



# The silent transition

## Understanding the impacts of menopause in New Zealand workplaces

NZIER report to Global Women

June 2023



## About NZIER

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NZIER is a specialist consulting firm that uses applied economic research and analysis to provide a wide range of strategic advice.

We undertake and make freely available economic research aimed at promoting a better understanding of New Zealand's important economic challenges.

Our long-established Quarterly Survey of Business Opinion and Quarterly Predictions are available to members of NZIER.

We pride ourselves on our reputation for independence and delivering quality analysis in the right form and at the right time. We ensure quality through teamwork on individual projects, critical review at internal seminars, and peer review.

NZIER was established in 1958.

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### How to cite this document:

NZIER. 2023. The silent transition: Understanding the impacts of menopause in New Zealand workplaces. A report for Global Women.

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## Key points

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### **Our research aimed to provide important insights into how employers can support women experiencing the impacts of menopause in the workplace**

This project is a Public Good Partnership between NZIER and Global Women. It aims to investigate the impacts of menopause on New Zealand women's economic engagement and participation and identify what New Zealand employers may need to consider to better support women's wellbeing and productivity through the menopause transition and increase employee retention.

Specifically, we sought to address three research questions:

- What are New Zealand women's experiences of menopause and its impacts on their work?
- How are Māori women's experiences of menopause and its impacts on their work different from New Zealand women generally?
- What do New Zealand employers know and think about menopause, its potential impacts on economic engagement and participation, and potential ways of responding?

### **Our research is based on a survey of New Zealand women and a survey of New Zealand employers**

Our insights on women's experiences of menopause and employers' attitudes about menopause are derived from two surveys we designed which Kantar ran in May-June 2023:

- a survey of over 1,000 New Zealand women, including 150 Māori women, designed to understand the challenges posed by menopause from women's perspectives
- a survey of 500 New Zealand employers, designed to understand the experiences, attitudes, and concerns that may shape what actions are needed and what actions are feasible in the New Zealand context.

### **Internationally evidence suggests the impacts of menopause on women's work can be significant**

Our review of the published literature identified that women's symptoms could impact their work engagement and economic participation. Overseas studies suggest that overseas as many as one in ten women may quit their job due to menopause symptoms, and many more take extra leave or reduce their work hours. These findings have led to calls for employers to implement workplace policies specifically to support women through menopause and even for governments to require them. Questions about the health systems' responses to women and medical support to enable women to maintain their economic participation have also been raised.

### **But New Zealand is different, and solutions used here require a local evidence base**

Many groups and individuals have begun calling for action on menopause, including in New Zealand. An industry of consultants and designers of workplace policies and programmes has emerged in New Zealand, just like overseas. But the charge towards solutions has been premature, given the lack of solid and detailed evidence on the nature of the problem. New Zealand, with its particular mix of industries, the high share of small firms, unique ethnic composition, and specific attitudes and culture, may require solutions designed to reflect these particular considerations.

### **A one-size-fits-all solution may be inappropriate for a wide range of employers**

Where solutions are needed, a one-size-fits-all approach is rarely best. But even overseas evidence offers little to inform how employers' responses to the impacts of menopause in the workplace might need to be tailored to specific circumstances. Understanding the issues by industry and organisation size was an important aspect of this research.

### **Problematic symptoms are common, and women perceive an impact on their work**

Just as overseas studies suggest, most women are impacted by menopause symptoms at some stage, and most who are, also experience impacts on their wellbeing or perceived performance at work. However, few employers have experienced having to raise performance issues where menopause was identified as the reason. Still, the fatigue, feeling of brain fog, anxiety and loss of confidence that many women experience leave them feeling unable to stay motivated and perform at their best.

### **Overall, employers respect and value women in midlife and older and are open to discussing how they can support them**

Most employers have positive attitudes toward older workers and women and agree that women in midlife and older are valuable to their organisations. They also demonstrate a willingness to learn and to open up discussions about ways of supporting women through this transition. Only a small group of employers, most likely to be medium-sized organisations in traditionally male-dominated industries, appear resistant.

### **But menopause is still very much a silent transition, hindering women and employers from working together on solutions**

Most women never discuss menopause or its impacts with their managers. And in the traditionally-male dominated industries, women are most likely to suffer in silence. Yet it is the female-dominated industries, where work roles involve long shifts, face-to-face service delivery, and being on their feet all day, where women suffer the most and where the probability of reducing work hours or quitting altogether is highest.

### **Flexible work hours and remote working are popular solutions overseas and in New Zealand, and these may be all that is needed for many women**

Most women in New Zealand have access to remote working and flexible hours without even having to ask. Autonomy and control are key to wellbeing for women experiencing menopause symptoms. But in female-dominated industries, the nature of the work means remote working and flexible hours are not always possible. And in all roles where workers must request adjustments, shame and embarrassment, a lack of knowledge and a sense



that opportunities to make needed adjustments are limited hinder employers and women from working together towards effective solutions.

### **While specific policies may not be immediately welcome, guidance would be**

Our research shows that employers need a better understanding of the potential impacts of menopause symptoms on women's wellbeing and engagement, as well as information on how to discuss these impacts and the many low-cost adjustments that can be made to provide better support, enhance productivity, and retain affected employees. This is particularly true for female-dominated industries.

A range of workplace and work role adjustments can be implemented in different industries. Managers need guidance from employers as to what they can offer and how to make it work.

### **There is an important role for the government too**

Our survey reveals that many women struggle with symptoms that impact their wellbeing and engagement at work and potentially their economic participation. Many women aged 40 to 60 have never even discussed menopause with their GP, despite this transition being natural and expected. Many women are reluctant to ask for adjustments at work because they don't know what's causing their symptoms or how long they will last. Only a minority of those who talk to their GP are offered hormone therapy despite overseas evidence indicating this can effectively support women's productivity and employment. Māori women, in particular, indicate they are being offered antidepressants, sleeping pills or other medication at a higher rate than other women. The health sector needs clear direction on menopause to ensure women are well supported to maintain their economic productivity and wellbeing and that an equitable person-centred approach is taken.

### **We recommend...**

In light of the evidence, our key recommendations are:

- Employers should identify what adjustments may be feasible to implement in their workplaces to minimise the financial and economic impact of menopause (a range of options are described in the conclusions section).
- Government should not mandate menopause workplace policies.
- Employer organisations should normalise menopause and provide guidance to people managers to support discussions about work impacts.
- Female-dominated industries, in particular, should identify and implement solutions that reduce fatigue to improve worker retention and women's ability to maintain full-time roles in these industries.
- All employers where work roles involve particularly challenging features – noise, heavy physical work, face-to-face service delivery, workers on their feet all day, and long shifts – should consider how they can increase support for women through menopause.
- Government needs to help level the playing field for more vulnerable women who need better health system support, including Māori women.



Employers and managers should reassure women experiencing menopause that their contributions are valued to ensure women do not disengage due to perceived performance issues that are not reflected in reality.

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# 1 Background

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## 1.1 Menopause, perimenopause, the menopausal transition and postmenopause

Colloquially known as ‘the change’, ‘the pause’, the ‘Big M’ or the ‘midlife transition’, menopause, or the cessation of menstruation, is a normal stage of life – a universal experience of ageing women that indicates the end of reproductive potential and represents the culmination of a decades-long process from the beginning of a woman’s reproductive life to the menopausal transition and into the postmenopause period (Sherman 2005).

According to the European Menopause and Andropause Society (EMAS) position statement (Rees et al. 2021), the average age of menopause is 51 years; however, it can occur much earlier, either naturally, with no identifiable underlying cause or as a consequence of disease, surgery, radiotherapy or chemotherapy.

Although menopause itself is often defined to be a point in time 12 months after a woman’s last menstrual period and the years leading up to that time, when women may experience a range of symptoms due to the hormonal changes that bring about menopause, are often called perimenopause, there are no universally accepted definitions for the reproductive stages of a woman’s life (Brewis et al. 2017).

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***For simplicity, in this report, we refer to ‘menopause’ to mean a period of time before, during and after menopause during which a woman may experience symptoms associated with this process.***

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During this transition, hormone levels fluctuate significantly, and this can cause a range of symptoms – not just the well-known hot flushes, but insomnia, poor quality sleep and night sweats, fatigue, brain fog (memory and concentration problems), mood changes, joint pains and muscle aches, anxiety and depression, headaches and worsening migraines, mood changes and more.

Some women find the symptoms extremely bothersome and challenging in every aspect of their lives, while others may experience only mild or no symptoms. Each woman’s experience of menopause is unique and likely to be shaped by her particular menopause process and symptoms, as well as her general health, socioeconomic situation, social supports, and the demands of family and work.

## 1.2 Stigma surrounds menopause

For some women, menopause is a welcome stage representing freedom from menstrual cycles, birth control, and the social expectations of childbearing.

Still, and likely permanently, associated with being an ageing woman in cultures where this is not regarded as a positive phenomenon, menopause has largely been shrouded in secrecy and shame. As recently as 1966, “Feminine Forever” gynaecologist and author Robert A. Wilson called menopause “a natural plague” and menopausal women “crippled castrates”. Jokes about menopause, ignorant cliches, and even bullying, combined with a lack of support, have led many women to suffer in silence at home, at work, and even in the GP’s office.

Recent media attention and changes in clinical guidance around the use of hormone replacement therapy in menopause have brought this issue into the limelight internationally, and women are beginning to demand that menopause is discussed openly to:

- improve women’s knowledge of menopause
- improve health professionals’ training on menopause and knowledge about evidence-based treatment of symptoms
- raise awareness of the challenges some women face when experiencing symptoms
- improve the support for women to maintain their careers and wellbeing.

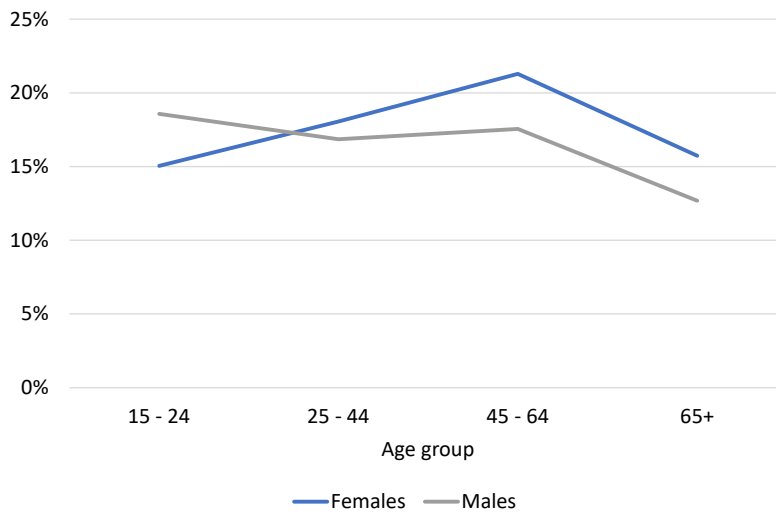
## 1.3 Midlife appears to have a noticeable impact on women’s overall wellbeing

With the range of symptoms experienced by women as they approach and transition through menopause and the fact that many women do not recognise these as being caused by the hormonal changes happening within their bodies, women may experience significantly reduced wellbeing. Loss of confidence is a commonly reported feeling associated with menopause and menopause symptoms. And in the UK, some reports have raised concerns that suicide rates amongst women of menopausal age are not only high but persisting alongside reductions in rates for other age groups (see, for example, Thomas (2021)).

### Is the negative impact of menopause observable in New Zealand data?

In New Zealand, the perimenopause and menopause years do correspond with a peak in low overall life satisfaction for women and higher reported rates of low life satisfaction among women than among men (see Figure 1 below).

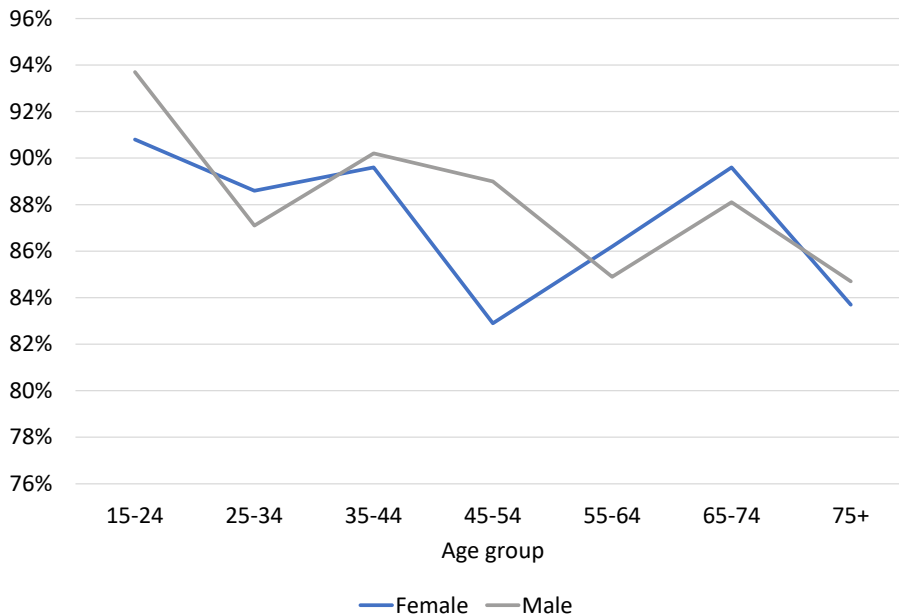
**Figure 1 Prevalence of low overall life satisfaction**



Source: NZIER, based on data from NZ Stats (2014)

The New Zealand Health Survey 2020/21 also confirms that this age group corresponds to a low point for women in terms of self-rated health, with this measure dropping significantly for 45–54-year-olds relative to 35–44-year-olds before bouncing back up in the 65–74 year age group. Self-rated health for women aged 45 to 54 is lower than or comparable to self-rated health for women aged 75 and older. However, self-rated health does bounce up and down a bit for males as well.

**Figure 2 Good, very good, or excellent self-rated health**



Source: Ministry of Health (2022)

## 1.4 A review of the published literature revealed major insights but also major gaps

We reviewed the available evidence on the impacts of menopause, with a focus on economic participation and engagement and women's wellbeing in the workplace. Most of the evidence available is from overseas reports, particularly UK sources. Below we summarise the key findings of three major reports.

### The UK Department for Education report, 2017

One of the most comprehensive published reports examining the impacts of menopause on women's economic engagement and participation is a UK Department for Education report (Brewis et al. 2017). This report discusses the effects of the menopause transition on women's economic participation in the UK based on a critical review of 104 publications.

The report identifies evidence on both the positive and negative effects of menopause on working women and notes that more evidence exists for the latter. It also found that work may positively impact symptoms for some women, with evidence that women in employment, especially those in more senior positions, report fewer symptoms or say that work helps them cope with symptoms.

The report found that some negative impacts of menopause were potentially measurable (e.g. work hours, employment, unemployment), but many more were likely to be unmeasured but significant in nature (e.g. lower productivity, reduced job satisfaction, problems with time management, lost opportunities for promotion).

Estimates of the number of women who are negatively affected by symptoms at work were found to vary between 10 and 53 percent in published studies, a range which may reflect the extent of symptoms that each study explored: The review noted that many studies tend to focus on experiences of a single symptom – commonly hot flushes or night sweats (known as climacteric symptoms) – and ignore the full range of symptoms or the potential impact of experiencing multiple symptoms.

A consistent insight from the evidence reviewed was that women experiencing perimenopause or menopause feel that those around them at work are unsympathetic or treat them badly because of gendered ageism.

The report recommended that employers:

- develop shared organisational values, beliefs and norms within which menopause transition, like pregnancy, is acknowledged as a natural process and mid-life women are freely able to request adjustments to their working conditions
- require all managers to have equality and diversity training covering gender and age, and menopause
- initiate occupational health campaigns in workplaces to increase staff awareness of the difficulties women might face during the transition and to challenge any negative stereotypes
- treat menopause transition as an occupational health issue, and require occupational health units to provide medical check-ups and advice for women in transition
- ensure sickness absence policy accommodates women experiencing menopause transition



- support the development of informal support for mid-life women during the menopause transition, including women’s workplace networks, online discussion forums and helpline numbers
- offer flexible working arrangements and workplace adjustments

### **The UK House of Commons Women and Equalities Committee report, 2022**

This report, based on a survey of over 2,000 UK women of all ages conducted by the Women and Equalities Committee in 2021, identifies a range of themes related to menopause and its impacts on women’s work and employment, including:

- most women experience menopause symptoms, which also affect them negatively at work
- stigma around menopause prevents most women from telling anyone at work about their difficulties or seeking adjustments
- many workplaces do not have any policies relating to menopause and women do not always know how to seek support
- respondents want support from their employers, which includes being able to make reasonable adjustments and providing for greater flexibility, as well as cultural change like removing stigma, encouraging openness, education and awareness raising
- there is evidence that menopause symptoms and experiences vary with age, ethnicity and gender identity but specific evidence on variations is scarce.

(House of Commons Women and Equalities Committee 2022)

### **The Fawcett Society report, 2022**

The Fawcett Society report (Bazeley, Marren, and Shepherd 2022) analysed data collected to inform a documentary (“Davina McCall: Sex, Mind and the Menopause”) for insights specific to work and employment. Based on a representative survey of over 4,000 UK women aged 45–55, the report identified that:

- Bothering symptoms are very common, with at least 70 percent of women experiencing one or more symptoms they describe as ‘very difficult’, including anxiety or depression, poor quality sleep and brain fog, with symptoms being worse for women of lower socioeconomic status
- Forty-four percent of women said their ability to do their work was affected, 61 percent said they lost motivation, and 52 percent said they lost confidence.
- Ten percent of UK women who worked during menopause left a job due to their symptoms; 14 percent reduced their work hours or went part-time.
- Eighty percent say their employer has taken no specific action on menopause, such as sharing information, training staff, or implementing a menopause absence policy.
- Almost half of the women had not discussed their concerns with their GPs.
- Only 14 percent of women were using hormone replacement therapy (HRT) despite its safety and effectiveness in alleviating symptoms (54 percent of women using HRT said it had “given them their life back”).

The Fawcett Report recommended that various measures be implemented by employers and the government to support women better, including:





- consulting on reforming equality law to protect menopausal women
- requiring employers to have action plans for menopause
- make flexible work the default, including requiring employers to advertise possible flexible work options and ensure employers cannot turn down requests without a good and proportionate reason
- fund a nationwide public information campaign on menopause to reduce the stigma and provide women with important information
- strengthen the health system's capability and response to women experiencing menopause, including increased access to HRT.

## 1.5 Our research questions and approach were guided by major evidence gaps

Our evidence scan strongly indicates major gaps internationally and for New Zealand in the understanding of:

- How different groups (ethnicity, menopause stage and type, industry/occupational class, socioeconomic status, gender identity):
  - experience the menopause transition and its impacts on workplace experience, as well as how these translate into labour force participation impacts
  - maybe affected by the intersectionality of sexism, ageism and racism when navigating the impacts of symptoms and the need for workplace adjustments
  - adopt various adjustments to their work and work environment to manage symptoms and improve workplace experience.

In addition, no evidence was found to describe:

- The attitudes and knowledge of New Zealanders (both workers and employers) with regard to menopause and its impacts on workplace experience and workforce participation
- The extent of employer policies and practices that support women experiencing menopause in New Zealand and what New Zealand women want from their employers.

While attitudes and knowledge, as well as employer policies and practices, have been well-explored overseas, the relative dearth of evidence in the New Zealand context suggests the stigma/taboo, gendered ageism, and lack of support may in fact be worse in New Zealand.

## 1.6 Limited New Zealand evidence has been available to inform how employers should respond

Some important New Zealand-specific studies and reports have been published, including:

- The insights of an online survey by Dr Linda Dear, a Bay of Plenty clinician and certified menopause practitioner, which have been highlighted in the media (see, for example, 1news 2018) indicated that:
  - Common symptoms impacting women and their work included fatigue, anxiety and brain fog



- Eighty-four percent of New Zealand women said their menopause symptoms impacted on their work
- Only 14 percent of New Zealand women felt well-supported at work
- Around 15 percent thought about quitting their job, and 12 percent actually did.

While this survey provides important insights into women's experiences, including critical evidence on treatments used by New Zealand women and their experiences with the health sector, important gaps remain that are relevant to our research questions, including:

- factors that impact the experience of symptoms, their effects on workplace experience and their relationship with economic participation, e.g. occupation, industry, workplace characteristics, socioeconomic and personal circumstances
- specific policies and practices used in New Zealand workplaces
- employer/manager attitudes towards menopause (actual or perceived) that may impact the ability to communicate openly about symptoms and their impact on work.



## 2 Our approach

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### 2.1 Our key research questions

Many overseas studies have identified that women frequently experience bothersome symptoms during the menopause transition (the period of time leading up to menopause, known as perimenopause, and the years following) and that these symptoms can have significant impacts on women's wellbeing and performance in the workplace, sometimes leading to reduced engagement and participation. Compared with the amount of evidence from overseas, relatively little is known about New Zealand women's experiences. So the primary research question we sought to address was:

*What are New Zealand women's experiences of menopause and its impacts on their work?*

A study of the experiences of New Zealand women, of course, is not complete without specific attention to the potentially unique experiences of Māori women – a subject area that overseas studies will never be able to shine a light on. So, a key research question related to our primary research question was:

*How are Māori women experiences different from New Zealand women generally?*

Many reports, particularly those that have attracted media attention, have identified a need for workplace policies and other employer responses. Because these policies and solutions may impose costs on employers, we felt it was important to consider what the perspective of New Zealand employers might be. So we sought to gather insights on:

*What do New Zealand employers know and think about menopause, its potential impacts on economic engagement and participation, and potential ways of responding?*

We identified no previous study internationally that has investigated the impacts of menopause within different industries. Industry and the requirements of employment within each unique industrial context is an important consideration for how women might be impacted by menopause, as there are implications for the conditions and environment in which women work and the feasibility of potential solutions. For example, a woman who works in a desk-based professional role will often have more flexibility for remote working and flexible hours than a woman who works as a primary school teacher, while the woman who works as a primary school teacher will have more choice over what clothing she wears than a woman who is a bus driver. Women who do hard physical work may find the physical symptoms of menopause more challenging, while women in public-facing service roles may find the mental and emotional effects of menopause more challenging. Employers in different industries may equally have different attitudes toward supporting women in the workplace. So our final research question was:

*How are the impacts on New Zealand women and the attitudes, knowledge, and responses of New Zealand employers different by industry?*

### 2.2 A survey of New Zealand women

We surveyed 1,061 New Zealand women (all of whom were identified as female at birth) to understand how menopause impacts economic participation and engagement.



The sample was accessed through a Kantar consumer panel – a panel of thousands of ordinary New Zealanders who have previously provided demographic information and have agreed to participate in surveys.<sup>1</sup> The panel accessed for our survey had previously identified as female in a survey panel welcome questionnaire, in which the question was sufficiently general to allow participants to interpret the meaning as being about either gender or sex.<sup>2</sup> Our survey included a question about sex at birth which provided additional confidence that the survey was restricted to people who would experience menopause at some point.<sup>3</sup>

### 2.2.1 Age groups

Our sample included women aged 40 to 60. While we focused on this age group, our survey did not screen out the small percentage of women who may have experienced menopause at an earlier age, but we were reliant on their ability to recall their experiences. We did not ask when women had experienced menopause, only whether they had.<sup>4</sup>

With the average age of menopause being 51, for analysis, we split our sample into two groups: Women aged 40 to 50, who are highly likely to have at least experienced or be experiencing perimenopause (though, as many published studies suggest, may not necessarily recognise it), and women aged 51 to 60, who are more likely to have experienced menopause as well.

Our sample was close to evenly split between the 40 to 50 age group (54 percent) and the 51 to 60 age group (46 percent). Within those groups, the sample was slightly heavier, weighted towards the youngest and eldest sub-groups (See Table 1 below).

**Table 1 Age group representation in our sample of women**

Survey question: “What is your age?”

Age group for analysis	Age group breakdown	Percent of survey sample
40 to 50	40 to 45	30%
	46 to 50	24%
	Total	54%
51 to 60	51 to 55	20%
	56 to 60	26%
	Total	46%

Source: NZIER

<sup>1</sup> Participants are rewarded with Fly Buys points for participation in surveys.

<sup>2</sup> The question was “Are you... (a) Male, (b) Female, (c) Other (please specify).”

<sup>3</sup> This means Kantar’s panel may exclude biological females who identify as men, although it is also possible that these individuals identified as female in Kantar’s welcome survey and consequently also got through the screening question in our survey. While this is an important group to study, particularly as experiences of menopause in the workplace for this group are likely to be different, based on population estimates, a sufficiently large sample to generate robust specific insights or even influence overall results would not be achievable in a survey of this size, so the actual representation of this group in our sample is inconsequential.

<sup>4</sup> We only asked women whether they had experienced menopause. We did not ask whether they had experienced perimenopause because evidence suggests that even when symptoms of perimenopause are present, women often do not recognise it. We address this in our investigation of symptoms by asking questions about known symptoms of perimenopause and menopause that are “new and worsening” (see section 3.3.1).

**2.2.2 Ethnicity**

We asked participants in our survey to identify their ethnicity using standard ethnicity groups and allowed participants to choose as many ethnic groups as they wished. Table 2 below shows the percentage of participants who identified as each ethnicity (percentages sum to more than 100 percent due to the option of selecting more than one ethnicity).

**Table 2 Ethnicity breakdown of our sample**

Survey question: What is your ethnicity? (multiple response allowed)

Ethnicity	Percent of survey sample
New Zealand European	78%
Māori	14%
Pacific Islander	1%
Chinese	5%
Indian	2%
Other	13%

Source: NZIER

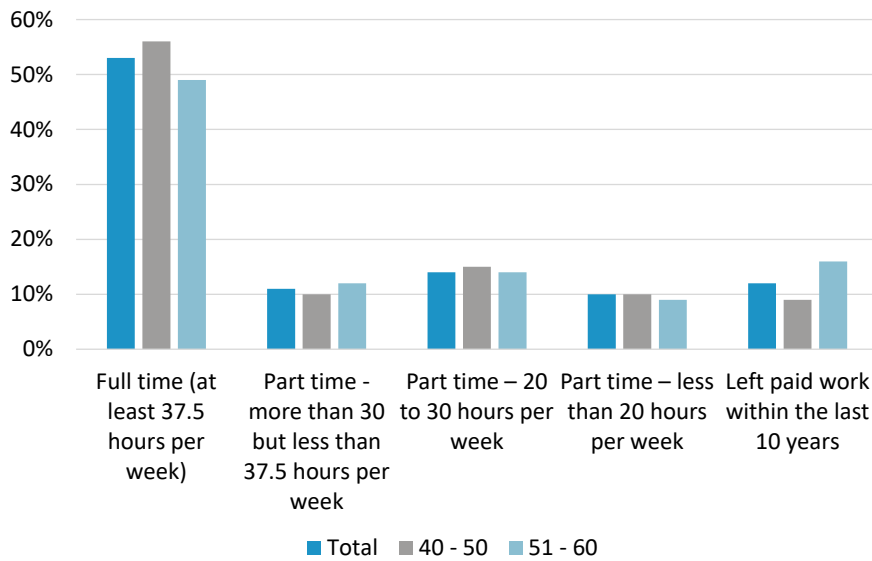
With 14 percent of the survey sample identifying as Māori, our survey provides sufficient representation of Māori women to analyse the specific experiences of Māori women and how they differ from the experiences of women more generally.

**2.2.3 Employment status**

Women aged 40 to 50 in our survey were only slightly more likely to work full-time than women aged 51 to 60, but women aged 51 to 60 were significantly more likely to say they had left paid work altogether within the last ten years.

**Figure 3 Employment status of survey participants – full-time versus part-time**

By age group



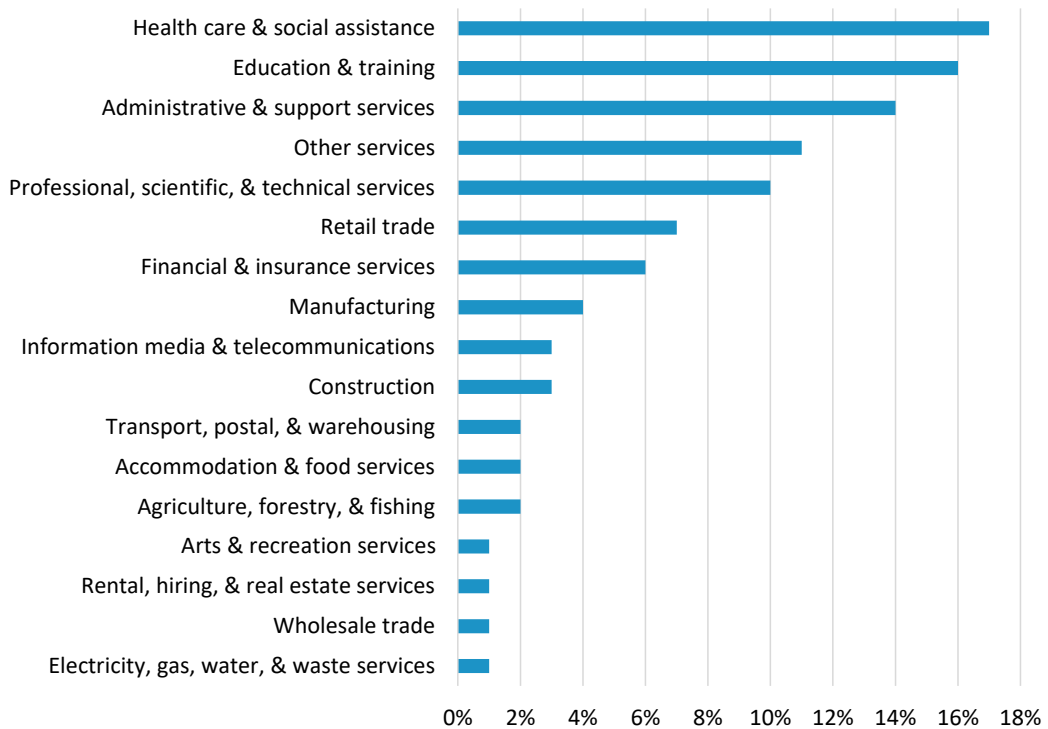
Source: NZIER

### 2.2.4 Industry and occupation

We defined the industry of employment consistent with the Australian and New Zealand Standard Industrial Classification (ANZSIC). Women in the sample worked across a broad range of industries with, unsurprisingly, heavy representation of women in the traditionally female-dominated professions of healthcare and social assistance, education and training, and administrative and support services. The only industry not represented in our sample is mining. See Figure 4 below.



**Figure 4 ANZSIC industry groups of women in the survey sample**

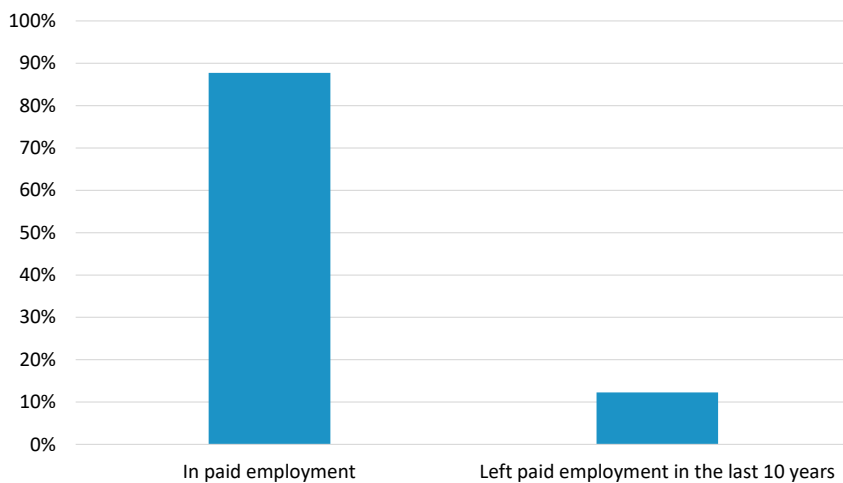


Source: NZIER

**2.2.5 Women who had left the workforce altogether in the past ten years were included**

Nearly 88 percent of women in our survey were in paid employment. More than 12 percent of women in our survey had left paid work altogether within the last ten years.

**Figure 5 Employment status of survey participants – employed versus not employed**



Source: NZIER



We kept women who had been in paid work within the last ten years in the survey because it was possible that withdrawing from paid employment had been, at least in part, influenced by their experiences of menopause.

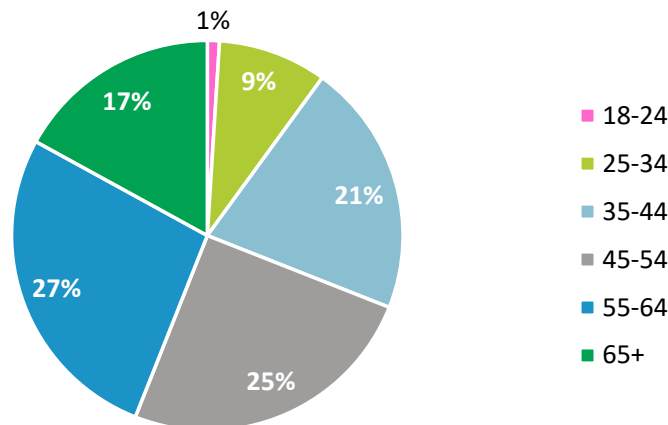
## 2.3 A survey of New Zealand employers

We surveyed 500 employers (people whose professional role involves making decisions about hiring people and managing employees). Employers in our sample represented all industry groups except mining.

### 2.3.1 Age groups

Employers in the survey sample were unsurprisingly highly likely to be aged 45 and over, but younger employers – those aged 25-34 and 35 to 44 were also well represented.

Figure 6 Age group of employers in the survey sample



Source: NZIER

### 2.3.2 Gender

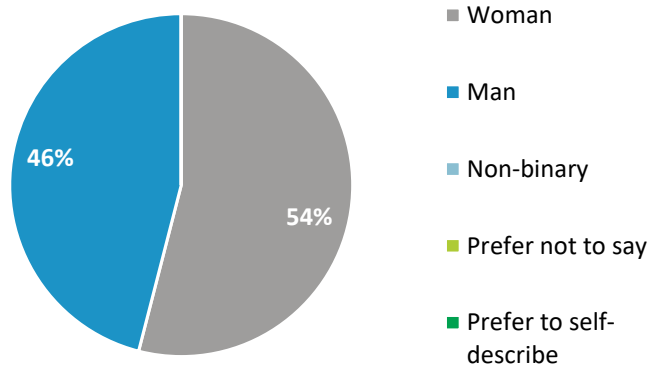
We asked employers to identify their gender because we wanted to test the hypothesis that female employers may be more aware of the potential impacts of menopause and may be more accommodating and supportive of women who are experiencing it. Fifty-four percent of employers identified as women, and 46 percent identified as men.





### Figure 7 Gender of employers in the survey sample

Survey question: What gender do you identify as?



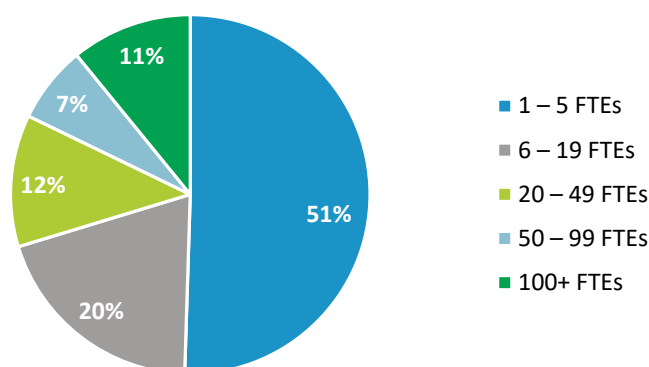
Source: NZIER

### 2.3.3 Organisation size

Over 71 percent of our sample were employers from organisations with fewer than 20 full-time equivalents (FTE), with the remaining 29 percent being fairly evenly spread across larger-sized organisations. According to Stats NZ’s Business Demography Statistics, 97 percent of New Zealand businesses have less than 20 employees. This means our survey has an over-representation of larger-sized employers, which presents a more diverse sample and one that can offer more statistically significant results by employer size than a population-representative one.

### Figure 8 Organisation size of employers in the survey sample (FTEs)

Survey question: What is the size of your business or organisation in FTE employees?



Source: NZIER

### 2.3.4 Industry

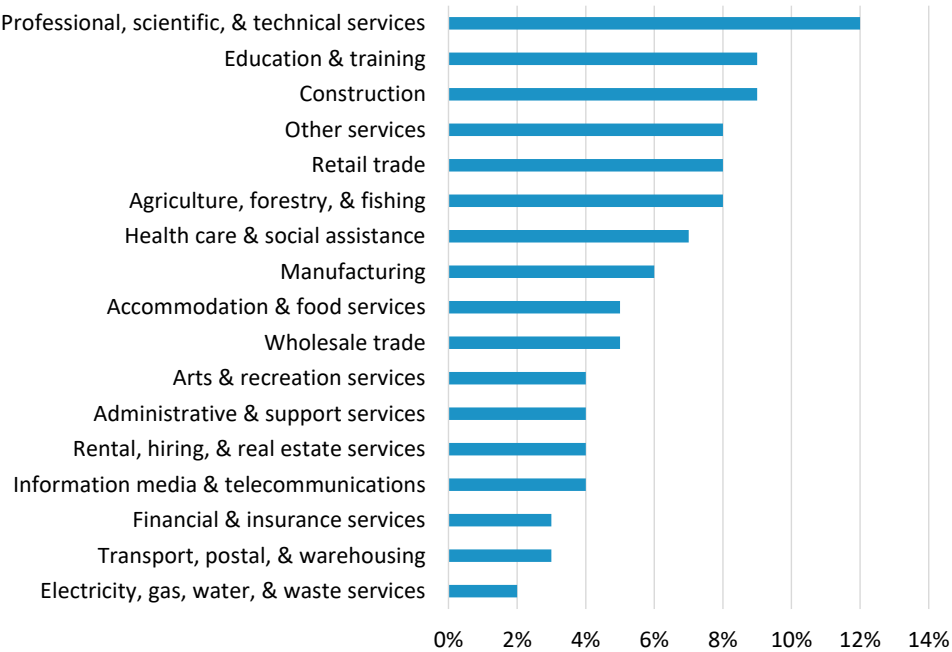
Our sample includes employers from a wide range of industries. Professional, scientific and technical services are well represented, as are education and training, construction, retail



trade, agriculture, forestry and fishing, and health care and social assistance. The only industry not represented is mining.

**Figure 9 ANZSIC industry groups of employers in the survey sample**

Survey question: What best describes your industry?



Source: NZIER

## 2.4 Grouping industries for analysis

Our surveys included employers and women from a wide range of industry groups, which we grouped into categories that we expected would help to understand responses better:

- Category 1 comprises the traditionally male-dominated industries, where physical work is common, and there are likely limited opportunities to work remotely.
- Category 2 comprises gender-balanced and female-dominated industries where delivery of face-to-face services is common, employees may be on their feet a lot of the day, and there are limited opportunities for remote working.
- Category 3 comprises gender-balanced industries where the work is primarily office- and desk-based, fewer roles are public-facing, and there is likely to be more scope for remote working.

These categories, the industries they represent, and their representation in the survey participants, as shown in Table 3 below.



**Table 3 Industry representation in the employer and women’s survey samples**

Industry category	Industries included	Number and percentage of employers	Number and percentage of women
1	Agriculture, forestry, & fishing Mining Manufacturing Electricity, gas, water, & waste services Construction Transport, postal, & warehousing	28%	12%
2	Retail trade Accommodation & food services Education & training Health care & social assistance Arts & recreation services	32%	43%
3	Wholesale trade Information media & telecommunications Financial & insurance services Rental, hiring, & real estate services Professional, scientific, & technical services Administrative & support services Other services	40%	45%

Source: NZIER

To better understand the pressures of work and the workplace that may interact with women’s experiences of menopause, we asked women to describe their work using a range of statements. The statements we selected were designed to reflect workplace and work factors that may pose more challenges for self-managing symptoms of menopause. Most of the statements were about the physical demands of work, but we also included “my co-workers are mostly male” and “my co-workers are mostly female” to test our hypotheses about the industry categories we created to support the analysis. We found that:

- Fourteen percent of participants reported that their co-workers were mostly male, with significantly higher probability in the Category 1 industries (43 percent), confirming our basis for this category.
- Thirty-seven percent of participants reported that their co-workers were mostly female, with significantly higher probability in the Category 2 industries (55 percent), confirming our basis for this category.
- Participants working in Category 3 industries were not significantly different from the average in their probability of choosing “my co-workers are mostly male” (16 versus 14 percent) but were significantly less likely than average to choose “my co-workers are mostly female” (27 compared with 37 percent on average), confirming that this category represents more gender-balanced industries, as expected.



Our survey of employers was consistent with these findings, with Category 1 employers reporting that their staff was mostly male, Category 2 employers reporting that their staff was mostly female, and Category 3 employers reporting more gender-balanced workplaces.

## 2.5 Limitations of our approach

There are three important limitations to our approach. The first is related to our method of using survey data to tell the story, and the second and third are issues of scope and budget:

- Our survey included a question to screen out anyone who was not assigned/identified as female at birth to ensure all participants could/would experience menopause. While we acknowledge that our survey may have picked up a small number of participants who are biologically female but do not identify as women, the results can really only be interpreted as representing the experiences of women, these being the overwhelming majority of biological females, and with the number of potential participants not identifying as women being too small to permit robust analysis using these methods.
- While it is possible to glean rich insights from surveys, a fully representative survey of women, with adequate numbers of women of all the major ethnicities represented in the national population, was beyond the budget for this project. We prioritised obtaining a sample sufficient to identify key concerns and differences for Māori women compared with New Zealand women. Our sample did not generate sufficient numbers of other ethnicities to extend the analysis to these.
- While we describe the experiences of women associated with menopause and recommend actions that may help support women's wellbeing at work and their economic participation and engagement, this should not be taken to mean that men, or biological males, have no such experiences in midlife or at any other time, nor that these do not also warrant attention and support. The extent to which women's experiences are different from men's is a research question worthy of exploration but was out of scope for this project.



### 3 What do New Zealand women say?

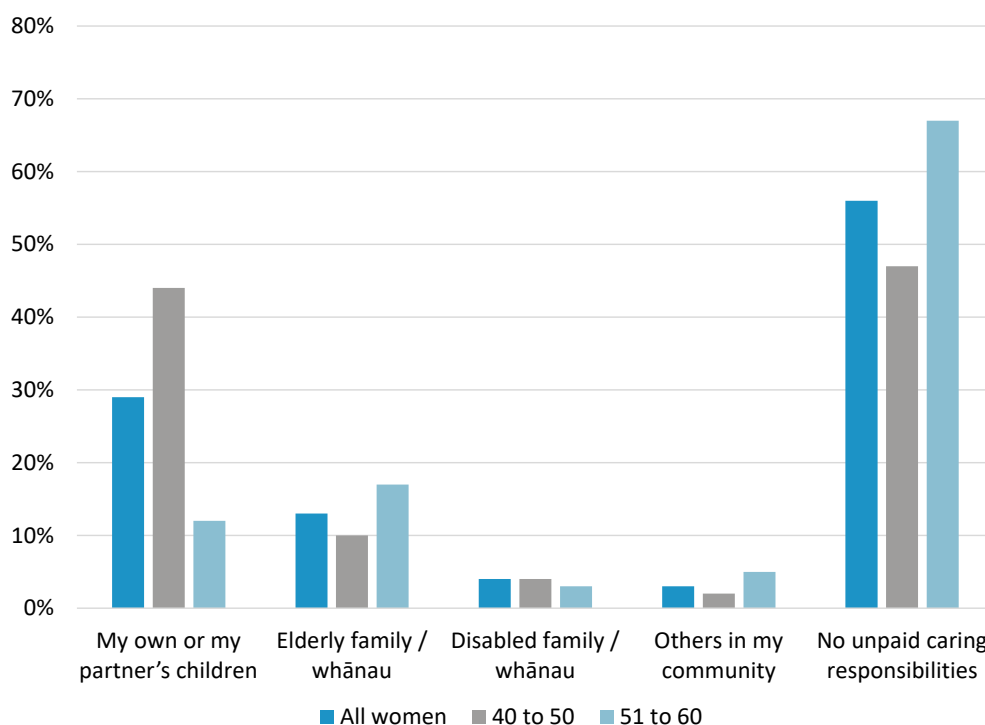
#### 3.1 Outside of work

Women’s responsibilities outside of work can have important impacts on their economic participation and engagement. Caring responsibilities can make paid work impossible, leave women feeling they have less energy for paid work, or create distractions that reduce focus on work.

In our sample, 44 percent of women said they had unpaid care responsibilities, with care for children being the most common, particularly for women aged 40 to 50. For women aged 51 to 60, care of elderly family/whānau becomes more common.

**Figure 10 Unpaid caring responsibilities by age group**

Survey question: Do you have any unpaid caring responsibilities at home, with your wider whānau, or in your community (including shared care)? Choose all that apply.



Source: NZIER

#### 3.2 Women’s work

Our survey asked women to describe a range of features of their work. Many women described their work as being on their feet all day or sitting with little opportunity to move around, being in public-facing roles, having little or no flexibility on working or remote working, wearing a uniform, and working long hours or shifts. Key insights from these questions are:

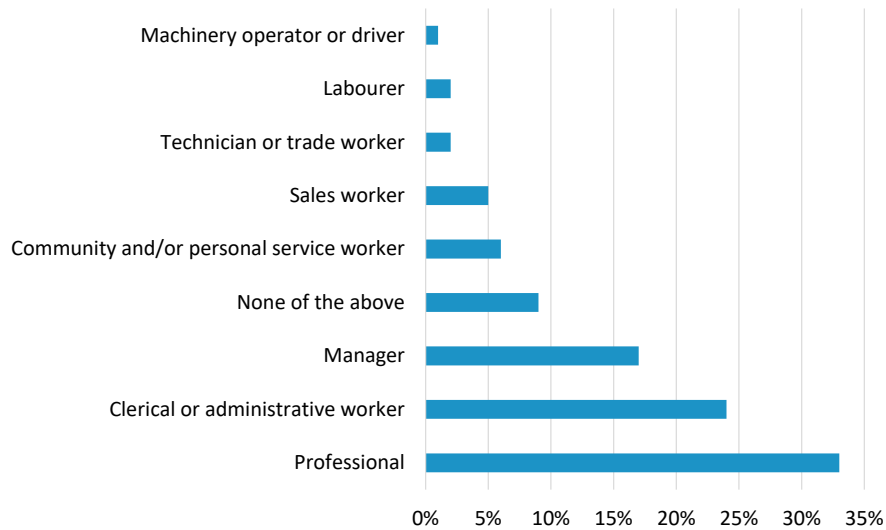


### 3.2.1 Women's occupations

Most women in our survey sample were professionals, clerical or administrative workers, or managers.

**Figure 11 Occupation of survey participants**

Survey question: Which of these broad categories best describes your occupation?



Source: NZIER

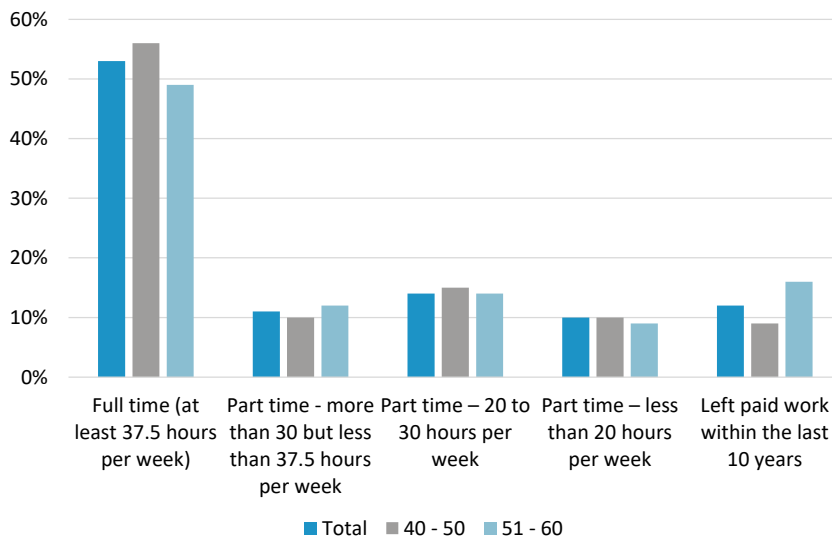
### 3.2.2 Women's working hours

Most of the women in our survey sample were working full-time, but the women in our older group (age 51 to 60) were significantly more likely to have withdrawn from paid employment altogether within the last ten years.



**Figure 12 Weekly hours worked by survey participants**

Survey question: Are you in paid work (including self-employment)?



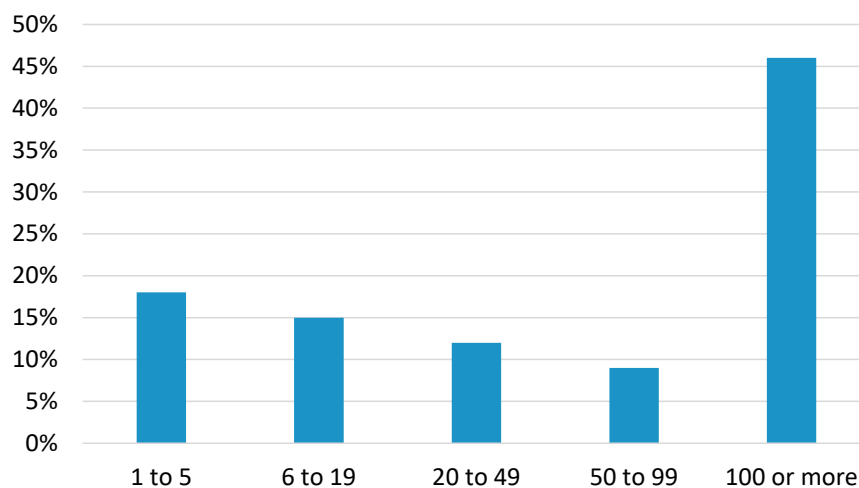
Source: NZIER

### 3.2.3 Size of employer organisations

Nearly half of the women in the sample worked for employers with at least 100 employees, but a significant portion worked for small employers (less than 20 employees).

**Figure 13 Size of employer organisation by number of employees**

Survey question: Roughly how many people are employed by the business or organisation where you work?



Source: NZIER

### 3.2.4 Flexibility in women's work

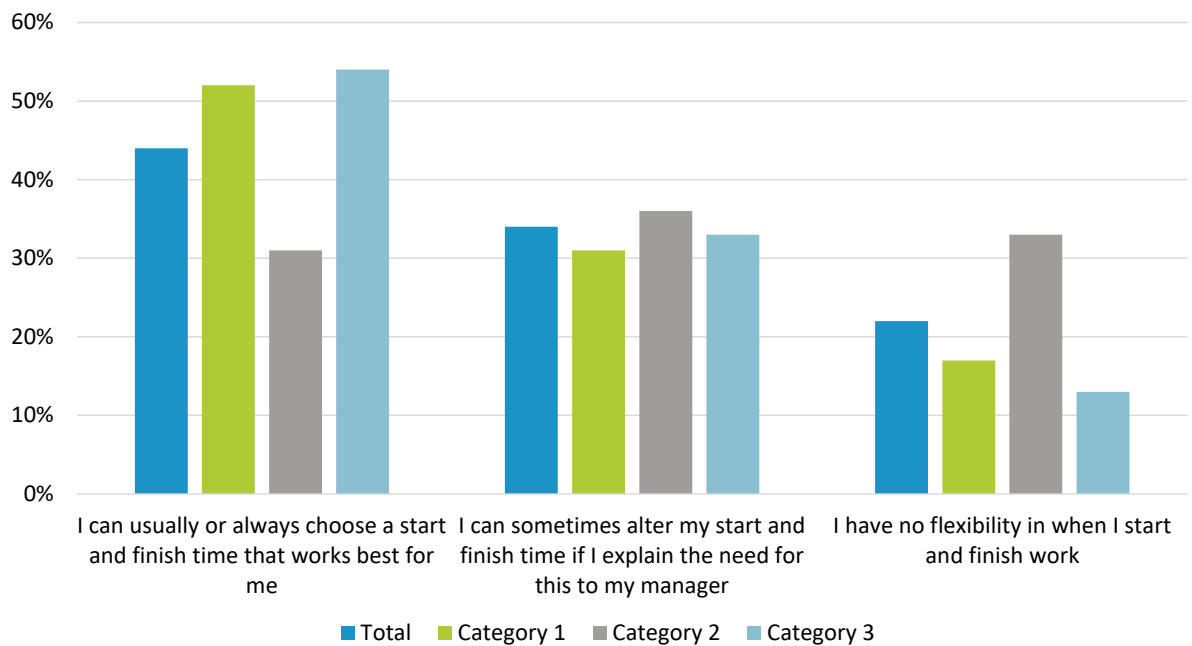
We asked our survey participants two questions to identify how much flexibility in where and when they work, they already have, which may allow women experiencing symptoms to better self-manage without as much need for additional support from their employer.



The most common response to our question about flexibility in start and finish times was, “I can usually or always choose a start and finish time that works best for me”, followed by “I can sometimes alter my start and finish time if I explain the need for this to my manager” and “I have no flexibility in when I start and finish work”, but differences by industry category were significant. In particular, women in Category 2 industries were most likely to say they had no flexibility in start and finish times. This is not surprising, given that Category 2 includes the industries where face-to-face service delivery is often the norm. However, this is an important consideration because Category 2 represents some of the most significant employers of women in New Zealand.

**Figure 14 Flexibility in start and finish times by industry category**

Survey question: Which of the following statements best describes the flexibility in the time that you start and finish work each day?



Source: NZIER

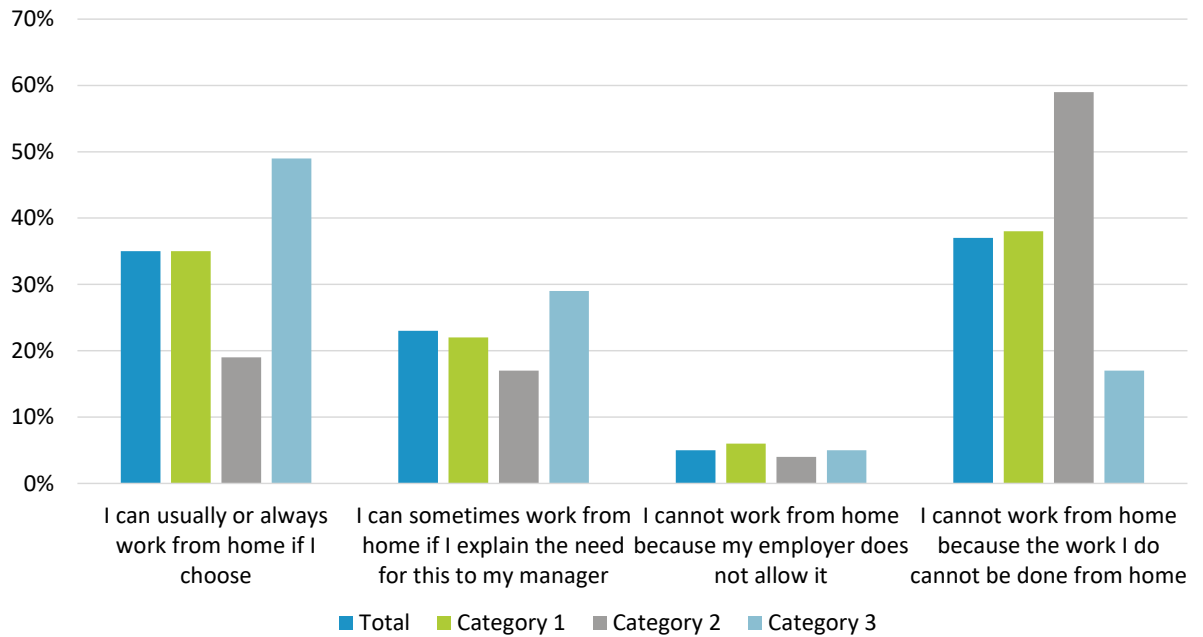
When asked how much flexibility they had in choosing where they work, the highest amount of flexibility was reported by women in Category 1, consistent with our hypotheses that Category 1 industries were likely to offer more potential for remote working. Women in Category 3 industries were, again, most likely to report having no ability to choose where they work, with the reason being the nature of the work rather than employer resistance. Overall, very few women (approximately five percent, consistent across industries) identified employer resistance as the reason they could not choose where they work.





**Figure 15 Flexibility to work remotely by industry category**

Survey question: Which of the following statements best describes the flexibility you have in where you work?



Source: NZIER

Women in full-time work were most likely to report high degrees of work flexibility on both measures that we investigated.

### 3.2.5 Other descriptors of women’s work and workplaces

To better understand the pressures of work and the workplace that may interact with women’s experiences of menopause, we asked women to describe their work using a range of statements. The statements we selected were designed to reflect workplace and work factors that may pose more challenges for self-managing symptoms of menopause. Most of the statements were about the physical demands of work, but we also included “my co-workers are mostly male” and “my co-workers are mostly female” to test our hypotheses about the industry categories we created to support the analysis (see section 2.4 for results) and also to identify the extent to which talking about menopause in the workplace may already be normalised or the potential for this.

Amongst the non-gender statements, the most popular statements chosen (with more than 20 percent choosing them) that may challenge women’s ability to self-manage menopause symptoms at work were:

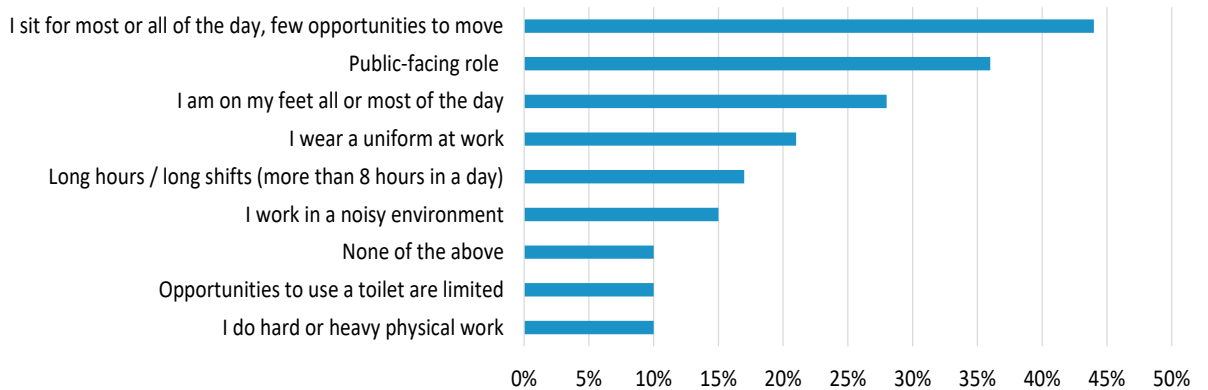
- I sit for most or all of the day, with few opportunities to move around
- I am in a public-facing role (e.g. dealing with customers, teaching, caring, etc.)
- I am on my feet all or most of the day
- I wear a uniform at work

See Figure 16 below.



## Figure 16 Describing the work and the workplace

Survey question: Do any of the following statements describe your work? Choose all that apply.



Note: Some response options have been slightly edited from the original text to fit the chart.

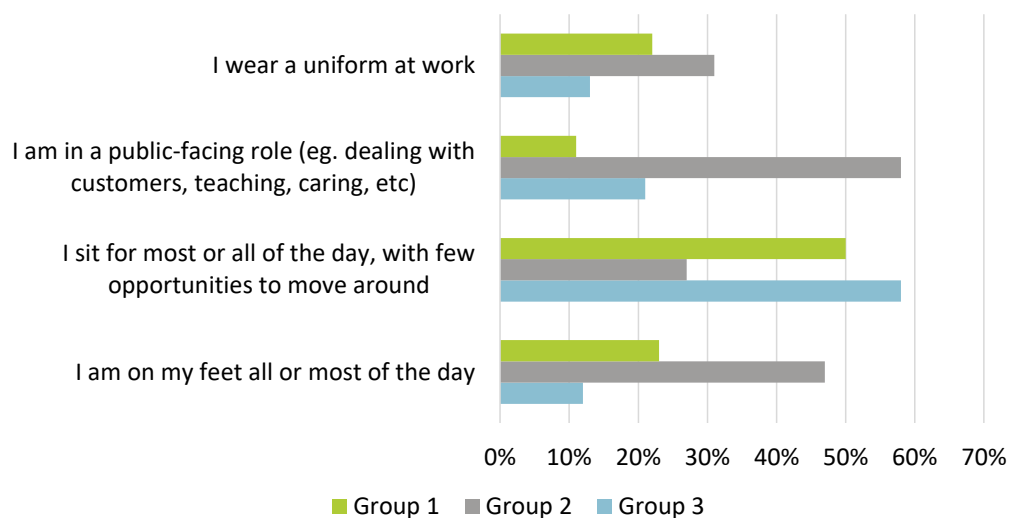
Source: NZIER

Across industry categories, there was significant variation in women's descriptors of their work and workplace. Within the responses that at least 20 percent of participants chose:

- Women in Category 1 industries were significantly less likely to say they were in a public-facing role, but they were significantly more likely to say they worked in a male-dominated workplace.
- Women in Category 2 industries were significantly more likely to report being in a public-facing role, to be on their feet all day, and to wear a uniform at work.

## Figure 17 Differences in responses by industry category for the most popular descriptors of work and workplace

Survey question: Do any of the following statements describe your work? Choose all that apply.\*



\*Complete list of statements shown in the previous figure.

Source: NZIER



### 3.3 Experiences of menopause

---

*“Higher anxiety”*

*“Memory loss of words or concepts”*

---

Forty-seven percent of women who participated in our survey said they had already experienced menopause (defined by menstrual periods having ended at least 12 months ago), with older women being unsurprisingly significantly more likely to report that they have experienced menopause. Nearly 10 percent of women were unsure (12 percent of those aged 40 to 50 and six percent of those aged 51 to 60).

#### 3.3.1 Symptoms

---

*“How do I know these symptoms are due to menopause? Could be other reasons...”*

---

We wanted to ask women about a broad set of symptoms associated with perimenopause and menopause, but we were also cognisant that many published studies have indicated that women are often not aware that the menopause transition causes their symptoms.<sup>5</sup>

So rather than specifically asking about menopause symptoms, after asking whether the participants had experienced menopause, we presented women with a list of symptoms associated with the menopause transition and asked whether they had experienced any of these as new or worsening symptoms.

Although hot flushes are commonly associated with menopause, to the point of being a cliché, the most commonly reported symptoms that New Zealand women aged 40 to 60 experience are:

- difficulty sleeping or poor quality sleep
- feeling unusually tired or fatigued
- problems with memory, concentration or brain fog.

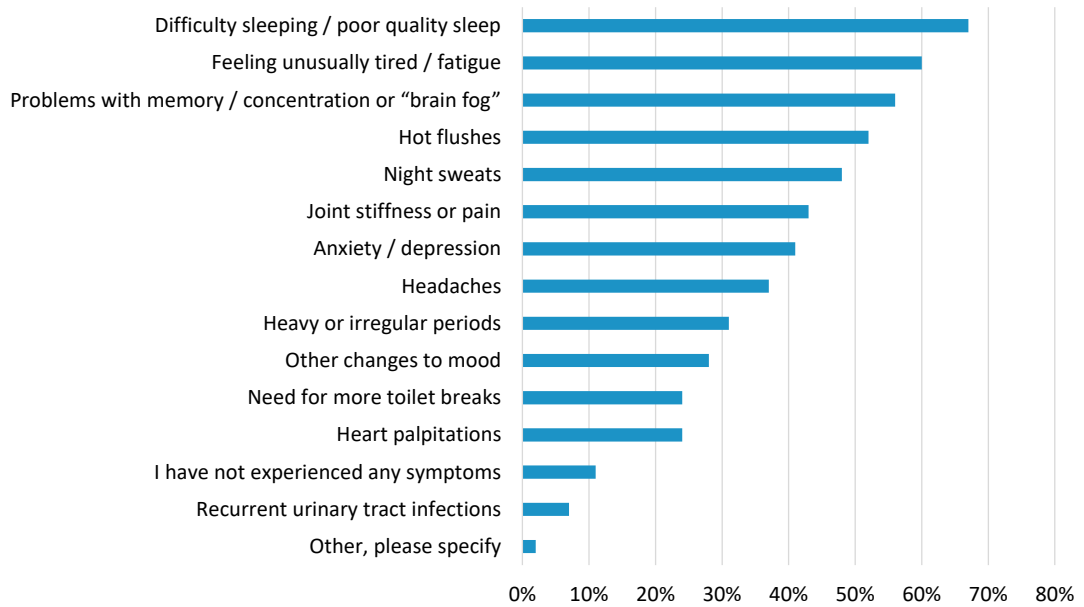
Hot flushes and night sweats affect roughly half of women, and, concerningly, over 40 percent of women experience new onset or worsening of anxiety or depression.

<sup>5</sup> A 2020 survey of 2,000 UK women identified that 42 percent of women have little or no knowledge of the emotional and mental effects of menopause, and 51 percent can't name more than three of the recognised symptoms (GenM 2021). The recent Department of Health and Social Care consultative survey on women's health found that less than one in ten women (9 percent) said they had enough information on menopause (Department of Health and Social Care 2022).



### Figure 18 Menopause symptoms in New Zealand women

Survey Question: Are you experiencing or have you experienced any of the following as new or worsening symptoms during the menopause transition (in the years leading up to menopause, during or after menopause)? Choose all that apply.

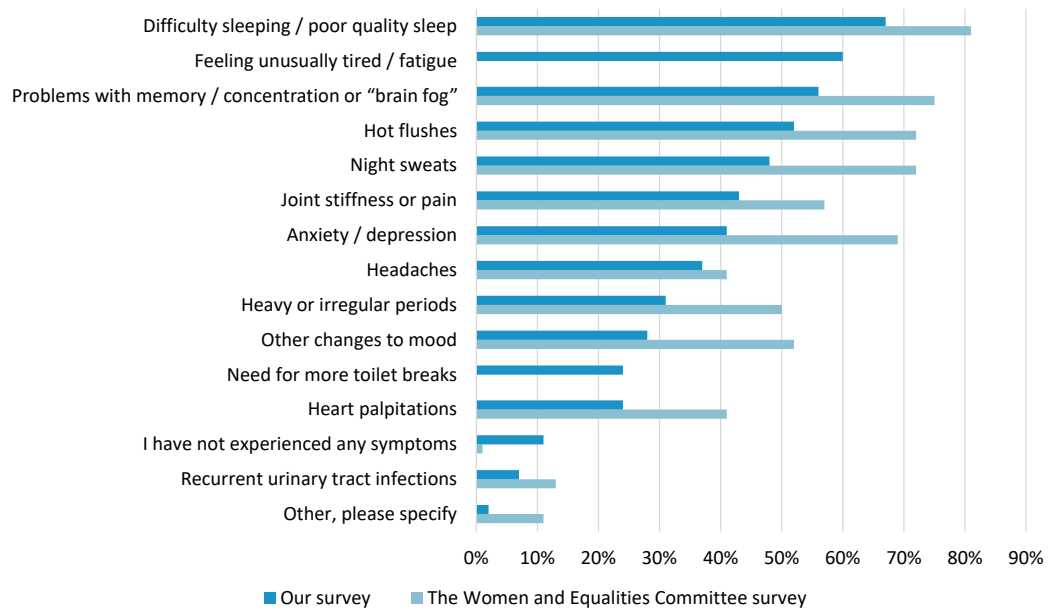


Source: NZIER

We cannot be certain that these symptoms are necessarily related to menopause, as even new and worsening symptoms in this age group could be related to other factors. This is part of the challenge posed by menopause, particularly perimenopause. But our results are consistent with those of the UK's Women and Equalities Committee's survey regarding the high prevalence of symptoms and the most common symptoms, although the Women and Equalities Committee survey found higher rates of all symptoms (see Figure 19 below).



**Figure 19 Comparison of results with the UK Women and Equalities Committee’s survey\***



\*Our survey included two additional symptoms that were not included in the Women and Equalities Committee survey: "Feeling unusually tired/fatigued" and "Need for more toilet breaks."

Source: NZIER, House of Commons Women and Equalities Committee (2022)

About half of our survey sample were women under 50, while the Women and Equalities Committee survey sample had around one-third of participants under 50.

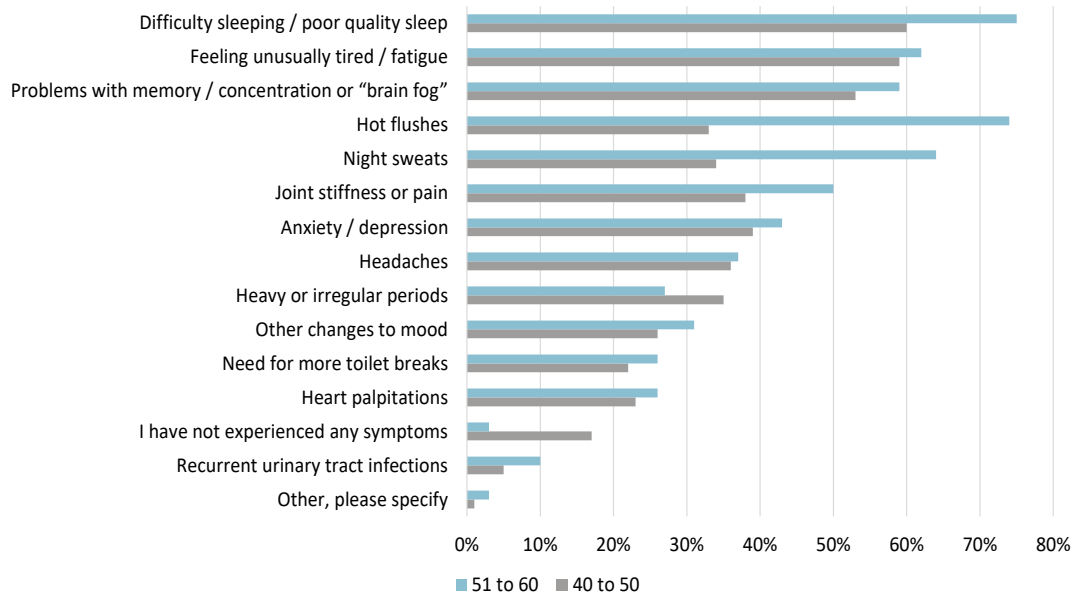
More women aged 51 to 60 in our sample had experienced symptoms than women aged 40 to 50, but even amongst the younger group, 83 percent had experienced at least one new or worsening symptom which could be related to menopause.

The younger women in our sample were more likely to experience a new onset of heavy or irregular periods and were less likely to report hot flushes and night sweats than the older women in our sample. But the younger women were just as likely as the older women to report feeling unusually tired or fatigued, experiencing problems with brain fog, memory and concentration, experiencing new onset of anxiety or depression, or headaches.



## Figure 20 Menopause symptoms in New Zealand women, by age group

Survey Question: Are you experiencing or have you experienced any of the following as new or worsening symptoms during the menopause transition (in the years leading up to menopause, during or after menopause)?



Source: NZIER

## Further variations in symptoms are apparent by industry

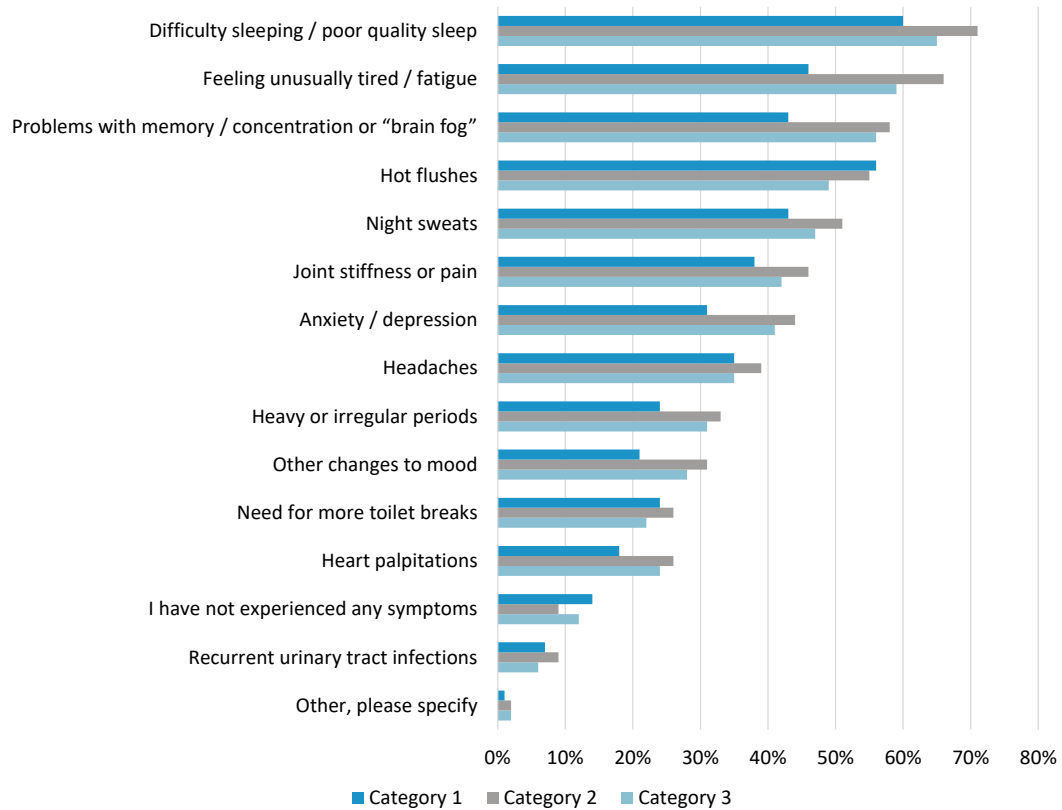
Between industry categories, most symptoms showed no statistically significant differences. However, some symptoms were significantly more or less likely to be experienced by women in one industry category:

- Women in Category 1 industries were significantly less likely to report experiencing anxiety or depression, problems with memory, concentration or brain fog and feeling unusually tired or fatigued.
- Women in Category 2 industries were significantly less likely to report experiencing no symptoms and were significantly more likely to report experiencing difficulty sleeping or poor quality sleep and feeling unusually tired or fatigued.



## Figure 21 Menopause symptoms, by industry category

Survey question: Are you experiencing or have you experienced any of the following as new or worsening symptoms during the menopause transition (in the years leading up to menopause, during or after menopause)? Please choose all that apply even if you are not sure about menopause being the cause.



Source: NZIER

## Māori women experience higher rates of some symptoms

Experiences of symptoms showed some variation by ethnicity as well as by industry. Statistically significant and large differences are observable in:

- Māori women are significantly more likely to experience
  - feeling unusually tired or fatigued
  - joint stiffness or pain
  - problems with memory, concentration or brain fog
  - recurrent urinary tract infections
  - a need for more toilet breaks.

## Duration of symptoms

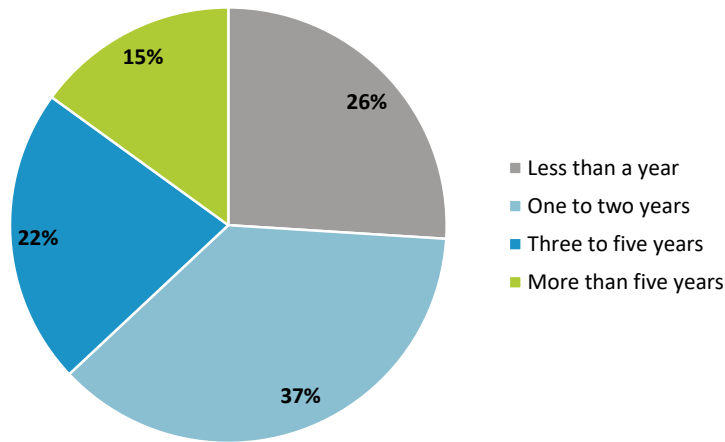
Eighty-one percent of women reporting they had experienced symptoms also reported that they were currently experiencing symptoms, with an additional five percent who were unsure. Women in full-time work were most likely to say they were currently experiencing symptoms, consistent with younger women in our sample having a higher probability of being in full-time work than older women in our sample).



Most of the women in our survey had experienced symptoms for less than two years, but 15 percent had experienced symptoms that lasted five years or more.

### Figure 22 Duration of symptoms

Survey question: How long have you experienced these new or worsening symptoms?

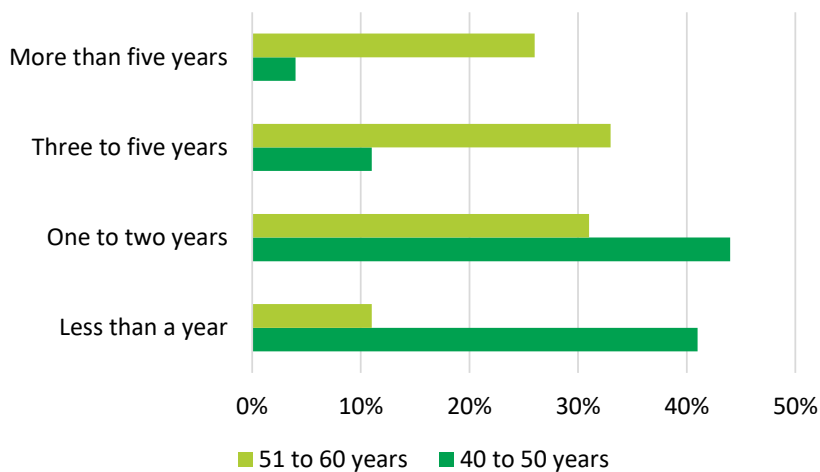


Source: NZIER

The older women in our survey (aged 51 to 60) were more likely to report longer duration of symptoms, suggesting that the younger women were less likely to have experienced the end of symptoms.

### Figure 23 Duration of symptoms, by age group

Survey question: How long have you experienced these new or worsening symptoms?



Source: NZIER





### 3.4 Impacts of menopause at work

*“Everything is a struggle”*

*“(I) feel like I have been expired and they will replace me soon”*

*“(I) feel the need to work harder because I know I am operating at 80 percent brain power! Feel overwhelmed with any little mistake and beat myself up for it.”*

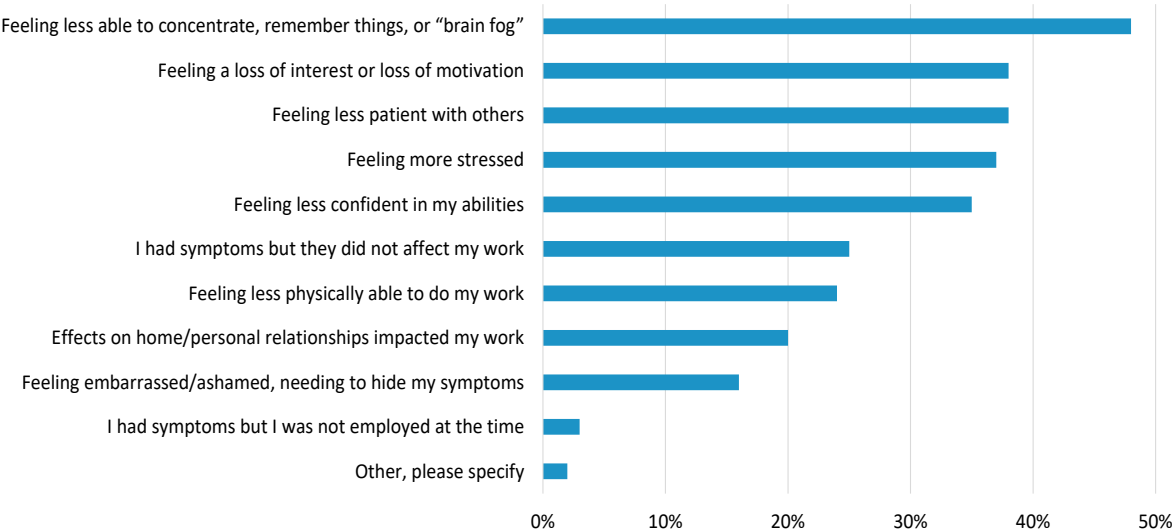
Three-quarters of women who experienced menopause symptoms report that their symptoms affect their work (equivalent to around 64 percent of all the women in our sample). This result was lower than the Women and Equalities Committee report, which found that 92 percent of women who had experienced symptoms had experienced impacts on their ability to work.<sup>6</sup>

Women report a range of impacts on work resulting from their menopause symptoms, with the most common being:

- feeling less able to concentrate, remember things, or having brain fog
- feeling a loss of interest or motivation
- feeling less patient with others
- feeling more stressed
- feeling less confident in their abilities.

**Figure 24 Impacts of menopause symptoms on women’s work**

Survey question: How, if at all, have your symptoms affected your work? Choose all that apply.



Source: NZIER

<sup>6</sup> Some published reports identify lower rates of workplace impacts, but it is important to note that the base for these statistics is often not comparable. For example, the Fawcett Society report identifies that symptoms impact on work for only 44 percent, but this is reported as a percentage of all women in the survey, including those who did not experience symptoms at all.

**Figure 25 Comparison of results with the Women and Equalities Committee survey**



Source: NZIER, House of Commons Women and Equalities Committee (2022)

There were also differences by industry category:

- Women in Category 1 industries appear to experience milder impacts; in particular, they are significantly less likely to report:
  - feeling less able to concentrate, remember things, or having brain fog at work
  - feeling less patient with others
  - feeling less physically able to do their work (e.g. due to pain, discomfort or fatigue).

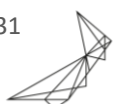
Women in Category 1 industries are also significantly more likely to report that their symptoms did not impact their work.

- Women in Category 2 industries were significantly more likely to report feeling less physically able to do their work (e.g. due to pain, discomfort or fatigue). This is likely the combined effect of the roles many women work in Category 2 industries that are known to involve high levels of fatigue (e.g. health care, teaching, etc.) and the added impact of menopause.

The impact on women in Category 2 industries is consistent with a previously published study (Giron et al. 2012) which identified similar issues in hospital environments. Although the sample for that study was very small, the authors identify the likely impact of menopause on female healthcare professionals with “exhausting workloads and a physically and psychologically strenuous routine”.

**Māori women experience some more severe impacts**

Māori women were significantly more likely than average to report feeling less physically able to do their work (e.g. because of pain, discomfort or fatigue) (33 percent versus the average 24 percent) and feeling a loss of interest or motivation (47 percent versus the average 38 percent).



### 3.5 Talking about menopause

*“I have never discussed 'women’s issues' with anyone, even my mother.”*

*“I imagine some men might have a problem with this discussion; and some women - myself included - might not feel comfortable...”*

*“I was made redundant and told I should leave when I discussed menopause”*

*“I would never discuss this with Manager.”*

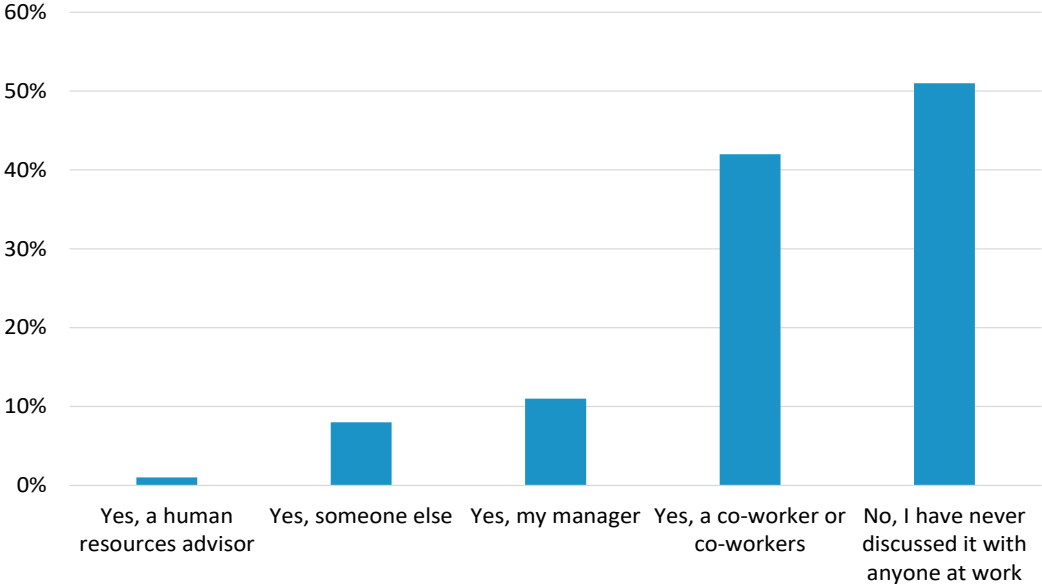
We asked women whether they had ever discussed menopause, perimenopause and their experiences with anyone at work.

Only 11 percent of women responded that they had at some point had this discussion with their manager.

Results show that approximately half of the women in our survey had never discussed menopause, perimenopause or their experiences of these with anyone at work. Slightly less commonly, women said they had had such a discussion, but with a co-worker or co-workers.

**Figure 26 Discussing menopause at work**

Survey question: Have you ever discussed menopause or perimenopause and your experience of it with anyone at work? Choose all that apply.



Source: NZIER

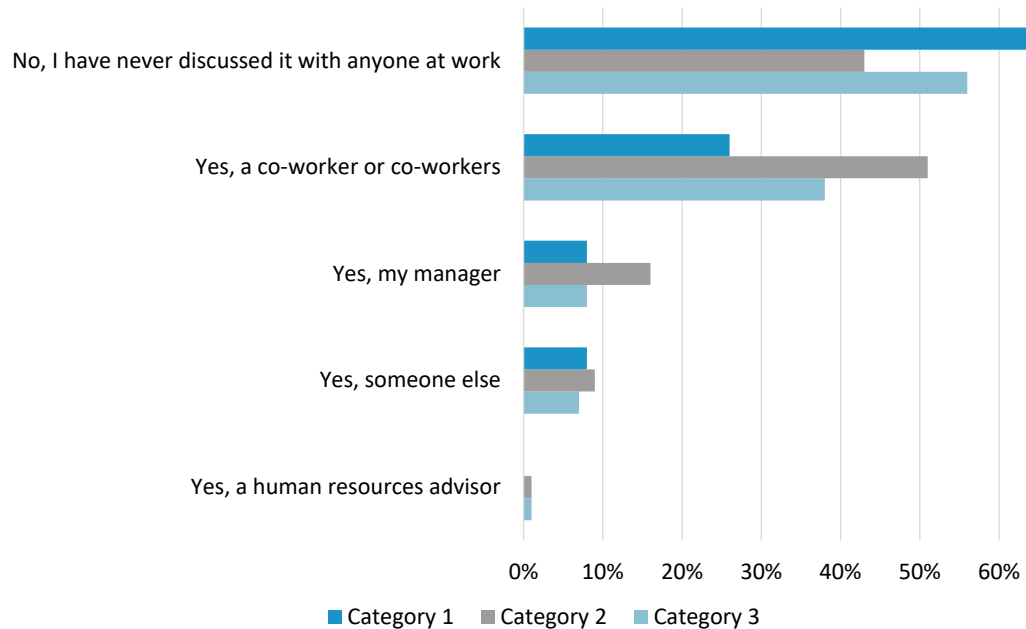
These responses suggest somewhat more openness to discussing menopause in New Zealand workplaces than in UK workplaces, based on the Women and Equalities Commission survey results, which found that less than a third of respondents told anyone at work.

No statistically significant differences by age group or ethnicity were apparent for this question. However, significant differences emerge when the data is analysed by industry category, including:

- Women in Category 1 industries are significantly less likely to discuss it with their co-workers and significantly more likely not to have discussed it at work at all.
- Women in Category 2 industries are significantly more likely to have discussed it with their manager and with their co-workers.
- Women in Category 3 industries are significantly less likely to discuss it with their co-workers or their manager and significantly more likely not to have discussed it at work at all.

### Figure 27 Discussing menopause at work, by industry category

Survey question: Have you ever discussed menopause or perimenopause and your experience of it with anyone at work? Choose all that apply.



Source: NZIER

While it may be tempting to interpret the results for Category 1 and Category 2 industries as being related to increased openness and less stigma in female-dominated industries than in male-dominated industries, these results could equally be related to the higher prevalence of bothersome symptoms in women employed within Category 2 industries and the greater impact of these symptoms on their work.

The results for Category 3 industries may be related to the ability of Category 3 industry workers to adjust their start and finish times and to work remotely without even having to request these adjustments. When workers have the autonomy to make adjustments, they may not feel the need to discuss their experiences of menopause at work.



### 3.6 Making adjustments at work

*“I need to mentally/physically prepare for the 'in-office' days. Sometimes it's a struggle.”*

*“I have asked to work from home twice and I don't want to abuse my position. This was allowed, but I am too scared to ask for more.”*

Previously published overseas reports indicate that women employ a range of self-management options to deal with symptoms, including adjusting to their work or workplace.

With most women choosing to remain in employment and the same role, despite the challenges of managing menopause symptoms, we wanted to explore what adjustments women made in their work to better manage their symptoms.

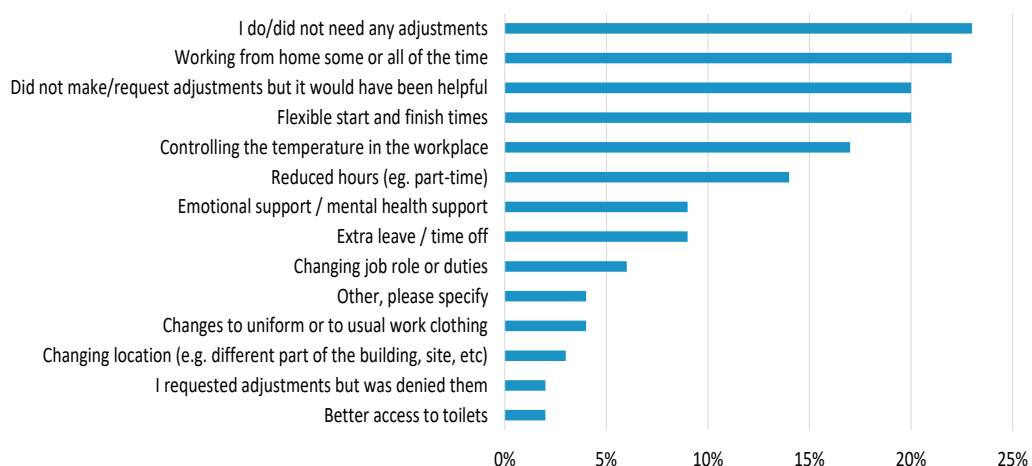
#### Most women experiencing symptoms at work will seek to make adjustments to manage their symptoms

While 23 percent of women said they had not needed to make any adjustments at work, over three-quarters of the women in our survey who had experienced symptoms of menopause reported that they made adjustments to their work in order to manage their symptoms. The most common adjustments were:

- working from home some or all of the time (22 percent)
- flexible start and finish times (20 percent)
- Controlling the temperature in the workplace (17 percent)
- reduced hours (14 percent) – exactly the same result as the Fawcett Report found for UK women.

#### Figure 28 Adjustments to work to manage menopause symptoms

Survey question: Have you made any of the following adjustments to your job or your work environment to manage your symptoms? Choose all that apply.



Source: NZIER

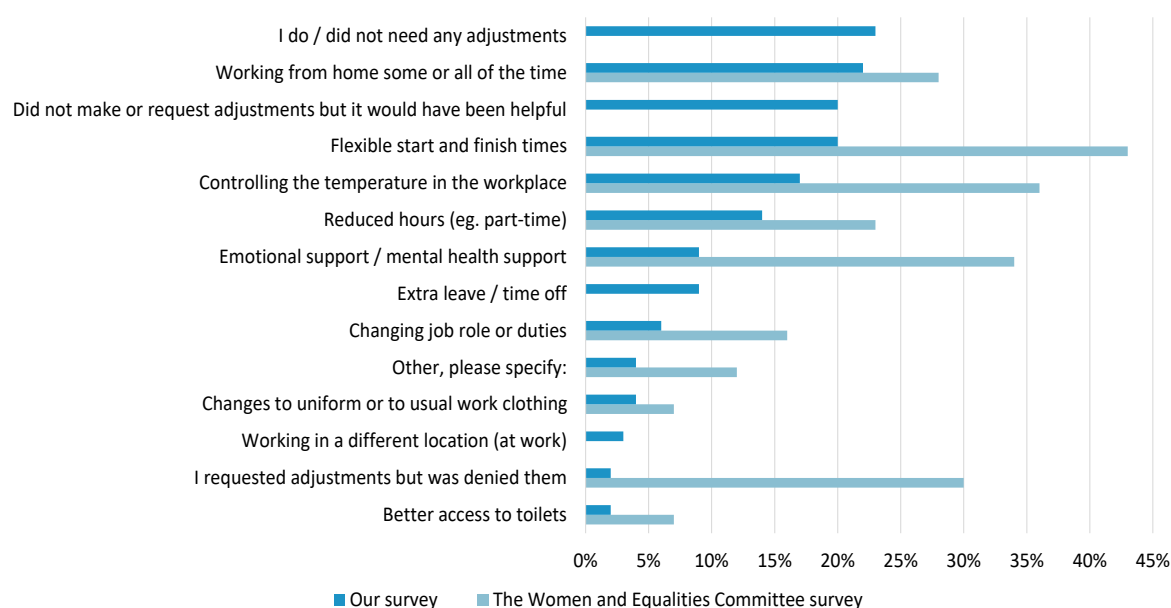


Māori women were significantly more likely than average to have reduced their hours worked (e.g. going from full-time to part-time, 21 percent compared with 14 percent overall) or to have taken extra leave or time off (16 percent compared with 9 percent overall).

A key difference between our survey and the Women and Equalities Committee survey is that the Women and Equalities Committee survey implicitly assumed women needed to request adjustments. We did not make this assumption. Here we compare the results of our question, “Have you made any of the following adjustments to your job or your work environment to manage your symptoms? Choose all that apply” to the Women and Equalities survey question, “What adjustments did you request?”.

Similar to our questions on symptoms and work impacts, our survey indicates a smaller impact overall. Both surveys underscore the popularity of flexible start and finish times, remote working, and being able to control the temperature in the workplace. But the most striking result of this comparison is that our survey paints a picture of employer flexibility regarding adjustments, with a very low rate of adjustments being denied compared to UK women’s workplaces (two percent versus 30 percent), although the basis for comparison may not be appropriate due to the implicit assumption that a request was needed in the UK survey. We revisit this comparison within the sub-sample who did need to request adjustments in the next section.

**Figure 29 Comparison with the Women and Equalities Committee survey**



Source: NZIER, House of Commons Women and Equalities Committee (2022)

**Most women have the autonomy to make the adjustments they need, and those who don’t generally get what they ask for**

Seventy-one percent of women who made adjustments said they had not needed to request permission (e.g. from their manager or human resources) to make adjustments, indicating that most women have considerable flexibility and autonomy in their work and



workplace. There were no statistically significant differences between ethnicities or age groups on this issue.

We asked the women who said they did need to request permission to make adjustments whether they mentioned menopause as the reason for this, and 73 percent of them said they did not. There were no statistically significant differences between ethnicities or age groups on this issue.

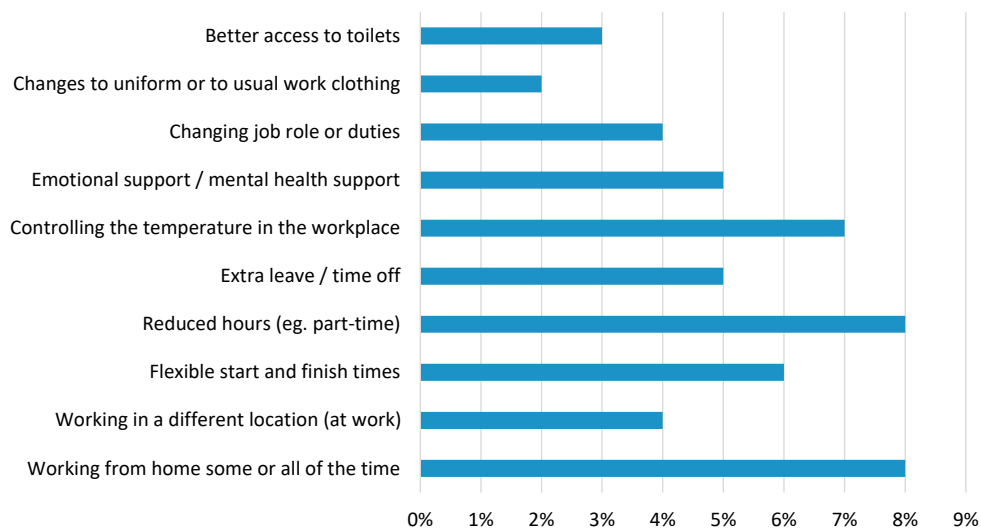
Approximately 70 percent of women who had to request adjustments said that all their requested adjustments had been allowed, leaving 30 percent who had been denied some adjustments, producing a consistent result with the Women and Equalities Committee survey, which also found that 30 percent of women who requested adjustments were denied the adjustments they requested.

The most commonly denied adjustments were:

- working from home some or all of the time
- reduced hours (e.g. going part-time)
- controlling the temperature in the workplace
- flexible start and finish times.

### Figure 30 Requested adjustments most often denied by employers

Survey question\*: While you were experiencing symptoms, were any of the following adjustments requested but not allowed? Choose all that apply.



\*Chart excludes two answer options: “None of the above. All my requested adjustments were allowed”, and “Other”.

Source: NZIER

### Māori women are more likely to say they were denied mental health or emotional support

Few statistically significant differences in adjustments that were denied emerged. However, the survey revealed that Māori women were significantly more likely to say they had been



denied the mental health or emotional support they had requested (11 percent compared with 5 percent overall).

### Some women would like to make adjustments but did not request any

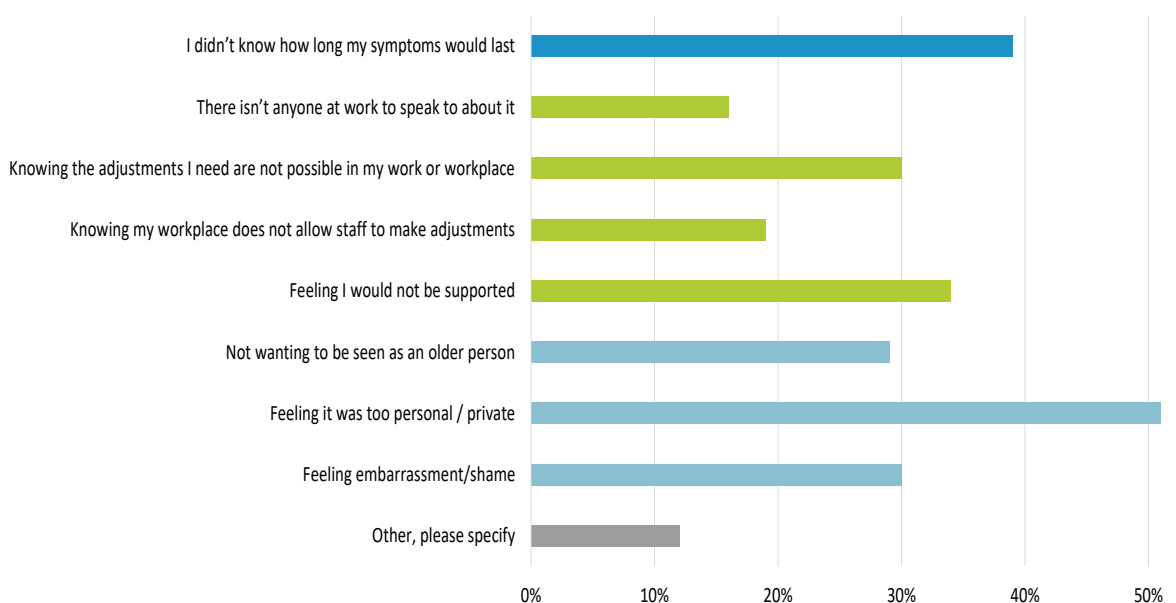
Twenty percent of women who experienced symptoms said it would have been helpful to be able to make adjustments, but they never requested any.

We asked those women why they had not requested to make any adjustments that might have been helpful. Responses reflected:

- menopause and gendered ageism stigma:
  - 30 percent feeling embarrassment/shame
  - 51 percent feeling it was too personal/private
  - 29 percent not wanting to be seen as an older person
- workplace barriers:
  - 34 percent feeling they would not be supported
  - 30 percent knowing the needed adjustments would not be possible
  - 19 percent knowing the employer does not allow adjustments
  - 16 percent believing there was nobody at work to speak with about it
- Thirty-nine percent didn't request adjustments because they didn't know how long symptoms would last, potentially reflecting personal judgements about the costs and benefits of having these discussions in the workplace and concluding that it may not be worthwhile.

### Figure 31 Why women do not request needed adjustments in the workplace

Survey question: Why have you not requested or made adjustments to your work or work environment? Choose all that apply.



Source: NZIER





## Industry of employment is a significant determinant of women’s ability to make adjustments to manage menopause symptoms

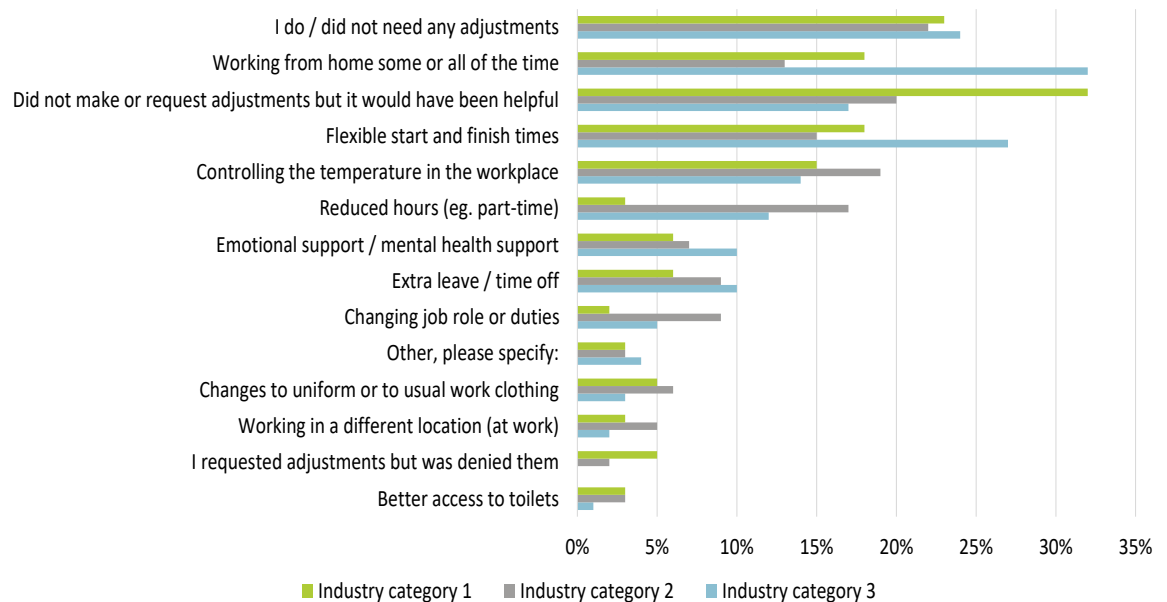
When we created the industry categories to support the analysis of survey results, we hypothesised that women working in Category 2 industries may be relatively highly likely to have roles involving face-to-face service delivery, which implied fewer opportunities to work remotely.

The use of adjustments in the workplace by industry supports our hypothesis, with women in Category 2 industries being significantly less likely to work from home some or all of the time and to take advantage of flexible start and finish times compared with women working in Category 3 industries where we expected these types of flexibility would be more available.

Our rationale for Category 1 was to group traditionally male-dominated industries where heavy physical work might be more common, and there may also be less scope for flexibility in remote working or work hours. Our survey results indicate that women in Category 1 industries also have relatively low rates of remote working and flexible start and finish times compared with Category 3, but the most striking result for Category 1 women is that they were significantly more likely to say they did not make or request adjustments even though it would have been helpful (32 percent compared with 20 percent overall).

**Figure 32 Use of workplace adjustments to manage menopause symptoms, by industry category**

Survey question: Have you made any of the following adjustments to your job or your work environment to manage your symptoms? Choose all that apply.



Source: NZIER

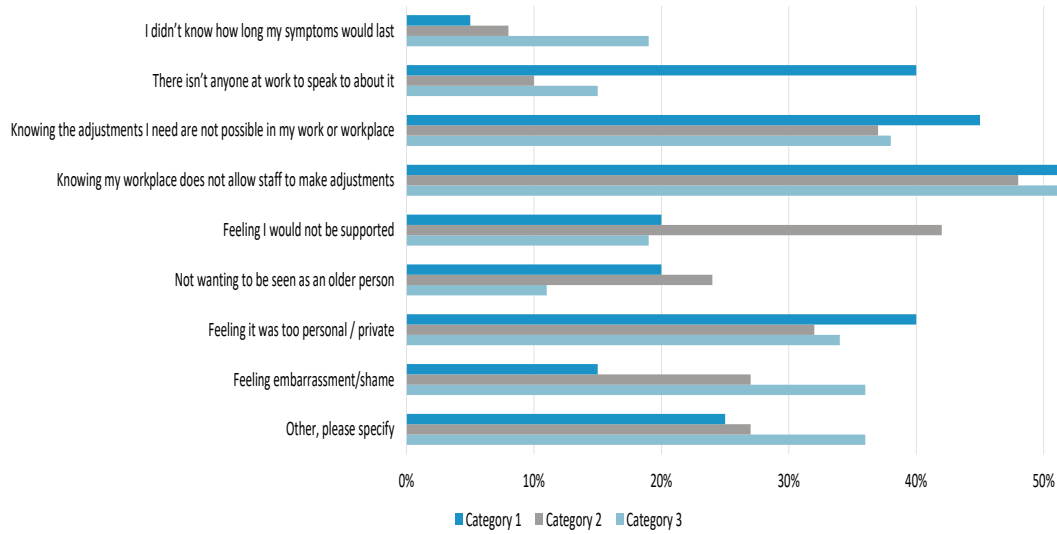
When asked why they had not made or requested adjustments, women working in Category 1 industries were significantly more likely to indicate that there was nobody to discuss adjustments with.



Another very revealing finding was that women employed in Category 2 industries who had not requested adjustments to their work or work environment but said it would have been helpful to be able to make adjustments were significantly more likely than women in other industries to say their reason for not requesting those adjustments was “knowing the specific adjustments I need are not possible in my work workplace”.

### Figure 33 Reasons for not requesting adjustments

Survey question: Why have you not requested or made adjustments to your work or work environment? Choose all that apply.



Source: NZIER



### 3.7 Menopause policies in the workplace

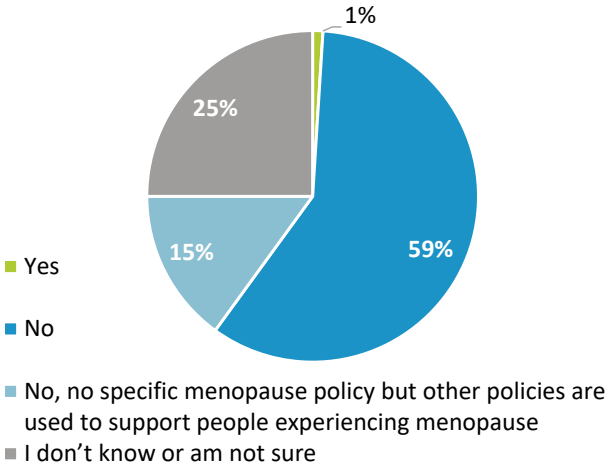
*“A general acceptance is easier than women having to explain their individual symptoms.”*

*“There should be a policy and access to support systems in the same way as some workplaces have mental health support, or Diversity policies.”*

Only one percent of women in our survey said their workplace had a specific menopause policy. One in four women did not know whether their workplace had one or not. This suggests a lower prevalence of menopause policies in the workplace than in the UK, based on the Fawcett Society’s survey, which found that 19 percent of women said their employer had a menopause absence policy.

**Figure 34 Menopause and other policies in women’s workplaces**

Survey question: Does your workplace have a specific menopause policy?



Source: NZIER

Women who work part-time (less than 20 hours per week) were significantly more likely to say they did not know whether their workplace had a menopause policy (38 percent compared with 25 percent overall).

There were no significant differences by age or ethnicity.

### 3.8 Economic participation and engagement

*“Taking as much leave as I possibly can and disengage in anything non-mandatory.”*

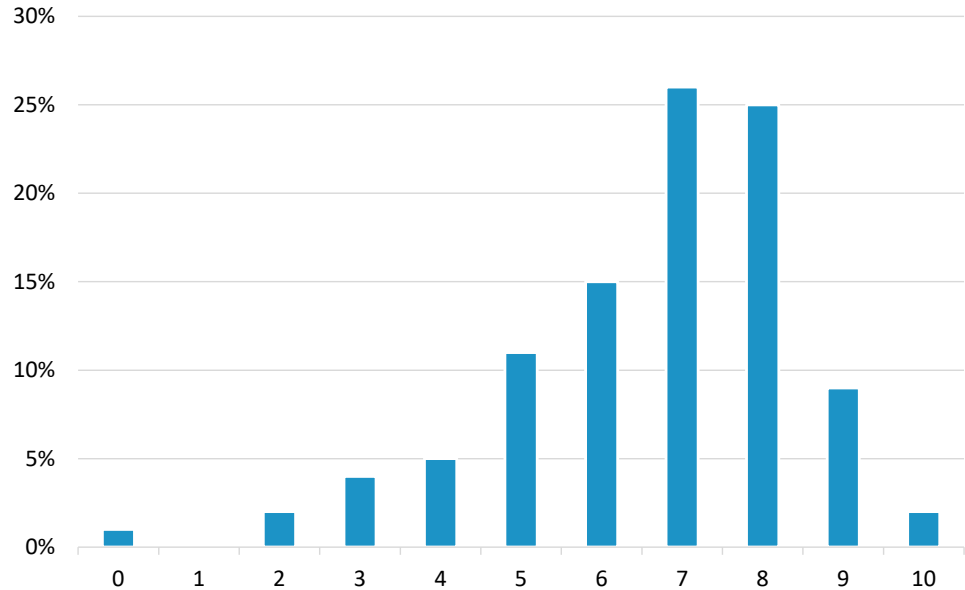
We asked women to think about how their work ability had been impacted by their symptoms. Women rated their ability to work while experiencing symptoms on a scale of 0 to 10, with 0 meaning no ability to work and 10 meaning their best ever ability to work.

Most women felt that their symptoms caused them to work at a level that was 20 to 30 percent below their best. Nearly one in four women (24 percent) felt that their ability to work was reduced by at least half. Only two percent of women felt that they were working at their best while experiencing symptoms of menopause.

**Figure 35 Work ability while experiencing symptoms of menopause**

Survey question: Considering your symptoms, please rate your ability to work during that time on a scale of 0 to 10, with 0 meaning no ability to work, and 10 meaning your best ever ability to work?

(Percent of survey participants)



Source: NZIER

There were no significant differences in these responses by age group, ethnicity, full-time/part-time status, or industry category.

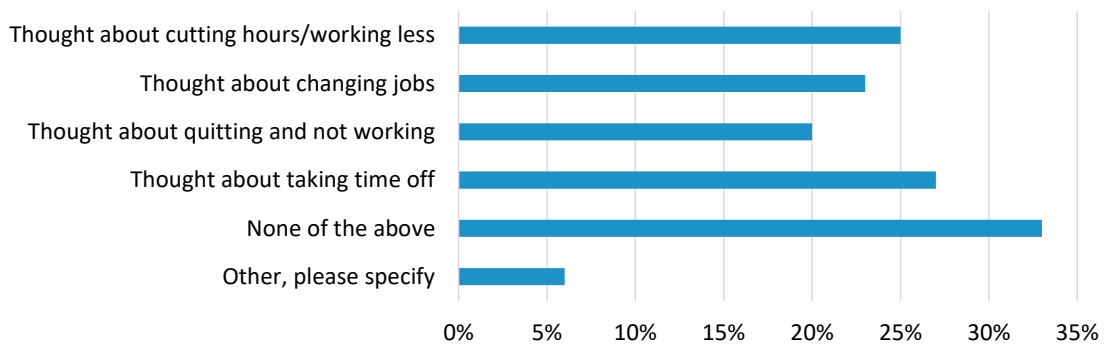
Despite feeling that symptoms were having a significant impact on work; 92 percent of women say neither their manager nor anyone else at work had ever suggested that their performance had worsened during that time. However, women aged 51 to 60 were twice as likely to have experienced someone making this suggestion than those aged 40 to 50. There were no statistically significant differences by ethnicity, full-time/part-time status, or industry category.

We asked women who had experienced symptoms how their symptoms impacted their engagement with work. Women reported a range of impacts, including:

- Considering taking time off work
- Considering cutting down their hours and working less
- Thinking about changing jobs
- Thinking about quitting their job and not working at all.

### Figure 36 Engagement with work – actions considered

Survey question: How have your experiences with symptoms in the workplace impacted on your engagement with work? Choose all that apply.



Source: NZIER

### The impacts on engagement are worse for Māori women

Māori women were significantly more likely than other women to have thought about changing jobs or quitting and not working at all. This is consistent with the findings reported in previous sections that Māori women:

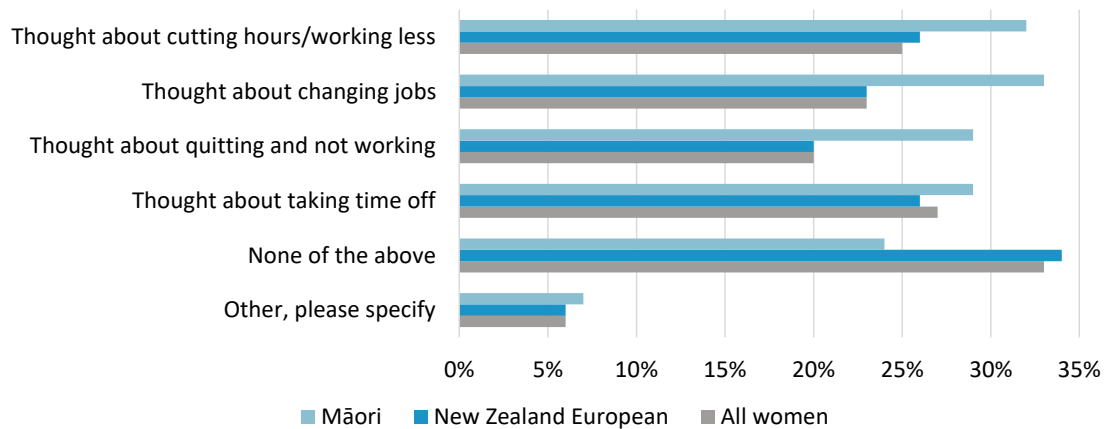
- experience significantly higher rates of some symptoms, including feeling unusually tired or fatigued, joint stiffness or pain, problems with memory, concentration or brain fog, and a need for more toilet breaks (see section 3.3.1)
- were significantly more likely than average to report feeling less physically able to do their work (e.g. because of pain, discomfort or fatigue) and to feel a loss of interest or motivation (See section 3.4).

See Figure 37 below.



### Figure 37 Engagement with work – actions considered, by ethnicity

Survey question: How have your experiences with symptoms in the workplace impacted on your engagement with work? Choose all that apply.



Source: NZIER

#### 3.8.1 Engagement with work – Actions taken to deal with symptoms

We asked women about a range of possible actions they might have taken, all of which would have some economic impact in the form of lost income, lost productivity, or both.

Asked what actions they had taken to deal with symptoms, most women (58 percent) said they had taken none of the actions we offered that would have an economic impact. While 28 percent of women who experienced menopause symptoms said they had either:

- quit working
- changed jobs, or
- cut their work hours down.

Twenty percent of women who experienced symptoms (potentially including many of the women described above) took time off work to manage their symptoms.

In total, 42 percent of women experiencing symptoms took one or more actions that resulted in a loss of economic productivity, with costs to employers and society, and most of all, costs to women themselves in the form of lost income.

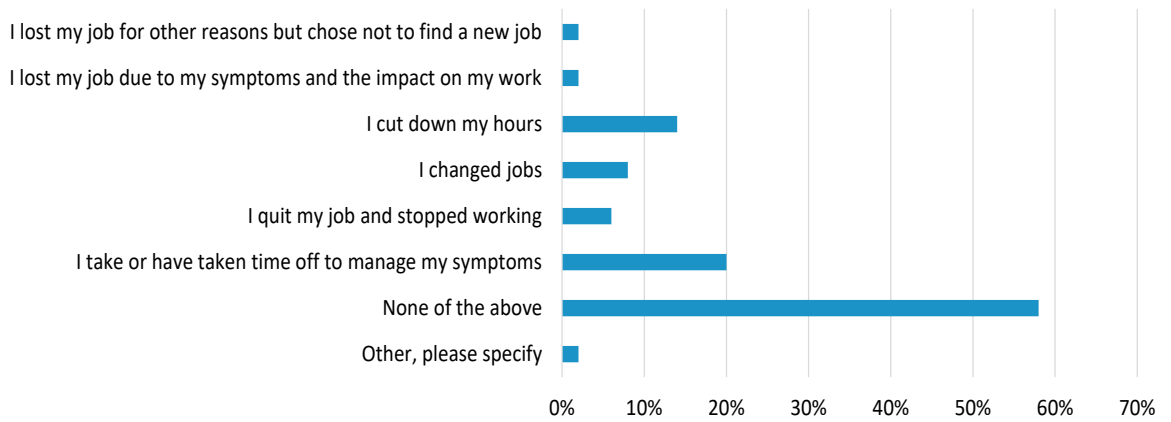
In terms of actions actually taken, there were no statistically significant differences by ethnicity.

See Figure 38 below.



### Figure 38 Actions taken to deal with symptoms at work

Survey question: Have any of these experiences resulted in an actual change in your work? Choose all that apply.

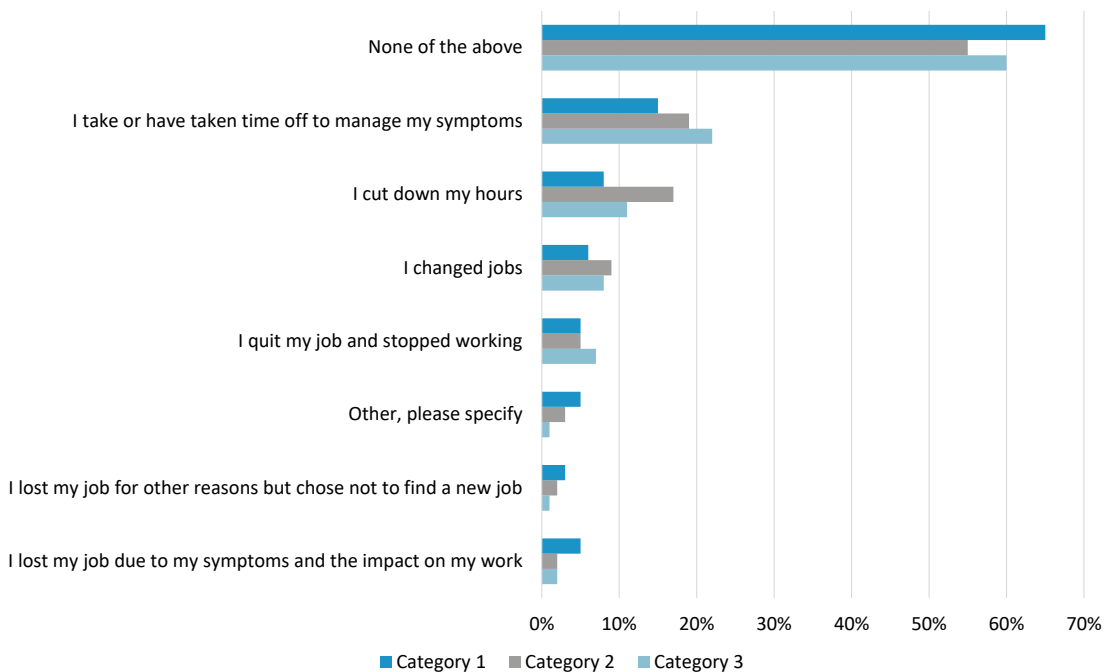


Source: NZIER

Comparison of results by industry reveals only one statistically significant result: Women in Category 2 industries are significantly more likely to cut down their hours (17 percent compared with 14 percent overall).

### Figure 39 Actions taken to deal with symptoms at work, by industry category

Survey question: Have any of these experiences resulted in an actual change in your work? Choose all that apply.



Source: NZIER



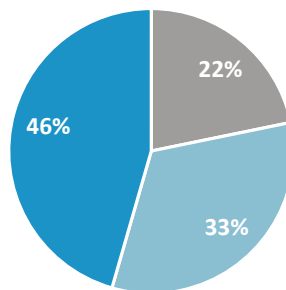
### 3.9 Health system support

Because overseas research has often raised concerns about inadequate support from women's doctors for managing menopause symptoms, we asked women if they had ever talked about their symptoms and their impact on their work with their GP or another health professional.

More than half of the women in our survey had talked to their GP or another health professional about their symptoms, but fewer than one in four (22 percent) had mentioned the impact that symptoms were having on their work.

**Figure 40 Talking to the GP or other health professional**

Survey question: Have you ever talked about your symptoms and the impact these have on your work with your GP or other health professional?



- Yes, I talked about my symptoms and the impact on my work
- I talked about my symptoms but not the impact on my work
- No, I never talked to my GP or health professional about either of these

Source: NZIER

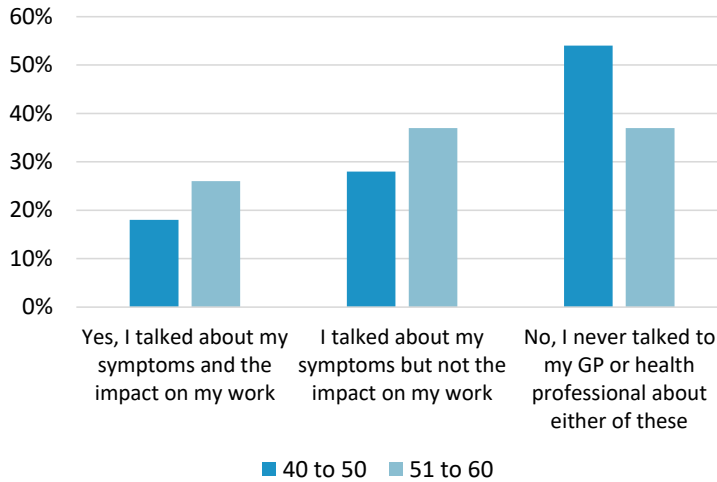
Women aged 51 to 60 were significantly more likely to have talked to their GP or health practitioner.





### Figure 41 Talking to the GP or other health professional, by age group

Survey question: Have you ever talked about your symptoms and the impact these have on your work with your GP or other health professional?

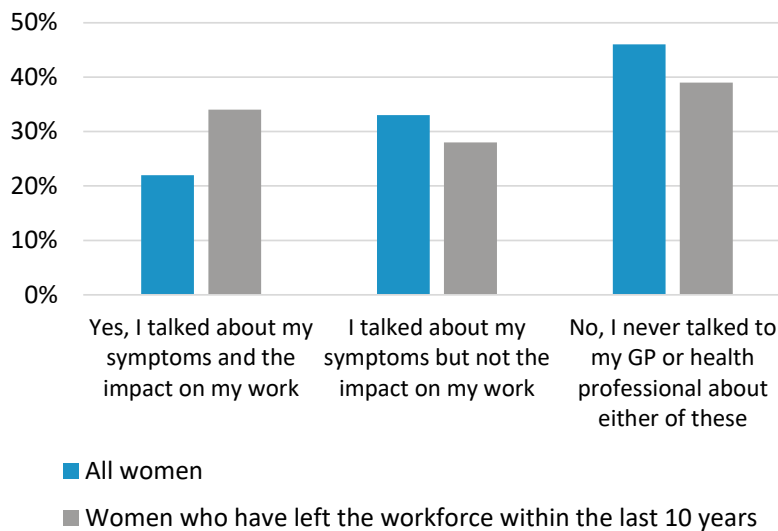


Source: NZIER

Further underscoring the likelihood that menopause had played a role in the withdrawal from the workforce of a significant share of the women in our survey who had left paid work altogether within the last ten years, these women were significantly more likely than average to have discussed symptoms and the impact on their work with their GP (34 percent compared with 22 percent overall).

### Figure 42 Talking to the GP or other health professional, by employment status

Survey question: Have you ever talked about your symptoms and the impact these have on your work with your GP or other health professional?



Source: NZIER

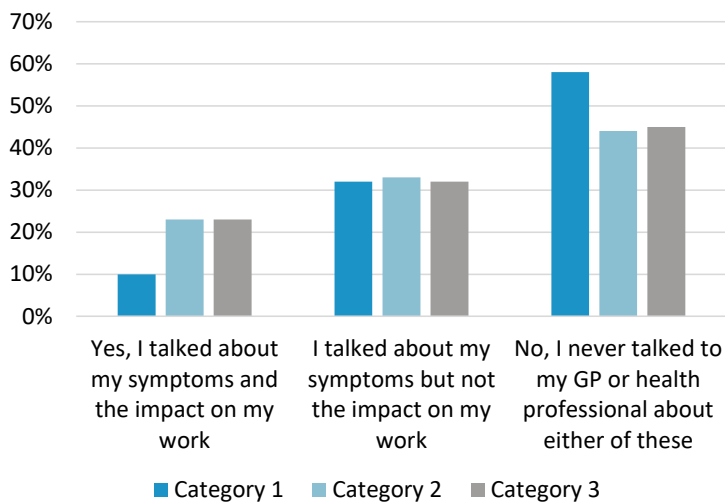
Some important differences can be seen by industry category as well, with women in Category 1 industries being significantly less likely to say they had discussed their symptoms



and the impact on their work with their GP or health professional and significantly more likely to say they had not had any discussion with their GP or health professional about symptoms or the impact on their work. This may be related to symptoms experienced by women in Category 1 industries: These women were significantly less likely to report experiencing anxiety or depression, problems with memory, concentration or brain fog and feeling unusually tired or fatigued (see Section 3.3.1).

**Figure 43 Talking to the GP or other health professional, by industry category**

Survey question: Have you ever talked about your symptoms and the impact these have on your work with your GP or other health professional?



Source: NZIER

### 3.9.1 GP and health professionals' advice

We then asked women what suggestions their GP or health professional had offered for dealing with symptoms. Results indicate that women are most likely to be offered advice on diet, exercise or other lifestyle adjustments and are as likely to be offered sleeping pills, antidepressants, pain medication or other medicines as they are to be offered hormone replacement therapy (HRT). But some women are also advised by their GP or health practitioner to:

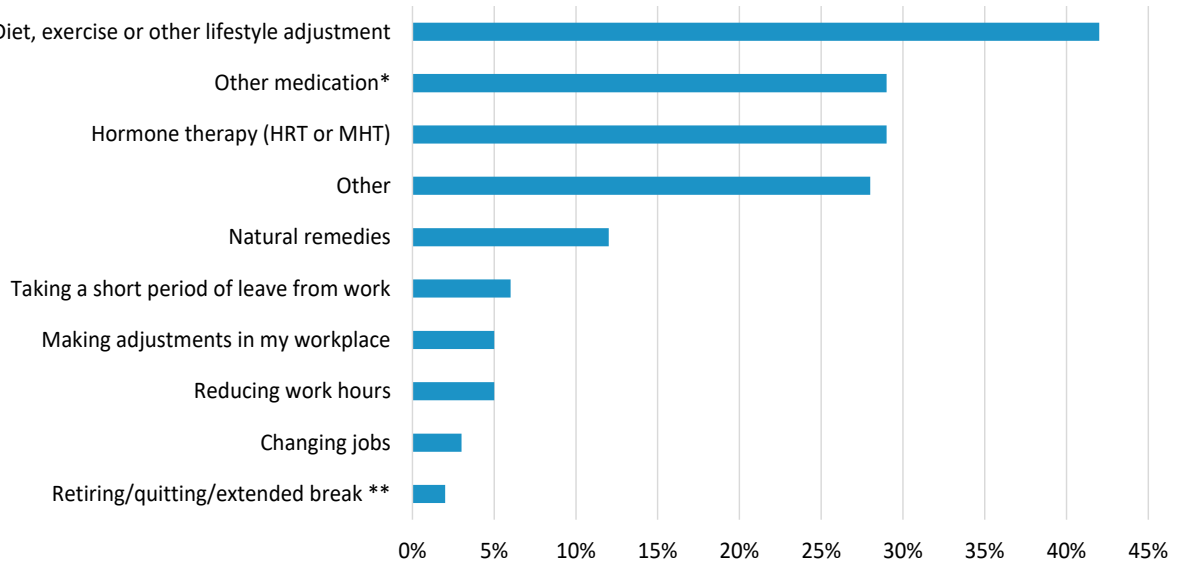
- reduce work hours
- take a period of leave from work
- retire, quit or take an extended period of leave from work
- change jobs.

Only 5 percent of women are encouraged by their GP or health practitioner to make adjustments to their work or work environment, revealing a significant disconnect between what is possible for many women and supported by many employers and the advice women receive within the health sector.



## Figure 44 Advice from GPs and health professionals

Survey question: What suggestions did your GP or health professional offer for dealing with your symptoms?  
Choose all that apply.



\*Response options included examples: “sleeping pills, antidepressants, pain medication, etc.”

\*\*Full text for this option was “Retiring, quitting, or taking an extended break from paid work.”

Source: NZIER

There were no significant differences in this advice by women’s work hours or industry category, raising the question of whether such advice has actually taken into account the woman’s employment situation.

Concerningly, Māori women are significantly more likely to be:

- advised by their GP or health professional to change jobs (14 percent compared with 3 percent overall)
- offered sleeping pills, antidepressants, pain medication or other medicines (42 percent compared with 29 percent overall).

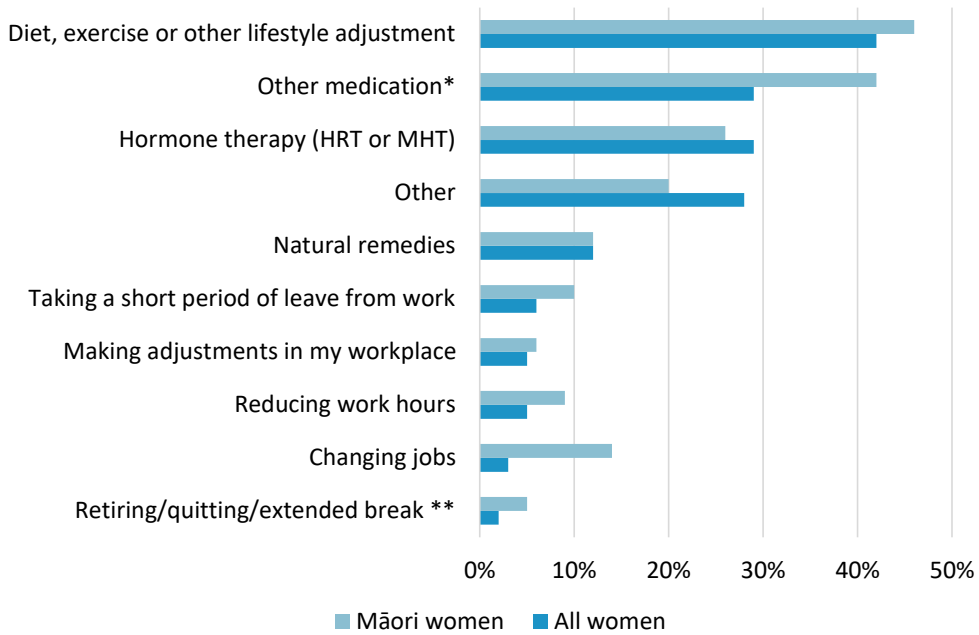
Other differences included a greater share of Māori women saying they had been advised to reduce work hours or retire, quit or take an extended break from paid work, but these differences were not statistically significant. (See Figure 45 below)

Our survey cannot identify the reasons for these differences.



### Figure 45 Advice from GPs and health professionals, by ethnicity

Survey question: What suggestions did your GP or health professional offer for dealing with your symptoms?  
Choose all that apply.



\*Response options included examples: “sleeping pills, antidepressants, pain medication, etc.”

\*\*Full text for this option was “Retiring, quitting, or taking an extended break from paid work.”

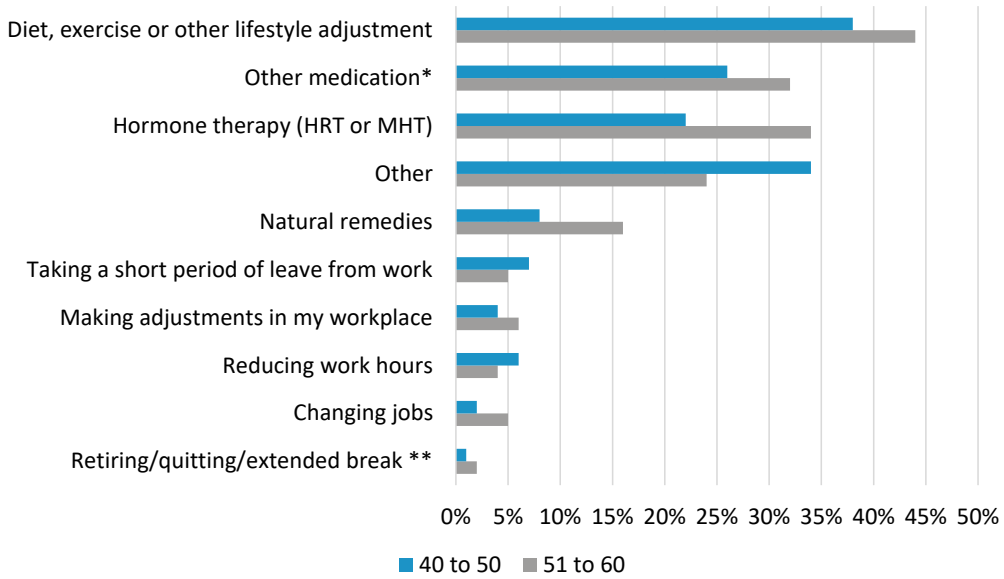
Source: NZIER

The advice offered by GPs and health professionals also varied significantly by age group, with women aged 40 to 50 being significantly less likely to be offered hormone therapy (HRT or menopause hormone therapy (MHT)), at 22 percent compared with 34 percent of women aged 51 to 60. This is significant because perimenopause symptoms can be problematic, and evidence suggests women often do not recognise the cause of their symptoms in this stage.



### Figure 46 Advice from GPs and health professionals, by ethnicity

Survey question: What suggestions did your GP or health professional offer for dealing with your symptoms? Choose all that apply.



\*Response options included examples: “sleeping pills, antidepressants, pain medication, etc.”

\*\*Full text for this option was “Retiring, quitting, or taking an extended break from paid work.”

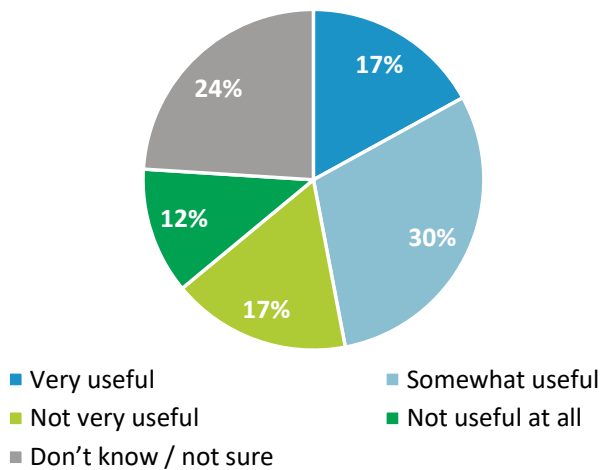
Source: NZIER

### 3.9.2 Perceived usefulness of GP and health professional advice

When asked how useful the advice of GPs and health professionals had been in helping women maintain their work performance and employment through menopause, less than half of the women surveyed said that the advice had been either very useful or somewhat useful.

### Figure 47 Perceptions of the usefulness of GP/health professional advice

Survey question: How useful do you feel the advice from your GP or health professional was for helping you maintain your work performance and employment through the menopause transition?



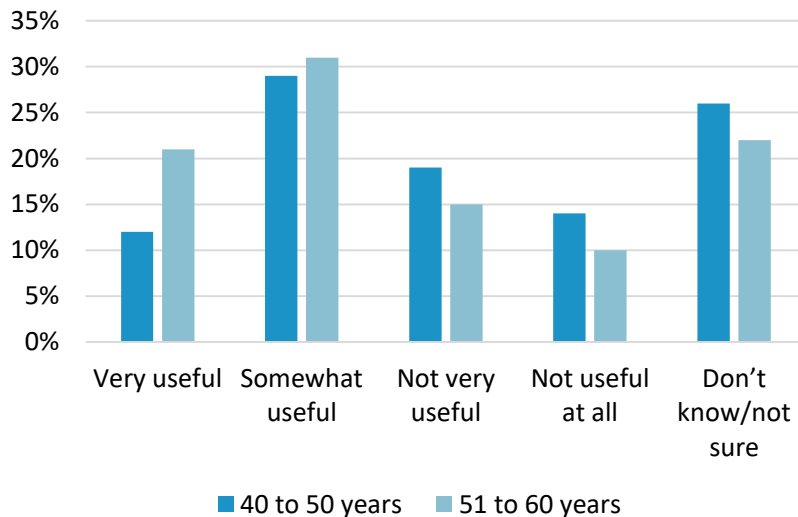
Source: NZIER



Perceptions of usefulness were higher for older women – those who were more likely to have already experienced menopause, compared with younger women who were more likely to be experiencing perimenopause.

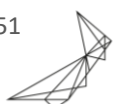
**Figure 48 Perceptions of the usefulness of GP/health professional advice, by age group**

Survey question: How useful do you feel the advice from your GP or health professional was for helping you maintain your work performance and employment through the menopause transition?



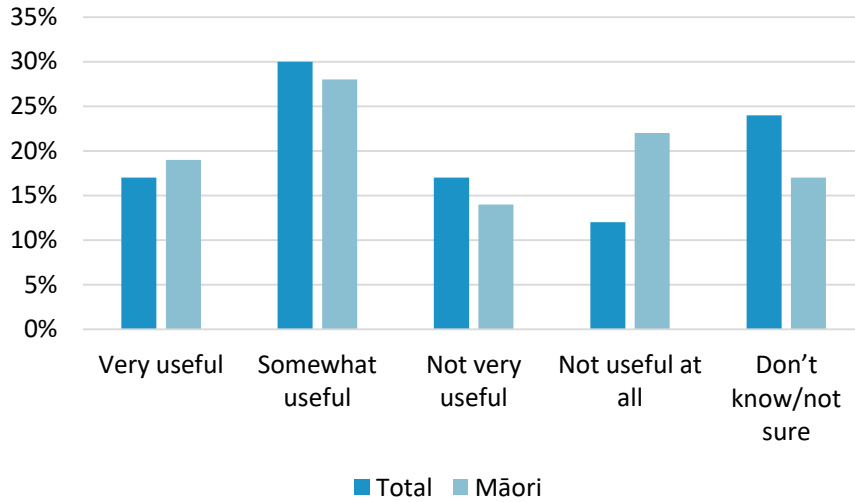
Source: NZIER

Māori women were significantly more likely than average to say they felt their GP or health professional's advice was not useful at all.



### Figure 49 Perceptions of the usefulness of GP/health professional advice, by ethnicity

Survey question: How useful do you feel the advice from your GP or health professional was for helping you maintain your work performance and employment through the menopause transition?



Source: NZIER



### 3.10 Feeling valued in the workplace

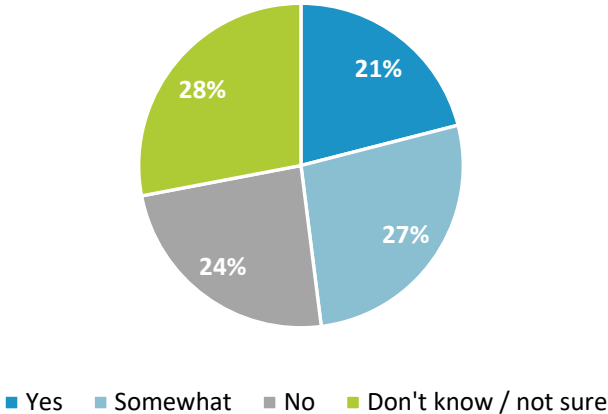
Facing challenging health issues while continuing to engage fully with work is made easier when people perceive that they are respected and valued by their employers and coworkers. Ageist and sexist attitudes may contribute to some women’s disengagement with work and withdrawal from employment at this stage in their lives.

The Fawcett Report identified that in the UK, a substantial percentage of women of menopause age had experienced jokes about menopause in their workplace (30.5 percent) or that menopause had been “treated as a joke” (56 percent).

Rather than asking a specific question about menopause being joked about, we asked a more general question – whether women in our sample felt that women in midlife or experiencing menopause were respected and valued in their workplace. Less than half of the women surveyed said that women in midlife were either respected and valued or somewhat respected and valued. Twenty-eight percent were unsure, and 24 percent said women in midlife were not respected and valued in their workplace.

**Figure 50 Perceptions of respect for and value of women in the workplace**

Survey question: Do you feel that women in midlife or experiencing menopause transition are respected and valued in your workplace? If you are not currently in paid work, please answer for your previous workplace.



Source: NZIER

Women working in Category 2 industries were more likely to say that women in midlife were respected and valued in the workplace, but this came from a higher rate of women in this industry category saying women in midlife were “somewhat” valued rather than being more likely to agree with the unequivocal “yes” response, and from a reduction in the share of respondents who said they did not know or were unsure, rather than a lower share of the unequivocal “No” response.



### 3.11 Why women quit – How does menopause interact with other issues to drive women to withdraw from the workforce?

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*“Just quit the job. Didn’t mention menopause being the reason for leaving.”*

*“Had to leave my previous job as couldn’t function well.”*

---

Because many of our survey results indicated important differences across groups of women, we separately analysed the sample of women who said they had left paid work altogether within the last ten years to identify potential key risks.

Our survey results show that women who had been in paid employment within the last ten years but were not in paid employment at the time of the survey:

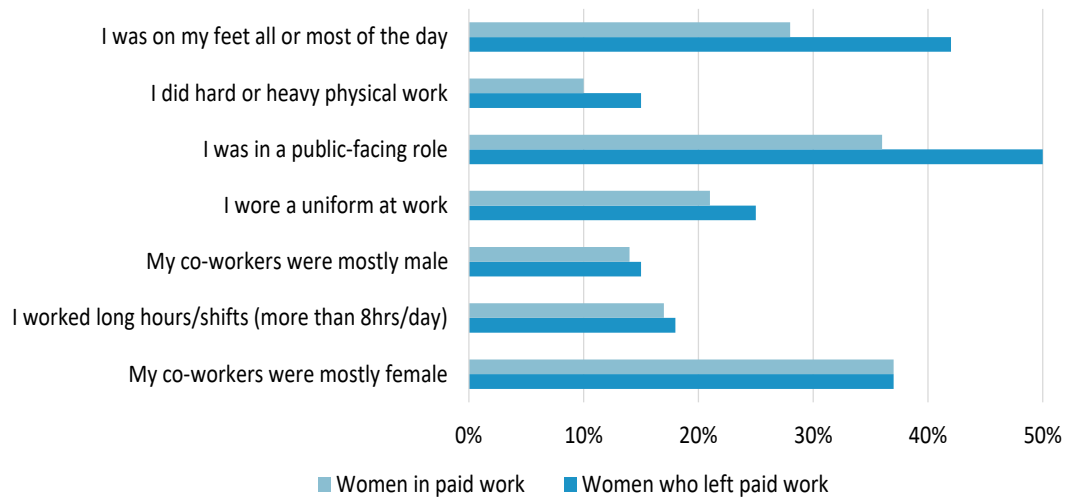
- were significantly more likely to report that they had experienced menopause
- were significantly more likely to have experienced hot flushes and a need for more toilet breaks
- were most likely to report that they had experienced their symptoms for longer – 58 percent had experienced symptoms for more than three years
- were twice as likely as the average woman in our survey to say that their symptoms had made them consider quitting and not working at all, indicating that the statistics about women considering quitting due to the challenges of managing menopause symptoms and work should be taken as a serious indication that this outcome may occur
- reported that experiences of menopause in the workplace had been a cause of them quitting their jobs and not working at all in nearly 40 percent of cases
- sometimes reported that they had lost their job (rather than quit) because of their menopause symptoms (12 percent of the women who were not in paid work at the time of the survey – around 1.5 percent of our overall sample and significantly lower than the four percent found by the Fawcett Report).

In describing characteristics of the work they were in prior to exiting the workforce, women who had left paid work altogether within the last ten years were significantly more likely to say their work had involved:

- being on their feet all or most of the day
- hard or heavy physical work
- being in a public-facing role.



**Figure 51 Features of work for women who left paid work versus those who are in paid work**



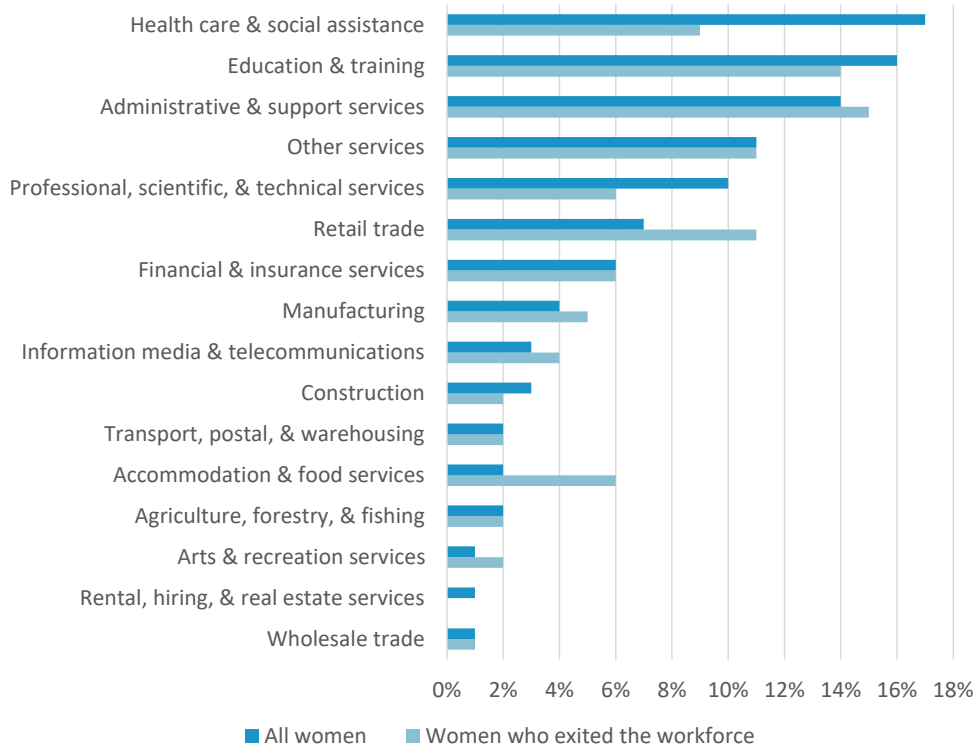
Source: NZIER

In terms of the industries these women had left, they were significantly more likely to have worked in retail trade and accommodation and food services in their last role than the average woman in our survey and significantly less likely to have worked in healthcare and social assistance or professional, scientific and technical services.



## Figure 52 Industry of employment for women who have left the workforce within the last ten years compared with the overall sample

Survey questions: What best describes the industry you work in? What best describes the industry you last worked in?



Source: NZIER

It is possible that shame and stigma contributed to these women leaving the workforce. Women who had left work altogether within the last ten years were:

- fifty percent more likely than average to say they felt embarrassed/ashamed and needed to hide their symptoms or make excuses for themselves
- significantly more likely to say they had never discussed menopause with anyone at work.

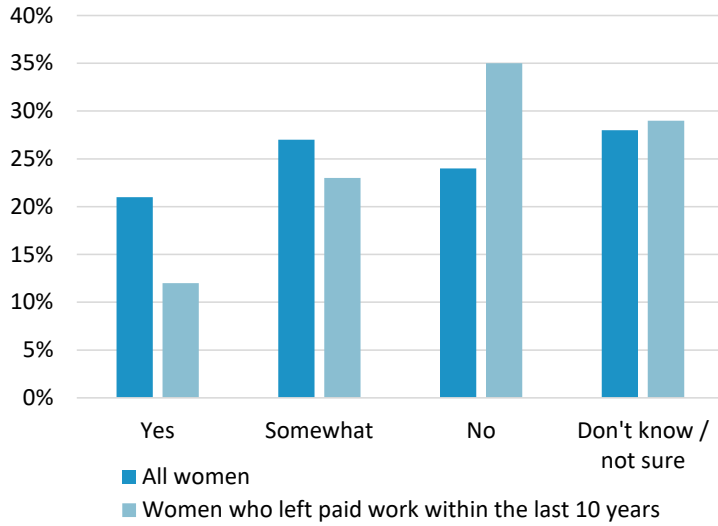
It is also possible that perceptions of how they were valued in their previous workplace had contributed to their decision to leave: The Fawcett Report identified that women who were not in work were more likely than employed women to say they had experienced jokes about menopause or menopause “being treated as a joke” in the workplace, leading the authors to conclude that these experiences may have contributed to decisions to leave work.

Our survey was broadly consistent with this result: Women who had left paid work altogether within the last ten years were significantly less likely than average to say that women in midlife or experiencing menopause were respected and valued in their workplace and significantly more likely than average to say they weren’t respected and valued.



### Figure 53 Perception of respect for and value of women in midlife in the workplace

Survey question: Do you feel that women in midlife or experiencing menopause transition are respected and valued in your workplace? If you are not currently in paid work, please answer for your previous workplace.



Source: NZIER



### 3.12 Understanding differences in Māori and non-Māori women's experiences

In this section of the report, we have identified several significant differences for Māori women compared with the overall survey sample of women. Those differences indicate that:

- Māori women are significantly more likely to experience
  - feeling unusually tired or fatigued (74 percent compared with 60 percent overall)
  - joint stiffness or pain (55 percent compared with 43 percent overall)
  - problems with memory, concentration or brain fog (67 percent compared with 56 percent overall)
  - recurrent urinary tract infections (13 percent compared with 7 percent overall)
  - a need for more toilet breaks (35 percent compared with 24 percent overall)
- Māori women were significantly more likely than average to report feeling less physically able to do their work (e.g. because of pain, discomfort or fatigue) (33 percent versus the average 24 percent) and feeling a loss of interest or motivation (47 percent versus the average 38 percent).
- Māori women were significantly more likely than average to have thought about changing jobs or quitting and not working at all.
- Māori women were significantly more likely than average to have reduced their hours worked (e.g. going from full-time to part-time, 21 percent compared with 14 percent overall) or to have taken extra leave or time off (16 percent compared with 9 percent overall).

Why are Māori women having different experiences of menopause and impacts on their work than women in general?

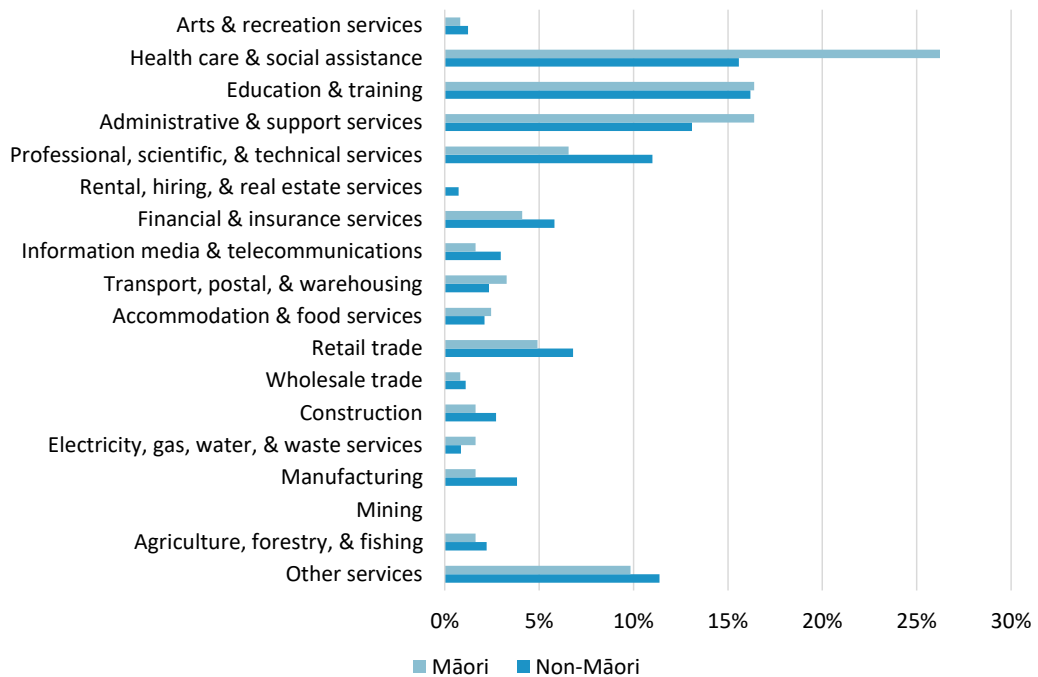
We know that in our sample, Māori women are similar to the sample average on a range of characteristics, including age, household income, caring responsibilities, probability of having experienced menopause, probability of having discussed menopause in the workplace, duration of symptoms, flexibility in start and finish hours, remote working opportunities, size of organisation they work for, and probability of taking action that reduces economic output. Māori women also rate their ability to perform at work similarly to other women; though they were more likely to report having had a manager raise performance issues with them during this time, the difference from the overall sample was not statistically significant.

#### **Māori women are more likely to work in health and social services and administration and support services**

But looking at occupation, Māori women are significantly more likely to be working in healthcare and social assistance than non-Māori women.



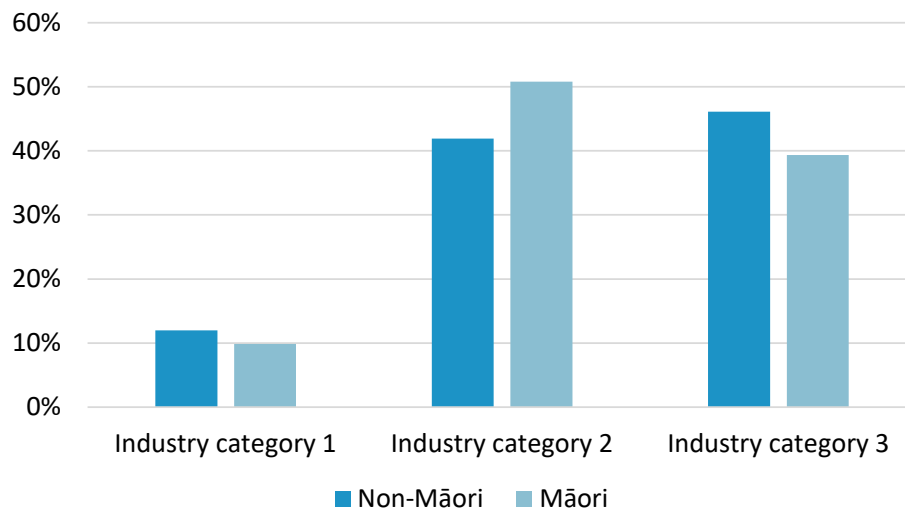
**Figure 54 Industries where Māori women work compared with the overall sample**



Source: NZIER

This means Māori women are significantly more likely to be working in industries that are within Category 2 – the traditionally female-dominated industries focused on face-to-face service delivery, with relatively little opportunity for remote working.

**Figure 55 Representation of Māori women, by industry category**



Source: NZIER

Women working in Category 2 overall report higher rates of symptoms, especially difficulty sleeping or poor quality sleep and feeling unusually tired or fatigued.



### Māori women are more likely to report a noisy work environment and long hours

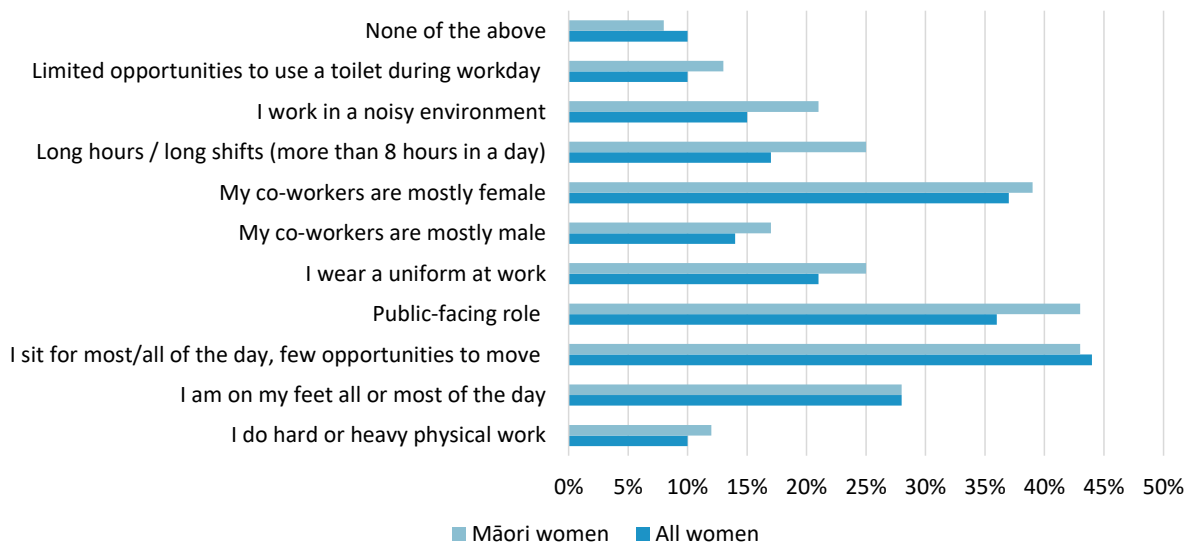
Looking at other characteristics of the work and workplace, two features stand out as being significantly more likely for Māori women:

- working in a noisy environment
- working long hours/long shifts.

With other differences were not statistically significant.

### Figure 56 Characteristics of work and workplace

Survey question: Do any of the following statements describe your work? Choose all that apply.



Source: NZIER

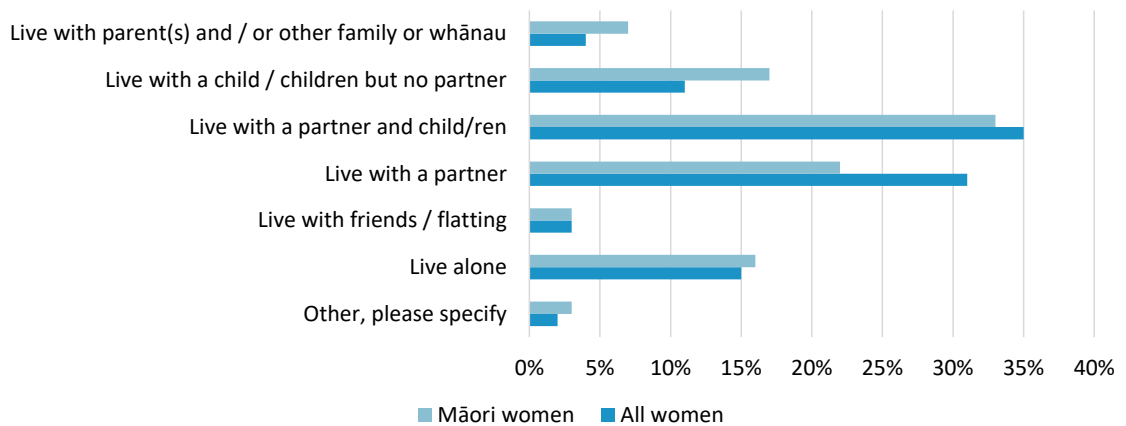
### Higher rates of solo parenting mean home life offers less opportunity to recharge for Māori women

Māori women in our sample were also significantly less likely to be living with a partner without children and significantly more likely to be living with children but no partner (other differences were not statistically significant).



## Figure 57 Living situation

Survey question: What is your living situation?



Source: NZIER

### Unsurprisingly, Māori women may need more emotional/mental health support

Our survey indicates that Māori women are more likely to request emotional/mental health support (but the difference was not statistically significant). They are also significantly more likely to say they had been denied it (which could mean they are more likely to request it and have the same probability of being denied it or face a higher probability of denial for any such request). Whatever the explanation, a greater need for emotional/mental health support is not unexpected for people who are solo parenting while working a job with long hours or shifts in a noisy environment that is highly likely to involve caring for or providing services to others.

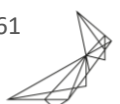
The unmet need for emotional/mental health support in Māori women may explain the significantly higher reports by Māori women of being offered sleeping pills, antidepressants and pain medication or other medicines (excluding HRT) by their GP or health professional.<sup>7</sup>

### But Māori women may experience less shame and embarrassment around menopause

Interestingly, Māori women were significantly more likely than average to say they had mentioned menopause as the reason they were seeking adjustments to their work and work environment (33 percent compared with 21 percent overall). This may be partly due to their industry (Category 2 industries had a higher rate of menopause being mentioned than the other categories) but may also be related to different degrees of stigma associated with cultural perceptions of menopause and ageing.

So what is the impact of these differences? It's difficult to tell from a survey how different factors interact and to identify the explanatory variables. However, our survey found that Māori women aged 40 to 60 were significantly more likely than non-Māori women to report that they were not in paid work at the time of the survey, but they had been within

<sup>7</sup> Research indicates that for emotional/mental health symptoms caused by menopause, HRT is likely to be more effective than antidepressants and the National Institute for Health Care Excellence (NICE) guidance on menopause states that HRT should be considered as the first line treatment for menopause symptoms – including anxiety and low mood (Stephenson 2018).





the last ten years, suggesting these issues may have contributed to their withdrawal from the workforce.



## 4 What do New Zealand Employers say?

### 4.1 Attitudes towards diversity and inclusion

We asked employers whether they agreed with a range of statements that reflect attitudes to diversity and inclusion in the workplace. Employers could agree with as many statements as they wished or could select the “I don’t agree with any of these statements” option. The statements that had the highest number of employers agreeing with them were:

- “I am happy to make adjustments to help each employee be productive”
- “My organisation benefits from having staff of all ages and genders”
- “An inclusive team culture is helped by having a diverse team”

(See Figure 58 below.)

An opposite statement to “I am happy to make adjustments to help each employee be productive”, which was “All workers should be able to perform well under the same conditions with no special adjustments for individuals”, attracted 20 percent of employers.

Only a minority of employers did not agree with any of these statements that are positive about diversity and inclusion in the workplace. Statements that were negative towards diversity and inclusion, including “Diversity might make my organisation look good, but it doesn’t make any real difference”, “I don’t care how diverse my organisation is”, “People prefer to work with others like themselves” attracted between 11 percent and 13 percent of employers.

#### Figure 58 Employers’ attitudes towards diversity and inclusion

Survey question: Which of the following statements about diversity do you agree with?



Source: NZIER

At this point in the survey, participants knew the survey was about menopause, so to the extent that there may be negative attitudes towards menopause, these may have emerged



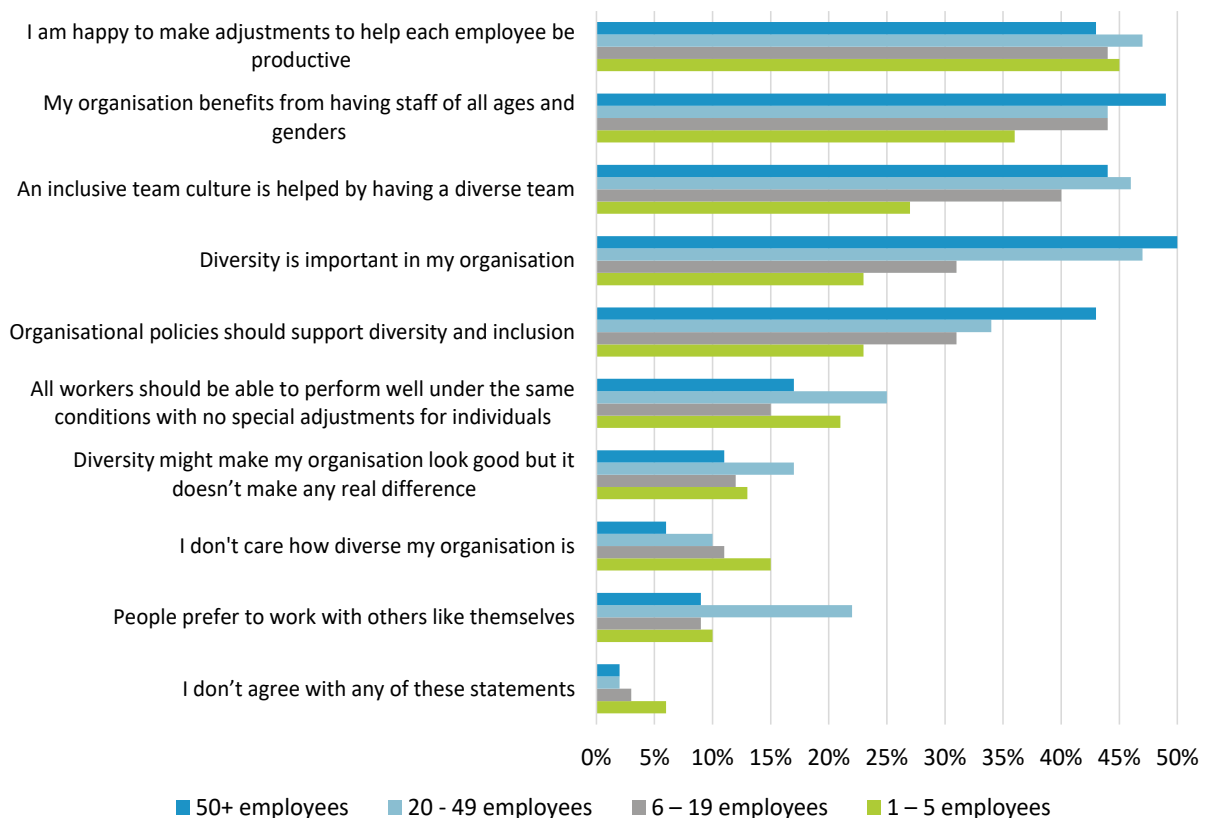
within the broader responses to the survey. It is not possible to identify the extent to which this may have occurred. However, it is noteworthy that the responses of women and men were not significantly different.

There were significant differences in attitudes by employer organisation size and by industry category.

Employers from larger organisations were more likely to agree with statements that were positive about diversity and inclusion, and employers from the smallest organisations (1 to 5 employees) were less likely to agree with those statements as well as more likely to agree with the statement “I don’t care how diverse my organisation is”. But these differences did not translate into significant differences in willingness to make adjustments to help each employee be productive, with all employers agreeing with that statement at rates between 43 percent and 47 percent.

**Figure 59 Employers’ attitudes towards diversity and inclusion, by organisation size**

Survey question: Which of the following statements about diversity do you agree with?



Source: NZIER

Looking across industry categories reveals some statistically significant differences, including:

- Employers in Category 1 industries were significantly more likely to agree with the statement “I don’t care how diverse my organisation is” and significantly less likely to agree with “Diversity is important in my organisation”, “An inclusive team culture is

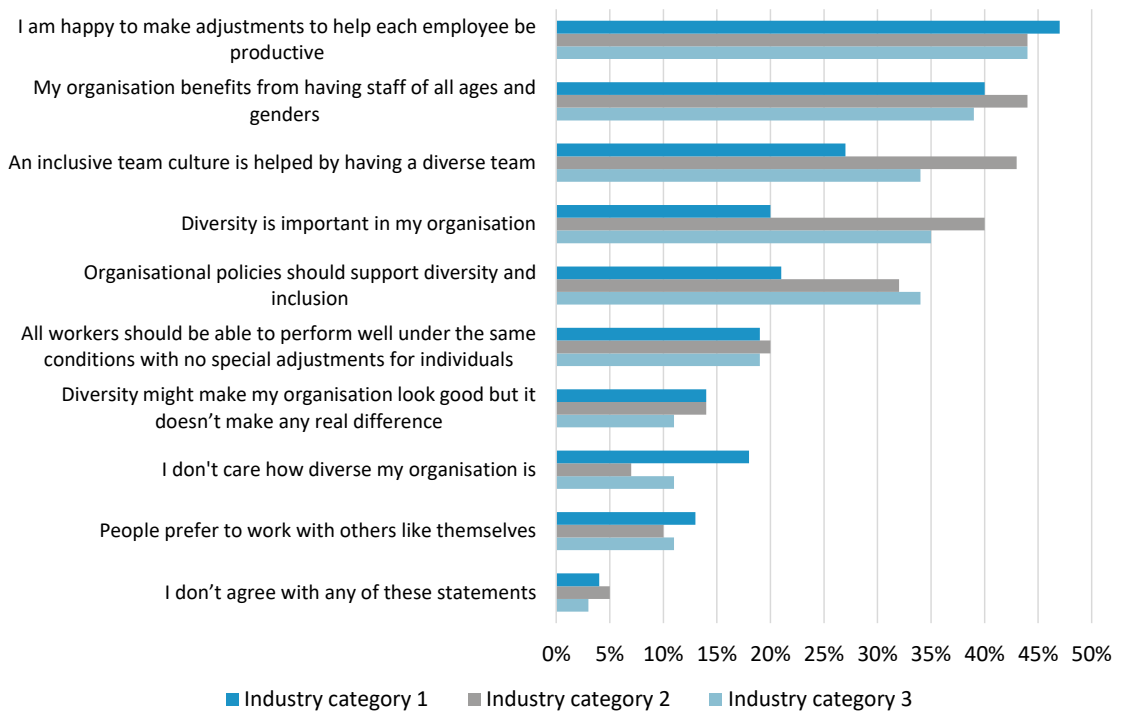


helped by having a diverse team” and “Organisational policies should support diversity and inclusion”

- Employers in Category 2 industries were significantly less likely to agree with the statement “I don’t care how diverse my organisation is” and significantly more likely to agree with the statements “Diversity is important in my organisation”, “An inclusive team culture is helped by having a diverse team”.

Other differences were not statistically significant.

**Figure 60 Employer’s attitudes towards diversity and inclusion, by industry category**



Source: NZIER

These results suggest more positive attitudes to diversity and inclusion in Category 2 industries and less positive attitudes to diversity and inclusion in Category 1 industries.

## 4.2 Attitudes towards older workers

Employer attitudes towards women experiencing menopause and the support they are prepared to provide may be influenced by general attitudes towards older workers. We investigated ageism in New Zealand employers by asking whether they agreed with any of a list of statements about older and younger workers.

Overall attitudes towards older workers tended to be favourable, with the most popular statements being:

- older workers offer more experience and wisdom that are valuable to my organisation
- older workers are likely to be better in terms of “soft skills”

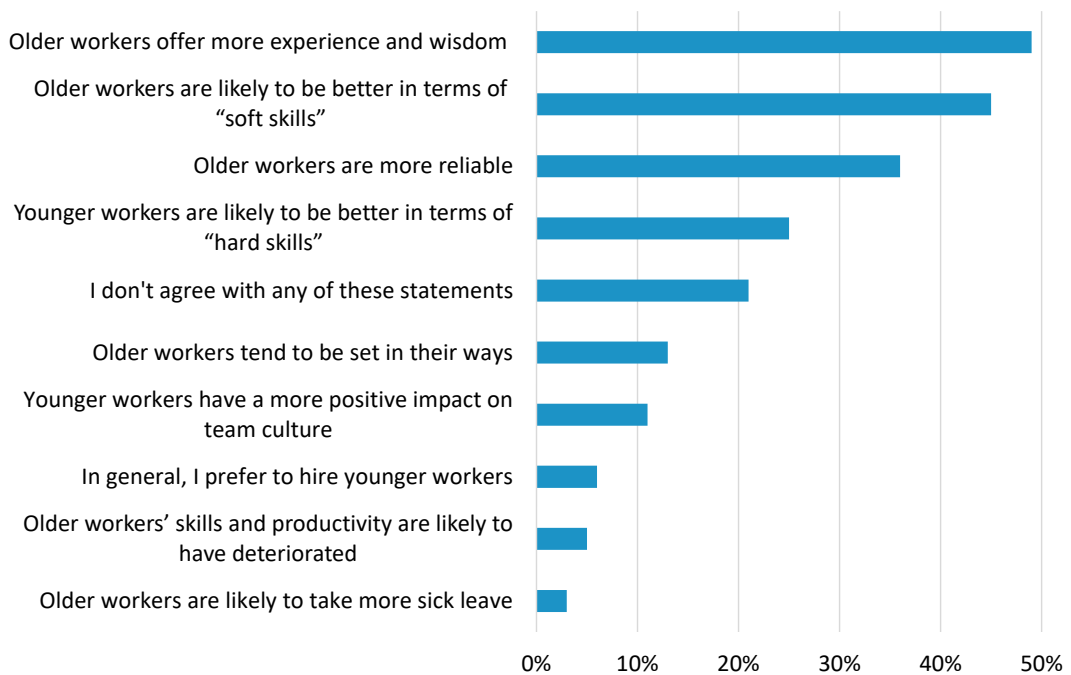


- older workers are more reliable.

Statements that reflect negative views of older workers, e.g. that their skills and productivity are likely to have deteriorated, that they take more sick leave, and that employers just prefer to hire younger workers, were not supported, with only three to six percent of employers agreeing.

**Figure 61 Employer’s attitudes towards the age of workers, by industry category**

Survey question: Which of the following statements about the age of workers do you agree with? Choose all that apply.



\*Examples of "soft skills" provided were reliability, loyalty, social skills and management skills.

\*\* Examples of "hard skills" provided were creativity, flexibility/adaptability, stamina, new tech skills and willingness to train.

Source: NZIER

When the responses to these statements are analysed by size of organisation and by industry category, however, some important differences emerge:

- Employers in Category 3 industries are significantly less likely to agree that older workers' skills and productivity are likely to have deteriorated.
- Employers in Category 3 industries are significantly less likely to agree that older workers are likely to take more sick leave.
- Employers in organisations with 20 to 49 employees exhibit significantly more ageist attitudes than other employers, being more likely to agree that they prefer to hire younger workers, that older workers' skills are likely to have deteriorated, that younger workers have a more positive impact on team culture, and that older workers take more sick leave.



- Employers in organisations with one to five employees were significantly more likely to agree that older workers offer more experience and wisdom that are valuable to the organisation.

### 4.3 Attitudes towards women and gendered ageism

Having asked about attitudes to diversity and age of employees, we then investigated whether New Zealand employers harbour sexist attitudes or gendered ageism by asking whether they agreed with any of a list of statements about women and older and younger women.

Overall, employers demonstrated more positive than negative attitudes towards women. Statements that were positive about women, in general, attracted the most agreement from employers, including:

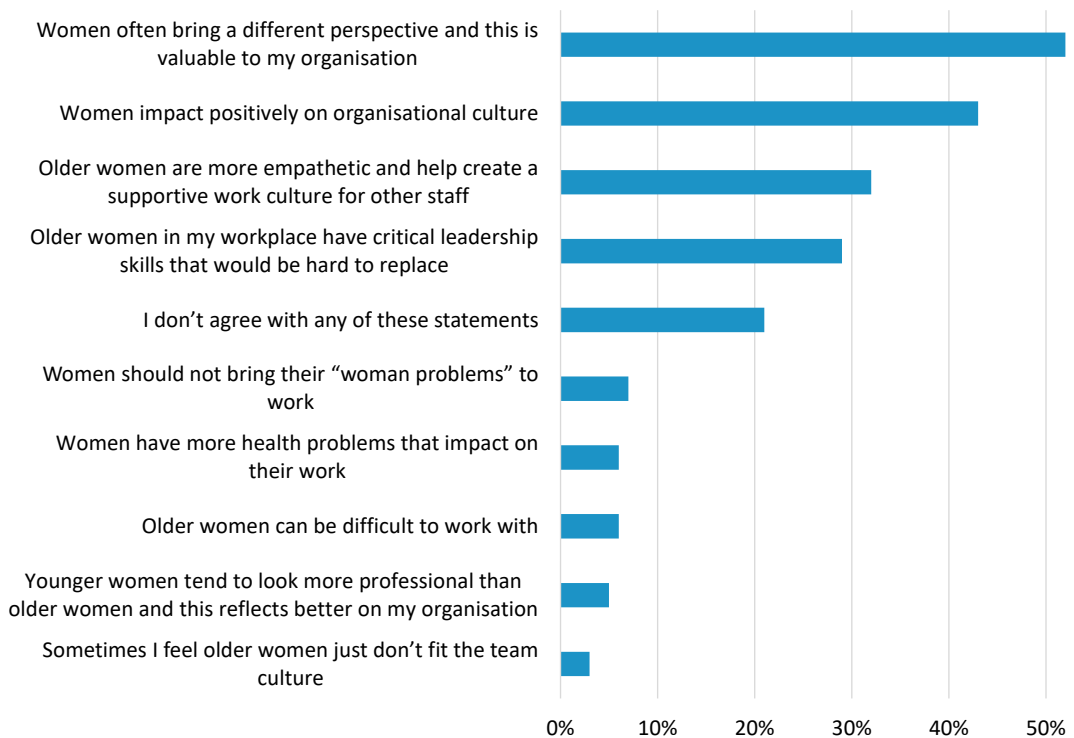
- “women often bring a different perspective and this is valuable to my organisation”.
- “women impact positively on organisational culture”.

Positive statements about older women attracted fewer positive responses.

Very negative statements towards women in general and towards older women attracted the fewest employers’ agreement, with only three to seven percent of employers agreeing with those statements (see Figure 62 below).

**Figure 62 Employer’s attitudes towards the age of workers, by industry category**

Survey question: Which of the following statements about the age of workers do you agree with? Choose all that apply.



Source: NZIER



Disaggregating results by employer gender revealed that male employers were twice as likely as female employers to agree that “older women can be difficult to work with” and significantly less likely to agree with positive statements about older women.

Sexist attitudes and gendered ageism were also more than twice as likely in employers with 20 to 49 employees (15 percent of them agreed that “women should not bring their “woman problems” to work” compared with 7 percent overall and 14 percent agreed that “older women can be difficult to work with” compared with 6 percent overall).

Differences by industry category included:

- Category 1 industry employers were less likely to agree that “women impact positively on organisational culture” and that “women often bring a different perspective and this is valuable to my organisation”.
- Category 3 industry employers were more likely to agree that “women impact positively on organisational culture”.

#### 4.4 Valuing women in midlife and beyond

Employers indicated that women in midlife and older make important and valuable contributions in New Zealand workplaces, including:

- Seventy-three percent of employers said their workplace has women aged 45 and older in senior or management roles, including:
  - ninety-one percent in the 50+ size category (the highest), and even amongst the smallest organisations, 67 percent have women aged 45 and older in senior or management roles
  - eighty-two percent of employers in Category 2 industries (the highest) and even 60 percent of Category 1 said they had women aged 45 and older in senior or management roles.

Overall, 67 percent of employers said that women aged 45–55 made a very important or critical contribution to their workplace. This was most recognised in female-dominated industries (80 percent of Category 2 employers) and least recognised in male-dominated industries (46 percent of Category 1 employers).

#### 4.5 Awareness of the potential impact of menopause on women’s work

We asked employers in our survey whether they were aware that many women experiencing the menopause transition consider reducing their hours or quitting their job due to the difficulty of managing their symptoms at work, and half of the employers in our survey reported that they were not aware of this.

Reinforcing this lack of awareness:

- A minority of employers report ever having a staff member identify menopause symptoms as being bothersome in the workplace (33 percent of female employers and 16 percent of male employers).
- Employers are rarely aware of women making adjustments to their work due to menopause symptoms: 80 percent of employers said no such request had ever been made.



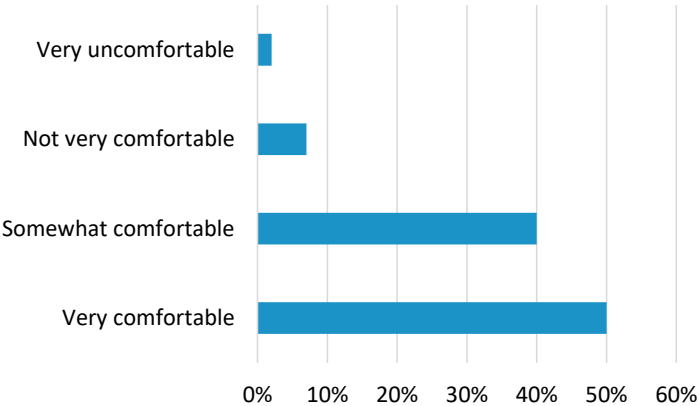
### 4.6 Discussing symptoms and making adjustments

Many workers need minor adjustments to their ways of working to enable them to perform at their best, not just women experiencing menopause symptoms. A general reluctance to accommodate such requests may put women off asking. Around half of New Zealand employers agreed they are happy to make adjustments to help each individual be more productive.

Most employers feel at least somewhat comfortable discussing menopause symptoms and possible workplace adjustments with female staff.

**Figure 63 Comfort level of employers with regards to discussing menopause and possible adjustments**

Survey question: How comfortable do/would you feel discussing menopause symptoms and possible workplace adjustments with your female staff?



Source: NZIER

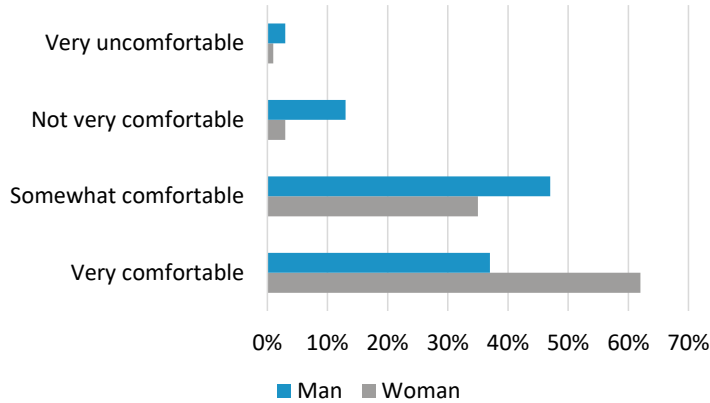
Female employers expressed a significantly higher level of comfort than male employers with regards to discussions about menopause. Still, 84 percent of male employers are at least “somewhat comfortable” with these discussions.





### Figure 64 Comfort level of employers with regards to discussing menopause and possible adjustments, by gender of employer

Survey question: How comfortable do/would you feel discussing menopause symptoms and possible workplace adjustments with your female staff?



Source: NZIER

## 4.7 Requests for adjustments

We asked employers whether they had ever had female staff members request adjustments to their work or workplace specifically to better manage menopause symptoms. Twenty percent of employers indicated that they had received such requests, with Category 2 employers and employers from organisations with 20 to 49 employees being significantly more likely to have had this experience (27 percent and 37 percent, respectively).

We asked employers who had received such requests what adjustments had been requested. The most popular requested adjustments were:

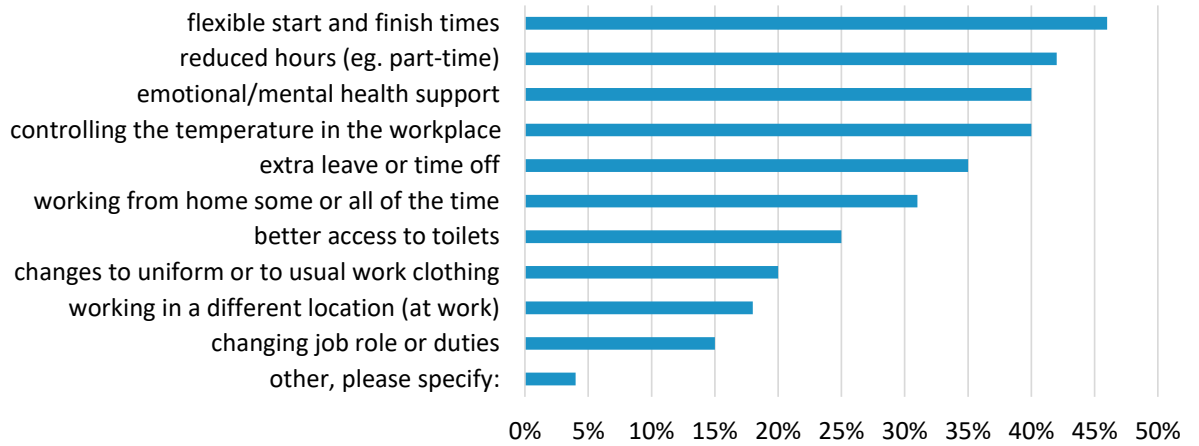
- flexible start and finish times
- reduced hours
- emotional/mental health support
- controlling the temperature in the workplace.

See Figure 65 below.



### Figure 65 Employer-reported requested adjustments to manage menopause symptoms

Survey question: What kind of adjustments have they asked for? (Follow-up question after: Have any of your staff ever asked for adjustments to be made to their role or their work environment specifically to better manage menopause symptoms?)



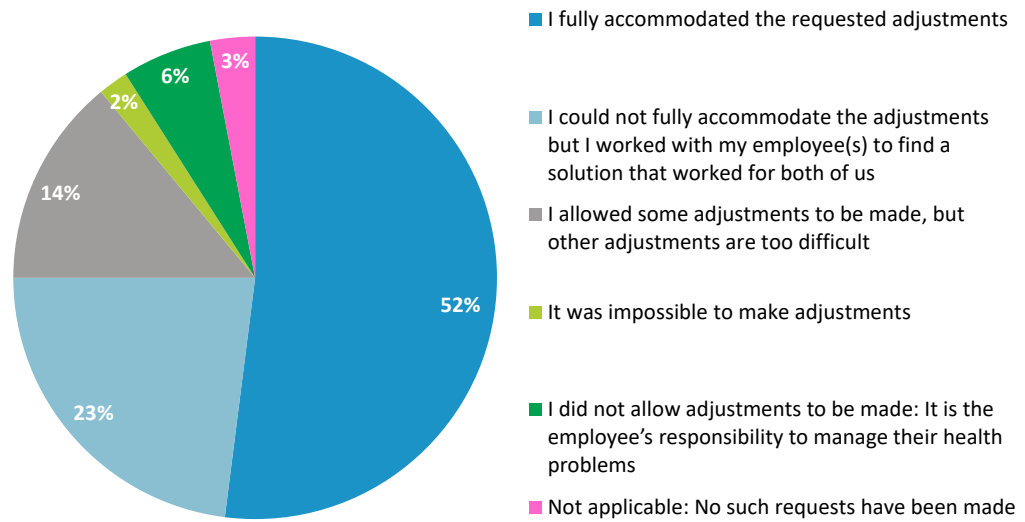
Source: NZIER

It's important to note that adjustments that are requested from managers may differ substantially from adjustments that are made. The women in our women's survey indicated that when adjustments were needed, working from home some or all of the time was the most likely adjustment, further underscoring the importance of understanding the importance of the differences between roles and industries with regards to the worker's ability to choose to work remotely as needed (see Section 3.6).



### Figure 66 Responding to requests for adjustments to manage menopause symptoms

Survey question: How did you respond to the requests for adjustments? (Follow-up question after: Have any of your staff ever asked for adjustments to be made to their role or their work environment specifically to better manage menopause symptoms?)



Source: NZIER

#### 4.8 Support when menopause affects performance

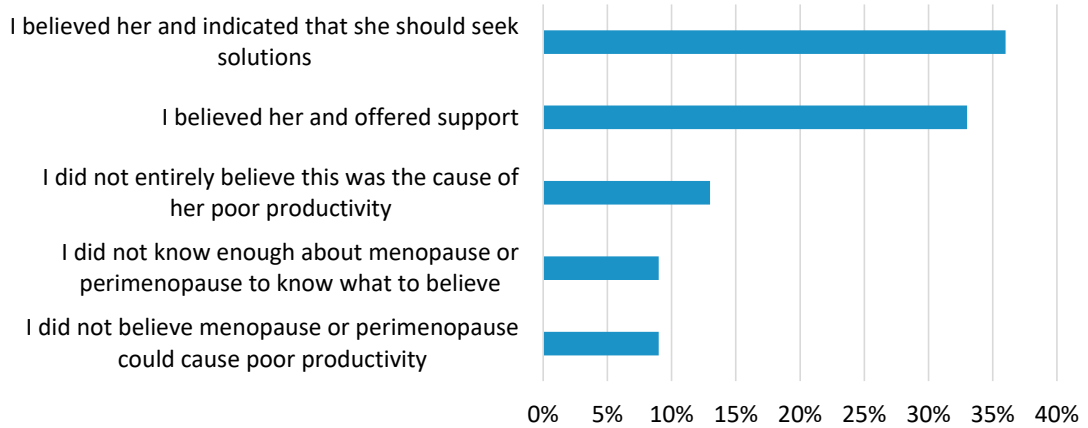
While only a small number of employers had ever discussed poor performance with a female employee and been told that menopause or perimenopause was the reason for the poor performance, those who had experienced this were asked how they responded.

Nearly a third of employers either did not believe that menopause or perimenopause had been the true cause of poor performance or did not know enough to know what to believe. A third of employers did believe the woman and offered her support. The most likely response, with over a third of employers responding in this way, was to believe the woman but to suggest that she should seek solutions, suggesting many employers may not know what support they can offer.



### Figure 67 Employers' responses to women stating menopause is the reason for poor performance

Survey question: What was your reaction to a female employee claiming menopause or perimenopause was affecting her productivity?



Source: NZIER

There were differences by firm size, gender of employer and industry category, but the small size of the sub-sample answering this question meant none of these differences were statistically significant.

#### 4.9 Most employers report that their workplace does not have a specific menopause policy

Only six percent of employers report that their workplace has a specific menopause policy, with organisations of 20–49 employees being significantly more likely to report that they have one (19 percent) and organisations of only 1 to 5 employees being significantly less likely to report that they have one. There were no statistically significant differences between industry categories.

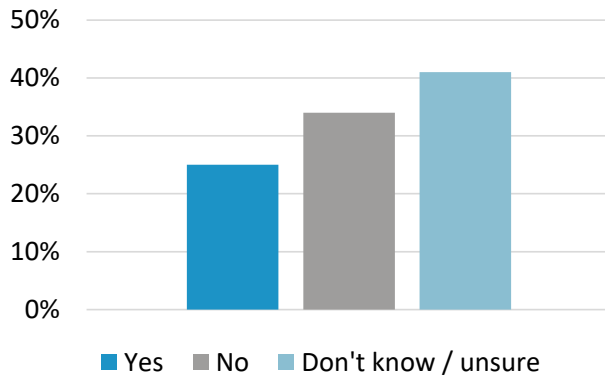
#### 4.10 Few employers see potential benefits to a specific menopause policy in the workplace

Seventy-five percent of employers feel that a menopause policy would not benefit their organisation or are unsure of any potential benefits.



### Figure 68 Employer perception of benefits from menopause policy for their organisation

Survey question: Do you feel that a menopause policy benefits or could benefit your organisation?

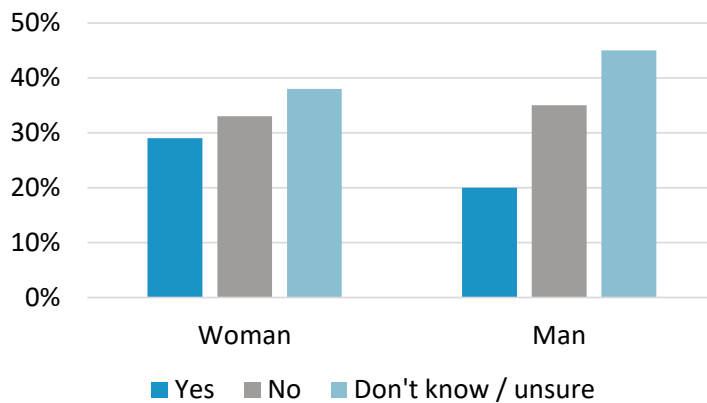


Source: NZIER

Employers who identify as women and employers in larger organisations were significantly more likely to see benefits to a menopause workplace policy, while employers who identify as men, employers in very small organisations, and employers in Category 1 industries were significantly less likely to see potential benefits to a menopause workplace policy (see Figures 70, 71 and 72 below).

### Figure 69 Employer perception of benefits from menopause policy for their organisation, by gender of employer

Survey question: Do you feel that a menopause policy benefits or could benefit your organisation?

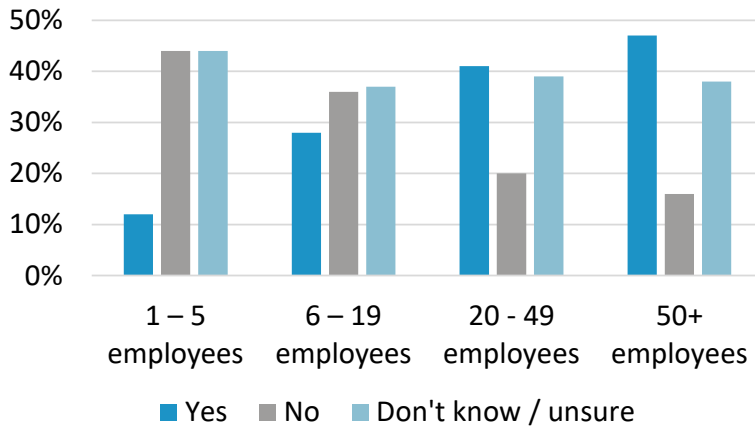


Source: NZIER



**Figure 70 Employer perception of benefits from menopause policy for their organisation, by size of employer (in FTEs)**

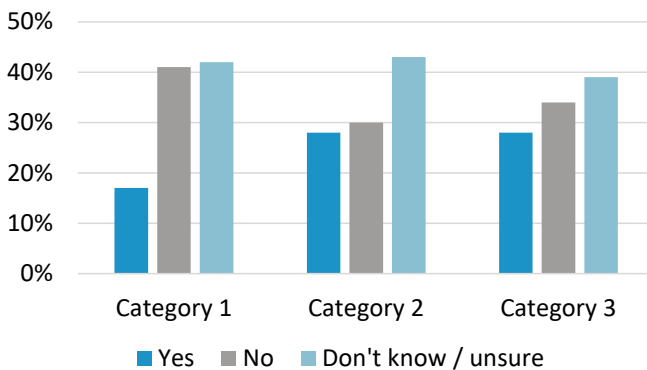
Survey question: Do you feel that a menopause policy benefits or could benefit your organisation?



Source: NZIER

**Figure 71 Employer perception of benefits from menopause policy for their organisation, by size of employer (in FTEs)**

Survey question: Do you feel that a menopause policy benefits or could benefit your organisation?



Source: NZIER

#### 4.11 Some employers have concerns about women’s productivity

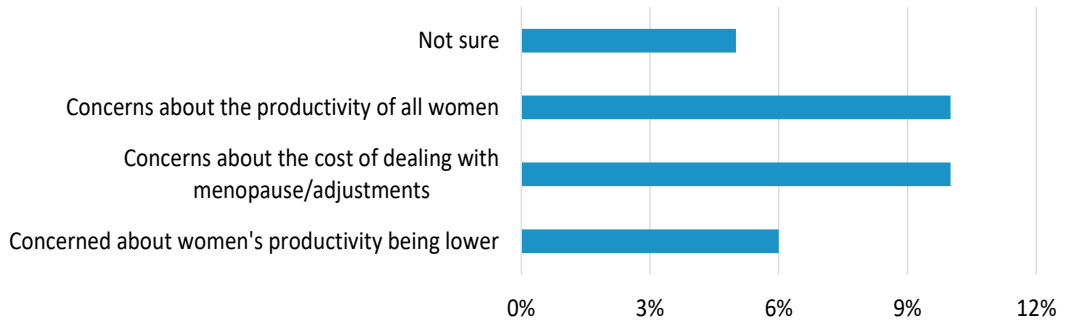
A risk of raising awareness of the potential productivity-related impacts of menopause is that employers may respond not by supporting women but by discriminating against them. We asked employers at the end of our survey whether thinking about menopause had given them any concerns about hiring older women. Seventy-one percent said they had no concerns at all. But the remaining 29 percent did have concerns, the two most common concerns being:

- concerns about the cost of dealing with menopause and making adjustments
- concerns about the productivity of all women.



**Figure 72 Employers' concerns about menopause and productivity\***

Survey question: Thinking about menopause and the impact of symptoms on women's work, does this give you concerns about hiring older women?



\*Chart excludes the "no concerns" response reported in the text above.

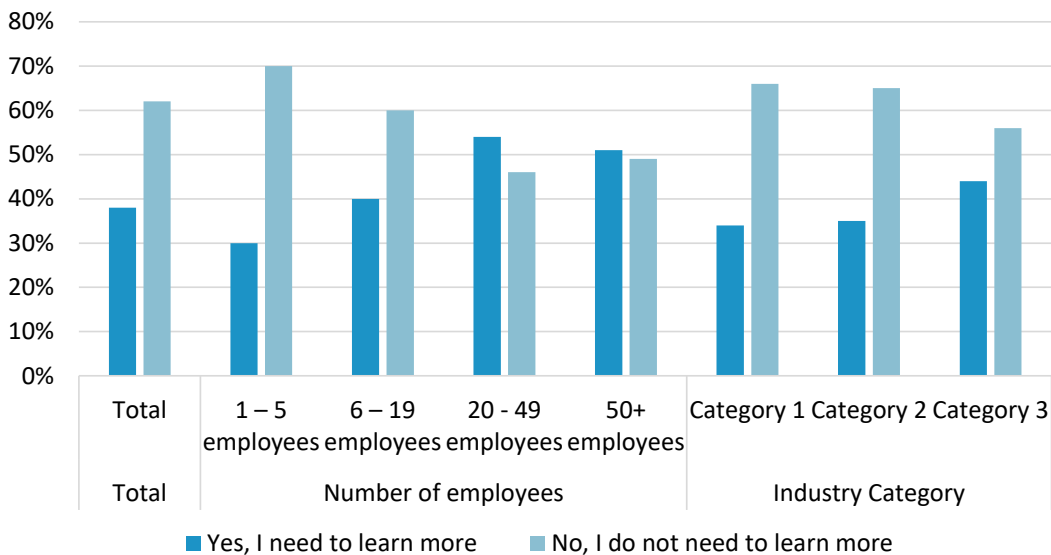
Source: NZIER

#### 4.12 More than half of employers may not want to learn more about menopause

Despite not demonstrating a high level of knowledge about menopause and workplace impacts, less than 40 percent of employers surveyed indicated that the survey had made them feel they needed to learn more about menopause. Employers in small organisations were significantly more likely to say they did not feel they needed to learn more, and employers in Category 3 industries were significantly more likely to say they wanted to learn more.

**Figure 73 Employers' perception of their need to learn more about menopause**

Survey question: Has this survey made you feel that you need to learn more about menopause?



Source: NZIER



## 5 Areas of commonality and concern

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### 5.1 It is unclear whether productivity impacts are real or perceived

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*“I don’t feel NZ would want to hire anyone going through menopause if they knew more about how hard it is to go through. I feel it would be harder to get a job in the age of 45–65 years if employers realised how hard it is to manage.”*

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Despite feeling that symptoms were having a significant impact on work; 92 percent of women say neither their manager nor anyone else at work had ever suggested that their performance had worsened during that time.

Employers agreed, with over 90 percent saying they had never raised concerns with a female employee about her work performance in which the employee started that menopause or perimenopause was the reason for the poor performance.

### 5.2 Many employers offer flexibility and autonomy with positive benefits for women experiencing menopause, and their employers

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*“I haven’t taken time off, but my flexible working hours allow me to manage it well.”*

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Overall, both women and employers indicated that most workers have a high degree of flexibility and autonomy in their work, including:

- the ability to work some or most of the time remotely
- the ability to choose start and finish times that work best
- the ability to do either or both of the above without having to ask for permission to do so.

These workplace benefits were most often identified by women as adjustments that were made to help manage menopause symptoms.

In Category 3 industries, where flexibility and autonomy were highest, women were more likely than average to have adopted working remotely and flexible start and finish times to help manage their menopause symptoms. They were also more likely to be working full-time when they completed our survey.

Employers underscored the importance of flexible hours, reporting that these, along with reduced hours, emotional/mental health support, temperature adjustments and increased leave, were the most commonly requested adjustments. Employers did not indicate that working remotely was a commonly requested adjustment, contrary to what women said, but this likely reflects the availability of options to work remotely for many women and the lack of any requirement to request it.





In terms of industries, employers were consistent with women’s perceptions of what was possible: Category 3 employers were most likely to report being asked for remote working arrangements and mental health support, while Category 1 and 2 employers were more likely to be asked for reduced hours and extra leave. Flexible start and finish times were a commonly requested adjustment for all employer groups.

The ability to work remotely as well as having flexible start and finish times in Category 3 organisations is likely to mean these employers are less likely to face costs resulting from the impacts of menopause, compared with Category 1 and 2 employers whose staff are more likely to reduce their hours and take additional leave to deal with symptoms.

### **5.3 Many women are reluctant to talk about menopause in the workplace, even though most employers feel comfortable having those discussions**

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*“I mostly sucked it up and got on with it, until my health deteriorated.”*

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Over half of the women in our survey sample said they had never discussed menopause in the workplace, applying equally to women aged 51 to 60 as to women aged 40 to 50. Amongst those who had discussed menopause in the workplace, most had chosen to discuss it with a coworker. Only one in ten women in this age group had ever discussed menopause with her manager or a human resources advisor. This was broadly consistent with our finding that only 25 percent of employers have ever had staff identify menopause symptoms as bothersome in the workplace, and only 20 percent of employers have ever been asked to make adjustments.

Of the women who had experienced symptoms that were problematic at work, 20 percent did not request any adjustments to their job or work environment even though they admitted it would have been helpful, with common reasons including feeling it was too personal or private, feeling embarrassment or shame, feeling they would be unsupported, knowing the adjustments they needed would not be possible, and not knowing how long their symptoms would last.

But only around ten percent of employers are uncomfortable talking about menopause and possible workplace adjustments, with 90 percent being at least somewhat comfortable, so women’s feelings of embarrassment or shame may be unwarranted.

### **5.4 Women in traditionally female-dominated industries feel there is little scope for adjustments, but their predominantly female employers may be willing to do more**

While remote working and flexible start and finish times were the most popular adjustments, and most workers report making these adjustments easily (confirmed by employers), women working in Category 1 and 2 industries are significantly more limited in their ability to make these particular adjustments.

Employers in these two categories agreed, being significantly less likely to say staff could choose their start and finish times or work remotely. But there are important differences:



- Category 1 is male-dominated, and women working in those industries are significantly less likely to report some of the symptoms of menopause, significantly more likely to report their symptoms did not affect their work and are no more likely than average to report that they have thought about quitting, changing jobs or cutting their hours down.
- Category 2 is female-dominated, which could, in theory, mean better support for women experiencing menopause symptoms, but women working in those industries are significantly more likely than average to say they feel less physically able to do their work due to their significantly higher rates of difficulty sleeping or poor quality sleep and feeling unusually tired and fatigued, to consider cutting their hours down and working less, and to actually cut their hours down and work less.

Roles in Category 2 industries are highly likely to involve face-to-face service delivery with limited options for remote working. This may not be something that employers in Category 2 industries can easily change. Women in Category 2 industries report that when they do not ask for adjustments to be made to their work or workplace, this is because they know the adjustments they need are not possible to accommodate.

However, employers in Category 2 industries may be able to offer other kinds of support for women experiencing menopause symptoms at work. Women working in these industries report that they experience:

- being on their feet all day or sitting for most or all of the day with little opportunity to move
- working in a noisy environment
- working long hours or long shifts
- wearing a uniform (some previously published overseas studies have indicated some uniforms can exacerbate climacteric symptoms (e.g. hot flushes)).

These work features may be amenable to adjustments that could help women feel less tired, feel more able to keep up with the physical demands of their work, and maintain full-time employment.

There is significant potential for improvement in Category 2 industries because these are predominantly female-dominated. Our employer survey indicates that female employers:

- are significantly more likely to have positive attitudes towards older women in the workplace
- are more likely to believe women when they say menopause is impacting on their productivity and to offer support.



## 6 What about costs?

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*“I left and don’t work now”*

*“I am going to quit my job”*

*“I changed jobs a few times.”*

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While our survey does not allow for an accurate estimate of the economic costs of menopause to be identified, the results indicate there can be significant costs associated with problematic symptoms, particularly when adjustments to work and workplaces cannot be made. Specifically, we found that:

- Approximately 64 percent of women aged 40 to 60 experience symptoms of menopause that impact their work.
- Nearly one in ten women aged 40 to 60 has experienced symptoms significant enough to cause her to reduce her work hours (e.g. going from full-time to part-time work). A substantial percentage of women who were working part-time at the time of the survey (23 to 45 percent depending on the degree of part-time hours) indicated that they had reduced their work hours specifically to manage their menopause symptoms.
- Thirteen percent of women aged 40 to 60 have thought about quitting their jobs and not working at all, while 15 percent have thought about changing jobs. Nearly one in ten takes one of these actions, imposing significant costs on her employer.

### 6.1 The costs of inaction may be greater for employers than the costs of supporting women with workplace adjustments

We asked employers about the costs associated with replacing workers. Specifically, we asked

- If a person in a senior or management role in your organisation were to resign, how long do you think it would take to find and train a suitable replacement to a point of providing the same value to your organisation?
- Given the time and cost of recruitment, what would you estimate is the cost of finding and training a suitable replacement for a person in a senior or management role in your organisation?
- If a person in any other role (not senior or management) in your organisation were to resign, how long do you think it would take to find and train a suitable replacement to a point of providing the same value to your organisation?
- Given the time and cost of recruitment, what would you estimate is the cost of finding and training a suitable replacement for a person in a non-senior, non-management role in your organisation on average?

Responses indicate that:

- The average time to find and train a replacement for a person in a senior or management role was 4.8 months, and the cost was at least \$9,400.



- The average time to find and train a replacement for a person in a non-senior or management role was 3.1 months, and the cost was at least \$6,550.

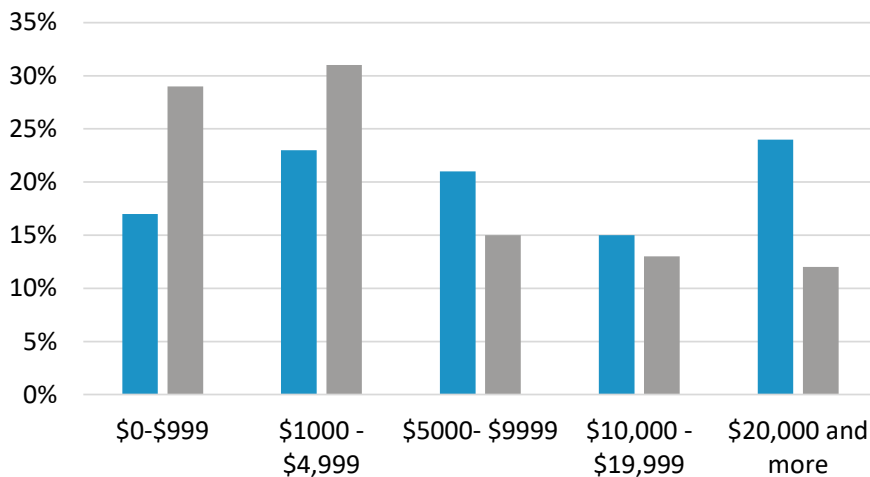
(See figures below.)

**Figure 74 Time required to find and train a suitable replacement when workers quit**



Source: NZIER

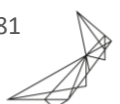
**Figure 75 Cost involved in finding and training a suitable replacement when workers quit**



Source: NZIER

Employers in Category 3 industries were significantly more likely to say the cost of finding and training someone in a senior or management role would be \$20,000 or more and that the cost of finding and training someone in any other role would be between \$10,000 and \$20,000.

In addition to the costs of replacing women who quit, on average, the women who experience symptoms that impact their work rate their performance below 70 percent of



their best. Nearly a quarter say their performance is at 50 percent of their best or lower. If employers cannot support women to maintain their productivity, these costs may be substantial.

## 6.2 Overall it is likely to be women who bear the greatest costs

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*“I did cut my hours at work so now only work 20:25 hrs instead of 32.”*

*“I did quit my job when it was at its worst 7 years ago”*

*“I took voluntary redundancy and took 5 years off. I'm now looking to return but am worried about brain fog.”*

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In our sample, over 12 percent of women had left paid work altogether in the previous ten years. This group indicated significantly higher rates of some symptoms and increased feelings of shame and embarrassment, suggesting that menopause may have been a significant driver of their decision to quit. Nearly 40 percent of these women specifically identified that they quit work because of their menopause symptoms and the impact these had on their work. Another 24 percent either lost their job because of the impacts of their menopause symptoms or chose not to find another job after becoming redundant due to their menopause symptoms.

At least 20 percent of our entire sample of women had considered quitting, changing jobs or reducing their hours to deal with menopause symptoms.

Our survey results show that women are foregoing income and financial independence due to their difficulties maintaining employment while dealing with symptoms of menopause. And yet, women are mostly doing this in silence, with 79 percent not even telling their GP or health professional that they need support.



## 7 Recommendations

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Our two surveys have revealed some important insights into the experiences of New Zealand women with menopause symptoms and the impact on their work as well as employer attitudes and knowledge across different industries and organisations. Analysis of these results indicates that:

- New Zealand women's experiences of menopause and menopause symptoms in the workplace are similar to women's experiences overseas, with high rates of symptoms and impacts of symptoms on work and wellbeing in the workplace
- There are important differences across organisations, and particularly between industries, with women in the traditionally male-dominated industries experiencing fewer impacts but being particularly silent about their experiences and needs, and women in traditionally female-dominated industries experiencing more severe impacts and feeling they have little choice but to reduce work hours or quit.

### 7.1 Previously published evidence identified a range of ways women can be supported

Adjustments that can minimise the financial and economic impact of menopause may include:

- temporarily reducing workload
- ensuring workers are not working excessively long hours
- allowing workers to switch to different tasks on days when symptoms are worse
- allowing breaks to be taken when needed, with quiet places available if the workplace is noisy or busy
- allowing flexible hours and/or remote working
- team-based work to provide cover in face-to-face service delivery roles
- ensuring women can use sick leave and other leave to deal with menopause symptoms and allowing time off to attend medical appointments.

### 7.2 Government should not mandate menopause workplace policies

While most employers have no concerns about women's productivity or the costs associated with supporting women to remain employed and engaged through menopause, our survey showed that over a quarter of employers have concerns about the productivity of older women or women in general or about the costs of dealing with menopause and making adjustments, indicating heavy-handed solutions could result in discrimination.

Our employer survey indicated that only a minority of employers believed a menopause workplace policy could benefit their organisation. This may be because many employers already offer a high degree of flexibility. Most women can access the support they need from their employers, suggesting softer approaches focused on reducing stigma and improving information may offer more value.



### **7.3 Employer organisations should normalise menopause and provide guidance to people managers to support discussions about work impacts**

Few women have ever raised the subject of menopause with their employer, with some even requiring adjustments and being reluctant to ask for them due to feelings of embarrassment or shame.

Even though the response to implementing specific menopause policies was not enthusiastic, employers saw benefits to:

- increasing awareness and understanding among employees
- identifying supports and adjustments that are available to support a person experiencing menopause
- promoting an environment where employees can openly and comfortably discuss menopause and its impact on work.

Our survey suggests employers are generally open to discussions about menopause, but nearly 40 percent of employers said they felt they needed to learn more about it.

### **7.4 Female-dominated industries should work towards reducing fatigue**

Our survey of women clearly indicated that women in female-dominated industries, particularly those in roles where there is little opportunity to work remotely or have flexibility over start and finish times, and those who work in a noisy environment in client-facing roles, experience higher rates of poor quality sleep and fatigue which may be associated with menopause. Unsurprisingly, women in these roles experience higher rates of disengagement and are more likely to cut their hours worked or quit work altogether to better manage their symptoms.

While face-to-face service roles have less potential for remote working and flexible start and finish times, employer organisations could offer other supports to women experiencing bothersome menopause symptoms, like more frequent and longer breaks, options for shorter shifts, and a mix of work responsibilities that would reduce the share of time spent in noisy environments or dealing with clients.

### **7.5 All employers should consider increased support where work roles involve particularly challenging features**

In our survey sample, the women who had left paid work altogether within the last ten years were significantly more likely to say their work had involved:

- being on their feet all or most of the day
- hard or heavy physical work
- being in a public-facing role.

This result suggests that navigating the challenges of midlife along with the challenges of working with these characteristics may mean women in these situations need additional support, regardless of industry. All employers should consider allowing more or longer breaks, flexibility in when breaks are taken, changes in the mix of work tasks (to get a break from hard, physical work or public-facing responsibilities) and quiet environments for



breaks. The cost of making these adjustments is likely to be minor compared with the high risk and high cost of women quitting these roles.

## **7.6 Government needs to help level the playing field for more vulnerable women who need better health system support**

It is likely that a woman's experience of menopause is determined by a multitude of factors, including work-related factors and non-work-related factors. Our survey did not delve into the full range of factors that may impact women's experiences of menopause, but it did identify a major concern for Māori women being the interaction of:

- long hours/shifts in a noisy environment within an industry where jobs involve lots of face-to-face contact providing services for others
- solo parenting
- potentially inappropriate responses by GPs and health practitioners.

Employers may want to consider workers' personal circumstances when considering the need for additional support. But the challenges faced by Māori women (and potentially many other women who are solo parenting or facing other challenging personal circumstances) require proactive support from the health sector to make mental health support and HRT more accessible, particularly for women whose personal circumstances add to the challenges of maintaining employment through menopause.

## **7.7 Ensure women know who to talk to and what support is available**

Our survey revealed that women in both male-dominated industries and female-dominated industries often do not request adjustments even when they need them, but their reasons are different:

- In male-dominated industries, women were most likely to say there was nobody available to ask for adjustments, indicating they perceive their immediate managers as being unable to help them make adjustments
- In female-dominated industries, women were most likely to say the nature of the work meant the adjustments they needed were not possible, indicating they may have been unaware of the full range of possible adjustments that could be made.

Employers should ensure women know who to go to and what they can ask for.

## **7.8 Show valued women employees they are valued**

There is a significant discrepancy between women's perceptions of how women in midlife and beyond are respected and valued in the workplace and employers' views of the value these women provide. Women who have left the workforce altogether were highly likely to say they didn't think women in midlife and beyond were respected or valued in the workplace, suggesting this perception may play an important role in decisions to quit. With loss of confidence and loss of interest and motivation being major impacts of menopause for many women, and a perception held mostly by women themselves of reduced performance, there is an increased need during the menopause years for women's contributions in the workplace to be recognised and celebrated.





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