HGPI Health and Global Policy Institute

Promoting Menopausal Women's Health as a Social Issue for Multi-Stakeholders Policy Recommendations

Health and Global Policy Institute

July 2024

Health and Global Policy Institute (HGPI)

Table of contents

1. Background 3
2. Policy recommendations 5
3. Voices of affected parties 11
   3-1. Qualitative survey overview 11
   3-2. Content of discussion 11
   3-3. Findings 16
4. Survey of domestic companies 18
   4-1. Domestic survey overview 18
   4-2. Summary of domestic survey findings 18
5. International Survey 20
   5-1. International survey overview 20
   5-2. Summary of international survey findings 20
      5-2-1. The UK 21
      5-2-2. Australia 27
      5-2-3. The Netherlands 29
   5-3. Observations for Japan in light of international survey findings 31
6. Acknowledgements 34

1. Background

The Basic Plan for Gender Equality formulated by the Cabinet Office in accordance with the Basic Act for Gender-Equal Society states, "Men and women both need to pay heed to the fact that they face different health issues across their lifetimes, in the case of women, for example their reproductive health is especially important given the possibility that they may fall pregnant and give birth." Initiatives for women's health have been taken in Japan based on this premise, and the Government of Japan has established and advanced measures for women's health in a comprehensive and systematic manner with the aim of making society a place where men and women are equal.

Women's empowerment and economic participation entered a new stage when the Act on the Promotion of Women's Participation and Advancement in the Workplace came into full effect in April 2016. The Cabinet Office's White Paper on Gender Equality 2018 included a detailed explanation of support for women's health based on life stage, and the Revised Act on the Promotion of Women's Participation and Advancement in the Workplace was promulgated in 2019. In December of the same year, the Cabinet approved the Basic Policy on the Promotion of Women's Participation and Advancement in the Workplace. The various efforts advanced under this plan include providing opportunities related to life in the workplace while taking into account various stages of the life course and aiming to establish employment environments that contribute to work-life balance. In 2022, the Cabinet Office presented the "Guidelines for Human Capital Visualization" which required a number of items to be included in the employee status section of annual securities reports as a measure for diversity. These included gender wage disparity, ratio of women in management positions, and ratio of men who take childcare leave. These guidelines are now helping to promote transparency in workplace environments to be more friendly for women.

Policies related to women's health continued to accelerate in 2023. In addition to the domestic approval of the abortion pill, some pharmacies were allowed to begin selling emergency contraceptives (the morning after pill) on a trial basis in preparation for their over-the-counter (OTC) approval (which will allow people to purchase such drugs without prescriptions at places like pharmacies and drugstores). Private companies are also advancing measures tailored to the characteristics of their respective organizations. As part of efforts to promote workplace wellness, companies are elevating literacy for women's health and contributing to the creation of workplace environments that encourage women experiencing menstruation-related problems to take menstrual leave or to seek medical care. This is being done through initiatives that include holding awareness-raising and training seminars for both women and men, or establishing in-house consultation services on women's health. More companies are also adopting FemTech as a new method of promoting women's health through applications and technology.

In March 2023, members of a voluntary association created by the Liberal Democratic Party called the Parliamentary Association for Promoting Brighter Social Security Reform compiled policy recommendations in the form of the "Policy Package on the Promotion of Women's Health." It includes measures to improve health literacy, promote women's health in workplaces, expand health examination and care systems, establish a national center for women's health, and promote FemTech. Based on that package, expectations are high for the continued promotion of comprehensive women's health policies.

Despite the aforementioned advances in support for women's health, particularly during the reproductive years, there is a paucity of societal understanding and measures for the health issues experienced by women during menopause. In 2022, the Ministry of Health, Labour and Welfare (MHLW) conducted its first survey on this topic (the "Awareness Survey on Menopausal Symptoms and Disorders"). The survey found that 80% to 90% of citizens had no knowledge of menopause; that 80% of respondents who had experienced at least one symptom of menopause never visited a health institution; and that only around half of those who had visited a health institution had access to a gynecologist.

Evidently, menopause remains a particularly difficult issue faced by women. Not only do symptoms specific to menopause lead to significant reductions in quality of life (QOL), over a three-year period, it forced 460,000 women to leave the workforce.[1] Even among menopausal women who can remain in the workforce, some report encountering stigma or a lack of understanding over their age or gender, facing circumstances that are difficult to talk about in the

1 Japan Broadcasting Corporation (NHK). https://www.nhk.or.jp/minplus/0029/topic053.html. Accessed June 19, 2024

workplace, or receiving demotions, lower evaluations, or other negative impacts because they cannot tell others that their physical condition is poor. According to "Estimation of Economic Losses Due to Women-Specific Health Concerns and the Need for Health Management," 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 amount to 1.9 trillion yen. This accounts for over half of total economic losses caused by women-specific health concerns and demonstrates the significance of the impact on women in the workforce. The "Basic Policy on Gender Equality and Empowerment of Women" presented in June 2023 includes a plan to increase the ratio of female executives in companies listed in the Tokyo Stock Exchange's Prime market to 30% or more. Despite statements since the Abe administration that efforts to promote women's empowerment and participation and women's health are two sides of the same coin, the topic of health has often been left behind. It will be essential to address health issues experienced during menopause by women ages 45 to 55, which is precisely the same age group as those often in executive positions.

Globally, some estimates show that menopause-related health concerns lead to economic losses of USD $150 billion, and even overseas, it is said that measures for menopause lag behind those being taken in other areas of women's health such as sexual and reproductive health. Given this context, the UK is attracting recognition as a leader in measures for menopause driven by the voices of citizens. Under the leadership of the Secretary of State for Health and Social Care, discussions on a bill were held in the UK Parliament, and in March 2022, the Mayor of London announced a world-leading menopause policy which included raising awareness among staff at London City Hall and eliminating discrimination. Major companies in the UK are also implementing measures that include introducing paid sick leave, adopting more flexible work models, educating and raising awareness among management, and establishing counseling and mindfulness sessions.

Based on the circumstances described above, and recognizing that health issues related to menopause are issues for society, Health and Global Policy Institute (HGPI) has launched a project titled "Promoting Menopausal Women's Health as a Social Issue for Multi-Stakeholders" in FY2023 to contribute to promoting policies for health issues for women experiencing menopause. This project is centered on four activities: 1) conducting a qualitative survey of menopausal women; 2) conducting a survey of domestic companies and an international survey; 3) holding advisory board meetings; and 4) hosting a global public symposium. Policy recommendations based on discussion points crystallized through all of these activities have been compiled in Section 2. Section 3 provides details for the qualitative survey of women experiencing menopause, while the survey of domestic companies and international survey are in Sections 4 and 5. It is HGPI's sincere hope that these recommendations will be of assistance to policy makers and related parties, and that all of society can come together for policy progress in measures for menopause.

2. Policy recommendations

Recommendation 1 ▼

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

- As a women-specific health issue, **the importance of menopause policies should be clearly stated in the various initiatives based on the life course approach implemented by national and local authorities.**

- For example, Health Japan 21 should mention the promotion of menopause policies alongside measures for osteoporosis, and each local government should also introduce activities to educate the general public about menopause as part of efforts for osteoporosis prevention.

- Osteoporosis is a disease that progresses silently and is partially caused by the decrease in female hormones after menopause. As the population ages, the number of people living with osteoporosis is also increasing. As of 2022, it was estimated that osteoporosis affected approximately 15.9 million people in Japan. Osteoporosis is a major risk factor for femoral neck fractures and vertebral compression fractures, which can leave people bedridden. Given these risks, the third term of Health Japan 21 included a new requirement for prefectural and municipal governments to establish targets for osteoporosis in women in health promotion plans. However, despite the fact that osteoporosis is closely related to the decrease in female hormones that occurs during menopause, Health Japan 21 lacks measures related to menopause. As approaches for women experiencing menopause are an essential aspect of promoting osteoporosis countermeasures, measures for menopause should be implemented within the context of advancing measures for osteoporosis in communities.

- Women also face a heightened risk of cardiovascular disease (CVD) after menopause. While many municipalities have established action plans and other measures for CVD control, there is little mention of the relationship between menopause and CVD. In addition to the impacts on personal health that women experience during perimenopause, menopause, and postmenopause, the changes in hormone balance that occur during menopause can also impact health later in life. This means it is essential that women receive appropriate care during menopause so they can lead healthier lives in their later years. **National and local authorities must indicate there is a relationship between certain diseases or symptoms and menopause in all action and project plans related to health, and state that menopausal symptoms and disorder are key health issues for women that are related to extending healthy life expectancies in old age.**

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 to begin, **each local government should consider how to establish local systems for promoting local measures, and command centers for directing those measures.**

- Methods of establishing the aforementioned command centers will vary by region, but if they are implemented under the leadership of the government, it may be possible to center them around healthcare professionals, such as through medical associations. It will be important to identify those in the community who are related to local measures for menopause, to discover the issues that exist in the community, and **to clarify future measures for the community in government documents and other such materials.** It will also be important to clarify issues that are unique to the region and necessary future measures, and then to advance efforts to examine them **while considering budgetary measures where necessary.**

- For example, in Tottori Prefecture, the governor and members of the prefectural assembly have been providing political leadership to promote measures for menopause policies in the region. They are advancing discussions on issues related to menopause in the prefectural assembly, deepening government-industry-academia collaboration (that includes stakeholders like the government, core hospitals, and local companies), and promoting policies unique to Tottori Prefecture. Tottori Prefecture has devoted a budget to various measures in the region. These include conducting a survey among prefectural staff to grasp real-world circumstances in the region; establishing a consultation support center that provides affected parties with accessible consultations; and providing support subsidies to companies engaged in promoting women's empowerment and economic participation.

Recommendation 3 ▼

Improve access to menopause care so people living with menopausal symptoms or disorder[2] 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.

- Women experience rapid changes in hormone balance as they transition through the life stages. Care from a family doctor such as a general practitioner (GP) provided with old age in mind and in collaboration with a specialist physician is ideal for appropriately treating menopausal symptoms and disorder, particularly when estrogen levels decline rapidly in the stages before, during, and after menopause.

- In Japan, the healthcare provision system is based on universal health insurance in which people have free access to care, and can visit whichever health institution they choose, whenever they like.[3] Because there is a wide variety of menopausal symptoms, there are times when it is difficult for people experiencing menopause to access a gynecologist from early stages, especially among people who have little knowledge of the topic. They are often referred to physicians who can prescribe for each symptom, such as otolaryngologists, internists, or psychiatrists. If physicians do not recognize when symptoms are caused by menopause, their patients may end up visiting different departments for each symptom or multiple departments and health institutions when treatment is not successful. In other words, it can lead to doctor shopping.

- Improving access to appropriate care will require **training health professionals to be able to make appropriate decisions regarding care, even when a patient is being examined in departments other than gynecology.** Because menopausal symptoms are diverse and severity varies by individual, **a system that enables smoother diagnosis and treatment of menopausal symptoms through collaboration between gynecologists and other specialists should be established.** This could include describing menopause in medical guidelines for other departments where menopausal symptoms are relevant. In addition to expanding guidelines and providing health professionals with opportunities for education and training through collaboration among related academic societies, while playing central roles in their regions, command centers in each region (described in Recommendation 2) should also keep in mind measures to train health professionals who can take part in menopause care in communities.

- To provide appropriate consultations, diagnosis, and treatment for menopause, it will also be essential for OB-GYNs to collaborate with other specialists as well as for **medical staff other than physicians (such as nurses and clinical psychologists) to engage in multidisciplinary collaboration.**

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2 "Menopausal symptoms" refers to a wide variety of symptoms that emerge during menopause and are not caused by organic changes. They include (1) vasomotor symptoms such as facial flushing, hot flashes, and sweating; (2) physical symptoms like fatigue, dizziness, palpitations, headache, shoulder, back, and joint pain, indirect pain, and chills in the lower body; and (3) psychological symptoms such as insomnia, irritability, anxiety, and feelings of depression. "Menopausal disorder" is defined as a condition in which menopausal symptoms disrupt daily life. While diagnostic criteria for menopausal disorder are currently undefined, when a woman in the target age group for menopause visits a clinic for a variety of symptoms, they must be diagnosed using tools such as the menopausal disorder questionnaire.
Japanese Society of Obstetrics and Gynecology. 2020. "Guideline for Gynecological Practice in Japan- Gynecology Outpatient Edition 2020."

3 MHLW. "Current Status and Issues for the Healthcare Provision System (Healthcare Subcommittee, Social Security Council). https://www.mhlw.go.jp/file/05-Shingikai-12601000-Seisakutoukatsukan-Sanjikanshitsu_Shakaihoshoutantou/0000184301.pdf. Accessed June 17, 2024

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.

- Menopausal symptoms are complex and mainly based on the subjectivity of the affected party, and menopausal disorder is diagnosed by ruling out the possibility that symptoms are being caused by other conditions. "The Guidebook on Women's Health Care: Menopausal Health Care (2019 ed.)" by the Japan Society for Menopause and Women's Health outlines the process for diagnosing menopausal disorder. The estimated length of a first medical interview is thirty to forty minutes; necessary information includes a medical interview, measurement with a menopausal index, a gynecological examination, a breast cancer screening, blood tests, and bone density measurement; and a diagnosis can only be made after first excluding the possibility of all other conditions.

- Even after someone has been diagnosed with menopausal disorder, counseling is still an important part of treatment, so enhancing counseling provided by health professionals will be the key to successful menopause care.

- Although counseling is a vital aspect of menopause care and that it takes a certain amount of time to provide, the medical service fee schedule does not provide reimbursements for counseling in a manner that reflects the amount of time devoted to it. Not only do physicians have little financial incentive to provide time-consuming menopause care, there is no insurance coverage for counseling provided by other professionals such as midwives, public health nurses, and clinical psychologists. This makes it difficult to establish a system in which medical staff other than physicians can serve in supplementary roles to provide sufficient time for counseling, leading many health institutions to be hesitant to provide menopause care. To help improve this situation, **counseling should be assigned a suitable reimbursement in the medical service fee schedule.**

- Regarding health professionals that can provide counseling, expectations are high for active contributions from midwives; nurses specializing in women's health nursing, nurses who possess certification in infertility nursing, and other nurses who are highly-trained in the physical changes that accompany waves of female hormones; and clinical psychologists specializing in counseling. In fact, it has been reported that one in eight women in Japan live with menopausal symptoms, but as of 2022, there were only around 11,500 OB-GYNs and 2,500 gynecologists in Japan.[4] Among those specialists, the number of physicians with expertise on menopause and who can treat it is limited, and the number of such specialists is particularly limited in rural areas. In other words, there is a shortage of specialists who can provide menopause care. In addition to physicians, **Japan must establish opportunities for various professionals to actively contribute to menopause care, including by providing financial measures.** There are also many regions that face difficulties in securing staff like certified women's health nurses or infertility nurses. Assisting such regions will require examining financial measures that take real-world conditions in each region into account while bearing in mind the fact it is nurses (and not only specialized nurses) that play the primary role in counseling.

- Efforts to establish counseling systems should also **include examining the establishment of online counseling.** Rural areas face general shortages in physicians as well as other specialists and establishing adequate counseling systems in such areas is difficult. Given advances in modern technology, steps should be taken to promote the implementation of counseling using the internet. However, the acquisition of equipment for and the implementation of online counseling services is often left up to health institutions which do not have sufficient financial resources to do so. Steps should be taken to consider sufficient financial resources to promote online counseling in such settings. Currently, counseling is mainly provided at health institutions with health insurance coverage and by the government, but it is likely that counseling services and similar services will expand in the future through the private sector. When that occurs, steps

4 MHLW. "Summary of Statistics of Doctors, Dentists and Pharmacists (2022)." https://www.mhlw.go.jp/toukei/saikin/hw/ishi/22/index.html. Accessed June 17, 2024

must be taken to continue examining how these services are compatible with those provided under public insurance as well as mechanisms to ensure quality.

- Recommendation 1 stated that command centers should be established in each region to promote local menopause policies and that regional menopause care systems should be created. These efforts include **building and expanding counseling systems in communities.** Naturally, different regions face different obstacles to implementing counseling and have different resources available that can be devoted to it. Given these circumstances, counseling systems should be established under the leadership of command centers based on actual conditions in each region. In Tottori Prefecture, where there is a counseling system established under the leadership of the government, one base hospital and three regional base hospitals were designated for menopausal symptoms and disorder in August 2023. Tottori Prefecture also opened a counseling support center for menopausal disorder that provides free consultations to all people regardless of age or gender. The base hospital has counselors and nurses who can provide consultations to affected parties and provide information or recommendations for medical examination when necessary. It also serves in a central role in collecting and analyzing examples of consultations, as well as in training and supporting counseling committee members.

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.

- There are a broad variety of menopausal symptoms, so physicians in all fields should maintain a certain level of knowledge about menopause. As mentioned in Recommendation 2, patients do not always see an OB-GYN first, so physicians in every field should be knowledgeable about menopause, especially those involved in outpatient care. Medical school provides an important opportunity for educating all physicians about menopause. However, few physicians are aware they learned about menopause care at medical school, and there is room for improvement with regards to the content of said education.

- 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. It does not clearly indicate 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 **include menopause and its various major symptoms to the core curriculum and to advance efforts to raise awareness among and educate physicians 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.

- Many early- to mid-career OB-GYNs serve at health institutions that perform deliveries and surgeries and then, after about ten years of practice, transition to what is known as “office gynecology” in clinics that do not have care beds. Making the most of this timing, **relevant academic societies should proactively provide opportunities for OB-GYNs to learn about women-specific health concerns from adolescence to old age.** Due to the vast amount of subjects covered, only so much time can be devoted to menopause during medical education. While it will be essential to expand education on menopause at medical schools, there are limits to what can be accomplished with that alone. Furthermore, training after graduation depends on the content covered at the hospital where the training occurs. Because that training mostly focuses on deliveries and gynecological surgeries, there are almost no opportunities for trainees to take part in outpatient menopause care. Given these circumstances, around the tenth year of practice can be considered a good time to provide recurrent education covering specialist knowledge that is difficult to

supplement with medical education or post-graduate training, and that also matches physicians' interests.

- In addition to causing menopausal symptoms, decreasing female hormones also increase a person's risk of developing osteoporosis as well as non-communicable diseases like arteriosclerosis, dyslipidemia, and diabetes. This means **it is important that menopause care does not only involve OB-GYNs, but also involves primary care physicians who can provide medical interventions and lifestyle support along the life course, who have deepened their knowledge of gynecology including menopause, and who can be involved in women's healthcare from the perspective of providing health support after menopause.**

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.

- In an MHLW survey, over half of women in their 40s and 50s responded, "I have never thought or suspected that I may be experiencing menopause."[5] Also, most women in the menopausal age group did not seek medical treatment despite noticing symptoms. Partially because menopausal symptoms and disorder sometimes improve after menopause, awareness of menopause among the general public is low, and those who need treatment may be forced to endure symptoms.

- In addition to being aware of their own symptoms and having access to gynecologists, women experiencing menopause should also know about the various types of support that are available and that they have access to menopause support, support groups, and consultation centers. This means it will be necessary to **provide younger generations with ongoing education on menopause** so they can seek proper treatment throughout their lives.

- General aging-related menopause is not the only condition that results in menopausal symptoms and disorder. There is also menopause that occurs as a result of chemotherapy or other medical causes, menopause caused by surgery, and early menopause caused by other factors. Menopausal symptoms and disorder may even be experienced by younger people due to a decrease in female hormones. Recognizing the need to provide education early, the UK included education on menopause as part of the sex education curriculum for middle and high schools and is working to provide seamless coverage of topics from pregnancy. It will be important to advance measures to build early awareness of menopause as a familiar condition that can affect anyone, as well as to promote the creation of a social environment where people can talk about menopausal symptoms and disorder, starting with school education.

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.

- The MHLW conducted a menopause awareness survey in 2022 and is attempting to grasp awareness of menopause throughout Japan, but for working women, we have yet to fully grasp topics such as awareness of menopausal issues or awareness in workplace environments. Menopause occurs during the prime years for members of the workforce, so it will be essential to create menopause-friendly environments that allow menopausal women to continue working to their fullest potential. Before companies and organizations can address this issue, they must first grasp actual circumstances and needs within their organizations. Looking overseas, the UK established a support framework to help women experiencing menopause stay in the workforce by first identifying their needs through holding hearings with affected parties or through "allyship," which refers to actions taken by people who are not experiencing menopause to support and stand by those who are. These efforts have led to the development of best practices, such as improving the breathability

5 MHLW. "'Survey on Attitudes Toward Menopausal Symptom and Disorder' Basic Tabulation Results (July 26, 2022)." https://www.mhlw.go.jp/content/000969166.pdf. Accessed June 17, 2024

of uniforms in response to hot flashes. If individual companies and organizations grasp their own in-house circumstances, in addition to improving the quality of support that affected parties can access when they need it (such as by establishing health counseling offices, improving counseling, or making it easier for employees to take time off), they are also likely to see improvements in performance for affected parties by making everyday duties smoother and more efficient. While advancing internal initiatives at companies, the use of occupational healthcare should also be given consideration. In addition to being obligated to conduct health checkups, workplaces of a certain size are required to have industrial physicians and public health nurses on staff. As institutional frameworks for ascertaining employee health are already in place, these existing frameworks should be leveraged to advance efforts for women experiencing menopause, such as to provide information or recommendations to seek medical examinations.

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.

- **Support from managers and executive staff will be essential** for organizations to advance initiatives for menopause. This will require members of upper management to deepen their own understanding of menopause, so it will be important to educate managers and executive staff and share with them the voices of women with lived experience of menopause. In particular, because senior positions at companies in Japan are still mostly men, steps must be taken to encourage men to change how they perceive menopause. In one example from the UK that was reported to have achieved positive results, menopause sessions for men were held to promote further awareness-raising. These sessions were attended by 900 male employees who were free to ask specialists any questions they had about women's health.

- **It will also be important for the central Government to establish incentives for upper management to implement measures for menopause at companies.** Menopause symptoms vary from person to person, so the key for these measures will be deepening understanding of menopause while promoting organization-wide health support. This will require fostering an understanding among upper management that normal business operations go smoothly when employees can continue working in good health, and that building a foundation for the promotion of good health for people regardless of gender, position, or employment status will also facilitate the promotion of support for both women and men who are troubled due to menopausal symptoms and disorder.

- For example, based on the Act on Advancement of Measures to Support Raising Next-Generation Children, companies that have formulated General Employers' Actions Plans, that have achieved their targets, and that meet certain criteria may eligible for Kurumin Certification from the Minister of Health, Labour and Welfare.[6] Small and medium-sized enterprises (SMEs) that have received Kurumin Certification are also provided with the Kurumin subsidy. METI is also highlighting companies that engage in health management through its Certified Health & Productivity Management Outstanding Organizations Recognition Program.[7] Such programs have established a framework through which health management initiatives can help companies improve their reputation in society and access a variety of incentives from national and local authorities.

- However, SMEs are required to engage in a variety of health initiatives, so it is not always easy for them to promote measures that focus only on women's health. In addition to engaging in independent initiatives, SMEs may require mechanisms that enable them to engage in ongoing measures (e.g., implementing joint training programs with other SMEs) for women's health without being burdened.

6 MHLW. "About the Kurumin Mark, Platinum Kurumin Mark, and Tri-Kurumin Mark." https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/kodomo/shokuba_kosodate/kurumin/index.html. Accessed June 17, 2024

7 METI. "The Certified Health & Productivity Management Outstanding Organizations Recognition Program." https://www.meti.go.jp/policy/mono_info_service/healthcare/kenkoukeiei_yuryouhouzin.html. Accessed June 17, 2024

3. Voices of affected parties

3-1. Qualitative survey overview

As mentioned above in "1. Background," not only do menopause-related health issues lower individual QOL and limit women's ability to stay in the workforce, because menopausal symptoms and disorder have a total national cost of 1.9 trillion yen, they can be considered a societal issue as well. In accordance with our mission of "Achieving citizen-centered health policies," HGPI conducted a qualitative survey of affected parties to identify issues that working women face due to menopause, as well as the support they need in the workplace and in society to fully respond to and overcome menopausal symptoms and disorder. Details of the survey are provided below.

Survey overview

Date and time: Monday, November 20, 2023; from 10:00 to 12:00 JST

Place: HGPI office conference room

Participants: Seven women around menopausal age (late 30s to late 50s) who had never met before and who work as full-time employees of private companies in Tokyo. Participants were selected by HGPI staff.

Objectives: To grasp challenges faced by working women who have overcome or are currently experiencing menopause (including difficulties encountered at work due to differences in position or work environment; controlling instances of poor health, etc.), and to utilize findings to generate recommendations on policies that will contribute to the health and well-being of the target population.

Method: Focus Group Discussion (FGD)

Implementation method

The participants in this research were nonrandomly selected by HGPI project staff, were of around menopausal age (late 30s to late 50s), and were working as full-time employees at private companies in Tokyo. The participants had not met before. Participants gathered at the venue described above at the noted date and time for an in-person FGD. To prevent bias due to background information, participants did not make self-introductions or exchange business cards before the FGD, and only first names were used during the discussion. Before the FGD began, participants were provided with an explanation of the purpose and methods of the research and were informed that private personal information would be anonymized and protected; that all conversations would be recorded, transcribed, and analyzed in text form; and that those who requested to withdraw their participation after the research would be contacted on an individual basis. The discussion began after consent from all participants was obtained.

When conducting the FGD, we used an interview guide that was prepared in advance by the HGPI project staff and Professor Tomoko Komagata (Associate Professor, Graduate School of Nursing, Tokyo Women's Medical University) (hereinafter, "the reporter") and to discuss the following seven items: 1) attributes and background; 2) systems and support at workplaces; 3) understanding of menopausal symptoms and disorder; 4) experiences with menopausal symptoms and disorder; 5) responding to menopausal symptoms and disorder; 6) medical consultations at health institutions; and 7) expectations for the future. Before holding the FGD, the reporter and HGPI project staff gathered general background information on items 1) and 2) through a self-administered questionnaire conducted in advance with Google Forms.

Data analysis method

FGD data were recorded and converted into text through automatic transcription by AI. The text was then entered into Microsoft Excel and mistakes from the AI transcription were corrected (incorrect characters, misheard phrases, etc.). After correction, portions that were irrelevant to the content such as interjections and transitions to new topics were deleted, and the data was arranged into distinct, meaningful sentences for analysis. Speakers' names were omitted and the data underwent qualitative and descriptive analysis after (1) numbering each sentence, (2) shortening each sentence, (3) assigning codes that captured the meaning of each sentence, and (4) arranging codes with similar meanings into categories.

3-2. Content of discussion

A total of 188 codes and nine categories were extracted from the data. The following contains a description of the content of categories that correspond to the seven questions established in the interview guide.

1) Understanding of menopausal symptoms and disorder (interview guide item 3)

The three categories described below were generated for inclusion under this item.

(1) Learning about menopause at the workplace: Knowledge about menopause (8 codes)

Over half of participants were currently working at or had worked at a pharmaceutical or cosmetics company and responded that they "Learned about menopause through their work." However, some said, "I had no knowledge of menopause when I was younger, before I became involved with it through work." Other participants knew about menopause by seeing or hearing about the experiences of their own mothers, older friends or colleagues. While some participants said they had learned about menopause over the course of their work, other participants who served at the same employers but in management roles said they did know about menopause. Others responded, "I had opportunities to learn about menstruation in school but not about menopause, so I do not know about menopause."

(2) "Am I experiencing menopause?" Recognition of menopause (10 codes)

Compared to statements regarding knowledge about menopause, those in this category are related to how menopause is perceived. For example, these included statements which communicated that participants did not perceive menopause as a personal matter despite having knowledge about it, such as, "Even though I knew about menopause, I did not see it as something that affects me." Furthermore, rather than determining they were experiencing menopause based on their own knowledge, some were informed that they were in menopause because of objective observations, such as those from a physician. For example, the condition may have been identified after sudden increases in cholesterol levels or blood pressure were detected at medical checkups. On the other hand, some participants were not very concerned because an older friend or someone else close to them had already overcome menopause.

(3) "There are many things about menopause that I don't know about" (11 codes)

Three types of uncertainty were included in this category. The first is, "I don't know if my symptoms are menopausal symptoms." In addition to representative symptoms like hot flashes, as many as 200 symptoms have been associated with menopause, such as headaches, dizziness, high blood pressure, insomnia, and fatigue. Many of them are not unique to menopause, so participants were unable to tell when the symptoms they were experiencing were caused by menopause. These symptoms are also difficult to distinguish from physical changes caused by aging. The most troubling aspect of menopause pointed out by participants was that it has no clear beginning and end, so they could not tell where they were in the transition. While the menopausal transition is said to last for about five years, participants said it is difficult to know if it has begun or not, or where one is at any given moment. They expressed feelings of having wandered into a maze without an exit, and were bumping into walls.

2) "Menopause is grueling." Experiences with menopause (interview guide item 4)

Not surprisingly for a condition said to have as many as 200 symptoms, participants reported a wide variety of lived experiences with menopausal symptoms (29 codes). In addition to physical symptoms like hot flashes, high blood pressure, elevated cholesterol levels, dizziness, insomnia, and urinary incontinence, participants also mentioned multiple symptoms or conditions related to mental state and mood. These included lack of motivation or ability to be persistent, inability to concentrate, forgetfulness, difficulty setting priorities, pessimism, and subdued performance at work. Symptoms and troubling conditions emerged irregularly, and participants experienced multiple different symptoms of varying severity, with no predictable order or simultaneously. In terms of work, the symptom with the most significant impact was the sense of a mismatch between the abilities participants built up over their careers and their physical conditions, with participants reporting feelings of inadequacy and confusion toward their performance. At the same time, some participants were unsure if they experienced menopause because they were too busy with work or providing long-term care to think about themselves, which may be a characteristic of people of the age group that shoulders great burdens both at work and at home. Such participants expressed that it felt like they had found the answer as to what had caused symptoms they experienced in the past.

3) Living alongside menopause (interview guide items 5 and 6)

This category includes (1) responding to menopausal symptoms (45 codes); (2) reluctance toward gynecological examinations (5 codes); and (3) difficulty communicating about menopause (15 codes).

(1) Responding to menopausal symptoms (45 codes)

One participant who responded that they did not know about menopause said they were interested in how everyone else was responding to menopausal symptoms, but felt very hesitant to see a gynecologist (more on this below). They reported they had been undergoing treatment for various symptoms at different departments (otolaryngology for dizziness, urology for urinary incontinence, internal medicine for blood pressure and irregular heartbeat, and psychiatry for insomnia) and ended up being prescribed many medicines as a result. They said that hearing about the experiences of other participants made them consider seeing a gynecologist in the future.

Participants who reported knowing about menopause had various levels of responding to menopause according to their symptoms and personal preferences. One person whose primary care physician pointed out their elevated blood pressure and cholesterol said, “I hate injections or having blood drawn, so I wanted to lower my blood pressure and cholesterol on my own rather than through [internal] medical treatment.” They succeeded in doing so by adding fermented foods (home-made yogurt or miso, koji, sake kasu, etc.) to their diet. In the context of keeping work under control, participants were able to respond to symptoms by maintaining schedules that left them room for flexibility while keeping their roles and positions in mind. One participant said, “I started putting my schedule together in a way that I could spot where I was stretching myself thin, where I had leeway, and where overdoing it would interfere with my work.” Another said, “I manage [my schedule] for myself.” Some controlled the mild symptoms that emerged during the late reproductive stage with OTC medicine, while one participant began taking OTC herbal medicines, saying “I only took enough to put my mind at ease.” Another participant reported visiting a psychosomatic medicine department after struggling with insomnia, which was alleviated with oral medication. Another reported feeling a sense of relief after seeing that a psychosomatic medicine department was crowded, saying, “I could see that many other people were struggling.”

While some participants felt strong feelings of hesitancy toward seeing a gynecologist, many shared their experiences doing so. Reasons shared included, “Because I did not know what was causing my poor health,” and “I looked up lots of information online (before my examination).” One person knew about hormone therapy (HT) and said, “As soon as I thought I started menopause, I went to see the doctor to ask for HT.” They reported a great reduction in hot flashes with topical therapy. They also said this action was driven by the belief that increasing the female hormones in their body would improve their health during and after the menopausal transition.

In addition to reducing their symptoms, participants who visited a gynecologist and began treatment reported that doing so helped them escape a situation in which they had nobody to talk to about their troubles. Regarding these experiences, participants shared comments like, “Talking to someone about my poor health and having them handle it was the greatest effect, and it helped me escape a cycle in which I was thinking in circles and could not find a solution,” “I was able to get an objective view of myself and regain my peace of mind,” “It was a big deal to have somewhere to go when I needed to,” and “I think it is best to find someone with whom you can consult.” At the same time, several participants reported that their medical examinations found the causes of their symptoms, such as anemia or uterine fibroids, and that their physical conditions improved with corresponding treatments. Finally, all participants were surprised and upset when they heard about one person’s experience in which they found a “menopause outpatient clinic” but were unable to receive an examination because the cost was not covered by insurance and was therefore too expensive (30,000-50,000 yen).

(2) Reluctance toward gynecological examinations (5 codes)

Among all participants, only one who responded to having no knowledge about menopause indicated that they were very reluctant to see a gynecologist. She had a negative perception of obstetrics and gynecology, partially due to a past experience during pregnancy, when she was hospitalized for threatened preterm labor (TPL). Although she had experienced various menopausal symptoms like dizziness and urinary incontinence, she was unable to determine on her own if her menopausal transition had begun. She visited medical departments for each symptom and was treated with many oral medications. She was unsure if she should see a gynecologist

for her symptoms, but also thought, “I wonder if the doctor will be angry with me for not seeing a gynecologist sooner.” This was a major source of her hesitation toward seeking an examination. Regarding OB-GYNs, she also said, “I don’t know if they specialize in obstetrics or gynecology. Sitting in waiting rooms next to pregnant women is also a hurdle.” However, after learning that many FGD participants in her age group had their symptoms and concerns alleviated by visiting a gynecologist, she shared a positive outlook, saying “I would like to visit a gynecologist.”

(3) Difficulty communicating about menopause (15 codes)

The difficulty of communicating about menopause begins with the fact that menopausal symptoms can vary, making it difficult to tell if someone is undergoing the menopausal transition or not. Like menstruation, even when topics related to sex and reproduction can be discussed with family members, they can be difficult to talk about at work, particularly when supervisors or colleagues are men. Despite this difficulty, one must talk about these topics when applying for leave or making work arrangements. Participants shared a number of comments regarding this difficulty, such as, “It’s hard to tell others about being unwell when do you do not even know for yourself if it is menopause,” “It’s difficult to tell male supervisors about menopause when they might not know about it,” “It’s difficult to speak up about menstrual pain or to take menstrual leave,” “People do not know about it unless you tell them,” and “I think you might have to hold on until your very limit; I think the only choice is to endure until you are at the brink of collapse.” Participants did not only find it difficult to talk about menopause with male supervisors. Regarding sharing their experiences with other women, one participant said, “Even when talking to other women, it was difficult to get them to understand the pain I was going through because their menstrual or menopausal symptoms were lighter.” Others shared comments about conversations with younger women who worked under them, saying, “I think members of younger generations don’t understand menopause, so it’s hard to talk about,” or “Even if I tell them, they don’t understand, so I just say I’m feeling unwell when I take a day off.”

4) Toward well-being during menopause: Suggestions from affected parties (interview guide item 7)

The category for necessary future measures for menopause contains the most codes (57 codes). Participants named a number of important measures like transforming recognition and trends around menopause in society, disseminating knowledge and recognition to achieve those changes, and promoting understanding of menopause.

(1) Helping oneself through knowledge and consultations

This category includes the ability to gather information on one’s own (2 codes), tools for self-diagnosis (2 codes), and education about menopause during compulsory education (1 code).

Participants shared several opinions about the importance of knowledge and the ability to gather information. One participant said, “Rather than living with anxiety toward something you don’t understand, it is important to be able to gather information and respond to the situation.” Another participant shared an opinion that is related to encouraging visits to gynecologists, saying, “While it is possible to gather all sorts of information using the internet, it is very important to find ways that allow you to hear the opinions of specialists.” Gathering knowledge in this manner is one support measure for addressing the feelings of uncertainty toward one’s condition (i.e., if the various symptoms of physical illness one experiences are caused by menopause or another condition), which were mentioned several times. Regarding such support measures, another participant said, “It would be wonderful if there was something online (like a diagnostic chart) where you could enter your symptoms and find out if you are in menopause.” Another participant shared a specific proposal, saying, “I thought it would be good to have guidelines. If there are up to 200 symptoms, then it should be able to tell you if you should visit a specific hospital for specific symptoms or (when considering all symptoms together) go to a gynecologist. When you don’t know what it is or where to go, it would be good if it could give you guidance on everything, or whether to respond on a per-symptom basis or to see a gynecologist.”

Regarding education, as previously mentioned, there are classes on menstruation in elementary school, but there are none for menopause. Participants also mentioned the need to introduce menopause as “a change that everyone goes through” during school education early on and from a neutral standpoint, so that people other than health professionals can learn about it.

(2) Updating knowledge among health professionals (9 codes)

While recognizing that it is important for affected parties to possess knowledge and awareness of menopause themselves, there were also several opinions regarding areas of improvement for health professionals. For example, participants felt it may be necessary to reform negative perceptions and attitudes toward menopause among health professionals, as well as to educate them. During medical education, there is very little coverage of menopause, and naturally, very few physicians are highly informed about menopause. Participants suggested that it may be necessary for both physicians and nurses to improve their knowledge about menopause and how to interact with menopausal women, with improvements introduced as early as education. Some women feel that it is difficult to seek a gynecological examination for menopause, thinking, "The doctor may be upset with me if I seek an examination for symptoms that fall under a different specialty." Regarding this concern, one participant said, "Like in psychosomatic medicine, I would like for gynecologists to expand the range of conditions they treat (or to indicate when they provide a wide range of treatments)."

Meanwhile, the specialties for which participants wanted access to included adult medicine (as opposed to pediatrics), outpatient menopause care, and outpatient care for symptoms that are affected by hormones.

(3) Openly talking about menopause (10 codes)

Participants often mentioned the importance of conveying the importance of menopause. One participant shared an episode that helped alleviate her concerns, saying, "I stopped worrying when I realized that menopause is a physical problem, and not something wrong with the individual." This experience made her realize that it is important to communicate to society that menopause is a key period for health later in life, that menopause is a process that works in the opposite direction of secondary sexual characteristics, and that one must not overexert oneself during the menopausal transition. Other participants offered suggestions of how to convey the positive aspects of menopause based on their own experiences. One said, "We, who have experienced menopause, must fully inform the next generation. Rather than keeping it to ourselves because it is difficult to talk about, I think we should talk about it openly." Another said, "I am much more comfortable now that I no longer have periods. Rather than being pessimistic, perceptions of menopause might become more positive if those who have experienced it talk about it in positive terms."

(4) Menopause care for better health later on (3 codes)

Participants mentioned the need to pair the phrase, "Appreciate menopause care" with the phrase "Era of the 100-year lifespan" to ensure women can enjoy good health after menopause. Participants' comments included, "If people understood that menopause care can impact the rest of your life, like after childbirth, I feel that people would try to take better care of themselves." Another participant said, "Because we already know that hot flashes are linked to cardiovascular deaths, I think it will be very important to at least provide people with a softer landing for menopause." Another participant said, "If everyone provides each other with proper care and attention during the menopausal transition, we can live longer, healthier lives. How we spend our time during that transition can impact our lives for decades after."

(5) Changing what we call menopause and how it is perceived (9 codes)

This category includes comments on the need to change what we call menopause as well as how it is perceived, such as, "The word 'menopause' has no positive image whatsoever, so we should use a different term," and "We should have an easy mutual understanding where everyone is more forgiving when our physical conditions begin to worsen." One participant expressed the need to be considerate toward andropause in addition to menopause, saying, "Companies and society must consider how to help people get along, while recognizing the symptoms that everyone experiences at the midpoint of the life cycle, without distinguishing between men and women." Another participant wanted people to talk about menopause more openly, saying "I hope we can create environments where we can talk about menopausal symptoms more casually and receive sympathy, like with back pain or seasonal allergies." After the overseas custom of celebrating 50th birthdays was brought up, another commented, "If we had a custom of celebrating 50th birthdays, I think that would help raise awareness (of menopause and postmenopausal health)."

(6) Creating environments that allow for rest (4 codes)

Several comments were shared regarding the importance of "creating environments that accommodate feeling under the weather or having circumstances to deal with at home." Despite the availability of childcare leave or long-term care leave, participants did not have access to menopausal leave (or could not take it, when available). Due to this, some participants pointed out the need to approach the issue in terms of establishing such environments in society, without only focusing on physical condition. Comments included, "I would like for there to be a system that allowed people to feel free to take time off when they felt unwell, without having to endure," "(Not limited to menopause,) I would like a tolerant environment where people could work at a pace that fits their physical condition or household circumstances, and could easily speak up about such conditions," and "We should be able to make full use of the flexibility and hybrid work styles that emerged during the COVID-19 pandemic to make it easier for people to work."

(7) Making knowledge about menopause common knowledge (7 codes)

To achieve "an easy mutual understanding for everyone, regardless of gender," it will be essential to make knowledge about menopause a part of the workplace. Many participants wanted understanding among management, with comments like, "I want menopause to be included in management training on health management for subordinates," "There should be some sort of worksheet-like exercise on menopause," "(Training on menopause) should be included, like mental health training." Participants also shared opinions regarding systems companies can introduce to make more women-friendly workplaces, such as, "They should post 'Please feel free to consult us about menopause' somewhere like the company's medical office bulletin," "It would be easier to seek a consultation if they showed how to access consultations," and, "If the company showed that they were understanding (of topics like menopause), it would be reassuring."

(8) Changing society with menopause care (10 codes)

In addition to approaches focused on physical condition, comments in this category also mentioned the need to improve the social environment. Participants' suggestions included, "We must change the social climate so all of society recognizes menopause in a positive light and it becomes okay to visit gynecological departments for treatment," "Rather than splitting them by gender or age, it would be better if outpatient treatment, methods, and social support were adjusted so anyone can use them flexibly," and, "Just as society's awareness and response to mental health has changed, I think advocacy can change the situation for menopause, as well." Recognizing that women are an invaluable source of labor in a country with a declining population, participants also shared suggestions on creating an environment where menopausal women, who are at an age when they play key roles in society and in households, can remain in the workforce without becoming overburdened. Comments included, "When all women must live with painful menopausal symptoms for around a decade, it results in a great loss of labor, so I hope this is reflected in the medical service fee schedule," and, "When making policy decisions, I would like for decision-makers to listen to the opinions of various people and consider how to strike a good balance in diversity, or how to advance while taking the circumstances of various people into account."

To conclude the discussion, there was an introduction of the Indian concept of life phases, which are student life, household life, retired life, and renounced life. At the end of the FGD, one participant said, "Just as people transition between the four phases, rather than trying to stay in the phase when we work ourselves to the limit, I think it would be more appropriate to transition to a more relaxed mode (as we age) in this modern era of the 100-year lifespan."

3-3. Findings

While there are said to be over 200 menopausal symptoms, there is a great degree of personal variation in terms of which symptoms emerge, when they begin and end, and their severity. On top of this, menopausal symptoms are sometimes difficult to distinguish from the signs of aging or the symptoms of other conditions. There are also difficulties in talking about sexual and reproductive health (especially with members of the opposite sex) and a persistent absence of systems that provide easy access to support, including leave. Even among health professionals, understanding and awareness of menopause is not necessarily high, and it is still difficult for women to find the consultation resources for gynecology that are right for them. Our research suggested that the pain and suffering experienced during menopause is not only caused by symptoms themselves but also the social factors that make it difficult to address.

All of the participants in this FGD were devoted career women. Participant ages all fell within the range that women are said to experience menopause (which is approximately ten years and varies from person to person), and all were living with unpredictable or irregular symptoms and feelings of being lost in a maze with no exit. Despite this, through their determination, all participants were able to continue fulfilling key roles and responsibilities in society and at home. For others, however, it is likely that if menopausal symptoms could be alleviated and if there were backup systems in place, then Japanese society would not lose valuable members of its workforce. In the face of a severely declining working population, Japan is finally taking action to create an environment that is friendlier to working women. Rather than only focusing on women working, however, urgent attention must also be given to enabling women to fully demonstrate their abilities and remain in the workforce.

Many participants shared the opinion that they wanted "an environment where people have an easy mutual understanding and allow each other to take time off when feeling unwell, not only during menopause but also regardless of gender." This means making it easier for people to work and therefore stay in the workforce—an attitude that seems well suited to the modern age. Rather than requiring people to stay in high gear and continue pushing themselves to the limit in the latter half of their 100-year lifespans, allowing them to advance at a speed that suits them and that allows them to enjoy themselves may be the way to create a sustainable society.

4. Survey of domestic companies

4-1. Domestic survey overview

A number of private companies in Japan are advancing measures for menopause and women's health. To generate best practices for other companies to use as reference, HGPI conducted individual interviews with four domestic companies that have implemented measures related to menopause. Two of the companies surveyed are in the manufacturing industry, one is in insurance, and one is in transportation. The findings are compiled below.

4-2. Summary of domestic survey findings

Three of the four companies are advancing bottom-up initiatives led by volunteers or employees in specific departments, centered around employees with a shared recognition of menopause and other women's health issues. Only one company is advancing top-down initiatives under the leadership of management. At the companies promoting bottom-up initiatives, in-house awareness of those initiatives is gradually increasing. In most cases, these activities are not receiving sufficient budgets to be sustainable, and are being maintained thanks to employee enthusiasm. In addition, they do not fully involve their entire respective organizations. Presenteeism and absenteeism caused by health issues experienced by working women results in losses of valuable labor, so improving these circumstances is an urgent issue for society. Companies must promote organization-wide measures that are based on understanding and leadership from management to secure this valuable source of labor.

Examples of innovative measures from domestic companies and their results

- **Setting company-wide health targets**
  - After setting detailed KPIs for employee health targets in its mid-term management plan, one company has been promoting a health data initiative and a collaborative initiative with industrial physicians and public health nurses.

- **Providing support for examinations at health institutions**
  - To strengthen support for women during menstruation or menopause, one company's benefits package includes subsidies for a third-party B2B health support service that provides online medical examinations and home delivery of prescriptions.
    - Employee presenteeism and absenteeism during menstruation and menopause have decreased as a result.

- **Raising awareness in-house**
  - Participants are holding in-house seminars on menopause and other women's health topics. The target audiences for these seminars varies among companies, and they include seminars for all employees as well as seminars for management.
    - These seminars improved employees' literacy and knowledge about women's health (for example, employees did not know that menopausal symptoms can be suppressed using Hormone Replacement Therapy (HRT)), creating a sense of security, especially among younger employees. Furthermore, among employees who attended training seminars together with managers, some said, "Because I listened together with managers, we found out that we shared the same feelings, which helped me feel reassured in my psychological safety."
  - At one company, it is considered insufficient for employees who attend in-house seminars to only report their attendance to human resources. The company made it a rule that when they return to their workplaces after attending seminars, they must share what they learned at the seminar and declare their commitment to its goals.
  - One company has established opportunities for discussions on health at each worksite. Women's health is one topic covered in those discussions.

- **Innovative efforts to improve gynecological examination uptake**
  - One health association changed its reservation system for health checkups (including extensive physical examinations called "Human Dock" examinations) to allow employees to simultaneously apply for gynecological examinations.
  - One company has made breast cancer screenings available to employees 30 years of age or older. This is a wider target age group than that described in Government recommendations.

- One company made it possible for routine medical checkups and gynecological examinations to be conducted on the same day.
  - This led to an increase in gynecological examination uptake (from 41.2% in 2017 to 75.1% in 2021).

Leadership and motivation in launching initiatives

The top-down approach

- A business failure led one company to strengthen health management initiatives, and efforts to improve employee health are currently advancing under the leadership of the company president and vice president.

The bottom-up approach

- One initiative launched and driven by female employees aims to study, plan, and conduct a project that will establish a workplace environment that is comfortable from the perspectives of women. They are engaged in elevating understanding of women's health in-house under the motto, "Be graceful, gentle, and cheerful, without forcing anything on anyone." As awareness of their activities within the company grew, they are now in a position where they are asked for opinions when meetings of the company's Workplace Environment Improvement Study Group are held. They have received high recognition and attention both in-house and from third parties, and have received awards and been invited to take part in collaborations with the government.
- At one company, employees volunteered to launch an initiative to improve women's health literacy and career literacy. This attracted attention from departments related to health management, support, and human resources. Collaboration from such departments is leading to further expansion of those activities.

Issues and future goals

Raising health awareness among executives

- It is difficult to achieve organization-wide change only through the efforts of human resources departments and similar departments in charge of health without action from executives.
- Many companies assign a low priority to employee health, and it is necessary to create a society in which this is not the case. The national Government should approach executives in a way that resonates with them.

Going beyond in-house activities to encourage change in society as a whole

- Collaboration inside and outside of companies should be strengthened to become activities that surpass the boundaries of industry and aim for social reform.
- Because activities are advancing by bringing together enthusiastic employees, the challenge is how to attract new people who want to participate to make those activities sustainable. This is why it is desirable to have a framework that extends beyond industry so people with enthusiasm can participate.
- There should be opportunities for comprehensive health education beginning in elementary or middle school, covering menopause in addition to menstruation, as well as topics such as the physical changes that occur over the life course or the likelihood of developing common diseases.

Necessary actions to strengthen integrated health and productivity management

- In addition to the need to promote women's health, in response to the increase in employment for people living with mental and developmental disorders, training programs and other systems should be introduced that make it easier to employ specialists in the field of psychology, such as certified public psychologists, clinical psychologists, and psychiatric social workers. Systems for financial and educational support should also be introduced.

5. International Survey

5-1. International survey overview

To learn from examples of measures for menopause overseas, three countries (the UK, Australia, and the Netherlands) which have innovative measures based on desk research and interviews with experts were identified. After conducting individual interviews with experts representing industry, government, academia, and civil society in the UK, Australia, and the Netherlands, each country's circumstances in four categories: the healthcare provision system, policy, private sector initiatives, and civil society initiatives have been summarized. (Please note that interviewee details are provided in the "Acknowledgements" section below.)

5-2. Summary of international survey findings

- Our research on the UK, Australia, and the Netherlands identified the need for comprehensive policies for menopausal women and provided insights for implementing and expanding those policies. At the same time, it also became clear that even in leading countries in such policies, it is impossible to achieve effective measures without first overcoming the social stigmas surrounding menopause.

- Findings revealed a common issue among all countries surveyed: insufficient health literacy is preventing women from recognizing the symptoms that signal the onset of the late reproductive stage and menopause on their own. We also observed several cases in which women did not know how to gather information about their own health or how to access appropriate health services for their symptoms. In the UK, advances in patient-driven initiatives for menopause such as Ms. Diane Danzebrink's Menopause Support or initiatives from private companies like Lloyds Bank opened up discussions on menopause and led to the establishment of information hubs that help women find accurate health information. Japan also needs to normalize talking about menopause and improving knowledge on the many symptoms associated with it. Furthermore, reducing the stigma attached to menopause will require expanding education and awareness, but the lack of menopause awareness is an issue among health professionals as well as patients. This domestic and international survey showed that improving education and training for health professionals improves the quality of care for menopausal symptoms and disorder, reduces misdiagnoses, and helps prevent the spread of incorrect information about HRT and other treatments.

- In the Netherlands, the Government plays a vital role through financial support and activities that support women's health. Based on research findings from ZonMw,[8] an independent administrative body that serves as the Netherland's national research institution and research funder for innovation, the Dutch government is increasing funding allocated for women's health issues. In the future, there are high expectations for Japan to also conduct further research regarding the needs of women experiencing menopause to identify areas that require focused support from the government as well as the best methods of promoting policy, including through the enactment of laws. In the UK, the British Standards Institution (BSI) established BS 30416:2023 ("Menstruation, Menstrual Health and Menopause in the Workplace") and has started the process of formulating international standards for menopause care based on that standard. In this manner, developing international standards can sometimes impact other countries' policies.

- While the role of the central government was emphasized, examples from the UK, Australia, and the Netherlands also made it clear that it is vital for members of civil society to make their voices heard. In all three countries, forming strong cooperative relationships among patients, researchers, civil society, and industry resulted in changes in workplace menopause policies as well as in government policies and standards related to women's health. In Japan, non-governmental organizations, non-profit organizations, and civil society are also starting to emphasize the effects of menopause on health and QOL for women. It is likely that this attention could provide the necessary impetus to encourage policy-level change in Japan.

8 ZorgOnderzoek Nederland (Care Research Netherlands; Dutch abbreviation: ZON) was established by the ZON Act in 1998. Since 2001, ZON has been in a partnership with the Medical Sciences (Dutch abbreviation: MW) domain of the Dutch Research Council (NWO) called ZonMw, which constitutes an independent self-governing organization.
Accessed June 28, 2024 ZomMw. "About ZonMw." https://www.zonmw.nl/en/about-zonmw. Accessed June 28, 2024

- The following section provides details of measures for menopause and issues in each country.

5-2-1. The UK

Key points

- A combination of activities from civil society, policy action, and society-wide initiatives that include the private sector and other stakeholders have made the UK a global leader in measures for menopause.

- Although the UK considered amending the Equality Act to introduce menopause as a new protected characteristic, the proposal was withdrawn in 2022. Progress has been made in various other areas. For example, the central Government formulated a national women's health strategy, local governments have promoted policies for menopause, and companies of all sizes have established supportive environments. Information on menopause has also been added to the curricula of public middle schools and high schools.

- In contrast to Japan, the UK has a well-established general practitioner (GP) system; however, the system is not without issues. A lack of awareness among GPs means that people are unable to be diagnosed for menopausal disorder, and even when they are diagnosed, there is a shortage of gynecologists in the National Health Service (NHS). Patients may have to wait one year or longer before a GP can refer them to a gynecologist so they can undergo examinations and receive care.

Menopausal symptoms and disorder in the UK: Overview and issues

- **Access to the healthcare provision system (for diagnosis and treatment)**
  - For many women experiencing menopausal symptoms and disorder, GPs are the first point of contact for healthcare, but some women may require a referral to a specialist. However, a survey by the Royal College of Obstetricians and Gynaecologists (RCOG) found that 58% of women cannot access health services for menopausal symptoms and disorder locally.
  - A prescription for HRT in England currently costs £9.3 (approx. 1700 yen). (In Wales and Scotland, HRT prescriptions are free.) Sometimes, progesterone and estrogen are two separate prescriptions. This incurs two charges, creating an economic hurdle for some women.[9] In 2023, the Government announced a new policy that reduced the cost of HRT to £19.30 per year, so it may be safe to say that the cost of HRT no longer presents a hurdle.[10]
  - The findings described below are from a survey of over 5,000 women experiencing perimenopause or menopause.[11]
    - While 79% of respondents had visited their GP about menopausal symptoms or disorder, only 37% received HRT.
    - Despite the fact that national guidelines are clear that antidepressants should not be used as a first line treatment, 23% of women were prescribed antidepressants.
    - The survey also highlighted that there are significant delays in treatment, with 44% of women waiting over a year between their GP visit and their gynecological examination, and 12% had waited over five years. Because of these long waiting times, many women who can afford to pay for care rely on private clinics instead. Those who cannot afford to visit private clinics cannot access care, which is a factor leading to health disparity.
    - In the UK, regulations and systems related to medical service fees at private health institutions are more relaxed than in Japan. This results in a wide variation in the cost of care among health institutions. In addition to cost, there are also problems related to access. Even when treatment is expensive, there are more options for health institutions in major cities, so people there have options. However, there are few health institutions in rural areas, and they do not always specialize in the services that women need.

9 UK Parliament. "Menopause and the work place." 2022. https://publications.parliament.uk/pa/cm5803/cmselect/cmwomeq/91/report.html. Accessed February 5, 2024

10 Department of Health and Social Care. "Hundreds of thousands of women experiencing menopause symptoms to get cheaper HRT." 2023. https://www.gov.uk/government/news/hundreds-of-thousands-of-women-experiencing-menopause-symptoms-to-get-cheaper-hormone-replacement-therapy. Accessed February 5, 2024

11 Newson Health Research and Education. "Delayed diagnosis and treatment of menopause is wasting NHS appointments and resources." 2021. https://d2931px9t312xa.cloudfront.net/menopausedoctor/files/information/632/BMS%20poster%20Louise%20Newson%202021.pdf. Accessed February 22, 2024

- **Educational opportunities**
  - Over 90% of postmenopausal women never had opportunities to learn about menopause at school, and over 60% only began seeking information about menopausal symptoms after symptoms emerged.[12]
  - Menopause was incorporated into the Relationships, Sex and Health Education (RSHE) curriculum in 2019, and education on menopause for all students in secondary schools began being provided in 2024.[13]

Policies related to menopause

- **Women's Health Strategy for England**
  - The UK Department of Health and Social Care presented the Women's Health Strategy for England in August 2022.[14] It was developed based on approx. 100,000 survey responses from women and over 400 written submissions from organizations and healthcare experts. Given that women make up 51% of the UK population, the Strategy aims to provide integrated solutions to the health challenges they face in terms of healthcare and long-term care.
  - The Strategy recognizes the presence of a gender health gap, emphasizes the need to focus on women-specific concerns, and acknowledges that there are regional disparities in women's health. It also emphasizes hearing the voices of women and understanding how their health needs change over the life course. The Strategy outlines a 10-year plan for addressing these issues and a number of specific commitments, including keeping content regarding women's health on the NHS website up-to-date and increasing women's participation in research. (Regarding the aforementioned content, updates in 2022 included information on symptoms, places where people can seek care, lifestyle changes to help improve symptoms, and other useful information resources.)
  - The 10-year plan aims to improve health outcomes and transform how girls and women engage with the health and care system. It also emphasizes a life-course approach to women's health centered on hybrid and wrap-around services to address women's health issues as well as on supporting women's health across their lives, from their perspectives.
  - Here, a "hybrid approach" refers to combining different methods and strategies for women's health during menopause to deliver a tailored response to their personal needs, which are complex and diverse. Based on the recognition that a single, uniform solution will be ineffective in addressing the multifaceted issues faced by menopausal women, this approach includes many components. They include lifestyle improvements, dietary adjustments, physical activity, emotional support, and conventional treatment such as pharmacotherapy. This individual-centric strategy aims to provide an integrated and effective support system, and to help women maintain healthy lifestyles during and after the menopausal transition.
  - The term "wraparound services" refers to providing personalized support and flexible care that is tailored to each patient's needs. Rather than focusing on specific symptoms or issues, it is a method which takes a comprehensive view of all the needs in a person's daily life when providing support. Specifically, it links services in various fields such as health, education, employment, and social services to provide unified support for the multiple issues faced by individual girls or women. This approach allows individuals to access the various services they need through a single integrated support system.
  - The Women's Health Strategy for England also includes a six-point long-term plan to elevate the representation of women's voices in policy-making and achieve transformational change. The six points are: 1) ensuring that women's voices are heard; 2) improving access to services; 3) addressing disparities in outcomes; 4) better information and education; 5) greater understanding of how women's health impacts their experience in the workplace; and 6) supporting more research using better data.
  - High-priority areas of the six-point plan include menstrual health, gynecological conditions, infertility, mental health, and the health impacts of violence against women and girls. The Strategy states that its ten-year timeframe recognizes the need for long-term culture and system changes to achieve these goals. Furthermore, it recognizes that there are both areas that require clear changes as well as areas that will require more time and effort to develop solutions.

12 UCL. "Nine in ten women were never educated about the menopause." 2023. https://www.ucl.ac.uk/news/2023/apr/nine-ten-women-were-never-educated-about-menopause. Accessed February 22, 2024

13 Menopause Support. "An Important Victory: Menopause will now be taught in UK secondary schools." 2019. https://menopausesupport.co.uk/?p=3870. Accessed February 22, 2024

14 Department of Health and Social Care. "Policy Paper: Women's Health Strategy for England." 2022. https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england. Accessed February 22, 2024

- To conduct this research, a new Policy Research Unit dedicated to reproductive health has been commissioned through the National Institute for Health and Care Research (NIHR). The intent of their research will be to inform the government in areas like menstrual health, gynecological conditions, and menopausal symptoms and disorder.
- The Women's Health Strategy for England is broad in scope and is a compilation of recommendations that is not legally binding. Women's health policy is related to various public services, so it can be difficult to determine just how much funding to devote to it. For example, as part of this Strategy, the central government has announced it will commit 25 million pounds in new funding for organizations that will serve as women's health hubs across England.[15]

British Standards Institution

- The British Standards Institution (BSI) is a non-profit distributing company in the linked fields of standardization, systems assessment, product certification, training and advisory services. The current Head of Standards, Jane Packer, played a vital role in the development of BS 30416 - Menstruation, Menstrual Health and Menopause in the Workplace. BS 30416 is a standard published in 2023 which aims to provide all businesses with guidance on how they can adequately support their employees who menstruate and experience menopause symptoms. It serves as a free, practical toolkit for businesses of all sizes and sectors.
- The inspiration to develop BS 30416 came about from the aging society standard, which considers what is needed for an age-inclusive workforce. BS30416 was developed at a quicker pace than the average for a standard—over just 10 months—despite the standard timeline for developing a BSI standard being approximately one year, given the iterative process due to the strong need for such a standard and the development process brought in organizational contributors from areas such as media, research, medicine, occupational health and safety and menstrual products, recruitment, and aging society.
- The response to BS 30416 was extremely positive, with 70% of people surveyed having implemented or are soon to implement parts of the recommendations. BSI is currently doing an impact study which involves surveys and in-person interviews to assess the success and reception of the standard in a measurable way.
- ISO, with leadership from BSI, is in the process of developing an international menopause and menstruation standard, using BS 30416 as the base document. The process will begin in May 2024, and ISO countries will come together to develop an ISO standard on menopause in the workplace. ISO is a worldwide federation of national standards bodies from 140 countries, including BSI. Given that health services vary significantly between regions, the international menopause and menstruation standard will not cover any specific aspects of medical care or make clinical recommendations. Instead, it will act as an overall guiding principle on best providing social support and workplace improvements, which are more translatable across country borders and can be applied to organizations at all levels of management. A key consideration for all countries when developing the international standard on menopause is how all ISO countries, including Japan, can write inclusive standards while maintaining the quality and nuance of a comprehensive domestic standard like BS 30416.

Menopause Champion: Ms. Helen Tomlinson

- Ms. Helen Tomlinson is the UK Government's first-ever Menopause Employment Champion. In this role, Helen advocates for workplace policies to support menopausal women and lobbies for the legal requirements of such policies. She also serves as the Head of Talent and Inclusion at the Adecco Group, a global HR company.
- In her work as the Menopause Employment Champion, she supports organizations in their efforts to be more menopause-friendly, leading training sessions and seminars with employers and government officials to enable open conversations about menopause and help to reduce stigma. She has worked alongside UK Members of Parliament, such as Minister Mims Davis to advance menopause policies and integrate them into the government health agendas.

15 Department of Health and Social Care. "£25 million for women's health hub expansion." 2023. https://www.gov.uk/government/news/25-million-for-womens-health-hub-expansion. Accessed February 22, 2024

- Helen also strongly emphasizes the importance of creating safe spaces for men to learn about gender issues and fostering better allyship. She has hosted events with companies such as round table talks with large groups of male employees and members of leadership, guiding them to understand how menopause impacts not only the women experiencing the symptoms, but also colleagues, friends and family members. These round table talks have helped to create a safe space and widen the understanding of menopause, and it is a key step in changing company culture.
- Given the current absence of a mandatory menopause policy in the UK, Helen believes in the importance of data-driven approaches to assess the effectiveness of these policies.
- Helen works with multiple industries in the UK, including key sectors such as retail, hospitality, adult care, manufacturing and professional and technical. She supported these industries in making changes to the working environment, work equipment and work support systems.
  - For example, manufacturing and pharmaceutical roles previously often used white one-piece staff uniforms, posing a big challenge for women who were experiencing hot flushes and/or heavy bleeding. A lot of organizations have changed their uniforms to now implement separate top and bottom pieces and also changed the uniform color to something other than white.
  - Female emergency service uniforms, such as those used by police or ambulance staff, were often just the male uniform in a smaller size, so some organizations have redesigned women's uniforms so that the seams make it easier for women to put on and remove their uniforms. This uniform mobility is especially important for women experiencing symptoms such as incontinence.
  - Helen has supported and worked with fire services to update their sanitation policy. Previously, firefighters only had access to a portable on-site restroom for jobs lasting longer than 3 hours. This has since been improved to ensure that there is always a facility available on-site.

Private companies and organizations providing menopause support or raising awareness among employees

Tesco

- Tesco first started taking actions around menopause in 2018, inspired by one employee who shared her personal menopause journey with other colleagues. In June 2019, Tesco hosted a panel event at the Tesco head office titled "Make Menopause Matter". It aimed to raise awareness and create a safe environment for conversations about menopause while also destigmatizing the topic. Creating this space for open dialog also encouraged other employees to open up about their personal experiences while allowing managers to learn from these firsthand experiences.
- Tesco has also signed the Menopause Workplace Pledge and the Every Women Promise, both of which require organizations to take a certain level of action to support women experiencing menopause.
- Since 2022, Tesco has implemented several policies to provide practical support for women experiencing menopause symptoms. Uniform fabrics for Tesco store and distribution center workers have been redesigned to improve the fabric breathability, and Tesco managers are now given updated training with specific guidance on how to best have conversations about menopause. In the same year, the CEO of Tesco Bank, Gerry Mallon, joined the conversation on menopause by sharing a male perspective on the topic and encouraged other men to become more involved. This approach to emotionally connecting employees with the topic of menopause can help the topic to be normalized, while increasing the number of discussions led by senior management will allow them to be role models within the company.
- Tesco has continued to hold annual listening sessions with its employees as part of the feedback process to ensure that its company policies meet the health needs of its staff. These listening sessions provide opportunities for the employees to directly share their opinions about the company's support and to lead the way for continued policy improvement.

Lloyds Banking Group

- Lloyds Banking Group is the largest retail and commercial financial services provider in the UK, and employs over 60,000 people to serve a customer base of 27 million users. While Lloyds Bank has offered information to their employees about health and diversity, equity, and inclusion (DEI) initiatives, there was a gap in support for people seeking menopause assistance in the workplace.
- Lloyds Banking Group thus ran listening sessions to gain a better understanding of their employees' feelings

and experiences about menopause, revealing further and confirming existing research findings that show that menopause symptoms are a motivation for women to leave their jobs and the workforce. Given that around 1/3 of Lloyds Banking Group's employees are women above the age of 40, initiatives such as the Menopause Promise were launched in 2021.

- The Menopause Promise aims to encourage open discussion on the topic of menopause, improve the quality of education and training for staff and line managers, and access to a menopause-trained doctor and a 24-hour menopause-trained nurse hotline. The company Menopause Hub also centralizes menopause resources such as fact sheets, videos and guidance on how to access the appropriate medical help. Through the various free resources made available, workshops and virtual support community, which includes a coffee club, podcasts and drop-in sessions, Lloyds Banking Group works to ensure that no colleague feels alone in their menopause journey. To date, the Menopause Hub has been accessed over 36,000 times, and the support community has over 3,500 members, reflecting the commitment of the company and its employees to closing the overall knowledge gap on menopause and improving the working experience of those affected.
- Lloyds Banking Group has also achieved The Menopause Friendly Accreditation since 2022, which requires passing an independent assessment (six key areas assessed are: culture, policies and practices, training, engagement, facilities and evaluation).

NHS England

- National Menopause Care Improvement Programme
  - To improve menopausal support across England for every woman in the country who uses the NHS for menopausal symptoms, this initiative focuses on four key areas: the clinical optimal pathway, workforce support, education for clinicians, and awareness for the population.
- Guidance on supporting women in NHS[16]
  - Keeping in step with nationwide improvement plans, the NHS has introduced a plan across NHS organizations, line managers, and the people working in the NHS to help improve understanding of menopause and how they can provide support within the NHS health system to their colleagues who are experiencing menopausal symptoms or disorder.
  - The Guidance describes how to make reasonable accommodations to support colleagues experiencing menopause. Specifically, it includes advice on HR aspects of support, such as how to record absences on the grounds of menopausal symptoms or disorder, and practical advice to encourage line managers to discuss health and wellbeing regularly with their teams.

Other organizations engaged in activities related to menopause (Reference)

Academia

British Menopause Society (BMS)[17]

- The British Menopause Society (BMS) is the UK's specialist agency for menopause and post reproductive health. BMS was established in 1989 and provides health professionals in primary and secondary care with education, information, and guidance on all aspects of menopause and post reproductive health.

Non-profit organizations, private companies, and organizations

Menopause Support[18]

- Menopause Support is a non-profit Community Interest Company (CIC) founded by Ms. Diane Danzebrink based on her own painful experience with menopause. It is the home of a national campaign called #MakeMenopauseMatter, which aims to improve menopause education for physicians, increase awareness in workplaces, and see menopause added to school curricula.

16 NHS England. "Supporting our NHS people through menopause: guidance for line managers and colleagues." 2022. https://www.england.nhs.uk/long-read/supporting-our-nhs-people-through-menopause-guidance-for-line-managers-and-colleagues/. Accessed February 22, 2024

17 British Menopause Society https://thebms.org.uk/. Accessed February 22, 2024

18 Menopause Support https://menopausesupport.co.uk. Accessed February 22, 2024

- **Peppy Health Limited**[19]
  - Peppy Health Limited offers businesses and individuals health resources that cover topics such as menopausal symptoms and disorder, fertility, men's health, and infant health.
  - They provide various services including one-to-one counseling, events, and corporate training on menopause.

- **Talking Menopause**[20]
  - Talking Menopause was founded in 2017 in response to a lack of awareness of and confidence in menopause in society.
  - Talking Menopause offers tailor-made solutions for organizations that will result in positive changes in their cultures surrounding menopause. It offers various types of menopause training programs including one-day courses, comprehensive sessions for specific staff members or groups, team coaching, online learning, and one-on-one consultations.

19 Peppy https://peppy.health/what-we-do/menopause/. Accessed February 22, 2024

20 Talking Menopause https://www.talkingmenopause.co.uk/. Accessed February 22, 2024

Column: Diane Danzebrink, a Leading Campaigner in the UK Menopause Movement – The Power of Civil Society and Women

Referred to as 'the original menopause activist', Diane Danzebrink has played a pivotal role in advocating for improved menopause support in the UK and led contributions to enhancing education, raising awareness, and strengthening policy and social support for the topic. Her personal experience with surgically induced menopause led Diane to create Menopause Support UK, a community interest company started in 2015 which provides specialist consultancy services, presentations, and workshops to businesses and organizations. It also offers evidence-based information, education, advice, and support for women and men through private phone consultations, counseling, and coaching. Diane is a member of the British Menopause Society and regularly attends BMS menopause training sessions for nurses. While working alongside major actors in the menopause movement, such as Helen Tomlinson (the current UK Menopause Employment Champion), Diane has been a key individual in driving change and centering menopause in the public discussions around women's health.

Diane's national campaign #MakeMenopauseMatter was instrumental in amending England's school curriculum and the medical curriculum. Both curricula will cover menopause from 2024 onwards. Additionally, she launched an informative booklet titled "Understanding Menopause", which provides information such as a menopause symptom checker to help women better understand and navigate menopause. The booklet is available for free online in multiple languages and she aims to increase language availability to accelerate individuals' access to menopause resources. Her book titled "Making Menopause Matter" was published in May 2024 and serves as a guide not just for those going through menopause but also for those who support them. Her book is available in local bookstores and online.

Leading the advocacy space through her work on menopause, Diane has outlined several steps and strategies for organizations and governments to improve menopause support and foster a society where women's health needs are met. For example, she suggests that successful initiatives should draw on collaboration with health professionals, organizations, and the community while ensuring that accurate information is widely disseminated. Governmental funding and support are also important tools to empower grassroots organizations, develop data-driven policies and keep menopause in focus in public conversions.

5-2-2. Australia

Key points

- There is growing interest in menopausal disorder in Australia. It is gradually becoming a topic of public discussions and measures are being promoted by companies and in communities.

- Australia's "National Women's Health Strategy 2020–2030" aims to disseminate information about menopause, improve healthcare access, increase the number of specialists, and expand research.

Measures for menopause in Australia: Overview and related issues

- Percentage of women living with menopausal symptoms
  - Approximately 32% of women report experiencing symptoms they believe to be caused by menopause and at least one in four Australian women ages 45 to 64 report symptoms that severely impact everyday life.

- The healthcare provision system (access to care and medicine)
  - Despite the availability of treatments that have been proven to be safe and effective, such as Menopause Hormone Therapy (MHT) and non-hormonal therapies, over 85% of women in Australia who experience menopausal symptoms are not receiving medically proven and effective treatments.
  - More than 50% of postmenopausal women experience genito-urinary syndrome of menopause (GSM) (which includes symptoms like vaginal dryness, itching, burning, painful intercourse, and urinary frequency and urgency), yet less than 7% are being prescribed safe and effective vaginal estrogen therapy.
  - There have been many cases in which physicians who lack sufficient knowledge of menopause care have recommended unproven or ineffective complementary and alternative treatments before prescribing MHT or non-hormonal therapies.[21]

- **The economic impact of menopausal disorder**
  - Menopausal disorder is forcing some women to leave the workforce during the peak period of their careers. In terms of salary and retirement benefits lost due to menopausal disorder, it is estimated that each year, women in Australia lose AUD $17 billion that they otherwise would have earned. Additionally, women leaving the workforce due to menopausal disorder costs companies more than AUD $10 billion each year.

Policies related to menopause

Australian Government

- **National Women's Health Strategy 2020–2030**[22]
  - The National Women's Health Strategy 2020-2030 outlines approaches to improve the health of girls and women, especially those most at risk of poor health, and to reduce health disparity. It describes a number of actions, such as:
    - Encourage the promotion of emerging information sources on complications from menopause.
    - Increase access to services for conditions such as polycystic ovarian syndrome (PCOS), endometriosis, vaginismus, premature and early menopause, prolapse, incontinence, subfertility, and infertility.
    - Increase training for health professionals in menopause and older women's health.
    - Expand further research on medically-induced menopausal disorder and its causes, such as bilateral oophorectomy, chemotherapy or pelvic radiation therapy for cancer, or hormonal suppressive therapy.

21 Med J Aust 2023; 218 (11): 500-502. "Advancing menopause care in Australia: barriers and opportunities." https://www.mja.com.au/journal/2023/218/11/advancing-menopause-care-australia-barriers-and-opportunities. Accessed February 29, 2024

22 Australian Government Department of Health and Aged Care. "National Women's Health Strategy 2020–2030." https://www.health.gov.au/resources/publications/national-womens-health-strategy-2020-2030?language=en. Accessed February 29, 2024

- **Inquiry from the Senate (a house of the Australian Federal Parliament)[23] (Presented November 2023)**
  - The Australian Government approved a motion for a Senate inquiry into the effects of menopause. It aims to identify the physical and mental impacts of perimenopause and menopause, as well as how to improve the situation while taking into account the fact that people have been unable to talk about menopause out in the open and have been suffering in silence. In addition to the health and economic impacts of menopause on individuals, the inquiry will also examine how menopause affects the Australian economy as a whole.

Regional governments

- **New South Wales' Perimenopause and Menopause Toolkit[24]**
  - Recognizing that insufficient understanding of menopausal disorder has negative impacts on society and the economy, this policy has been put forth in response to voices calling on the New South Wales Government to take action on this issue. This initiative's budget is AUD $37.3 million over four years.
  - This campaign provides free information to culturally and linguistically diverse communities to help them address the issues faced by women experiencing menopause. It includes:
    - A checklist of menopausal symptoms (provided in multiple languages)
    - Information for families supporting women experiencing menopause
    - Information for managers and executives responding to menopausal symptoms and disorder in the workplace
    - Podcasts where experts talk about menopausal symptoms and disorder

Menopause support and awareness for employees at private companies and organizations

- **Ethical superannuation fund, Future Super[25]**
  - Future Super was established in 2014 and currently has just under 200 employees. To achieve its vision of being an inclusive employer, Future Super has adopted policies on menstruation and menopausal symptoms and disorder. It has received media coverage for being one of the first companies to implement measures that support menopausal women.
  - All Future Super employees are entitled to six days of paid leave each year to use for menopause leave or menstrual leave.

Other organizations engaged in activities related to menopause (Reference)

Academia

- **Australasian Menopause Society (AMS)[26]**
  - Founded in 1987, AMS members include physicians and other health professionals interested in women's health in midlife and menopause, and the promotion of healthy aging.
  - AMS is a source of free health information to help women and health professionals deepen their understanding of menopausal symptoms and disorder.

Non-profit and civil society organizations

- **Jean Hailes for Women's Health[27]**
  - Jean Hailes for Women's Health is a non-profit organization founded in 1992 that is dedicated to improving health at all life stages for women throughout Australia.
  - In 2016, the Australian Government officially recognized Jean Hailes for Women's Health as the national digital gateway for women's health and wellbeing.

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23 Global Women. "Is Australia moving one step closer to a menopause policy?" https://globalwomen.org.nz/inclusive-cultures/australia-menopause-policy/. Accessed February 29, 2024

24 New South Wales Government. "Perimenopause and menopause toolkit." https://www.nsw.gov.au/women-nsw/toolkits-and-resources/perimenopause-and-menopause-toolkit. Accessed February 29, 2024

25 ABC North Coast. "Menopause policies are being adopted in workplaces. Is Australia ready for 'the change'?" https://www.abc.net.au/news/2023-10-18/menopause-womens-health-policy-in-workplaces/102976708#. Accessed February 29, 2024

26 Australasian Menopause Society. https://www.menopause.org.au. Accessed February 29, 2024

27 Jean Hailes for Women's Health. "Health Topics: Menopause." https://www.jeanhailes.org.au/health-a-z/menopause/resources. Accessed February 29, 2024

- To support women's health, Jean Hailes for Women's Health translates the latest research and medical evidence to provide women, health professionals, and workplaces with information about menopausal symptoms and disorder.

Healthtalk Australia[28]

- Healthtalk Australia is a consortium of researchers founded in 2012. It produces multimedia resources to support women and provide information to patients, carers, and health professionals to convey experiences with health and illness from various perspectives.
- After recording interviews with 30 women and 16 health professionals, Healthtalk Australia created two online resources, one for women and their families and the other for health professionals. The women's resource includes short video and audio clips from interviews where women described their personal experiences with early menopause. They are organized around key themes like symptoms, diagnosis, treatment, experiences with health practitioners, impact on personal life and relationships, and advice.
- The health professionals' resource includes the personal perspectives of endocrinologists, GPs, gynecologists, oncologists, mental health professionals, breast surgeons, breast care nurses, and fertility specialists.

Menopause Alliance Australia[29]

- Menopause Alliance Australia was founded in 2022 to reduce misinformation about menopause and to support menopausal symptoms and disorder. While 81% of Australian women ages 45 to 54 are in paid employment (compared to 47% in 1980), their wellbeing has not yet been made a priority, and Menopause Alliance Australia aims to provide them with evidence-based information on and support for perimenopause and menopause.
- In addition to providing menopausal women with evidence-based information and support, Menopause Alliance Australia extends that support to families, friends, and colleagues.
- Menopause Alliance Australia provides educational workshops that aim to see the inclusion of integrated measures for menopause at employers. They help companies create menopause policies, facilitate smooth communication, and create comfortable workplace environments.
- Menopause Alliance Australia is also helping GPs respond to menopause more easily by developing a search portal of menopause-related resources (where users can check items like definitions, symptoms, and treatment options).

28 Healthtalk Australia. "Early menopause resources for women and health practitioners." https://about.healthdirect.gov.au/partner-newsletter/early-menopause-resources-for-women-and-health-practitioners. Accessed February 29, 2024

29 Menopause Alliance Australia. https://menopausealliance.au. Accessed February 29, 2024

5-2-3. The Netherlands

Key points

- The fact that the Ministry of Health, Welfare and Sport of the Netherlands has allocated funding for women's health measures, including those for menopause, can be taken as a sign of growing interest in women's health. It is also safe to say that as an employer, the Government of the Netherlands itself is actively promoting its own menopause policy, providing a model for other employers to follow. However, in the private sector, only about 2% of employers have implemented in-house policies related to menopause, so one challenge will be making such policies commonplace throughout the Netherlands.

- Advocacy from patient groups and other grassroots organizations is important. While improvements to public policies have been actively implemented to better fulfill the public's health needs, including measures for menopause, it is likely that efforts from grassroots organizations will continue to be vital in encouraging corporate management to take action for women's health issues. Interventions from health insurance companies could also provide key opportunities for improvement. In the Netherlands, bottom-up initiatives are leading to faster and more effective change than top-down initiatives.

- Unlike Japan, the Netherlands has a well-established GP system, but it takes time for patients to receive GP referrals to gynecologists or for people to start HRT. Raising awareness among GPs and disseminating standards of care and treatment remain issues to be addressed.

Measures for menopause in the Netherlands: Overview and related issues

- **Percentage of people experiencing menopausal symptoms and disorder**
  - According to a 2021 report by the Christian National Trade Union Federation (Dutch: Christelijk Nationaal Vakverbond, CNV), 84% of menopausal women in the Netherlands reported poor physical or mental health.[30] According to their 2023 report, 71% of menopausal women had difficulty striking a balance between work and home life, 17% experienced burnout, and 25% showed signs of burnout.[31] At the same time, one in three respondents thought menopause is a taboo topic for workplace discussion, and 55% of respondents said they did not tell their employers about their condition.

- **The healthcare provision system (access to care and medicine)**
  - In the Netherlands, there is a great divide in opinions on HRT, particularly among GPs and gynecologists. Some physicians believe that HRT can increase the risk of cancer, further dividing opinions in discussions among physicians. Information about these risks has mostly been disseminated by GPs, and there have been some cases in which patients who had previously viewed HRT as an appropriate treatment ended up choosing to avoid it. The Netherlands has strict guidelines on records that must be kept when prescribing HRT, which may be a factor for the sense of caution toward HRT among GPs. Furthermore, patients require a referral from a GP to see a specialist, so for patients who tend not to speak up or who have low health literacy, this step may be a hurdle for access to gynecological care. There is a lack of recognition that menopausal disorder is not always the result of hormonal imbalances that occur during menopause, and is sometimes misdiagnosed as burnout or depression, so it is important to ensure patients have a correct and timely understanding of these symptoms.

30 Christian National Trade Union Federation. "CNV research: majority of women in menopause are stuck at work." CNV-onderzoek: meerderheid vrouwen in menopauze zit klem op het werk- Al onze nieuwsberichten in een overzicht | CNV. Accessed February 21, 2024

31 Christian National Trade Union Federation. "CNV research: 17% women experience burnout due to the combination of work and menopause." CNV-onderzoek: 17% vrouwen krijgt burn-out door combinatie werk-menopauze- Nieuws | CNV. Accessed February 21, 2024

Policies related to menopause

The Government of the Netherlands

- **The Dutch Research Council (NWO): Knowledge and Innovation Agendas (KIAs)**[32]
  - The Knowledge and Innovation Agendas (KIAS) were presented by a Dutch government committee at the end of 2015. They examine where healthcare costs occur within the entire health system, including for the broader topic of gender and health.
  - The KIAs were updated in 2023 with a focus on women's health. In addition to menopausal disorder, other new topics in women's health include PCOS and endometriosis. Efforts to identify new issues are currently underway at the Dutch Society of Obstetrics and Gynecology (Dutch: Nederlandse Vereniging voor Obstetrie en Gynaecologie, NVOG). These efforts and other new findings are likely to encourage the Government of the Netherlands to allocate more funding to themes in women's health in the future.

Other organizations engaged in activities related to menopause (Reference)
Non-profit organizations

- **Association of Nurse Transition Consultants (VVOC)**[33]
  - The Association of Nurse Transition Consultants (Dutch: De Vereniging Verpleegkundig Overgangsconsulenten, VVOC) is non-profit, independent professional organization for nurse and midwife menopause consultants that is supported by the Dutch Menopause Society (DMS) and the Dutch Society of Obstetrics and Gynecology.
  - Under standardized protocols, VVOC provides information on menopausal symptoms and disorder, offers personalized treatment plans to people who seek consultations, and provides lifestyle guidance.
  - VVOC trains menopausal counselors and provides supplementary training on menopause.

- **The Netherlands Organisation for Health Research and Development (ZonMw)**[7]
  - ZonMw was established in 1992 to serve as an independent governing body with the Government of the Netherlands (namely, the Ministry of Health, Welfare and Sport) as its main contractor. ZonMw supports research and innovation in the fields of health, healthcare, and welfare. Starting in 2021, ZonMw has been working to move beyond the gender binary in all of its programs.
  - Activities in the ZonMw "Gender and Health" program focus on gender differences in health, such as in CVD, diabetes, and preventive medicine. Menopause is included as one factor associated with those diseases.

- **WOMEN Inc.**[34]
  - WOMEN Inc. is an advocacy organization that has been working to improve women's status in the Netherlands since 2005. Aiming to make society a place where people of all genders are given equal opportunities, WOMEN Inc. addresses a variety of issues, particularly in the areas of work, health, finance, and the media. WOMEN Inc. works with other organizations, experts, and political and business circles in the Netherlands to accelerate equal opportunities and make its activities sustainable.
  - In addition to information on menopause, WOMEN Inc. provides general knowledge about women's health. It also presents case studies and organizes events that encourage action from the Government, health professionals, and individuals.
  - WOMEN Inc. also launched an organization called LOKET Inc., which aims to encourage inclusive and diverse workplace environments. LOKET Inc. works to deepen knowledge on gender and diversity among companies and organizations through a practical approach that includes hosting workshops, holding keynotes, and providing advice.

32 Dutch Research Council. "Knowledge and Innovation Agendas (KIAs)." Knowledge and Innovation Agendas (KIAs) | NWO. Accessed May 24, 2024

33 Association of Nurse Transition Consultants. Verpleegkundig Overgangsconsulent VVOC overgangsklachten (overgangsconsulente.com). Accessed May 24, 2024

34 WOMEN Inc. WOMEN Inc. Vergroot je kansen! | Home. Accessed May 24, 2024

MenoPause Consortium[35]

- The MenoPause Consortium is a project financed by the Dutch Research Council that aims to more accurately identify the negative impacts of menopausal symptoms and disorder and to develop strategies to prevent those impacts through cooperation with various stakeholders such as researchers, physicians, lifestyle experts, and menopausal women.
- The MenoPause Consortium is advancing research on menopausal symptoms and disorder under three themes: sleep and mental health, physical health, and labor.

Dutch Menopause Society (DMS)[36]

- The Dutch Menopause Society (DMS) is part of the Dutch Society of Obstetrics and Gynecology. DMS provides information to health professionals with a focus on optimizing the care provided to women experiencing menopause.
- DMS provides the latest guidelines and protocols related to menopause management as well as publications like white papers and news on World Menopause Day.

35 MenoPause Consortium. Over MenoPause Consortium- MenoPause Consortium. Accessed May 24, 2024

36 Dutch Menopause Society. Over ons- Dutch Menopause Society (demenopauzespecialist.nl). Accessed May 24, 2024

5-3. Observations for Japan in light of international survey findings

Support for menopausal women in Japan has been pioneered by the Women's Healthcare Awareness and Menopause Network Society. Established in 1996, it has worked closely on women's health issues by providing consultations and awareness programs to women who are concerned about their own health, including for menopause. However, in Japan, there has been little momentum for the need to integrate women's health measures in society as a whole. Efforts to promote women's health measures at an accelerated pace began in 2018 in the context of women's advancement in society, and only recently has the need for menopausal measures been included in those discussions. In response to this trend, the MHLW conducted the "Awareness Survey on Menopausal Symptoms and Disorder" in 2022, and some local governments and companies have been advancing educational and awareness-raising activities and initiatives.

There is a wide variety of menopausal symptoms and there are great differences in their severity among individuals. Previous studies and the aforementioned MHLW survey revealed that these characteristics are hindering efforts to build understanding of menopause in society and among women themselves. Insufficient literacy is not only an obstacle for access to appropriate healthcare; it also worsens age- and gender-related stigma, making people more hesitant to engage in open discussion on menopausal issues. As discussed in section 4-2, these menopausal issues are not unique to Japan; they are widespread in other countries, as well. However, as described in section 4-2-1 and beyond, some countries are advancing various measures to address them. Based on lessons learned from best practices in other countries, we suggest the following three key points for further progress in domestic measures for menopause.

The first point is building awareness and promoting correct understanding of menopause among women and health professionals. Some examples of overseas initiatives found in this research included the distribution of materials on menopause at supermarkets alongside the sale of women's healthcare products, and active efforts to disseminate information from governments, civil society organizations, and other organizations. In Japan, to ensure women can access the right care at the right times, it is important to create opportunities to teach people about menopause in schools, workplaces, and communities, and devise more innovative methods of transmitting information to affected parties. In addition to ensuring women can access the right care, we also look forward to efforts that will further raise awareness among health professionals so the right treatment and care can be provided.

The second point is the need for measures that reflect an understanding of women's needs in all workplaces. Depending on their symptoms, different people have different needs in terms of leave permission and support, and these needs are particularly varied in the workplace. Our international survey found measures designed to meet the specific care needs of menopausal women that included providing paid leave for menopause-related symptoms, improving uniforms for women, and installing restrooms at work sites. To improve workplace QOL for women and to prevent the loss of an invaluable labor resource by ensuring menopause does not drive women out of the workforce, employers must understand differences in needs and experiences that occur due to gender and that are present in the organizational environment, and then examine and implement measures that suit their respective situations. When doing so, they must make sure the measures they develop do not exacerbate stigma.

The third point is creating stigma-free environments that ensure psychological safety while allowing people to openly talk about menopausal symptoms and disorder. For example, in the international survey, there were examples of senior staff at companies actively communicating about menopause or promoting measures for it, as well as cases in which meetings were held to build mutual understanding but were only attended by men. Measures for menopause become meaningless if the environment does not allow them to be utilized. As such, there is a particularly strong need for such measures to create environments in which women have understanding from those around them in various settings such as in workplaces, at homes, and in communities, and that make it easier for them to speak up.
While this report discussed the need to implement further measures for menopause in Japan from these three perspectives, it cannot be said that implementing support measures specifically for menopause will always be a shortcut to addressing any particular aspect of menopause-related issues. Women are affected by a number of health issues besides menopause, and society is a place where both men and women work and live while experiencing various kinds of health concerns and other issues. Driving progress in addressing menopausal issues will require strengthening integrated health support measures in workplaces. This includes providing people of all genders and ages with access to leave when they are unwell, and fostering awareness based on mutual understanding.

6. Acknowledgements

To prepare these policy recommendations, we conducted interviews on best practices with companies, organizations, academics, legislators, government officials, and women living with menopause. We then crystallized and compiled discussion points at meetings of our Advisory Board and at our global public symposium. We would like to express our deepest gratitude to everyone who cooperated in these efforts. Please note that these recommendations were prepared by HGPI in our capacity as an independent health policy think tank. They do not in any way represent the opinions of the individuals who lent us their cooperation or the organizations to which they belong. This report is copyright 2024 Health and Global Policy Institute.

Members of survey team who gathered stories from women living with menopause

(Titles omitted; affiliations and titles are current as of the time of participation)

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Survey Participants

7 women with lived experience with menopause

Companies and organizations that took part in our interviews

(Titles omitted; in Japanese syllabary order)

ALPS ALPINE CO., LTD.
Sompo Himawari Life Insurance Inc.
ZonMw
Tesco plc
Japan Airlines Co., Ltd.
Lion Corporation
Lloyds Banking Group

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