

# 9 Policy Recommendations to Promote Menopausal Women's Health as a Social Issue for Multi-Stakeholders

Centered on the areas of menstruation, pregnancy, and childbirth, Japan is making progress in policies for women's health through the establishment of various systems and growing prevalence of workplace support. However, societal understanding and policies for the health issues experienced by menopausal women are still lacking. The characteristic symptoms of menopause significantly reduce quality of life (QOL) and have caused 460,000 women to leave the workforce over a three-year period. These symptoms also force some women who remain in the workforce to give up on their career ambitions. According to a report presented by the Ministry of Economy, Trade and Industry (METI) in February 2024, the total national economic losses due to the symptoms of menopause amounted to a total of 1.9 trillion yen. This accounts for over half of total economic losses that result from women-specific health concerns, making menopause a serious issue for society. To prevent reduced QOL and labor losses due to menopausal symptoms, action must be taken by industry, government, academia, and civil society to address the health issues faced by menopausal women.

To contribute to the further promotion of measures for menopause, Health and Global Policy Institute (HGPI) has compiled the following nine policy recommendations. (The following contains excerpts from the full recommendations document.)

## Recommendation

### 1

**National and local administrative bodies should clarify measures for menopause, and establish the necessary systems and budgetary measures for their implementation.**

The hormonal imbalances that occur during menopause can have health impacts in old age, including osteoporosis and cardiovascular disease (CVD). Plans such as Health Japan 21 and each municipality's CVD control action plan should describe the relationship between menopause and these health impacts, and outline appropriate measures.

## Recommendation

### 2

**Establish command centers for menopause measures in each region to serve as focal points for promoting menopause measures that are suited to local conditions and the needs of affected community members.**

It is difficult to position measures for menopause as a high-priority item from both a governance perspective and a healthcare perspective, so it will be necessary to identify the parties involved in such measures in each region and establish systems for those measures, as well as to consider how to establish command centers. It will also be important to clarify issues that are specific to each region and necessary future actions, while considering budgetary measures where appropriate.

## Recommendation

### 3

**Improve access to menopause care so people living with menopausal symptoms or disorder can access the right care at the right times. Furthermore, engage related parties in considering how to facilitate and improve collaboration among medical departments that are related to menopause care.**

Systems should be established to facilitate collaboration with specialists and to train health professionals so menopause can be diagnosed appropriately, even when a patient is being seen in a department other than gynecology. It will be ideal if doctors like family physicians can provide more continuous, comprehensive care with old age in mind. Collaboration that spans disciplines and involves medical staff other than physicians, such as nurses and clinical psychologists, will be essential.

**Recommendation****4**

**While expanding the counseling system, which is the key to menopause care, national and local authorities should provide suitable financial support to implement counseling resources.**

Counseling plays a vital role in the diagnosis and treatment of menopausal disorder. To expand counseling, it should be assigned a suitable reimbursement in the medical service fee schedule. Financial measures should also be taken to provide online medical consultations and to create opportunities for various health professionals other than physicians to actively contribute to menopause care.

**Recommendation****5**

**Hot flashes, dizziness, irregular heartbeat, headache, anxiety, depression, and general malaise are the main symptoms of menopause and should be included in the Model Core Curriculum for Medical Education as items for the differential diagnosis of menopausal disorder.**

In the 2022 revision of the Model Core Curriculum for Medical Education, menstrual abnormality is the only major symptom listed for consideration when performing differential diagnosis of menopausal disorder, and there is no clear mention of the relationships between other symptoms and menopause. To improve the quality of menopause education in medical school from the ground up, it will be important to add menopause and its various major symptoms to the core curriculum, and to advance efforts to raise awareness and educate physicians about those symptoms early on in their training.

**Recommendation****6**

**Create various opportunities for physicians that are involved in menopause care to learn about menopause, such as during the processes for acquiring or maintaining specialist certifications.**

The amount of time that can be devoted to menopause during medical school is limited, and physicians have almost no opportunities to be involved in menopause care during post-graduate training. Recognizing that a significant number of physicians transition to office gynecology after around ten years of practice, relevant academic societies should take advantage of this timing to proactively create opportunities to educate physicians on women-specific health concerns from adolescence to old age. Because decreasing female hormones also increase a person's risk of conditions other than menopausal symptoms, it will be important for all physicians (not only OB-GYNs) to be involved in care while keeping health support after menopause in mind.

**Recommendation****7**

**Promote awareness among young people in communities and during school education to improve access to appropriate care for menopausal symptoms and disorder and to elevate well-being from menopause to old age.**

Many people do not seek proper medical attention despite noticing menopausal symptoms. Addressing this will require continuous awareness raising and education targeting younger generations, such as by incorporating menopause into middle and high school sex education curriculums. Starting from school education, it will also be important to promote the creation of a social environment where people can talk about menopause.

**Recommendation****8**

**Businesses should engage in organization-wide initiatives to ascertain circumstances within their organizations and to create workplace environments in which affected parties can speak up.**

It will be essential to create workplace environments that allow menopausal women to continue working vigorously. If each company and organization can first grasp circumstances and needs within their organizations, it will not only elevate the quality of support provided to affected parties, but may also improve performance for affected parties by making everyday duties smoother and more efficient.

**Recommendation****9**

**While collaborating with industrial physicians, occupational health nurses, and outside lecturers, businesses should conduct training seminars or study sessions for all employees, deepen understanding toward affected parties among management, and strengthen organization-wide initiatives.**

Understanding and support from management is essential for advancing initiatives for menopause within organizations. In addition to educating managers and executive staff and sharing the voices of affected parties, it will also be important for the central government to create incentives for businesses.