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Menopause and Perimenopause: Ethics, Rights, Well-being

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Human rights and healthcare converge distinctly when examining how life changes, like perimenopause and menopause, impact emotional health, interpersonal relationships and human connections. This paper examines medical factors, such as psychophysical symptoms, anxiety, cognitive challenges, mood alterations and cultural factors, emphasising their effects on physical and mental change, social belonging and personal identity. Psychophysical symptoms, such as anxiety, cognitive challenges and mood alterations, as observed in counselling and healthcare settings, can affect relationship quality and lead to stigma, isolation and misunderstanding. Medical and philosophical perspectives underline the importance of early recognition of physical and emotional symptoms. This approach and appropriate healthcare and counselling are essential for supporting women during significant life changes. A key interpretation of these physical and emotional symptoms is also found in the Aristotelian concept of the 'matter-form/soul-body' relationship. Creating supportive environments, through education, workplace policies, empathetic communication and government, can enhance well-being and human rights and strengthen relationships. Through case study analysis, this paper advocates for holistic support approaches - integrating medical care with therapeutic interventions like person-centred, CBT, mindfulness and pluralistic approaches - to improve understanding and connection during these significant life phases.

Keywords: *Perimenopause; Menopause; Life stages; CBT; Healthcare; Social well-being; Mental health; Pluralistic approach*; *Human rights.*

Introduction

The term "menopause" originates from the Greek words "mēns" and "pausis," meaning monthly and cessation and the Latin word as "menopausis. This term signifies a stop or break, marking the conclusion of menstrual cycles and fertility.

When the term "menopause" first entered my vocabulary, during my counselling diploma, I immediately assumed it was a universal and standard human condition, affecting all women within a specific age range with similar symptoms. However, menopause is a complex biological process that marks the end of a woman's reproductive years, typically occurring between the ages of 45 and 55[1].

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[1]WHO (2024).

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A new UN DESA report, "World Population Prospects: The 2015 Revision," states that by 2030, there will be about 1.2 billion menopausal and postmenopausal women worldwide, increasing to 1.7 billion by 2050[2]. Moreover, Grand View Research[3] reported that, in 2020, the global menopause market was valued at approximately USD 16.7 billion and is expected to continue growing.

There is still a stigma and bias surrounding the socioeconomic and health changes that many women experience during menopause. Understanding that this stage of life is not a homogeneous experience, meaning that every woman will not have a similar experience. We must understand that women varied coping mechanisms—each with its own needs and challenges—are vital to our workforce's health. As Griffiths, MacLennan & Hassard (2022)[4] remind us, addressing menopausal symptoms in the workplace is essential, as it can significantly impact employee performance and well-being.

This paper will examine the ethical perspectives and regulatory frameworks surrounding menopause. The study will specifically examine the experiences of women and minority groups, highlighting how conversations and debates often ignore their perspectives. Additionally, it will discuss how feminist ethics, which emphasises the importance of diverse perspectives and inclusive practices, aim to address this lapse by creating space for women's voices.

It is vital to foster open dialogue across all levels of an organisation, offer targeted management training and create inclusive forums that acknowledge the leadership potential of menopausal and perimenopausal women. Perimenopause and menopause are significant and, yet, often overlooked phases in a woman's life, following years of hormonal fluctuations and symptoms that vary widely in onset and intensity[5]. Despite the growing presence of women over forty-five in the workplace, menopause remains a stigma and is frequently unacknowledged in workplace policies. As highlighted in recent research, the lack of awareness and structural support leads to diminished work ability, increased absenteeism, and silence around these challenges, which are often mistaken for general stress or burnout[6]. This gap highlights the importance of addressing this topic and the need to normalise conversations about menopause as a collective organisational responsibility, rather than an individual issue, ultimately enhancing workplace well-being, productivity, and equity.

Understanding Ethical Considerations During Menopause

Ethics, rooted in ancient Greek philosophy, are linked to the flourishing of human life. In Aristotle's *Nicomachean Ethics* (c. 350 BCE)[7], virtue (*aretē*) and practical wisdom (phronesis) guide individuals towards *eudaimonia*, i.e. a state of flourishing and feeling of human fulfilment. Looking at menopause through this

[2]United Nations (2019).
[3]Grand View Research (2023).
[4]Griffiths, MacLennan & Hassard (2022).
[5]Verdonk, Bendien & Appelman (2022).
[6]Verdonk, Bendien & Appelman (2022).
[7] Aristotle (2024).

perspective urges us to see it not as a decline, but as a transformative life stage that requires dignity, ethical consideration and support.

The Aristotelian idea of the relationship between matter, form, soul and body offers another valuable way to interpret these physical and emotional symptoms. In Aristotle's *De Anima* or *On the Soul* (c. 350 BCE)[8], the soul (*psyche*) is understood as the form of the body (*soma*). In this text, Aristotle explains his theory that the soul is the essence of a living body, suggesting that the soul and body are inseparable parts of one entity. In *De Anima*[9] Aristotle states:

> "Hence, the soul must be a substance in the sense of the form of a natural body having life potentially within it. But substance is actuality, and thus soul is the actuality of a body as above characterized."

According to Aristotle's thesis, the soul is the essence of a living body, suggesting that the body is subservient to the soul. By stating that the soul is the 'actuality' of the body, Aristotle suggests that the body's life and energy depend on the soul, potentially justifying patriarchal dominance over the physical world. The concept implies that the two aspects of a living being are inseparable. Changes in the body during menopause can influence the emotional and psychological well-being of the soul. Therefore, feelings like fear or mood changes are simple manifestations of the body's development, echoing Aristotle's belief in the close link between the physical and emotional aspects. Therefore, the health of the body and mind is in a dynamic and evolving bond.

Ancient Greek philosophical traditions, particularly those associated with the Pythagorean school[10], reveal that early conceptions of divinity were predominantly male-centric. For example, Zeus is *logos* (the head), symbolising supreme authority. Zeus oversees each developmental decision and is "at the beginning, centre, and end of all beings"[11]. This evidence suggests that the decision-making process is often guided by rationality and a sense of cosmic order, reflecting a traditionally masculine perspective. And it raises an important question: why should women's voices and experiences be overlooked during menopause? Instead, menopause should be reframed as a sacred transition, honouring women's accumulated wisdom, resilience and life experience. Drawing on the metaphor of a "female pantheon", we can challenge traditional androcentric narratives of divinity and ageing and, thus, encourage a shift in the perception of menopause, as a phase of decline, to menopause as a rite of passage[12].

Ancient Greek mythology suggests rich representations of powerful female deities, such as Athena (wisdom and strategy), Aphrodite (love and beauty), Hera (marriage and protection of women), Demeter (fertility and nurturing), Artemis (independence and security), Hestia (domestic stability), and Persephone (renewal and transformation). Each deity embodies vital aspects of life and nature. These figures illustrate that femininity has always embraced strength, transformation and

[8]Atristotle (1986).
[9]Artistotle (1986). Book II, Chapter 1, 412a20–412a27.
[10]Betegh (2014).
[11]Betegh (2014) at 161.
[12]King (1998).

authority. If we support this feminist perspective, menopause can be understood, not as something to be feared or stigmatised, but as a profound, empowering stage of life that shares female wisdom and the development of identity[13].

Specifically, men's perspectives have dominated medical discourse, which treated menopause as a "problem" that required various interventions. Patriarchal mindsets have influenced this perception, demonstrating how these ideologies shape views. According to Greer (2018), medical experts have authored millions of words on and treatments for menopause, and it is a topic that has significantly less feminist literature available compared to other subjects. Feminist writers, like Virginia Woolf, attempted to address themes of menopause and menstruation in their work, but these elements were often excluded (Greer, 2018).

Then again, Western women philosophers, such as Simone de Beauvoir (1908-1986), a prominent figure in existentialism and feminist thought, have addressed menopause in their writings. De Beauvoir conceptualised menopause not just as a biological transition, but as a culturally charged crisis. In *The Second Sex*[14], she famously wrote:

> "Woman frees herself from her chains in her autumn and winter years[...] she refuses social obligations, diets, and beauty treatment [...] Relieved of her duties, she finally discovers her freedom".

She suggests that menopause can represent a form of liberation from the roles imposed upon women by society. Freed from the expectations of fertility and the associated societal duties, women may find an opportunity to redefine their identities. De Beauvoir's analysis presents menopause as a dual experience. It allows women to liberate themselves from societal expectations and explore personal freedom. However, this freedom happens when women are at an age when they are also marginalised by society, which leads to existential challenges.

Nevertheless, as De Boer & Halsema[15] argue, this so-called freedom is often illusory, providing a mask for more profound marginalisation. They build on Beauvoir's notion of "myths" and apply it to the portrayals of menopause in contemporary fiction. They identify four dominant myths that frame women undergoing menopause.

The first myth discusses how society portrays women as free from reproductive burdens; yet, it often redirects them towards neoliberal ideals of self-centred success. The second myth is related to the mother, who faces emotional emptiness after her children leave, exposing the myth of caregiving as the ultimate female purpose. The third myth is concerned with the "old, ugly, and sexless witch"[16], a persistent echo of patriarchal derision for ageing female bodies. The final myth is about a wild, wise woman, but who is also silent and socially invisible.

[13]De Beauvoir (1996) [French original 1970].
[14]De Beauvoir (2011) at 496-497.
[15]De Boer & Halsema (2024).
[16]De Boer & Halsema (2024) at 1.

Diverse Perspectives Beyond the Traditional Medical Framework

Wulf H. Utian, an endocrinologist and a well-known expert in women's health and menopause, established the first menopause clinic in 1967, which represented a significant shift in women's health. His insights into menopause emerged during a major pharmaceutical conference in Berlin, where he recognised the need for a dedicated focus on this often-overlooked stage of a woman's life. Utian discovered the female hormone, which is central to his mission of improving menopause treatment and support[17]. Utian has advised pharmaceutical companies to lead menopause clinic programmes and chaired the North American Menopause Society's Standards of Care Committee for 2025.

The menopause clinic has evolved significantly over the years, to address the unique health needs of women during menopause. At that time, the field of menopause was dominated by male healthcare providers and pharmaceutical companies, creating a business model run by men for women. Women should examine significant ethical questions regarding the representation of gender and the understanding of female health issues.

The traditional medical model often overlooks the personal and social dimensions of menopause. Dillaway[18] argues that it is necessary to consider both individual experiences and societal contexts to understand this change. There are also alternative viewpoints that challenge the patriarchal narrative surrounding menopause. Kalra, Agarwal & Magon (2012) argue that a holistic approach considers the patient's physical, psychological, and social needs when planning therapy[19]. This method addresses the multidimensional aspects of menopause through a combination of food, exercise, and other forms of therapy. For example, some holistic practitioners advocate for a more natural approach to managing menopausal symptoms through lifestyle changes, dietary adjustments and stress management techniques. Thus, the situation illustrates that there are diverse perspectives on menopause that go beyond the traditional patriarchal framework in the medical field.

In recent decades, women have increasingly shared their menopausal experiences online, bringing attention to the lack of information and support. As Malleret reported in her article, "Women around the world are challenging the stigma and lack of information around menopause." Many are turning to blogs and social media to voice their experiences and advocate for better understanding and support[20].

For instance, a British doctor, Louise Newson, founded a menopause clinic in 2015, with a passion for enhancing female health during this frequently disregarded stage of life. In a survey[21] with 3,500 women in the UK found that, due to menopause, one in eight women resigned from their jobs, 21% did not receive promotions, and 18% switched to part-time work. Newson, in "The Definitive Guide to Perimenopause and Menopause"[22]begins her introduction by discussing the case of Victoria, a

[17]Utian (1978) & Greer (2018).
[18]Dillaway (2020).
[19]Kalra, Agarwal & Magon (2012).
[20]Malleret (2024).
[21]Newson & Lewis (2021).
[22]Newson (2023).

perimenopausal woman who tragically took her life in 2021. This event was associated with the onset of mental illness and depression, which the local NHS attributed to symptoms of perimenopause.

As a supporter of female health, she has worked determinedly to raise awareness about menopause, providing vital support and education to women. Equally, in the United States, influential medical figures, such as Jennifer Gunter, a gynaecologist activist for female health and author of "The Menopause Manifesto: Own Your Health with Facts and Feminism"[23], have also contributed significantly to the conversation around menopause. Gunter[24], who has been writing about women's well-being for over a decade, addresses the significant amount of misinformation and misconceptions surrounding this topic, which deeply concerns her. She explains how she tackles this issue by stating, "Compared to men, women are less likely to have their pain treated, their symptoms taken seriously, or to receive an accurate diagnosis".

Also, Christiane Northrup, a former gynaecologist and obstetrician, asserts in her book, "The Wisdom of Menopause: Creating Physical and Emotional Health During the Change", that menopause is "a mind-body revolution that offers the greatest opportunity for growth since adolescence"[25]. According to Northrup[26], "Your emotions are your inner guidance system." This collective effort is enhancing the discourse surrounding menopause, ensuring that women everywhere receive the support and education they deserve. As the dialogue expands globally, it lays the groundwork for a future where menopause is no longer an overlooked subject, but a vital part of female health conversations.

In Europe, the gynaecologist, Alessandra Graziottin, from Italy, have been focusing on menopause and women's health. At the same time, Annamaria Colao, an endocrinologist, has addressed various female health issues, including the Mediterranean diet. These experts play a crucial role in ensuring that women everywhere receive the necessary education and support they deserve. They are preparing for a future where menopause is a key part of women's health discussions and a source of empowerment and wellness.

There are also ethical and financial considerations to address; the costs associated with menopause consultations can present significant barriers for marginalised ethnic groups, who have financial constraints[27]. This situation brings to light essential considerations regarding equity in healthcare access, especially for those dealing with the stressful effects of menopause who may not have sufficient support.

Cultural Differences: Non-Western and Western Experiences

In non-Western societies, menopause is seen positively. In non-Western cultures, menopause is not a negative or medicated life event. In traditional Chinese culture, menopause is a natural, harmonious transition within the life cycle, associated with

[23]Gunter (2021).
[24]Gunter (2020).
[25]Northrup (2006) at 15.
[26]Northrup (2006) at 23.
[27]Kochersberger, Coakley, Millheiser, Morris, Manneh, Jackson, Garrison & Hariton (2024).

wisdom and social respect rather than decline[28]. Similarly, among Indian (Rajput) women, menopause has been defined as a liberating experience, marking freedom from reproductive responsibilities and certain social restrictions, and allowing greater autonomy in later life[29]. Flint[30] found that very few Rajput women reported the typical symptoms associated with the so-called "menopausal syndrome, such as depression, dizziness, or incapacitation". Instead, menopause marked a critical cultural change: women who had previously lived under restrictions, such as *purdah* (seclusion), can socialise freely, engage in public life and interact with men, activities that they could not do before menopause. This role changes significantly elevated their social status and provided a sense of empowerment and freedom[31]. These positive cultural frameworks can function as protective factors, helping women view menopause with acceptance and resilience. Integrating these culturally rooted positive perspectives into healthcare models could offer migrant women a more holistic and empowering approach to managing menopausal transitions in Western contexts.

Furthermore, women, who migrate from non-Western to Western societies often face a double challenge during the menopausal transition: not only do they experience the physiological changes associated with menopause, but they must also face cultural dissonance, systemic barriers and, often, stressful living conditions in their new environments[32]. Kirchengast says that migrant and refugee women may have worse menopause symptoms than native women. This variation is probably because of psychosocial stressors like poverty, language barriers and exclusion, which can make hormonal imbalances worse[33].

How can we support migrant women experiencing menopause in Western societies? How can we effectively integrate the perspectives of minority groups and international scholars into discussions about menopause? What role do men play in creating a supportive environment for women going through menopause? These questions are not just rhetorical: our society can play an essential role in creating a supportive environment for women going through menopause by adopting open dialogue, understanding women's challenges, and advocating for inclusive and open policies and practices. The need for these policies is essential to make every woman feel validated, empowered and cherished during this significant phase of life.

Case Study: Cognitive Behaviour Therapy in Menopause-Related Distress

Throughout my counselling training and practice as a qualified practitioner, I have collaborated with various clients, including menopausal individuals. I will present a case study to illustrate how Cognitive Behavioral Therapy (CBT) can be applied to address specific challenges related to perimenopause. To enhance understanding, I will

[28]Su, Jogamoto, Yoshimura & Yang (2021).
[29]Flint (1975); Kirchengast (2024).
[30]Flint (1975) at 162.
[31]Flint (1975).
[32]Kirchengast (2024).
[33]Zou, Waliwitiya, Luo, Sun, Shan, Zhang & Huang (2021).

introduce a fictional character, Maria, a 45-year-old international academic in higher education, who has reported experiencing cognitive and emotional symptoms associated with perimenopause. These symptoms include difficulties with concentration, anxiety about her professional performance, and negative self-reflections. Maria also expresses concerns about being perceived as "less capable" by colleagues and students, particularly during lectures when she struggles to find words or maintain clarity. This therapeutic approach is included to demonstrate how CBT can effectively support individuals in managing these challenges, providing practical insights into its application in a real-world context.

Using Judith Beck's[34] framework for CBT based on her father, Aaron Beck's[35] work, these experiences were analysed through the lens of automatic thoughts and cognitive process distortions. For instance, during reflective moments in therapy, Maria voiced internal statements such as, "This is too hard", "I may not be able to master this" and "What if I try it and it doesn't work?"[36]. These thoughts reveal distortions, including catastrophisation and overgeneralisation, which intensified her anxiety and undermined her confidence in the academic environment.

To address these patterns, as a counsellor, I engaged in therapeutic dialogue, using collaborative empiricism, a cornerstone of CBT. Following Beck's model, the therapist will ask, "What was going through your mind when you started feeling this way in class?"[37]. This CBT question helped Maria to articulate and examine her internal dialogue. Together, they began identifying the beliefs underpinning her distress, such as, "If I don't perform perfectly, I'll lose respect" - an intermediate belief that reflected a more profound core belief about self-worth being tied to productivity.

Structured sessions included setting the agenda, a CBT technique designed to empower the client and provide focus[38]. The therapist introduced the idea by stating, "At the beginning of each session, we'll identify the problems you'd like to work on today." This collaborative strategy reinforced Maria's agency and allowed for targeted exploration of her professional and emotional challenges.

Maria was further supported through Socratic questioning, with prompts like: "What evidence supports the idea that a small mistake defines your entire competence?" These questions helped her to reframe her perspective and develop alternative, balanced thoughts, such as: "Everyone makes occasional slips; this doesn't diminish my overall effectiveness."

Beck[39] draws an analogy between learning CBT and learning to drive or use a computer, noting that the process can initially feel awkward or discouraging, but becomes more natural over time. Maria resonated with this metaphor. She began to view menopause not as a threat to her professional identity, but as a transition requiring new strategies and self-understanding.

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[34]Beck (2011).
[35]Beck (1976).
[36]Beck (2011) at 14-15.
[37]Beck (2011) at 14-15.
[38]Beck (2011) at 14.
[39]Beck (2011) at 15.

This therapeutic journey demonstrates how CBT can be ethically and effectively applied in midlife transitions, such as menopause, to mitigate workplace distress, reinforce self-efficacy and promote psychotherapeutic flexibility.

Regulatory Frameworks and Equality, Diversity Inclusion (EDI) Analytical Approaches

The menopause affects the lives of most women, as well as trans men, non-binary individuals and intersex individuals, and it is recognised as a workplace and trade union issue.

The CIPD (Chartered Institute of Personnel and Development)[40] report indicates that 73% of women, aged 40–60, experience symptoms related to menopause, with psychological issues like anxiety, depression and diminished confidence being prevalent. Two-thirds (67%) of these women report a predominantly negative impact on their work, and over half have taken time off, due to symptoms. Despite this, only 25% of organisations have implemented menopause policies, leaving many employees without adequate support. In the survey, employees indicated that support initiatives like flexible work arrangements and improved temperature management are among the most beneficial support interventions, but they often fall short of being adequate. Women with disabilities or from ethnic minority groups are particularly prone to experiencing adverse career effects. Disturbingly, 17% have contemplated leaving their jobs, due to insufficient support, and over 10% shared feeling discriminated against. The report encourages organisations to create a culture where women's health issues can be openly addressed, the adoption of flexible policies, and provision of training for managers in this regard, while urging policymakers to include menopause in their equality agendas and evaluate its economic consequences. A survey employee[41] mentions:

> Due to forgetfulness and not being as sharp with my recall as usual, I am often considered less able to present to important stakeholders, which is a huge shift for me, as I was considered one of the most valued team members.

University College Union (UCU), for instance, prioritises raising awareness about women's and other minority groups' health issues, particularly those related to menopause. Menopausal people may require specific workplace adjustments and, therefore, UCU has developed guidance for organisation branches and representatives to support them effectively. The UCU framework[42] specifically addresses that trans, intersex and some non-binary individuals may also experience menopause; therefore, it is crucial to address workplace stigma, to ensure that these individuals' symptoms are taken seriously and that they receive explicit support in company policies.

An estimated 75–80% of menopausal women in the UK are employed, making it essential for organisations to develop inclusive, legally compliant policies that

[40]CIPD (2023).
[41]CIPD (2023) at 7.
[42]UCU (2024).

treat individuals experiencing menopause with dignity and respect. The UCU's online seminar of February 2025, "The Menopause is a Workplace Issue", addresses the need for supportive strategies and solidarity, while menopause intersects with other aspects of identity, such as disability, race and sexual orientation. During this UCU session, we observed that women experiencing menopause are frequently excluded from decision-making processes in academic settings, particularly those led by younger managers and senior male leadership. We also discussed that most institutions should create roles like Menopause Champions, like "International Scholars Voices", "Race Equality", or "Disabilities"[43]. These champions would represent the interests of menopausal and post-menopausal personnel on academic boards, research committees and strategic planning groups.

Pryor[44] examines menopause in academic workplaces, exploring how hybrid environments impact symptom management for higher education and professional employee services. Motivated by severe menopause symptoms that nearly led to her resignation, Pryor's findings highlight the correlation between workplace conditions and symptom severity. She found that supportive environments, job autonomy and effective management significantly alleviate these symptoms. Pryor also proposes integrating menopause considerations into HR policies, conducting workplace risk assessments and providing manager training for menopausal employees. Additionally, she hosts "Menopause Cafés" and leads discussions at Cardiff University to promote an inclusive workplace culture[45].

Another suggestion is for Equality, Diversity, and Inclusion (EDI) committees to prioritise menopause by implementing structured data collection and developing targeted policies[46]. This initiative would address the diverse challenges faced by individuals experiencing menopause, ensuring that workplace environments are more inclusive. By recognising and responding to the specific needs of employees during this significant life transition, the approach supports those affected by menopause, fostering a healthier and more equitable workplace.

A further significant strategy is the creation of peer networks and safe spaces. Promoting and supporting initiatives such as 'Menopause Cafés' can provide institutions with informal forums where staff can openly discuss their experiences, seek peer advice, and voice concerns about the professional environment. For example, Staffordshire's Menopause Café has successfully supported women and their families, providing a space for shared experiences and mutual support during menopause[47]. According to the organiser, Cheryl Adams, "if people come along and all they take from it is the fact they are not alone in this, then I've achieved what I've set out to do"[48]; the purpose is to communicate openly and provide support to women going through menopause.

Institutions should mandate menopause-specific training for line managers, especially young people, to address health challenges, psychosocial impacts, structural

[43]UCU (2024).
[44]Pryor (2023),
[45]Cardiff University (2023).
[46]Women and Equalities Committee (2022).
[47]Price & George (2025).
[48]Price & George (2025).

inequalities and inclusive communication. Munn, Vaughan, Tataukikar, Davies & Harper (2022)[49]conducted an online survey highlighting the necessity for education and workplace training on menopause for women under forty. This initiative aims to enhance understanding and support among colleagues experiencing menopause at a young age. Additionally, the European Menopause and Andropause Society (EMAS) advocates for comprehensive healthcare professionals' education on menopause[50].

As Muir[51]points out, women in the professional environment, including those in the NHS, are not adequately informed or trained, and general practitioners (GPs) are not fully clinically prepared. Muir suggests that more training sessions for managers, workshops for all employees, and routine health checks are needed. We should also have lectures for all staff and make this topic compulsory in educational settings and assessments.

Lastly, integrating feminist ethical principles into policymaking is essential for creating a supportive environment for women undergoing menopause. Academic institutions must value care and lived experience, ensuring that ageing women are retained and respected. They serve as leaders and mentors for future generations. For example, the University of Greenwich has ingrained these values into its policies; promoting diversity and acknowledging the valuable contributions made by menopausal women.

Measuring the effectiveness of menopause support systems in the professional environment is essential for creating an inclusive and supportive environment for employees experiencing this natural transition. One effective strategy is to implement anonymous surveys and focus groups. Regularly administering anonymous climate surveys to measure the feelings of staff experiencing menopause regarding their safety. By further supplementing such surveys with focus groups, organisations can gather qualitative feedback that directly influences the design of inclusive policies and practices. A study by Viotti, Sottimano, Travierso, Martini & Converso (2021)[52], which involved 1,069 menopausal women employed as administrative officers in a public organisation, found that menopausal symptoms aggravated the adverse effects of workload, leading to increased exhaustion.

In addition to qualitative measures, monitoring human resources data is essential. Analysing trends in sickness absence, requests for adjustments and resignations, specifically among women aged 45-60, can reveal areas where support systems may fall short. For instance, understanding the patterns surrounding the uptake of flexible working arrangements and how this variable correlates with menopause-related requests can offer insights into the effectiveness of current professional environment policies and highlight where improvements are needed. Another study, by Viotti, Guidetti, Converso & Sottimano (2020)[53], identifies work-related psychosocial factors, such as job autonomy and a health-oriented organisational climate, that positively influence work ability among menopausal women.

[49]Munn, Vaughan, Tataukikar, Davies & Harper (2022).
[50]*EMAS* (2023).
[51]Muir (2022).
[52]Viotti, Sottimano, Travierso, Martini & Converso (2021).
[53]Viotti, Guidetti, Converso & Sottimano (2020).

Another critical avenue is integrating menopause data into more extensive equity and pay audits. By including menopause as a distinct consideration in gender pay gap reports and worker equity audits, organisations can promote visibility and accountability. Furthermore, including menopause in equality impact assessments (EIA), when reviewing new policies or structural changes, can help institutions to address the specific challenges menopausal employees face.

Curriculum development is critical for developing a professional environment culture. Mandatory menopausal awareness training for all academic and support staff is critical. This training should emphasise polite communication, practical support measures and acknowledge different menopause experiences. Furthermore, it is important to increase the integration of menopausal studies and health theories into educational curricula, particularly in the humanities, STEM, business studies and healthcare disciplines, in order to connect these courses with companies that foster a welcoming environment. Munn, Vaughan, Tataukikar, Davies & Harper (2022)[54] found that 80% of women under forty have no knowledge or a little knowledge of menopause, with 80% of those aged twenty to thirty and over thirty not being taught about it. They either have "no knowledge at all" or just "some knowledge" of the menopause[55]. The study also highlighted that women over thirty are "more proactive" in seeking information, whereas younger women often "use passive routes to acquire information", mainly learning through family discussions rather than formal sources[56]. These findings emphasise the urgent need to embed menopause education earlier and more systematically in school and workplace settings.

Awareness initiatives, particularly around key days, such as World Menopause Day (18 October) and International Women's Day, can help to establish open conversations about menopause in the workplace. Organisations can use posters, newsletters and host events on this topic to raise awareness and minimise stigma. Other initiatives can include making resources like menopause toolkits, NHS factsheets and information guides, like "Menopause Matters", easily accessible in staff rooms and HR portals, and hosting health and safety briefings. Monitoring HR data on sickness absence and resignations among women aged forty-five to sixty, for example, may identify gaps in support systems[57].

Menopause Frameworks: A Global Overview

Legal protection is another essential component of effective menopause support systems. The Equality Act 2010 (UK) protects against discrimination based on age, sex and disability by recognising that severe menopausal symptoms can constitute a disability. This legislation necessitates that employers make reasonable adjustments. The Health and Safety at Work Act 1974 further mandates employers to safeguard

[54]Munn, Vaughan, Tataukikar, Davies & Harper (2022).
[55]Munn, Vaughan, Tataukikar, Davies & Harper (2022) at 8.
[56]Munn, Vaughan, Tataukikar, Davies & Harper (2022) at 9.
[57]Viotti, Guidetti, Converso & Sottimano (2020).

staff's mental and physical well-being, including ensuring appropriate environmental conditions.

The UK Advisory, Conciliation and Arbitration Service (ACAS) states that employers ought to implement reasonable adjustments for menopausal employees[58]. Furthermore, the European Menopause and Andropause Society (EMAS) has published a Menopause and Work Charter for menopause-friendly workplaces through policy, education and culture change[59].

In other European countries like France and Germany, discussions around menopause in the context of employee health and well-being are becoming prominent. Both nations are focusing on raising awareness and implementing policies to create supportive work environments. In a report conducted by Smith, Wilson & Alan[60] on the impact of menopause in Germany they found that this supporting menopausal women is crucial for economic growth in Germany. However, a 2023 survey found that only 15% of women felt supported by their employers, with 25% reducing working hours or leaving the workforce. This lack of support costs German companies EUR 9.5 billion annually. Similarly, in France, while specific menopause legislation is still limited, existing employment laws offer certain protections, and there is a strong push for organisations to provide menopause-friendly environments through awareness training and accommodations. These initiatives are designed not only to improve the well-being of employees but also to retain experienced workers and promote inclusivity in the workplace[61].

Italian policymakers are beginning to address menopause in the professional environment. For instance, the Member of Parliament, Martina Semenzato, has proposed a parliamentary motion aimed at introducing national menopause awareness campaigns, establishing workplace well-being programmes, and providing financial incentives for menopause-friendly policies. In October 2024, she organised the event "Io non sono la mia menopausa" ("I Am Not My Menopause") in Montecitorio, pointing out the need for greater workplace awareness and the impact of menopause on healthcare policies[62].

Formal legal protections for employees experiencing menopausal symptoms are still limited, despite the growing recognition of women's health rights in the workplace. In Scotland, the case of Mandy Davies, a court employee with more than 20 years of experience[63], brings attention to this issue. Davies suffered from severe perimenopausal symptoms, including heavy bleeding, anaemia, memory loss and confusion[64]. These symptoms significantly affected her work performance, leading to an incident where she mistakenly believed that two court attendees had consumed her medicated water. As a result, she was dismissed, but was later awarded over £19,000 in compensation. Analysis by the legal firm, Addleshaw Goddard LLP (2018), noted that the employer failed to adequately consider Davies's menopausal symptoms, which contributed to findings of unfair dismissal and disability discrimination. The

[58]ACAS, 2024.
[59]EMAS, 2023.
[60]Smith, Wildon &Akan (2025).
[61]Phaidon International (2025).
[62]Fondazione Onda (2024); Davies (2025).
[63]Gov.uk (2018).
[64]Kenner (2018).

Employment Tribunal found that Davies' dismissal was unfair and discriminatory under the Equality Act 2010. The tribunal emphasised that the employer had neglected to consider the significant effects of menopausal symptoms on Davies' behaviour and performance, and had failed to provide reasonable adjustments. Consequently, Davies was reinstated and compensated for lost earnings and emotional distress.

The issue of menopausal misunderstanding is particularly critical when considering the challenges faced by minority ethnic groups, who may face additional barriers in managing menopausal symptoms[65]. Im, Kim, Choi & Chee (2022) and Stopforth, Bécares, Nazroo, & Kapadia (2021)[66] indicate that racial discrimination limit access to support for minority ethnic groups, worsening health inequalities, and leading to insufficient or inadequate diagnosis and treatment.[67] Consequently, these situations can result in prolonged symptoms and additional medical appointments, increasing workplace absenteeism and productivity. Kochersberger, Coakley, Millhehiser, Morris, Manneh, Jackson, Garrison & Hariton (2024)[68] show that the type and severity of menopausal symptoms, as well as access to healthcare, vary significantly among different racial and ethnic groups. They determined that socioeconomic status does not fully explain these disparities.

Additionally, Atkinson, Beck, Brewis, Davies, & Duberley (2021)[69] claim that menopause in the workplace is a significant issue that requires protection from Human Resource Management (HRM) academics and practitioners. They propose an intersectional political economy approach, combining feminist political economy and intersectionality theory (Crenshaw)[70], to better understand menopause at work. This approach connects macro-level gendered relations with micro- and meso-level factors, allowing for a more profound understanding of menopause experiences and promoting a broader bio-psycho-cultural perspective. This framework connects macro-level gendered relations comprising individuals, the state and society with micro- and meso-level factors such as class, employment type, race, age and social status.

Menopause also impacts neurodiverse individuals, often intensifying existing health challenges and complicating symptom recognition and management[71]. Neurodiverse women, such as those with autism or other neurological conditions, may experience more severe menopausal symptoms, greater difficulty accessing support and an increased risk of health complications. Additionally, Gottardello and Steffan's neurodiversity research illustrates the importance of an inclusive setting[72]. Also, women with intellectual disabilities who also experience high levels of mental health conditions may face intensified menopausal symptoms and challenges in identifying or expressing them, which often leads to underdiagnosis or misattribution by carers and healthcare professionals[73].

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[65]Richard-Davis & Wellons (2013).
[66]Im, Kim, Choi & Chee (2022); Stopforth, Bécares, Nazroo, & Kapadia (2021)
[67]Blanken, Gibson, Li, Huang, Byers, Maguen & Seal (2022).
[68]Kochersberger, Coakley, Millhehiser, Morris, Manneh, Jackson, Garrison & Hariton (2024).
[69]Atkinson, Beck, Brewis, Davies & Duberley (2021).
[70]Crenshaw (1989).
[71]Kelly, Martin, Taylor & Doherty (2024).
[72]Gottardello & Steffan (2024).
[73]Corrigan, McCaron, McCallion & Burke (2025).

Providing support and protection for individuals who are experiencing menopausal symptoms is essential. If symptoms associated with menopause lead to adverse treatment, such cases could potentially qualify as sex discrimination. The Americans with Disabilities Act (ADA) of 1990 does not define menopause as a disability. However, it does offer protection to employees who have a disability and, since menopausal symptoms significantly interfere with major life activities, this law could be applicable. This gap between policy and practice is evident in real-world cases of employment discrimination in the US; for instance, in the case *Sipple vs. Crossmark* of Georgia Sipple, a product demonstrator for a food company, who encountered significant barriers when requesting reasonable accommodations for her menopausal symptoms.

In Australia, there is currently no specific national legislation directly addressing menopause in the workplace; however, existing anti-discrimination laws at the federal and state levels, such as the Sex Discrimination Act 1984, the Disability Discrimination Act 1992 and the Age Discrimination Act 2004, provide protection for employees experiencing menopause-related symptoms (Australian Human Rights Commission). These acts, collectively, address discrimination related to sex, disability and age, which are all relevant to menopause-related issues.

State and territory laws further complement these federal protections. For example, the Anti-Discrimination Act 1991 (Qld) and the Equal Opportunity Act 2010 (Vic) specifically prohibit discrimination based on sex, age and disability, providing avenues for employees facing menopause-related discrimination.

Several prominent Australian companies have sought accreditation to become "menopause-friendly" workplaces, to improve retention, boost productivity and reduce absenteeism. These certifications typically assess workplace policies, communication practices and awareness efforts related to menopause[74].

Employers are increasingly aware of the impact of menopausal symptoms on their employees, leading to policies promoting flexible work hours, private rest spaces and medical assistance, creating a supportive environment.

Conclusion

Sociological structures that failed to recognise the full trajectory of women's lives have perpetuated the exclusion of women from public and professional life throughout history. Menopause, when viewed through the Aristotelian and feminist lenses, becomes a call for justice, and flourishing and renewed societal engagement. Ethical leadership, today, requires transforming menopause, from a private challenge into a collective commitment to inclusivity, respect, and human flourishing.

What strategies can organisations implement to support women and other minorities who experience menopause professionally? What role can younger generations play in establishing a menopause-supportive environment to advance gender equity professionally?

Throughout history, women have faced considerable challenges in the professional environment, particularly as they age and enter menopause. In the early 20th century,

[74]Gov.uk (2024).

women often left their jobs once they married or had children, highlighting a persistent belief that women were less valuable as their roles changed towards family care[75]. While there is an increasing awareness of menopause at work in various countries, the level of formal recognition and protective measures varies significantly. Despite increasing awareness, the formal recognition of menopause-related needs in the workplace remains inconsistent, often resulting in discriminatory practices. This inconsistency demonstrates the need for ongoing advocacy and the development of comprehensive policies. Creating a menopause-supportive professional environment is an ethical and legal obligation that improves workforce retention, excellence and social justice.

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