

Policy Brief

Menopause and Perimenopause

Key messages

- Menopause has physical, financial and mental health impacts for women, people assigned female at birth and people with innate variations in sex characteristics (intersex).
- National and workplace policy must include strategies to support and manage the impacts of menopause and perimenopause.
- Health care professionals should be adequately trained and resourced to provide support and advice on the management of menopause and perimenopause.
- There is a need for better education about menopause and perimenopause.
- Menopausal care and supports should consider intersectionality.
- More research about menopause and perimenopause is needed to inform evidence-based treatments, supports, interventions and holistic health care.

Purpose of this brief

Australian Women's Health Alliance works to articulate the policies and actions necessary to improve health outcomes for women and gender diverse people. This brief provides a gendered lens to expand understanding of menopause and perimenopause, to inform policy, strategy and practice. It is applicable in all jurisdictions.

Understanding menopause

Menopause occurs when there has been an absence of a menstrual period for at least 12 months in the absence of other diagnosed hormonal conditions. Menopause can cause symptoms such as hot flashes and night sweats, problems sleeping, joint pain, fatigue and/or tiredness, anxiety or mood changes, dry vagina and bladder issues.¹ Menopause often occurs between the ages of 45 and 55 (averaging at 51 years), but can occur earlier, for instance due to certain procedures such as hysterectomy (surgical removal of uterus), oophorectomy (surgical removal of ovaries) and radiotherapy to the pelvis and chemotherapy.² Symptoms can also start 5-10 years before the onset of menopause. Menopause before the age 45 is called 'early menopause' and before the age of 40 it is called 'premature menopause'.³

Perimenopause is the time leading up to the final menstrual period. Symptoms of perimenopause include hormonal fluctuations, heavy bleeding, hot flashes, mood disturbance and genitourinary issues.⁴

We acknowledge that not all people who go through menopause and perimenopause are cis women or identify as women. Trans men, gender diverse people, including non-binary and people assigned



female at birth, and people with innate variations in sex characteristics (intersex) may also share the experience and face similar, and unique, challenges to cis-gendered women.

Why put an intersectional gendered lens on the impacts of menopause and perimenopause?

Health and workplace policy

Marginalised women and gender diverse people experience challenges in accessing health care that is inclusive, accessible and sensitive to their individual needs. The National Women's Health Strategy specifies menopause as a priority and a key intervention point across the life course of women and gender diverse people in Australia, especially regarding its impacts on physical health, mental health and the increased risk of cardiometabolic health issues.⁵ However, it is not mentioned in the National Preventive Health Strategy nor the National Strategic Action Plan on Heart Disease and Stroke.^{6 7}

Emerging evidence in Australia and overseas shows that a lack of support to manage menopausal symptoms in the workplace can contribute to women leaving the workforce early, with long term gendered impacts including lost earning potential, job insecurity and reduced super. Loss of income may also limit women's ability to fund their treatment for menopause. Workplaces play an important role in supporting menopausal women, including through work health safety policies. The provision of reproductive leave and wellbeing policies, inclusive of menopause,⁸ are key to ensuring that women can keep working while they navigate menopause.⁹ This would also reduce stigma and enable menopausal women and gender diverse people to manage their symptoms and wellbeing.¹⁰

A commitment from the Australian Government to legislating reproductive leave in Federal Awards would drive change in workplaces. Accommodations by employers would help maintain workforce participation and support menopausal employees, such as flexible working conditions, more toilet breaks, access to fans, cold drinking water, free period products and uniforms made from natural, breathable fabrics.¹¹ In addition, access to an Employee Assistance Program (EAP) would support mental health and mitigate psychosocial hazards in the workplace.¹²

Health practice

There are gaps in the skills and education of general practitioners (GPs) to confidently manage menopause, particularly in rural, regional and remote areas.¹³ Women report doctors dismissing or misdiagnosing menopause symptoms, for instance, as a mental health condition.¹⁴ In alignment with our Women and Sexual Reproductive Health Position Paper and the National Women's Health Strategy, there should be increased training for health professionals in menopause and perimenopause to strengthen their capacity to support women and gender diverse people experiencing menopause.^{15 16 17}

Education should be included in all medical, nursing, psychology and allied health degrees, in specialist training courses for gynaecologists, endocrinologists and psychiatrists and mandatory professional development for existing GPs and sexual health practitioners. Given the high rates of domestic, family and sexual violence towards women and gender diverse people, it is imperative that menopausal health care is trauma-informed.¹⁸ The establishment of fully funded multi-disciplinary



menopause clinics (with telehealth for remote access), including trauma-informed mental health support, informed by lived experience could also complement GP practice.

We also recommend the delivery of accurate, non-judgmental health education about menopause to women and gender diverse people across their lifespan, from secondary school education onwards.¹⁹ This includes widely available plain English and translated resources and self-management tools. In addition, education and resources for family members supporting those experiencing menopause could ensure greater care.

Menopause goes beyond physical health needs. There are many life stages for women and gender diverse people, including puberty, pregnancy, motherhood and menopause that impact on reproductive health, physical health and mental health.²⁰ Women and gender diverse people experiencing the menopausal transition are more likely to experience mood changes and symptoms of anxiety and depression,²¹ with menopause also recognised as a vulnerable period for those previously diagnosed with clinical depression.²²

Women and gender diverse people need a holistic way of supporting their mental health during the menopausal transition. This includes mental health support from GPs and other health professionals when making diagnoses and referrals to appropriate treatment options.

Menopausal Hormonal Therapy (MHT) (also known as Hormone Replacement Therapy (HRT)) is a range of hormone treatments that reduces the symptoms of perimenopause, improves bone density and reduces the risk of fractures.²³ MHT may also decrease the risk of heart disease and diabetes in some women.²⁴

Evidence-based information about MHT is key to enabling women to make informed decisions about this treatment. In the early 2000s misinformation about the increased risk of breast cancer in women who used MHT resulted in mass avoidance of MHT.^{25 26} Health professionals must provide accurate and accessible health information on the benefits and risks for women and gender diverse people in relation to their individual circumstances. The cost of MHT may be a barrier for some people, particularly those on low incomes,²⁷ with many medications not available on the Pharmaceutical Benefits Scheme (PBS) and having high out-of-pocket costs.²⁸ In addition to cost, shortages in supply of MHT are also a challenge.²⁹

What does this mean for health equity?

Gender-responsive health care is care without gendered discrimination or prejudice, it is self-determined, and recognises the rights of women and gender diverse people to attain health care according to their needs. These include needs associated with gender, race, ethnicity, sexual orientation, gender identity, disability, visa status, class and other intersecting factors.

Addressing priorities in policy, preventive health and practice regarding menopause would ensure women and gender diverse people maintain optimal health and wellbeing during an important life



stage. Women and gender diverse people spend almost a third of their life post menopause and addressing gaps in education, health care and research is key to better health outcomes.

Menopausal health care and information must consider intersectionality and experiences of marginalisation. The National Preventive Health Strategy identifies health inequities for people from priority communities due to social inequality and social disadvantage.³⁰ For First Nations people, racism and discrimination are a factor in more severe menopausal symptoms and create barriers to health care.³¹ LGBTIQ+ people experience challenges in accessing supportive and validating health care and fear discrimination from health providers when disclosing their gender diversity or sexual orientation.³² Women with disability face ongoing challenges accessing appropriate health care for existing health conditions, which may be exacerbated by menopause. Menopause may also contribute to secondary disabling conditions.³³

It is, therefore, crucial that legislators, policymakers and service providers understand intersectionality and take an intersectional approach.

According to the National Preventive Health Strategy, data, research, and evidence are important factors in preventive health.³⁴ Funding research on the experiences, impacts, treatment and management of menopause in priority populations of women, people assigned female at birth and with innate variations in sex characteristics (intersex), and those with diverse sexualities, will also inform future preventive health practice.

About us

Australian Women's Health Alliance provides a national voice on women's health. We highlight how gender shapes experiences of health and health care, recognising that women's health is determined by social, cultural, environmental, and political factors.

Contact us

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We acknowledge the Traditional Custodians of the lands and waters on which we live and work. We pay our respect to Elders past and present. Sovereignty has never been ceded.



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