Resource 2

Experiences of menopause at work: women in the Grampians region

WOMEN'S HEALTH GRAMPIANS
MENOPAUSE @WORK

This resource aims to provide information about the societal context that influences women's health experiences including menopause. By understanding this broader context your organisation can help improve the systems, services and supports to create better health and wellbeing for women.

In 2024, Women's Health Grampians published the 'Gender inequality in the Grampians region' report providing current trends and indicators for the issues facing women in the workplace. Factors relating to employment opportunities, as well as family and caring responsibilities can have significant impacts on women's long-term economic security.

Employment opportunities

In the Grampians region:

- Men are more than twice as likely as women to work in full-time employment.
- Women are more than twice as likely to work part-time, therefore earning less.
- A higher percentage of women earned below the minimum weekly wage.
- Women experiencing additional structural barriers such as racism and ableism are more likely to earn below the minimum weekly wage.
- Men continue to dominate leadership positions in majority-female industries across the region.
- Majority-female industries such as healthcare and social services continue to attract lower wages.[1]

Caring responsibilities

Across the Grampians region:

- Childcare options are limited, with many areas described as 'childcare deserts'. This has a significant impact on women's ability to work and long-term financial security.
- Women hold the greater weight of informal caregiving than men, and at a higher rate than the state average.
- Women complete significantly more unpaid domestic work and childcare than men.
- The cumulative effect of lower wages, part-time work, and being away from the labour market to undertake unpaid care work results in women receiving significantly lower superannuation than men. Women are more likely to face poverty in older age.[2]

"...to see the woman as very experienced... that she can be seen as a mentor in that role for young, newer people who come along in the organisation...to still offer those opportunities because there is a long-term resource, untapped resource...that's what we've really got to be pushing."

Joy, Equality Advocate

"A lack of childcare, limited flexibility in senior management roles, fewer leadership opportunities due to executives (often men) staying in roles for lengthy periods, and career limitations based on location are contributing barriers to women's leadership in a rural Grampians setting...despite the fact that women hold a higher rate of bachelor's degree, graduate diploma or postgraduate qualifications compared with men."[3,4]

Mental health considerations

Women in the Grampians region report diagnoses of long-term mental health conditions (lasting 6 months or more) at rates more than twice as high as those in larger centres and metro areas. The rates are higher, on average, for local government areas with lower levels of socio-economic advantage.[5,6]

Women in these areas also have poorer access to specialist women's health services, including sexual and reproductive and menopause specific services.[7]

Menopause is still strongly associated with stigma, and it is not uncommon for women to feel they need to hide or play down symptoms and discomfort to appear professional. This adds to the stress for women experiencing it, but also this taboo status makes it difficult for employers to manage sensitively.

"Diabetes symptoms are close to menopause symptoms...I was confused by which one was the one causing difficulties to my health.

Women are also the care providers, especially single women, as I have found, can be challenging, especially looking after family, extended family, elderly parents... family members with disabilities.

Unexpected life events that have traumatic impacts on mental health and health."

Alison, Equality Advocate and WHG, Health Promotions Officer - First Nations.

Intersectional considerations

Intersectionality is about recognising that women, men and gender-diverse people have complex identities and will be affected or disadvantaged by programs, systems and policies in different ways.[8]

"Intersectionality is defined as the complex, cumulative manner in which the effects of different forms of discrimination combine, overlap, or intersect"[9]

Kimberley Crenshaw

In essence, it means that different kinds of prejudice can be amplified for people who experience multiple forms of oppression, for example, gender inequality and racism, ageism or ableism.

When we look at who lives in the Grampians region, people who identify as female represent over half the population.[10] We need to consider the diversity of this population and the impact of menopausal transition.

For older women, the intersection of gender inequality and ageism, or "gendered ageism", perpetuates unrealistic expectations of "agelessness". Negative and ageist stereotypes about women in particular can lead to discrimination against older women in the workforce. For women experiencing menopausal transition, which can last from 5 to 10 years with the average age of menopause being 51 years[11], managing symptoms and a career at the same time can be challenging.

First Nations women "experience gender discrimination as women, but they are also likely to have unique experiences of inequality as First Nations women."[12] A study in 2014 (Agency for Clinical Innovation, NSW) found that First Nations communities do not have a word for Menopause in language. The women refer to it as "the change of life", a term which signifies the ageing process with an associated gain of respect in community.[13] The study also reported a fear of menopausal symptoms or uncertainty about causes of symptoms. Many Aboriginal women stated that they had insufficient information and there was a need for greater understanding. This extended to the men in women's lives. Their misunderstanding was noted as putting a strain on relationships, with the importance of a supportive partner acknowledged. The private nature of "women's business" was mentioned as contributing to the lack of awareness in men.[14]

Women from migrant and refugee backgrounds can also experience gender discrimination, racism and cultural sensitivities around discussing and managing the menopausal transition. Women from migrant and refugee backgrounds can experience language barriers and barriers to health care due to visa and/or residency status that make it harder for them to access healthcare to help them manage menopausal symptoms.

Gender-diverse people, transgender, non-binary and intersex people may also experience menopause and perimenopause. There are significant gaps in research when it comes to understanding the experiences of gender-diverse people going through menopause, leading to deficits in supporting this cohort both medically and socially.

Women with disabilities experience both gender discrimination and ableism, significantly impacting their access to appropriate sexual and reproductive healthcare and support. Among the barriers they encounter are negative assumptions regarding their sexual and reproductive rights.

These misconceptions can put women with disabilities at a higher risk of sexual and reproductive coercion or violence.[15] Adding to this, women with disabilities, already managing complexities and symptoms from different medical issues associated with their disability, can further be impacted by symptoms of menopause.

When thinking about how to support women in your workforce experiencing menopausal transition, consciously consider and address these intersectional barriers.[16]

Climate Change considerations

Due to gender inequality and rigid gender norms, women are disproportionately affected by the impacts of climate crisis.[17] Increasing costs of living, such as food, water, petrol, and gas – all exacerbated by climate change – place additional burdens on women who typically earn less income, are less likely to work full time due to caregiving responsibilities, and accumulate less superannuation.

This leads to the broader implications of climate change, particularly how escalating temperatures are challenging the design and suitability of housing in regional Victoria – a crucial concern for menopausal women who are especially vulnerable to the intense heat.[18]

Additionally, the impact on women is heightened by their living arrangements, often in less climate-proof housing such as rentals and social housing, and by their higher likelihood of experiencing chronic illnesses or disabilities that make them more susceptible to the dangers of heatwaves. The risks are further compounded during extreme weather events, which can also lead to increased incidents of gendered and sexual violence.[19]

"...Although the workplace might be air-conditioned or temperature controlled... most of us go back to homes that are not air-conditioned and have hot flushes.

Our environmental experiences are on top of what's happening to our bodies... if you look at many of the houses, they don't have air conditioning...so, we've got a whole lot of environmental factors that are contributing to what we're having to go through that are not helping. It affects our sleep patterns. All sorts of things...our environment, especially in Western Victoria, is hellish in summer."

Christine, Equality Advocate

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