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The Health and Economic Impacts of Menopause

Policies and Investments to Advance Care, Opportunity, and Equity



A Special Report from FP Analytics, with support from Bayer

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Executive Summary

Currently, more than one billion women worldwide are experiencing perimenopause, menopause, or postmenopause. By 2030, the number of women between ages 45 and 55 will reach nearly 500 million, meaning that roughly 6 percent of the world's population will be in menopause, with significant social, economic, and health implications for those women, their families, and society writ large. The annual cost of menopause to national economies due to lost productivity, absenteeism, and premature exit from the labor force is substantial. Estimates range from annual costs of almost USD 2 billion in the U.K. to USD 1.8 billion in the U.S., USD 3.3 billion in Canada, USD 9.9 billion in Germany, and USD 12 billion in Japan.

Despite these significant costs, many women report feeling unsupported in the workplace during menopause, and menopause care remains inconsistent and highly dependent on a range of factors, from geographic location to health insurance coverage. While menopause health care and workplace support are improving in some places, governments, the private sector, researchers, and civil society can do more to support women during menopause. This report—accompanied by four country case studies focused on populations with a large share of menopausal women, in Canada, the United States, the United Kingdom, and Germany—seeks to illuminate the effective work being done to that end and highlight gaps and pathways for further action. The analysis draws on published resources by universities and research centers, governments, civil society organizations, and multilateral institutions; statistical analysis of publicly accessible data; and semi-structured interviews with 13 experts, practitioners, and advocates working on issues related to menopause and women's health.

Comprehensive, high-quality menopause care and policies will be crucial to safeguarding the health and well-being of women across

the globe and to ensuring economic growth and prosperity, as the world's population ages. In pursuit of those goals, key takeaways and recommendations from the report and case studies include:

■ **Leverage partnerships across sectors** to create lasting change. Governments can partner with businesses, educational institutions, nonprofits, and research organizations to support workplace training programs, menopause-related health research, and the expansion of accessible health care services, and to leverage push-pull incentives such as grants and tax credits.

■ **Build international cooperation** to avoid duplicative efforts and prepare low- and middle-income countries for the coming challenges and opportunities of population aging. Intergovernmental organizations—including multilateral development banks and multilateral agencies dedicated to public health and gender equality—can lead by incorporating a sharpened focus on menopause into their future strategies and programs of action.

■ **Improve care provider knowledge** to standardize and improve care across and within countries. This could include menopause-specific training for primary care providers, including on common co-morbidities and their presentation, and the spread of regular updates and guidance regarding new and existing treatment options.

■ **Increase workplace support** for women in all types and stages of work. This includes educating managers and leaders on the potential impacts of menopause on both their employees' health and well-being and their business outcomes. Governments could collaborate with civil society organizations, offering existing menopause workplace accreditations to standardize processes and encourage participation.

Introduction

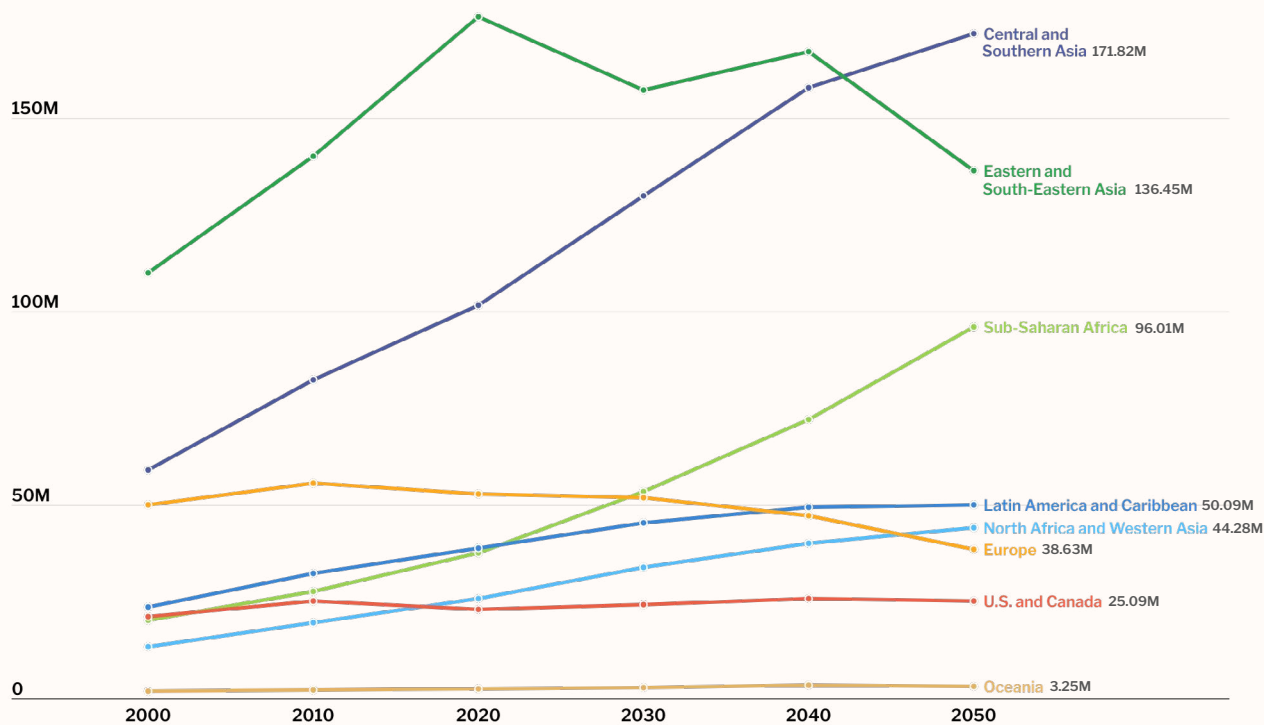
Menopause, a biological process that marks the end of a woman's menstrual cycles and fertility and typically occurs between the ages of 45 and 55, is a universal experience. As life expectancy continues to rise globally, more women are living well beyond menopause, often spending a third of their lives in the postmenopausal stage. There are currently more than one billion women worldwide who are undergoing menopause transition or are postmenopausal. By 2030, the number of women aged between 45 to 55 will reach nearly 500 million, meaning that roughly 6 percent of the world's population will be in menopause. While most menopausal women will live in low- and

middle-income countries (LMICs), they will make up a larger proportion of higher-income countries' populations. This shift has significant social, economic, and health care implications for women, their families, and their communities. Yet, menopause remains in the shadows, under-prioritized and under-resourced by policymakers, employers, health care providers, development institutions, and investors alike. Even hallmark global policy agendas such as the United Nations Decade of Healthy Ageing and the Sustainable Development Goals overlook menopause, despite its relevance to health, education, employment, and demography. The consequences of inadequate menopause support, however, are not limited to those experiencing it but, rather, are collective and cross-generational,

FIGURE 1

Projected Menopause Transition by Region, 2000–2050

The number of women entering menopause (aged 45–54) in the coming decades is set to increase significantly, particularly in low- and middle-income countries.



Source: [World Population Prospects 2024](#), Author's estimates

with quantitative and qualitative impacts for countries writ large.

This special report, produced by FP Analytics with support from Bayer, analyzes the global health and socioeconomic impacts of menopause to demystify and destigmatize this transition and the knock-on health effects later in life. The analysis focuses on the return on investments from prioritizing menopause care and the need for better resource allocation as well as the costs of inaction, focusing on Canada, the United States, the United Kingdom, and Germany. It highlights relevant national policies, identifies policy gaps, and offers recommendations for the public, private, and nonprofit sectors. This report is accompanied by in-depth country case studies drawing on a range of data and interviews with experts from the public, private, multilateral, and non-profit sectors.

Women's Health and Menopause

Menopause is diagnosed after a woman has gone 12 consecutive months without a period. It typically occurs between the ages of 45 and 55, with 51 being the median age of natural menopause. But the journey to this point—known as perimenopause—can span several years. Janet Ko, founder of the Menopause Foundation of Canada, noted in an interview with FP Analytics that, “Women now spend up to half their lives in a stage of menopause, each with potential symptoms and long-term health risks that require proactive management. Recognizing it as a critical health transition is essential for effective policy and care.”

During the health transition of menopause, a decline in estrogen and progesterone can lead to a variety of symptoms, which are reported by between 80 and 96 percent of women. The most common physical symptoms are vasomotor, which affect up to 80 percent of women. Vasomotor symptoms can occur during the daytime and at night, consisting of hot flashes and night sweats, and may lead to sleep disturbances while contributing to fatigue and anxiety. Other common physical symptoms include joint or muscle pain as well as sexual dysfunction. Cognitive effects, including memory problems and difficulty concentrating, are also widely

reported. The hormonal changes associated with menopause can also trigger mood swings, irritability, and, in some cases, depression and anxiety.

The menopause transition also has lasting effects on women's health later in life. Specifically, the sudden drop in estrogen associated with menopause has been shown to trigger an inflammatory reaction in some women that leads to a dramatic decrease in bone mass. This condition, osteoporosis, is characterized by the thinning of bones and an increased risk of debilitating fractures. Additionally, the loss of estrogen and vasomotor disturbances, combined with sleep disruption and potential weight gain, increases the risk of cardiovascular disease, which is the leading cause of death among postmenopausal women.

The onset, intensity, and duration of menopause symptoms can vary widely among women, influenced by factors such as diet, exercise levels, smoking status, body mass index, socioeconomic status, ethnicity, and concurrent health issues. Research indicates that Black and Hispanic women, for example, tend to report more vasomotor symptoms, such as intense and more frequent hot flashes, than their white counterparts. The Study of Women's Health Across the Nation (SWAN) further highlights that Black women in the U.S. tend to reach menopause a year earlier than white women or women of East Asian descent, and experience symptoms for up to 10 years—three years longer than the national average. Similar trends have been reported among women of South Asian and African descent living in the U.K. but, as multiple interviewees pointed out, there are very few studies outside the United States that examine how race and ethnicity interact with women's experiences of menopause. According to Nina Kuypers, the founder of the U.K.-based community platform Black Women in Menopause, this dearth of research means there is an over-reliance on a limited number of studies from the United States to understand potential physical, economic, and social impacts of menopause among women of color and other underserved groups.

The earlier onset of menopause, as well as its longer duration, reported by Black and other minority women in the U.S., the U.K., and elsewhere may be linked to a phenomenon known as “weathering,” a term used to describe the cumulative toll that social, economic, and

environmental stressors have on the rate of aging and overall health of marginalized groups over time. The earlier and more intense menopausal experience among these women may thus be seen as a reflection of broader systemic inequalities, which not only impact the timing of menopause but also contribute to worse health outcomes later in life, including higher risks of cardiovascular disease and osteoporosis. Kuypers and other interviewees called for increased funding for research into the roles of race, ethnicity, and other characteristics in the U.K., Canada, and other countries to better understand and serve the needs of marginalized groups. Without this evidence base, policy and healthcare solutions risk being ineffective or exclusionary.

The Inadequate Prioritization of Menopause in Health Care

Menopause care remains a significant gap in health care systems worldwide, with women often facing inconsistent care, delays in diagnosis, and a lack of individualized treatment. Although menopause affects half the world's population, many health care providers lack the necessary expertise to effectively diagnose and manage menopausal symptoms. A [2024 survey](#) of 157

British Menopause Society members found that 72 percent of respondents “believe newly qualified health care professionals have not been given enough education about menopause,” and 55 percent of respondents “believe there is insufficient evidence-based education training for qualified health care professionals.” In the U.S., only [one-fifth](#) of obstetrician-gynecologists report formal training related to menopause. Meanwhile, a global analysis of medical textbooks found that [58 percent](#) contained no mention of menopause. This lack of focus on menopause in both medical education and clinical resources leaves many health care professionals underprepared to manage the condition effectively.

Indeed, across all four country case studies in this report, interviewees consistently noted the absence of medical training among primary care and gynecological health care providers as a driver for the underdiagnosis of menopause and undertreatment of its symptoms. Interviewees emphasized the need for expanded menopause-related training of health care practitioners. They also called for greater dissemination and awareness of menopause research, particularly among primary health care workers, to enable faster treatment of menopausal women without referral to specialist or secondary care. To this end, NGOs such as the [British Menopause Society](#) and the [Canadian Menopause Society](#) offer menopause training and accreditation to primary care providers, but much more funding is needed to scale up programming for medical professionals and end unmet need among patients.

The lack of expertise among doctors and health care workers is compounded by the broader social stigma surrounding menopause. Negative attitudes around aging and embarrassment to discuss vasomotor, cognitive, sexual, or emotional symptoms discourage women from seeking out treatment for their menopause. A lack of information about menopause and available evidence-based treatments alongside stigma may be responsible. A global survey of women found that [only 20 percent](#) of women feel well-informed about menopause, while [73 percent of women](#) reported not seeking treatment for menopause symptoms despite the availability of hormone-based and non-hormonal treatments.

Menopause hormone therapy (MHT) covers a range of hormonal treatments that can reduce symptoms of menopause. Although it



is considered the most effective treatment to manage menopause, its use has declined since the release of a [2002 Women's Health Initiative \(WHI\) study](#) that found the treatment increased the risk of cardiovascular disease in older women. Often misinterpreted, the findings of this study primarily applied to postmenopausal women over age 60 who were provided [one type of MHT](#) and contributed to an ongoing reluctance to use MHT despite evidence suggesting that it is safe and effective when initiated near the onset of menopause. Since the study's release, MHT use in the U.S. dropped [from around 40 percent to just 4 percent](#) between 1999 and 2010. The decline in MHT use is further compounded by limited options for other viable alternative treatments for menopausal symptoms, a result of insufficient research, policy prioritization, and investment in women's health. Governments around the world are taking important steps to make MHT more accessible for women experiencing menopause, though barriers remain, as insurance coverage of MHT can be inconsistent or limited. In the U.K., the introduction of the ["HRT Prescription Prepayment Certificate"](#) in April 2023 allows women to purchase a year's worth of MHT medications for the cost of just two standard prescriptions, significantly reducing treatment costs. Meanwhile, the provinces of British Columbia and Manitoba are partnering with the Canadian federal government to [provide free hormonal therapy for menopausal symptoms](#).

MHT is not suitable for everyone, however, particularly those with a history of breast cancer and blood clots. For women who cannot, or prefer not to, use MHT, there is a [limited selection](#) of effective treatment options. Women can attempt [lifestyle changes](#), including diet and exercise, but these alone may be inadequate to manage menopause symptoms. Hormone-free drug options to manage vasomotor symptoms include antidepressants, anticonvulsants, and antihypertensives. More recently, [neurokinin-targeted therapies](#), which can block a specific brain receptor that plays a role in regulating body temperature, have been introduced as a treatment option. Access to these options, however, can be limited and uneven, as healthcare providers may not [reimburse the cost](#) of new and innovative treatments. In general, there are very few available and affordable options for women, and far greater investment in research, innovation, and development is required.

Women and their doctors need a broader set of options to enable informed choices for menopause care. Narrow treatment options are a result of a [dearth of scientific research around menopause and historical neglect](#) of its health and socioeconomic impacts. Gaps in research could be improved through market incentives as well as government grants. But without better incentives for industry, research and development of treatment options will remain scarce, impairing both health and gender equity. The public and private sectors have a role in making treatments affordable. When options are restricted or mandated by government and insurance providers, patient control is constrained, and personalized care is undercut. When insurance companies or government programs restrict access to existing, new, or alternative therapies or impose restrictive requirements before women can access effective treatments, health care outcomes are undermined. This is particularly concerning in the context of non-hormonal treatment options, which offer a critical alternative for women who cannot use hormone therapy or prefer not to. The lack of adequate coverage for these therapies results in financial burdens for women, limiting their access to evidence-based interventions.

Without broader coverage and support for a diverse range of scientifically validated treatments, women are left with fewer therapeutic options, which can negatively affect not only their immediate health outcomes but also their long-term well-being. Limited and inadequate access to comprehensive care can have far-reaching implications, including increased health care costs, reduced workforce participation, and adverse effects on overall quality of life. These systemic barriers highlight the need for targeted policy interventions to address both the health care coverage gaps and the insufficient research funding for menopause-related treatments. In-depth, wide-ranging research on menopause symptoms, treatments, and policy impacts can also benefit populations in lower-resourced settings over the long term. By 2050, more than [three-quarters](#) of the world's population over age 60 will live in low- and middle-income countries, many of which do not yet dedicate financial resources or policy attention to menopause research. Bidia Deperthes, Programme and Technical Adviser, Sexual Health, HIV and STIs at UNFPA, noted in an interview with FP Analytics that, "When high-income countries summon the political will and invest in critical research—

especially given their rapidly aging populations—they don’t just serve their own people—they ignite progress with lasting benefits for the entire global community.”

Though progress has been slow, governments are prioritizing improvements in menopause research and clinical care. In the U.K., the Menopause Pathway Improvement Programme launched by the NHS in 2021 aims to enhance clinical care, reduce disparities in treatment access, and provide comprehensive education for health care professionals. This initiative is part of a broader effort to address the gaps in menopause knowledge and care. In the U.S., former President Biden’s administration committed USD12 billion in new funding for women’s health research, including the creation of a Comprehensive Research Agenda on Menopause and a National Institutes of Health (NIH) Pathways to Prevention series designed to identify research gaps and guide future innovation in menopause care. However, federally funded research on menopause may be paused or permanently disbanded due to the Trump administration’s federal funding freezes and de-prioritization of research on gender and women.

In addition to the need for greater research into menopause and its impacts, interviewees for this report consistently emphasized the importance of accurate, accessible, clear information on menopause, potential symptoms and co-morbidities, and available treatments. Interviewees based in Canada, the U.S., the U.K., and Germany all shared concerns regarding the spread of menopause misinformation, including messaging that MHT was either beneficial for all women or dangerous for all women. From health care workers to civil society advocates, interviewees agreed that ensuring accurate information is critical to safeguarding women’s health throughout the menopause transition. In an interview with FP Analytics, Dr. Ekta Kapoor, an endocrinologist and associate professor of medicine at the Mayo Clinic highlighted the importance of educating women on menopause and midlife, saying, “Menopause education ought to be treated like puberty or pregnancy education; menopause is a normal, physiological transition and not a sickness.” To be most effective, information needs to be shared both on- and offline, via trusted institutions including primary health care centers, religious institutions, and community centers, and be translated into a



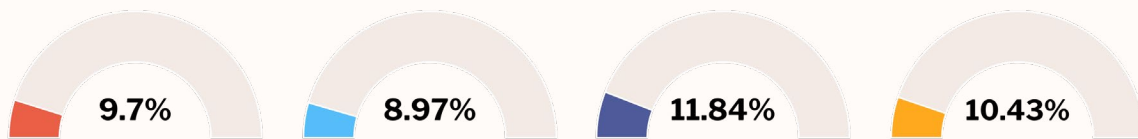
FIGURE 2: CASE STUDY ANALYSIS

Economic Impact of Menopause on the Workforce

Menopausal women face significant economic challenges, with lost workdays, early retirement, and reduced income affecting productivity across economies.

● Canada ● United States ● United Kingdom ● Germany

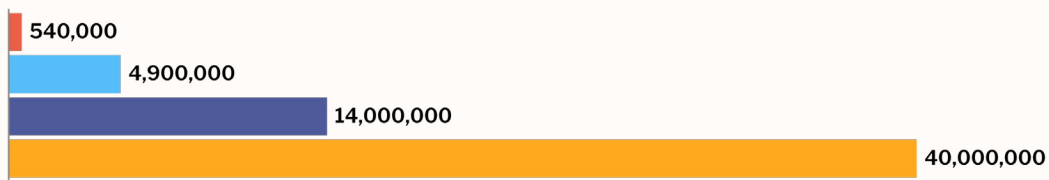
Women aged 45-55 as percent of workforce



Percent of women leaving workforce during menopause



Lost days of work attributed to menopause symptom management



Lost income due to reduction in work hours (USD)



Sources: Menopause Foundation of Canada, Mayo Clinic Proceedings, Fawcett Society, U.K. Department for Work and Pensions, Federal Statistical Office of Germany, U.S. Bureau of Labor Statistics, Berlin School of Economics and Law, Statistics Canada, Author's calculations

variety of languages, reflecting the needs of local communities.

Economic Contributions of Menopausal Women

Women experiencing severe menopausal symptoms—such as hot flashes, mood swings, and sleep disturbances—are eight times more likely to report low workability, compared to those with fewer symptoms. They also report higher rates of absenteeism, worsened job performance, and higher turnover intentions. Despite these challenges, women over age 50 are one of the fastest-growing employment groups in many developed countries, with employment rates in those aged 55 through 64 years steadily climbing throughout Europe as well as in countries such as the United Kingdom, Canada, and the United States. This trend, alongside rising retirement ages and aging populations implies that more women than ever will be working during the menopausal transition and into their post-reproductive years. Although employment trends for menopausal women are gradually improving, surveys from Canada, the U.K., and the U.S. show that menopausal symptoms affect the job performance and workplace engagement of roughly half of menopause-aged women. This, in turn, not only impacts their career longevity and opportunities for promotion but also has wider impacts on the strength and growth of the broader economy.

Menopause symptoms tend to coincide with growing caregiving responsibilities, which can further exacerbate menopause symptoms. Caregiving responsibilities disproportionately fall on women, who globally perform 76.2 percent of all unpaid care work—a burden that grows as populations age. As many women in the “sandwich generation” juggle the demands of caring for aging parents and children, the toll of unpaid caregiving can lead to burnout, stress, and health issues. This is particularly true for ethnic minorities, including Black women, who are disproportionately involved in informal caregiving roles. To cope with symptoms of menopause while juggling caregiving responsibilities, women may miss additional days of work or reduce their weekly hours as a consequence of experiencing menopause while undertaking a disproportionate care burden,

Menopause and the Silver Economy

Currently, women control more than USD 30 trillion in worldwide spending, and by 2028, they are projected to control 75 percent of all discretionary spending. Menopausal women, in particular, represent a large and growing portion of this group, holding substantial purchasing power that spans a wide range of industries, from health and wellness to fashion, beauty, and travel. The global menopause market, valued at USD 17.66 billion in 2024, is expected to grow to USD 27.63 billion by 2030.

thereby impacting their wages and overall economic output.

The economic cost of menopause on the workforce is substantial. In the U.K., the 2024 NHS Confederation report estimates that unemployment due to menopause symptoms produces a direct economic impact of GBP 1.5 billion annually. Similarly, a 2023 Mayo Clinic study estimates that menopause-related work disruptions in the U.S. contribute to a loss of USD1.8 billion annually. Other studies estimate the annual cost of menopause at USD 3.3 billion in Canada, USD 9.9 billion in Germany, and USD12 billion in Japan. These figures underscore the significant financial impact that menopausal health issues have on businesses and the economy, highlighting the need for more supportive workplace policies and resources to mitigate these costs.

Yet, surveys show that many women feel unsupported by their employers during menopause. A 2023 survey by the Chartered Institute of Personnel and Development (CIPD) showed that only one-third of menopause-age women in the U.K. felt that their employer was supportive in helping them cope with symptoms. In Canada, a similar survey of menopausal working women found that only a quarter of women felt supported by their employer. These findings highlight the urgent need for workplace policies that address both health and work-environment factors, such as flexible hours, remote work, and mental health support, to support menopausal employees better.

Governments worldwide are increasingly focusing on improving workplace policies for employees experiencing menopause, with rising pressure on employers to act. In the U.K., the Women and Equalities Committee's inquiry into menopause in the workplace has led to key recommendations, such as the appointment of a Government Menopause Employment Ambassador and the creation of model policies for nationwide implementation. While the British government has not made menopause accreditation mandatory, over 500 companies have already committed to becoming "menopause friendly" under a voluntary accreditation scheme. Similarly, the Menopause Foundation of Canada's Menopause Works Here™ campaign promotes menopause-inclusive workplaces. In Japan, the Ministry of Health, Labour, and Welfare is preparing to introduce a certification to recognize businesses supporting women's health, including menopause-related policies. These efforts reflect a growing recognition of the silent costs associated with inadequate menopause support, as the public and private sectors work to create more inclusive and supportive environments for affected employees. Nevertheless, progress is slow and uneven, with the need for greater prioritization of menopause in national and sub-national health, economic, and social policies.

the United States, the United Kingdom, and Germany—take a deeper look at the state of menopause in each country and the effective work being done by governments, civil society organizations, and the private sector to address policy gaps and resolve the unmet needs of women experiencing menopause. Each study concludes with suggested pathways for further action.

A Closer Look

As this report has noted, some of the wealthiest countries around the globe are starting to acknowledge that women over the age of 50—one of the fastest-growing employment groups—have been overlooked and underserved as they transition through the stages of menopause, and as a result, not only are these women not getting the care they need, a trickle-down effect is posing a financial threat to businesses and economies. While no one government has implemented a comprehensive national policy that ticks all the boxes—funding critical research on menopause, requiring medical providers to be properly trained on the topic, mandating that workplaces offer flexible work accommodations for menopausal employees, and helping aging women get access to treatment options at affordable prices—some progress has been made.

The four case studies that follow—on Canada,

Canada



Country Context

Canada has one of the largest economies in the world, with a GDP of USD 2.14 trillion and a population of 39.3 million as of 2023. Menopause impacts more than 10 million women in Canada over the age of 40—roughly a quarter of the country's total population, and the average age of menopause is 51. As of 2025, 80 percent of women between the ages of 45 and 54 participate in the labor force and account for nearly 10 percent of the entire Canadian workforce. This demographic represents the fastest-growing segment of working women in Canada, and a 27 percent increase in the number of working women between the ages of 45 and 54 is expected by 2040.

With the growing proportion of midlife women in the labor force, addressing menopause-related challenges is a matter not just of health but also



\$53,431.20

GDP Per Capita (USD, 2023)

11.22%

Health spending as percent of GDP (2023)

21%

Percentage of female population over age 65 (2023)

of Canada’s economic stability and future growth. Three-quarters of menopausal Canadian women report symptoms that impact their day-to-day life, including work productivity and presenteeism. As much as CAD 237 million in lost productivity and 540,000 lost days of work are attributed to menopause symptom management. Unmanaged symptoms of menopause are estimated to cost the Canadian economy CAD 3.5 billion (USD 2.57 billion) every year. Effective health care and labor policies are therefore essential to the continued well-being of both Canadian women and the Canadian economy.

Policies and Programs

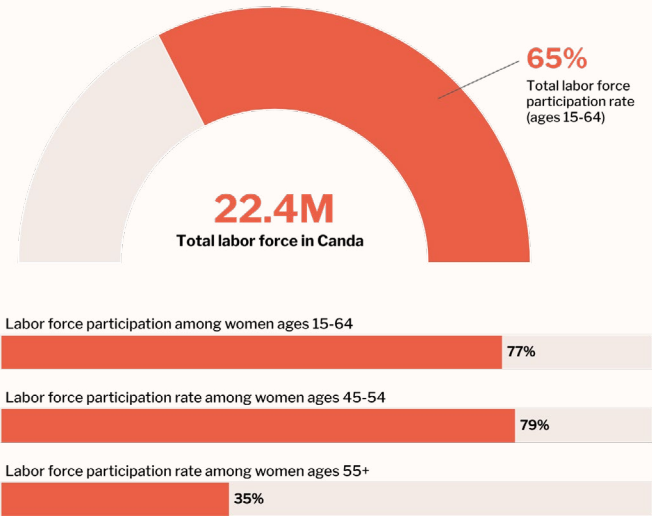
Canada lacks a specific national policy on menopause. However, Health Canada’s Women’s Health Strategy recognizes the importance of addressing women’s health issues, including menopause. Launched in 1999, the Strategy seeks to comprehensively address women’s health by integrating gender-based analysis into policy development on women’s health issues. This framework remains important, though women’s health generally remains understudied in Canada, as policy and research gaps persist. Between 2009 and 2020, women’s health research received only 6 percent of Canadian Institutes of Health Research funding.

To address this gap, the federal government launched the National Women’s Health Research Initiative in 2022. The Initiative aims to advance research in under-addressed and high-priority areas of women’s health, including menopause, with an initial five-year budget of CAD 20 million. The grants will target biomedical, translational, and health care implementation research. However, this represents only 0.5 percent of the CAD 1 billion (USD 709.9 million) annual budget for health research. In February 2025, the Minister of Health took steps to address menopause specifically, allocating CAD 1.2 million in funding for the Society of Obstetricians and Gynecologists of Canada (SOGC) to support developing and distributing tools and resources to improve access to menopause-specific health services. The project will include updated clinical practice guidelines for menopause care with specific attention on under-served women, including queer and trans people, indigenous women, and women of color. Still, there is a dearth of disaggregated data and

FIGURE 1

Female Labor Force Participation Throughout the Menopause Transition

Labor force participation drops significantly after the age of 55 and the onset of menopause, indicating a gap in supportive workplace and health care policies.



Sources: World Bank, World Bank, World Bank, Statistics Canada, Statistics Canada

research on the health of these groups. While the recently allocated funding signifies a growing focus on improving menopause care and support, it represents a small share of the overall health budget, despite the sizeable role menopausal women play in Canada’s economy.

Health Care for Menopause Symptoms

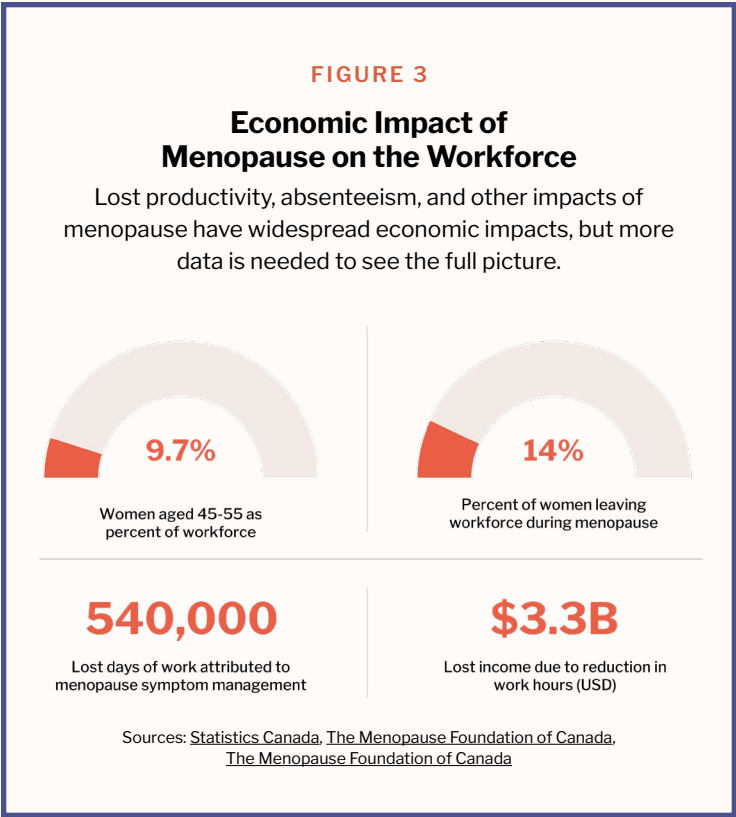
Canada’s health care system, known as Medicare, provides publicly funded, universal coverage for medically necessary hospital and physician services to all Canadian residents. This system is administered by 13 provincial and territorial health insurance plans, each responsible for organizing and delivering health care services within its jurisdiction. While Medicare provides access to essential medical services, coverage for pharmaceutical products, such as menopause treatments, varies across its 10 provinces and three territories. For example, hormone replacement therapy is fully covered in British Columbia and Manitoba.

Access to menopause treatment can be limited by the lack of specific insurance billing codes in some provinces, making it difficult for providers—especially general practitioners—to be properly reimbursed for their time and care. In some provinces, billing codes apply only to menopause specialists, leading to wait times up to 18 months. Additionally, some primary care physicians may be discouraged from, or even penalized for, referring patients to specialists. Manitoba is the first province to expand fee codes to include menopause-specific codes for general practitioners. In an interview with FP Analytics, Nese Yuksel, Professor of Faculty of Pharmacy and Pharmaceutical Sciences at the University of Alberta and President of the Canadian Menopause Society, explained, “There is work going on at the ground-level to create menopause-specific billing codes across different provinces,” including Alberta, Ontario, British Columbia, and Nova Scotia. These could serve as useful tools for better equipping doctors and meeting unmet needs among menopausal women.

Beyond issues of coverage, a 2022 representative survey of women found that 38 percent of respondents felt their menopause symptoms were undertreated. Similar to other countries examined in this report, gaps in medical education contribute to inconsistent care, with many physicians lacking basic training in menopause management. An estimated 41 percent of medical schools in Canada do not include menopause education in their undergraduate curriculum. Janet Ko, the President and co-founder of the Menopause Foundation of Canada, notes that this lack of knowledge contributes to long wait times to see qualified clinicians covered by Medicare and the rise of private health clinics and virtual providers.

FIGURE 2
Menopause Policy and Implementation Overview

✓	Has the government published menopause-specific health care guidelines?
✓	Does the government provide funding for menopause research?
✓	Are age- and gender-disaggregated data publicly available and recent?



More broadly, efforts to improve menopause care standards are underway via the mobilization and advocacy of organizations such as the Canadian Menopause Society and the Menopause Society, which both provide practitioner training and certification. Another major advocacy group in Canada, the Menopause Foundation of Canada, offers tools to educate women on menopause and track their menopause symptoms. The Foundation also engages in provincial and federal political advocacy, which has contributed to noteworthy advances in menopause policy and practice in Canada. For instance, Health Quality Ontario, Ontario’s agency to coordinate the provision of health services in the province, in 2024 announced the development of quality standards for menopause care, although details are not yet publicly available.

Menopause in the Workplace

The wide variation in standards and accessibility of health care for menopause has a direct impact on menopausal women’s experiences in the workplace, and thus on productivity and economic

output. A 2023 report from the Menopause Foundation of Canada found that menopause symptoms negatively impact job performance for one in three women, with an estimated one in ten women leaving the workforce due to unmanaged symptoms of menopause. Yet, workplace menopause support across sectors remains limited and uneven throughout the country, with few companies and organizations offering policies or programs to address employees' needs.

The national resource for workplace health and safety, the Canadian Centre for Occupational Health and Safety (CCOHS), provides recommendations for workplaces to better support menopausal employees, including flexible work arrangements, temperature-controlled environments, and access to wellness programs. However, these guidelines are not legally enforceable, and employer support for menopause remains inconsistent across sectors and industries. To encourage employers to implement menopause-inclusive policies, the Menopause Foundation of Canada launched the Menopause Works Here campaign. The initiative provides resources for businesses to improve workplace culture, reduce stigma, and support employees experiencing menopause. One member of the campaign, L'Oréal Canada, is creating a menopause-inclusive workplace by introducing a dedicated employee resource group, hosting discussions, and providing access to telemedicine support, mental health resources, and treatments through its employer-provided health insurance.

Looking Ahead

While Canada has made strides through initiatives like the National Women's Health Research Initiative and recent funding for menopause care, considerable gaps persist in health care coverage and workplace support. The lack of universal treatment options, coupled with inconsistent provincial coverage and a shortage of trained health care providers, leaves many women without adequate care. Additionally, workplace policies for menopausal employees are still minimal, despite clear evidence that menopause symptoms negatively impact job performance, retention, and earnings. As the number of mid-life women in the workforce continues to grow, it is imperative for Canada to develop comprehensive policies and programs that address menopause as both a

health issue and an economic concern, ensuring that women receive the care, treatment options, and accommodations they need. Pathways to improved menopause care and support include:

■ **Strengthening Intergovernmental**

Coordination: Given that Canada's health care system comprises 13 different provincial and territorial public health insurance plans, coordination among governments to establish national standards for menopause care could improve outcomes. Coordination can include harmonizing funding strategies and policies, sharing best practices, and creating interprovincial advisory committees to ensure that all Canadians have access to consistent, high-quality menopause services. Interviewees also suggested that the creation of insurance billing codes for menopause care across provinces and territories may improve menopause care, as providers can receive proper reimbursement for medical services and advice.

■ **Expanding Menopause Research:** As with other countries examined in this report, Canada heavily relies on menopause research from the United States. Limited investment in women's health research, including menopause research, is stark in Canada. While 10.8 percent of the U.S. National Institutes of Health funding was allocated for women's research in 2020, women's health research accounted for less than 1 percent of projects funded by the Canadian Institutes of Health Research that same year. Expanding women's health research, as well as menopause-specific research, is key to better understanding the health outcomes of all people living in Canada.

■ **Expanding Workplace Supports:**

Organizations can better support employees during this critical life stage by developing clear policies, providing workplace supports, and training managers. Creating a menopause-inclusive workplace requires offering flexible work arrangements and creating environments that accommodate the broad range of physical and emotional challenges women may experience during the menopause transition. Benefits need to be expansive and could include expanded coverage for mental health resources and menopause treatments.

United States



Country Context

The United States, the largest economy in the world, with a GDP of USD 27.7 trillion, was home to 343.5 million people in 2023. Each year, an estimated 1.3 million women in the U.S. enter menopause. Menopause generally occurs between the ages of 45 and 55 in the U.S., and the average age of menopause is 52. However, research indicates that Black and Latina women are more likely to experience menopause earlier than white women, creating the potential for greater health risks and the need for tailored health care. By 2060, an estimated 90 million women in the U.S. will be postmenopausal, reflecting an aging population and longer life expectancy, and necessitating targeted health and labor policy interventions to safeguard not only women's health and well-being, but also U.S. economic productivity.



\$82,769.40

GDP Per Capita (USD, 2023)

16.5%

Health spending as percent of GDP (2022)

19%

Percentage of female population over age 65 (2023)

Much like other high-income countries, menopausal and postmenopausal women represent a significant and growing segment of the U.S. working population. As of 2024, roughly a quarter of the U.S. workforce was in some phase of menopause transition, with 76.8 percent of women between the ages of 45 and 54 active in the labor force. However, without proper support, menopause can impact productivity and workforce participation. A Mayo Clinic survey found that 13.4 percent of women aged 45 to 60 in the United States reported at least one adverse work outcome, such as lost productivity or absenteeism. In comparison, approximately 10.8 percent of women reported missing work due to menopause symptoms. The resulting lost productivity is estimated to cost the U.S. economy USD 1.8 billion annually. Effective treatment for menopause is therefore a matter of economic security, in addition to a critical component of women’s health throughout the life course.

Policies and Programs

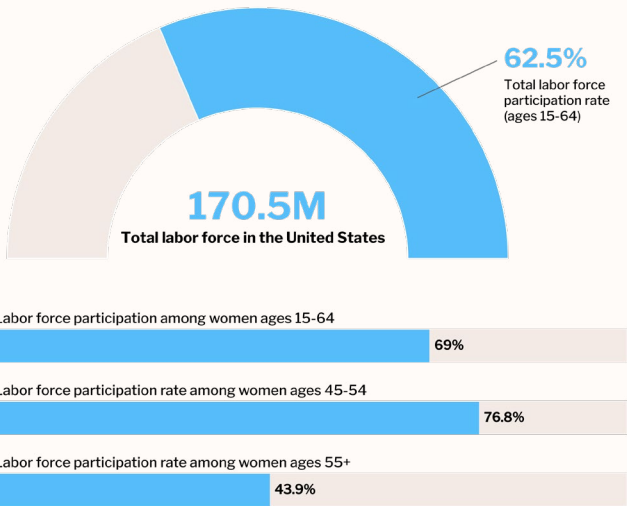
While the United States lacks an overarching national policy on menopause, policy discussions around menopause have gained momentum in recent years. Multiple bills with bipartisan support were introduced in 2023 and 2024, during the 118th Congress, to enhance menopause care and research, though none has been enacted into law as of 2025. The Advancing Menopause Care and Mid-Life Women’s Health Act (S.4246/H.R.8233) seeks to expand health care access and provider education, while the Menopause Research and Equity Act of 2023 (H.R.6749) calls for the National Institutes of Health to evaluate the results and status of menopause research. The WARM Act of 2023 (H.R.6743) seeks to amend the Public Health Service Act to include public awareness of menopause and related chronic conditions. Meanwhile, legislation such as the Improving Menopause Care for Veterans Act of 2024 (H.R.8347) aims to address the menopause-related care needs of veterans. While promising, these bills need to be passed and enacted in order to fulfill their intended vision to improve health, equity, and the economy.

In March 2024, President Biden issued an Executive Order on Advancing Women’s Health

FIGURE 1

Female Labor Force Participation Throughout the Menopause Transition

The significant decrease in female labor force participation rates after age 55 could indicate difficulties remaining in the workplace during and following menopause.



Sources: U.S. Bureau of Labor Statistics via FRED, U.S. Bureau of Labor Statistics via FRED, World Bank, U.S. Department of Labor, U.S. Bureau of Labor Statistics

Research and Innovation, which committed USD 200 million in funding for women’s health research. However, of this funding, only USD 13 million was dedicated to menopause research. While research funding for menopause remains insignificant, interviews undertaken by FP Analytics in 2025 underscored that the U.S. National Institutes of Health remains an international leader in menopause research, with many countries relying on U.S. studies for information and data on menopause and its impacts on health and economic output. For example, interviewees in the U.K. and Canada cited recent research in the U.S. on Black and Asian women’s experiences of menopause as compared to those of white women, which does not yet exist in their own countries. Nevertheless, the future of federally funded research on menopause as well as menopause-related legislation has become uncertain under the Trump administration, and it remains to be seen whether the progress of recent years will be built upon or stalled. Research, in particular, may

be interrupted by federal funding freezes and additional political scrutiny or de-prioritization of research on gender and women by the National Science Foundation.




Health Care for Menopause Symptoms

There is no universal public health system in the U.S. Instead, people in the U.S. rely on private insurance, employer-sponsored plans, and limited public programs such as Medicare, a federally funded health insurance program for those with certain disabilities and those ages 65 or older, and Medicaid, a joint federal and state program that provides health coverage for some people with limited income and resources. As a result of this patchwork system, coverage for menopause-related treatments varies widely, depending on federal and state-level regulations and insurance providers. Many plans, including public plans, do not cover basic menopause management treatments such as hormone therapy. Currently, only two states—Illinois and Louisiana—mandate that both public and private insurance providers cover medically necessary menopause treatment—both hormonal and non-hormonal. Even in these states, health plans may continue to limit or delay coverage through utilization management practices such as step-therapy and prior authorization requirements.

Insufficient training and awareness among health care professionals also hinders women from receiving appropriate menopause care. Denise Pines, a filmmaker behind The M Factor, president of the Osteopathic Medical Board of California, and past president of the Medical Board of California, noted in an interview with FP Analytics that medical practitioners lack the training and expertise to treat the full spectrum of menopause-related challenges that women face. Supporting this, a 2017 survey published in Mayo Clinic Proceedings found that only about 7 percent of medical residents felt adequately prepared to manage menopause. Meanwhile, more than one in five medical residents reported receiving no lectures on menopause during residency, and nearly one-third said they would not offer hormone therapy to a symptomatic, newly menopausal woman without warnings. This hesitancy among providers is partly linked to the FDA’s black box warning on estrogen and progestin therapies, which highlights potential risks, such as an increased likelihood of blood

clots, stroke, and certain cancers. While more recent research suggests that MHT is safe and effective for many women when used appropriately, the lingering effects of the early 2000s Women’s Health Initiative (WHI) study, combined with a lack of provider knowledge, have contributed to the low uptake of MHT. Beyond hormone treatments, access to non-hormonal treatment options also remains limited, given the lack of prioritization of menopause, care provider training on menopause, and limited insurance coverage.

FIGURE 2
Menopause Policy and Implementation Overview

	Has the government published menopause-specific health care guidelines?
	Does the government provide funding for menopause research?
	Are age- and gender-disaggregated data publicly available and recent?

To address gaps in training and awareness, organizations such as the Menopause Society provide resources, including an online database of certified menopause practitioners, to assist women in accessing high-quality care. In California, legislators introduced AB 360, a 2025 bill requiring the state’s medical boards to survey physicians about their menopause training as part of the license-renewal process to assess provider knowledge of menopause. Legislators in other states, in tandem with advocacy groups, could take a similar approach to improve menopause treatment by encouraging health care workers to upskill and enhance their knowledge of menopause symptoms, treatments, and comorbidities.

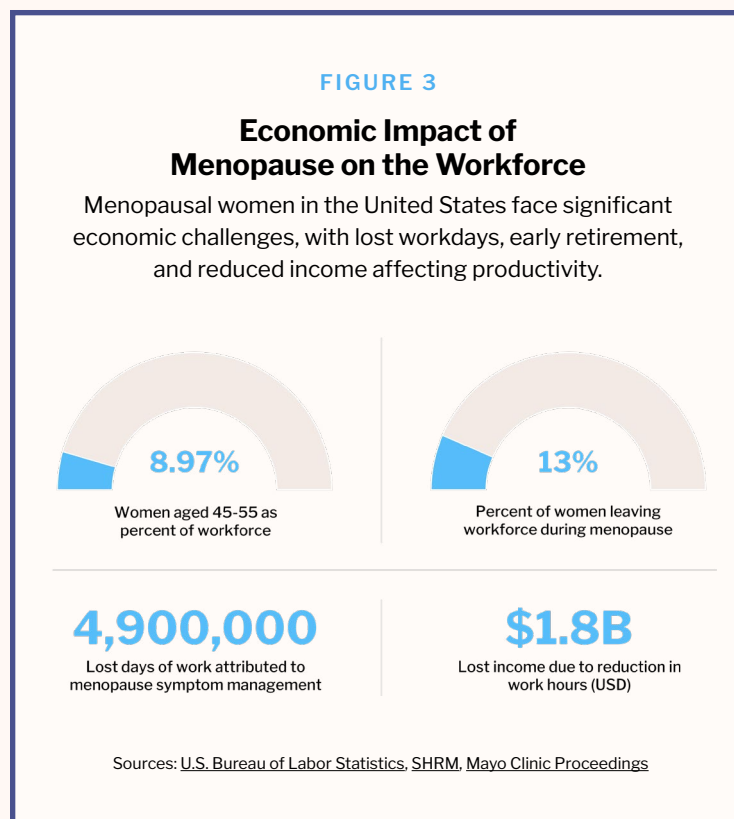
Menopause in the Workplace

Perimenopausal, menopausal, and postmenopausal women make up an increasing proportion of the U.S. workforce yet receive little support to manage their symptoms in

the workplace. Federal law does not explicitly require employers to accommodate menopausal symptoms, and legislation regarding workplace discrimination does not appear to consider menopause as a protected characteristic or condition. Although the Americans with Disabilities Act requires employers to provide “reasonable accommodations” for workers with disabilities, U.S. courts have consistently held that menopause is not a disability, even when its symptoms seriously affect a person’s ability to do their job. Similarly, the Equal Employment Opportunity Commission (EEOC) guidance for implementing the Pregnant Workers Fairness Act (PWFA) does not reference menopause, despite the law’s ambiguity around “related conditions” and discussions of menopause during the regulation’s comment period.

In practice, the availability of care, rights, and protections for menopausal women heavily depends on employers’ policies and accommodations, but employer support for menopause in the U.S. is limited. According to a 2022 survey by global fertility and health platform Carrot Fertility, only 21 percent of women reported that their employer offered support during the transition, while 59 percent reported no menopause support at all. This same survey found that one in five women considered changing jobs for better menopause support, with women of color being nearly twice as likely to consider switching jobs, compared to their white counterparts. This finding may connect to other research that shows vasomotor symptoms among Black and Hispanic women tend to be more frequent and intense than those reported by white women. Moving forward, existing research on how race and economic status intersect with women’s experiences of menopause, and their health and economic implications, needs to be more systematically leveraged to inform care.

As an additional challenge, the timing of the menopause transition often overlaps with key career growth years for many professional women, as they may pursue management or senior leadership positions. In the U.S., women are under-represented in workplace leadership positions: In 2023, only 11.8 percent of approximately 15,000 C-suite roles at publicly traded U.S. firms were held by women. The challenges of menopause—often overlooked in workplace culture—can add an additional, invisible barrier to advancement during this pivotal stage in a woman’s career, and a time in



which women may be at their most economically productive. Employer support for menopause, thus, may be key to achieving greater equity as well as improving the economy’s overall productivity.

Looking Ahead

In the United States, systemic gaps in health care access, clinical training, workplace support, and state and federal policy leave many women without the resources they need to manage menopause effectively. As the postmenopausal population grows, there is an urgent need for coordinated, evidence-based strategies that center menopause in health, labor, and gender equity frameworks. Without targeted action, the U.S. risks sidelining a vital segment of its workforce during their peak years of vocational experience and economic contributions. Addressing these gaps will be vital to ensuring that menopausal women in the U.S. can continue thriving in society and the workforce. Steps to improve menopause care and support in the U.S. include:

■ **Catalyzing Employer Action:** Employers can lead by establishing workplace policies supporting menopausal employees. Supports can include flexible work arrangements, such as working from home or adjusting hours to accommodate symptoms, and providing access to menopause-related health resources. Women in positions of authority and leadership within companies can lead by example by implementing and publicizing adequate menopause accommodations, and by speaking frankly about their own experiences of menopause, to overcome lingering taboos.

■ **Improving Provider Knowledge:** States can standardize and improve care for women undergoing menopause by including menopause-specific training in medical licensure renewals or certification programs. States require that doctors take continuing medical education (CME) of between 12 and 50 hours, depending on the state, to remain licensed. Requiring a menopause CME would ensure that all OB-GYNs, general practitioners, and other relevant health care professionals are adequately trained in menopause management, and women can access high-quality menopause care regardless of geographic location or the quality of their insurance coverage.

■ **Expanding Coverage for Menopause**

Treatment: As of 2025, only Illinois and Louisiana mandate that both public and private insurance providers cover medically necessary menopause treatment. Mandating coverage and curbing health plans' ability to limit access through utilization management practices would ensure access to evidence-based care, help reduce disparities, improve health outcomes, and support women's continued participation and productivity in the workforce.

United Kingdom



Country Context

The United Kingdom (U.K.) is the sixth-largest economy in the world, with a GDP of USD 3.59 trillion and a population of 68.68 million as of 2023. The U.K. is undergoing a demographic shift, with projections showing that about one in four people will be aged 65 or older by 2041, making it an aging population. As of 2022, approximately 13 million women in the U.K. were estimated to be perimenopausal or menopausal, representing one-third of the female population. The average age at menopause onset in the U.K. is 51 years, and the share of postmenopausal women is growing as life expectancy increases.

Menopausal women are the fastest-growing segment of the U.K.'s working population, with 62.3 percent of women aged 55 through 64 participating in the labor force as of 2023.



\$49,463.90

GDP Per Capita (USD, 2023)

10.87%

Health spending as percent of GDP (2023)

21%

Percentage of female population over age 65 (2023)

Unmanaged symptoms of menopause can lead women to prematurely leave the workforce, with one estimate suggesting that menopause-related symptoms cost 14 million working days or GBP 1.8 billion in yearly losses to the GDP of the U.K.. A 2024 NHS Confederation study found that an estimated 60,000 women are unemployed due to the symptoms of menopause causing them to leave the workplace, with an estimated economic impact of GBP 1.5 billion (USD 2 billion) annually.

Beyond the workplace, menopause can have a significant impact on women’s ability to live full lives. Almost one-third of respondents to a 2021 survey on the impacts of menopause reported that menopause affects their mental health. Indeed, women aged 50 to 54 have the second-highest age-specific suicide rate in the U.K.. Supporting menopausal women to access the health and social care they need and ensuring they thrive in the workplace is therefore critical not only to the economic stability of the U.K., but also to the health and well-being of its population.

Policies and Programs

Government-led menopause policy and legislation are largely integrated into broader initiatives addressing relevant topics such as women’s health, aging, and employment law rather than addressed as a standalone issue. While the All-Party Parliamentary Group (APPG) on Menopause provides a forum for legislators to discuss and learn more about menopause policy, it has no legislative authority. Additionally, health care strategy and implementation are devolved to the governments of the four nations (England, Scotland, Wales, and Northern Ireland), causing variation in menopause care and prioritization. Surrounding government, a network of non-governmental and civil society organizations are advocating for improved menopause support and trialing new approaches to improve education and outcomes.

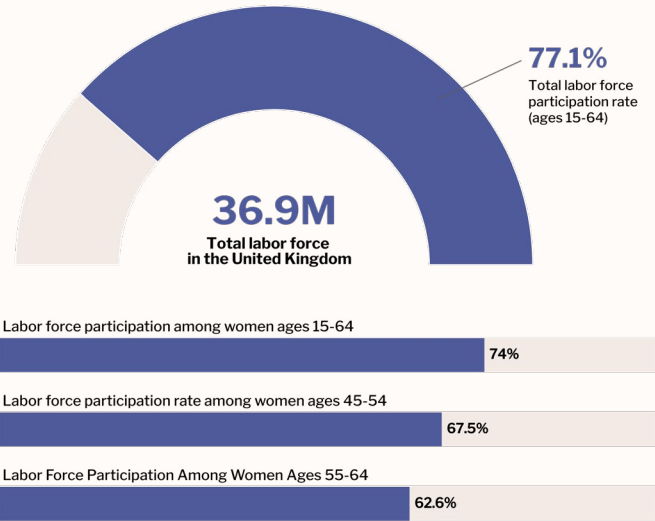
Health Care for Menopause Symptoms

The National Health Service (NHS) provides public health care in the U.K. and first published guidance on menopause care in 2015, via the National Institute for Health and Care Excellence (NICE), which was most recently updated in November 2024. NICE guidance for menopause

FIGURE 1

Female Labor Force Participation Throughout the Menopause Transition

Government and NGO campaigns to improve workplace support for menopausal women may be supporting women to remain in the labor force for longer.



Sources: U.K. Office for National Statistics, World Bank, World Bank, U.K. Office for National Statistics, U.K. Office for National Statistics

care includes topics such as individualized care and menopause management options, including hormone replacement therapy, cognitive behavioral therapy (CBT), and complementary or natural therapies. Multidisciplinary teams enable primary care physicians, or GPs, and reproductive health specialists to treat co-morbidities, for example, working with psychiatrists to address depression and anxiety in menopausal women. As Dr. Janet Barter, President of the Faculty of Sexual and Reproductive Healthcare, shared in an interview with FP Analytics, “We see a lot of women who present with depression, anxiety, mood problems, and HRT is not going to solve all of those things.” She emphasized therapy as “really, really important” and called for a “multidisciplinary way” to treat menopause.

In 2022, the Conservative Johnson government released the Women’s Health Strategy for England, setting out goals to improve access to health services for women. As of May 2025 the current Labour government has not confirmed how it will continue to deliver this strategy, indicating

women's health will be folded into a broader plan to strengthen the NHS. During the Strategy's development, members of the public provided evidence via a survey, the results of which indicated that British women lack knowledge about menopause symptoms and support, and struggle to access care. The survey also highlighted the taboo of discussing menopause in the workplace, which can hinder symptom management. The Strategy outlines eight goals related to menopause, including: increasing public awareness of menopause, its symptoms, and available care, and reducing stigma; improving health provider knowledge and integrated care; ensuring access to the full range of appropriate treatment options; research; and workplace supports. In line with the Strategy, in 2023 the Sunak government reduced the annual price of hormonal therapy prescriptions, saving an estimated GBP 11 million (USD 14.2 million) in just nine months, benefiting over 500,000 women in England.

In December 2024, NHS Wales released its first Women's Health Plan for Wales 2025-2035, which highlights menopause as one of eight priority areas selected based on feedback from Welsh women. Short-, medium-, and long-term objectives include reviews of treatment practices and the capacity of the menopause health care workforce, and research into the impacts of menopause on women's health and well-being. Menopause is also one of six priorities in the Scottish government's Women's Health Plan: A plan for 2021-2024. However, the duration of this plan has ended, and a new plan has not yet been introduced. Similarly, Northern Ireland is in the process of developing its inaugural Women's Health Action Plan, based in part on survey responses from local women, and as of May 2025 the extent of its focus on menopause is unknown.

While menopause awareness is growing, access to menopause care varies across the U.K., and only 59 percent of medical schools include menopause education in their curriculum as of 2021. Civil society groups including the British Menopause Society (BMS) work to improve health care workers' understanding of menopause care, and ensure they are trained on best practices to treat menopause symptoms or co-morbidities, including through a Management of Menopause Certification program. NHS sexual and reproductive health consultant and immediate Past Chair of the BMS, Dr. Paula Briggs explained in an interview with FP Analytics that BMS utilizes an online training program—the

Management of the Menopause Certificate—which includes peer reviewed education, assessment, and accreditation. The certification program aims to ensure access to high-quality menopause care including a choice of treatment options without referral to a specialist, for non-complex cases. In addition, BMS have a webinar series, and in Liverpool Dr Briggs offers a weekly online meeting where GPs can bring unusual or challenging menopause cases to discuss with colleagues.

Sub-regionally, there is significant variation in the availability of, and access to, quality care. Women of South Asian, African, and Afro-Caribbean descent tend to be particularly underserved while often experiencing the physical symptoms, social stigma, and economic stressors of menopause disproportionately. Nina Kuypers, founder of community-led platform Black Women in Menopause, noted in an interview with FP Analytics that few health care workers possess the cultural literacy to address challenges specific to ethnic minority communities. The physical “weathering” that people of color experience due to lifelong inequities, for example, can exacerbate long-term health conditions such as menopause, or cause co-morbidities which may be overlooked. Kuypers emphasized the need for more research on menopause focused on people of color and other underserved populations, similar to recent research in the U.S.. She noted that the U.K. currently relies heavily on limited data that does not reflect the diverse lived experiences of its population. Greater investment in research can support a fuller understanding of the intersecting effects of physical health, economic status, and social determinants.

Women in rural areas may additionally struggle to access quality care, while women in urban settings often face long wait times to see specialists. The U.K. government estimates that 600,000 women are on waiting lists for various gynecological health issues in England alone and has identified waiting list reduction as a key health priority. Dr. Paula Briggs has established menopause care through women's health hubs in Liverpool, utilizing familiar locations and improving access. Dr Briggs and BMS-trained GP colleagues provide face to face consultations, facilitating care for women who may have found it challenging to access a secondary care service. Similarly, in east London, within a majority-Bangladeshi community, Dr. Janet Barter is part of an in-person women's health hub that includes

menopause treatment as part of a continuum of care across women’s life course. Dr. Barter noted that one significant barrier to high-quality menopause treatment for all is the dearth of accurate health information in various non-English languages.

FIGURE 2

Menopause Policy and Implementation Overview

✓	Has the government published menopause-specific health care guidelines?
✓	Does the government provide funding for menopause research?
✓	Are age- and gender-disaggregated data publicly available and recent?

Increasingly, women in the U.K. with the necessary means are turning to private health care services. A 2021 study by Menopause Support found that 48 percent of women surveyed felt that their only option was to seek private care, particularly to access MHT. The costs of private health care—a 2023 survey found that respondents paid an average of GBP 500 (USD 641) out of pocket for private care—threaten to exacerbate existing health inequities among women with menopause. These gaps undermine the well-being of not only directly affected perimenopausal, menopausal, and postmenopausal women but also of their communities and British society writ large.

Menopause in the Workplace

In the workplace, menopause support is usually positioned as an issue of equity, with the aim of reducing absenteeism and early exit from the workforce due to poorly managed symptoms, stigma, or discrimination. The U.K. Employment Tribunal ruled in 2023 that workplace discrimination due to menopause can be classified as disability discrimination while a survey of members by Unite, the U.K.’s second-largest labor union, found that 83 percent of menopausal women reported zero access to support at work. Although there is currently

no publicly available data on the issue, TUC, a federation of 48 labor unions representing over 5.5 million British workers, notes that women of color may face compounded racial and menopause discrimination in the workplace.

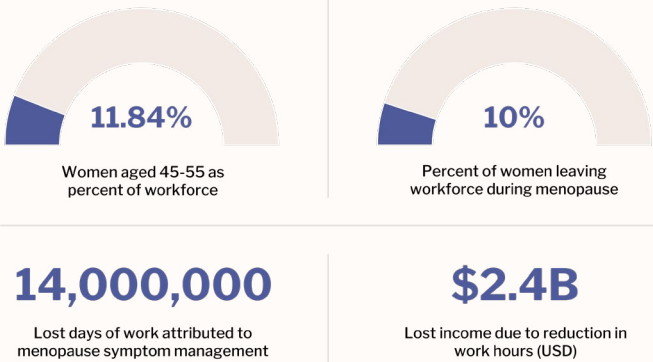
Recognizing the need for greater menopause awareness and support, the government launched a policy initiative in 2024 for employers to implement a menopause action plan. Under the Menopause Action Plan initiative, employers of over 250 people are required to create, publish, and regularly update a plan to support menopausal employees. The government has committed to publishing guidance on workplace support for menopause, such as flexible working arrangements, paid leave accommodations, and better uniforms to reduce the impacts of hot flashes. In addition, in October 2024, the Starmer government created the position of Menopause Employment Ambassador to work alongside employers to improve workplace support and raise awareness of menopause symptoms, in order to help more women to stay in the workplace.

Alongside government-driven initiatives, civil society organizations are significant actors in improving workplace support for menopausal

FIGURE 3

Economic Impact of Menopause on the Workforce

Despite increasing support for menopausal women, lost productivity, absenteeism, and other impacts of menopause have widespread economic impacts.



Sources: U.K. Department for Work and Pensions, Fawcett Society

women. The [Menopause Friendly accreditation](#), for example, provides guidance and training for employers seeking accreditation, assessing the culture, policies, working environment, and employee engagement of workplaces. Similarly, Wellbeing of Women has a [Menopause Workplace Pledge](#), which has been signed by over 1,000 U.K. employers, most notably the NHS, which employs over 1.3 million people, three-quarters of whom are women. While these initiatives are promising, it is vital that they are aimed at, and tailored to, reflect the challenges and needs of women in all kinds of work across the U.K.. As Nina Kuypers noted, much information and data around menopause in the workplace is focused on knowledge workers and middle managers. Kuypers advocated for inclusive workplace policies that reflect the realities of all working people, including those in low-wage jobs, non-unionized roles, skilled trades, migrant workers, and workers with disabilities. Supporting all individuals through the menopause transition, Kuypers stressed, requires a broader policy lens that accounts for, for example, racial, ethnic, economic, geographic, and ability-based disparities and barriers.

Looking Ahead

Although the U.K. is an emerging global leader in terms of support for menopause, particularly due to comprehensive health care guidance and growing awareness of the needs and challenges of women experiencing menopause, gaps in care persist. For instance, primary care physicians, namely GPs and pharmacists—who represent women’s [main entry point](#) into the health system—remain under-informed about menopause symptoms, treatments, and common co-morbidities, and thus lack the confidence and ability to support menopausal women, in turn contributing to long wait times to see specialists. In the workplace, lack of government oversight and leadership contributes to inconsistent support, particularly for women in more physical jobs, or those who rely on shift work. Much more can be done to better integrate menopause into broader health and economic initiatives, such as the forthcoming [NHS 10 Year Health Plan](#) announced in October 2024, and the Starmer government’s aim to achieve an [80 percent](#) employment rate. Several promising avenues for future menopause care and support in the U.K. include:

■ **Expanding research efforts** on the health, economic, and social impacts of menopause and the costs of inaction. Work to this end has begun, notably via a small number of National Institute for Health and Care Research [partnerships and grants](#), which include a focus on women of color; however, there is more work to be done. In particular, research is urgently needed on the experiences and needs of migrant women and other underserved groups, such as Roma/Traveler women. Impactful research will address both the varying symptoms and health impacts that menopause has on different demographics, and the varied experiences that menopausal women have in accessing health care and support in the workplace, barriers to continued work, and the costs of inaction.

■ **Improving delivery of high-quality menopause care** through primary health care, especially GPs and community-based pharmacists, particularly by embracing a lifecourse approach to women’s health, and supporting patient-led care and [shared decision-making](#) that ensure care tailored to the individual. More training on menopause symptoms and common co-morbidities during general medical training will be vital, as well as the introduction of menopause as a relevant health condition or co-morbidity when training specialists such as cardiovascular doctors and psychiatrists.

■ **Overcoming accessibility barriers to menopause care** via creative solutions, such as [patient-led care](#), multidisciplinary teams, remote consultations with specialists in primary care settings, and culturally sensitive care approaches. NHS England’s planned [Community Languages Translation and Interpreting Framework \(CLTI\)](#) for Action for the NHS represents a promising step. The CLTI will provide high-quality translation and interpretation for medical settings with the aim of reducing health inequalities.

■ **Increasing workplace support** for women in all types of work, as a facet of economic policy. Relevant accommodations will include flexible working, temperature adjustments, coverage of menopause treatment in employer-provided health care, and simply greater awareness on the part of managers of the needs and rights of women experiencing menopause. The Starmer government’s [stated intention](#) to publish menopause workplace guidance provides an opportunity for stakeholders to advocate for appropriate, effective interventions and accommodations.

Germany



Country Context

Germany is the largest economy in Europe, with a GDP of USD 4.5 trillion and a population of 84.5 million, as of 2023. Older women are actively involved in the workforce: As of 2023, 72.6 percent of women aged 55 through 64 years participated in the labor force, compared to 83.4 percent of women aged 25 through 54 years. Given that Germany's average age of menopause is 49.7 years, it is estimated that more than 80 percent of women in Germany are employed through the menopause transition.

Against a backdrop of perennial labor shortages and a progressively aging population, supporting menopausal women in the workforce is key to economic growth in Germany. However, a 2023 survey showed that only 15 percent of women reported believing that their employer offers



\$54,343.20

GDP Per Capita (USD, 2023)

11.8%

Health spending as percent of GDP (2023)

25%

Percentage of female population over age 65 (2023)

a supportive environment for the menopause transition. Indeed, 25 percent of women experiencing menopausal symptoms reduced their working hours or left the workforce due to lack of workplace support, while more than a third took paid or unpaid sick leave. As a result, the study estimated that German companies lose EUR 9.5 billion (USD 10.3 billion) every year due to lack of treatment and support for women experiencing menopause symptoms.

Beyond the workplace, in a 2022 study of 1,000 women between the ages of 45 and 60, two-thirds reported that menopause symptoms impaired their quality of life, and 37 percent reported that their health became worse during perimenopause. Improving health care and social support for women experiencing perimenopause, menopause, and postmenopause is therefore vital to ensuring a high quality of life for all.

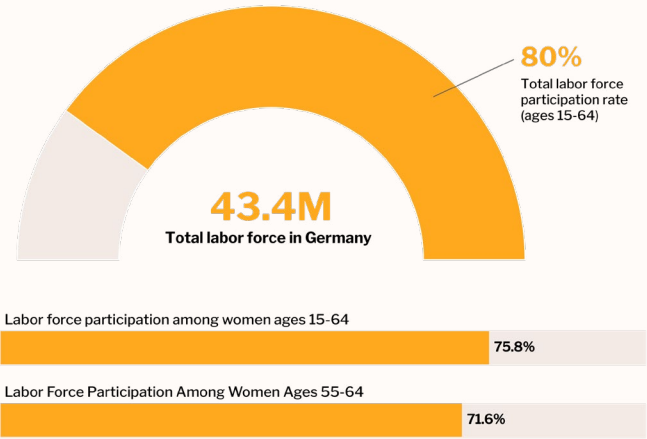
Policies and Programs

Despite the significant role that perimenopausal, menopausal, and postmenopausal women play in the economy, Germany lacks any national legislation that directly addresses menopause. Germany’s Maternity Protection Act and the Equal Treatment Act can be interpreted to provide menopausal women with some workplace protections if symptoms are severe enough to qualify as a disability. Political and policy conversations regarding menopause are in their infancy in Germany, with the first parliamentary event bringing together menopause campaigners and experts taking place in March 2023, driven by MPs Dorothee Bär and Julia Klöckner. In October 2024, members of the Christian Democratic Union and Christian Social Union introduced a proposal in the Bundestag that would encourage more medical research on menopause, and improve corporate health management of menopause. In the wake of Germany’s February 2025 election, menopause strategy may change. However, the coalition agreement published in April 2025, intended to guide the new coalition government’s policy priorities and strategy, includes mentions of both menopause and research for women’s health, indicating a continued commitment to these issues.

FIGURE 1

Female Labor Force Participation Throughout the Menopause Transition

Women in Germany appear to continue working throughout and after experiencing menopause, but age-disaggregated data is limited, indicating a gap to be addressed.



Sources: World Bank, World Bank, World Bank, OECD via FRED

Health Care for Menopause Symptoms

The German health system offers universal coverage through a combination of public (statutory) and private health insurance, in which costs are shared among the government, employers, and individuals. Approximately 86 percent of the population is enrolled in publicly funded health insurance, which provides inpatient, outpatient, mental health, and prescription drug coverage. Public insurance coverage includes menopause treatment if prescribed by a doctor, including hormonal, non-hormonal, and alternative medicine therapies. Private health care for menopause is available via private insurance plans or through out-of-pocket payment, but a legal cap on the amount doctors can charge insurers for menopause consultations disincentivizes holistic or long-term menopause care. Treatment of menopause and its attendant symptoms remains complex for a variety of reasons, including but not limited to: difficulty in securing diagnoses, including for vasomotor and other symptoms, lack of a billing code

specific to menopause, skepticism of hormonal therapies among doctors and patients, and lack of menopause education during general medical training. Unmet need for menopause care in Germany therefore remains high.




As a result of a symptom-based, rather than holistic, approach to menopause treatment, it can be difficult to track the health impacts of menopause on German women and therefore to collect and analyze high-quality, accurate data on menopause in Germany. According to Dr. Andrea Rumler, Professor of Business Administration and Marketing at the Berlin School of Economics and Law, it is also challenging for women themselves to recognize and understand that the symptoms they are experiencing, such as sleep disturbance, hot flashes, or poor mental health, are menopause-related. Indeed, a [2022 study](#) of the health impacts of menopause on German women collected health system data by tracking and analyzing the use of multiple billing codes, demonstrating the complexity of gaining a clear picture of women’s health.

However, a combination of stigma, a lack of provider knowledge, and insufficient awareness of menopause among health care professionals can hinder women from receiving the care they need, when they need it. Dr. Andrea Rumler noted that in Germany, menopause is not a widespread topic of conversation and is associated with social stigmas such as a loss of fertility and the end of menstruation, which can be seen as an essential aspect of female identity. This lack of discussion can feed into misinformation about menopause symptoms and treatments that is present in other case study countries as well. Rumler noted that many primary health care doctors and GPs will refuse to prescribe hormone therapies due to concerns that they cause cancer, while many patients may only be aware of hormonal treatments for symptoms, creating an information mismatch that can hinder effective treatment.

However, wait times for specialized menopause treatment can be onerous: the wait for hormonal therapy, for example, is [estimated](#) to be around 18 months. A [2021 study](#) on menopause care found that 37 percent of women surveyed felt that their gynecologists provided poor or mediocre advice, and half of the women surveyed felt only moderately or even poorly informed about available therapies. As doctors do not bill separately for advice or treatment of menopause, German advocacy groups—such as [Wir Sind](#)

[Neun Millionen](#) (We Are Nine Million)—have raised concerns that health care workers are not incentivized to educate themselves about menopause symptoms or treatments, or to spend time diagnosing and treating menopause-related ailments.

FIGURE 2
Menopause Policy and Implementation Overview

	Has the government published menopause-specific health care guidelines?
	Does the government provide funding for menopause research?
	Are age- and gender-disaggregated data publicly available and recent?

In an effort to address misinformation and lack of knowledge around menopause and its symptoms, action is being taken at the state level. The Bavarian State Ministry of Health, Care and Prevention (Gesundheit, Pflege und Prävention) is piloting a [scheme](#) to provide reliable, trustworthy information on menopause, aimed at improving women’s understanding of their experiences. Webpages on the state website provide in-depth information on different menopause symptoms, co-morbidities, and treatments, including highlighting events and workshops across Bavaria for those seeking to learn more. Advocacy organizations are taking a similar approach. [Wir Sind Neun Millionen](#), for example, includes a list of experts and specialist doctors on its website whom users can contact for advice and support. These approaches could be replicated in other states, or at the federal level, to improve access to accurate information, alongside non-digital communications such as pamphlets, which can be distributed by frontline health care workers—including primary health care providers—and through community and religious centers. To ensure that all women have access to appropriate, accurate, and accessible information about menopause symptoms and treatments, information and advice in their frequented spaces needs to be provided, and in German and non-German languages, particularly Turkish.

Menopause in the Workplace

Despite the significant role menopausal women play in the German economy, workplace policies and accommodations to support women during perimenopause, menopause, and postmenopause are uncommon, and the federal government offers no leadership on this topic. Dr. Andrea Rumler, who led the first-ever [study](#) on menopause in the workplace in Germany, published in 2023, noted that many managers in Germany are male and lack awareness or understanding of the symptoms and impacts of menopause. As a result, few companies have implemented menopause-friendly policies, and respondents to her survey reported feeling unsupported in the workplace.

Rumler sees awareness-raising as the first critical step in improving working conditions for menopausal women, particularly increasing awareness of the benefits to managers of supporting their menopausal employees and peers, such as improved productivity and reduced absenteeism. She is writing guidelines aimed directly at companies to that end. Similarly, in addition to health information, the Bavarian State Ministry of Health, Care and Prevention has created resources for managers and employers to support their employees who are experiencing menopause, including statistics on how menopause can impact productivity and profits.

While handbooks and guidance represent an important first step, Rumler noted that a one-size-fits-all approach will not work for all menopause support, as women in sedentary employment will require different accommodations from those for female nurses or police officers, for example, who spend their days on their feet. Accommodations and workplace policies need to reflect the needs and experiences of the women they seek to support, or risk being ineffective. In addition to the nature of the work, in order to be effective, menopause policies need to consider external factors that may influence menopausal women's experiences in the workplace, such as their ethnicity, their economic status, and whether they live in an urban or rural area. Menopause symptoms, or simply the stigma of going through menopause, can interact and intersect with these and other factors to impact how women experience this period of their lives.

In the absence of federal government-led policy regarding menopause support in the workplace,

NGOs and civil society organizations such as Wir Sind Neun Millionen are pushing to improve understanding and awareness of menopause, its symptoms and impacts on women, and how their employers and communities can help. [The Change](#), for example, offers consultancy services for companies seeking to implement menopause policies and accommodations, including providing information workshops, developing policy plans, and supporting the sustained implementation of changes. The NGO frames menopause support as key to employee retention and increased productivity, targeting its messaging to a corporate audience.

Looking Ahead

As Germany's population ages and an increasing number of women work through and beyond the menopause transition, ensuring that they are adequately supported to thrive in the workplace, and to access high-quality, appropriate care for any symptoms, will be key to the country's continued prosperity. Perimenopausal, menopausal, and postmenopausal women are significant contributors to the German economy,

FIGURE 3

Economic Impact of Menopause on the Workforce

The estimated impact of menopause on lost income is significant, indicating more needs to be done to support women to remain in the labor force if they wish.



Sources: DeStatis, Berlin School of Economics and Law

so safeguarding their health and well-being represents a long-term investment in the country. Notable obstacles impede this goal, however, including the piecemeal approach to menopause-related health care, treating symptoms rather than addressing menopause holistically and as part of a life-long commitment to women's health. A lack of government leadership in developing workplace protections and accommodations represents another major hurdle. Addressing these gaps—especially by improving provider education, enhancing workplace policies, and potentially introducing national legislation—will be crucial to ensure that menopausal women in Germany can continue to thrive economically and socially. Steps to improve menopause care and support in Germany include:

■ **Learning from the successes and failures of other countries** and adapt their interventions to be contextually appropriate for Germany. FP Analytics interviewee Andrea Rumler noted that among the earliest German companies to implement menopause accommodations were those with parent or subsidiary companies in the U.K., where the government was already supporting the private sector to address this issue. Stakeholders within federal and state-level government can learn from the U.K. and other countries with similar economies and populations to implement effective, well-informed, and appropriate workplace and health policies.

■ **Catalyzing government leadership** to implement federal protections for menopausal women in the workplace and develop in-depth policies to address menopause in all aspects of life, recognizing the micro- and macroeconomic incentives to do so. This work can build on recent momentum toward recognizing the needs of women in the workplace in the Bundestag and on the innovative work being done at the state level; for example, in Bavaria, which could be replicated in other states and at the federal level.

■ **Accelerating research on menopause** and its health, economic, and social impacts. In particular, governments, universities, and philanthropy can support wider and more in-depth research on health impacts of menopause, on access to care, and on experiences and impacts in the workplace, including the cost of inaction. There is also a need for research focused on under-represented groups, such as immigrants and non-German speakers who may struggle to access the necessary care or workplace support.

Looking Ahead: Pathways to addressing menopause across sectors

As outlined in the four case studies, individual countries are making headway in addressing menopause care and workplace support for aging women. But international cooperation on menopause is extremely limited. Although the World Health Organization (WHO) has recognized menopause as a public health issue, it has not issued any global guidelines as of May 2025 that are specific to menopause. Other relevant international bodies have similarly produced little programming or thought leadership on the issue, but efforts are emerging to bring greater focus onto menopause. This absence of global policies around menopause is mirrored by, and contributes to, a failure to prioritize the issue within national budgets, public health agendas, and legislative frameworks. While some countries,

such as the U.K. and Japan, have taken initial steps, the overall lack of policy integration leaves many menopausal women without the support they need, undermining not only their well-being but also wider socioeconomic development. While some multilateral institutions—such as the United Nations Population Fund (UNFPA), which recently published basic information on menopause and human rights—are slowly beginning to recognize the relevance of menopause to their work, much more can be done by all stakeholders to support women during this transition and to reduce the costs of inaction.

Recommendations

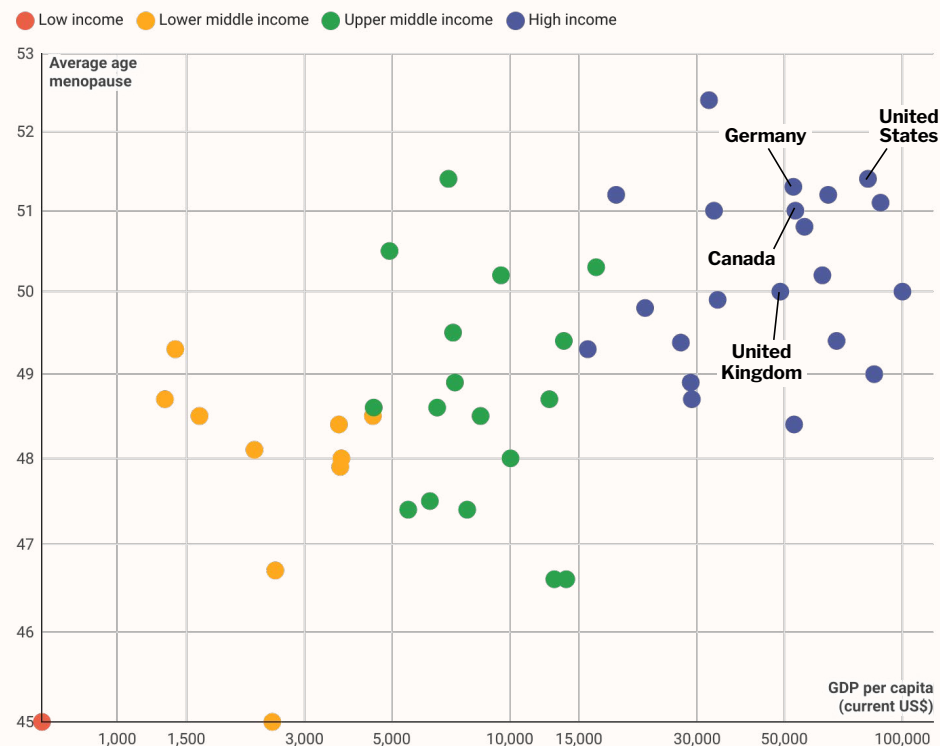
Addressing menopause requires a multisector approach, integrating patient perspectives and drawing on expertise from various fields, including health, labor, finance, gender equality, and public policy. Efforts to tackle the issue should involve collaboration across government ministries, civil society organizations, health care providers, and the private sector. Menopause-

FIGURE 3

Correlation Between Menopause Onset and GDP Per Capita, Selected Countries

Socioeconomic factors shape reproductive health, including the onset of menopause, which tends to occur later for women in higher-income settings.

Sources: See page 36



related initiatives should not be seen as isolated health interventions but as part of broader frameworks for gender and health equity as well as economic growth. Initiatives seeking to drive impact should focus on:

■ **Developing Comprehensive National Menopause Policies:**

Countries analyzed in this report lack comprehensive national policies around menopause. Governments should develop policies that holistically address menopause. These policies should focus on health care access, funding targeted research, creating workplace accommodations in the civil service, and establishing social support services for women experiencing menopause. A national policy framework should also outline clear goals, actions, and timelines to address gaps in menopause-related care and services. Moreover, menopause should be more clearly integrated into existing national policies, such as national aging plans.

■ **Reducing Stigma and Improving Education:**

Addressing stigma and improving education around menopause are essential for empowering women and improving their health outcomes. Civil society organizations play a key role in raising awareness and fostering open dialogue, while national governments also have a responsibility to integrate menopause education into public health strategies, as demonstrated by the U.K.'s decision to include menopause in the national sex education curriculum in 2019. Universities and medical schools need to recognize their role in addressing this gap by incorporating menopause into their curricula for health care professionals. Expanding continuing education and knowledge-sharing networks can help improve health care providers' expertise and capacity to support women in perimenopausal, menopausal, and postmenopausal stages of life. Relatedly, raising awareness through public education can help women manage their symptoms and seek care options as needed.

■ **Leveraging Partnerships Across Sectors:**

Engaging stakeholders from various sectors is essential for creating lasting change. Governments can partner with businesses, educational institutions, nonprofits, and research organizations to support initiatives like workplace training programs, menopause-related health research, and the expansion of accessible health care services. Governments can also utilize push-and-pull incentives for the pharmaceutical and health care industries to improve treatment



options. Such incentives can include grants and tax credits to reduce the cost of research as well as pull incentives such as market exclusivity or patent buyouts to ensure that a viable market exists for new drugs and treatments. Grants and other incentives may provide an improved reward system for industry and civil society to prioritize research around menopause, innovate better treatments, and leverage emerging technology to build data-driven strategies for diagnosis and treatment. Such partnerships can accelerate the implementation of effective policies and ensure that the needs of menopausal women are addressed in diverse contexts, from health care to the workplace.

■ **Building International Cooperation:** With projections showing that by 2050, 80 percent of the world's population over age 60 will live in low- and middle-income countries, the need for cross-country cooperation is pressing. Developing economies are likely to face the most significant challenges in addressing the needs of their growing populations of menopausal women, particularly in the absence of robust health care systems, policy frameworks, and social protections. However, little funding exists to support menopause treatment and research in developing economies. Jennifer Barsky,

founder of MenoGlobal, the first international organization dedicated to global menopause policy and awareness, noted in an interview with FP Analytics that, “Menopause isn’t prioritized in global health initiatives because it doesn’t directly lead to death, but it is a critical health inflection point where proper support and care can help prevent non-communicable diseases that shorten women’s health span and longevity.” Strengthening international cooperation through intergovernmental organizations (IGOs), development assistance, and research partnerships will be essential to improving women’s health later in life. To that end, intergovernmental organizations—including multilateral development banks and multilateral agencies dedicated to public health and gender equality—need to bring a sharpened focus on menopause into their future strategies and programs of action.

■ Expanding Leadership Opportunities for

Women: While life expectancy has increased globally, women often spend a significant portion of their lives in poor health, which limits their productivity at home, in the workforce, in their community, and in public life, including in leadership positions. In an interview with Foreign Policy Analytics, Mary Stutts, the CEO of the Healthcare Businesswomen’s Association (HBA), noted that “while women are the majority of the health care workforce globally, we still need more women in decision making roles” to close “the trillion-dollar gap between men and women’s health.” According to the 2024 report *Women in the Workplace*, women in the United States are under-represented in leadership roles, with only 29 percent of surveyed women holding C-suite roles. Indeed, women often enter the menopause transition while under consideration for top management positions. Ensuring that women can assume leadership positions is critical not only for women’s late-in-life financial stability but also for advancements in women’s health and well-being. Interviewees consistently noted that women’s advocacy, entrepreneurship, and leadership have been critical to advancements in menopause treatment, care, and policy.

Addressing menopause across sectors will require a concerted effort from national governments, international institutions, civil society, and the private sector. But it is an urgent step toward improving women’s overall health and well-being as they age. It is also critical to supporting economic development and enabling growth,

as workplaces are more likely to thrive if they offer support and accommodations to female employees transitioning through the stages of menopause. If offered targeted care and support during menopause, women can experience better health outcomes, reducing disability and enhancing their potential for engagement and contribution. Investing in menopause care is not just a health priority—it is a crucial step toward promoting health equity and maximizing women’s economic and social contributions throughout their lives.

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INTERVIEW LOG

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Dr. Paula Briggs, NHS Sexual and Reproductive Health Consultant

Bidia Deperthes, Programme and Technical Adviser, Sexual Health, HIV and STIs, UNFPA

Dr. Ekta Kapoor, Endocrinologist and Associate Professor of Medicine, Mayo Clinic

Janet Ko, President and Co-Founder, The Menopause Foundation of Canada

Nina Kuypers, Founder, Black Women in Menopause

Janet Lindsay, CEO, Wellbeing of Women

Denise Pines, President, Osteopathic Medical Board of California and filmmaker

Dr. Andrea Rumler, Professor of Business Administration and Marketing, Berlin School of Economics and Law

Mary Stutts, CEO, Healthcare Businesswomen's Association

Dr. Chui Kin Yuen, Executive Director, Canadian Menopause Society

Dr. Nese Yuskel, President, Canadian Menopause Society and Professor, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta

REFERENCES

Main Report

Alkousaa, R. (2024, February 21). Germany's shortage of workers is the biggest risk to growth, minister says. Reuters. <https://www.reuters.com/markets/europe/germanys-shortage-workers-is-biggest-risk-growth-minister-says-2024-02-21/>

Annot, M. (2023, September 15). Commentary: Menopausal women often turn to doctors who know little about it, what needs to change. University College London. <https://www.ucl.ac.uk/news/2023/sep/commentary-menopausal-women-often-turn-doctors-who-know-little-about-it-what-needs-change>

Annot, M., Emmott, E., & Mace, R. (2021). The relationship between social support, stressful events, and menopause symptoms. *PLOS One*, 16(1). doi:10.1371/journal.pone.0245444

Balzer, D. (2021, May 3). Mayo Clinic Minute: Lifestyle changes to manage menopause symptoms. Mayo Clinic. <https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-minute-lifestyle-changes-to-manage-menopause-symptoms/>

Bazeley, A., Marren, C., & Shepherd, A. (2022). Menopause and the workplace. Fawcett Society. [https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=9672cf45-5f13-4b69-8882-1e5e-](https://www.fawcettsociety.org.uk/Handlers/Download.ashx?IDMF=9672cf45-5f13-4b69-8882-1e5e-de/SharedDocs/downloads/EN/publikationen/agg_wegweiser_engl_guide_to_the_general_equal_treatment_act.pdf?_blob=publicationFile)

643ac8a6

Bonafide. (2021). State of menopause survey. <https://hellobonafide.com/pages/state-of-menopause>

British Menopause Society (n.d.). Retrieved April 17, 2025, from <https://thebms.org.uk/>

British Menopause Society. (2023). Menopause in ethnic minority women. <https://thebms.org.uk/wp-content/uploads/2023/07/20-BMS-TfC-Menopause-in-ethnic-minority-women-JULY2023-B.pdf>

Casper, R. (2023, October 24). Patient education: Non-estrogen treatments for menopausal symptoms. UpToDate. <https://www.uptodate.com/contents/non-estrogen-treatments-for-menopausal-symptoms-beyond-the-basics/print>

Canadian Menopause Society (n.d.). Retrieved April 17, 2025, from <https://www.canadian-menopausesociety.org/>

Centers for Disease Control and Prevention. (2024, February 22). Lower your risk for the number 1 killer of women. <https://www.cdc.gov/womens-health/features/heart-disease.html>

CIPD. (2023, October). Menopause in the workplace: Employee experiences in 2023. London: Chartered Institute of Personnel and Development. <https://www.cipd.org/globalassets/media/knowledge/knowledge-hub/reports/2023-pdfs/2023-menopause-report-8456.pdf>

Dabrowska, J., Dabrowska-Galas, M., Rutkowska, M., & Michalski, B. (2016). Twelve-week exercise training and the quality of life in menopausal women—clinical trial. *Menopause Review*, 15(1), 20–25. doi:10.5114/pm.2016.58769

Edwards, E., Thompson, A., & Herzberg, J. (2024, May 16). New menopause drugs treat hot flashes, but women may face insurance hurdles. NBC News. <https://www.nbcnews.com/health/health-news/non-hormonal-menopause-drugs-symptoms-insurance-hurdles-rcna152439>

Ewing, C., & Leu, C. (2023, October 19). Employers are taking meaningful steps to provide menopause benefits. Mercer. <https://www.mercer.com/en-us/insights/us-health-news/employers-are-taking-meaningful-steps/>

Faubion, S., Enders, F., Hedges, M., Chaudhry, R., Kling, J., Shufelt, C., Saadedine, M., Mara, K., Griffin, J., & Kapoor, E. (2023). Impact of menopause symptoms on women in the workplace. *Mayo Clinic Proceedings*, 98(6), 833–845. doi:10.1016/j.mayocp.2023.02.025

FP Analytics. (2023). Database of action plans for aging. AARP International. <https://www.aarpinternational.org/resources/healthy-aging/toolkit#database>

German Federal Anti-Discrimination Agency. (2019, November). Guide to the General Equal Treatment Act: Explanations and examples. [https://www.antidiskriminierungsstelle.](https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/EN/publikationen/agg_wegweiser_engl_guide_to_the_general_equal_treatment_act.pdf?_blob=publicationFile)

[de/SharedDocs/downloads/EN/publikationen/agg_wegweiser_engl_guide_to_the_general_equal_treatment_act.pdf?_blob=publicationFile](https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/EN/publikationen/agg_wegweiser_engl_guide_to_the_general_equal_treatment_act.pdf?_blob=publicationFile)

German Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. (2020, January). Guide to maternity protection. <https://www.bmfsfj.de/resource/blob/191576/beddabe131e1d1c8e67c55b2c44b73f7/leit-faden-zum-mutterschutz-englisch-data.pdf>

Geukes, M., van Aalst, M., Nauta, M., & Oosterhof, H. (2012). The impact of menopausal symptoms on work ability. *Menopause: The Journal of the North American Menopause Society*, 19(3), 278–282. doi:10.1097/gme.0b013e31822ddc97

Gold, E., Colvin, A., Avis, N., Bromberger, J., Greendale, G., Powell, L., Sternfeld, B., & Matthews, K. (2006). Longitudinal analysis of the association between vasomotor symptoms and race/ethnicity across the menopausal transition: Study of women's health across the nation. *American Journal of Public Health*, 96(7), 1226–1235. doi:10.2105/AJPH.2005.066936

Halseth, R., Loppie, C., & Robinson, N. (2018). Menopause and Indigenous women in Canada: The state of current research. National Collaborating Centre for Aboriginal Health. <https://www.nccih.ca/docs/health/RPT-Menopause-Halseth-Loppie-Robinson-EN.pdf>

Health and Her. (n.d.). A fact-based focus on perimenopause and menopause issues faced by women. U.K. Parliament's Women and Equalities Committee. https://committees.parliament.uk/writtenevidence/39340/html/#_ftn4

Health Canada. (n.d.). Women's Health Strategy. <https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/women-health-strategy.html>

Health Canada. (2024, September 12). Governments of Canada and British Columbia partner to improve contraception and diabetes coverage for residents. <https://www.canada.ca/en/health-canada/news/2024/09/governments-of-canada-and-british-columbia-partner-to-improve-contraception-and-diabetes-coverage-for-residents.html>

Health Quality Ontario. (n.d.). Evidence to improve care: Menopause. <https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-All-Quality-Standards/Menopause>

Higgins, L. (2024, August 29). Most medical schools lack menopause training. Finally, there may be some hope on the horizon! Flow Space. <https://www.theflowspace.com/reproductive-health/menopause/menopause-society-new-menopause-education-al-resource-2952073/>

Hill, K. (1996). The demography of menopause. *Maturitas*, 23(2), 113–127. doi:10.1016/0378-5122(95)00968-x

Horrell, T., McMillan, D., Schultz, A., & Thompson,

- G. (2018). Understanding access to healthcare among Indigenous peoples: A comparative analysis of biomedical and postcolonial perspectives. *Nursing Inquiry*, 25(3). doi: [10.1111/nin.12237](https://doi.org/10.1111/nin.12237)
- International Labour Organization. (2018). Care work and care jobs: For the future of decent work. <https://www.ilo.org/publications/major-publications/care-work-and-care-jobs-future-decent-work>
- International Monetary Fund. (n.d.). World economic outlook: GDP, current prices. <https://www.imf.org/external/datamapper/NGDPD@WEO/OEMDC/ADVEC/WEOWorld/GBR>
- Ishikawa, C., Loh, D., Jaewon, K., & French, A. (2024, March 6). Asia's menopause challenge: The economic case for better female health. *Nikkei Asia*. <https://asia.nikkei.com/Spotlight/The-Big-Story/Asia-s-menopause-challenge-The-economic-case-for-better-female-health>
- Jacoby, A., & Sen, A. (2024, April 25). Unseen work, unmet needs: Exploring the intersections of gender, race, and ethnicity in unpaid care labor and paid labor in the U.S. *Oxfam America*. <https://www.oxfamamerica.org/explore/research-publications/unseen-work-unmet-needs/>
- Johnson, C., Dance, S., & Achenbach, J. (2025, February 4). Here are the words putting science in the crosshairs of Trump's orders. *The Washington Post*. <https://www.washingtonpost.com/science/2025/02/04/national-science-foundation-trump-executive-orders-words/>
- Keating, S. (2023, August 17). Bridging the gap in menopause care for minority ethnic women. *Nuffield Department of Primary Care Health Sciences*. <https://www.phc.ox.ac.uk/blog/bridging-the-gap-in-menopause-care-for-minority-ethnic-women>
- Ko, J. (2023, December 15). Women's health study. *The Menopause Foundation of Canada*. <https://www.ourcommons.ca/Content/Committee/441/HESA/Brief/BR12817461/br-external/MenopauseFoundationOfCanada-e.pdf>
- Krivkovich, A., Field, E., Yee, L., McConnell, M., & Smith, H. (2024, September 17). Women in the workplace 2024: The 10th-anniversary report. *McKinsey & Company*. <https://www.mckinsey.com/featured-insights/diversity-and-inclusion/women-in-the-workplace>
- Leone, T., Brown, L., & Gemmill, A. (2023). Secular trends in premature and early menopause in low-income and middle-income countries. *BMJ Global Health*, 8(6). <https://gh.bmj.com/content/8/6/e012312>
- Madsen, T., Sobel, T., Negash, S., Shrout Allen, T., Stefanick, M., Manson, J., & Allison, M. (2023). A review of hormone and non-hormonal therapy options for the treatment of menopause. *International Journal of Women's Health*, 15, 825–836. doi: [10.2147/IJWH.S379808](https://doi.org/10.2147/IJWH.S379808)
- Manson, J., Chlebowski, R., Stefanick, M., Aragaki, A., Rossouw, J., Prentice, R., Anderson, G., Howard, B., Thomson, C., LaCroix, A., Wactawski-Wende, J., Jackson, R., Limacher, M., Margolis, K., Wassertheil-Smoller, S., Beresford, S., Cauley, J., Eaton, C., Gass, M., Hsia, J., Johnson, K., Kooperberg, C., Kuller, L., Lewis, C., Liu, S., Martin, L., Ockene, J., O'Sullivan, M., Powell, L., Simon, M., Van Horn, L., Vitolins, M., & Wallace, R. (2013). Menopausal hormone therapy and health outcomes during the intervention and extended poststopping phases of the Women's Health Initiative randomized trials. *Journal of the American Medical Association*, 310(13), 1353–1368. doi: [10.1001/jama.2013.278040](https://doi.org/10.1001/jama.2013.278040)
- Menopause Foundation of Canada. (2022). The silence and the stigma: Menopause in Canada. <https://menopausefoundationcanada.ca/wp-content/uploads/2022/10/MFC-Report-The-Silence-and-the-Stigma-Menopause-in-Canada-October-2022.pdf>
- Menopause Foundation of Canada. (2023). Menopause and work in Canada. https://menopausefoundationcanada.ca/pdf_files/Menopause_Work_Canada_2023EN.pdf
- Menopause Friendly. (n.d.). Menopause friendly members. <https://menopausefriendly.co.uk/our-members/>
- Mullen v. New Balance Athletics, Inc. (2019). https://www.bloomberglaw.com/public/desktop/document/Mullen_v_New_Balance_Athletics_Inc_No_117cv194NT_2019_BL_65311_D_7doc_id=X1C3T1N0G000N
- National Health Service. (n.d.). Herbal remedies and complementary medicines for menopause symptoms. <https://www.nhs.uk/medicines/hormone-replacement-therapy-hrt/alternatives-to-hormone-replacement-therapy-hrt/herbal-remedies-and-complementary-medicines-for-menopause-symptoms/>
- National Health Service England. (2022). Menopause in the workplace. <https://www.engage.england.nhs.uk/safety-and-innovation/menopause-in-the-workplace>
- Niland, P., & Lyons, A. (2011). Uncertainty in medicine: Meanings of menopause and hormone replacement therapy in medical textbooks. *Social Science & Medicine*, 73(8), 1238–1245. doi: [10.1016/j.socscimed.2011.07.024](https://doi.org/10.1016/j.socscimed.2011.07.024)
- OnePoll. (2022). Menopause global study. *Essity*. <https://www.essity.com/company/breaking-barriers-to-well-being/events/world-menopause-day/menopause-study/>
- Organisation for Economic Co-operation and Development. (n.d.). Labour force participation rate: Female, from 55 to 64 years, annual. [https://data-explorer.oecd.org/vis?df\[ds\]=dsDisseminateFinalDMZ&df\[id\]=DSD_LFS%40DF_IALFS_LF_WAP_Q&df\[ag\]=OECD.SDD.TPS&df\[vs\]=1.0&dq=LF_WAP_ZY.FY55T64.A&p-d=2020%2C2023&to\[TIME_PERIOD\]=false&vw=tb](https://data-explorer.oecd.org/vis?df[ds]=dsDisseminateFinalDMZ&df[id]=DSD_LFS%40DF_IALFS_LF_WAP_Q&df[ag]=OECD.SDD.TPS&df[vs]=1.0&dq=LF_WAP_ZY.FY55T64.A&p-d=2020%2C2023&to[TIME_PERIOD]=false&vw=tb)
- Organisation for Economic Co-operation and Development. (n.d.). Labour force participation rate: Female from 25 to 54 years, annual. [https://data-explorer.oecd.org/vis?df\[ds\]=dsDisseminateFinalDMZ&df\[id\]=DSD_LFS%2540DF_IALFS_LF_WAP_Q&df\[ag\]=OECD.SDD.TPS&df\[vs\]=1.0&dq=LF_WAP_ZY.FY25T54.A&p-d=2%2C0%2C2%2C0%2C%25%2C2%2C-C%2C2%2C0%2C2%2C3&to\[TIME_PERIOD\]=false&vw=tb](https://data-explorer.oecd.org/vis?df[ds]=dsDisseminateFinalDMZ&df[id]=DSD_LFS%2540DF_IALFS_LF_WAP_Q&df[ag]=OECD.SDD.TPS&df[vs]=1.0&dq=LF_WAP_ZY.FY25T54.A&p-d=2%2C0%2C2%2C0%2C%25%2C2%2C-C%2C2%2C0%2C2%2C3&to[TIME_PERIOD]=false&vw=tb)
- Peacock, K., Carlson, K., & Ketvertis, K. (2023). Menopause. In: *StatPearls* [Internet]. StatPearls Publishing. <https://www.ncbi.nlm.nih.gov/books/NBK507826/>
- Reeves, A., Elliott, M., Karvonen-Gutierrez, C., & Harlow, S. (2023). Systematic exclusion at study commencement masks earlier menopause for Black women in the Study of Women's Health Across the Nation. *International Journal of Epidemiology*, 52(5), 1612–1623. doi: [10.1093/ije/dyad085](https://doi.org/10.1093/ije/dyad085)
- Rumler, A., & Memmert, J. (2023). *MenoSupport: Overview of the results of the Germany-wide online survey*. Berlin School of Economics and Law. https://blog.hwr-berlin.de/menosupport/wp-content/uploads_menosupport/2024/09/MenoSupport_Ergebnisueberblick-Befragung-Wechseljahre-am-Arbeitsplatz.pdf
- Society for Women's Health Research. (2024). Menopause workplace resource guide for women. <https://swhr.org/wp-content/uploads/2024/04/New-SWHR-Menopause-Workplace-Guide-for-Women-2024Apr.pdf>
- Sprague, B., Trentham-Dietz, A., & Cronin, K. (2012). A sustained decline in postmenopausal hormone use: Results from the National Health and Nutrition Examination Survey 1999–2010. *Obstetrics & Gynecology*, 120(3), 595–603. doi: [10.1097/AOG.0b013e318265df42](https://doi.org/10.1097/AOG.0b013e318265df42)
- Statistisches Bundesamt. (n.d.). Labour market: Employment. https://www.destatis.de/EN/Themes/Labour/Labour-Market/Employment/_node.html
- Statistics Canada. (n.d.). Health of Canadians: Access to health care. <https://www150.statcan.gc.ca/1/pub/82-570-x/2023001/section3-eng.htm>
- Straits Research Private Limited-Garner Insights. (2024, November 21). Menopause market size to hit USD 27.63 billion by 2033. *Globe Newswire*. <https://www.globenewswire.com/news-release/2024/11/21/2985347/0/en/Menopause-Market-Size-to-Hit-USD-27-63-Billion-by-2033-Straits-Research.html>
- Stute, P., Eversheim, H., Ortijs-Lechner, D., May, M., & Feig, C. (2022). Care reality of menopausal women in Germany: Healthcare research using quantitative (SHI claims data) and qualitative (survey) data collection. *Archives of Gynecology and Obstetrics*, 306, 513–521. doi: [10.1007/s00404-022-06457-9](https://doi.org/10.1007/s00404-022-06457-9)
- SWAN. (n.d.). About SWAN. <https://www.swan-study.org/about/about-swan/>
- The White House. (2024, March 18). President Biden issues executive order and announces new actions to advance women's health research and innovation [Fact sheet]. <https://www.whitehouse.gov/briefing-room/statements-releases/2024/03/18/president-biden-issues-executive-order-and-announces-new-actions-to-advance-womens-health-research-and-innovation/>

- bidenwhitehouse.archives.gov/briefing-room/statements-releases/2024/03/18/fact-sheet-president-biden-issues-executive-order-and-announces-new-actions-to-advance-womens-health-research-and-innovation/
- Thurston, R., Bromberger, J., Joffe, H., Avis, N., Hess, R., Crandall, C., Chang, Y., Green, R., & Matthews, K. (2008). Beyond frequency: Who is most bothered by vasomotor symptoms? *Menopause*, 15(5), 841–847. doi: 10.1097/gme.0b013e318168f09b
- Tikkanen, R., Osborn, R., Mossialos, E., Djordjevic, A., & Wharton, G. (2020, June 5). International Health Care System Profiles: Germany. The Commonwealth Fund. <https://www.commonwealthfund.org/international-health-policy-center/countries/germany>
- U.K. Department for Education (2019, June 25). Statutory guidance: Relationships and sex education (RSE) and health education. <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>
- U.K. Department for Work and Pensions. (2022, July 18). Menopause and the workplace: How to enable fulfilling working lives: government response. <https://www.gov.uk/government/publications/menopause-and-the-workplace-how-to-enable-fulfilling-working-lives-government-response/menopause-and-the-workplace-how-to-enable-fulfilling-working-lives-government-response>
- U.K. Department of Health and Social Care. (2022, August 30). Women's health strategy for England. <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england#menopause>
- U.K. Department of Health and Social Care. (2022, February 3). Nation unite to tackle menopause taskforce. <https://www.gov.uk/government/news/nations-unite-to-tackle-menopause-taskforce>
- U.K. Department of Health and Social Care. (2023, April 1). New scheme for cheaper hormone replacement therapy launches. <https://www.gov.uk/government/news/new-scheme-for-cheaper-hormone-replacement-therapy-launches>
- U.K. Office for Health Improvement & Disparities. (2023, February 10). A consensus on healthy ageing. <https://www.gov.uk/government/publications/healthy-ageing-consensus-statement/a-consensus-on-healthy-ageing>
- U.K. Office for National Statistics. (2024, January 11). National life tables—life expectancy in the UK: 2020 to 2022. <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/nationallifetablesunitedkingdom/2020to2022>
- U.S. Equal Employment Opportunity Commission. (n.d.). Age Discrimination in Employment Act of 1967. Retrieved May 12, 2025: <https://www.eeoc.gov/statutes/age-discrimination-employment-act-1967>
- U.S. Department of Labor. (n.d.). Employee Retirement Income Security Act of 1974. Retrieved May 12, 2025: <https://www.dol.gov/general/topic/health-plans/erisa#:~:text=The%20Employee%20Retirement%20Income%20Security,for%20individuals%20in%20these%20plans>
- U.S. Department of Labor. (n.d.). Family and Medical Leave Act. Retrieved May 12, 2025: <https://www.dol.gov/agencies/whd/fmla>
- U.S. Equal Employment Opportunity Commission. (n.d.). Pregnant Workers Fairness Act. <https://www.eeoc.gov/statutes/pregnant-workers-fairness-act>
- U.S. Food and Drug Administration. (2023, May 12). FDA approves novel drug to treat moderate to severe hot flashes caused by menopause. <https://www.fda.gov/news-events/press-announcements/fda-approves-novel-drug-treat-moderate-severe-hot-flashes-caused-menopause>
- United Nations Department of Economic and Social Affairs, Population Division. (n.d.). World population prospects 2024. <https://population.un.org/wpp/>
- United Nations Population Fund. (2024, October). Menopause and human rights: Frequently asked questions. <https://www.unfpa.org/resources/menopause-and-human-rights-%E2%80%94-frequently-asked-questions>
- Vinopal, C. (2024, May 6). What HR can do to help support women who have their eye on the C-suite. HRBrew. <https://www.hr-brew.com/stories/2024/05/06/hr-female-representation-c-suite>
- Von der Lippe, E., & Prütz, F. (2016). Age at natural menopause: Results from the German Health Interview and Examination Survey. *European Journal of Public Health*, 26(1). doi:10.1093/eurpub/ckw172.078
- Wells, W., Xue, B., Lacey, R., & McMunn, A. (2025). Differences by ethnicity in the association between unpaid caring and health trajectories over 10 years in the U.K. Household Longitudinal Study. *Journal of Epidemiology & Community Health*, 79, 94–101. doi: 10.1136/jech-2024-222633
- World Bank Group. (n.d.). GDP (current US\$). <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD>
- World Bank Group. (n.d.). The World Bank Group in Germany. <https://www.worldbank.org/en/country/germany>
- World Health Organization. (2024, October 1). Ageing and health. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- World Health Organization. (n.d.). Health data overview for Canada. <https://data.who.int/countries/124>
- World Health Organization. (n.d.). Health data overview for the United Kingdom of Great Britain and Northern Ireland. <https://data.who.int/countries/826>
- World Health Organization. (n.d.). Health data overview for the United States of America. <https://data.who.int/countries/840>
- Yangzom, K., Masoud, H., & Hahmann, T. (2023, October 6). Primary healthcare access among First Nations People living off reserve, Métis and Inuit, 2017 to 2020. *Statistics Canada*. <https://www150.statcan.gc.ca/n1/pub/41-20-0002/412000022023005-eng.htm>

Figure 3, page 31

- Ali, K., Erkok, U., Mohamed, N., Hilowle, N., Elmi, H., & Mohamud, R. (2023). Age at natural menopause and influencing factors in women attending the gynecological outpatient clinic at a tertiary care hospital. *International Journal of Women's Health*, 15, 1627–1636. doi: 10.2147/IJWH.S434123
- Ama, N., & Ngome, E. (2013). Menopausal perceptions and experiences of older women from selected sites in Botswana. *Advances in Sexual Medicine*, 3(3), 47–59. doi: 10.4236/asm.2013.33009
- Bener, A., Rizk, D., Shaheen H., Micallef, R., Osman, N., & Dunn, E. (2000) Measurement-specific quality-of-life satisfaction during menopause in an Arabian Gulf country. *Climacteric*, 3(1), 43–49. doi: 10.3109/13697130009167598
- Blümel, J., Chedraui, P., Calle, A., Bocanera, R., Depiano, E., Figueroa-Casas, P., Gonzalez, C., Martino, M., Royer, M., Zúñiga, C., Dulon, A., Espinoza, M., Futchner, C., Mostajo, D., Soto, E., Marco, A., Aravena, H., Busquets, M., Campodonico, I., Germain, A., Alba, A., Baron, G., Gomez, G., Monterrosa A., Onatra W., Broutin, G., Manzano B., Gabriela, A., Hidalgo, L., Leon, P., Orbea, M., Sanchez, H., Vallejo, S., Vallecillo, G., Hernandez-Bueno J., Motta E., Andrade, R., Tserotas K., Gonzalez, C., Benitez, Z., Calle, E., Danckers, L., Del Castillo, A., Izaguirre, H., Ojeda, E., Rojas, J., Bencosme, A., & Lima S. (2006). Age at menopause in Latin America. *Menopause*, 13(4), 706–712. doi: 10.1097/01.gme.00000227338.73738.2d
- Boianov, M., Popivanov, P., & Protich, M. (2001). Mean age of menopause onset in Bulgarian women. *Akush Ginekol (Sofia)*, 42(2), 3–6. PMID: 11799754.
- Bustami, M., Matalka K., Elyyan, Y., Hussein, N., Hussein, N., Abu Safieh, N., Thekrallah, F., Malah, E., Abu-Qatouseh, L., & Arafat, T. (2021). Age of natural menopause among Jordanian women and factors related to premature and early menopause. *Risk Management and Healthcare Policy*, 14, 199–207. doi: 10.2147/RMHP.S289851.
- Costanian, C., McCague, H., & Tamim, H. (2018). Age at natural menopause and its associated factors in Canada: Cross-sectional analyses from the Canadian Longitudinal Study on Aging. *Menopause*, 25(3), 265–272. <https://doi.org/10.1097/gme.0000000000000990>
- El Khoudary, S., Greendale, G., Crawford, S., Avis, N., Brooks, M., Thurston, R., Karvonen-Gutierrez, C., Waetjen, L., & Matthews, K. (2019). The menopause transition and women's health at midlife: A progress report from the

- Study of Women's Health Across The Nation. Menopause, 26(10), 1213–1227. <https://doi.org/10.1097/gme.0000000000001424>
- Gottschalk, M., Eskild, A., Hofvind, S., Gran, J., & Bjelland, E. (2020). Temporal trends in age at menarche and age at menopause: A population study of 312,656 women in Norway. *Human Reproduction*, 35(2), 464–471. <https://doi.org/10.1093/humrep/dez288>
- Greer, W., Sandridge, A., & Chehabeddine, R. (2003). The frequency distribution of age at natural menopause among Saudi Arabian women. *Maturitas*, 46(4), 263–272. doi: [10.1016/s0378-5122\(03\)00215-9](https://doi.org/10.1016/s0378-5122(03)00215-9)
- Jassim, G., & Al-Shboul, Q. (2008). Attitude of Bahraini women towards the menopause: Implication for health care policy. *Maturitas*, 59(4), 358–372. doi: [10.1016/j.maturitas.2008.03.014](https://doi.org/10.1016/j.maturitas.2008.03.014)
- Kapur, P., Sinha, B., & Pereira, B. (2009). Measuring climacteric symptoms and age at natural menopause in an Indian population using the Greene Climacteric Scale. *Menopause*, 16(2), 378–384. doi: [10.1097/gme.0b013e31818a2be9](https://doi.org/10.1097/gme.0b013e31818a2be9)
- Kutenaee, M., Dashti, S., Rafati, S., Moannaei, M., Masoudi, M., Nejatizadeh, A., Shahmoradi, M., & Roozbeh, N. (2023). Factors predicting age at menopause among Iranian women in the Bandare-Kong cohort study (a cross-sectional survey of PERSIAN cohort study). *Women's Midlife Health*, 9(5). doi: [10.1186/s40695-023-00088-z](https://doi.org/10.1186/s40695-023-00088-z). Correction in *Women's Midlife Health*, 9(8). doi: [10.1186/s40695-023-00091-4](https://doi.org/10.1186/s40695-023-00091-4)
- Loh, F., Khin, L., Saw, S., Lee, J., Gu, K. (2005). The age of menopause and the menopause transition in a multiracial population: A nation-wide Singapore study. *Maturitas*, 52(3), 169–180. doi: [10.1016/j.maturitas.2004.11.004](https://doi.org/10.1016/j.maturitas.2004.11.004)
- Martins, R., de Sousa, B., & Rodrigues, V. (2022). The geography of the age at menopause in central Portugal since the early twentieth century. *Scientific Reports*, 12. <https://doi.org/10.1038/s41598-022-25475-w>
- Mishra, G., Pandeya, N., Dobson, A., Chung, H., Anderson, D., Kuh, D., Sandin, S., Giles, G., Bruinsma, F., Hayashi, K., Lee, J., Mizunuma, H., Cade, J., Burley, V., Greenwood, D., Goodman, A., Simonsen, M., Adami, H., Demakakos, P., & Weiderpass, E. (2017). Early menarche, nulliparity and the risk for premature and early natural menopause. *Human Reproduction*, 32(3), 679–686. doi: [10.1093/humrep/dew350](https://doi.org/10.1093/humrep/dew350)
- Mustafa, G., & Sabir, J. (2012). Perception and experience regarding menopause among menopausal women attending teaching hospitals in Erbil City. *Global Journal of Health Science*, 4(3), 170–178. doi: [10.5539/gjhs.v4n3p170](https://doi.org/10.5539/gjhs.v4n3p170)
- Nisar, N., & Sohoo, N. (2010). Severity of menopausal symptoms and the quality of life at different status of menopause: A community based survey from rural Sindh, Pakistan. *International Journal of Collaborative Research on Internal Medicine and Public Health*, 2(1), 118–130. https://www.researchgate.net/publication/43529389_Severity_of_Menopausal_symptoms_and_the_quality_of_life_at_different_status_of_Menopause_A_community_based_survey_from_rural_Sindh_Pakistan
- Pinter, B., Vrtovec, H., Macek, M., Verdenik, I., Darovec, A., Meglic, V., & Pucelj, M. (2003). Menopause in Slovenia: Women's characteristics and the frequency of perimenopausal symptoms. *Slovenian Medical Journal*, 72(2). <https://vestnik.szd.si/index.php/ZdravVest/article/view/1955>
- Pompei, L., Bonassi-Machado, R., Steiner, M., Pompei, I., de Melo, N., Nappi, R., & Fernandes, C. (2022). Profile of Brazilian climacteric women: Results from the Brazilian Menopause Study. *Climacteric*, 25(5), 523–529. doi: [10.1080/13697137.2022.2088276](https://doi.org/10.1080/13697137.2022.2088276)
- Rajbhandari, S., Subedi, R., Dangal, G., Phuyal, A., Vaidya, A., Karki, A., Tuladhar, H., Gurung, B., Joshi, L., & Shrestha, S. (2017). Menopausal health status of Nepalese women. *Journal of Nepal Medical Association*, 56(205), 107–111. <https://pubmed.ncbi.nlm.nih.gov/28598445/>
- Ramoso-Jalbuena, J. (1994). Climacteric Filipino women: A preliminary survey in the Philippines. *Maturitas*, 19(3), 183–190. doi: [10.1016/0378-5122\(94\)90070-1](https://doi.org/10.1016/0378-5122(94)90070-1)
- Reynolds, R., & Obermeyer, C. (2003). Correlates of the age at natural menopause in Morocco. *Annals of Human Biology*, 30(1), 97–108. doi: [10.1080/03014460210165908](https://doi.org/10.1080/03014460210165908)
- Rizvanović, M., Begić, Z., Kamberić, L., Cerovac, A., Rizvanović, S., Begić, M., & Habek, D. (2022). The influence of body mass index and smoking on the age of onset of menopause in women in Bosnia and Herzegovina: A cross-sectional multicentric study. *Menopause Review*, 21(3), 180–184. doi: [10.5114/pm.2022.119605](https://doi.org/10.5114/pm.2022.119605)
- Sibli, M., Islam, S., Uddin, J., Ali, Y., Biswas, R., Akter, S., Islam, S., & Soby, S. (2022). Analysis of the average menopause age of Bangladeshi women: A public health perspective. *World Journal of Advanced Research and Reviews*, 16(3), 231–235. <https://doi.org/10.30574/wjarr.2022.16.3.1311>
- Schoenaker, D., Jackson, C., Rowlands J., & Mishra, G. (2014). Socioeconomic position, lifestyle factors and age at natural menopause: A systematic review and meta-analyses of studies across six continents. *International Journal of Epidemiology*, 43(5), 1542–1562. doi: [10.1093/ije/dyu094](https://doi.org/10.1093/ije/dyu094)
- Shin, Y., Song, J., Kim, M., Choi, J., Han, K., & Lee, H. (2017). Relationship between age at last delivery and age at menopause: The Korea National Health and Nutrition Examination Survey. *Obstetrics & Gynecology Science*, 60(4), 362–368. doi: [10.5468/ogs.2017.60.4.362](https://doi.org/10.5468/ogs.2017.60.4.362)
- Sievert, L., & Hautaniemi, S. (2003). Age at menopause in Puebla, Mexico. *Human Biology*, 75(2), 205–226. doi: [10.1353/hub.2003.0037](https://doi.org/10.1353/hub.2003.0037)
- Sriprasert, I., Pantasri, T., Piyamongkol, W., Suwan, A., Chaikittisilpa, S., Sturdee, D., Gupta, P., & Hunter, M. (2017). An International Menopause Society study of vasomotor symptoms in Bangkok and Chiang Mai, Thailand. *Climacteric*, 20(2), 171–177. DOI: [10.1080/13697137.2017.1284782](https://doi.org/10.1080/13697137.2017.1284782)
- Thomas, F., Renaud F., Benefice E., de Meeüs, T., & Guegan, J. (2001). International variability of ages at menarche and menopause: Patterns and main determinants. *Human Biology*, 73(2), 271–290. doi: [10.1353/hub.2001.0029](https://doi.org/10.1353/hub.2001.0029)
- Vehid, S., Aran, S., Koksas, S., Isiloglu, H., & Senocak, M. (2006). The prevalence and the age at the onset of menopause in Turkish women in rural area. *Saudi Medical Journal*, 27(9), 1381–1386. <https://pubmed.ncbi.nlm.nih.gov/16951777/>
- Wang, M., Kartsonaki, C., Guo, Y., Lv, J., Gan, W., Chen, Z., Li, L., Hu, C., Yang, L., & Yu, M. (2021). Factors related to age at natural menopause in China: Results from the China Kadoorie Biobank. *Menopause*, 28(10), 1130–1142. <https://doi.org/10.1097/gme.0000000000001829>

Case Study: Canada

- Canadian Centre for Occupational Health and Safety. (2022, May 15). Menopause in the workplace [Fact sheet]. Retrieved May 12, 2025: <https://www.ccohs.ca/oshanswers/psychosocial/menopause.html>
- Canadian Institutes of Health Research. (n.d.). National Women's Health Research Initiative. Retrieved May 12, 2025: <https://cihr-irsc.gc.ca/e/53095.html>
- Ellingrud, K., Perez, L., Petersen, A., & Sartori, V. (2024, January 17). Closing the women's health gap: A \$1 trillion opportunity to improve lives and economies. McKinsey Health Institute. <https://www.mckinsey.com/health/our-insights/closing-the-womens-health-gap-a-1-trillion-dollar-opportunity-to-improve-lives-and-economies>
- Government of Canada. (2021, April). Budget 2021: Supporting women. Department of Finance Canada. <https://www.canada.ca/en/department-finance/news/2021/04/budget-2021-supporting-women.html>
- Government of Canada. (2023, October 5). World Menopause Month. <https://www.canada.ca/en/department-national-defence/macleaf/defence/2023/10/world-menopause-month.html>
- Government of Canada. (2025, February 13). Government of Canada provides \$1.7 million to improve access to sexual and reproductive health services [Press release]. <https://www.canada.ca/en/health-canada/news/2025/02/government-of-canada-provides-17-million-to-improve-access-to-sexual-and-reproductive-health-services.html>
- Government of Canada. (n.d.). Retrieved May 12, 2025: About Canada's health care system. <https://www.canada.ca/en/health-canada/services/canada-health-care-system.html>
- Government of Canada. (n.d.). Women's health strategy. Retrieved May 12, 2025: <https://www.canada.ca/en/health-canada/corporate/about-health-canada/reports-publications/women-health-strategy.html>

- Healthy Quality Ontario. (n.d.). Menopause. Retrieved April 27, 2025, from <https://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-All-Quality-Standards/Menopause>
- Janes, S. (2024, October 29). How L'Oréal Canada is creating a more menopause-inclusive workplace. Benefits Canada. <https://www.benefitscanada.com/benefits/health-wellness/how-loreal-canada-is-creating-a-more-menopause-inclusive-workplace/>
- Menopause and Work in Canada Report. (2023). The Menopause Foundation of Canada. <https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/>
- Menopause Foundation of Canada. (2022). The silence and the stigma: Menopause in Canada. <https://menopausefoundationcanada.ca/wp-content/uploads/2022/10/MFC-Report-The-Silence-and-the-Stigma-Menopause-in-Canada-October-2022.pdf>
- Menopause Foundation of Canada. (n.d.). Retrieved April 27, 2025, from <https://menopausefoundationcanada.ca/>
- Menopause Foundation of Canada. (n.d.). Menopause Works Here. Retrieved April 27, 2025, from <https://menopausefoundationcanada.ca/resources/menopause-inclusive-workplace/menopause-works-here/>
- Statistics Canada. (2024, April 4). Labour force characteristics by gender and detailed age group, monthly, unadjusted for seasonality. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1410001701>
- Statistics Canada. (2024, September 25). Population estimates on July 1, by age and gender. <https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=1710000501>
- Stranges, T., Namchuk, A., Splinter, T., Moore, K., & Galea, L. (2023). Are we moving the dial? Canadian health research funding trends for women's health, 2S/LGBTQ + health, sex, or gender considerations. *Biology of Sex Differences*, 14(40). <https://doi.org/10.1186/s13293-023-00524-9>
- The Society of Obstetricians and Gynaecologists of Canada. Latest news at the SOGC. (n.d.). Retrieved April 27, 2025, from <https://sogc.org/en/en/content/default.aspx>
- World Health Organization. (n.d.). Health data overview for Canada. Retrieved April 27, 2025, from <https://data.who.int/countries/124>
- Case Study: United States**
- A.B. 360, 2025-26 Regular Session. (California, 2025). <https://legiscan.com/CA/text/AB360/id/3207759>
- Advancing Menopause Care and Mid-Life Women's Health Act, S. 4246, 118th Congress. (2024). <https://www.congress.gov/bill/118th-congress/senate-bill/4246/text>
- Aimed Alliance. (2025, February 28). Survey reveals major gaps in workplace support for women's midlife health needs [Press release]. <https://aimedalliance.org/survey-reveals-major-gaps-in-workplace-support-for-womens-midlife-health-needs/>
- Carrot Fertility. (n.d.). Menopause in the workplace. <https://content.get-carrot.com/rs/418-PQJ-171/images/Carrot%20-%20Menopause%20in%20the%20workplace.pdf>
- Christianson, L., Handcock, T., McShane, M., & Pye, H. (n.d.). Gender diversity in the C-suite: Women's representation in the 2024 S&P 100. Retrieved April 27, 2025, from <https://www.russellreynolds.com/en/insights/articles/gender-diversity-in-the-c-suite-women-representation-in-the-2024-sp-100>
- Crawford, B., Waldman, E., & Cahn, N. (2022). Working through menopause. *Washington University Law Review*, 99, 1531-1591. <https://papers.ssrn.com/abstract=3916860>
- Faubion, S., Enders, F., Hedges, M., Chaudhry, R., Kling, J., Shufelt, C., Saadedine, M., Mara, K., Griffin, J., & Kapoor, E. (2023). Impact of menopause symptoms on women in the workplace. *Mayo Clinic Proceedings*, 98(6), 833-845. <https://doi.org/10.1016/j.mayocp.2023.02.025>
- Federal Register. (2024, April 19). Implementation of the Pregnant Workers Fairness Act. <https://www.federalregister.gov/documents/2024/04/19/2024-07527/implementation-of-the-pregnant-workers-fairness-act>
- Glazier, E., & Ko, E. (2023, May 1). 2002 HRT study comes under criticism. *UCLA Health*. <https://www.uclahealth.org/news/article/2002-hrt-study-comes-under-criticism>
- H.B. 392, 2024 Regular Session. (Louisiana, 2024). <https://legis.la.gov/legis/BillInfo.aspx?i=246077>
- Harlow, S., Burnett-Bowie, S., Greendale, G., Avis, N., Reeves, A., Richards, T., & Lewis, T. (2022). Disparities in reproductive aging and midlife health between Black and white women: The Study of Women's Health Across the Nation (SWAN). *Women's Midlife Health*, 8(3). <https://doi.org/10.1186/s40695-022-00073-y>
- Healthinsurance.org. (n.d.). What is step therapy? <https://www.healthinsurance.org/glossary/step-therapy/>
- Improving Menopause Care for Veterans Act of 2024, H.R. 8347, 118th Congress. (2024). <https://www.congress.gov/bill/118th-congress/house-bill/8347/text>
- Johnson, C., Dance, S., & Achenbach, J. (2025, February 4). Here are the words putting science in the crosshairs of Trump's orders. *The Washington Post*. <https://www.washingtonpost.com/science/2025/02/04/national-science-foundation-trump-executive-orders-words/>
- Karin, M., & Widiss, D. (2024). Menstruation, menopause, and the Pregnant Workers Fairness Act. *Indiana Legal Studies Research Paper Forthcoming*. Available at SSRN: <https://doi.org/10.2139/ssrn.4991264>
- Kling, J., MacLaughlin, K., Schnatz, P., Crandall, C., Skinner, L., Stuenkel, C., Kaunitz, A., Bitner, D., Mara, K., Hilsaca, K., & Faubion, S. (2019). Menopause management knowledge in post-graduate family medicine, internal medicine, and obstetrics and gynecology residents: A cross-sectional survey. *Mayo Clinic Proceedings*, 94(2), 242-253. <https://doi.org/10.1016/j.mayocp.2018.08.033>
- Manson, J., Crandall, C., Rossouw, J., Chlebowski, R., Anderson, G., Stefanick, M., Aragaki, A., Cauley, J., Wells, G., LaCroix, A., Thomson, C., Neuhouser, M., Van Horn, L., Kooperberg, C., Howard, B., Tinker, L., Wactawski-Wende, J., Shumaker, S., & Prentice, R. (2024). The Women's Health Initiative Randomized Trials and Clinical Practice: A Review. *Journal of the American Medical Association*, 331(20), 1748-1760. <https://doi.org/10.1001/jama.2024.6542>
- Menopause Research and Equity Act of 2023, H.R. 6749, 118th Congress. (2023). <https://www.congress.gov/bill/118th-congress/house-bill/6749/text>
- National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Sciences Policy; Committee on the Clinical Utility of Treating Patients with Compounded Bioidentical Hormone Replacement Therapy (2020). Appendix H: Boxed warnings on U.S. Food and Drug Administration-approved estrogen and testosterone products. In L. M. Jackson, R. M. Parker, & D. R. Mattison (Eds.), *The clinical utility of compounded bioidentical hormone therapy: A review of safety, effectiveness, and use*. National Academies Press. <https://www.ncbi.nlm.nih.gov/books/NBK562883/>
- Office on Women's Health. (n.d.). Menopause basics. Retrieved April 27, 2025, from <https://womenshealth.gov/menopause/menopause-basics>
- Peacock, K., Carlson, K., & Ketvertis, K. (2025). Menopause. In: StatPearls [Internet]. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK507826/>
- Pop, A., Nasui, B., Bors, R., Penes, O., Prada, A., Clotea, E., Crisan, S., Cobelschi, C., Mehedintu, C., Carstoiu, M., & Varlas, V. (2023). The current strategy in hormonal and non-hormonal therapies in menopause: A comprehensive review. *Life*, 13(3), 649. <https://doi.org/10.3390/life13030649>
- Pregnant Workers Fairness Act, 42 U.S.C. 2000 (2023). <https://www.eeoc.gov/statutes/pregnant-workers-fairness-act>
- The M Factor. (n.d.). Shredding the silence on menopause. Retrieved April 27, 2025, from <https://themfactorfilm.com/>
- The Menopause Society. (2023, August 9). New survey confirms need for more menopause education in residency programs [Press release]. <https://menopause.org/wp-content/uploads/press-release/lack-of-menopause-education-for-residents.pdf>
- The Menopause Society. (n.d.). Home page. Retrieved April 27, 2025, from <https://menopause.org/>

The White House. (2024, March 18). President Biden issues executive order and announces new actions to advance women's health research and innovation [Fact sheet]. <https://bidenwhitehouse.archives.gov/briefing-room/statements-releases/2024/03/18/fact-sheet-president-biden-issues-executive-order-and-announces-new-actions-to-advance-womens-health-research-and-innovation/>

U.S. Department of Labor. (n.d.). Labor force participation rate of women by age. Retrieved April 27, 2025, from <https://www.dol.gov/agencies/wb/data/lfp/women-by-age>

U.S. Equal Employment Opportunity Commission. (2002, October 17). Enforcement guidance on reasonable accommodation and undue hardship under the ADA. <https://www.eeoc.gov/laws/guidance/enforcement-guidance-reasonable-accommodation-and-undue-hardship-under-ada>

WARM Act of 2023, H.R. 6743, 118th Congress, (2023). <https://www.congress.gov/bills/118th-congress/house-bill/6743/text>

World Bank Group. (n.d.). World Bank open data. Retrieved April 27, 2025, from <https://data.worldbank.org>

World Health Organization. (n.d.). Health data overview for the United States of America. Retrieved April 27, 2025, from <https://data.who.int/countries/840>

Case Study: United Kingdom

All-Party Parliamentary Group on Women's Health. (n.d.). The power of informed choice: A call to action for women's health equity. <https://static1.squarespace.com/static/5757c9a92eeb8124fc5b9077/t/67f3d-2923c9e38373222cee8/1744032405372/The+Power+of+Informed+Choice+A+-Call+to+Action+for+Wom-en%27s+Health+Equity.pdf>

Arnot, M. (2023, September 15). Commentary: Menopausal women often turn to doctors who know little about it, what needs to change. UCL News. <https://www.ucl.ac.uk/news/2023/sep/commentary-menopausal-women-often-turn-doctors-who-know-little-about-it-what-needs-change>

Black Health and Beyond. (n.d.). Home page. Retrieved April 27, 2025, from <https://www.blackhealthandbeyond.co.uk/>

British Menopause Society. (n.d.). Home page. Retrieved April 27, 2025, from <https://thebms.org.uk/>

Change NHS. (n.d.). Home page. Retrieved April 27, 2025, from <https://change.nhs.uk/en-GB/>

Department for Work and Pensions. (2024, October 18). Women's health campaigner Mariella Frostrup appointed as Government Menopause Employment Ambassador. <https://www.gov.uk/government/news/womens-health-campaigner-mariella-frostrup-appointed-as-government-menopause-employment-ambassador>

Department of Health & Social Care. (2022, August 30). Women's Health Strategy for England. <https://www.gov.uk/government/publications/womens-health-strategy-for-england/womens-health-strategy-for-england>

Department of Health. (n.d.). National service framework for older people. https://assets.publishing.service.gov.uk/media/5a7b4f16e-5274a34770ead1c/National_Service_Framework_for_Older_People.pdf

Fertifa. (2024, December 17). Employment law and menopause in the UK: Your 2025 HR compliance guide. Retrieved May 12, 2025: <https://www.fertifa.com/post/menopause-employment-law-uk-hr-compliance-guide>

Forde, A., Crookes, D., Suglia, S., & Demmer, R. (2019). The weathering hypothesis as an explanation for racial disparities in health: A systematic review. *Annals of Epidemiology*, 33, 1-18.e3. <https://doi.org/10.1016/j.annepidem.2019.02.011>

Garlick, D. (2024, July 29). Menopause action plans and best practice. Menopause Friendly UK. <https://menopausefriendly.co.uk/menopause-at-work-time-to-take-action/>

Gorham, B., & Langham, O. (2024, October 2). Women's health economics: Investing in the 51 per cent. NHS Confederation. <https://www.nhsconfed.org/publications/womens-health-economics>

Government of Northern Ireland Department of Health. (2024, February 13). Minister Swann outlines Women's Health Action Plan. <https://www.health-ni.gov.uk/news/minister-swann-outlines-womens-health-action-plan>

International Monetary Fund. (n.d.). GDP, current prices. <https://www.imf.org/external/datamapper/NGDPD@WEQ>

James Lind Alliance. (2023, October 23). Menopause PSP protocol. <https://www.jla.nihr.ac.uk/documents/menopause-psp-protocol>

Keating, S. (2023, August 17). Bridging the gap in menopause care for minority ethnic women. Nuffield Department of Primary Care Health Sciences. <https://www.phc.ox.ac.uk/blog/bridging-the-gap-in-menopause-care-for-minority-ethnic-women>

McKnight, K., Wellons, M., Sites, C., Roth, D., Szychowski, J., Halanych, J., Cushman, M., & Saford, M. (2011). Racial and regional differences in age at menopause in the United States: Findings from the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study. *American Journal of Obstetrics and Gynecology*, 205(4), 353.e1-353.e8. <https://doi.org/10.1016/j.ajog.2011.05.014>

Menopause Friendly U.K. (n.d.). Membership and accreditation. Retrieved April 27, 2025, from <https://menopausefriendly.co.uk/membership-and-accreditation/>

Menopause Support. (n.d.). Priorities. <https://menopausesupport.co.uk/wp-content/uploads/2024/12/Change-NHS-.pdf>

Menopause Support. (2021, June 24). Nation-

al newspaper highlights our findings on a 'national disgrace.' <https://menopausesupport.co.uk/?p=14775>

National Health Service England. (2025, April 29). Launch of the Community Languages Translation & Interpreting framework (CLTI) for action for the NHS. <https://www.events.england.nhs.uk/events/launch-of-the-community-languages-interpreting-translation-framework-clti-for-action-for-the-nhs>

National Health Service England. Menopause in the workplace. (2022). <https://www.engage.england.nhs.uk/safety-and-innovation/menopause-in-the-workplace/>

National Health Service Wales Executive. (n.d.). The Women's Health Plan for Wales. <https://executive.nhs.wales/functions/networks-and-planning/womens-health/the-womens-health-plan-for-wales/>

National Institute for Health and Care Excellence. (2015, November 12). Retrieved May 12, 2025: Menopause: Identification and management. <https://www.nice.org.uk/guidance/ng23/chapter/recommendations>

National Institute for Health and Care Research. (2024, September). Menopause GAP: Exploring inequalities in menopause care in general practice using qualitative methodology. <https://fundingawards.nihr.ac.uk/award/NIHR204354>

Office for Health Improvement & Disparities. (2023, February 10). A consensus on healthy ageing. Retrieved April 27, 2025, from <https://www.gov.uk/government/publications/healthy-ageing-consensus-statement/a-consensus-on-healthy-ageing>

Office for National Statistics. (2024, August 29). Suicides in England and Wales: 2023 registrations. <https://www.ons.gov.uk/people-populationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunit-edkingdom/2023>

Organisation for Economic Co-operation and Development. (n.d.). Labour force participation rate. Retrieved April 27, 2025, from [https://data-explorer.oecd.org/vis?df\[ds\]=dsDisseminateFinalDMZ&df\[id\]=DSD_LFS%40DF_LALFS_LF_WAP_Q&df\[ag\]=OECD.SDD.TPS&df\[vs\]=1.0&dq=DFU%2BGBR%2B-CAN%2BOECD%2BUSALF_WAP...ZYFY25T54%2BY55T64..A&pd=2013%2C2023&to\[TIME_PERIOD\]=false&vw=tb](https://data-explorer.oecd.org/vis?df[ds]=dsDisseminateFinalDMZ&df[id]=DSD_LFS%40DF_LALFS_LF_WAP_Q&df[ag]=OECD.SDD.TPS&df[vs]=1.0&dq=DFU%2BGBR%2B-CAN%2BOECD%2BUSALF_WAP...ZYFY25T54%2BY55T64..A&pd=2013%2C2023&to[TIME_PERIOD]=false&vw=tb)

Parallel Parliament. (2025, January 30). Women's Health Strategy, Karin Smyth extracts. <https://www.parallelparliament.co.uk/mp/karin-smyth/debate/2025-01-30/commons/commons-chamber/womens-health-strategy>

Parallel Parliament. Menopause APPG. (2021, July 14). Retrieved May 12, 2025: <https://www.parallelparliament.co.uk/APPG/menopause>

Parliament of the United Kingdom. (n.d.). Employment Rights Bill. <https://bills.parliament.uk/publications/59737/documents/6209>

Raleigh, V. (2025, March 6). The health of women from ethnic minority groups In England. The

- King's Fund. <https://www.kingsfund.org.uk/insight-and-analysis/long-reads/the-health-of-women-from-ethnic-minority-groups-england>
- Rayner, A. (2025, March 8). We're going to revolutionise workplace support for menopausal women. Independent. <https://www.independent.co.uk/voices/angela-rayner-international-womens-day-menopause-b2710177.html>
- Scottish Government. (2021, August). Women's Health Plan: A plan for 2021–2024. <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/womens-health-plan/documents/womens-health-plan-plan-2021-2024/womens-health-plan-plan-2021-2024/govscot%3Adocument/womens-health-plan-plan-2021-2024.pdf>
- Stewarts. (2023, September 21). Employment Tribunal rules that menopause symptoms can amount to a disability. <https://www.stewartslaw.com/news/employment-tribunal-rules-that-menopause-symptoms-can-amount-to-a-disability/>
- The Faculty of Sexual & Reproductive Healthcare. (n.d.). Home page. Retrieved April 27, 2025, from <https://www.fsrh.org/Public/Public/FRSH-Home.aspx>
- The Patients Association. (2021, November 23). Shared decision making for long term health conditions. <https://www.patients-association.org.uk/Blog/shared-decision-making-for-long-term-health-conditions>
- They Work For You. (2025, April 22). Health Services: Women, Department of Health and Social Care written question – answered on 22 April 2025. <https://www.theyworkforyou.com/wrans/?id=2025-04-08.45306.h&s=women%27s+health+strategy#g45306.q0>
- Thornton, L., & Mann, B. (2023, April 17). One in eight Britons turned to private healthcare in the last 12 months. YouGov. <https://yougov.co.uk/health/articles/45568-one-eight-britons-turned-private-healthcare-last-1>
- Trades Union Congress. (2021, December 21). Menopause and the workplace. <https://www.tuc.org.uk/research-analysis/reports/menopause-and-workplace>
- U.K. Department for Work and Pensions. (2024, November 26). Biggest employment reforms in a generation unveiled to Get Britain Working again [Press release]. <https://www.gov.uk/government/news/biggest-employment-reforms-in-a-generation-unveiled-to-get-britain-working-again>
- U.K. Department of Health and Social Care. (2024, January 24). 500,000 women benefit from cheaper hormone replacement therapy [Press release]. <https://www.gov.uk/government/news/500000-women-benefit-from-cheaper-hormone-replacement-therapy>
- U.K. Parliament Women and Equalities Committee. (2021, September). Written evidence from Health and Her. <https://committees.parliament.uk/writtenevidence/39340/pdf/>
- Unite the Union. (2023, December 19). Unite survey: 83 per cent of menopausal women have zero access to support at work. <https://www.unite-theunion.org/news-events/news/2023/december/unite-survey-83-per-cent-of-menopausal-women-have-zero-access-to-support-at-work>
- Wellbeing of Women. (2022, June 15). NHS England latest employer to back Menopause Workplace Pledge. <https://www.wellbeingofwomen.org.uk/news/nhs-england-latest-employer-to-back-menopause-workplace-pledge/>
- World Health Organization. (n.d.). Health data overview for the United Kingdom of Great Britain and Northern Ireland. <https://data.who.int/countries/826>
- ### Case Study: Germany
- Alkousaa, R. (2024, February 21). Germany's shortage of workers is biggest risk to growth, minister says. Reuters. <https://www.reuters.com/markets/europe/germanys-shortage-workers-is-biggest-risk-growth-minister-says-2024-02-21/>
- Bavarian State Ministry of Health, Care and Prevention. (n.d.). Menopause. Retrieved April 27, 2025, from <https://www.stmgp.bayern.de/wechseljahre/>
- Connor, R., & Jones, T. (2025, April 9). Germany: CDU/CSU and SPD announce coalition government deal. Dw.com. <https://www.dw.com/en/germany-cdu-csu-and-spd-announce-coalition-government-deal/live-72180120>
- DeStatis. Employment. (n.d.). Federal Statistical Office. Retrieved April 27, 2025, from https://www.destatis.de/EN/Themes/Labour/Labour-Market/Employment/_node.html
- Federal Anti-Discrimination Agency. (2019, November). Guide to General Equal Treatment Act: Examples and explanations. https://www.antidiskriminierungsstelle.de/SharedDocs/downloads/EN/publikationen/agg_wegweiser_engl_guide_to_the_general_equal_treatment_act.pdf?__blob=publicationFile
- Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. (2020, January). Guide to maternity protection. <https://www.bmfsfj.de/resource/blob/191576/beddabe131e1d1c8e67c55b2c44b73f7/leitfaden-zum-mutterschutz-englisch-data.pdf>
- Organisation for Economic Co-operation and Development. (n.d.). Labour force participation rate. Retrieved April 27, 2025, from [https://data-explorer.oecd.org/vis?df\[ds\]=dsDisseminateFinalDMZ&df\[id\]=DSD_LFS%40DF_LALFS_LF_WAP_Q&df\[ag\]=OECD.SDD.TPS&df\[vs\]=1.0&dq=.LF_WAP..ZYFY5T-64.A&pd=2020%2C2023&to\[TIME_PERIOD\]=false&vw=tb](https://data-explorer.oecd.org/vis?df[ds]=dsDisseminateFinalDMZ&df[id]=DSD_LFS%40DF_LALFS_LF_WAP_Q&df[ag]=OECD.SDD.TPS&df[vs]=1.0&dq=.LF_WAP..ZYFY5T-64.A&pd=2020%2C2023&to[TIME_PERIOD]=false&vw=tb)
- Rumler, A., & Memmert, J. (2024, September 30). MenoSupport: Overview of results from the Germany-wide online survey on menopause in the workplace. Berlin School of Economics and Law. https://blog.hwr-berlin.de/menosupport/wp-content/uploads/meno-support/2024/09/MenoSupport_Ergebnisse-berblick-Befragung-Wechseljahre-am-Arbeitsplatz.pdf
- Schumacher, E. (2024, October 24). Menopause: German lawmakers push to break a taboo. Dw.Com. <https://www.dw.com/en/menopause-german-lawmakers-push-to-break-a-taboo/a-70577659>
- Stute, P., Eversheim, H., Ortius-Lechner, D., May, M., & Feig, C. (2022). Care reality of menopausal women in Germany: Healthcare research using quantitative (SHI claims data) and qualitative (survey) data collection. Archives of Gynecology and Obstetrics, 306, 513–521. <https://doi.org/10.1007/s00404-022-06457-9>
- The Change. (n.d.). For companies. Retrieved April 27, 2025, from <https://the-change.org/fuer-unternehmen/>
- Tikkanen, R., Osborn, R., Mossialos, E., Djordjevic, A., & Wharton, G. (2020, June 5). International Health Care Systems Profiles: Germany. The Commonwealth Fund. <https://www.commonwealthfund.org/international-health-policy-center/countries/germany>
- Von der Lippe, E., & Prütz, F. (2016). Age at natural menopause: Results from the German Health Interview and Examination Survey. European Journal of Public Health, 26(1). <https://doi.org/10.1093/eurpub/ckw172.078>
- We Are Nine Million. (n.d.). Home page. Retrieved April 27, 2025, from <https://wirsindneunmillionen.de/>
- World Bank Group. (n.d.). The World Bank Group in Germany. Retrieved April 27, 2025, from <https://www.worldbank.org/en/country/germany>