

Response to the Senate Inquiry on issues related to menopause and perimenopause



CEW

Women Leaders Empowering All Women

About CEW

Chief Executive Women's (CEW) shared purpose is 'women leaders empowering all women'. CEW's over 1,200 members represent Australia's most senior and distinguished women leaders across business, academia, government, sport, the arts, and not-for-profit sectors. CEW's members have leading roles within Australia's largest private and public organisations. They oversee more than 1.3 million employees and \$749 billion in revenue. Members' organisations have a combined market capitalization greater than \$1.144 trillion and contribute in excess of \$249 billion to Australia's GDP.

Since 1985 CEW has influenced and engaged all levels of Australian business and government to achieve gender balance. Through advocacy, research, targeted programs and scholarships, CEW helps to remove the barriers to women's progression and ensure equal opportunity for prosperity. CEW's members work actively to realise our vision of a community where women and men have equal economic and social choices and responsibilities.

Acknowledgment

We acknowledge the Traditional Custodians of Country throughout Australia and pay our respect to their Elders past and present. CEW celebrates the diversity of First Nations people and their continuing connection to land, water, and community, and acknowledges the strength of First Nations women leading their communities. We extend that respect to Aboriginal and Torres Strait Islander people who are part of the CEW community.

To learn more about CEW, and how our team can support your organisation's journey to gender equality, visit our website www.ceb.org.au or contact us at ceb@ceb.org.au

Executive Summary

Alongside the Australian Government, CEW members are a force for change to restore Australia as a world leader on gender equality. As business and community leaders, CEW members seek to realise a vision of:

- Diverse women leaders at every decision-making table
- Women's workforce participation enabled across all sectors
- Women's economic security and freedom from violence across their life course
- Workplace flexibility for men and women to work and care for family

CEW has commended the Commonwealth Government's consistent focus on women's economic security as foundational to our national prosperity, [1] and welcomes the recent release of Working for Women, Australia's first National Gender Equality Strategy. However, **economic participation cannot be maintained without equitable health outcomes**. Systemic, structural, and cultural factors, particularly in healthcare, perpetuate gender inequality in Australia.

Inequality is even greater for First Nations women, women from migrant and refugee backgrounds, women with disability, and gender diverse people who experience multiple, diverse, and intersecting forms of discrimination and disadvantage. This disadvantage is exacerbated in women's experiences of healthcare and its outcomes. [2] We note particularly the impact of ageism, [3] the effects of which may be difficult to disentangle from bias against perimenopause and menopause.

On average, women in Australia retire at 52 years old:

- **Seven years before the average age for men (59)**
- **12 years before women's desired age of retirement (64)**
- **45% of women retiring early cite their health as the primary reason. [4]**

Addressing women's mid-life health concerns and enabling their continued participation in the workforce provides an incredible opportunity for Australia. **Employing 5% more people aged 55 or older could add \$48 billion to the Australian economy.** [5] Given that a woman appointed CEO of an ASX-listed company can increase the company's market value by five percentage points, [6] there is a strong business case to retain mid-life women, enable their continued progression to senior leadership, and therefore capitalise on the depth of their talent and experience.

We have an opportunity to create a foundation of sustainable change and close the gender equality gap for the good of all. Intentional steps now and over the coming years will build towards a gender equal Australia in 2030.

CEW appreciates the opportunity to provide a submission, with a primary focus on two of the Inquiry Terms of Reference:

- a. the economic consequences of menopause and perimenopause, including but not limited to, reduced workforce participation, productivity, and retirement planning; and
- b. the level of awareness amongst employers and workers of the symptoms of menopause and perimenopause, and the awareness, availability and usage of workplace supports.

This submission focuses on the opportunities for public-private partnership to support mid-life women, often at the peak of their careers, to thrive in the workforce throughout their menopausal transition, and beyond.

Recommendations

CEW calls on the Government to:

- Invest in further research on women's health, with an explicit – but not exclusive – focus on peri-/menopause. Research should employ an intersectional, life-course approach, recognising the socio-economic impacts of women's health for women and the wider community
- Legislate to integrate intersectional gender responsive budgeting and gender impact assessment into policy design, implementation, evaluation, and spending allocation as it relates to healthcare
- Ensure that all gender responsive budgeting processes are embedded holistically across government and private industry and invest in capability to deliver holistic, easy to understand and accessible healthcare to women across Australia
- Review the supply chains and pricing trends of commonly used medical products, including those required for Menopausal Hormone Therapy (MHT), with a view to enabling universal affordable access to treatment and care

Globally, addressing menopause could potentially contribute **\$120 billion** to the economy [7]

CEW calls on business leaders to:

- Develop and implement strategies to support women's health, including peri-/menopause, to enable workforce participation, particularly in critical leadership years
- Prioritise practical accommodations and flexible working conditions that enable women to remain engaged with their workplaces, over standalone leave entitlements
- Increase health literacy within organisations and amongst men, particularly male leaders

Women's health is an economic issue

Menopause is a biological event, marking the date twelve months after a woman's [8] final menstrual period, and signifying that she can no longer become pregnant.

Perimenopause, or the menopausal transition, refers to the phase before menopause (and sometimes continuing after menopause) where hormones fluctuate as a woman approaches the end of her reproductive life cycle. Commonly reported symptoms include hot flushes/flushes, flooding periods, dry and itchy skin, temporary loss of concentration or 'brain fog', increased anxiety, anger or rage, and loss of confidence.

Around half of the Australian population will experience perimenopause and menopause in their lifetime [9]

However, the menopausal transition affects women differently: even within families, there can be wide variation in the age of onset, symptoms experienced, severity of symptoms, longevity of symptoms, and impact of the transition on daily life.

Across Australia,

- **64% of women** aged 45-64 have experienced some **bothersome symptoms** attributed to menopause;
- **41%** have found it **hard to do daily activities** due to these symptoms in the last five years; and
- **One in four** experienced symptoms that had a **substantial impact on their daily lives**. [10]

We note that the impact of peri-/menopause extends beyond mid-life women: 15% of women aged over 65 years, and 9% of women aged 18-44, have found it hard to do daily activities, hard to work or study, missed exercise, and/or missed days of work or study due to symptoms attributed to menopause in the last five years. [11]

Menopause and early retirement

On average, women in Australia retire at 52 years old: seven years before the average age for men (59) and 12 years before women's desired age of retirement (64). [12] Data from the Workplace Gender Equality Agency shows that Australia's total remuneration gender pay gap is 21.7%. [13] This economic disparity extends into retirement, with **Australian women retiring with an average of \$136,000 less in superannuation**. [14] Ageing populations and a rise in workforce participation from women aged 45-64 in OECD countries make recognising the impact of menopause on paid employment an increasingly pressing issue. [15]

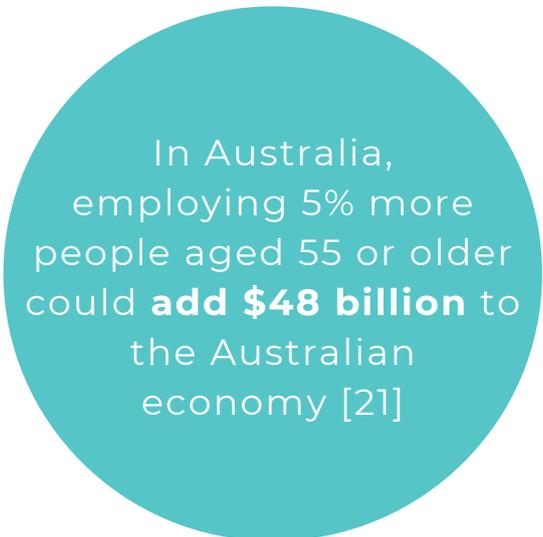
In *Working Future: The Australian Government's White Paper on Jobs and Opportunities*, the Government identified “reducing barriers to work by addressing disincentives to participate, improving the quality of support for people with disability, and promoting gender equality” as a key policy area. The Paper noted that the future labour market will require more highly skilled people “to meet our rising demand for quality care and support, to harness the technological and digital transformation, and to support our net zero transformation.”

Supporting women to stay in the workforce longer can help meet these economic needs. This is even more critical noting that perimenopause and menopause are often experienced at career and skill peaks.

The impact of menopause and perimenopause on gendered wage gaps remains understudied. However, early data shows a relationship between the intersecting and compounding effects of the ‘mid-life collision’ [16] and decreased earnings:

- A longitudinal study of over 3,000 women in the UK found that those who reported **at least one disruptive menopausal symptom at the age of 50** were **43% more likely to have left their job by the age of 55**. [17]
- In a multi-country study, one in eight women experiencing menopause left the workforce; a further two in eight would leave if they could afford to. [18]

The long-term impact on individual women is concerning. Modelling from the Australian Institute of Superannuation Trustees suggests that, as of June 2022, women aged 50-54 could be losing an estimated \$15.2 billion per year in foregone earnings and super due to severe symptoms of peri-/menopause impacting their workforce participation [19]



In Australia, employing 5% more people aged 55 or older could **add \$48 billion** to the Australian economy [21]

Yet the **opportunity for workplaces, and the broader Australian economy, is more optimistic**. Across the OECD, building multigenerational workforces and giving older employees greater opportunities to work could raise GDP per capita by 19% over the next three decades. [20]

The Government's role as a leader in gender equality should extend to healthcare

Recommendations for Government

CEW has commended the Commonwealth Government's focus on public-private collaboration to advance gender equality. The Government should lead destigmatising women's health conditions, and prioritise an intersectional, collaborative approach to health, in partnership with key stakeholders.

1. Consider women in all their diversity

Women are not a uniform cohort. They face multiple intersecting and compounding forms of discrimination and disadvantage based on their gender, race, culture, sexual orientation, gender identity, disability, location, life stage, and socio-economic status.

These intersecting factors affect women's experience of health conditions, including menopause and perimenopause:

- People from areas of relative socioeconomic disadvantage are likely to reach menopause at a younger age, [22] as are women with intellectual disabilities, and particularly women with Down Syndrome. [23]
- **Almost 10% of people in remote and very remote Australia have no access to any primary healthcare services within a 60-minute drive** from their home, [24] meaning women in regional and remote Australia have a drastically lower likelihood of receiving a timely diagnosis, support, or information about peri-menopause.

Current research on perimenopause and menopause may not capture the experiences of women who have left the workforce due to associated symptoms. Furthermore, much of the existing academic literature is confined to the UK and EU-member countries. [25] We also note the lack of research into the menopause experiences of women who have experienced abuse or medical mistreatment over their reproductive life course, including the ongoing effects of intersectional experiences of medical discrimination. We believe, therefore, that Australian-specific research that captures both paid and unpaid work will be necessary to create the most effective policy response.

2. Invest in further research, employing an intersectional, life-course approach

The current lack of research and support around menopause, perimenopause and other conditions that primarily impact women is a significant risk to women's long-term economic security and hinders their ability to fully participate in the workforce.

Action must be taken to support women in this cohort, who are often at the peak of their careers, to continue to thrive in the workplace.

We recommend that further research be actively undertaken on the impact of women's health conditions on mid-life women, with a particular focus on the socio-economic impacts of these conditions. We note that the impact goes beyond the individual's physical experience, and can impact their ability to participate economically, interfere with care responsibilities and lead to discrimination which can be compounded with intersectional disadvantage. CEW supports the Australasian Menopause Society (AMS)'s recommendation that this research be led by the Productivity Commission.

Further, CEW echoes Equality Rights Alliance's call to fund cross-sectoral research seeking to understand the impact of peri-/menopause on part-time and casual workers, and the AMS' recommendation to research best practice for supporting women in frontline roles through their menopausal transition.

3. Enable universal, affordable access to treatment and care

We recommend that the Government review the supply chains and pricing trends of commonly used medical products, including those required for Menopausal Hormone Therapy (MHT), with an intersectional gendered lens. The review should identify current barriers to affordability and access for women, and develop a clear roadmap towards universal, affordable access to key medications and treatments. CEW notes that women's access to key medications cannot be achieved without the Government supporting sustainable prices for manufacturers to avoid disruption in the supply. Consideration should also be given to investing in the development of new treatments, including clinically approved non-hormonal treatments, to ensure women in Australia have genuine choice. CEW recommends that advertising claims on products purported to support menopause be closely scrutinised, and tighter regulations considered, to ensure that all products offered to women have a clear evidence base for their safety and efficacy.

4. Women's health should be considered through a life-course approach

While CEW welcomes the Government's focus on peri-/menopause, it is vital that this subject is understood within the broader context of women's health, and not to the detriment of other conditions affecting women's wellbeing and workforce participation.

For instance, endometriosis remains under-researched and under-diagnosed despite costing the Australian economy an estimated \$9.7 billion per year [26]; a global scoping review conducted in 2023 found no English-language literature research on interventions to support women with polycystic ovary syndrome (PCOS) at work. [27] Looking beyond women's reproductive health, closing the women's health gap for depressive disorders and migraines – two health conditions that disproportionately affect women – could add \$100 billion and \$80 billion respectively to the global economy. [28] CEW therefore recommends that action on peri-/menopause is taken alongside and in addition to support for other women's health conditions and women's wholistic health across her life-course.



The impact of public-private collaboration to support women's economic participation

Recommendations for business leaders

1. Develop and implement strategies to support women's health to enable workforce participation, particularly in critical leadership years

The evidence is clear: investing in gender equality leads to better performance for business. Research, both in Australia and internationally, [29] has found that on average companies with gender balanced leadership teams perform better. They deliver greater profits, have stronger talent attraction and retention, achieve higher returns, drive better ESG outcomes, have lower overall risk profiles, and have better credit ratings. [30] In Australia, it is estimated that increasing the representation of women in leadership leads to a 6.6% increase in the market value of ASX-listed companies. [31]

Yet, we also know that **women remain chronically unrepresented in senior leadership positions in Australia:**

- Across the ASX300, only 9% of CEOs are women
- 29% of executive leadership roles are held by women
- One in ten companies in the ASX300 have no women on their executive leadership team. [32]

A survey of 8,000 women across Australia, the UK, and the US found that while most women did not view their peri-/menopause experiences negatively, less than a third felt supported by their manager, formal work policies and programs, or informal work practices. [33] We know women want support from their organisations, [34] yet 58% of women are uncomfortable raising this with an employer. [35]

This lack of workplace support is leading to a talent drain with women, who are often at the peak of their careers, leaving the workforce years earlier than desired.

A 2023 survey across Australia, the US, and the UK suggested that 13% of women quit their job due to peri-/menopause symptoms, and a further 15% considered it. [36] Of those who quit, the largest cohort of women left Senior Executive roles (28%), followed by Mid-Level Managers (20%). [37]

A 2018 review of Australian, UK, and European research found that while menopausal symptoms negatively impacted women's subjective assessment of their performance at work and their intention to exit the workforce, their menopausal status did not correlate with objective measures of work outcomes or performance. [38] In other words, women leaders remain entirely capable of delivering strong performance for business; yet through peri-/menopause, they do not feel supported by their organisations to do so.

I was going through perimenopause trying to hold onto a senior leadership position and not show too much

CEW calls on business leaders to demonstrate their commitment to gender equality by actively accommodating women's changing health needs to enable their continued workforce participation.

Case study: Deloitte Australia

Since developing a Menopause Inclusion Strategy in 2022, Deloitte Australia has rapidly become one of the leading employers in Australia for people experiencing peri-/menopause. Deloitte's rationale for acting on the issue was multi-faceted: the consulting firm considers supporting peri-/menopausal women as part of its duty of care to employees, and sees the flow-on effects on retention, organisational sustainability, and creative problem solving as sufficiently strong business imperatives to act.

After a process of consultation and co-design with employees across the organisation, Deloitte Australia is embedding a wholistic menopause inclusion strategy. Key pillars of the approach include:

1. Demonstrating **commitment** across the organisation, led from Senior Leadership
2. Updating organisational **policies** and practices to include reference to menopause
3. Developing **educational resources** for staff of all genders about the menopausal transition
4. Leading conversations to **normalise and destigmatise** menopause
5. Providing direct support to those experiencing menopause, including **mental health support** and **physical environment adjustments**
6. Building **peer support networks** and safe spaces to share experiences

One particularly successful activity Deloitte Australia implemented was offering '**Menopause cafés**' – an opportunity for staff of any gender to come together over coffee for an informal discussion about peri-/menopause. Participants shared their experiences, concerns, and strategies to manage the menopausal transition. A menopause champion was present at each cafe, who could refer individuals to a list of certified practitioners for additional support as required.

2. Prioritise practical accommodations and flexible working over standalone leave entitlements

There is a growing body of evidence demonstrating that **flexible working arrangements support women's workforce participation**. We also know that flexible working conditions can support a broad range of women's health conditions. For women with endometriosis, flexibility in work hours and an employee's increased ability to self-manage their time have a positive impact on women's productivity and ability to manage their symptoms. [39]

A survey of 2,400 people working in the financial services sector in the UK considered the desirability of different flexible working options during menopause, including:

- Ability to take breaks
- Reduction in workload
- Flexible work
- Working from home
- Change to part-time work
- Regular working hours [40]

I don't want a day off, I just need 30 minutes to cool down, collect my thoughts, and maybe change my shirt

'Working from home' and 'flexible work' were the most desirable options, with nine in ten respondents agreeing that these are helpful or would be helpful for managing their symptoms.

Notably, **women hold more mixed views about a 'reduction in workload'**. Fewer than one in six women agreed this was helpful in practice; almost one in five women believed reducing workload was unhelpful or would be unhelpful; and over a quarter of women didn't know – the highest level of uncertainty amongst the responses. Similarly, the option to 'change to part-time work' was met with high levels of uncertainty and resistance, with two in five respondents stating this is or would be unhelpful or they didn't know.

This survey mirrors calls CEW heard during consultation for this submission to exercise caution about introducing specified 'menopause leave', or otherwise decreasing women's engagement with the workforce during perimenopause. [41] While some women will require longer periods of absence from the workforce, a greater number are calling for flexibility and short breaks as key adaptations to facilitate their continued workforce participation.

I would rather poke my eyes out than ask for menopause leave

CEW calls on business leaders to prioritise practical accommodations and flexible working conditions that enable women to remain engaged with their workplaces throughout their menopausal transition. We caution against the implementation of standalone 'menopause leave' that risks further alienating a woman from her place of work.

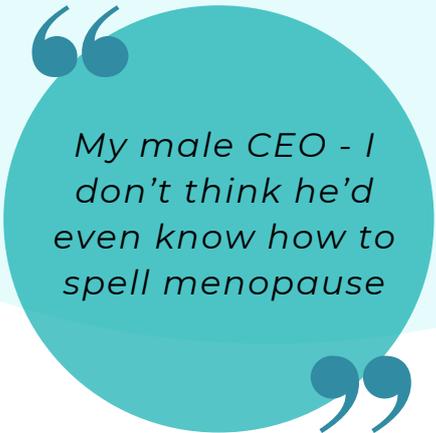
3. Increase health literacy within organisations and amongst men, particularly male leaders

The Australian Medical Association reports that **at least 12% of women who experience menopause symptoms do not consult a health care practitioner.** [42] This statistic reminds us that – while increased training of primary health care professionals is an essential component of peri-/menopausal care – a sizeable cohort of women may require reliable information about menopause from outside the health care system. CEW believes this responsibility for providing information and awareness for their staff rests in part with employers.

CEW endorses a model of public-private partnership to ensure all genders participating in the workforce have access to clear, reliable, and accessible information about peri-/menopause. The Government should take primary responsibility for producing medically accurate, plain English reference materials, whether directly or through provision of grant funding to industry experts. CEW calls on the Government to address the current lack of awareness and education materials available in community languages, plain English, or in audio visual formats to support culturally and linguistically diverse women and women with low health literacy. [43]

Business leaders can play three key roles:

- to **lead the normalisation and destigmatisation** of conversations about menopause in their workplace;
- to **ensure managers are menopause-informed** and equipped to discuss appropriate workplace supports with their direct reports; and
- to **signpost reliable sources** for their employees to seek further advice and support.



My male CEO - I don't think he'd even know how to spell menopause

Workplace awareness efforts must include all genders, including men, in conversations about peri-/menopause.

Organisations are urged to consider the cultural safety of their staff when delivering awareness sessions, recognising that certain cultures and faiths prohibit the discussion of menstruation in a mixed-gender setting.

CEW calls on business leaders to normalise and destigmatise conversations about menopause in the workplace; to ensure managers of all genders are menopause-informed; and to make reliable resources available to all their employees for further advice and support.

Case study: Lloyds Banking Group UK

Lloyds Banking Group is one of the largest financial service providers in the UK. Noting that 30% of their staff (23,000 people) were women over 40, Lloyds recognised the urgent need to ensure their workplaces were safe and accommodating for peri-/menopausal women.

The core of Lloyds' response is the **Menopause Promise**: a commitment that any staff member experiencing the transition will be listened to, supported, and respected by their manager - with the confidence that all managers are trained and menopause informed.

For the executive, the Menopause Promise is a critical step towards reaching gender balanced leadership (defined by Lloyds as 50% men and 50% women in senior roles by 2025).

A year after the Menopause Promise was introduced, an internal survey demonstrated that:

- 75% of staff felt more supported
- 20% of staff felt less uncomfortable speaking about menopause
- 15% of staff reported an increased understanding of menopause [44]



References

1. See for example, CEW. "CEW welcomes significant Federal Budget." 2023, <https://cew.org.au/advocacy/cew-welcomes-significant-federal-budget-to-enable-womens-economic-participation-and-support-the-most-vulnerable-women-across-the-economy/> and CEW. "Media release: CEW welcomes Productivity Commission report and calls for universal early childhood education and care." 2023, <https://cew.org.au/advocacy/cew-welcomes-productivity-commission-report-and-calls-for-universal-early-childhood-education-and-care/>
2. Widely reported in both Australia and a global context, including World Economic Forum. "Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies." 2024, https://www3.weforum.org/docs/WEF_Closing_the_Women%E2%80%99s_Health_Gap_2024.pdf; Samra, Rajvinder and Hankivsky, Olena. "Adopting an intersectionality framework to address power and equity in medicine." *The Lancet*, 2020, vol. 397, issue 10277, [https://doi.org/10.1016/S0140-6736\(20\)32513-7](https://doi.org/10.1016/S0140-6736(20)32513-7); Schuch, Helena et al. "Intersectionality, racial discrimination and oral health in Australia." *Community Dentistry and Oral Epidemiology*, 2021, vol. 49, issue 1, <https://onlinelibrary.wiley.com/doi/10.1111/cdoe.12581>;
3. See for example RTOERO. "The Nuances of ageism: How intersectionality can impact the experience of aging." 2022, <https://rtoero.ca/wp-content/uploads/2022/01/Nuances-of-ageism-whitepaper-RTOERO-2021.pdf>
4. Australian Bureau of Statistics. "Retirement and Retirement Intentions, Australia." 2020, <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/2018-19>
5. BSI. "Lifting the Second Glass Ceiling." 2023, https://www.bsigroup.com/siteassets/pdf/en/insights-and-media/insights/white-papers/bsi_lifting_the_second_glass_ceiling_whitepaper.pdf
6. WGEA. "More women at the top proves better for business." 2020, <https://www.wgea.gov.au/newsroom/more-women-at-the-top-proves-better-for-business>
7. World Economic Forum. "Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies." 2024, https://www3.weforum.org/docs/WEF_Closing_the_Women%E2%80%99s_Health_Gap_2024.pdf
8. While we will refer to 'women' throughout this submission, we use this in the broadest sense to include people of marginalised gender identities who will also experience menopause.
9. Roberts, Lauren. "More than half of all Australians will experience menopause. Here's how to prepare and manage symptoms." ABC News, 17 January 2024, <https://www.abc.net.au/news/2024-01-17/menopause-prevention-management-health-long-life/103264326>
10. Jean Hailes for Women's Health. "The impact of symptoms attributed to menopause by Australian women." A report from the 2023 National Women's Health Survey, 2023, https://www.jeanhailes.org.au/uploads/15_Research/Menopause-and-Australian-Women-FINAL_V2_TGD.pdf
11. Ibid.
12. Australian Bureau of Statistics. "Retirement and Retirement Intentions, Australia." 2020, <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/retirement-and-retirement-intentions-australia/2018-19>
13. Workplace Gender Equality Agency, 'Gender pay gap data', <https://www.wgea.gov.au/pay-and-gender/gender-pay-gap-data>.
14. The Guardian (2023), 'Women earn \$1m less than men over lifetime and retire with \$136,000 less super, study finds', Paul Karp, March 8th, <https://www.theguardian.com/australia-news/2023/mar/08/women-earn-1m-less-than-men-over-lifetime-and-retire-with-136000-less-super-study-finds#:~:text=10%20months%20old-,Women%20earn%20%241m%20less%20than%20men%20over%20lifetime%20and,%24136%2C000%20less%20super%2C%20study%20finds&text=Women%20in%20Australia%20earn%20%241,released%20on%20International%20Women's%20Day.>
15. Riach, K and Jack, G, 'Women's Health in/and Work: Menopause as an Intersectional Experience', *Int. J. Environ. Res. Public Health*, vol. 18, 2021, <https://pubmed.ncbi.nlm.nih.gov/34682537/>.

References (cont.)

16. In their 40s and 50s, women are likely facing a series of significant life changes simultaneously or in short succession, including increased care responsibilities for ageing parents and/or grief for lost parents; increased seniority at work; changing family dynamics as older children reach adulthood; and the menopausal transition. This combination of stressors is known as the 'mid-life collision'.
17. Evandrou, Maria, et al. "Menopausal transition and change in employment: Evidence from the National Child Development Study." *Maturitas*, vol. 143, 2021, pp. 96–104, <https://doi.org/10.1016/j.maturitas.2020.09.010>
18. Circle In. "Driving the change: Menopause and the workplace." 2021, <https://circlein.com/research-and-guides/menopause-at-work/>
19. Australian Institute of Superannuation Trustees (AIST). "Measuring what matters: Understanding our economy and society while informing policy making." AIST Submission to Treasury, 2023, https://treasury.gov.au/sites/default/files/2023-03/c2023-379612-australian_institute_of_superannuation_trustees.pdf and AIST. "2023-2024 Pre-Budget Submission to the Assistant Treasurer and Minister for Financial Services: AIST Submission." 2023.
20. OECD. "Promoting an age-inclusive workforce: Living, learning and earning longer." OECD iLibrary, 2020, https://www.oecd-ilibrary.org/employment/promoting-an-age-inclusive-workforce_59752153-en
21. BSI. "Lifting the Second Glass Ceiling." 2023, https://www.bsigroup.com/siteassets/pdf/en/insights-and-media/insights/white-papers/bsi_lifting_the-second_glass_ceiling_whitepaper.pdf
22. Jean Hailes for Women's Health. "The impact of symptoms attributed to menopause by Australian women." A report from the 2023 National Women's Health Survey, 2023, https://www.jeanhailes.org.au/uploads/15_Research/Menopause-and-Australian-Women-FINAL_V2_TGD.pdf
23. Moore, Katie et al. "Understanding the menopausal experiences of women with intellectual disabilities: A scoping review." *Journal of Intellectual Disabilities*, 2023, <https://doi.org/10.1177/17446295231182246>
- 24.. Bishop, Lara et al. "Best for the bush: Rural and remote health base line 2022." Royal Flying Doctor Service, 2023, flyingdoctor.org.au/download-document/best-bush-rural-and-remote-health-base-line-2022/
25. Howe, Danielle et al. "Policies, guidelines, and practices supporting women's menstruation, menstrual disorders and menopause at work: A critical global scoping review." *Healthcare*, vol. 11, issue 22, 2023, <https://doi.org/10.3390/healthcare11222945>
26. Ibid.
27. Ibid.
28. World Economic Forum. "Closing the Women's Health Gap: A \$1 Trillion Opportunity to Improve Lives and Economies." 2024, https://www3.weforum.org/docs/WEF_Closing_the_Women%20%99s_Health_Gap_2024.pdf
29. Bankwest Curtin Economic Centre and Workplace Gender Equality Agency. *Gender Equity Insights 2022*, 2022, <https://bcec.edu.au/events/bcec-wgea-gender-equity-insights-2022/>
30. Realindex Investments. *Beyond lip service: tracking the impact of the gender diversity gap*, 2022, <https://www.firstsentierinvestors.com.au/en/institutional/insights/latest-insights/decoding-the-diversity-premium.html> and McKinsey and Company. *Delivering by Diversity*, 2018, <https://www.mckinsey.com/capabilities/people-and-organizational-performance/our-insights/delivering-through-diversity> and Bankwest Curtin Economic Centre and Workplace Gender Equality Agency. *Gender Equity Insights 2022*, 2022, <https://bcec.edu.au/events/bcec-wgea-gender-equity-insights-2022/>
31. Bankwest Curtin Economic Centre and Workplace Gender Equality Agency. *Gender Equity Insights 2022*, 2022, <https://bcec.edu.au/events/bcec-wgea-gender-equity-insights-2022/>
32. CEW. *CEW Senior Executive Census 2023: Incremental change failing to solve the crisis*. 2023, <https://cew.org.au/advocacy-and-research/cew-2023-senior-executive-census/>

References (cont.)

33. Korn Ferry. "Understanding the role of menopause in work and careers." 2023, <https://www.kornferry.com/content/dam/kornferry-v2/pdf/institute/kfi-korn-ferry-and-vira-health-survey-findings.pdf>. 26% agreed or strongly agreed they felt supported by formal work policies / programs, 32% by their manager, and 32% by informal work practices.
34. BSI. "Lifting the Second Glass Ceiling." 2023, https://www.bsigroup.com/siteassets/pdf/en/insights-and-media/insights/white-papers/bsi_lifting_the_second_glass_ceiling_whitepaper.pdf
35. Ibid.
36. Korn Ferry. "Understanding the role of menopause in work and careers." 2023, <https://www.kornferry.com/content/dam/kornferry-v2/pdf/institute/kfi-korn-ferry-and-vira-health-survey-findings.pdf>
37. Ibid.
38. Hardy, Claire et al. "Work outcomes in midlife women: the impact of menopause, work stress and working environment." *Women's Midlife Health*, vol. 4, article 3, 2018, <https://doi.org/10.1186/s40695-018-0036-z>
39. Armour, Mike et al. "Endometriosis and the workplace: Lessons from Australia's response to COVID-19." *Australia and New Zealand Journal of Obstetrics and Gynaecology*, vol. 62, issue 1, 2021, <https://doi.org/10.1111/ajo.13458>
40. Standard Chartered and Financial Services Skills Commission. "Menopause in the Workplace: Impact on Women in Financial Services." 2021, <https://standardcharteredbank.turtl.co/story/menopause-in-the-workplace/page/1>
41. For example, see submissions for this Inquiry from the Royal Australian College of General Practitioners, Equality Rights Alliance, and Menopause Friendly Australia.
43. Bandyopadhyay, Mridula et al. "Accessibility of web-based health information for women in midlife from culturally and linguistically diverse backgrounds or with low health literacy." *Australian and New Zealand Journal of Public Health*, vol. 46, issue 3, 2022, <https://www.sciencedirect.com/science/article/pii/S1326020023003060>
44. Nawrat, Allie. "Lloyds: Breaking the menopause taboo at work isn't just a nice thing to do". *Unleash*, 2023, <https://www.unleash.ai/diversity-equity-inclusion/lloyds-breaking-the-menopause-taboo-isnt-just-a-nice-to-do/>

