.

## **Government**

- Stronger government policies on ageism and discrimination are needed.
- Open discussions across the country on menopause need to be encouraged.

It is disappointing to see incredibly talented STEMM women who have worked hard to attain their senior positions are now second-guessing themselves in male-dominated environments in an information and educational vacuum on perimenopause and menopause.

As a community, we welcome this senate inquiry into a topic that has long been taboo, where women are suffering in silence, not realising that there are treatment options and workplaces could become respectful and supportive without too much effort.

What is also frightening and needs to be addressed is the lack of education amongst women and GPs on the symptoms and treatment options for perimenopause and menopause.

While we are constantly striving to enhance the % of women in STEMM workforce, menopause related challenges pose a significant threat to dwindling numbers, their occupational performance and productivity. Understanding and addressing these impacts is crucial in creating a supportive and inclusive workplace environment that acknowledges the specific health and wellness concerns linked to this transitional phase in women's lives.

Focusing on strategies that foster a supportive work environment, including flexible working hours and the provision of education and resources about menopause, is critical. By recognising and addressing the unique needs of women undergoing menopause, organisations within STEMM sectors can not only improve job satisfaction and productivity, but also retain experienced and talented women professionals that add invaluable diversity and drive innovation.

Government, industry and research organisations across the country need to build awareness, understanding, and policies and increase the amount of research into women's health, particularly perimenopause/menopause. With an aging population and a STEMM skills shortage, measures need to be put in place to keep both women in the workforce for as long as possible.

*We have also attached the detailed survey responses (Appendix 1) from the anonymous participants to this submission.*

To find out more about our programs and how we are changing the narrative for women and girls in STEMM, visit our website or follow us on LinkedIn or X.

E-mail: [contact@womeninstemm.au](mailto:contact@womeninstemm.au)

Linkedin: [Women in STEMM Australia](#)

Website: [womeninstemm.au](http://womeninstemm.au)

Twitter: [@WomenInSTEMM\\_Au](#)

# Appendix

## Attachment to Women in STEMM Australia response to Menopause Enquiry:

The submission attached is a compilation of a survey from 182 respondents from 96 different organisations spanning government, research organisations and industry. Responses as received are attached here.

### 1. Have menopause/perimenopause symptoms affected your ability to participate in the workforce?

- Unexpected and highly irregular heavy bleeding has forced me to leave my workplace and return home to change. This is a highly awkward situation, especially in a teaching role. This occurred after I have been assured I was fully menopausal and could safely remove a Mirena IUD that had been controlling previous heavy bleeding episodes.
- Wakeful in night-time, foggy headed in morning.
- Sleep issues disrupting ability to attend work. Weight gain suddenly meaning entire new sets of work clothes needed. Feel the need to control impatience and mood swings at work.
- Fatigue, hot flushes make me feel tired out more quickly and also are distracting in situations where I need to be very mentally focused, e.g. in the operating theatre. In addition, heavy menstrual bleeding which I understand is a symptom of early menopause is quite fatiguing with the associated iron deficiency as well as socially difficult given the need to go to the bathroom every hour or so.
- I continue to participate - but at times active engagement is challenging due to hot flushes or heavy bleeding. This is manageable on zoom calls or on quiet office days - but is challenging when you are "on stage" or in the spotlight.
- I stopped working fulltime because I felt that work, for the first time in my life, was making me very anxious and my mental capacity didn't feel like it was where it was 10 years earlier.
- BSc Hons qualified, working in community engagement and studying Grad Cert Env Management at present. However, recently overlooked for Senior Project Officer roles which 3/4 were awarded to men and a younger woman not going through menopause.
- The impact of menopausal symptoms such as brain fog, fatigue, change in moods, physical changes has been significant in performing to a level that was achieved prior to menopause.
- I left full time military service due to constant issues with perimenopausal symptoms like brain fog, mood swings and irregular periods. The medical system classified it as "stress" when it is my hormones changing.
- Symptoms (including hot flashes and loss of sleep) causes significant additional challenges in carrying a significant load in a senior role.
- I experienced hormonal upset when I trialled HRT. As a result, I felt less able to cope with interpersonal stresses at the workplace and even after I stopped HRT I felt less able to deal with these stresses. While this wasn't the only reason, I decided to change jobs to one with different people, a lower level of general stress and greater ability to work from home.
- It has affected my mood and my ability to focus at work.
- I had severe bleeding in meetings where it ended up with I couldn't attend meetings face to face for a while before COVID.
- Not to any significant degree but I need to manage very heavy periods (irregular now) that require I either work from home or take time out.
- It can make it really difficult for field work and field days where toilet facilities are not always available - but that is not limited to menopause.



- Trouble sleeping and night sweats causes tiredness and irritability. Dread this getting worse.
- I have been experiencing periods of poor mental health, exacerbated by the stresses of my job. There is not a lot of support or understanding in a male dominated environment.
- Hot flushes, brain fog and fatigue have all made undertaking my normal duties harder.
- I find myself tiring much faster than I used to. My memory is completely unreliable, if it's not written down and highlighted, it rarely gets further than a conversation. I am on an emotional rollercoaster, super sensitive and teary one day and ready to rip out a jugular the next. I feel physically uncomfortable in my body, nothing fits me like it used to, it's really just not pleasant.
- Increased sick leave days taken due to peri symptoms. Decreased productivity.
- Cognitive challenges, pain, exacerbation of existing ADHD.
- I left my previous role and the workforce for 2 years because of my symptoms - stress and depression, fatigue and inability to sleep, aches and pains.
- I have experienced some poor work conditions (bullying, devaluing) in the previous workplace and was restructured out of the workplace after 28 years. I am definitely more anxious, emotional and less confidence these days - unsure if it is perimenopause or work caused.
- Occasional brain fog. Hot flashes.
- Symptoms so severe I was unable to work, had to take time off and then reduce work commitments until I was able to stabilise symptoms through medical support.
- Feelings of anxiety and overwhelming. Lots of concern over the brain fog experiences and frustrations at others that occurred constantly. Teamed with sleeplessness, it became unbearable.
- Time out, pain, discomfort, medical appointments.
- Have made some meetings difficult to navigate during periods of hot flushes, and fatigue issues have made it generally harder to get through the afternoons.
- My workplace is psychologically unsafe place. As the emotional aspect of perimenopause has become more obvious, I struggle to handle this. If I could afford to, I would quit.
- Have not had time out of work but symptoms have been tough to manage over a significant period.
- Fatigue, brain fog, inability to concentrate, irritability. Reduced tolerance for things that are frequent irritants.
- It does not affect me doing my job, but I do feel in Australia that there are less women over 50 in the workplace. Currently looking for a new role, and even with contacts, it's not easy. In our industry, you only get a job via people you know. Many claim to be pro women, but it's really only younger women. When IWD is on, I have never been invited to any event in my 7 years working in Sydney-go figure. Not that I care, but it's all rubbish.
- But I worry that it will. I see menopausal women being physically uncomfortable at work.
- I have changed from full time to part time.
- Ability to sustain continued employment and performance- fatigue, emotional fluctuations, irregular periods and heavy periods, low iron, poor sleep.
- Feeling below par regularly at work e.g. due to poor sleep.
- Brain fog, tiredness, anxiety and mood changes are affecting my performance in the workplace.
- I was highly anxious vs my usual energetic and "can do" self until diagnosed. Also suffered from insomnia, heat flushes and a host of other inconvenient symptoms.
- Lack of sleep. Excessive bleeding.
- Depression and memory issues.
- Disrupted work due to excessive and prolonged bleeding. Some days, it was impossible to leave home.
- Extreme bleeding, sweats and body aches hold me back on those days of the month.

- Low energy, mood changes, brain fog. Basically, I wish I could retire right now despite always having loved my job in the past.
- Sudden changes to bladder control have been particularly stressful to navigate especially in a recent role where I reported to a man. Travel was tricky at times.
- Night sweats, flushes, flooding heavy periods, brain fog and anxiety. I've had to leave the corporate world because I had no support from my employer and thought I was going a bit crazy.
- Exhaustion from sleep disturbance. Distraction from task by heat surges. Difficulty remembering when symptoms are bad affecting efficient.
- Weight gain, ageing appearance - being subject to age discrimination based on appearance. Hot flushes and sleep disturbance - tired at work.
- I'm currently suffering from brain fog, memory loss and incredibly poor concentration. At the moment, I'm struggling to update my CV and look for new work. These symptoms are also having a negative impact on my sleep, mood and energy levels.
- Have had to take time off work to attend medical appointments. Brain fog, hot flushes, lower ability to concentrate.
- Fatigue effects and feeling hot.
- Unable to attend work due to cramping and excessive bleeding.
- Pain exhaustion muddle headed.
- Exhaustion and brain fog make it incredibly hard to do my job at the pace I always have and evaporated my confidence.
- Physical symptoms like sleeplessness, anxiety, hot flushes, and gradual weight gain make socialising and fitting into the physical office culture tricky. Particularly in a male dominated workspace or where there are much younger women who do not understand the constraints of a perimenopausal body/mind.
- Feelings of malaise and low self-esteem, inability to make timely and/or good decisions and having a 'foggy' brain have definitely led to requiring days off work.
- Physical symptoms of headaches, psychological symptoms of brain fog and tiredness - not as alert or responsive as I have previously been.
- I often feel panic and anxiety because of the increased anxiety that comes with menopause, so I need to take more breaks and I constantly think of leaving my job. I also suffer constant migraines which means I need to take more sick leave than usual. My sleep is broken which means my concentration is not always great.
- Perimenopause symptoms impacted my sleep, which resulted in significant cognitive impairment. I was forced to seek medical intervention in order to be able to carry out the high-level functions of my job.
- Remembering things is harder. I did have a small number of light hot flushes, but they've stopped in the last 2 months.
- Poor concentration, regular headaches, body aches, irritability and exhaustion, as well as time spent at medical appointments related to managing peri menopause and then menopause, all significantly impacted my academic career and was a factor (although not the only one) in my leaving academia and (currently) the workforce. In part this reflects not just the personal impacts of these life stages but the very nature of an academic role, where success is everywhere benchmarked by those who can "put in" what amounts to even more than a full-time role. The additional time and energy available to most men of the same age means women academics become further and further behind.
- Tiredness.
- Overall, I have maintained full participation, but it has all felt more uphill.

- I participate in the workforce, but the symptoms are something that you have to constantly deal with.
- Sleep disruption has been extreme and itchy skin which contributes to that. Alongside exhaustion, brain fog and anxiety.
- Still participating in the workforce - although experiencing symptoms that affect day to day operations.
- There are days that are foggy with memory loss or loss of concentration. Other times, I have trouble sleeping so this affects my work the next day. Loss of productivity due to both.
- Workplace comfort (e.g. either hot flushes, which are most frequent, or chills with aircon often uncomfortably cold), mostly a lack of confidence due to hair loss, weight shifts, memory loss, and stamina concerns.
- Sometimes the hot flushes, tiredness, irritability are too much to think about going to work, but I have the option to WFH (we also have arguments about the aircon level).
- Triggered neurological symptoms like tingling and nerve pain and headaches which are difficult to manage when lecturing all day and on your feet. Irregular periods with prolonged bleeding for more than 3 weeks required time from work and medical appointments which detracted from work. Fatigue and sleeplessness impact concentration and time on task and brain fog from hormonal changes and having to use hormones. Urinary irregularities and urgency require me to have toilet breaks very frequently and anxiety around being in meetings for long periods of time.
- Yes, caused sleeplessness, and resulting brain fog.
- Lethargy, mood swings, hot and cold sweats.
- During peri-menopause, my periods were irregular - I never knew when they were likely to turn up. And they were extremely heavy, which impacted where I went - I needed to be close to a toilet and that also impacted my day planning. I've also noticed a significant decrease in cognitive function - I can't recall details or names as easily as I used to. I have to write every down or have everything in my calendar (with reminders!). Hot flashes, and night sweats impacted my days and significantly reduced my sleep quality, leading to emotional decreases.
- Extreme brain fog and also heavy irregular bleeding and pain.
- At times, this has been difficult due to the symptoms of perimenopause.
- Changes in estrogen levels cause: - broken sleep patterns - loss of memory - compromised ability to make rational decisions - mood swings. These all need to be managed carefully which means that on some days, I need to rearrange my workplaces on short notice and in some cases means I cannot attend particular meetings.
- Have to take some sick leave on occasion, because of poor sleep caused by hot flashes or menstrual/hormonal-related pain.
- Poor sleep made the working day more challenging, particularly the social aspects. Flexibility to allow working from home helped with this.
- Debilitating hot flushes up to 20 times per day, interrupted sleep, inability to think.
- Hard to focus due to enormous lack of sleep. Trouble remembering words and other things like fumbling. Not going to the doctor about it as I didn't know that this was medical and so kept pushing on (no one talks about this in STEM!). In perimenopause, being unreasonably angry which was not helpful when working long hours in the lab (e.g., synchrotron, field trips) where it is important to stay calm and rested, but it is challenging. I lost it one day in a situation like this and even though I apologised it was turned into a big thing and I was accused of being a bully - this then resulted in me shying away from Women in STEM leadership roles even though I was asked to do it (how can you be a lead in that area if you are being accused of being the bully?). I didn't even realise that this was a symptom of perimenopause until I read Kaz Cooke's book! I thought that I had been taken over by an evil monster that I had never known before. I actually took up a leadership position a few years later,

but I am now quitting largely due to menopause, even though I now have medication. I have also reduced my field trip and lab hour durations as I can't handle it anymore. Note to self: hot flushes/sweats when leading a meeting or on stage with cameras and a large screen is not a great look. Just can't be bothered any more - life is too short and the workplace is too hard.

- Disturbed sleep makes some days hard to focus. I work in a job that requires a lot of mental focus to problem solve and work directly with clients. Hot flushes make some days uncomfortable to work, particularly in days of high humidity.
- Medical issues, ongoing appointments, fatigue, mental health.
- The exhaustion, the anxiety, but above all the brain fog made turning up for work extremely difficult. I really needed to take extended breaks but was unable to do so.
- Perimenopause - more leave taken (pre wfh / hybrid) with extremely heavy periods. Plus hormonal changes impacting how I interact (e.g. increased sensitivity to noise etc)
- Suboptimal performance, especially in physically challenging and field-based activities.
- Issues with lack of sleep.
- Until I was prescribed hormone treatment- Livial, in November 2023, I suffered from night sweats, unable to sleep and depression. Livial costs me \$60 per month: not available on PBS. Until I was prescribed it, I had extinguished my personal leave and used long service leave to cope with the symptoms. I have no family and support myself on my own.
- Tiredness, brain fog/memory impact, gastro-urgency.
- I have felt that since I became over 50, the gender discrimination I have experienced in the workplace was exacerbated by age discrimination.
- Debilitating brain fog and fatigue, heavy, unmanageable periods, migraines - have all made work difficult.
- I had a length of time early in my menopause journey where I experience severe migraines at least twice a week. I needed to take extended leave and others had to cover my workload. My employer was quite understanding but it certainly didn't paint me in a positive light, and it was quite stressful. I didn't have the confidence to apply for a promotion as I felt too unreliable and that I couldn't give the job my best effort.
- I was put into menopause at 39 from cancer treatment. I have had my ovaries removed. Prior to starting HRT, I could not work in the office as the hot flashes were so intense that I would be dripping in sweat. I was also extremely fatigued from being woken more than five times a night drenched in sweat. I also had bad memory problems. HRT has resolved a lot of this for me, but I still suffer fatigue, temperature regulation and memory issues. Being in a male dominated workplace, it is embarrassing and difficult to talk about.
- I have had extreme lack of sleep to the point that I am either wired or exhausted, and simply can't follow 9 - 5pm work rules. Sometimes I need to sleep during the day and work at night and others just need to work non-stop. I have felt so low and so depressed that there is nothing that I believe in or could be motivated to do. This is partly hormonal, partly lack of sleep and partly realising life is changing. Brain fog relating to facts that I have wished to push forward in integral meetings have made me second guess myself and have stopped me wanting to be a part of the forefront. There is more support for women with children than women with menopause - but both are lacking.
- Hot flushes have made it difficult to focus on tasks and a real sense of not knowing what my predictable body was going to do. Weepy and challenging moods all make work challenging.
- Symptoms that disrupt sleep impact performance and energy at work.

## 2. Have menopause/perimenopause symptoms reduced your productivity?

- Feeling the need to go to the bathroom more frequently 'to check' - lack of confidence in situations.
- Primarily when having sleep issues and low moods.
- Fatigue. I need to go to bed earlier so I get less done of an evening. This usually means a loss of productivity in ancillary areas like committee work, finishing manuscripts for publication, ongoing professional learning, and study.
- I tend to overheat and struggle to function on warm days or during hot flushes. I also became anaemic due to heavy bleeding. that caused fatigue that was not diagnosed for a while and definitely slowed me down.
- Executive functioning, concentration. Lost my “mojo”: zest for work and life along with energy!
- Tired, anxious, brain fog.
- Sleep heavily affected for the last 12 months with days of extreme tiredness, balanced with higher levels of productivity. Increased days where working from home is preference.
- Fatigue, reduction in cognitive function e.g. focus. Attention, memory lapses, recall of words and articulation has impacted on productivity and general performance.
- Symptoms did show at work (hot flushes, etc), but felt that they didn't hinder my performance.
- Fatigue has been an issue. It is very difficult to accurately separate out normal fatigue from the stresses of work as opposed to fatigue specifically caused by menopause. I suspect the nights of inadequate sleep are due to menopause.
- So far, it's some sweats etc. but not severe.
- I remained productive and hid symptoms from work colleagues.
- Since the onset of perimenopause, I have found I have frequent periods where I find it hard to concentrate or focus on activities, whether at work or home. I am also often woken at night with symptoms and often find it hard to get back to sleep, making me tired the following day.
- No impact to productivity but significant impact overall to well-being.
- Before I investigated and went on HRT, I struggled with symptoms such as hot flushes and irritation and inability to concentrate.
- Lack of sleep and memory issues.
- The brain fog, anxiety, and tiredness from insomnia
- At times, I experience exhaustion and brain fog that make it difficult to engage fully when I am working.
- I am unable to focus for long periods of time and need to take breaks.
- Some days the hot flushes, cramps, muscle fatigue and tiredness can be difficult but can manage if able to be inside on those days. Flexible work arrangements from home really help manage this.
- I'm less objective and pragmatic and more distracted because of feeling upset / angry at situations in the workplace where I otherwise wouldn't be having these emotions (or wouldn't be so extended).
- Tiredness in the afternoon.
- Brain fog and memory challenges are frustrating and drive me to distraction.
- When I'm feeling very anxious or stressed, I end up with headaches.
- I have days where I find it difficult to stay focused on my work and the hot flushes at times make working unpleasant and uncomfortable.
- I get distracted more easily; I feel things more deeply so I seem to be taking longer to do things (which may not be a bad thing, but it means I'm slower).
- Brain fog, forgetfulness, reducing executive functioning.
- Probably, difficult to measure.
- Inability to concentrate and focus. Constantly doubt my abilities.

- For at least 6 months, I was unable to work at usual levels - in practice, this meant reducing my workload by pausing academic output for 6-12 months and stopping all of the "voluntary" work that we do on top of our usual jobs (peer review, committee work, mentoring, etc).
- Too tired to think. Feelings of not being able to do the role.
- Hot Flushes and losing confidence.
- Difficulty dealing with stress leads to poor decision making and foggy thinking.
- Prior to starting hormone replacement, I had difficulty focusing.
- Fatigue, anxiety attacks.
- Naturally at 50, I focus on my working hours being 8am to 5pm. I can't pull long hours anymore. And sometimes, I am asked to do night shift in the tunnel, that does me in, I just say no now, get someone younger to do it.
- Impact of poor sleep and fatigue, ability to work confidently in mine sites without access to toilet and hygiene facilities.
- Takes longer to do things, I have to review things more often to remember them, I have less patience with subordinates.
- I suspect so, although I worked crazy hours to make up for it, so hopefully no-one noticed any drop off in output or capability.
- Reduced working hours.
- Because of memory and brain fog issues
- Disrupted patterns for work. Anxiety, physical weakness and fatigue.
- During bleeding I am exhausted and find it hard to function.
- Too fatigued to work at my usual level. Feel discouraged.
- No, but I was trying to work from home more often and this was an issue for my previous direct manager and surprisingly a female HR manager.
- Lethargy...not as interested in putting in the extra mile. Reduced interest in extracurricular.
- Takes longer to complete tasks.
- Fatigue due to sleep issues, brain fade/short term memory issues.
- Reduced ability to concentrate. More frequent headaches. I can't multitask as well as I used to.
- Slowed it down.
- Not able to work the hours and with focus I used to have, hot flashes making feel embarrassed and self-conscious, brain fog making tasks slow, weight gain making me feel sluggish and not myself. A complete loss of confidence.
- Brain fog, sleeplessness have affected my thought process and ability to think quick on my feet.
- Increased time off (paid and unpaid) results in inconsistent ability to complete projects, impacts upon the perception of my dependability and erodes trust.
- Inability to concentrate, inability to time manage, inability to feel proactive.
- Not a dramatic impact but slower on some days to recall information or take action. I have needed time off for bad headaches/migraine.
- Primarily through brain fog, intense tiredness, continual sweating.
- I experience headaches due to hormonal fluctuations, tiredness and anxiety responses. Also, hot flushes which is hard to manage with face-to-face meetings.
- I need to take more breaks due to exhaustion and migraines.
- Hot flushes impacted my sleep and resulted in a significant dip in productivity.
- Fatigue, mood swings associated with perimenopause have often affected my ability to focus and affected my productivity.

- I'd say yes as I had to start processing things differently and writing more notes after meetings, conversations, etc. Have more reminders of what I need to do.
- Poor concentration, lack of energy, additional time needed for managing appointments.
- Multiple medical appointments to work around. Brain fog. Inability to sit in hot rooms and concentrate for (even short) periods due to hot flushes. General feelings of wondering whether I want to continue work.
- Tired.
- Sleep problems leading to fatigue at work. Brain fog, Physical symptoms make it harder to stay fit. Body temperature spikes.
- Brain fog! I thought I had Alzheimer's. When you work in a knowledge industry and rely on your intellect, vocabulary and memory, it can be debilitating when those aspects of yourself are not readily accessible.
- Exhaustion, inability to think clearly and the compounding effect of not being able to sleep well at night due to hot flushes.
- Brain fog - having to google things all the time like what's the word to describe ....., how to spell a word, generally the simplest of things that I have inadvertently forgotten or can't remember. Lack of motivation cause I'm always tired, moody as hell or just plain irritable and often complaining about my back aches.
- Lack of sleep. Fogginess. Memory Loss. Loss of focus.
- I have to take more frequent breaks, and my preparation requirements for meetings, presentations, analysis etc take considerably longer than previous. There are simply times when I will be unable to work due to low blood pressure or hot flushes.
- Poor sleep impacts on energy levels
- Increased time spent on task requiring high levels of comprehension and processing of information and analytical thinking. I don't have the stamina that I previously had to work long hours.
- Sleeplessness and resulting brain fog, lack of concentration.
- Mostly due to brain fog and tiredness.
- Lack of ability to concentrate at times when hormones were all over the place.
- Brain fog and inability to go to office due to heavy bleeding. Then the time the body takes to get used to the medication to help with this.
- Productivity has been reduced due to the lack of sleep and hot flashes.
- Another side effect of perimenopause is a lack of motivation, which ultimately affects productivity.
- As a result of poor sleep, I found a full working day too challenging and switched to part-time work.
- Debilitating hot flushes up to 20 times per day, interrupted sleep, inability to think.
- Primarily mild brain fog, fatigue due to sleep disruption and general crankiness.
- Exhaustion / lack of sleep and anxiety
- it just sometimes makes the working day longer.
- Work attendance, career progression.
- The work I do is complex, requires sustained attention, and relies on deep, analytical thought. I found it increasingly difficult to concentrate, and almost impossible to bring the depth of thought required for my work. My colleagues were noticing this, and this made me feel deeply ashamed and depressed.
- Brain fog and tiredness.
- Hormonal changes have exacerbated conditions such as tinnitus and hyperacusis that make working in open plan settings absolute hellish at times. We have hybrid working, but that is 3/2

(office/wfh) and when its busy in the office, being "sensitive" to noise or light is equivalent to "not a team player" or a problem to be solved.

- Exhaustion, cognitive function deficits.
- Sleep issues and difficulty concentrating.
- Change in internal temperature means I have to regularly go outside or to the bathroom to cool off.
- Some days due to sleep disturbance.
- I took leave rather than affect my productivity.
- Tiredness, memory impact, low mood.
- I think I'm at the start of peri-menopause (to be confirmed). Periods can be heavy and make me tired + hurt. It's definitely not endo or fibroids, hence perimenopause. I need to take a day of each month to counterbalance the pain and tiredness.
- My short-term memory is useless. I'm still very intelligent - more so than many of my colleagues!! But I am treated like I'm an idiot because of my poor memory. Otherwise, I'd say I am still a much faster worker than most engineers.
- It is partly lacking confidence (something I didn't have before), partly fatigue, partly brain fog and partly just simply not being able to motivate to do anything. I used to be a driver, a person that would push through, now I have no self-esteem or motivation to push through and make a difference.
- Weepy and challenging moods all make work challenging.
- Less motivation and some time off for doctor appointments.

### 3. Have menopause/perimenopause symptoms changed your retirement plans?

- Work less as I get closer to retirement.
- Retired - but was planning to retire around the time I did, anyway.
- May need to consider early retirement.
- I feel tired. I need to keep working to ensure my financial security. I would like to reduce my hours but that is not feasible.
- I feel tired. I need to keep working to ensure my financial security. I would like to reduce my hours but that is not feasible.
- I feel the need to retire earlier than originally planned.
- I left military service after 22 years and now pursuing own work to be able to work at my own pace.
- I'm coping with symptoms and need the money to be financially secure during retirement.
- If anything, made me more determined to retire. Our goal is 65.
- Looking at how to manage life financially with dropping back days in the classroom.
- If I could afford to retire early, I would be doing exactly that right now. Just so that I could concentrate on doing things to make me feel a little more human.
- Potentially looking at leaving shortly due to a range of health issues.
- The retirement age is a bit of a joke in Australia, I don't think many women, let alone men work that long as we are simply not employed. When 35-year-olds are getting all the promotions it's no easy, as they can't wait for us to be out the door. Look what they promote In construction, women truck drivers, graduate, but not experienced women. It's good that this has finally been brought up as a topic. I commented recently online about over 50 to be included in diversity!
- Have adjusted my available work hours to reduce workload.
- I have gone from living my job to counting down to early retirement.



- I would very much like to retire early now whereas I have always pictured myself as busy and productive for a lot longer. I feel too tired and cranky to continue.
- Hope to retire sooner - workplace very unsupportive.
- I started thinking about retirement for the first time!
- Yes, in particularly the exit from my current profession.
- I am considering retiring earlier. Juggling teenage children and a busy career with family commitments is sometimes too much to deal with. I had hoped to acquire a Director role but I don't feel like I can physically and mentally cope long term.
- Retiring earlier is not an option because I started to experience perimenopause symptoms 20 years before nominal retirement age.
- Now unemployed, what retirement will look like for me is now difficult to envisage.
- Now planning to retire earlier - I will almost definitely retire before I hit 60 , so am starting to think about when I take my last PhD students (don't want to leave them in the lurch); whether it is worth applying for grants that run 7 years into the future etc.
- Probably retire earlier.
- I am looking to retire earlier, or my preference to reduce hours. I still want to be productive and contribute and learn. I am looking to find a way to still be a significant part of the workforce but to perhaps reduce hours and find ways to manage the symptoms and overall wellness.
- No, but I have not thought about it that much. I just assume I will be fine to work until I need to - my symptoms at this stage are not so bad (my brilliant Dr talked to me about how I was feeling and what I was experiencing, and we worked to a solution, for now).
- I am relying more on my husband to secure our retirement and I plan on retiring early than anticipated. I also do not want to travel to countries with hot climates.
- Brought them forward, if anything. It's harder to look after myself (exercise) when working full-time. Weight gain is harder to get rid of. I just don't care as much about work!
- They certainly have resulted in me thinking of retiring early than anticipated.
- Looking into early retirement as I do not have the energy to keep up with work demands.
- I thought I would work until 65+. Now plan on leaving at 60. Would leave sooner if I could.
- I will be taking extended long service leave and probably leaving the workforce later this year. Symptoms of menopause such as fatigue, lack of motivation and brain fog are a contributing factor, although there are also many other factors in the decision.
- Not yet, but impacting my current ability.
- I am early in the perimenopause process, so I don't know what to expect in terms of the impacts on my cognitive abilities.
- It has influenced my decision-making regarding type of work.
- I have found myself having to start my own business when I imagined I would work in government until I retired.
- I have finished menopause now at 49, but I do wonder how I am supposed to maintain my energy and enthusiasm to 65 when I know I simply don't have the same level of energy I used to, and I feel overlooked a lot of the time because I am already seen as older and somehow less worthy - I am not starting my career.
- Lol retirement. Like that will ever happen for my generation. Can't even afford a house on 2 x engineer incomes.
- I don't have any plans to retire.

#### 4. Have menopause/perimenopause symptoms impacted your ability to work the same hours as you used to?

- Yes, specifically when having trouble sleeping.
- See answer to question in productivity - I used to get more work done in the evenings when I got home from work.
- Working 10 hours a week. Was in an executive role (COO) of an \$8bn company!
- Ability to work late at night, can no longer do 2-3 hours after 9pm.
- I work less than 10 hours a day - generally 6-8 hours, mainly so that I can participate in sporting and community activities which support my mental health and wellbeing which suffered when I first started feeling symptoms of menopause.
- The hours worked remain unchanged, however, the physical and psychological impact has been in the personal time.
- As stated above, I can't afford to reduce my working hours, no matter how I feel.
- I feel too tired to work 5 days a week, so have reduced my hours to 4 days per week by taking purchased leave.
- Yes, a little although I manage with flexibility/WFH.
- Flexible work hours have ensured I am able to keep on top of my workload - making up any shorter days on days where there are no symptoms.
- Not at this stage - will see how I manage it.
- It's too much to work solidly for 8 hours, I'm much more likely to have 2 distinct phases to my workday now.
- Much more tired and can no longer work extra hours at night.
- Yes, but I push through even though I don't feel productive. I feel like I get to the point that I've mentally checked out but need to be physically at work.
- I get tired by the end of the day. The last few hours of the day are hard to get through.
- Often lacking energy due to disrupted sleep.
- My job requires long hours (weekends & evenings) to complete all the tasks we need to do, but when I returned to work after taking time off, I was unable to work more than standard hours for 6-12 months, which resulted in an impact on my ability to do my job to usual standards. As a scientist, I have taken a hit to my productivity that is in some ways similar to that of maternity leave (though not as severe) yet of course, it is not recognised as such.
- I am currently taking extended leave to manage. When I am due to return, I'm considering changes work fractions.
- I work the same hours in total, but when I work them, it has changed to maximise my feeling productive hours and minimise work during fatigue.
- I think it's just age, not pre or menopause. In short, I use to do 12 or more hours a day, 7 days a week, 28 days straight. Now I can do 8am to 5pm. Really 4 days would be enough.
- I chose to move from full time to part time (0.6fte) to better manage my symptoms.
- 25% and unwilling to work away for extended periods.
- I am working long hours to try and compensate for my reduced productivity.
- I can no longer work long hours.
- For 18 months during perimenopause, it was necessary to take frequent instances of unplanned leave due to impact of heavy and prolonged periods.
- Less hours and motivation.
- Sometimes I have felt exhausted, and I would finish early, but make up the hours later.

- Difficult in finding the energy and motivation to create dynamic lessons in my own time at home like I used to. Can't mark or draft extensively into the night. Now takes 2 or more days. Focus, concentration decreasing as just so tired.
- I wouldn't say less. Some days I can't function in the morning due to lack of sleep but then I have other days where I could work all day and night.
- I used to spend far more time working after hours at home and now I have to prioritise rest.
- Slightly less depending on symptoms.
- I spent most of my career with a seemingly inexhaustible energy for work, now I have hard limits on my time, as I simply can't work beyond a certain limit.
- I was once able to rise early, exercise and present to the office with a sharp, clear mind. Now, due to a range of factors, my sleep is often delayed, and I don't arrive on early or on time most days.
- The brain fog and tiredness mean I fatigue easily and am less likely to work my usual hours.
- I probably have a day off a month at the moment due to dealing with symptoms of menopause.
- I would estimate lack of concentration, pain, exhaustion and medical appointments to have taken at least 15-20% of my productive time from me.
- Always wake tired.
- Still work the same (long) hours but often feel much more tired.
- I still do the same hours, but I am more fatigued than ever before. This impact is felt in my life outside of work.
- There is no way I have the stamina to do what I was doing 10 years ago in my early to mid-30s. Back then I was completing a PhD and pulling 12-hour field days most days a week for months on end. These days, if I go for a morning field session (not even doing anything hard), I am completely exhausted at 1pm and find it hard to concentrate.
- Yes, I become tired more quickly and I find late afternoon can be very draining. I can also feel a distinct loss of metabolism, so I may still feel energetic and capable, but my metabolism is much slower. This has overall social implications as I find eating during the day impacts my weight, but it also makes me very tired in the afternoon.
- I don't have the same stamina to persist with complex task and work the long hours required to complete task with to the same standard as previously.
- I prefer a four-day week, which gives me an extra day to recalibrate.
- I don't care to work long hours anymore. Being at home, having time to exercise and eat well, and to recover properly from work hours is much more important. I do my hours and that's about it. I will still travel for work, but it really wears me out now.
- Get much more tired, much more easily.
- While overall I probably work similar hours, or maybe a bit less, I have to manage my hours more actively depending on the day which can mean that I end up working odd/not usual hours.
- I used to be able to work late into the evening. Not anymore.
- I have switched to part-time work.
- At least 2 hours less per day. Mainly from tiredness due to interrupted sleep, but also "brain fog".
- Harder to work every evening and so not as productive. Is that just aging though? Also, more angry at work.
- I am no longer interested or capable of putting in the long hours (far exceeding a normal working week) that success in the higher education sector involves.
- Exhausted a lot of the time.
- 5-6 hours/week due to fatigue, symptom management.

- I was getting so much more tired and could not sustain the sometimes-long hours required in my field.
- I don't know whether its due to peri/menopause or going through 2-3 years of lockdowns and my view of work has changed (at least work in the office).
- I have pushed through, but with difficulty.
- Hard to concentrate and emotional regulation takes more effort.
- At least a day.
- On bad brain fog days, it's hard to focus for more than a couple of hours a day.
- I still work normal days with few late finishes, it's just that I get more tired. I have actually reduced my hours to 4 days a week which keeps my energy levels in check and allows me to enjoy life outside of work more. I do a lot of community service outside of work.
- I work four days a week and struggle. Three would be optimal. I should add I have a four-year-old and nine-year-old. So, I went through cancer treatment and started menopause when my baby was one.
- I am more functional between 12 - 9pm. These are not the most social hours.
- But it makes it more challenging to get work done.
- Disrupted sleep makes it difficult to get up and I have less energy and focus as a result.

## 5. Have menopause/perimenopause symptoms impacted your mental health?

- The lack of trust I have in body and lack of feeling that I can conduct myself day to day with any degree of certainty has definitely impacted my confidence and enthusiasm around work.
- Feel more emotions, tiredness impacting my ability to connect with others.
- Fairly young onset, since 41. Extreme low moods have been very challenging. Impacts relationships, sense of self.
- Increased fatigue leading to reduced energy at work, and reduced ability to interact with colleagues. Fatigue at home also impacts on my relationships with my partner and children, which impacts my mental health in the sense that I have less deep connection with them, I have increased irritability, some anxiety at times.
- Increased anxiety, sleep disturbance, loss of zest for life.
- Headaches causes distress, depression is also a concern.
- Anxiety levels elevated.
- Increased anxiety and irritability - and minor anxiety attacks initially (though now both well managed).
- Not having had a period for over 6 months now, I have found increased frustration and less emotional weariness but also a feeling of dis-ease. There is not a safe place to be able to identify and talk transparently about going through menopause.
- Menopausal changes have led to mild depression and anxiety due to awareness of reduced performance.
- It is difficult to separate the causes of anxiety. There are stresses from work, caring for an elderly mother, adult children with mental health issues and my own health. I'm sure it doesn't help!
- Increased my levels of anxiety.
- Perimenopause has resulted in lots of changes within my body, and as a result, I often find myself distracted and/or worried about these changes. Perimenopause has caused me to gain weight without any changes to my diet (and I have had to buy new work clothes as a result), I find I run hot and find hot weather much harder to manage, I often have reduced patience and can be quick to anger (which was not like me before), among other things. It hasn't led to depression or anxiety for

me so far, but it definitely plays on my mind and doesn't help with my productivity at work. I have seen my GP about my symptoms, but she felt I was too young to be experiencing perimenopause and therefore, offered no follow up, advice or support.

- Mood swings and irritability.
- Brain fog has undermined my confidence as I don't feel I portray as professional when I am constantly 'blanking' on words. HRT is not a viable option for me.
- Anxiety and insomnia- certainly impacts my mental health.
- I do feel unproductive at times and probably give myself a hard time about it. Also, forgetfulness really gets to me. I'm not depressed but at times I struggle and have to remind myself I'm doing ok.
- My mood has been impacted and I have been feeling like I can't perform to the best of my ability.
- I was very moody, easily agitated, and anxious about things I wasn't before.
- I have been in perimenopause for 6 years along with a number of autoimmune issues it takes its toll on mental health and resilience. I am lucky to be part of a team that supports flexible work arrangements.
- I have always had periods of mild depression, but these seem to be occurring more frequently.
- Grumpier.
- Memory challenges and brain fog make me question my sanity and ability to do my job well.
- I experience periods of high anxiety and low mood often. I can't lose weight and I have facial hair and pigmentation; these symptoms contribute to low mood.
- The brain fog and fatigue had made undertaking my usual activities work and social more difficult and tiring.
- Mild depression and anxiety, along with suspicion and distrust - I don't really trust myself anymore.
- Anxiety.
- Self-doubt, emotional blunting.
- I used to be confident to accept and ask for new challenges and opportunities- but now lack confidence in myself. I get anxious and feel low a lot.
- I get anxiety (which I have never had in my life).
- Heightened anxiety.
- I have days when I'm feeling a little down but not sure whether it's due to menopause or all my children leaving home and my husband's health deteriorating.
- Feelings of imposter syndrome and questioning if I can continue to juggle all the various roles.
- It's hard separate fatigue/sleep issues from emotional ones (I feel it's the fatigue driving the moods more than anything - I'm definitely more emotional than I used to be which can be difficult sometimes).
- I have suffered anxiety but have it now under control.
- Anxiety is increased.
- Hormones, moodiness, depression.
- Anxiety, which is very bad at work when giving large presentations or at executive meetings. Just need to try and soldier through but the stress is so bad leading up to the event that it has affected my confidence.
- I don't get any symptoms. I have less anxiety and depression now I am older; life gets better.
- But I worry that it will affect my mental health as I have previous mental health imbalance.
- Anxiety increased and robustness/resilience impacted.
- I have anxiety for the first time in my career.
- Anxiety levels were very high.
- Brought on Depression and anxiety.

- Increased episodes of anxiety, loss of confidence.
- Self-worth and confidence are tough.
- Mood, feeling discouraged. More impatient with people.
- Anxiety.
- Not as interested in being around people.
- Lack of confidence and anxiety (especially the thought of driving sometimes) and overwhelm.
- I am very career focused and suddenly I'm being overlooked and excluded. Very stressed and upset.
- Forgetfulness impacts my confidence as a senior teacher.
- Began seeing a psychologist regularly.
- Exhausting and embarrassing. Always on edge in case of visible bleeding.
- Anxious.
- Increase in anxiety and decrease in self-confidence and self-esteem.
- Paranoia, anxiety, depression, just feeling down some days makes work feel/seem more difficult or stressful than it actually is. Workplace relationships are more difficult to navigate.
- Low self esteem.
- I have experienced feeling low more often than previously and been teary.
- Experience anxiety and I have never experienced anxiety before.
- I have never suffered from anxiety but now I live it every day. The HRT helps with this a lot but some days it breaks through.
- I find the symptoms are linked with a declining motivation and happiness at work.
- Perimenopause symptoms often caused depression like state and has impacted my mental health.
- Less confident in speaking in some situations as it takes some time to think of words to say.
- Perimenopause was for me accompanied by severe major depressive disorder, directly associated by treating clinicians to be due to hormone imbalances.
- Tired.
- Possibly. Fatigue/brain fog leads to anxiety.
- I am more susceptible to anxiety and get stressed far more easily than I did in the past. Doing things that used to work for me like exercise/healthy eating is not enough to combat these symptoms.
- I've experienced bouts of depression and anxiety.
- Memory loss and lack of concentration affecting my productivity and therefore confidence.
- Only with regard to confidence and sense of self with the physical and mental shifts.
- Yes, the emotional swinging was scary as I did not pinpoint it straight away. As mentioned above, brilliant Dr prescribed low-dose antidepressant which has been found to help with menopause symptoms, worked a treat.
- Worrying about managing impacts.
- The uneven temperament and mood swings do make you feel like you are going crazy. At times I feel a sense of depression and other times I am happy and there is no predictable pattern to how you may feel.
- Mooodds!
- Much more prone to anxiety and "the blues" - not diagnosed depression, but definitely sadness.
- As I pushed through my work and caring responsibilities. I was doing with less sleep due to menopause/perimenopause effects but felt that in a workplace that is geared towards men and dominated by men, as a woman I should not be less productive. Neither could I dial back my responsibilities.
- Feelings of exhaustion, feel less effective at work and confidence drops.

- The symptoms of perimenopause do impact on your mental health, this may be due to feeling anxious, lack of sleep, emotional, etc.
- A lack of motivation has the largest negative impact on me.
- Mood swings and/or hypersensitivity to inter-personal issues at times. Unsure whether this may be contributing to my symptoms of burn-out that have developed over the past year.
- Lack of sleep affected my confidence and ability to interact with colleagues and contribute to meetings.
- I have struggled with mild anxiety in ways that I have never before in my life. A general lack of motivation.
- Anxiety and lack of sleep. Also, self-esteem.
- I feel tired sometimes and a bit overwhelmed if I've not slept well for days.
- Depression, lack of motivation, brain fog.
- I had terrible anxiety from the perimenopause itself, but the combined symptoms also made me quite depressed. I had no idea what was going on.
- Tiredness leads to less motivation which leads to depressive symptoms getting worse.
- Definitely. A) view of myself / bodily changes / etc. B) hormonal changes have exacerbated conditions such as tinnitus and hyperacusis that make working in open plan really stressful at times. C) interactions with younger staff on things like not opening windows or using fans because we have A/C (but its set centrally and sometimes fails) and not understanding how debilitating hot flushes can be. Causes shame (unless there are other similarly affected staff nearby and we band together).
- Feelings of extreme depletion and overwhelm.
- Experiencing anxiety for the first time.
- The symptoms make me feel less confident as they are unpredictable.
- Dullness. Affected my concentration.
- More anxiety. Difficulty with sleep.
- Low mood at times through my menstrual cycle, less resilient, more moody/ grumpy.
- Stress, worry, anxiety. I know it will happen eventually, but I'm only 40: I didn't realise the symptoms could start so soon, and I could hit menopause so soon either.
- Exacerbated anxiety to the point where I have had to have meds and counselling.
- I tend to have a lot more fatigue which means sometimes I may get anxious about not being able to 'keep up'. My saving grace is that I have a strong meditation practice and regularly teach meditation to others in my workplace. Having this commitment to mental health and reducing my hours to 4 days a week has done wonders for my level of happiness. I think I am generally seen as a very calm and happy person who is efficient.
- Being a 42-year-old in menopause is so embarrassing. Apart from the hot flashes and memory issues, I also have hair loss and my face is aging significantly. There isn't anyone in the work place I could talk to about this. I feel like I have no value.
- For a long period, I considered suicide and realised that this was not normal. I never felt like this before menopause, but struggle with it daily since. To stop hot flushes and depression, I am on Lovan.
- A new person is appearing that I don't know well.
- Mood swings and irritability.

## 6. Does your employer have policies in place to support workers with menopause and perimenopause?

- No policies are in place specifically, but I think I could access sick leave if needed. But I'd probably make up a different reason for accessing the sick leave, e.g. viral illness, instead of stating it was due to perimenopausal symptoms.
- I am on a public company board. And this issue is not discussed and there is no policy.
- Covered under EAP and 'Live Better' programs in the workplace.
- I don't believe so. I set a high target for female identifying staff within my institute which has meant there is awareness. Before this, practically none as the space sector is heavily male dominated.
- Sick leave is available if symptoms made it impossible to work. Flexible work arrangements, such as working from home, are also available.
- For previous employer - not that I am aware of.
- Nothing specific that I am aware of.
- My supervisor is also experiencing perimenopause herself so is very sympathetic, however, my organisation doesn't have the same type of awareness.
- Working for government, there are certainly flexible work arrangements, employee assistance etc. that are available to everyone, but I am not aware of anything specifically targeting menopause.
- Mostly male staff, so discussions of this nature are often challenging or avoided.
- I have never heard the word "menopause" mentioned in my workplace until I received the email with the link to this survey. First work email with the word menopause in it! Amazing. No policies, no recognition, no discussion. Menopause in my workplace is something people go through individually and manage on their own, as far as I can tell.
- Not discussed. Not a topic. I think we don't need or want it to be a topic. Now that is just going overboard. Better, to just ask people to be happy with daily hours, and if they prefer to work part time, or full time. Depends on your role, what you may feel like doing. Women don't want to talk about this specifically.
- Not specific to menopause but the flexible work policies are good, and I benefited from those to be able to go part time
- As a private school where all Leadership members are male, there is very little understanding of women and health issues, and we are often looked upon as silly women or complaining women.
- We are a very small team, but our policies are around flexible working, adapted work station, and time off for any appointments.
- If they were supporting older women workers, the reason why would not be directly referred.
- Approval to work from home and get extra sick leave.
- As part of our D&I initiatives, it is being discussed and policies are being developed - additional flexibility and leave entitlements as well as raising awareness.
- I am the only one.
- I don't know, but suspect no.
- We are a start-up so we have few policies in place, but I'm sure if they were asked, one would be put into place. It would be helpful to have some guidance from other organisations and/or government as to what the policy should include.
- Support and leave days.
- I don't think my organisation has any type of special "menopause leave". I just use personal/sick leave when I need to. Having good temperature control in offices is also important.
- There are no policies specific to menopause/perimenopause, but some associated with mental health, and sick leave which I suspect are meant to "suffice".
- We have a category of leave called "life leave" of 10 days per year and menstruation and menopause are one of the categories that can be used. No other policies that I am aware of.



- I don't know if the University does. Our local faculty general manager is supportive (as she is of similar age) but some of the attitudes when the issue is raised in meetings are just horrific (jokes by colleagues about old women, crones etc.) which do get called out at the time, but still - regardless of policies who will take that support, if this is what you are subjected to at the local level.
- In my company – yes, there are procedures to support. But previous companies I've worked for have not had any (or I am not aware of any).
- Efforts are being made but they are more 'lunch and learn' style info sessions that happen about once a year, from what I can tell.
- Menopause leave.

## **7. Are you aware of any government policies, programs or healthcare initiatives addressing menopause or perimenopause?**

- Information sharing for women and men from NSW Health (perhaps my PHN?).
- I've seen some communication around a range of initiatives.
- My GP did refer me to a clinic, but I am unsure whether it was Government supported as I did not have the time to go.
- Menopause clinic in Canberra.
- I know of some individual initiatives able to be accessed via web platforms, but they are certainly not actively promoted my workplace.
- Sexual Health and Family Planning ACT offers menopause and peri-menopause consultations.
- I hear of the development of policies - I haven't read them yet.
- <https://www.menopause.org.au>
- I'm aware of treatment option for individuals.
- Yes, UK based menopause specialist Louise Newson, Newson Health, Balance Ap.

## **8. What actions can be taken by individuals, industry, academia, governments and communities overall to support women's (with menopause and perimenopause) participation in the workforce?**

- Awareness and flexibility are chief amongst how employers can support women through this stage of life.
- Allow conversations to occur with supervisors so we can seek support e.g. when sleeping is regularly interrupted, and tiredness. Allow for working from home as needed to manage this.
- Raising awareness and understanding is an important first step.
- Normalize symptoms of perimenopause and menopause, destigmatise these phases, make policies that disallow discrimination on the basis of age.
- Awareness programs, policies.
- More awareness of the most common symptoms which is NOT hot flushes! More awareness of the huge benefits of HRT! Add these discussions to in office screening programs like skin checks and cholesterol checks etc. Ask women to take a look at the menopause society checklist - start in their early 40s. Otherwise women will drop out of work!
- Flexibility, access to leave.
- Flexible working, mental health officers, EAP.
- Depends what symptoms each person has. Some are purely physical, and others can affect mental and memory function.

- increased education in the health sector of menopause and perimenopause. The barrier for many women I know is the recognition by their GP of symptoms, which leaves symptoms unaddressed and impacts on women. My own GP offered my antidepressants when I presented with symptoms but not notable hormonal changes, which I declined. This is a repeated story in my regional area and there are very few GPs who are recommended within the community for women at menopause/peri stage of life.
- Initiatives to reduce stigma and allow safety to speak about these issues without fear of job loss or being overlooked for promotions. Standardising development of policy and protocols to support women going through perimenopause and menopause. Proposals for leave policies to adequately address those of us in these stages of life.
- Firstly, awareness and acknowledgment even amongst women in the workplace, it remains a taboo subject as women do not want to appear weak or unable to manage this stage of life in comparison to their male counterparts. Discussion on education in workplaces and interventions to support women during a transitional stage that has significant impact on their lives.
- A well-publicised and actioned policy.
- Hiring more women means the issue is more commonly talked about and dealt with. Open discussion and policies for helping those who suffer from this natural age progression. Think what men would do if they had to experience this and that's what you need to enact.
- Campaigns to raise awareness of how difficult menopause can be and remove the stigma associated with menopause.
- Help women to maintain their gender identity throughout perimenopause and menopause, whilst protecting women from the unsolicited sexual advances of other women, at all stages of life.
- Increase awareness of the symptoms and the potential impacts this can have on someone and their family. Provide support options such as flexible working arrangements, targeted health care support (to help women understand the changes and the best ways to manage them), mental health support.
- Supportive workplace, flexible work arrangements and removing the stigma of "crazy women" - we're not crazy our bodies are just changing, and we cannot control how it affects us.
- Better awareness. More discussion. Dedicated (additional) leave.
- Just as it is becoming more accepted to talk about mental health and take a mental health day, managers need to understand the impacts of menopause and create an environment where it is acceptable to use sick leave to address menopause symptoms. I think if anyone (male or female) is experiencing a serious health impact (and I don't know how you judge serious), then they should be able to access additional sick leave days per year. Two weeks sick leave per year is not necessarily enough if you have to attend multiple Dr's appointments (if you can even use sick leave for appointments) and are also unwell enough not to attend work. Flexible work and opportunities to work from home should also be accessible for women experiencing symptoms.
- Needs to be some awareness, and arrangements to allow women to take some leave as necessary to deal with symptoms.
- Provide support for women that have difficulties in dealing with the symptoms, like special leave and flexible work arrangements.
- Encourage women to seek treatment - educate that HRT is not dangerous. Educate doctors about HRT so they can offer it to their patients - so many doctors are concerned about litigation that happened with the original HRT years ago and now do not prescribe it for their patients.
- Policies which normalise peri/menopause (E.g. access to fans in offices or temperature control available)

- I think awareness and arrangements that support those affected. Same with menstruation. It is not an even playing field. Some suffer more than others but for those who do, it's traditionally hard to even mention reasons for 'sick' days.
- Provide access to perimenopause and menopause leave and initiatives to reduce the stigma of talking about this topic.
- Awareness, groups set up to support, open for discussion.
- Open conversation / promotion of services available to help women.
- More Research into treatments, more education of health care providers and employers.
- Awareness, conversations and active checking in on colleagues struggling. It's real.
- Support and education around perimenopause and menopause. The symptoms and things that we are going through.
- Continued support of flexible working arrangements so if needed people can work from home to enable them to manage their symptoms in comfort and privacy.
- More education and some support for employers who want to do the right thing.
- Rostered days off or increased sick leave. Increased supporting roles/additional help for managers and staff experiencing peri symptoms.
- Rostered days off or increased sick leave. Increased supporting roles/additional help for managers and staff experiencing peri symptoms.
- Flexible working options, forgiving timelines deadlines and flexible start and finish times. Open lines of communication. Education for management and staff.
- Menopause affects EVERYONE. Every woman. So, if you are a woman, or have mother, daughter, sister, aunt or if you work with a woman - then you are also likely to be affected by someone who is experiencing menopause. We need to talk about it. We need education starting in schools. It needs publicity.
- Explicit and clear discussions of barriers and how they are being removed. Provisions should not require disclosure nor medical diagnosis. Else, women will simply opt out.
- Appropriate time off, acknowledgement of the impact on health and mental health, support to see specialist when needed (not often easy or timely in regional city)
- I was vocal about discussing menopause, perimenopause and periods in the workplace to open up discussion and support and to encourage women to be kind to themselves and put their care first. I would like to see mandatory training for managers in workplaces and for staff to understand what some women go through, e.g. that emotional outburst that was unexpected may not be personal, so start from 'are you ok?'. I would like to see policies in place to support leave or modified work practices/environment.
- Provide flexible work options. Access to leave.
- Understanding impacts and giving some allowance for women to address issues they are having with no negative connotations or derogatory comments or actions.
- We have fought hard to have maternity leave recognised, but there is no acknowledgement that women in later phases of their life might also need to do things a little differently for a while. Instead, I had my bosses tell me I wasn't working hard enough and that at this stage of my life, I should be ramping up my commitments and taking on additional roles - in other words, my male bosses assumed that every scientist's life is like a typical male life. Zero recognition that women lives do not always fit into the same boxes that the male-biased science careers have shaped as "normal". Let's talk about menopause in science workplaces and stop pretending that it's not happening. I think it's mostly ignorance that men have no idea how much impact menopause can have, and women have no space to talk about it without looking weak and unreliable. Menopause can be difficult to manage but with support women can navigate menopause and return to productive science careers, just as

many have navigated time taken out for childbearing - it's not necessarily easy, but it can be done, and if we work on our support and understanding we will be able to retain talented scientist that we might otherwise lose. But we need to have those conversations.

- I'm not sure as it affects everyone differently. I do know that by it being part of the common language especially for woman in their 40 it would make it easier to cope. I had no idea of the impact in my 40's but after some reading and podcasts now in my late 50's I am seeking medical intervention that should have been started years ago. Maybe better advertising by government medical bodies about the signs and symptoms to know is a start. Getting people talking about how 'real' it is and how it does affect one's ability to function would be huge.
- Raise awareness and support.
- Normalise discussion, information programs, sharing of statistical data, support networks.
- Enabling flexible work for dealing with perimenopause symptoms, enabling time outs when needed to deal with hot flushes or periods of nausea.
- Recognition and respect.
- Create psychologically safe workplaces, eliminate bullying. Create supportive environments, leave.
- Being understanding of the difficulties (physical and mental) that occur naturally in this period of a female's life and allow for these.
- Talk about it. Raise awareness. Invisible conditions can be overlooked.
- Raise awareness, support flexibility at work, show more compassion & address the impact it has on career progression.
- Focus on increasing proportion of women in senior leadership, especially in industry which is so much lower than the proportion in government.
- Just offer 4- or 5-day week. Everyone is affected differently. We can't just discuss women without discussing men, some of them reckon they have menopause too. Why not just have the options for all person over 50 or 45 or whatever. Like a preemployment options or other options if they feel it's needed later.
- Raise awareness, somehow reduce stigma.
- Flexible working arrangements that can be enacted for short periods of time.
- Discussion and consultation, Job design, Awareness leading to policy Education.
- Education programs among all staff, particularly managers, to better understand the impact of menopause on working ability.
- Reduce workload, make it easier to work part-time (similar to when you have young children), workplace support for health and wellbeing activities targeted at perimenopause. Don't write us off!
- Even simple things like having access to temporary workspaces with more individual temperature controls and time away from open plan spaces (like an office) would help. Flexibility to work from home is also a massive improvement.
- Flexible working hours. Working from home. Medical support and advice available.
- Access to specific leave and understanding with memory issues.
- Policy and process for leave, flexible ways of working. Increased acknowledgement and understanding of the impacts.
- Awareness campaigns and days of leave recognising the impact to break the stigma.
- I do not know. Easier access to health professionals who understand how to treat it effectively. It's hard to come by a doctor who understands perimenopause. If you're still having regular periods and don't get hot flushes, they just say you're not menopausal so there's nothing they can do.
- Awareness, engagement and urgent action to support women.
- It would be nice if it there was some mandate or highly recommended that at least one female sits in a leadership position within the school sector.

- Greater education, protected characteristics, training for managers and HR.
- Be aware and prevent discrimination. Allow sick leave to be used for menopause issues. Provide workplace with good air conditioning.
- Education for all, around what menopause and perimenopause are and what treatment is available to those who are suffering. Pay Dr Louise Newson to educate GPs, industry heads, universities and government on these issues. Government could subsidise all menopause apps for e.g. Balance app and texts such as the Definitive Guide to Peri Menopause. Lastly, provide a rebate on menopause specialist appointments. They are ludicrously expensive.
- Not sure, don't know enough to comment.
- More awareness of the possible impact on all areas of women's health. Flexible hours, release time to attend appointments. Better education for GPs, easier access to specialists, bulk billing.
- Reduce workload, working day hours with no financial reduction that would impose on being financially able to live.
- Be aware of symptoms and be flexible with those who might be experiencing them.
- Reduce stress levels support for individuals wanting to work part time.
- Awareness raising, demystifying, making it normal, and giving women great information about the changes they will experience, and how they can access treatment and what adjustments they can make to continue to enjoy their career.
- Greater awareness of the diverse array of symptoms and impact on functioning.
- Better range of and more accessible healthcare in the regional areas.
- Recognition and acceptance of the symptoms and the fact that women 'change' during this time and not necessarily as they wish. More funding/research to formulate policies for retaining women in the workforce.
- Raise awareness and understanding among all workers. Specific policies in workplaces to support workers experiencing symptoms or supporting those with symptoms. Better education across medical doctors to treat perimenopause and menopause holistically rather than just individual symptoms. Further research into Hormone Replacement Therapy to show it is safe and should be made more accessible (dispel misinformation generated from study in early 2000's especially related to increased risk of breast cancer).
- Communication and awareness.
- Open discussions, options for work from home and sick leave are needed.
- Raising awareness. Extra personal leave time. Flexible work arrangements.
- Understand that it may affect our ability to be 'on the ball' all day every day. It can be mentally and physically draining.
- I think if you stuff something up because of brain fog that your menopause could be taken into consideration as a factor. Also, I believe men need more training on menopause. They screw up their faces like they have been vomited on if you mention it. It is not a dirty word; it affects 50% of the population. We need to be able to discuss its affects.
- Publicly speaking about it.
- Conversations to normalise, work flexibility (To be honest, I haven't really thought about it).
- Encouraging women to stay in the workforce.
- Recognition. Monetary support for hormone replacement therapies when those are chosen. These currently cost \$80/month to support my work.
- Create more awareness of these issues on women's productivity, create support groups to help tackle these problems.
- Leaders to talk about their experiences with menopause and perimenopause. Be aware that staff may need adjustments to conditions/work hrs/leave to support them being productive and happy.

- Recognition of this stage of life on some (but not necessarily all) women and gender diverse individuals with ovaries. Open discussion, increasing awareness among men (who are often line managers of women at this life stage, and which was the case for me).
- Raise awareness - this is something that no one talks about. It seems like women in perimenopause talk to each other but not to the wider community and, strangely, not to younger women to let them know what to prepare for. It seems most people are blissfully unaware - part of the problem is that it affects everyone very differently.
- More awareness.
- Speak about it, be open about it, de-stigmatise it.
- Policies for leave, if required. Increased flexibility and work from home options.
- I think there should be special extra paid leave days, if needed. And yes, this might mean going to your GP and getting some sort of medical validation. But that would be fine as if you are feeling really unwell this will help. Also, it needs to be paid. As women (me included) already sacrificed years of low to no pay during child rearing. We cannot then be diminished further in our chances of having a good retirement due to ill health or the consequences of perimenopause and menopause.
- General understanding and empathy.
- Acceptance and understanding would help. I believe there should be distinct pathways enabling women to work in different ways whilst remaining career-focused, valid and contributing to the workforce. Of course, more funding into medical research to support reduction of symptoms and ongoing social imbalance would be incredibly beneficial.
- It can be quite private, but having a policy that you can action without being questioned; providing cool rooms :-)
- Further discussion, support groups.
- I think by the time women hit 50 a lot of us are fed up with the patriarchy, sexism, misogyny, boys clubs, being paid less than less experienced men, etc. If I were financially independent, I would stop working in the biotech sector and it has nothing to do with menopause, but everything to do with gender discrimination and having to deal with incompetent men being in leadership positions. Fix that and more menopausal women might want to work.
- Flexibility in terms of openness too- it's not taboo!
- Raising awareness, particularly around perimenopause and its symptoms.
- More availability of information and normalising the ability to talk about it as part of health and wellbeing.
- Highlighting the facts about perimenopause and menopause, and the tools needed to take care of yourself and your career during this time.
- There needs to be time allowed to access the support and health care and additional sick days allowed (without stigma) to seek the support and deal with the symptoms. Greater access to counselling and psychological services and physical health services.
- Flexible work arrangements, presentations by experts to discuss it and increase awareness.
- Openness, sharing, reducing the stigma, support, discussing options and support.
- Knowledge sharing, general community awareness campaigns.
- Awareness that we are going through something significant. Good temperature control - do not put us in offices with 20-somethings!
- Understanding and some flexibility in working arrangements.
- Right now, it is seen as a woman's issue and sometimes not taken seriously (joked about). It would be good to show the economic benefit of supporting women through this phase as they overall benefits to the organisation are enormous (just like parental time off is more normalised).

- Health support for individuals, more education about it generally, accommodations where needed for individuals.
- Awareness and education around your workforce. And groups where women can openly talk about it, in the workplace and have a support network. A really bad thing is 'you are not in again, or you have another doctor appointment' and the eye roll from men - but also women.
- Support being the keyword and understanding.
- Recognition - this is the biggest action, particularly in generating understanding by men and by women that don't experience any symptoms associated with perimenopause/menopause. Women do not need to be told by other women to "get over it" just because they did not experience any symptoms. Flexibility - being able to be flexible with your working conditions (hours, location, tasks etc) so that you can better manage the wide range of changes occurring is super important.
- Training and information sessions; allowances for leave or shared roles, similar to the support around pregnancies.
- Raising awareness at work (especially in male-dominated areas like STEM) that it's not only young women who need support through the child-bearing age, but also women going through menopause. Talking openly about this issue would already go a long way. Also offering support at work (mental health support, sick leave) and generally encouraging leadership teams to provide additional support for women in these situations e.g. to be more closely supported/seconded in their job (e.g. working closely with a deputy who can take over at short notice, which would also benefit the deputy in terms of training).
- Flexible work arrangements and the ability to work from home are the most helpful options.
- Raise awareness. Don't assume that women going through this are intentionally stupid, evil and go after them harder than men.
- I am really not sure; it is a super complex issue. Ultimately, it is about moving away from "greedy" organisations, so that all individuals are better able to adapt their work lives to their personal life circumstances, whatever they may be. Menopause is just one of the many issues that people of all genders may face in their lives and may need adjustments for. If we just focus on introducing menopause policies, we run the risk of stigmatising middle aged and older women even more in their ability to continue in or return to the workforce.
- Medical leave.
- Increased awareness and reduction of stigma attached with it.
- Flex work is the best option.
- Women should be open about what they're going through. Doctors must become educated about how to diagnose and treat it, and especially on the ACTUAL risks (much lower than previously thought) of MHT. Workplaces should be open about menopause and actively offer support to women. Governments should look at the high cost of some MHT that is currently not covered by the PBS.
- More open conversation about what to expect and how to support ourselves and others.
- Women leaders talking about this openly, leading the way. I am really happy with our local GM talking about it as a means to the participation. But it would be great to see our new VC talk about it or raise some of our researchers in the area and what that means for how we operate.
- Acknowledgement, support, training, leave provisions.
- Start conversations, I guess.
- Talk about it, make it as easy to talk about as pregnancy. Allowances for those that need it. Just for it to be acknowledged openly would be great.
- Flexible work options, access to personal leave as required, awareness campaigns and training for managers and individuals, health information.

- Flexibility with work hours.
- None to my knowledge. It is unbelievable that having published, peer reviewed studies supporting the beneficial effects of hormone treatment, such treatment is not covered by PBS.
- Access to good evidence-based resources for help with symptoms. Time to attend appointments. Flexible work arrangements to facilitate exercise and wellbeing.
- Proactive education on hormone support, extra day(s) for annual sick leave.
- Awareness, normalising this part of the life cycle for women, making resources available, online seminars or IRL events and information sessions, having experts come on sight to have info sessions.
- Raise awareness about intersectionality and discrimination.
- Acknowledge it is a problem, provide support (leave, resources, flexibility).
- Allowing women to reduce their hours to at least 4 days a week without embarrassment or needing to meet any fair work criteria. Flexibility with job sharing at management and executive level.
- Additional leave, if needed or WFH, if needed. Honestly, I don't want to be discussing the details with line management but the option to take additional leave if no other leave is available would be beneficial. Similarly, universities need to have sufficient workforce in place that if staff need to take leave on short notice there is sufficient staff available to cover. Currently there is no option to cover at all - no temporary staff, no substitute staff, no relief staff - if on short notice circumstances means women in the workplace may need to be released from front facing duties. For example, I suffered severe rapid onset haemorrhaging whilst teaching on a field trip, there was no capacity for me to leave or be relieved. I was in a situation of shared communal bathrooms with students- 3 toilets, 3 showers with linked drainage - while suffering severe haemorrhaging that I could not have foreseen. It was a medical issue, and I could not leave work for 4 days as there was no sufficient staff cover to meet WHS requirements for student supervision. I still do not know how I got through those days.
- I worry that it will lead to further discrimination. Despite being smarter, harder working and more intelligent than my colleagues I already cop a lot of the "you are just a KPI" talk. I fear menopause strategies would make this worse. It would be nice if employers at least knew about the symptoms so that I wouldn't have to feel so embarrassed about being super sweaty in meetings. Otherwise, I am not sure what the solution would be.
- Education and training in medical graduates Access to information Promotion and awareness.
- Talk about menopause when we talk about getting pregnant, family planning etc. Actively engage women to talk about menopause and how this has impacted their workplace and make changes.
- It is an issue that needs to be talked about and not treated as taboo.
- Increased education campaigns and medical support.

## 9. Is there anything else that you'd like to tell us that may be of interest for the submission?

- I think a huge problem are the ways in which the medical profession regard menopause as something that women should just endure. A game changer for me was a referral to a great gynaecologist who understood that continuing a professional career required the support of medical intervention - a re-insertion of Mirena combined with a programme of HRT has resolved symptoms and returned to me a vigour and passion for life.
- There seems to be so little understanding of the huge health benefits of HRT. Dr Newson from the UK has been a great source of information, and her Balance app is an excellent resource.



- Better information from broader health services to promote understanding of menopause and perimenopause prior to community members experiencing this. Normalising these talking points would go a long way to reducing stigma.
- I understand this was a WiSA survey, however, this affects women across industry and careers .
- I work in a government department filled with policies. At the moment, there is a strong emphasis on wellbeing. What this translates to is many many hours spent talking about student wellbeing, completing online compliance courses, learning plans, calls home etc. etc., most of which is reasonable (except for the time taken away from preparing for delivering classes and the pressure to work more unpaid hours and for pay that isn't even keeping up with inflation). The way staff wellbeing is addressed is to put the URL for counselling onto every document. So, if you aren't coping, contact these people (subtext in your own time and fix yourself). As we expect you to be able to co-regulate unregulated students, control your emotions, be present, be organised, be kind, put any personal issues you may be experiencing to one side etc. etc. Given these expectations and the directive to fix ourselves, if we don't feel able to meet those expectations, what's the likelihood my employer is going to care about menopause?
- I felt too embarrassed to tell my colleagues that I was going through menopause mainly because the organisation I work for is quite ageist, especially against older women.
- Awareness of fertility in perimenopause may be useful to some women.
- I replied unsure to many questions because I feel I am starting to get symptoms, but the medical body will not confirm because symptoms are not specific. So, you don't feel great, you know it is not "you" but you are not sure if you can add a label to it and just have "tough" it up. It is such an important topic. I feel it is similar to the time when period pains were not considered a thing . Thank you for your submission!
- Post menopause women are actually much better leaders, real clarity and empathy to lead multidisciplinary teams in a supportive and caring environment.
- Working from home (part-time and casual) has been wonderful for me including dealing with menopause symptoms. Online meetings mean no-one knows when I'm having a hot flush. No-one can see how often I have to visit the toilet or when I have to rush. If I'm having a bad day, I can just get stuck in and get stuff done whereas at a worksite I would have to go for a walk if I became upset about something. Brain fog seems to affect me more strongly in verbal tasks, so mostly writing tasks helps me to retain my self-confidence. Medical appointments are more easily juggled around work tasks. Because I work casual hours (and my current employer appreciates my value and trusts my work ethic), I am in control of when I take (unpaid) sick leave and there is no-one that I need to answer to as to whether I've taken an appropriate amount of leave or not. I also have developed osteopenia (precursor to osteoporosis with menopause as a risk factor) and working flexibly means that I can prioritise exercise and strength building.
- I know several people who have suffered from peri-menopausal symptoms that have affected their day-to-day ability to work. Accommodation is very employer dependent and more could be done to provide support for those who need it.
- This is an issue that is not at all discussed in the workplace and seems to be considered taboo.
- Specific resources made available by work would be great. There is a lot of information out there and loads of different ideas about what can help, but sometimes just making access easy to discuss options can go a long way.
- I think that more research needs to be done on menopause symptoms and treatments, I think there is a lack of awareness and also some reluctance to discuss the issue.
- It affects half of the population in their lifetime, needs more openness and education. So many people have told me they sought medical attention as they thought they were experiencing early

dementia or going insane, and then they found out about menopause. The hot flushes and pain are talked about, but the cognitive impact is news to most people.

- Thank you for coordinating these findings. I'm not yet at perimenopause/menopause but agree that more needs to be done.
- I recently went looking to see if there is employment in this area - supporting women in workplaces with menopause. While there are industry bodies, I could not find any government department or group that was actually going into workplaces or really pushing this. I hope this inquiry changes this. I would also add that reproductive leave (for IVF, periods etc) should be mandatory - in addition to sick leave.
- Women have to put up with men going through midlife crises and their moodiness/ aggressiveness/ sexual innuendos constantly so it would be great if women could be treated respectfully at this stage of their lives.
- There have been two periods in my life when I almost left my job as an academic scientist - coming back from maternity leave and hitting menopause. We are improving our recognition of the need to support women in the child rearing stage of their lives (though still a long way to go!) but I have as yet seen no evidence in academic science careers that there is even any recognition that women might need some understanding and support while they navigate through the menopausal stage of life.
- I have worked throughout peri and menopause and in hindsight I now understand why I was like I was. Education about it would have changed my work and home life rather than coping because "I was busy" and making excuses for my feeling and behaviour. I was under a "women's health specialist" and even then, nothing was done by her to help me. At age 49, I found a naturopath who helped me cope with the symptoms such as hot flushes but what I really needed was hormone support.
- Thank you for the opportunity .
- It wasn't until I started experiencing these things myself that I started caring about them because they simply have never been discussed. I try my utmost hardest to still be as productive as I ever was, but it is increasingly difficult. If part time work or early retirement was an option, I'd be taking one of those up at the moment to help me balance my symptoms with my comfort level in what is a very male dominated workplace. There's nothing worse than everyone in a room watching you experience a hot flush and feel very awkward about it when you mention menopause. It simply needs to become the norm. That's where education comes in.
- This is such an important topic, until I gave myself permission to acknowledge menopause was a factor & be kinder to myself about my struggles; it has been tough. I am tired of there being no adjustments in the workplace - there maybe policies but whilst there is no acknowledgement these will not be available or taken up for the fear of being seen as less competent.
- Yes, stop segregation of women. We are people, this women in construction are not sensible unless something is done about it. Make this about over 45/50 and give men and women options for shorter hours and part time. It's noted they allow women who are pregnant or have children to start later, as much as that is good, it's discrimination in some ways, against others. So, make it neutral, is my thought. I have been in this game 30 years. I am currently looking for a new role. I laugh inside myself at men in senior roles who say they are pro women, when I ask for a job, nothing is forthcoming as yet, even after I have been on the major projects for the last 7 years in Sydney. Prior to that, I was construction mining for 20 plus years. Stop bringing in foreigners, when there are too many applications at the moment for jobs.
- I believe this relates closely to the inequality of men and women in the workforce.
- Initiatives for menopause could and should also encompass other women's health issues such as menstruation, pregnancy, endometriosis, etc.

- Hot flushes seem to always happen when I am speaking in public, the perception is that I am nervous which is not great for me career or career progression.
- Post menopause can be a very productive time, but many women have lost confidence and seniority during childbearing and menopause years.
- This is a significant productivity and workplace health and safety matter. Policy, programs, communication is critical to remove stigma and to enact essential supports for women relating to lifecycle change and the workplace.
- I hope you can create change.
- It's a tricky subject to raise with a male manager and the symptoms are different for everyone. It would be great to see more candid discussions.
- Infrastructure could be looked at. Consideration of movement around schools in timetabling. Sore joints, hips, ankles slow movement from one end of the school to another. Even the number of stairs you need to take to get to a class.
- Our company provides training and advice to organisations globally on menopause and the impact to women at work. I'm still shocked at how many large, well known, Aust businesses (with a large demographic who are in this age group) do not think menopause is an issue. I would love to be part of any campaign to focus on big business.
- I do not want to retire and am very capable of working many more years. I need to work for my self-esteem and to increase my super so I can retire in the future. I am so unhappy due to my treatment at work I really just want to leave.
- There is a stigma that menopause happens to old people. If I mention perimenopause the automatic response is "you're too young to be starting that". I am 45 - although I have also had treatment for breast cancer.
- Women need to be supposed as we soon become the majority who work.
- Great to see this happening. I feel that 50% of the challenge would be solved just by knowing what is happening with us - women tend to think 'it's just me' when what they are experiencing is completely normal.
- More education is required for all females so we can identify the 'Issues related to menopause and perimenopause' that we may face as all women will have different symptoms and suffer to different level. A one solution to suit all approach will not work.
- For many women in demanding jobs, including myself, lower self-confidence and increased levels of anxiety during perimenopause and menopause phases can have a negative impact on career progression. I only realised this in myself until I reached post-menopause.
- Mental health support in the workplace needs to be implemented from the top down and incorporate all levels of the business.
- General practitioners (particularly young women) should be trained on recognising the symptoms. They should also be trained to not be dismissive when a woman presents with these symptoms.
- This will impact 50% of people directly and 100% of people indirectly. More needs to be done to support those going through it to enable us to be our best selves in the world. Access to treatments and support needs to be considered and provided equitably across all sectors of society.
- Would like to know the government policies for menopause.
- I experienced menopause 10 years ago but after a bout of breast cancer, I am now on estrogen-inhibiting medication which induces many of the same symptoms and side-effects as menopause.
- Anger! For the past couple of years I have felt a simmering anger, sometime rage in the workplace. I have become less tolerant of incompetence in my male colleagues, less tolerant of the lack of equity in the workplace and the systemic issues around DE&I. I see many women consider leaving their careers at this stage which is unfortunate as they are in the prime of their experience and knowledge

that they can apply to problems. A good mentor has helped me to recognise what is happening and helps me to not make rash decisions in the midst of hormonal upheaval.

- All women go through Menopause - but generally we suffer in silence - there is still bills to pay and a life to live, and nobody wants to hear women complaining about it.
- Can we have more investment into R&D into women issues generally, but also meno and peri?
- It is a challenge to find information on programmes, assistance and support.
- There isn't a lot of information on this issue, yet half the population is impacted by it.
- There is a still as stigma attached to menopausal women in the workplace and it is not something that is freely discussed or acknowledge. It is a life changing experience that is attached to many health ramifications and women need support to balance work and health more at this age, yet the expectation is to perform at the same capacity as others not experiencing this event. Perhaps paid menopause leave like maternity leave could be considered.
- I had a lot more issues with menstruation than menopause stuff. I had a hysterectomy at aged 36 to stop missing work and productivity issues. I still have my ovaries, so I will menopause, but I do not know when or if it has already started etc. Periods were more of an issue for me - a huge issue. I had to have the surgery to be able to work.
- I know of at least one example of a female having to resign from a senior position within CSIRO because of perimenopause/menopause. This should not have to happen as a response to what is a fundamental component of a woman's life.
- I am aware of colleagues who have been badly affected by perimenopause, so am happy to hear that issues and support are being more openly discussed.
- This is one of the last taboos around women's participation in the workforce, which should definitely be pro-actively discussed and addressed by government, employers, and employees to ensure continued, productive and enjoyable participation of women in the workforce through their perimenopause and menopause years!
- Papers on how to manage in high level jobs whilst dealing with this issue would be so helpful.
- This has been the most horrendous experience, and it has completely changed my career trajectory. I was a rising star, and I now don't want to be involved any more.
- Change the culture so it isn't taboo to speak of it. Female supervisors are not necessarily more supportive.
- Perimenopause and menopause occur at a time when women may have elderly parents needing extra care and support, and possibly teenage children also needing a lot of support. These roles place even more demands on their time and energy.
- No, good luck and I'm interested in seeing the outcomes.
- I heard a podcast about this, and immediately sought treatment. Within ONE DAY of starting on oestrogen, I was feeling better, and now (a few months later) I am back to my full productivity. Every woman should be offered MHT.
- Glad to see coverage of these issues on the ABC website.
- I'm really thrilled we are talking about this. How lucky we are to reach this stage of life, and wouldn't it be great if we could talk about this and prepare for these changes as a matter of course. I didn't know too much about it - nobody prepared me for this stage of life because it was shameful or whatever (much like when I was younger and first got my period). I'd like to think, regardless of whether this will help me directly, that we can make changes for my kids and their generation. They spoke openly to me about getting their periods, there seemed to be less shame and more normalcy about it. I really hope that we can do the same for menopause.
- I think women in this age group feel like it's almost selfish to put the focus on them - i.e. we know how tough it is for young women with small kids and just being a woman in STEM is hard. As an older

woman with a great job and a strong career, I feel it's hard to raise this and potentially take the focus off younger women.

- I love that you're including perimenopause - although relatively new in recognition, the impacts are huge.
- I am pleased to see this submission is being put forward.
- There needs some public exposure on the misinformation around hormone support and cancer and increased awareness of cardiac risk, bone density risk etc.
- Universities are still heavily dominated by older males with little understanding of the realities of female biology. There is also an ongoing culture of toughen up, do what is needed, overwork, keep quiet, don't be trouble, don't speak up, don't expect support from colleagues. The culture is if you can't do all this you are too weak, too stupid, and not capable of being successful. It is ridiculous. It is 2024. Women make up 1/2 the workforce, women make up more than 1/2 the student body, women's biology isn't an inconvenience. Women are not getting 'special treatment' and are not 'failures' if they are not men. The days of ignorance to the basic biology of over half the population should be long behind us. There is no excuse.
- I appreciate you putting together this survey. Will you please share your submission when you put it through?
- Women WITHOUT children are also part of the workforce. It is not just women who have had children and going through menopause and there is a level of hurt and lack of acknowledgement for women who go through both childlessness AND menopause.