Menopause Toolkit



CONTENTS

Menopause Toolkit	3
Introduction	4
Hormones and Menopause	6
Section 1 Perimenopause	7
Section 2 Menopause Premature and Early Menopause	8
Section 3 Post Menopause	9
Section 4 Endometriosis	10
Section 5 Trans and Non-Binary People	11
Section 6 Person Centered Approach	12
Section 7 Manager Centered Approach	14
Section 8 Colleague Centered Approach	16
Section 9 Family and Friends Centered Approach	17
Section 10 Support	18
Library	19
Notes	20

INTERACTIVE KEY



Click on the **specific chapter in the contents** that you'd like to go to.



Click on the **home icon** to take you back to the contents page.



MENOPAUSE TOOLKIT

Menopause is a transitional stage that will affect half the world's population, but there is often a stigma attached which can prevent women discussing with people close to them and asking for support if they need it. We want to change that by increasing our awareness and education on the subject, and importantly normalising the conversation.

As part of our commitment to gender equality and our ambition to be the world's best employer for women by 2025 we want to increase understanding of how menopause impacts people at work and ways that we can support employees experiencing it.

Vodafone's global commitment on menopause is part of our aim to build a more inclusive culture and our desire for women to see Vodafone as the place to be for their career through all stages of their life.

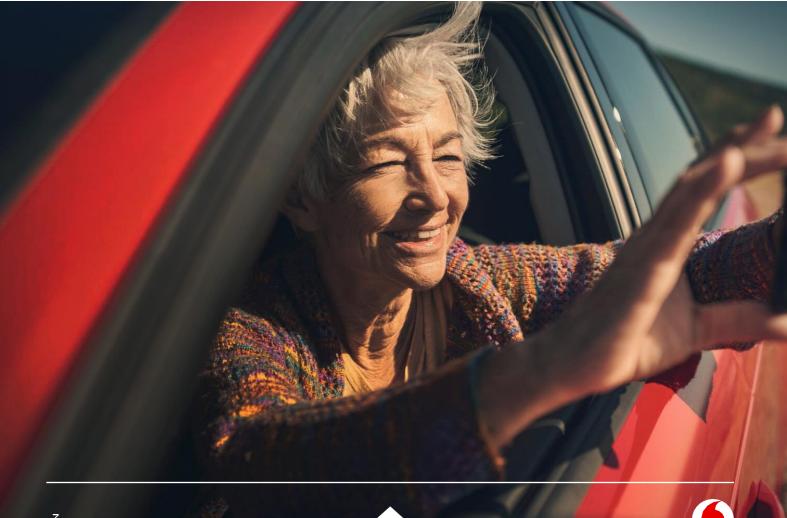
Vodafone estimates that menopause currently affects around 15% of Vodafone's 100,000 employees. To ensure that all Vodafone employees feel comfortable seeking support, Vodafone's global commitment will introduce a balance of support, assistance, training and awareness.

To begin this journey, we hosted a global webinar on 'Hormonal Health and Life Stages'.

A global community of colleagues have created a network of support called the Cycles of Life which is hosted on Workplace.

This comprehensive toolkit is the next step in this journey for those experiencing menopause and for the people supporting them.

This toolkit refers to women experiencing menopause, but we recognise that some trans and non-binary colleagues also experience menopause. We also recognise that for some women menopause occurs early for medical reasons and therefore we will not refer to menopause as a natural life stage.



INTRODUCTION

Women over 45, all of whom will or have experienced menopause, are the fastest growing demographic in the labor force across many countries.

Vodafone published new independent research conducted by Opinium, surveying 5,012 people in five countries aged 18+ who had experienced menopause while at work. Opinium found that:



be **more workplace support** for women going through menopause.

symptoms said they have felt **too embarrassed to ask for support in the workplace**, rising to 66% for 18-44-year olds.

Not everyone feels comfortable talking about menopause. Menopause is often perceived as a personal and private matter that does not impact our workplaces. But it does - one in six women will experience debilitating symptoms that directly impact workplace productivity through no fault of her own. Menopause is also perceived as a taboo subject, shrouded in secrecy that often leads to misunderstanding of what is happening in women's bodies.

Menopause is a time of transition and when a woman's oestrogen levels decline. It is a time when women stop having their periods and experience hormonal changes. Typically, this occurs between the ages of 45 and 55 and may last between four and eight years. However, it can last significantly longer. The process can also start earlier with some women experiencing premature menopause before the age of 40.

Hormonal changes can be experienced at other times of life as well – when receiving fertility treatments, taking contraceptives or other hormonal treatments, or during an illness. Hormonal changes affect a much wider group of people than we often realise.

For some women, menopause will occur early for medical reasons – such as surgery, transitioning or for the treatment of endometriosis. Because of this, we do not refer to this as a natural life stage. Some women have a negative experience, while other women have a positive experience. It is also important to recognise that some trans and non-binary colleagues also experience menopause.

The process of 'menopause' is broken down into **three distinct phases**:



PERIMENOPAUSE

The **beginning of the transition** and onset of symptoms.



MENOPAUSE

A single day after 12 consecutive months without a period.



POST MENOPAUSE

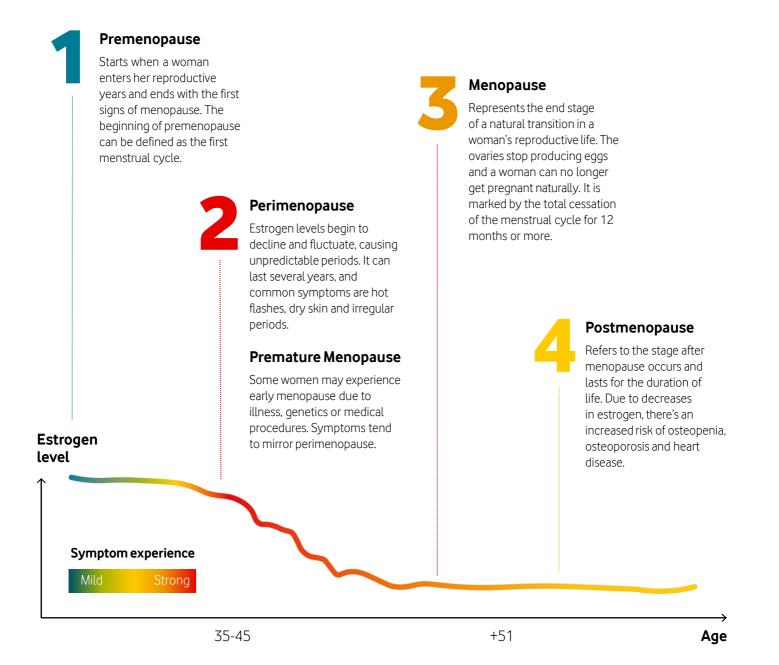
Generally **2-3 years after the last period**.



The purpose of the Menopause Toolkit is to create awareness and provide practical information and support for everyone at Vodafone. We also aim to provide guidance for managers on how to better support our colleagues on this journey.

The toolkit is organised into the following sections: Perimenopause, Menopause, Post Menopause, Endometriosis, and Transitioning. Each explores key factors: a definition, medical issues, symptoms and how this affects our people and workplaces. The toolkit then offers a person-centered focus where we discuss how to access support, how we might talk about this with our colleagues and family members, and how we at Vodafone engage all our employees at work. There is a section for managers that includes key cultural dynamics and a library of support and then a section on supporting colleagues, friends or family members. Our intention is to offer holistic support and resources to all our people.

THE FOUR STAGES OF MENOPAUSE



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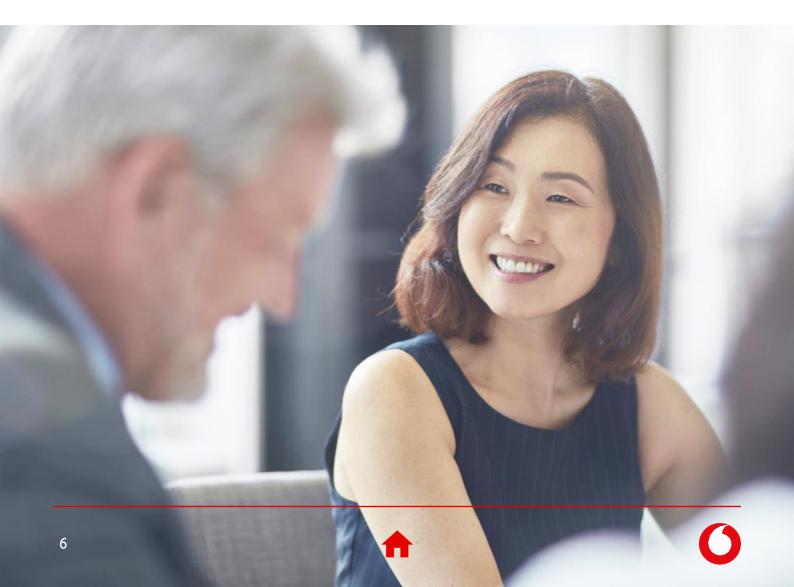
HORMONES AND MENOPAUSE

Hormones are chemical messengers that are regulated and released by the endocrine system. These glands and organs use hormones to control and coordinate the body's metabolism, energy level, reproduction, growth and development, response to injury, stress, and mood.

The three key hormones in perimenopause are oestrogen, thyroid hormones, and stress hormones, which all interact to affect the brain and body. These are:

- **1. Thyroid Hormones:** Affect metabolism, energy, weight and are produced by the thyroid gland.
- **2. Cortisol:** Major stress hormone which regulates blood sugar, blood pressure, and immune function. It is produced by the adrenal glands.
- **3. Oestrogen:** Regulates menstruation, keeps joints from drying out and is produced by the ovaries along with progesterone and testosterone.

Oestrogen has hundreds of roles in a woman's body and can impact mood, cognitive development and functioning. It is responsible for secondary sex characteristics in women and is significant in women's mental health. Oestrogen can impact the amygdala which controls fear and anxiety responses. It has the capacity to increase serotonin and the number of serotonin receptors in the brain. It can also modify the production and effects of endorphins - the brain's "feel good chemicals." (1)





What is it?

Perimenopause means "around menopause" and refers to the time during which a woman's body makes the journey to menopause. Also called the menopausal transition, it is the years leading up to menopause and the time for the onset of symptoms. Women start perimenopause at different ages. This period can be more chaotic than menopause itself.

Independent research commissioned by Vodafone found that of those people who are going through or have gone through menopause, eight in ten (86%) experienced symptoms related to this time. These are across the UK (85%), Italy (85%) and Spain (87%).

There are some differences across the countries, with women in the UK and Germany experiencing symptoms for 4 years, on average, compared to those in Spain, Italy and South Africa where the average duration was reported around 3 years.

How it affects people at work?

The symptoms of perimenopause, taken on their own or collectively, can directly impact the experience and performance of women at work. Global research has systematically highlighted the negative impact of perimenopausal symptoms such as hot flushes on women's self-assessed work ability, productivity and capacity to work. Furthermore, psychological and cognitive symptoms of perimenopause have been found in some studies to have a greater negative influence on women's productivity and work experience (11). In addition, research suggests that the workplace environment (e.g., office temperature and ventilation) can also have a negative impact on the severity of women's symptoms during perimenopause (12). The impact of perimenopause on women's work experience depends on a variety of factors including severity of symptoms, workload, environment, and attitudes of colleagues and managers.

The research commissioned by Vodafone found that those who have been impacted at work, the most common impact was a general feeling of fatigue (53%), followed by mood changes (47%), broken sleep (46%), temperature fluctuations (42%), and more stress (40%).

Additionally, the report found that over one third (36%) of women have had to take time off work because of their (peri) menopause symptoms.

Finally, the report stated that there are concerns about the impact of (peri) menopause symptoms on various aspects of work. Half (51%) of those who have experienced symptoms have been concerned about how this affects their performance at work. 43% are concerned about how their symptoms affected their progression at work and almost (47%) were concerned about how their symptoms affected perceptions at work.



Medicallv

The level of oestrogen - the main female hormone - in the body rises and falls unevenly during perimenopause. Ovulation becomes irregular, progesterone is not produced if ovulation does not occur, periods become irregular, and the thickness of the uterine lining varies according to the hormone levels in the body.



Symptoms

Symptoms of perimenopause include (and are not limited to):

- Irregular periods
- Problems sleeping
- Hot flushes
- Night sweats
- Insomnia
- Heart palpitations
- Bladder problems
- Weight gain
- Hair loss
- Cognitive issues

Our hormonal landscape starts to shift long before our periods stop"

Maisie Hill, Perimenopause Power, 2021



SECTION 2: MENOPAUSE



What is it?

Menopause itself is one day in a woman's life. Once a woman has not had periods for 12 continuous months, she has gone through menopause. However, it is important to ensure that the lack of periods is not due to another reason, like abnormal thyroid function or the use of birth control pills.



Symptoms of menopause are very similar to **perimenopause**.



Menopause is when the ovaries no longer release eggs and oestrogen levels become very low.



How it affects people at work?

The impact of menopause on women's work experience, capacity and performance is similar to the **perimenopause** stage.

PREMATURE AND EARLY MENOPAUSE



What is it?

Premature menopause and early menopause are conditions where a woman goes through menopause at an earlier age than is typically expected. Both conditions can result in women being unable to become pregnant. If there is no obvious medical or surgical cause for the premature menopause, this is called primary ovarian insufficiency (POI) or premature ovarian insufficiency. Premature menopause happens to about 1% of women under age 40. Early menopause, occurring in women under age 45, is seen in about 5% of women (5).



The symptoms of premature and early menopause include many of the typical **perimenopause** symptoms.



How it affects people at work?

The impact of early or premature menopause on women's work experience, capacity and performance is similar to the **perimenopause** stage.



What conditions can cause it?

Genes, some immune system disorders, or medical procedures can cause premature menopause. Other causes include:

- Premature ovarian failure. This is when the ovaries prematurely stop releasing eggs, for unknown reasons, and the levels of oestrogen and progesterone change. When this happens before 40, it's called premature ovarian failure. Unlike premature menopause, premature ovarian failure isn't always permanent.
- Induced menopause. This happens when a doctor removes the ovaries for medical reasons, such as uterine cancer or endometriosis. It can also happen when radiation or chemotherapy damages the ovaries.







What is it?

Post menopause refers to the time after menopause. Post menopause is generally two to three years after a woman's last period when some of the symptoms subside.



How it affects people at work?

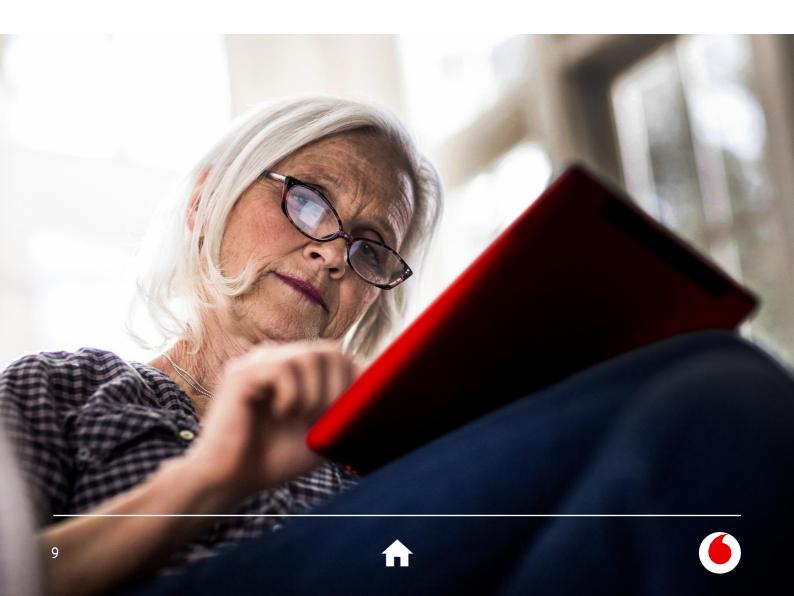
The symptoms of post menopause continue to impact women's experience in the workplace, despite the severity of cognitive and physical symptoms subsiding. The symptoms reported to be most problematic for women in this stage are osteoporotic symptoms such as joint and muscular discomfort.



Hormone levels will remain at a constant low level and the woman will no longer be able to become pregnant, nor experience monthly menstrual cycles. Critically – post menopausal women will be at increased risk for:

- **Osteoporosis**: This is a condition that causes the thinning of the bones. This change in bone density increases following menopause, particularly in the first few years after the period stops and is due to the loss of oestrogen in the body. A woman may lose up to 25 percent bone density following menopause up to age 60. Osteoporosis makes a woman susceptible to bone fractures, particularly in the hips, spine, and wrists.
- **Cardiovascular disease**: Menopause does not directly cause cardiovascular disease, but it may increase a woman's risk. The shift in hormones as well as changes to blood pressure, "bad" cholesterol, and triglycerides can also occur following menopause.

It is important to note that energy levels may increase, and cognitive and physical symptoms often subside.





What is it?

Endometriosis is a disease where tissue similar to the lining of the uterus grows outside the uterus, causing pain and/or infertility. It can strike women of any socioeconomic class, age or race. Endometriosis affects roughly 10% (190 million) of reproductive age women and girls globally. (6)

Symptoms

Symptoms associated with endometriosis vary, are often severe and life impacting, and can include any or all the following:

- painful periods
- heavy periods
- chronic pelvic pain
- painful urination, bowel movements
- fatigue
- depression and/or anxiety
- abdominal bloating and nausea



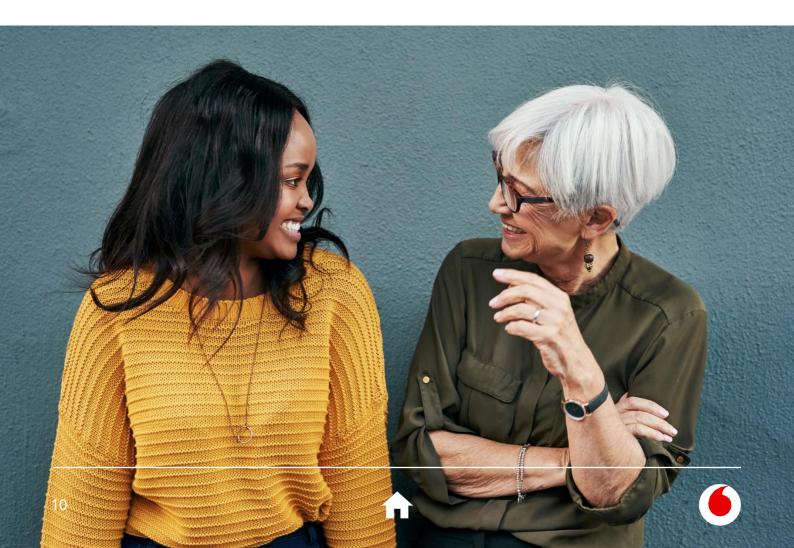
Endometriosis is a disease characterized by the presence of tissue resembling endometrium (the lining of the uterus) outside the uterus. It causes a chronic inflammatory reaction that may result in the formation of scar tissue (adhesions, fibrosis) within the pelvis and other parts of the body. It causes pain and, in extreme cases, infertility. Unlike a period, as this endometrial tissue grows and sheds, there is no way for the tissue to leave the body – which can cause chronic pain and other symptoms.

The variable and broad symptoms of endometriosis mean that healthcare workers do not easily diagnose it and it is often hard for people suffering from it to have a comprehensive awareness of the disease. This can cause a lengthy delay between onset of symptoms and diagnosis. (7)



How it affects people at work?

Endometriosis is a painful often debilitating disease. Endometriosis often decreases a person's quality of life due to severe pain, fatigue, and depression. Global studies demonstrate that endometriosis has significant social, public health and economic implications. A significant majority with endometriosis experience debilitating endometriosis-associated pain that prevents them from going to work. (8)



SECTION 5: TRANS & NON BINARY PEOPLE

Language: The word "transgender" – or trans – is an umbrella term for people whose gender identity is different from the sex assigned at birth. Although the word "transgender" and the perceived modern definition only came into use in the late 20th century, people who would fit under this definition have existed in every culture throughout recorded history.

The trans community is incredibly diverse. Some trans people identify as trans men or trans women, while others may describe themselves as non-binary, genderqueer, gender non-conforming, agender, bigender or other identities that reflect their personal experience. Some will take hormones or have surgery as part of transition, while others may change pronouns or appearance. (9)



How do hormones affect trans and nonbinary people?

It is important to note that not every trans or non-binary person takes hormones. A person can change their gender expression without any medical intervention whatsoever.

Some people take hormones to feminise or masculinise. These can fluctuate, as treatments can often stop and start again. (10)



Symptoms

Menopause symptoms may arise when a person taking these hormones comes off them. People may experience the same symptoms when hormones are restarted.

Symptoms can be similar to those experienced during **perimenopause.**



Medically

Those transitioning from male to female may take oestrogen and progesterone, along with testosterone blockers. To transition from female to male, they may take testosterone and oestrogen blockers. People taking hormones have regular health checks.



) How it affects people at work?

Trans and non-binary people experiencing menopause symptoms due to changes in hormone should receive the same workplace support as those going through the menopause. It is also important for employers to understand that for those undergoing medical transition, the whole process may take many years.

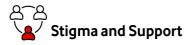


SECTION 6: PERSON CENTERED APPROACH

Talking about any part of menopause may be extremely stressful and embarrassing for some people. It can be a time of isolation and confusion about what is happening physically and emotionally. During the phases of menopause, we may feel tremendous confusion, self-doubt, and severe anxiety for several years, which we believe can severely impact our career.

Many of us recognise that menopause often intersects with a critical career stage, in our 40's and 50's - the age bracket during which women are most likely to move into top leadership positions.

Some of us may not be aware that we are going through menopause. It is critical to talk to your GP or a specialist support provider about how you feel and to get blood tests to validate the change in your hormones.



The research commissioned by Vodafone found that there does appear to be a stigma about the entire process of menopause:

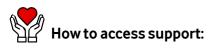
- Half (51%) of those who have experienced menopause symptoms have been concerned about how this affects their performance at work
- **44%** of women who experienced symptoms said that they felt embarrassed to ask for support in the workplace
- A third (33%) of those who had symptoms said they hid this at work.

It is very important to be honest about the impact on both our minds and bodies and seek appropriate support and help. It is also paramount to appreciate how hard it often is to talk about menopause at work.

At Vodafone, we are eager to support you and ensure you have the care and consideration you require during this time.

Conversations you may have with Vodafone professionals are confidential and will not lead to discrimination or retaliation.

We firmly believe that any taboo topic loses power when someone with authority addresses it openly. Trying to normalise your challenges may feel awkward but often has the ripple effect of empowering those around you.











<u>My Menopause Centre</u> is a specialist support service that provides an assessment you may wish to take to determine if you may be in the menopause cycle.

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Like a lot of women, I instinctually disguised my symptoms when menopause began for me. It was a sharp difference from when I was pregnant - during that time, I didn't think twice about confessing forgetfulness and fatigue. Men and women laughed knowingly and supportively at my anecdotes. But menopause was different. I wouldn't reveal the cause, despite getting lost (even with a GPS), arriving late to important meetings, double and triplebooking calendar time slots, missing flights, and not even being able to recall what someone had said to me just a few minutes earlier.

Maisie Hill, Perimenopause Power, 2021



When my symptoms began, I was convinced that, at age 48, I had early-onset Alzheimer's disease. Too afraid to discuss my difficulties with anyone at work, I made excuses for my forgetfulness and backed off from a career-enhancing role. How could I take on a bigger challenge when I kept forgetting key details about my projects? When my physician diagnosed menopause, it was a relief and a surprise.

(Harvard Business Review: February 2020)





How to have a conversation:

- Having a conversion about ourselves and what is happening to us medically and cognitively is not easy. It is important that you are comfortable about what you share and with whom you share it. It might be a good idea to think about who you want to share this with, and what you want to get out of the conversation.
- It is a good idea to practice the conversation you will feel more comfortable and can control the conversation and what you choose to share.
- If you are thinking about having a confidential conversation with your manager, you may wish to practice with a colleague or friend to start with. Framing that conversation is important take the time to work out what you would like to get out of the conversation as well as what you want to say. It is ok if it is not perfect - and you should feel free to reach out our Menopause Support Group Cycles of Life Community or EAP, if your market has this provision.
- It is a good idea to write down some notes during the meeting to keep as a record. There may be some good practices and support you may wish to refer to post-conversation.



Engaging at work

- Consider joining a Menopause Support Group
- Reach out to the EAP, if your market has this provision, to assist you in getting support for your symptoms.
- Vodafone is working with and training line managers to ensure you will have access to support and any accommodations you may require.
- Talk to Human Resources (HR) if you are not comfortable speaking with your line manager.
- As part of a conversation with HR or your manager you could discuss reasonable accommodations that may be able to be made for you. This can include:
- Having a comfortable working environment: this may include a temperature-controlled environment, access to water and access to a quiet room for rest and privacy dealing with symptoms
- Privacy: ensure there is the opportunity for you to have a quiet space if you are experiencing cognitive difficulties or wanting to talk with a colleague before being able to return to their work.
- Flexibility and increased frequency in breaks: flexibility to take breaks when needed e.g., a walk to ease pain, or to take medication at specific times to maintain health and well being.



How to access support

- Think about speaking with your doctor or specialist support service. You may wish to have your blood tested to determine your oestrogen levels and changes in hormones. With the results you may feel more confident in your next steps. Your doctor can advise support and alternatives to ease symptoms you may be experiencing.
- Knowing you are not alone. Change is difficult and can be isolating and confusing. For some women it is a time of empowerment, for others it is less so. It is good to remember you are not alone. There may be a support group in your area or at work that you may wish to join. The Hormonal Health Support Group Cycles of Life Community is a Vodafone support group you may wish to reach out to for support. There are online resources and support groups which are also available. It might be helpful for you to reach out to ones you feel comfortable with. Discussing ways to address symptoms, nutrition, options for hormone replacement or natural alternatives is a great way to get support.
- Reaching out to a woman who is also going through or has gone through menopause. It is not always easy reaching out, but the benefits can be rewarding. There is power in sharing information and experience. Sometimes our family members mean well but do not have firsthand experience. You may wish to reach out to the **Cycles of Life community who offer** 1-2-1 peer support.
- Researching menopause. Knowledge is power. The right knowledge is even better! There is lots of information about menopause on the internet. It is good to look at accredited sites as well as ones that will support you on your journey. This can be done online, at a time that is comfortable for you. We have listed several websites you may wish to review in our support section at the end of this toolkit. We also recommend some books and articles in our library for your review.
- Recording your symptoms and their frequency will help you inform your doctor and/or specialist support service and help you to frame an understanding of the kind of support you require at this time, including at work. You may wish to use this as a framework for future conversations.



SECTION 7: MANAGER CENTERED APPROACH

It is critical to remember, like most issues facing our employees, the workplace should be a safe space. We have a role to play to support our colleagues. When a person comes to work it is not just one part of them that comes to work. We all bring our whole selves with us which may include both challenges and brilliant parts of our lives considered 'personal' or 'outside of work'. If our child or parent is ill, it will weigh on our mind; if we are experiencing sleeplessness or fluctuations in how we feel this may be part of who we are. Your role as a manager is to have supportive conversations with all of your employees and to enable reasonable accommodations and support.



How to have a conversation:

Like any conversation you have, supportive and 'human' conversations make all the difference. Here are a few strategies that may help:

- Learn the facts about menopause and how it may affect our people at work. Some of our people will speak with you about themselves, others perhaps about family members.
- If a member of your team comes to you, ensure your schedule is clear and you are completely available. Find a place where both of you are comfortable; having a conversation in an open plan office is not advisable. Make sure both of you have water this is good practice when having a potentially emotive conversation. Create an environment where menopause can be talked about openly without embarrassment.
- If you need to address issues of performance or how menopause is affecting a member of your team and/or deliverables, remember that every person's issues are unique to them and require open dialogue. Having frequent check ins with your colleague makes it easier to build trust and talk openly about issues at work and home.
- Ask open ended questions how may we support you, how do you feel, what would you like to see happen?
- Actively listen to gain a better understanding of what their symptoms are do not make assumptions.

Stigma and Support:

The Vodafone IWD Opinium Research Report found that there does appear to be a stigma about the entire process of menopause:

- **44%** of women who experienced symptoms said that they felt embarrassed to ask for support in the workplace
- **43%** are concerned about how their symptoms affected their progression at work and almost half (47%) were concerned about how their symptoms affected perceptions of them at work.
- Only **7%** of women who experienced symptoms felt supported by a manager
- A third (33%) of those who had symptoms said they hid this at work.

- Discuss what Vodafone offers, including the EAP if your market has this provision, this toolkit and the **Cycles of Life** Hormonal Health Support Group
- What you discuss is confidential.
- Discuss any potential accommodations being requested.
- Be supportive if leave is requested for appointments, flexible working hours and/or working from home. Ensure these requests are balanced with the needs of the business. You could refer to the sickness absence policy or flexible working policy if required.
- You may consider taking notes during conversations you have and agree what actions can be taken. Set a time to check in if the person wishes - it can make them feel more supported. Again, each person should help guide the conversation.
- Remember that providing the right support and communicating openly enables all people and teams to perform at their best.
- Vodafone has an open and inclusive culture. We have a trans and non-binary supportive culture, recognising people of diverse gender expressions and identities who experience menopause.



SECTION 7: MANAGER CENTERED APPROACH



Is this my business?

In many respects, yes, it is. As managers, we are responsible for our people, their performance, and any occupational health and reasonable accommodations required. Menopause affects everyone and is not just a women's issue. Getting information about what menopause is, how to respond and how to support our people are critical to break the taboo, retain top talent and create an inclusive, thriving and healthy workplace.

Those of us who are supporting people going through menopause are often uncertain how to do this. Menopause does not necessarily lead to poor performance or increased absenteeism or presenteeism. It is not necessarily a negative time of life. It is important not to ignore our people; simply hoping 'it' goes away or dismissing it as a 'women's issue' is not realistic, supportive or what we value at Vodafone.

Conversations you may have with Vodafone professionals are confidential and will not lead to discrimination or retaliation.

It is also important for us to understand how symptoms may affect women at work. Everyone recognises hot flushes as a symptom of menopause, but our research results suggest that fatigue, difficulty focusing or concentrating, anxiety and worry, and insomnia were the symptoms women said affected them most at work.



How to access support

Having practical support for our colleagues is critical. Signpost the employee to this toolkit. Or refer them to the links we provided at the end of the toolkit. You may wish to encourage your colleague to attend the Hormonal Health Support Group, or to contact the EAP. Remind them that they can take time off if they need to consult a doctor or get treatment relating to their symptoms. If you are concerned or have further questions you can also contact HR.

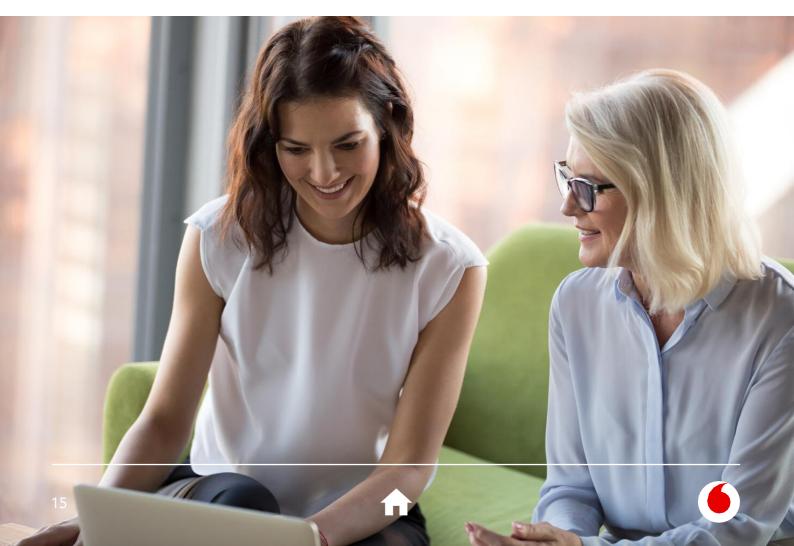
Also remind your colleague that they can have time off in order to speak with their doctor or specialist support service











SECTION 8: COLLEAGUE CENTERED APPROACH

Menopause affects everyone - whether experiencing it firsthand or second hand as a colleague or partner. Therefore, it is important to have an open mind, be sensitive to the issues and not make any assumptions. You can help by breaking the silence – even just talking about menopause with our people can make the world of difference to a woman's ability to cope with menopause, especially in the workplace. This will also encourage a more open and inclusive environment, which is essential to helping people going through menopause and to get the support they may need.



How to have a conversation:

Given the taboo nature of menopause, people who may wish to support colleagues affected by menopause are often uncertain of how to approach the topic. We suggest adopting some of the following strategies to help break the stigma and provide support:

- Brush up on the facts on menopause and how it may affect our people.
- Ask how the person is be patient if there are silences.
- Keep an open mind and be flexible. Do not make assumptions about what someone may be going through.
- Signpost to helpful information remember that you are not the expert. Suggest speaking with a doctor or reaching out to a specialist support service.
- Consider joining a community to learn more but also as support. Knowing you're not alone can be hugely beneficial for women experiencing the debilitating symptoms of menopause.
- Create an accepting environment for our people an open, supportive culture making use of positive language can help people dealing with menopause symptoms such as memory and concentration lapses.



How to access support

Having practical support for a colleague or friend is important. We have provided support links at the end of the toolkit. You may wish to encourage your colleague to join a community, or to contact the EAP, if your market has this provision.

Also remind your colleague that they can have time off in order to speak with their doctor or specialist support service



The independent research commissioned by Vodafone found that there does appear to be a stigma about the entire process of menopause:

- **44%** of women who experienced symptoms said that they felt embarrassed to ask for support in the workplace 50% even think that there is a stigma around talking about menopause in the workplace.
- **22%** of women who experienced symptoms felt supported by a colleague

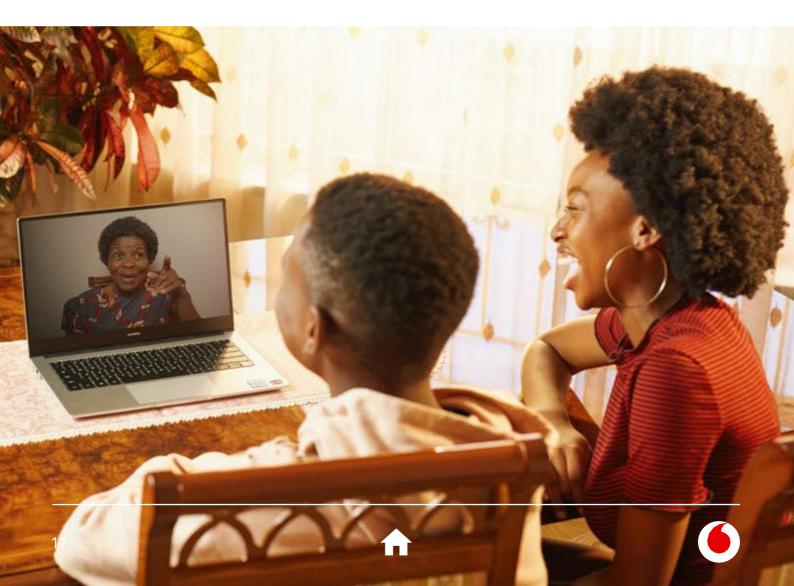


SECTION 9: FAMILY & FRIENDS CENTERED APPROACH

Menopause is a journey every woman takes. If you are living with or have a friend who is going through this journey, this may be what she wishes you understood.

- Learn the symptoms. One of the frustrations of perimenopause (the stage of life where hormonal fluctuations and menopause symptoms start) is its unpredictability.
- Keep lines of communication open. Listen. Sympathize. Be patient. Do your best to understand an experience you may not ever share. Do not push. This is such a sensitive and highly personal subject, many women may not want to talk about it, but just knowing you are there and supportive can make a huge difference.
- Give her free range over the thermostat. And whether the bedroom or office window is open or closed. Do not call attention to her symptoms.

- Help to build her self-confidence. In our youth- obsessed society, self-confidence can be diminished at menopause.
- Do not doubt or diminish her experience. Menopause is real, and possibly the worst thing anyone can do is deny her experience or tell her "it's all in your head."
- Emotional symptoms are also very real. Support her, provide a safe space, know she is doing the best she can, and help her continue to be the best she can be.
- Get the support you need, too. Find ways to take care of you so you can be there for her.



SECTION 10: SUPPORT

LINKS TO SUPPORT RESOURCES AND ORGANISATIONS



Global

International Menopause Society



UK			

Menopause in the Workplace

British Menopause Society (BMS)

Wellbeing of Women

Rock My Menopause

Menopause Support

<u>Daisy Network</u> - charity for women who have experienced premature menopause





Germany

The German Menopause Society

Schweizerische Gesellschaft für Gynäkologische Endokrinologie und Menopause



Turkey

Turkish Society of Reproductive Medicine



Ireland

Irish Menopause Society

The Menopause Hub

Wellness Warrior



Luxembourg

Société Luxembourgeoise d'Andropause et Menopause



Europe

European Menopause and Andropause Society (EMAS)



USA

The North American Menopause Society (NAMS)

National Osteoporosis Foundation



Spain

asefa salud

Clínica Universidad de Navarra

Asociación Española para el Estudio de la Menopausia



Italy

<u>Menopausa</u> <u>Servizio di Supporto Psicologico</u>



Greece

Hellenic Society of Climacterium and Menopause

Hellenic Society of Obstetrics and Gynecology



Portugal

Portuguese Menopause Society



India

Indian Menopause Society

South Africa



South African Menopause Society (SAMS)

Hungary

Hungarian Menopausal Society



LIBRARY

- https://menopauseexperts.com/2020/04/29/how-to-discuss-your-menopause-with-your-gp/
- <u>https://menopauseexperts.com/blog/</u>
- https://www.who.int/ageing/publications/Women-ageing-health-lowres.pdf
- <u>https://www.cochrane.org/news/world-menopause-month</u>
- Black cohosh (Cimicifuga spp.) for menopausal symptoms
- Dehydroepiandrosterone for women in the peri- or postmenopausal phase
- Hormone therapy for sexual function in perimenopausal and postmenopausal women
- Hormone therapy for endometriosis and surgical menopause
- Long-term hormone therapy for perimenopausal and postmenopausal women
- Short-term and long-term effects of tibolone in postmenopausal women
- <u>Relaxation for perimenopausal and postmenopausal symptoms</u>
- Acupuncture for menopausal hot flushes
- <u>Chinese herbal medicine for menopausal symptoms</u>
- <u>Exercise for vasomotor menopausal symptoms</u>
- Bioidentical hormones for women with vasomotor symptoms
- <u>Oestrogen and progestogen hormone replacement therapy for peri-menopausal and post- menopausal women: weight and body fat</u> <u>distribution</u>
- Hormone therapy in postmenopausal women and risk of endometrial hyperplasia
- Oral oestrogen and combined oestrogen/progestogen therapy versus placebo for hot flushes
- Local oestrogen for vaginal atrophy in postmenopausal women
- Testosterone for peri and postmenopausal women
- Phytoestrogens for menopausal vasomotor symptoms
- <u>https://www.maisiehill.com/podcast/perimenopause</u>
- https://www.50sense.net/what-is-meditation-and-how-can-it-help-you-in-the-menopause
- https://www.50sense.net/what-is-cbd-oil-and-can-it-help-menopause-symptoms/



NOTES

- 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2971739/?report=reader
- 2. <u>https://www.healthywomen.org/your-health/menopause-aging-well/the-secret-to-combating- perimenopause-weight-gain/particle-1</u>
- 3. https://www.menopausedoctor.co.uk/menopause/help-im-heading-menopause-i-cant-control- weight
- 4. https://www.mindbody7.com/news/2019/6/17/anxiety-and-depression-after-menopause
- 5. https://my.clevelandclinic.org/health/diseases/21138-premature-and-early-menopause
- 6. https://www.who.int/news-room/fact-sheets/detail/endometriosis
- 7. Agarwal SK, Chapron C, Giudice LC, et al. Clinical diagnosis of endometriosis: a call to action. Am J Obstet Gynecol 2019(4):354-64.
- 8. Nnoaham K, Hummelshoj L, Webster P, et al. Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. Fertil Steril 2011;96(2):366-73.e8.
- 9. https://menopauseintheworkplace.co.uk/articles/why-diversity-and-inclusion-matter-in-menopause-support
- 10. Jack et al. (2016) Menopause in the workplace: What employers should be doing. Maturitas, 85: 88-95.
- 11. Griffiths, A. et al. (2006) Women Police Officers: Ageing, Work & amp; Health. Nottingham.



