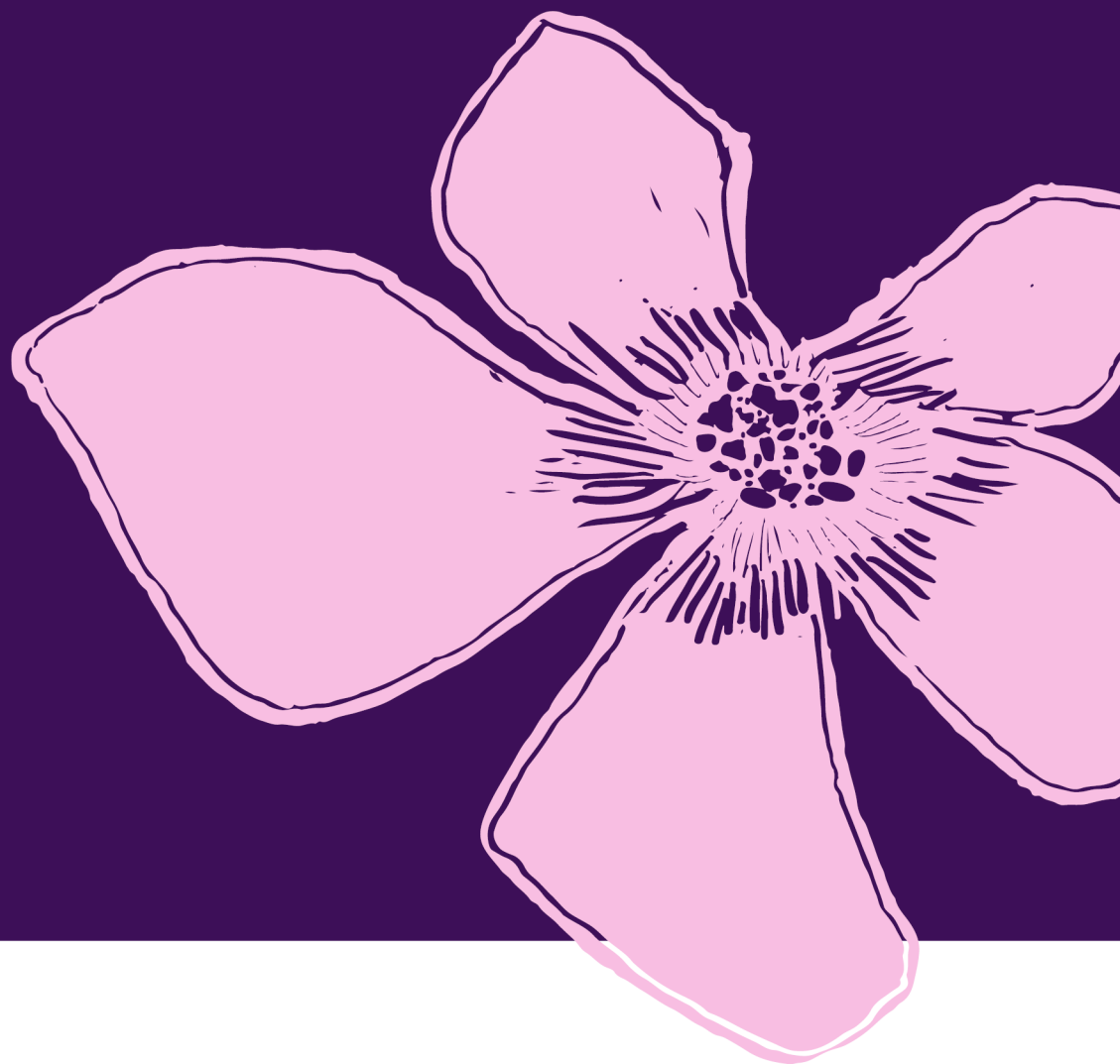


Australian women's attitudes to menstrual and menopause leave

A report from the *2023 National Women's Health Survey* conducted by Jean Hailes for Women's Health with funding from the Australian Government Department of Health and Ageing.



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Executive summary

The 2023 National Women's Health Survey surveyed a randomly selected sample of 3,570 Australian adult women to explore Australian women's attitudes to menstrual and menopause leave and identify potential barriers to the introduction of these types of leave. (Note that the term 'women' is used in this report as 99.2% of the National Women's Health Survey respondents identified as women.)

Respondents were asked whether they supported menstrual leave, menopause leave and additional paid leave for everyone ('Yes' or 'No'), and about their agreement ('Agree', 'Disagree' or 'Neither agree nor disagree') with a series of statements for each leave type, to gain insights into their attitudes. Three age groups were compared: 18–44 years ('reproductive age'), 45–64 years ('midlife') and 65 plus years ('older women').

Overall, most Australian women supported additional paid menstrual leave (63%), menopause leave (62%) and additional paid leave 'for everyone' (67%), with similar levels of support between the leave types. Support for all types of additional paid leave aligned with younger age, with higher support among women of reproductive age compared with midlife and older women. Women who had experienced bothersome symptoms of periods or menopause in the past five years were significantly more likely to support additional paid menstrual leave or menopause leave (respectively) than women who had not been personally impacted. However, support for menstrual and menopause leave aligned more closely with age than lived experience of menstrual or menopause symptoms.

Respondents had similar attitudes towards menstrual leave and menopause leave:

- Most Australian women considered it embarrassing to disclose to their employer that they are menstruating or experiencing menopause symptoms.
- A substantial proportion of women did not believe bothersome periods or menopause symptoms can be managed with medicine and existing leave.
- Most women would be comfortable asking for leave if they really needed it, but only a small proportion would be comfortable taking frequent or long periods of leave.
- A very high proportion of women believed that employers would use menstrual and menopause leave as an excuse to discriminate against women, and a high proportion believed that co-workers would not be understanding if someone took menstrual or menopause leave.

Four recommendations are suggested based on the 2023 National Women's Health Survey findings:

1. Any consideration of additional paid leave (or other flexible working arrangements) should take into account the full range of health issues that affect women's ability to work, not just issues related to menstruation and menopause.
2. Increased public awareness of women's health needs is required to normalise discussion of these needs in the workplace and ensure women feel comfortable to request leave, workplace flexibility or other accommodations.
3. If any form of specific leave for women's health needs is introduced, policies must ensure this does not increase discrimination against women in the workplace, and that women can take leave without fear of repercussion.

4. A comprehensive exploration of attitudes and experiences is required to understand how the findings apply to priority subgroups in Australia, including rural and regional women, women from culturally or linguistically different communities, women with a disability, lesbian, bisexual or queer women, and Aboriginal or Torres Strait Islander women. Some women's health issues and experiences in the workplace will also be relevant to trans men and trans women.

Acknowledgements

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Introduction

Women in Australia have lower workforce participation rates and work fewer hours than men. A range of factors contribute to this lower participation, including the disproportionate burden of care and household duties falling to women¹, and a lack of workplace flexibility to accommodate caring and other responsibilities.

Another factor contributing to lower workforce participation for women is their health. Health differences between cis men and cis women are caused by both sex (the set of biological attributes primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy²) and gender (socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people³) interactions and differences.⁴ Workplaces and leave entitlements were designed principally for cis men. The introduction of paid maternity leave in 1973 is the only nationally legislated employment provision related to health differences between cis men and cis women.

The lack of workplace flexibility to manage the health differences experienced by women can impact the retention and progression of some women in the workforce. The challenge is to develop and introduce policies that provide workplace flexibility that benefits *all* women. For example, people in casual or insecure employment – categories dominated by women in low-paying roles – might not have leave entitlements and will incur a greater cost when missing work if leave is the only workplace flexibility option. It must also be recognised that women's health is far broader than sexual and reproductive health. Women can be affected by health issues that affect women solely (for example, gynaecological conditions), disproportionately (for example, fibromyalgia and migraines) or differently (for example, pain and heart disease). It would be unjust for a woman with fibromyalgia syndrome to be unable to access workplace flexibility because she is not suffering from a reproductive health issue, given that between 80% and 96% of fibromyalgia syndrome sufferers are women.⁵ Finally, the risk of unintentionally increasing discrimination against women in some workplaces must be considered carefully when developing or introducing new policies.

Several groups have proposed the introduction of menstrual (or 'period') leave, menopause leave or 'reproductive leave' (to encompass both, plus other gynaecological conditions) as one way of addressing the inequities associated with women needing more leave to manage some women's health issues. However, there is little population-level data on whether Australian women wish to request or take menstrual or menopause leave, or on the barriers to taking such leave.

¹ Women's Gender Equality Agency. What causes the gender pay gap? Available at: www.wgea.gov.au/the-gender-pay-gap. Last accessed: 7 July 2023.

² What is gender? What is sex? Canadian Institutes of Health Research. Available at: <https://cihr-irsc.gc.ca/e/48642.html>. Last accessed: 10/01/2024.

³ Ibid

⁴ It should be noted that trans men, trans women and cis people outside the traditional gender binary also have health differences as a result of sex and gender interactions and differences. This report focuses on cis women but some of the issues are relevant to all people assumed female at birth.

⁵ Ruschak I, Montesó-Curto P, Rosselló L, Aguilar Martín C, Sánchez-Montesó L, Toussaint L. Fibromyalgia Syndrome Pain in Men and Women: A Scoping Review. *Healthcare (Basel)*. 2023 Jan 11;11(2):223.

There have been some excellent qualitative analyses of women's experiences, such as the '*About Bloody Time*' study⁶ that surveyed nearly 3,500 women and girls about their experiences of menstruation and menopause. However, this survey was recruited by convenience sampling and the findings cannot be extrapolated to the broader population of Australian women.

With menstrual and menopause leave and other workplace flexibility and 'training' programs being discussed or introduced, Jean Hailes for Women's Health ('Jean Hailes') sought to contribute to public discourse by identifying some of the potential barriers and enablers of women requesting or taking leave for menstrual or menopause symptoms in a random, nationally representative survey that can be extrapolated across Australia.

⁶ Pickering K and Bennett J. *About Bloody Time: The Menstrual Revolution We Have to Have*. The Victorian Women's Trust. 2019. Available from: <https://www.vwt.org.au/projects/about-bloody-time/>

Methodology

Jean Hailes for Women's Health commissioned the Social Research Centre (SRC) to conduct the 2023 National Women's Health Survey using random recruitment of 3,570 people resident in Australia and over the age of 18. Nearly all respondents (99.2%) identified as women. The responses were weighted to ensure the data are representative of the population of adult Australian women. For more information on the survey methodology, see the 2023 National Women's Health Survey Technical Report.

Respondents to the survey were given a forced-choice ('Yes' or 'No') question about supporting menstrual and/or menopause leave. A limitation of using forced-choice questions is that people who are uncertain about their preferences tend to select the option that is easily justified and associated with a lower likelihood of regret. These questions also don't provide insights into the reasons for the respondent's choices.

Therefore, a series of eight statements with which the respondent could agree, disagree or neither agree nor disagree was also presented for each type of leave, to gain insights into the reasons for the respondent's choice and explore attitudes or beliefs that underpin both support and opposition, and to identify potential barriers to women asking for or taking these leave types.

For simplicity, the levels of agreement ('Strongly agree' or 'Agree') or disagreement ('Strongly disagree' or 'Disagree') are included in the body of this report, and the levels of ambivalence ('Neither agree nor disagree') are included in Tables 3 to 6 in the Appendix. Significant differences in ambivalence between the subgroups are indicated in the text.

Three age groups were compared: 18–44 years, broadly representative of 'reproductive age'; 45–64 years, broadly representative of 'midlife', and 65 plus years, broadly representative of 'older women'.

The data from two other key subgroups were analysed and compared. The potential impact of socioeconomic status was explored using relative socioeconomic disadvantage (SEIFA quintiles 1–2) and relative socioeconomic advantage (SEIFA quintiles 3–5)⁷. The data were also analysed to compare the experiences for women who reported speaking a language other than English at home with those who reported speaking only English at home. Data were also analysed by state or territory of residence.

The questions informing this report, plus full data tables, are provided in the Appendix.

⁷ Socio-Economic Indexes for Areas (SEIFA) is a product developed by the ABS that ranks areas in Australia according to relative socio-economic advantage and disadvantage. The indexes are based on information from the five-yearly Census. (<https://www.abs.gov.au/websitedbs/censushome.nsf/home/seifa>)

About the data

Several points should be kept in mind when considering the data presented in this report:

- Data reported on has been weighted. Refer to the [2023 National Women's Health Survey Technical Report](#) for approach and for the weighted and unweighted sample demographics.
- Unless indicated, responses of 'Don't know' or 'Prefer not to say' have been excluded.
- In some tables and figures, the totals shown and/or mentioned in the accompanying text may differ slightly from the apparent sum of their component elements. This is due to the effects of rounding.
- While the survey provides a representative sample of Australian women, including women who speak a language other than English at home, it has not been designed to capture the specific experiences of women from culturally or linguistically different backgrounds. Differences between women who do and do not speak a language other than English at home must be tested and/or verified in specific communities of interest.
- It should be noted that the cohorts of women who speak a language other than English at home and those who speak only English at home were not age-matched; the group speaking a language other than English at home had an average age of 39.5 years, compared to an average age of 49.9 years in those speaking only English at home. These results, therefore, might be due to the average age of the cohort rather than differences related to language status, and should be interpreted with caution.
- Statistical tests were conducted to establish whether differences between the responses of subgroups of survey participants were genuine rather than due to random variation. Significance has been reported when the difference is significant at the 0.001 level. Where differences do exist, they have been called out in text where appropriate, and displayed in the figures. In the report charts and tables (Appendix), comparison symbols (A, B, C etc.) have been used to denote significance between subgroups.

Results

The term ‘women’ is used throughout this report because 99.2% of the National Women’s Health Survey respondents identified as women.

Support for additional paid leave

Menstrual leave

Overall support for women being able to access additional menstrual or ‘period’ leave was relatively high at 63% (data not shown; refer to Appendix).

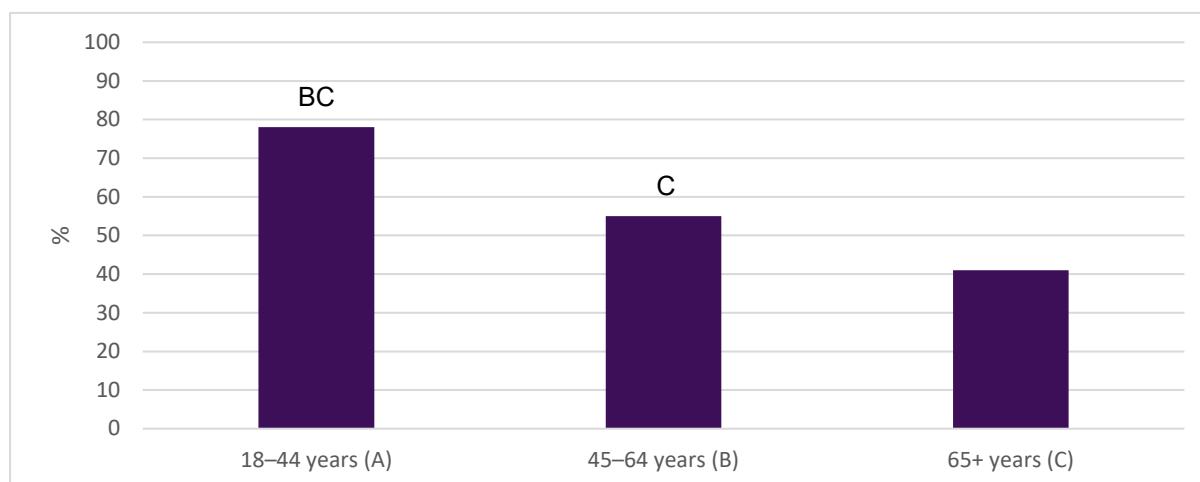
Women of reproductive age (aged 18 to 44 years) were significantly more likely than midlife women (aged 45 to 64 years) or older women (65 plus years) to support menstrual leave. Midlife women were significantly more likely to support menstrual leave than older women (Figure 1.1).

Women who spoke a language other than English at home were significantly more likely to support menstrual leave compared to those who spoke only English at home (76% compared to 59%, Figure 1.2).

Support for menstrual leave did not differ with socioeconomic status (data not shown; refer to Appendix).

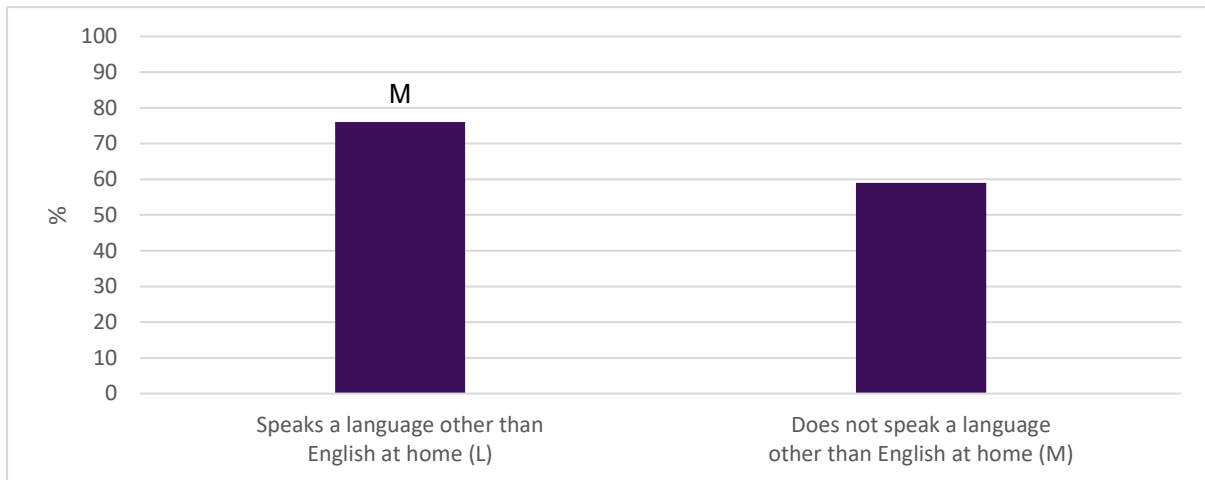
Queensland, Western Australia and Tasmania had significantly higher proportions of women who did not support additional paid menstrual leave compared to Victoria.(data not shown; refer to Appendix)

Figure 1.1 Proportion of Australian women who support additional paid menstrual leave, by age group



A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of age range (A–C). (n = 3,570)

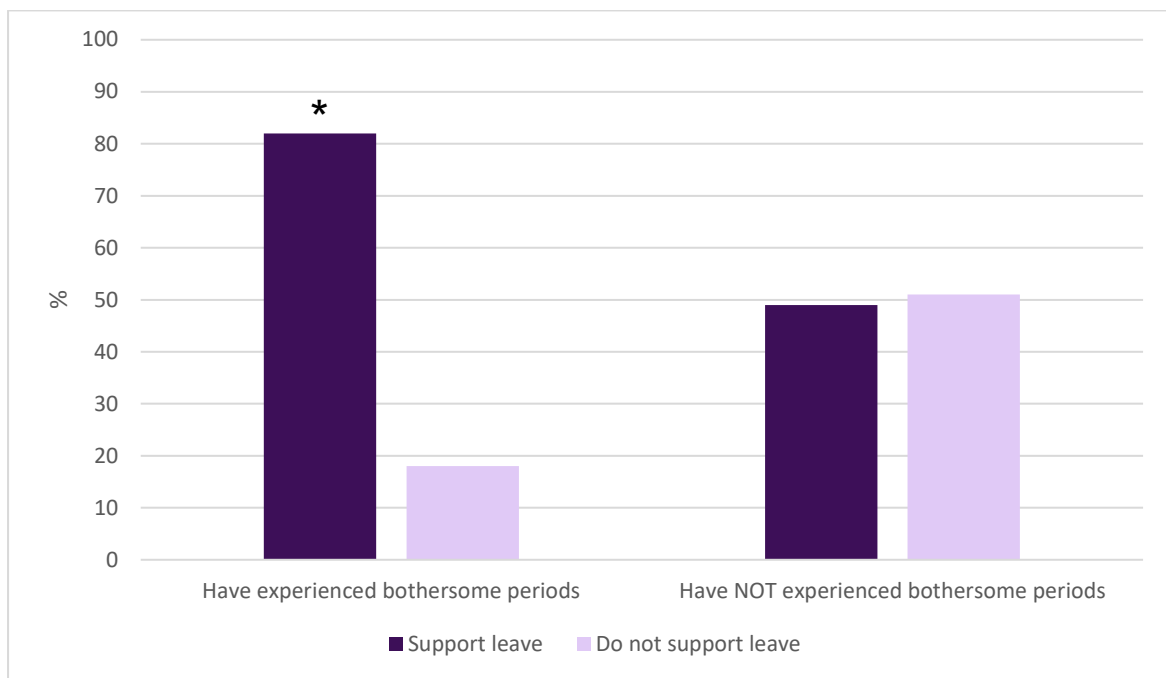
Figure 1.2 Proportion of Australian women who support additional paid menstrual leave, by language spoken at home



A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of language spoken at home (L or M). (n = 3,570)

Women impacted by bothersome periods, defined as heavy, irregular or painful periods, in the last five years, were more likely to support additional paid menstrual leave than women not impacted by bothersome period symptoms (Figure 2). Support for menstrual leave among women not bothered by periods in the last five years was effectively split down the middle.

Figure 2. Australian women’s support for menstrual leave according to whether or not they have experienced bothersome periods in the last five years.



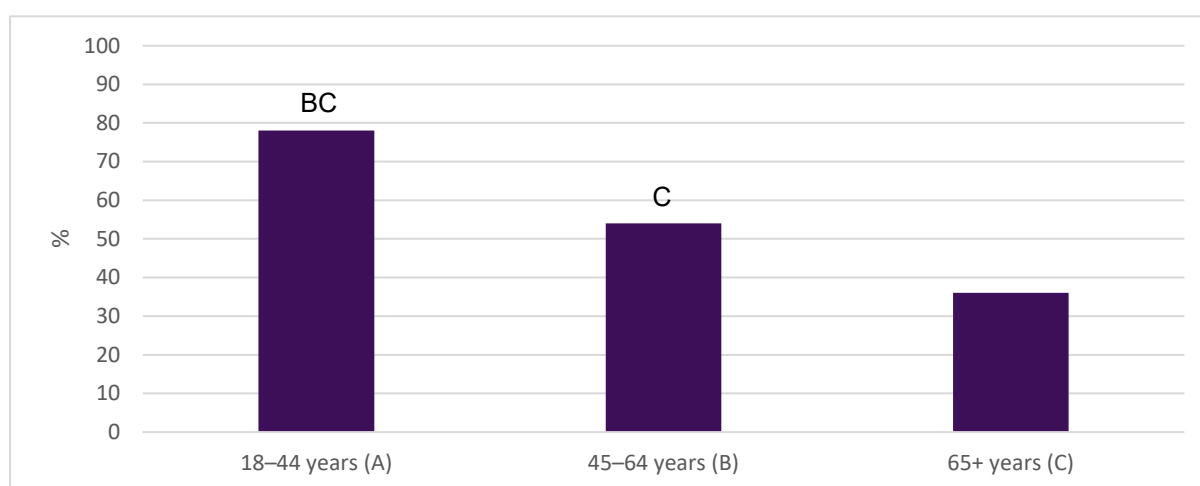
An asterisk indicates a significant difference ($p < 0.001$) between the two groups ($n=3,570$)

Menopause leave

Overall, most respondents supported women being able to access additional paid leave for menopause. Women of reproductive age were significantly more likely than midlife or older women to support menopause leave. Midlife women were significantly more likely to support menopause leave than older women (Figure 3.1).

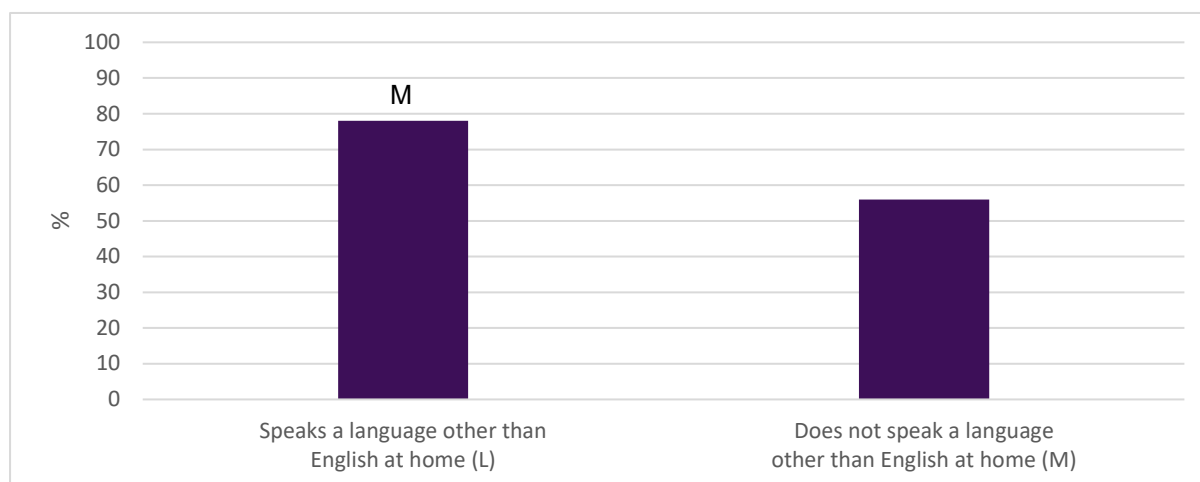
Women who spoke a language other than English at home were significantly more likely to support menopause leave compared to those who spoke only English at home (Figure 3.2). Support for menopause leave did not differ between socioeconomic status nor between states and territories (data not shown; refer to Appendix).

Figure 3.1 Proportion of Australian women who support additional paid leave for menopause, by age group



A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of age range (A-C). (n=3570)

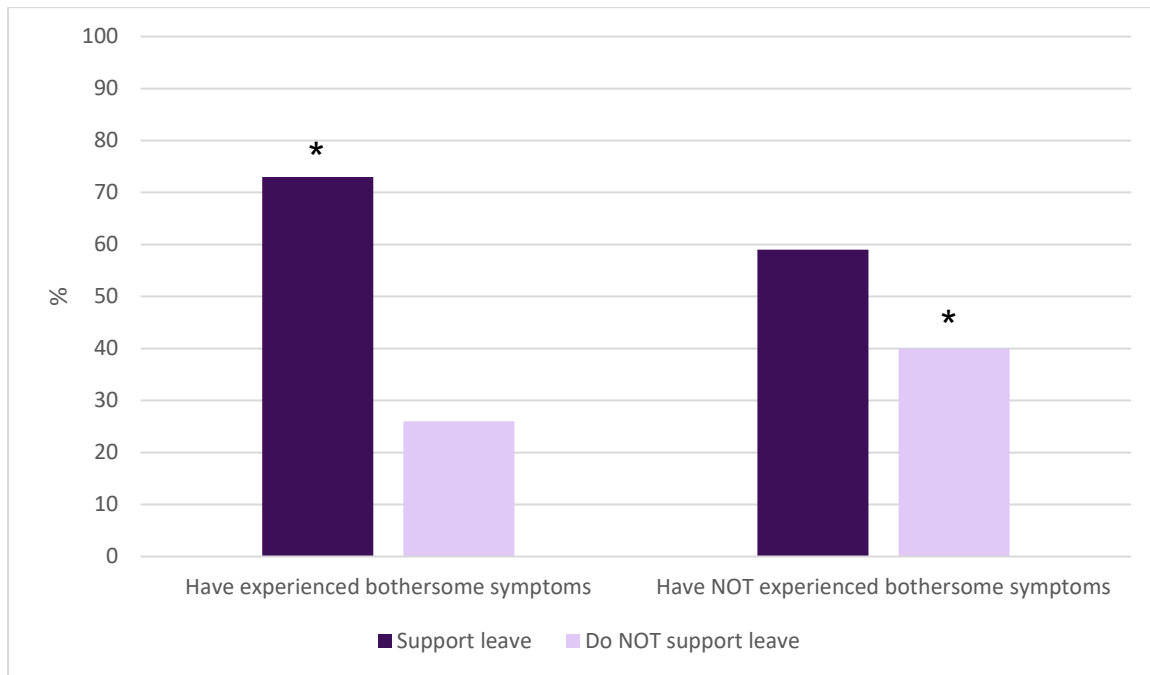
Figure 3.2 Proportion of Australian women who support additional paid leave for menopause, by language spoken at home



A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of language spoken at home (L or M). (n=3570)

Women who experienced bothersome symptoms in the last five years that they attributed to menopause were significantly more likely to support additional paid menopause leave (Figure 4). Those who had not experienced bothersome symptoms they attributed to menopause were significantly less likely to support additional paid leave.

Figure 4. Australian women’s support for menopause leave according to whether or not they have experienced bothersome menopause symptoms in the last five years.



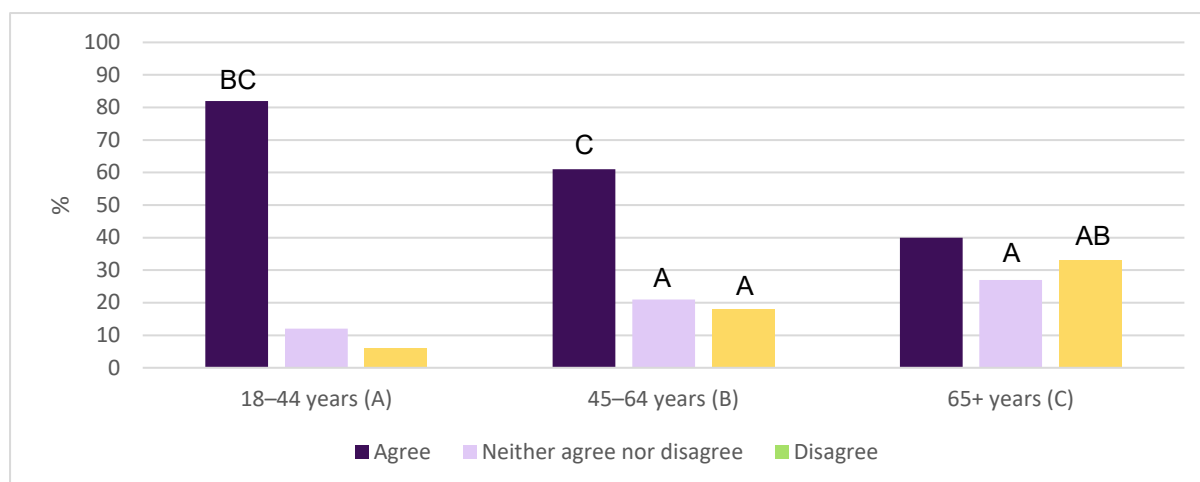
An asterisk above the bar indicates a significant difference ($p < 0.001$) between the two groups of support leave and do NOT support leave. Responses of 'Don't know' (1%) have been omitted from the table (n=3,570)

More paid sick or personal leave for everyone

Overall, approximately two in three women supported all people being able to access additional paid leave. Women of reproductive age were significantly more likely than both midlife and older women to agree that more sick or personal leave should be available for everyone, and midlife women were significantly more likely than older women to agree that more sick or personal leave should be available for everyone. Conversely, older women were significantly more likely to disagree than midlife and younger women, and midlife women were significantly more likely to disagree than younger women. Midlife and older women were significantly more likely to be ambivalent about this question, neither agreeing nor disagreeing, than women of reproductive age (Figure 5.1).

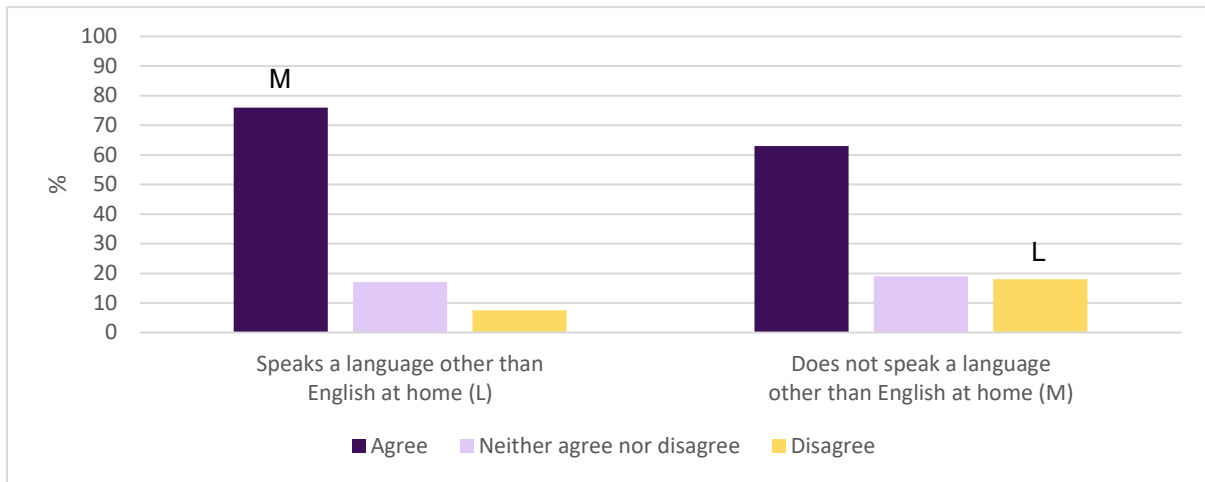
Women who spoke a language other than English at home were significantly more likely to agree that more sick or personal leave should be available for everyone, while women who spoke only English at home were significantly more likely to disagree that more sick or personal leave should be available for everyone (Figure 5.2). There were no significant differences according to socioeconomic status nor state/territory of residence (data not shown; refer to Appendix).

Figure 5.1 Level of support for more sick or personal leave available for everyone, by age group



A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of age range (A-C). Rows might not add up to 100% due to rounding effects. (n=3570)

Figure 5.2 Level of support for more sick or personal leave available for everyone, by language spoken at home

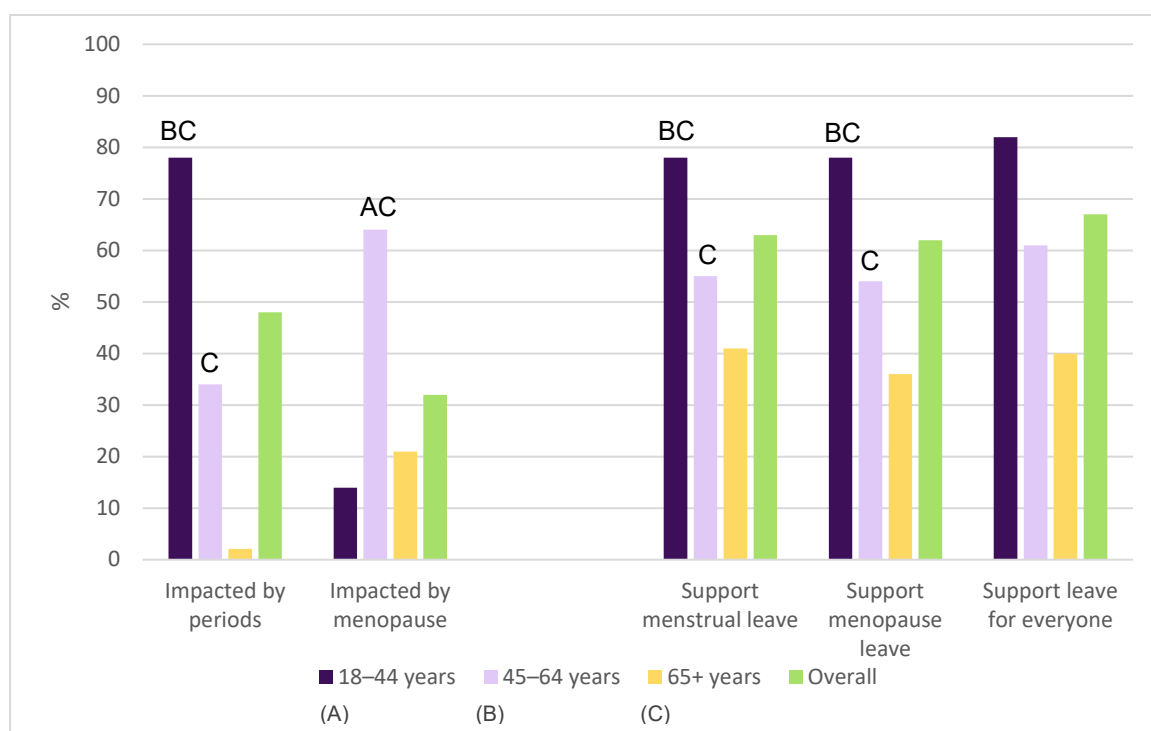


A letter above a bar in the graph indicates a significant difference ($p < 0.001$) within the subgroup of language spoken at home (L or M). Rows might not add up to 100% due to rounding effects. (n=3570)

Alignment of support for leave with lived experience

Support for leave aligned strongly with age irrespective of lived experience in each age group. Within each age group, the proportions of support for menstrual leave, menopause leave and leave for everyone were very similar. This is despite the proportion of women experiencing bothersome periods⁸ or bothersome symptoms attributed to menopause⁹ being very different in each age group (Figure 6).

Figure 6 Prevalence of bothersome periods and bothersome symptoms attributed to menopause in the last five years, from the 2023 National Women’s Health Survey, compared with support for menstrual leave, menopause leave and ‘more sick or personal leave available for everyone’, by age range and overall



⁸ Jean Hailes for Women’s Health. 2023 National Women’s Health Survey. Unpublished data.

⁹ Jean Hailes for Women’s Health. *The impact of symptoms attributed to menopause by Australian women: a report from the 2023 National Women’s Health Survey*. October 2023. Available at: <https://www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women>. Last accessed: 10/12/2023.

Attitudes to menstrual leave

Survey respondents were asked a series of statements, in random order, to explore their attitudes to menstrual leave, and the results were analysed by subgroup.

Statements related to two rationales for menstrual leave were presented in the survey: a) that women have the right to special leave, and b) that women can manage periods with 'medicines and normal leave'. Two in three women of reproductive age (67%) agreed with the statement, "*Women have the right to additional paid leave for periods*", and this was significantly higher than the proportion of midlife (43%) or older (29%) women who agreed with the statement (Figure 7a). A significantly higher proportion of midlife women agreed with this statement than older women. Midlife women (34%) were significantly more likely to disagree with this statement than younger women (14%), and older women (50%) were significantly more likely to disagree with this statement than both midlife women and women of reproductive age (Figure 7a). Approximately one in five women in each age range neither agreed nor disagreed, demonstrating a level of uncertainty or ambivalence about the statement.

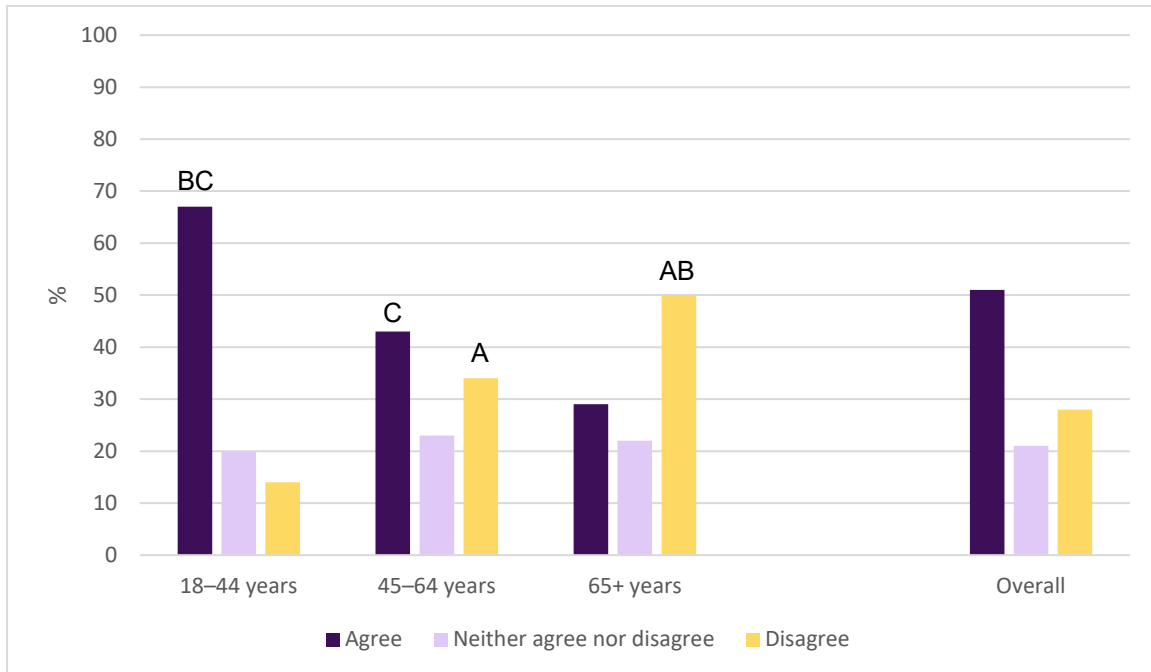
Women who spoke a language other than English at home were significantly more likely to agree that women have the right to additional paid leave for periods, while women who spoke only English at home were significantly more likely to disagree (data not shown; refer to Appendix). There were no significant differences according to socioeconomic status, and women residing in Victoria were more likely than those in other states and territories to agree that women have the right to additional menstrual leave (data not shown; refer to Appendix).

Just under one-third of the women of reproductive age (27%) agreed with the statement, "*Period symptoms can be managed with medicine and women can use normal sick leave rather than special leave*" (Figure 7b). This result was significantly different to the proportions of midlife (46%) and older (56%) women who agreed with the statement. Approximately one in four women of reproductive age and midlife women, and one in five older women, neither agreed nor disagreed, demonstrating a level of uncertainty or ambivalence about the statement.

There were no significant differences in agreement or disagreement with the statement, "*Period symptoms can be managed with medicine and women can use normal sick leave rather than special leave*", between women who spoke a language other than English at home and those who did not (data not shown; refer to Appendix). There were no significant differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

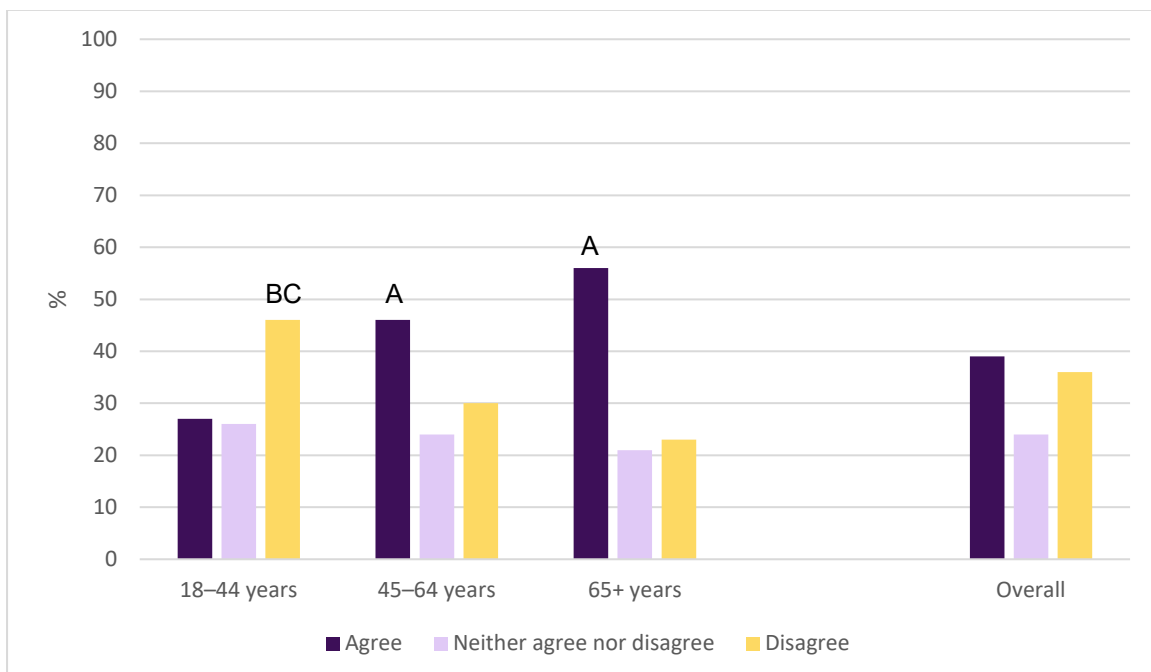
Figure 7 Levels of agreement and disagreement, by age group and overall, with two statements related to a rationale for menstrual leave

a) Statement: “Women have the right to additional paid leave for periods”



Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: “Period symptoms can be managed with medicine and women can use normal sick leave rather than special leave”



Column groups might not add up to 100% due to rounding effects. (n=3570)

Survey respondents were presented with four statements to explore women's comfort in asking for menstrual leave. Less than one third (29%) of women agreed with the statement, "*I would be comfortable asking for menstrual leave as often and for as much time as I needed*" (Figure 8a). Although fewer women of reproductive age (36%) agreed than disagreed with this statement, they were significantly more likely to agree compared to midlife (24%) and older (19%) women. Midlife (54%) and older (57%) women were significantly more likely than younger women (43%) to disagree that they would be comfortable asking for frequent or extended menstrual leave. Approximately one in four to one in five women in each age range were uncertain or ambivalent about this statement.

Across all age groups, a relatively high proportion of respondents agreed with the statement, "*I would be comfortable asking for menstrual leave if I was really unwell*" (Figure 8b). A significantly higher proportion of women of reproductive age (71%) than midlife (62%) and older (61%) women agreed with this statement. There were no significant differences in the proportions of women who disagreed with the statement, with fewer than one in five disagreeing that they would be comfortable asking for menstrual leave if they were really unwell. There was a relatively low level of uncertainty or ambivalence in each age range about this statement.

There were significant differences between the age groups when it came to the statement, "*I would be comfortable asking for menstrual leave as long as my co-workers didn't know what the leave was for*" (Figure 8c). Women of reproductive age (56%) and midlife women (49%) were significantly more likely to agree with the statement compared to older women (37%). However, midlife (28%) and older (35%) women were significantly more likely than women of reproductive age (19%) to disagree that they "*would be comfortable asking for menstrual leave as long as their co-workers didn't know what the leave was for*". Approximately one in four women in each age range were uncertain or ambivalent about this statement.

The responses to these three statements from women who spoke a language other than English at home and from those who spoke only English at home mirrored the findings from the different ages of each cohort in the two subgroups (data not shown; refer to Appendix). There were no differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

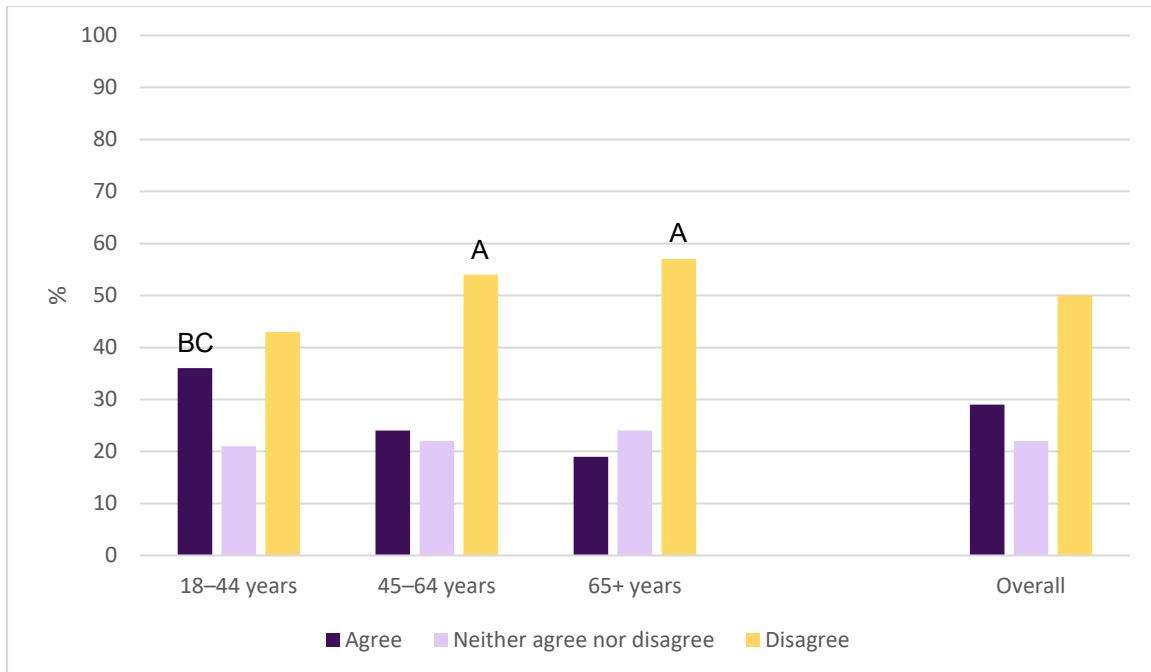
There were significant differences between women of reproductive age, and midlife and older women, when it came to a statement exploring embarrassment about asking for menstrual leave that, "*It is private and embarrassing to tell your employer you have your period.*" (Figure 8d). Women of reproductive age (26%) were significantly more likely than both midlife (15%) and older women (15%) to disagree that it is private and embarrassing to tell their employer they are menstruating. Older (68%) and midlife (68%) women were significantly more likely than reproductive age women (54%) to agree that it is private and embarrassing to tell their employer they are menstruating. Approximately one in five women in each age range were uncertain or ambivalent about this statement.

There were no significant differences in agreement or disagreement with the statement, "*It is private and embarrassing to tell your employer you have your period*", between women who spoke a language other than English at home and those who did not (data not shown; refer to Appendix).

There were no differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

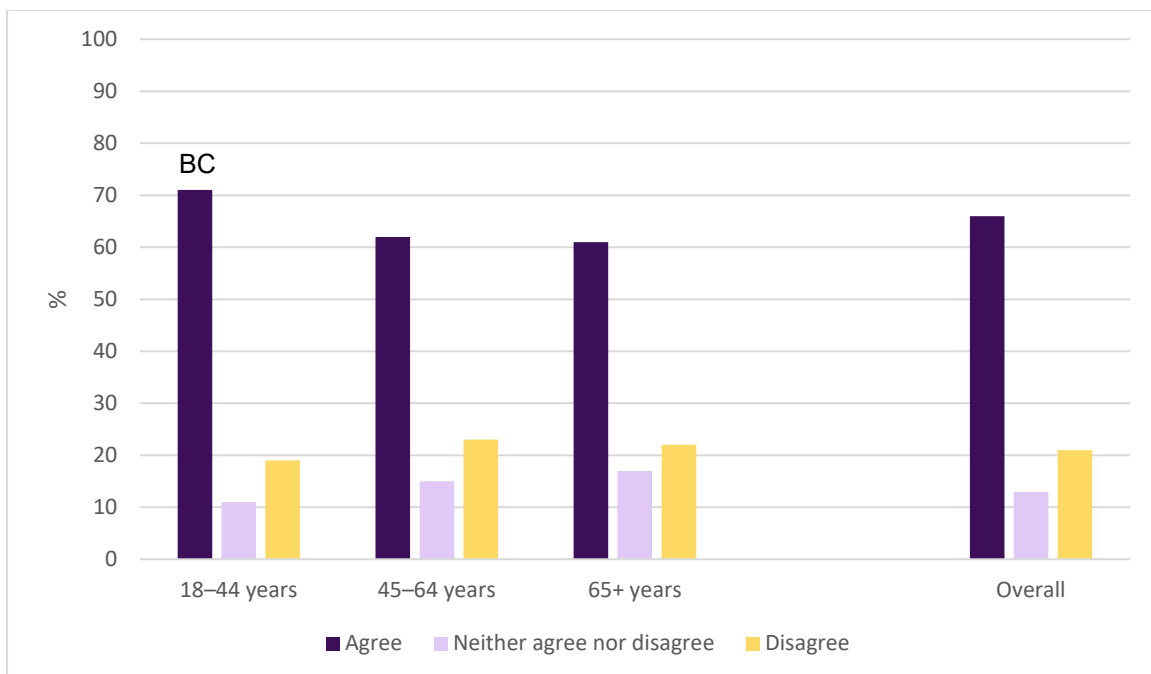
Figure 8 Levels of agreement and disagreement, by Age group and Overall, with four statements related to asking for menstrual leave

a) Statement: “I would be comfortable asking for menstrual leave as often and for as much time as I needed”



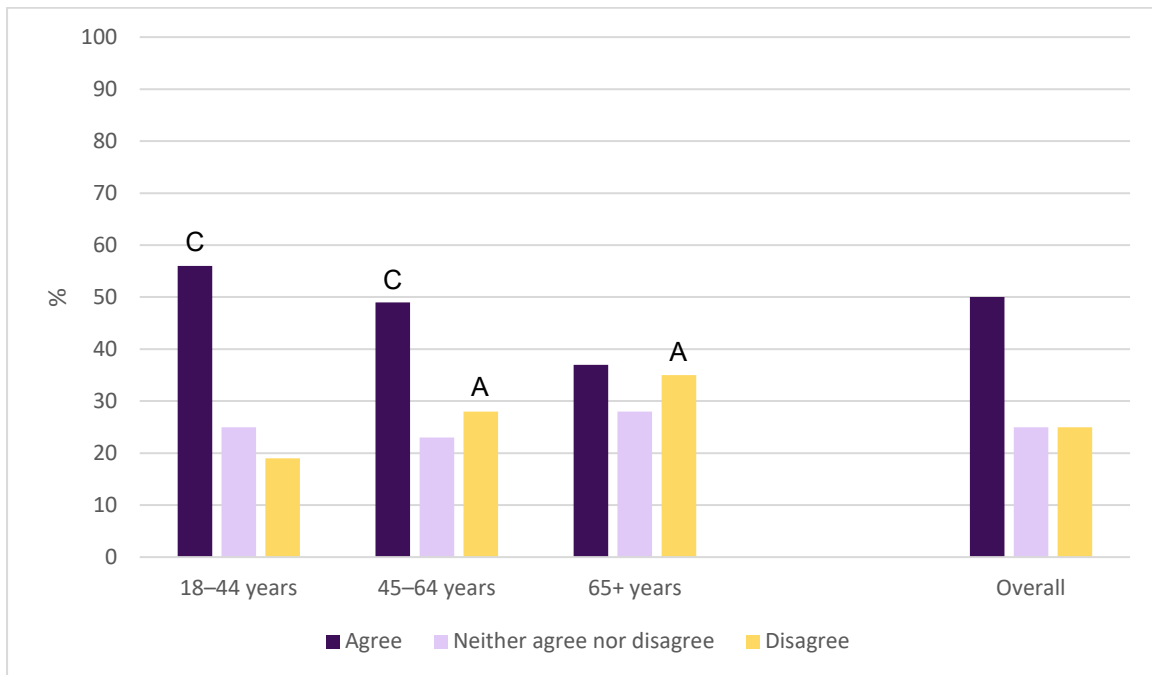
Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: “I would be comfortable asking for menstrual leave if I was really unwell”



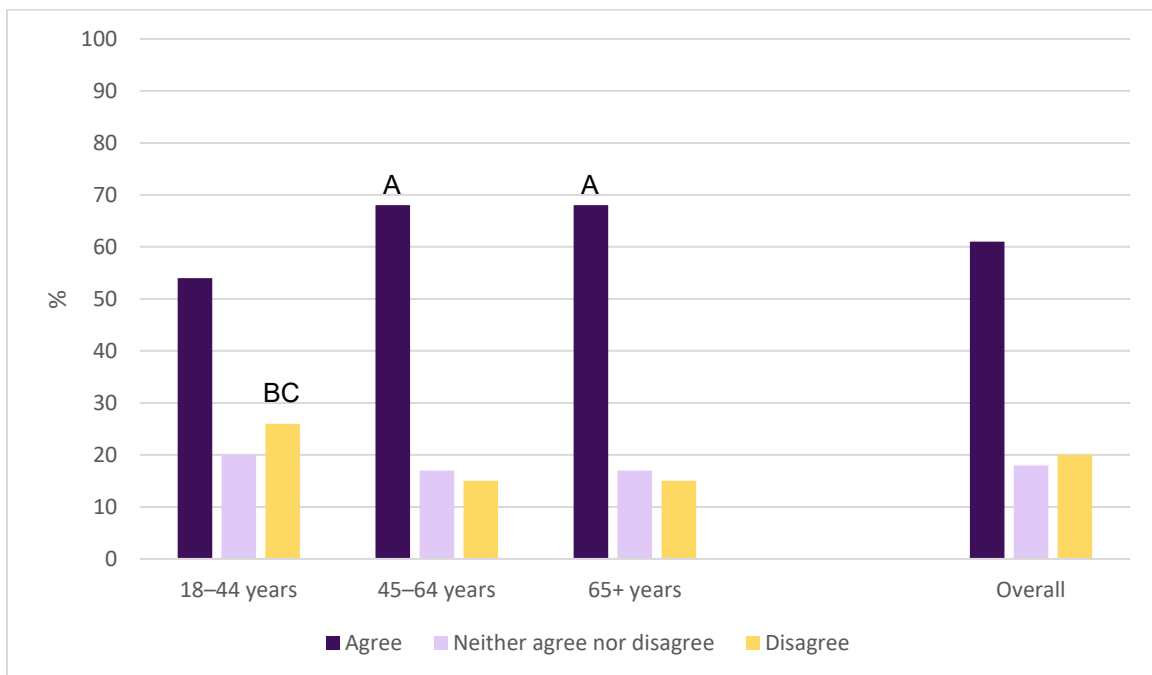
Column groups might not add up to 100% due to rounding effects. (n=3570)

c) Statement: “I would be comfortable asking for menstrual leave as long as my co-workers didn’t know what the leave was for”



Column groups might not add up to 100% due to rounding effects. (n=3570)

d) Statement: “It is private and embarrassing to tell your employer you have your period”



Column groups might not add up to 100% due to rounding effects. (n=3570)

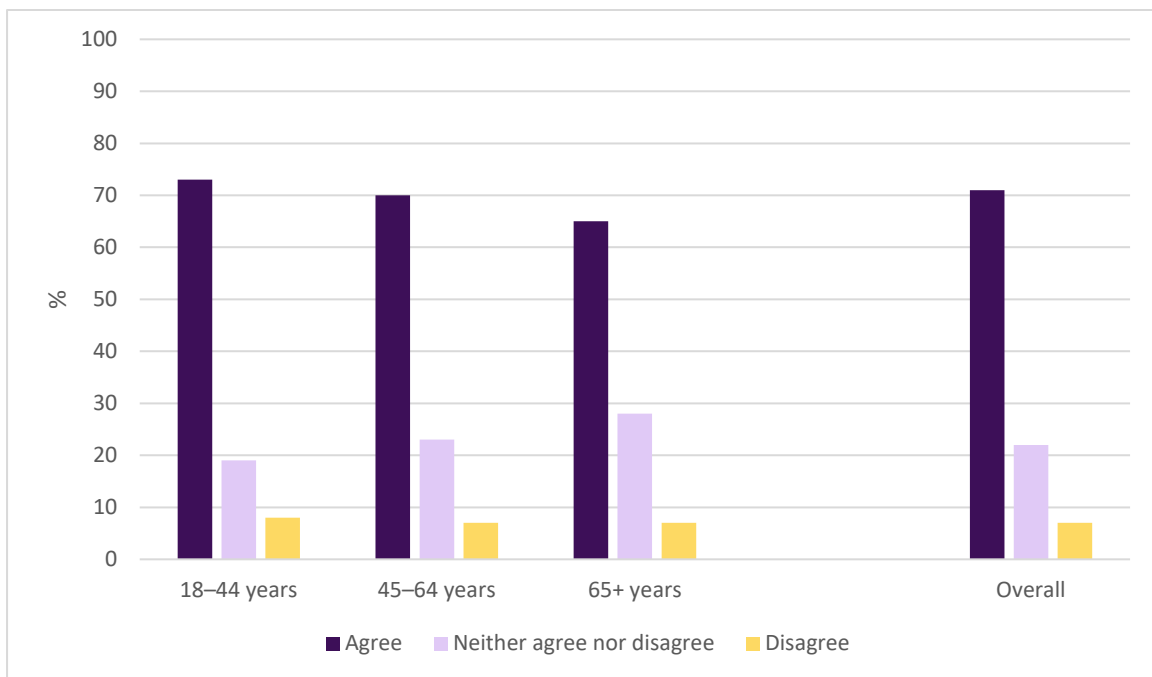
Two statements were posed to explore whether fear of discrimination was a potential barrier to asking for leave to manage bothersome periods. Most Australian women agreed that “*Some employers or co-workers will use menstrual leave as an excuse to discriminate against women*”, with no significant differences between reproductive age (73%), midlife (70%) and older (65%) women (Figure 9a). Less than 10% in each group disagreed with the statement.

Very high proportions of respondents agreed with the statement “*Some employers or co-workers would not be understanding if someone took menstrual leave*” (Figure 9b). This question had the highest proportion of agreement in every age group (and, in fact, every subgroup analysed: data not shown for socioeconomic status, state/territory of residence and language spoken at home). There were no statistically significant differences between the age groups, and less than 5% in each group disagreed with the statement. The levels of uncertainty or ambivalence were low in each age group.

There were no significant differences according to language spoken at home, socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

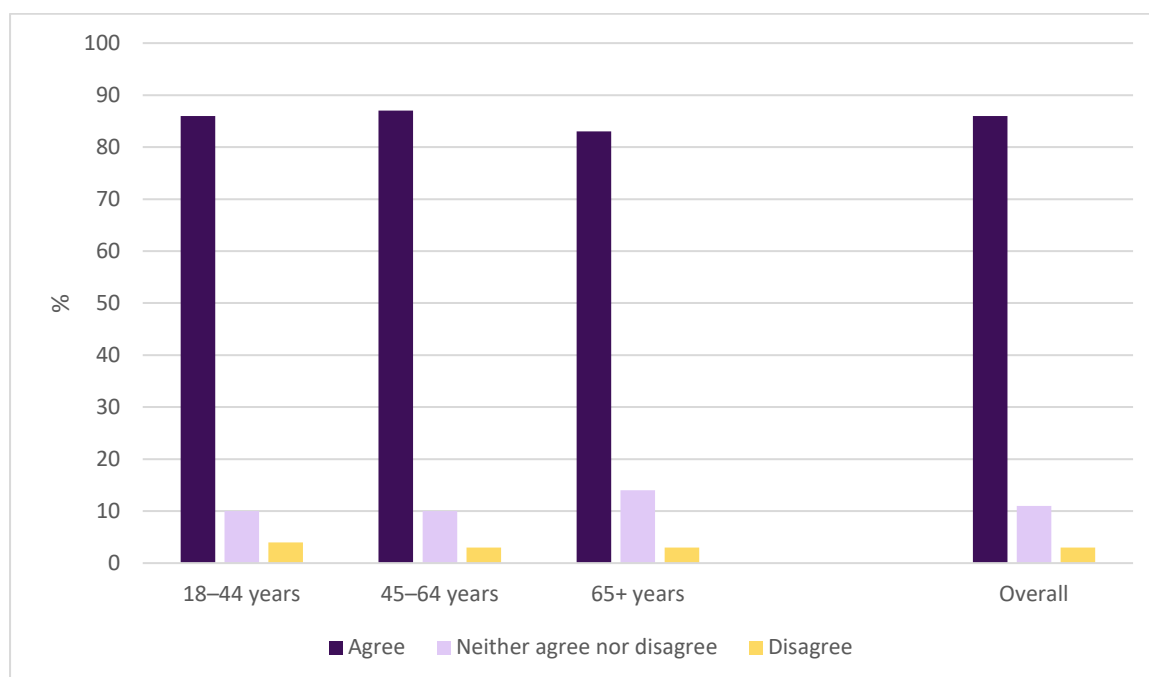
Figure 9 Levels of agreement and disagreement, by age group and overall, with two statements exploring fear of discrimination related to menstrual leave

a) Statement: “Some employers or co-workers will use menstrual leave as an excuse to discriminate against women”



Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: “Some employers or co-workers would not be understanding if someone took menstrual leave”



Column groups might not add up to 100% due to rounding effects. (n=3570)

Attitudes to menopause leave

Survey respondents were asked a series of statements, in random order, to explore their attitudes to menopause leave and the results were analysed by subgroup.

Statements related to two rationales for menopause leave were presented in the survey: a) that women have the right to special leave for menopause, and b) that women can manage menopause symptoms with ‘medicines and normal leave’.

Two in three women of reproductive age (65%) agreed with the statement, “*Women have the right to additional paid leave for menopause*”, and this was significantly higher than the proportion of midlife (44%) or older (26%) women (Figure 10a). The level of agreement with this statement was also significantly different between midlife and older women. Midlife women (36%) were significantly more likely to disagree with this statement than younger women (13%) and older women (51%) were significantly more likely to disagree with this statement than both midlife women and women of reproductive age (Figure 10a). Approximately one in five women in each age range neither agreed nor disagreed demonstrating a level of ambivalence or uncertainty about the statement.

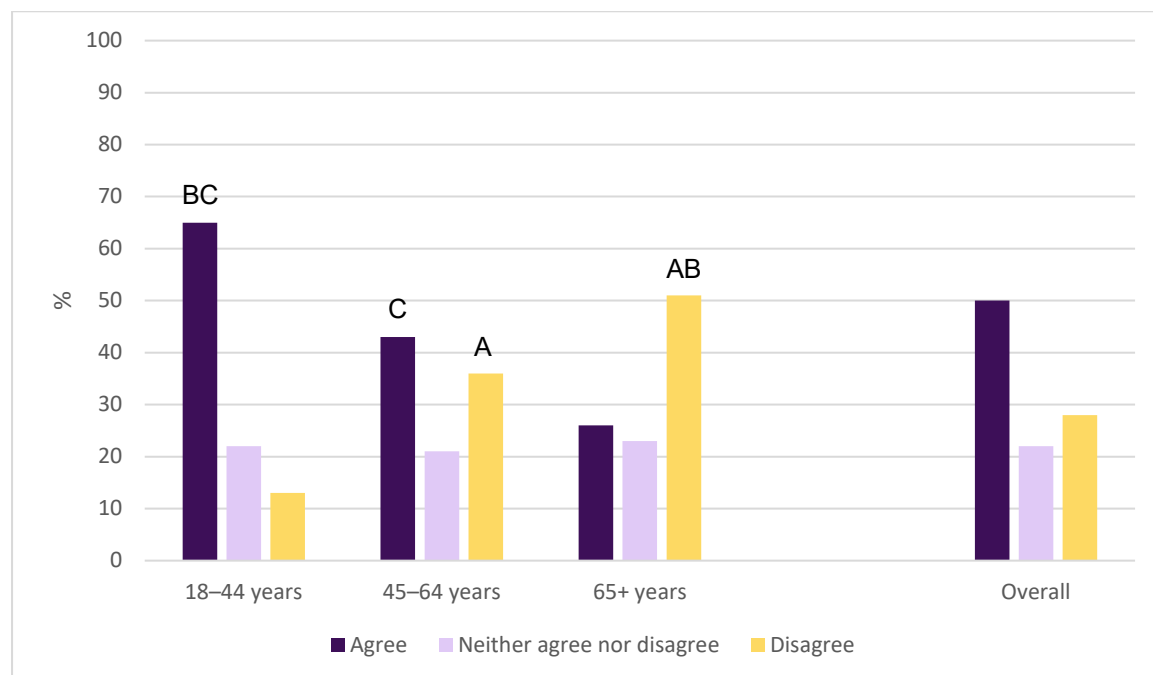
Women who spoke a language other than English at home were significantly more likely to agree that women have the right to additional paid leave for menopause symptoms, while women who spoke only English at home were significantly more likely to disagree (data not shown; refer to Appendix). There were no differences according to state/territory of residence—unlike agreement that women have the right to additional period leave being higher in Victoria—nor according to socioeconomic status (data not shown; refer to Appendix).

Approximately one in five women of reproductive age (22%) agreed with the statement that “Menopause symptoms can be managed with medicine and women can use normal sick leave rather than special leave” (Figure 10b). This proportion was significantly different to the proportions of midlife (44%) and older (57%) women who agreed with the statement. One in three women of reproductive age neither agreed nor disagreed with this statement, demonstrating a substantial level of uncertainty or ambivalence. Fewer women in the midlife (25%) and older (22%) groups were uncertain or ambivalent about the statement.

There were no significant differences in agreement or disagreement with the statement, “Menopause symptoms can be managed with medicine and women can use normal sick leave rather than special leave”, between women who spoke a language other than English at home and those who did not (data not shown; refer to Appendix). There were no significant differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

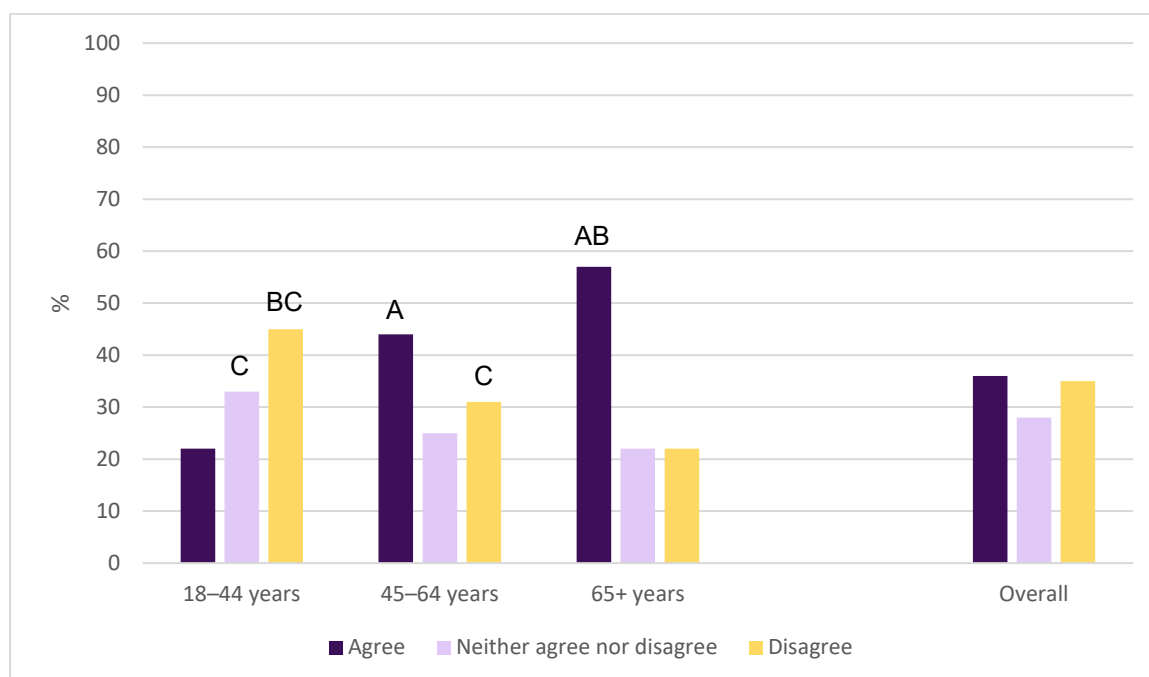
Figure 10 Levels of agreement and disagreement, by age group and overall, with two statements related to a rationale for menopause leave

a) Statement: “Women have the right to additional paid leave for menopause”



Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: “Menopause symptoms can be managed with medicine and women can use normal sick leave rather than special leave”



Column groups might not add up to 100% due to rounding effects. (n=3570)

Survey respondents were presented with four statements to explore women’s comfort in asking for menopause leave. A slightly higher proportion of women of reproductive age agreed, rather than disagreed, with the statement, “*I would be comfortable asking for menopause leave as often and for as much time as I needed*” (Figure 11a). The proportion of women of reproductive age that agreed with the statement was, however, significantly higher than the proportions of midlife and older women that agreed with the statement. Midlife and older women were significantly more likely to disagree, compared to younger women, that they would be comfortable asking for frequent or extended menopause leave. Approximately one in four women of reproductive age (26%) were uncertain or ambivalent about this statement, while approximately one in five midlife (22%) and older (20%) women were uncertain or ambivalent about this statement.

Across all age groups, a relatively high proportion of respondents agreed with the statement, “*I would be comfortable asking for menopause leave but only if I really needed it*” (Figure 11b). A significantly higher proportion of women of reproductive age agreed with this statement compared to midlife and older women. Significantly higher proportions of midlife and older women disagreed with the statement. There was a relatively low level of uncertainty or ambivalence in each age range, with fewer than one in five respondents neither agreeing nor disagreeing with this statement.

There were significant differences between the age groups when it came to the statement, “*I would be comfortable asking for menopause leave as long as my co-workers didn’t know what the leave was for*” (Figure 11c). Women of reproductive age (53%) and midlife women (45%) were significantly more likely to agree with the statement compared to older women (34%). However, midlife (30%) and older (37%) women were significantly more likely than women of reproductive age (18%) to disagree that they would be comfortable asking for menopause leave ‘as long as their co-workers didn’t know what the leave was for’. A higher proportion of women of reproductive age (29%) were uncertain or

ambivalent about this statement than disagreed with it. Higher proportions of midlife and older women agreed with the statement than were uncertain or ambivalent about it (25% and 30%, respectively).

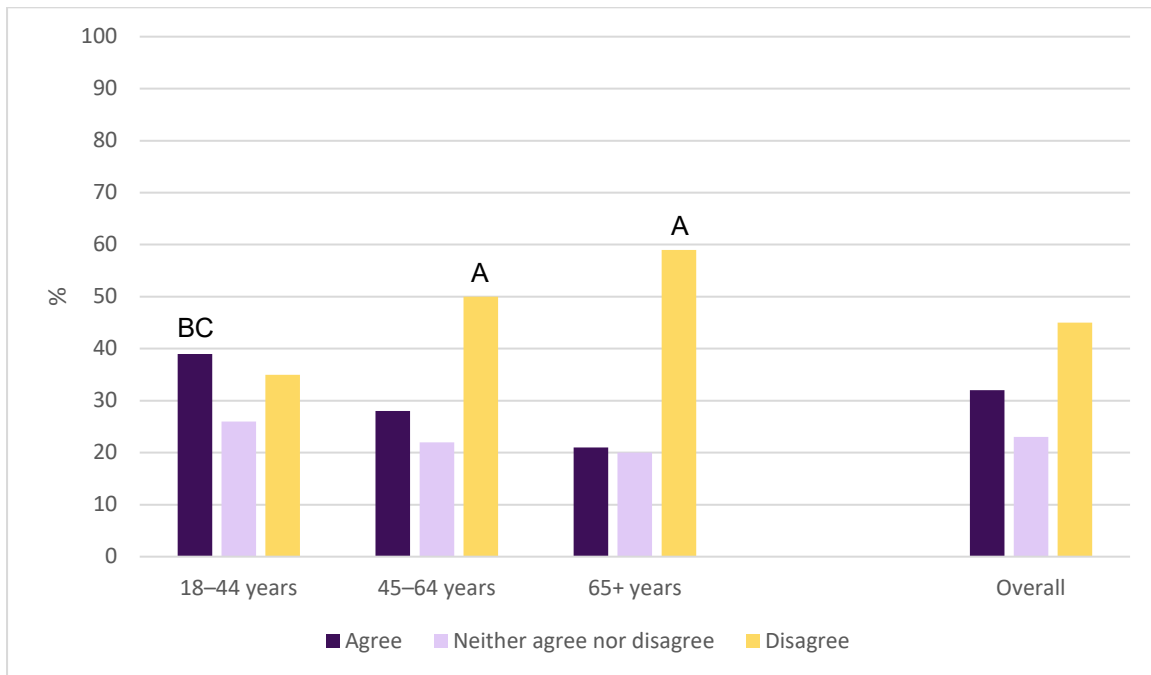
The responses to these three statements from women who spoke a language other than English at home and from those who spoke only English at home mirrored the findings from the different age groups of each cohort in the two subgroups (data not shown; refer to Appendix). There were no differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

There were no significant differences between women of reproductive age, or midlife and older women, when it came to the statement, "*It is private and embarrassing to tell your employer you have menopause symptoms*" (Figure 11d). Approximately half of women of reproductive age (52%) and three in five midlife (59%) and older (59%) women agreed that it is private and embarrassing to tell their employer they have menopause symptoms. One in four women of reproductive age (25%), approximately one in five midlife women (22%) and fewer than one in five older women (17%) disagreed that it is private and embarrassing to tell their employer they have menopause symptoms. Approximately one in four women of reproductive age (23%) and older women (25%), and one in five midlife women (19%), were uncertain or ambivalent about this statement.

There were no significant differences when agreeing or disagreeing with the statement, "*It is private and embarrassing to tell your employer you have menopause symptoms*", between women who spoke a language other than English at home and those who did not (data not shown; refer to Appendix). There were no differences according to socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

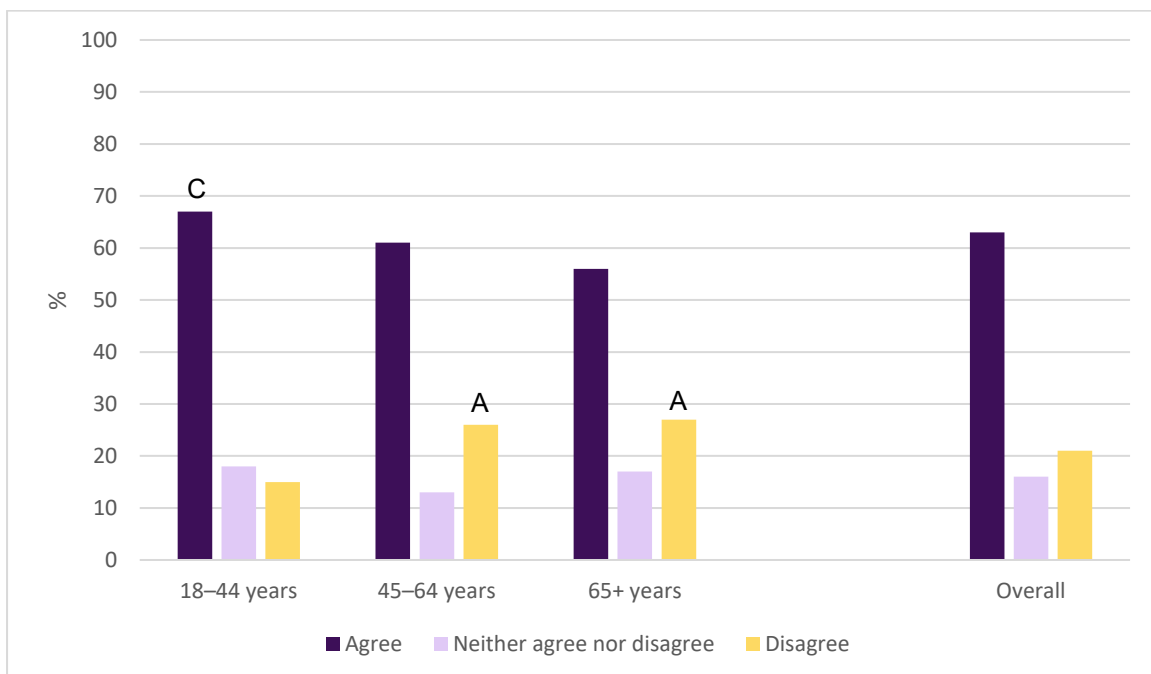
Figure 11 Levels of agreement and disagreement, by age group and overall, with four statements related to asking for menopause leave

a) Statement: “I would be comfortable asking for menopause leave as often and for as much time as I needed”



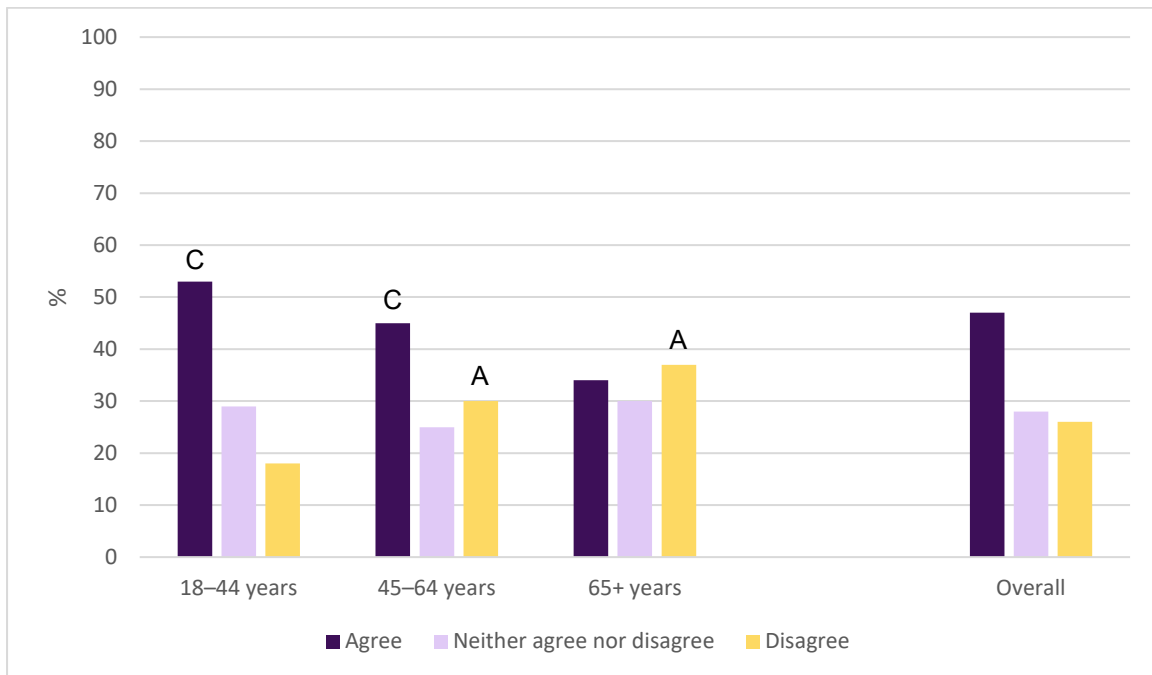
Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: “I would be comfortable asking for menopause leave but only if I really needed it”



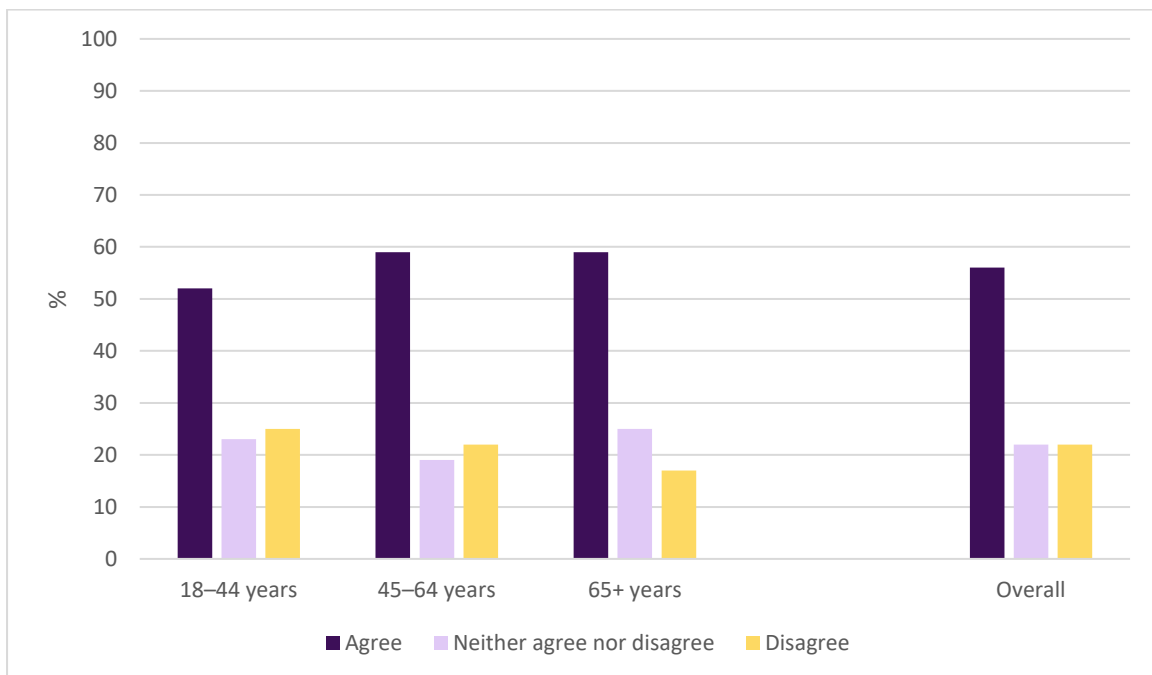
Column groups might not add up to 100% due to rounding effects. (n=3570)

c) Statement: “I would be comfortable asking for menopause leave as long as my co-workers didn’t know what the leave was for”



Column groups might not add up to 100% due to rounding effects. (n=3570)

d) Statement: “It is private and embarrassing to tell your employer you have menopause symptoms”



Column groups might not add up to 100% due to rounding effects. (n=3570)

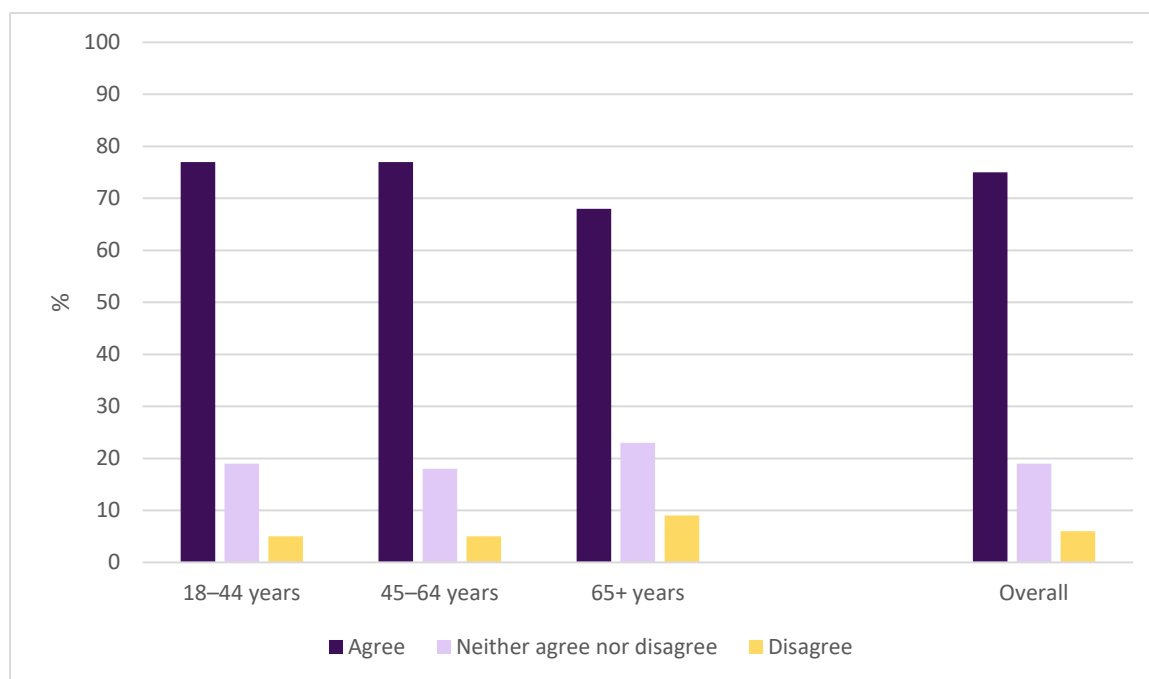
Two statements were posed to explore whether fear of discrimination was a potential barrier to asking for leave to manage bothersome menopause symptoms. Most Australian women agreed with the statement, “*Some employers or co-workers will use menopause leave as an excuse to discriminate against women*”, with no significant differences between women of reproductive age (77%), midlife (77%) and older (68%) women (Figure 12a). Approximately one in five women were uncertain or ambivalent about this statement, and the proportions of women disagreeing with the statement were very low in each age group.

A very high proportion of respondents in each age group agreed with the statement, “*Some employers or co-workers would not be understanding if someone took menopause leave*” (Figure 12b). This question had the highest proportion of respondents agreeing in every age group (and, in fact, every subgroup analysed: data not shown for socioeconomic status, state/territory of residence or language spoken at home; refer to Appendix). There were no significant differences between the age groups, and less than 5% in each group disagreed with the statement. The levels of uncertainty or ambivalence were relatively low in each age group.

There were no significant differences according to language spoken at home, socioeconomic status or state/territory of residence (data not shown; refer to Appendix).

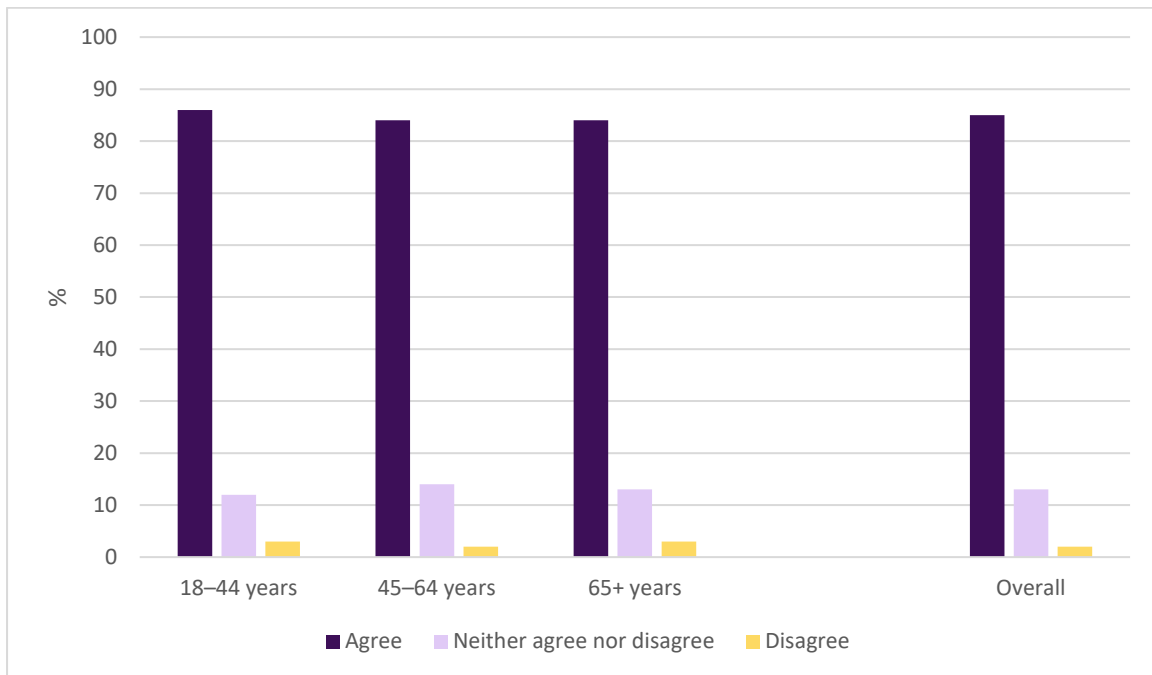
Figure 12 Levels of agreement and disagreement, by age group and overall, with two statements exploring fear of discrimination related to menopause leave

a) Statement: “Some employers or co-workers will use menopause leave as an excuse to discriminate against women”



Column groups might not add up to 100% due to rounding effects. (n=3570)

b) Statement: "Some employers or co-workers would not be understanding if someone took menopause leave"



Column groups might not add up to 100% due to rounding effects. (n=3570)

Discussion

Support for additional leave

The results of the National Women's Health Survey are suggestive of additional paid leave generally, rather than menstrual or menopause leave specifically, being supported by Australian women. The high proportion of overall support was influenced by significantly higher proportions of support from women of reproductive age. Higher proportions of midlife and older women disagreed that women should have additional paid menstrual or menopause leave and that there should be additional paid 'leave for everyone'.

Support for both menstrual and menopause leave was higher in women who had experienced these issues in the last five years compared to those who had not. However, support for leave appeared to align with age, irrespective of the proportions of women in each age group who experienced each issue within the past five years. The proportion of women experiencing bothersome periods or symptoms they attribute to menopause was quite different in each age group, however, the support within each age group for each type of leave was approximately the same. The starkest difference between lived experience and support was in women of reproductive age; a very small proportion reported they experienced symptoms they attributed to menopause, yet most were in support of menopause leave. Contrast this with the older age groups, fewer of whom were in support of leave despite most either being in perimenopause or having been through the menopause transition.

That socioeconomic status had no effect on attitudes to leave was somewhat surprising. It was considered plausible that women in low-paid roles might have less flexibility in working arrangements and thus be in favour of more paid leave. However, women in this group are possibly more likely to be in casual or unpaid work and thus leave is not applicable to them. Detailed qualitative analyses are required to ensure the issues relevant to a range of women from a variety of workplaces, including those in critical unpaid carer roles, are captured.

The differing proportions of support for menstrual and menopause leave and 'leave for everyone' between age groups may be due to generational attitudes to leave. The 'older' (65 plus) and 'midlife' (45 to 64 years) categories span Baby Boomers (77 to 59 years) and Gen X (58 to 43 years), respectively, while the 'women of reproductive age' (18 to 44 years) category spans the Millennial (Gen Y) generation (42 to 27 years) and (some of) Gen Z (26 to 11 years). There is a large body of literature on the workplace differences between Millennials and older generations, with Millennials known to value more flexible working arrangements.¹⁰

With Millennials expected to constitute 75% of the Australian workforce by 2025, Gen Z now joining the workforce and Baby Boomers retiring, the development of workplace policies plus health education and workplace information will need to consider the changing proportions of these generations in the workplace and generational attitudes to women's health and work and leave.

¹⁰ 2023 Gen Z and Millennial Survey. Deloitte Touch Tohmatsu Limited (2023). Available from: <https://www.deloitte.com/global/en/issues/work/content/genzmillennialsurvey.html>. Last accessed: 12/01/2024

Is menstrual and/or menopause leave a right or a necessity?

The statements, “*Women have the right to additional paid leave for periods/menopause*”, and, “*Periods/menopause symptoms can be managed with medicine and women can use normal [i.e. existing] sick leave rather than special leave*”, were designed to explore whether women support or oppose menstrual and menopause leave on an ideological or practical basis, respectively.

Agreement that women have the right to both menstrual and menopause leave had a significant ‘age gradient’; a significantly higher proportion of women of reproductive age agreed with this statement compared to midlife and older women, and significantly higher proportion of midlife women agreed with this statement compared to older women. There was an inverse ‘age gradient’, with significantly higher proportions of older women disagreeing that women have the right to additional leave. These findings are suggestive of generational attitudes to a ‘right’ to leave that mirrors the proportions of support for leave.

The overall agreement with the statement, “*Women have the right to additional paid leave for periods/menopause*”, was considerably lower (10–11 percentage points) than the overall proportion of women supporting menstrual or menopause leave in the forced-choice questions (refer to Tables 1 and 3 in the Appendix). Overall disagreement with the statement, “*Women have the right to additional paid leave for periods/menopause*”, was also lower (8 percentage points) than the overall proportion of women not in support of additional paid leave in the forced-choice questions. This suggests there are reasons other than ‘rights’ driving the level of support for and against additional leave.

Overall, more women agreed that periods can be managed with medicines and ‘normal’ sick leave than did not, but this was skewed by a significantly higher proportion of midlife and older women agreeing with the statement. Only approximately one in four women of reproductive age agreed that periods can be managed by medicines and ‘normal’ sick leave. A significantly higher proportion of women of reproductive age disagreed with this statement than midlife and older women. (Approximately the same proportion in each age range was unsure or ambivalent about this statement.) While women currently of reproductive age are likely to have menstruated for more years than midlife and older women (as the age at which menarche is reached has been steadily decreasing), there is no epidemiological evidence to suggest that periods have become more irregular, painful and/or heavy.

Overall, the proportions of women agreeing, disagreeing and neither agreeing nor disagreeing (i.e. unsure or don’t know if this is true or not) that menopause symptoms can be managed with medicine and existing leave were very similar. However, there were distinct differences in the age ranges. A significantly higher proportion of older women, nearly all of whom have experienced symptoms they attributed to menopause, agreed that menopause symptoms can be managed with medicine and existing leave. More midlife women agreed than disagreed that menopause symptoms can be managed with medicine and existing leave. One in three women of reproductive age neither agreed nor disagreed that menopause symptoms can be managed with medicines and existing leave, which was – not unexpectedly – a significantly higher proportion than the older groups who are peri- or postmenopausal and thus have some experience with managing symptoms. Surprisingly, though, a significantly higher proportion of women of reproductive age than midlife and older women disagreed that menopause symptoms can be managed by medicines and existing sick leave. This is despite only 14% of women of reproductive age (compared with 64% and 21% of midlife and older women, respectively) reporting they had been bothered by symptoms they attributed to menopause in the last

five years, and only 2.7% reporting having reached menopause (compared with 69% and 97% of midlife and older women, respectively).¹¹

That a substantial proportion of women of reproductive age believe menopause symptoms cannot be managed with medicine and existing leave is somewhat concerning, as the survey findings indicate this is not something they are hearing from most women older than themselves. It is possible that some of the public discussion on menopause is contributing to a heightened concern. Over the past several years, there has been a substantial and widespread increase in the advertising of goods and services to manage menopause, including the advertising of specific programs that claim to help menopausal women manage in the workplace. It is plausible that some of this deficit-based framing is creating anxiety or fear in younger women; an analysis in the UK has demonstrated that menopause is being framed using a deficit-based approach in print media coverage, which risks increasing the stigma around menopause.¹²

The 2023 National Women's Health Survey showed that a substantial proportion of women who, in the last five years, had experienced bothersome periods¹³ or bothersome symptoms that they attributed to menopause¹⁴ did not see a doctor about the issue because they did not think a doctor could do anything to help them. These data, plus the substantial proportion of women believing bothersome periods and/or menopause symptoms cannot be managed by medicines and existing leave, suggest that support for menstrual and/or menopause leave is more likely to be based on practical, rather than ideological, views.

Requesting menstrual or menopause leave

Most Australian women would not be comfortable asking for menstrual or menopause leave frequently and with few limits on length of the leave. Women of reproductive age were significantly more likely than midlife and older women to agree with the statement, "*I would be comfortable asking for menstrual/menopause leave as often and for as much time as I needed*", but fewer than half agreed with the statement. Midlife and older women were significantly more likely than women of reproductive age to disagree with this statement, with at least half disagreeing they would be comfortable asking for leave as often and for as much time as they needed. This could be related to a fear of workplace discrimination (see further below).

In contrast, there was strong agreement by women across all three age ranges that they would be comfortable asking for menstrual leave if they were 'really unwell' and menopause leave if they 'really needed it'. However, further research is required to ascertain the definition of 'really unwell' or 'real need' in this context and particularly for women in different types of workplaces and with different levels of job and financial security, as these are all factors that might play into a woman deciding the threshold for 'need'. Further research should also explore whether this attitude might be contributing to presenteeism as an issue in the workplace.

¹¹ Jean Hailes for Women's Health. *The impact of symptoms attributed to menopause by Australian women: a report from the 2023 National Women's Health Survey*. October 2023. Available at: <https://www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women>

¹² Rowson TS., Jaworska S., Gibas I. Hot topic: Examining discursive representations of menopause and work in the British media. (2023) *Gender, Work & Organization* 30(6): 1903–21.

¹³ Jean Hailes for Women's Health. 2023 National Women's Health Survey. Unpublished data

¹⁴ Jean Hailes for Women's Health. *The impact of symptoms attributed to menopause by Australian women*. 2023. Available from: <https://www.jeanhailes.org.au/research/womens-health-survey/menopause-in-australian-women>. Last accessed: 10/12/2023

The statement, *“I would be comfortable asking for menstrual/menopause leave as long as my co-workers didn't know what the leave was for”*, was intended to test embarrassment with respect to co-workers knowing they were menstruating or in perimenopause, rather than ‘employers’, e.g. managers, human resources staff etc. (see below). However, this question might be influenced by the high level of concern over discrimination (see next section) rather than embarrassment. The results showed an age gradient, with younger and midlife women significantly more likely than older women to agree with this statement, while midlife and older women were significantly more likely than younger women to disagree with this statement. There was a higher proportion of women of neither agreeing nor disagreeing with this statement compared to the other questions about leave, which could be due to ambiguity in the question itself. If women were not prepared to ask for menstrual/menopause leave under any circumstances, then whether their co-worker knew or not was somewhat irrelevant.

Interestingly, the responses for each question about asking for menstrual leave were very similar to the responses for each question about asking for menopause leave, despite the (previously described) significant differences in the prevalence and experience of both issues in each age range. This suggests that women have similar expectations or concerns about how others in the workplace will respond, whether the leave is for bothersome periods or bothersome menopause symptoms.

The results for the question related to embarrassment were, however, different between menstruation and menopause. Overall, the results show that embarrassment will be a key barrier for most women when it comes to asking for menstrual or menopause leave. Most Australian women considered it ‘private and embarrassing’ to tell their employer they are menstruating, with a significantly higher proportion of midlife and older women, compared to younger women, considering it embarrassing. Most Australian women also considered it embarrassing to disclose they have menopause symptoms. However, among midlife and older women, fewer were embarrassed about disclosing they have menopause symptoms than disclosing they were menstruating.

Although the question on embarrassment was designed to explore a potential barrier to asking for leave, the findings suggest women might be embarrassed to ask for other forms of workplace flexibility in relation to menstruation and menopause. For example, a woman who considers it embarrassing to disclose they are menstruating might also be embarrassed to request appropriate bathroom facilities¹⁵.

Concerns about workplace consequences related to menstrual and menopause leave

Australian women are clearly of the view that menstrual and menopause leave might negatively impact the hiring, treatment, promotion and/or retention of women.

Most Australian women are concerned about the workplace consequences of taking menstrual or menopause leave. Across every age range, and in every subgroup, more than four in five agreed with the statement, *“Some employers or co-workers would not be understanding if someone took menstrual/menopause leave”*. Fewer than one in 20 disagreed with the statement.

¹⁵ Nowhere to go: Barriers to participation resulting from inadequate workplace amenities for women in male dominated occupational industries. Electrical Trades Union. 2021 Available from https://www.etunational.asn.au/wp-content/uploads/2022/03/2108_ETU-Women_Nowhere-to-Go_Report_Draft02_WEB.pdf. Last accessed: 12/12/2023

Most Australian women are also concerned about discrimination. Overall, almost three-quarters of women agree with the statement, “*Some employers or co-workers will use menstrual/menopause leave as an excuse to discriminate against women*”, although the levels of uncertainty and disagreement were higher than for the statement related to employers or co-workers not being understanding if someone took menstrual or menopause leave.

The responses to these two questions were, once again, nearly identical across age ranges for both menstrual and menopause leave, suggesting that women have similar expectations or concerns about how others in the workplace will respond, whether the issue at hand is menstruation or menopause. This is interesting because it is not suggestive of (although also doesn't discount) women being concerned that being identified as someone needing menopause leave might be a trigger for gendered ageism in the workplace.

Recommendations

The results of the National Women's Health Survey suggest that women generally support additional paid leave to manage any health issue or condition, rather than specifically supporting only menstrual or menopause leave. Women's health is increasingly – and rightly – being recognised as being broader than sexual and reproductive health, encompassing conditions and issues that affect women disproportionately or differently, not just conditions and issues that affect women only.

Recommendation: Any consideration of additional paid leave (or other flexible working arrangements) should take into account the full range of health issues that affect women's ability to work, not just issues related to menstruation and menopause.

Increasing public awareness and understanding that women (and other groups) have particular health needs is critical for ensuring that employees, managers and colleagues can comfortably discuss and understand workplace flexibility and accommodations needed for women's health. Changing prevailing societal attitudes to normalise discussion of menstruation and menopause, among other women's health issues, must be part of this public education effort.

Recommendation: Increasing public awareness of women's health needs should be a health promotion goal in Australia to normalise discussion of these needs in the workplace and ensure women feel comfortable to request workplace flexibility and accommodations.

If any form of leave specifically for women's health is introduced, it will be critical to ensure the policy or legislation does not increase discrimination against women in the workplace, or a fear of potential discrimination. Most Australian women believe that someone taking menstrual or menopause leave will face consequences in their workplace.

Recommendation: If any form of specific leave for women's health needs is introduced, policies must ensure this does not increase discrimination against women in the workplace, and that women can take menstrual or menopause leave without fear of repercussion.

The 2023 National Women's Health Survey was conducted using a representative sample of people aged 18 and over, with 99.2% of these people identifying as women. Cultural attitudes to women and (particularly) women's sexual and reproductive health, however, can vary between subgroups in the wider Australian population.

Recommendation: A comprehensive exploration of attitudes and experiences is required to understand whether and how the findings apply to priority subgroups in Australia, including rural and regional women, women from culturally or linguistically different communities, women with a disability, lesbian, bisexual or queer women, and Aboriginal or Torres Strait Islander women. Some women's health issues and experiences in the workplace will also be relevant to trans men and trans women.

Appendix: Full data tables and relevant survey questions

Note: Some of the rows and columns do not add up to 100% because answers of 'Don't know' or 'Refused' have been omitted, and/or due to the effects of rounding.

Table 1. Support for additional paid menstrual leave (%)

Q: Do you think women should be able to access additional paid leave, called menstrual leave, when they have their periods?
(n=3570)

	Yes	No
Age group		
18-44 years (A)	78 BC	21
45-64 years (B)	55 C	44 A
65+ years (C)	41	59 AB
State/Territory		
NSW (A)	64	36
VIC (B)	70	28
QLD (C)	58	42 B
SA (D)	62	37
WA (E)	54	45 B
TAS (F)	59	41 B
NT (G)	57	43
ACT (H)	66	34
SEIFA		
1-2 (A)	61	38
3-5 (B)	64	35
LOTE		
Yes (A)	76 B	23
No (B)	59	41 A
Total	63	36

Table 2. Support for additional paid menstrual leave among those impacted by period symptoms (%)

Q: Do you think women should be able to access additional paid leave, called menstrual leave, when they have their periods? (n=3570) with the banner derived from Q: Have these period symptoms impacted you in any of the following ways?

	Yes, impacted by period symptoms (A)	No (B)
Yes, support menstrual leave	82 B	49
No, do not support	18	51 A
Total	100	100

Table 1. Attitudes towards period symptoms and menstrual leave (%)

Q: To what extent do you agree or disagree with the following statements about period symptoms and menstrual leave (n=3750)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	Women have the right to additional paid leave for periods			I would be comfortable asking for menstrual leave as often and for as much time as I needed		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	67 BC	20	14	36 BC	21	43
45-64 years (B)	43 C	23	34 A	24	22	55 A
65+ years (C)	29	22	50 AB	19	24	56 A
State/Territory						
NSW (A)	54	20	26	30	20	51
VIC (B)	58 E	18	24	31	25	44
QLD (C)	45	22	33	27	23	49
SA (D)	49	23	28	25	20	54
WA (E)	41	26	33	25	20	55
TAS (F)	45	23	32	24	22	54
NT (G)	39	27	34	31	23	46
ACT (H)	50	23	27	28	19	53
SEIFA						
1-2 (A)	49	22	29	28	24	48
3-5 (B)	52	21	27	29	21	50
LOTE						
Yes (A)	68 B	19	13	37 B	25	38
No (B)	45	22	33 A	26	21	53 A
Total	51	21	28	29	22	50

Table 3. Attitudes towards period symptoms and menstrual leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about period symptoms and menstrual leave (n=3750)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	I would be comfortable asking for menstrual leave if I was really unwell			I would be comfortable asking for menstrual leave as long as my co-workers didn't know what the leave was for		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	71 BC	11	19	56 C	25	19
45-64 years (B)	62	15	23	49 C	23	28 A
65+ years (C)	61	17	22	37	28	35 A
State/Territory						
NSW (A)	69	12	19	51	24	25
VIC (B)	64	14	22	50	27	23
QLD (C)	65	16	19	46	27	27
SA (D)	61	16	22	50	27	23
WA (E)	65	11	23	49	21	30
TAS (F)	68	10	23	50	25	25
NT (G)	61	18	21	49	26	23
ACT (H)	69	10	22	57	22	21
SEIFA						
1-2 (A)	67	12	20	46	28	27
3-5 (B)	65	14	21	51	24	25
LOTE						
Yes (A)	74 B	10	16	56	27	17
No (B)	63	14	23	48	24	28 A
Total	66	13	21	50	25	25

Table 5. Attitudes towards period symptoms and menstrual leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about period symptoms and menstrual leave (n=3750)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	Some employers or co-workers will use menstrual leave as an excuse to discriminate against women			Period symptoms can be managed with medicine and women can use normal sick leave rather than special leave		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	73	19	7.8	27	26	46 BC
45-64 years (B)	71	23	6.6	46 A	24	30
65+ years (C)	65	28	6.5	56 A	21	23
State/Territory						
NSW (A)	71	22	7.2	37	27	35
VIC (B)	71	21	7.6	36	23	41
QLD (C)	70	23	6.0	42	24	34
SA (D)	75	20	5.1	39	24	36
WA (E)	69	22	9.4	48	20	31
TAS (F)	68	25	7.3	41	24	35
NT (G)	64	26	9.6	48	22	30
ACT (H)	74	18	7.2	35	22	43
SEIFA						
1-2 (A)	68	24	7.7	41	27	32
3-5 (B)	72	21	6.9	38	23	39
LOTE						
Yes (A)	69	24	7.4	33	29	39
No (B)	71	21	7.1	41	23	36
Total	71	22	7.2	39	24	36

Table 6. Attitudes towards period symptoms and menstrual leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about period symptoms and menstrual leave (n=3750)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	It is private and embarrassing to tell your employer you have your period			Some employers or co-workers would not be understanding if someone took menstrual leave		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	54	20	26 BC	86	10	3.9
45-64 years (B)	68 A	17	15	87	10	2.6
65+ years (C)	68 A	17	15	83	14	2.9
State/Territory						
NSW (A)	61	19	20	86	12	3.0
VIC (B)	61	19	20	84	11	4.6
QLD (C)	63	15	22	87	11	2.6
SA (D)	62	19	18	85	12	2.0
WA (E)	58	22	20	87	9.2	3.1
TAS (F)	63	16	21	86	11	3.3
NT (G)	59	25	16	90	8.0	2.3
ACT (H)	65	16	19	89	7.6	3.0
SEIFA						
1-2 (A)	62	18	20	86	11	3.7
3-5 (B)	61	19	20	86	11	3.1
LOTE						
Yes (A)	58	18	24	82	14	4.5
No (B)	63	19	19	87	10	2.9
Total	61	18	20	86	11	3.3

Table 7. Support for additional paid leave for menopause (%)

Q: Do you think women should be able to access additional paid leave for menopause? (n=3570)

	Yes	No
Age group		
18-44 years (A)	78 BC	22
45-64 years (B)	54 C	45 A
65+ years (C)	36	63 AB
State/Territory		
NSW (A)	64	36
VIC (B)	67	33
QLD (C)	56	44
SA (D)	55	45
WA (E)	60	39
TAS (F)	57	43
NT (G)	55	45
ACT (H)	62	37
SEIFA		
1-2 (A)	60	40
3-5 (B)	63	37
LOTE		
Yes (A)	78 B	22
No (B)	56	43 A
Total	62	38

Table 8. Support for additional paid leave for menopause among those impacted by menopause symptoms (%)

Q: Do you think women should be able to access additional paid leave for menopause? (n=3570) with the banner derived from Q: Have these menopause-type symptoms impacted you in any of the following ways?

	Yes, impacted by menopause symptoms (A)	No (B)
Yes, support menopause leave	73 B	59
No, do not support	26	40 A
Total	100	100

Table 9. Attitudes towards menopause symptoms and menopause leave (%)

Q: To what extent do you agree or disagree with the following statements about menopause symptoms and menopause leave (n=3570)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	Women have the right to additional paid leave for menopause			I would be comfortable asking for menopause leave as often and for as much time as I needed		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	65 BC	22	13	39 BC	26	35
45-64 years (B)	44 C	21	36 A	28	22	50 A
65+ years (C)	26	23	51 AB	21	20	59 A
State/Territory						
NSW (A)	52	23	25	32	22	45
VIC (B)	56	19	25	37	26	37
QLD (C)	44	23	33	31	21	48
SA (D)	44	22	34	25	26	49
WA (E)	46	23	31	26	22	52
TAS (F)	46	22	32	29	22	48
NT (G)	38	28	34	28	32	40
ACT (H)	52	20	28	31	22	48
SEIFA						
1-2 (A)	48	23	29	34	23	43
3-5 (B)	51	21	28	31	24	45
LOTE						
Yes (A)	67 B	19	14	41 B	26	33
No (B)	44	23	33 A	29	23	48 A
Total	50	22	28	32	23	45

Table 10. Attitudes towards menopause symptoms and menopause leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about menopause symptoms and menopause leave (n=3570)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	I would be comfortable asking for menopause leave but only if I really needed it			I would be comfortable asking for menopause leave as long as my co-workers didn't know what the leave was for		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	67 C	18	15	53 C	29	18
45-64 years (B)	61	13	26 A	45 C	25	30 A
65+ years (C)	56	17	27 A	34	30	37 A
State/Territory						
NSW (A)	66	13	20	51	25	24
VIC (B)	62	20	19	47	30	22
QLD (C)	62	17	21	42	31	27
SA (D)	56	19	25	43	29	28
WA (E)	57	15	28	41	26	34
TAS (F)	66	14	20	48	25	27
NT (G)	63	16	21	45	29	26
ACT (H)	65	15	20	49	26	24
SEIFA						
1-2 (A)	62	16	22	45	31	25
3-5 (B)	63	17	21	47	26	26
LOTE						
Yes (A)	71 B	15	14	55	29	17
No (B)	60	17	24 A	44	28	29 A
Total	63	16	21	47	28	26

Table 2 Attitudes towards menopause symptoms and menopause leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about menopause symptoms and menopause leave (n=3570)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	Some employers or co-workers will use menopause leave as an excuse to discriminate against women			Menopause symptoms can be managed with medicine and women can use normal sick leave rather than special leave		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	77	19	4.9	22	33 C	45 BC
45-64 years (B)	77	18	5.2	44 A	25	31 C
65+ years (C)	68	23	8.6	57 AB	22	22
State/Territory						
NSW (A)	77	17	5.7	35	30	34
VIC (B)	73	20	6.9	34	26	40
QLD (C)	75	21	4.4	40	28	33
SA (D)	77	20	3.3	39	27	34
WA (E)	74	18	7.6	39	28	33
TAS (F)	72	21	6.2	33	31	37
NT (G)	68	25	7.1	43	26	32
ACT (H)	82	13	4.5	27	27	46
SEIFA						
1-2 (A)	73	20	6.8	36	30	34
3-5 (B)	76	19	5.3	37	27	36
LOTE						
Yes (A)	72	23	5.2	29	30	40
No (B)	76	18	6.0	39	27	34
Total	75	19	5.8	36	28	35

Table 12. Attitudes towards menopause symptoms and menopause leave (continued) (%)

Q: To what extent do you agree or disagree with the following statements about menopause symptoms and menopause leave (n=3570)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	It is private and embarrassing to tell your employer you have menopause symptoms			Some employers or co-workers would not be understanding if someone took menopause leave		
	Agree	Neither agree nor disagree	Disagree	Agree	Neither agree nor disagree	Disagree
Age group						
18-44 years (A)	52	23	25	86	12	2.5
45-64 years (B)	59	19	22	84	14	2.2
65+ years (C)	59	25	17	84	13	2.6
State/Territory						
NSW (A)	56	20	24	86	12	2.5
VIC (B)	53	26	21	84	14	2.2
QLD (C)	57	20	23	86	12	1.9
SA (D)	58	22	20	84	14	2.1
WA (E)	57	23	20	83	14	3.6
TAS (F)	60	18	22	83	13	4.2
NT (G)	57	24	20	82	15	2.0
ACT (H)	59	20	21	87	10	2.3
SEIFA						
1-2 (A)	55	21	24	83	14	2.7
3-5 (B)	56	22	22	86	12	2.2
LOTE						
Yes (A)	55	22	23	83	14	2.5
No (B)	56	22	22	85	12	2.4
Total	56	22	22	85	13	2.4

Table 13. Level of support for more sick or personal leave for everyone

Q: To what extent do you agree or disagree there should be more sick or personal leave available so everyone can get paid leave when they need it (n=3570)

Note: 'Agree' is the combination of response codes 'Strongly agree' and 'Agree'. 'Disagree' is the combination of response codes 'Strongly disagree' and 'Disagree'.

	Agree	Neither agree nor disagree	Disagree
Age group			
18-44 years (A)	82 BC	12	5.9
45-64 years (B)	61 C	21 A	18 A
65+ years (C)	40	27 A	33 AB
State/Territory			
NSW (A)	68	19	14
VIC (B)	72	15	13
QLD (C)	63	19	19
SA (D)	61	21	18
WA (E)	62	21	17
TAS (F)	64	19	18
NT (G)	62	17	21
ACT (H)	65	18	17
SEIFA			
1-2 (A)	65	20	15
3-5 (B)	67	17	16
LOTE			
Yes (A)	76 B	17	7.5
No (B)	63	19	18 A
Total	67	18	15

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