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Menopause Across Cultures and Contexts: A Comparative Study of Symptoms, Supportive Networks, and Workplace Experiences in Germany and the USA

Master Thesis

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Abstract

Aim: This study aims to comprehensively explore menopause-related experiences, perceptions, and support networks in both Germany and the U.S., encompassing broader societal contexts and workplace dynamics.

Methods: Employing an explorative and descriptive design rooted in quantitative cross-sectional research, data was collected through online surveys, with 500 participants from each country, during specified periods from September 6th to 16th, 2022, and January 20th to February 8th, 2023.

Results: Our comparative analysis reveals intriguing distinctions in menopausal experiences, with German women reporting twice as many symptoms yet expressing less positivity about their journey compared to their U.S counterparts. Moreover, German women feel less supported in the daily life and workplace and are more reluctant to share their menopause experiences compared to their counterparts in the U.S However, German women report experiencing less discrimination and workplace challenges, despite having less time off entitlement and support networks than their U.S counterparts. This study contributes valuable insights into the nuanced landscape of menopause experiences across diverse cultural and work environments, with implications for healthcare provision, workplace policies, and societal attitudes towards menopause.

Table of contents

List of tables

1. Introduction

1.1 Research background

Menopause is a natural biological process that occurs when a woman's reproductive years come to an end. The World Health Organization (WHO) defines menopause as the permanent cessation of menstruation and fertility. In other words, it is the point in time when a woman's ovaries stop releasing eggs, leading to the cessation of menstrual periods. A broad definition of the menopausal transition is the period between the beginning of irregular menstrual cycles (which are sometimes accompanied by some menopausal symptoms) and menopause. Menopause is a diagnosis made after the fact, and it is considered to have occurred when menstrual activity has been absent for at least 12 months in a row without any other physiological or pathological explanation (Talaulikar, 2022).

Usually, perimenopause begins when a woman enters her mid-to-late 40s and can often last for four to five years. A final menstrual cycle before the age of 40 is considered premature, otherwise it generally occurs when women are between the ages of 40 and 58. (Nelson, 2008; Al-Azzawi & Palacios, 2009). White women in industrialized nations typically reach menopause between the ages of 50 and 52, and the average age at the start of the perimenopause is 47.5 years. There is a very modest upward trend in menopause age over time (Luoto et al., 1994). These onsets appear to differ by race and ethnicity and are influenced by lifestyle and demographic variables. One study found that the average age of menopause for German women was 49,7 years old (Von Der Lippe & Prütz, 2016). On the other hand, the average age of menopause in the United States is 52, about two years later than in Germany (Shifren & Gass, 2014). Postmenopausal women make up almost 10% of the world's population. Using age 50 as a proxy for menopause, 25 million women experience it annually. The number of menopausal and postmenopausal women in the world is expected to reach 1.2 billion by 2030, with 47 million new members joining each year (Hill, 1996).

Menopause is a natural and normal part of a woman's aging process and is not considered a disease or medical condition. However, menopause brings about vascular, genitourinary, neurological, and musculoskeletal changes and a variety of somatic autonomic nervous system, psychosomatic, and genitourinary (sexual) symptoms that can have a significant impact on a woman's well-being and quality of

life. Some women may seek medical intervention or support to manage symptoms associated with menopause. (Avis et al., 2009).

2. Research problem statement

2.1 Menopause symptom

2.1.1 Vasomotor symptom

Most women experience vasomotor symptoms during the menopausal transition, but the severity, frequency, and duration of symptoms vary from woman to woman (Avis et al., 2018). More than half of women have experienced frequent vasomotor symptoms for seven years or more during the menopausal transition (Avis et al., 2015). In particular, vasomotor symptoms (VMS), also known as hot flashes or flushing, are a common and irritating vasomotor symptom of menopause that can be described as a sudden sensation of heat in the face, neck, or chest, followed by a sudden increase in body temperature, sweating, and malaise (Portman & Gass, 2014). There is a long-standing theory that VMS is related to the cessation of estrogen, specifically estradiol, but there is no correlation with the presence or severity of symptoms, and to be clear, VMS appears to be related to a complex combination of genetic makeup, physical changes, and other external influences, including culture and expectations (Randolph et al., 2004). Furthermore, given that cardiovascular disease (CVD) is the leading cause of death in women, one large study designed to determine if VMS could be a biomarker of cardiovascular disease risk found that women who experienced frequent VMS had an increased risk of developing CVD over a 14-year period, and that these results were more prevalent in women who experienced VMS in early menopause compared to those who experienced it later (Szmuilowicz & Manson, 2011;Berg et al., 2014b). Vasomotor symptoms are also associated with neuroticism, anxiety, sleep disturbances, stress, cognitive decline, and mood and sleep abnormalities, which can lead to mental problems beyond just physical symptoms (Augoulea et al., 2019). Some women also experience palpitations, a symptom similar to VMS in which the heart beats faster than usual (Carpenter et al., 2021). Up to 42% of perimenopausal women and 54% of postmenopausal women report experiencing palpitations, and as a result, 44%-87% of women aged 40-59 years thought they needed medical attention for palpitations (Blümel et al., 2018; Carpenter, Sheng, et al., 2021). These various vasomotor symptoms are present in peri- and postmenopausal women and require appropriate management.

2.1.2 Sleep disturbances

Menopausal women frequently complain their inability to get enough sleep, frequent nightly awakenings, and apnea. When compared to pre-menopausal women in their late reproductive stage, who reported rates of 31%, sleep issues frequently start during the menopausal transition and become more common in post-menopausal life, with rates of self-reported sleep disturbances ranging between 40% and 56% (Kravitz et al., 2003). In addition, each of the symptoms of menopause is closely related to and influences each other. Numerous studies have found that one of the most prominent symptoms of menopause, vasomotor dysfunction, reduces the quality of sleep due to the occurrence of excessive sweating during night and an increase in body temperature, which is significantly correlated with sleep disorders. (Archer et al., 2011; Cintron et al., 2016; Polo-Kantola et al., 1998). Among women who experience frequent and intense hot flashes, 43.8% are chronic insomniacs and 81.3% report having poor quality sleep (Ohayon, 2006). For good health and functioning, sleep is necessary. Throughout menopause, persistent and upsetting sleep problems can have a detrimental influence on daytime functioning and productivity and raise the risk of mental and physical health problems (Baker, 2023).

2.1.3 Mood change

Women are more likely to experience depression, stress, anxiety, and emotional discomfort during the menopausal transition (Guérin et al., 2017). The impact of the menopausal transition on mood is closely related to quality of life during this time. Uncomfortable physical symptoms (especially vasomotor symptoms), psychosocial stressors, lack of adequate social support, health behaviors, sociodemographic characteristics, and a history of clinical depression are all risk factors for menopausal depression (Bromberger & Kravitz, 2011). Among them, the most striking characteristic of postmenopausal women is the mood swings that occur with hormonal changes. Many researchers have focused on understanding the relationship between estrogen levels and mood swings, as the transition to menopause is accompanied by significant fluctuations in estrogen levels that are highly unstable and unpredictable (Santoro et al., 2015; Cohen et al., 2006; Freeman et al., 2004)

2.1.4 Cognitive change

Many menopausal women complain of cognitive decline, which is thought to be caused by a decrease in estrogen and can lead to memory and concentration problems (Weber et al., 2014). Estrogen acts on the hypothalamus, which controls autonomic nervous system function, the temporal cortex, which controls memory and cognition, the limbic system, and the cerebral cortex, which controls higher mental functions, and when estrogen decreases below a certain level, brain function can become disrupted, affecting mood, memory, and cognition (Henderson, 2008). In addition, according to a study on stroke risk in women, the risk of stroke doubles if natural menopause occurs before the age of 42 (Lisabeth & Bushnell, 2012). The risk of cardiac arrest and stroke in women generally rises sharply after menopause. Stroke and cardiac arrest both result in focal and widespread cerebral ischemia (CI), with cognitive loss as a significant side effect (Levine et al., 2015; Barba et al., 2000; McCarthy & Raval, 2020).

2.1.5 Change in Libido and genitourinary

Menopause causes physiological and psychological changes that affect sexuality (Bachmann & Leibloom, 2004). In addition to physical changes, it is accompanied by overall hormonal changes (Da Silva Lara et al., 2009). As a result, decreased estrogen levels have a variety of effects on sexual function, including decreased pelvic support in women, decreased ability to effectively lubricate genitourinary tissues, and changes in body structure. In particular, sex steroids play an important role in positively regulating sexual behavior, mood, emotions, and cognition throughout a woman's life, and when levels become extremely low after menopause, it can have detrimental consequences for overall health and sexual well-being (Scavello et al, 2019) In addition, declining sex steroids are associated with a set of symptoms and signs known as menopausal genitourinary syndrome (GSM), which affects the labia majora/labia minora, clitoris, vestibule/rectum, vagina, urethra, and bladder. It affects up to 50% of postmenopausal women and is a chronic, progressive condition that is unlikely to get better on its own. In addition to vaginal dryness, burning, and irritation, menopausal genitourinary syndrome can cause urgency, dysuria, and recurrent urinary tract infections. It can also cause sexual symptoms such as lack of lubrication, discomfort, pain, and decreased function (Kagan et al.,

2019). In support of this, one study found that postmenopausal women have lower sexual function and experience less sexual arousal, vaginal discharge, climax, and satisfaction than premenopausal women. (Avis et al., 2000)

2.2 Supportive network / communication

Attitudes toward menopause are determined in part by a woman's menopausal status and influenced by societal expectations. Women who feel they have lost their femininity after menopause or who experience severe menopausal symptoms are at higher risk for emotional changes during this time. The experience of menopause is varied and complex, depending on variables such as shame, loss of identity, expectations, social support, and the effectiveness of management strategies. However, there are few official guidelines for menopause globally, and the media often portrays menopause in a negative light. As a result, many women are unaware that menopause can be a very symptomatic time in their lives and are reluctant to talk about it with others (Harper et al., 2022). Some participants in studies cited a lack of support as a source of emotional anxiety and uncertainty about menopausal symptoms and how to manage them (Duffy et al., 2011). Conversely, a strong social network and high levels of social support during the menopausal transition can reduce the frequency and severity of menopausal symptoms (Zhao et al., 2019). Interpersonal relationships with spouses, siblings, friends, and neighbors can provide women with a sense of psychological well-being, self-esteem, and fulfillment, and talking to supportive network about menopausal issues is a useful coping strategy for women because it provides the reassurance needed to discuss intimate and personal matters (Ilankoon et al., 2021). In one study, more than three-quarters (77%) of respondents said they would be willing to participate in group counseling about menopause, and 75% said they would feel comfortable sharing their experiences with others (Huang et al., 2023). This emphasizes how important it is for women to share their experiences as they adjust to the menopausal transition, and the importance of support groups for midlife women who have experienced the same menopause (Noonil et al., 2012).

2.3 Experience in workplace

Globally, women make up half of the full- and part-time workforce. (Geukes et al., 2016). The dynamics of the labor market are also changing quickly, with women participating in it at a higher rate, more women working full-time, and several nations raising the retirement age. As a result, more and more women who are 45 years old and older are participating in the labor force, and menopause is a reality for working women (Verdonk et al., 2022). However, few women and employers receive menopause-related information or training, and as a result, they are unaware of the health issues associated with it and how they may affect productivity at work (Kopenhager & Guidozzi, 2015). In addition, female employees said that a workplace taboo around menopause often makes women reluctant to talk about their menopausal symptoms and the fact that they may not be able to perform as well at work. (Griffiths et al., 2013). Research also shows that many women want to get through menopause and seek support but are reluctant to do so because of the pressure of "coming out" as menopausal (Riach & Jack, 2021). Across studies, symptoms such as difficulty concentrating, fatigue, poor memory, depression or sadness, and low self-confidence were the most problematic symptoms at work, and vasomotor symptoms were the most frequent physical symptoms. Some women felt that these menopausal symptoms reduced their ability to perform at work (Griffiths et al., 2013; Yoeli et al., 2021; Kopenhager & Guidozzi, 2015).

3. Current state of research

The current state of research on menopause shows that menopause is a complex and multifaceted experience that can have a significant impact on a woman's physical and emotional well-being. While there is still a great deal of research on menopausal women, much of it focuses on medical knowledge and hormonal treatment, and there is an absolute lack of research on the different support systems available to women going through menopause and women's attitudes and perceptions of them. Strong social networks and high levels of social support during the menopausal transition are important factors that can reduce the frequency and severity of menopausal symptoms, so more multifaceted research is needed (Zhao et al., 2019). Menopause is a highly individualized process and women can experience a wide range of symptoms and health effects, so research on individual menopausal symptoms and issues is needed.

Menopause varies greatly in different countries and cultural contexts, including whether it is viewed as a medical condition or a natural phenomenon, and whether midlife represents positive or negative social changes and/or values within society (Robinson, 1996). In addition, the health care system in each country may result in different aspects of the overall health of women in each country. However, research gap in the field of menopause is the lack of studies exploring the experiences and needs of women from diverse cultural backgrounds. While menopause is a universal phenomenon, cultural differences may impact the way in which women experience and cope with menopausal symptoms. Therefore, there is a need for more research on the experiences of women from diverse cultural backgrounds, in order to develop effective interventions and support strategies that are culturally sensitive and appropriate.

Furthermore, as women have become more economically active since the 2000s, there has been an increasing interest in understanding the interplay between women's professional activities and the challenges posed by menopause. However, a notable research gap persists when it comes to investigating women's workplace support structures, their apprehensions about maintaining productivity, and the potential workplace disadvantages linked to menopausal symptoms. Moreover, considering the variable of employment status introduces an additional dimension. Full-time and part-time employment can bring distinct perspectives and dynamics to women's experiences during menopause. These differences in working hours and

commitments may influence the extent to which women seek or are provided with workplace support, their perceptions of productivity expectations, and their concerns about potential disadvantages due to symptoms. As such, examining how employment status intertwines with menopause experiences in the workplace could provide nuanced insights into designing targeted support strategies and policies that acknowledge the diverse needs of women navigating this transitional phase while maintaining their professional roles.

This is therefore a cross-cultural study of menopausal women's personal symptoms and experiences, their preferences for support networks to help them through the menopausal transition, and their perceptions and reactions to menopause-related experiences in the workplace from different cultural perspectives as well as their employment status in Germany and the United States.

4. Research question and objectives

4.1 Research question

-What symptoms do menopausal women experience in Germany and the U.S. and what are the perceptions and support networks for sharing experiences in Germany and USA?

- What are the experiences of women going through menopause in the workplace in Germany and the United States, and how is the perception of the menopausal experience affected by employment status?

4.2 Research objectives

The aim of this study is to provide a comprehensive understanding of menopause-related experiences, perceptions, and support networks in both Germany and the U.S., encompassing both the general context and the specific working environment.

1. To identify and compare the symptoms experienced by menopausal women in Germany and the U.S., focusing on the prevalence and frequency of specific symptoms.
2. To explore the perceptions and preferences of menopausal women in Germany and the U.S. regarding supportive networks for sharing their menopause experiences, considering factors such as interpersonal, professional, and virtual supportive network group.
3. To examine the experiences of menopausal women within work environments in Germany and the United States, including the challenges they face, symptoms that affect their ability to work, and workplace support related to menopause, and to understand how women's employment status affects their perceptions of their menopausal experiences.

4.3 Significance of study

By examining the symptoms experienced by menopausal women in Germany and the United States, this study provides valuable insight into the physical and emotional challenges they face during this time. This understanding is crucial for healthcare practitioners, policy makers, and individuals seeking to make informed decisions. In addition. Investigating menopausal women's perceptions and preferences for support networks is an exploration of an area that has been poorly understood. Investigations

into interpersonal, professional, and virtual support networks may reveal new avenues for well-being and empowerment of menopausal women. The insights gained from examining menopausal women's experiences within work environments are valuable for employers and organizations. Understanding the challenges women face due to menopausal symptoms and identifying the types of workplace support needed can lead to the implementation of more inclusive policies and environments that accommodate the needs of menopausal employees. Investigating how women's employment status influences their perceptions of menopausal experiences can shed light on disparities and potential inequalities. This knowledge can advocate for policies that ensure equitable experiences for all women, regardless of their work arrangements, fostering a supportive and understanding work environment.

5. methodology

This study was conducted using existing primary databases from Essity, the original survey was conducted by One Poll on behalf of Essity aims to explore menopause-related experiences and perspectives among women in various markets. The original data for this study was an online survey conducted in two waves with a total of 16,000 women across multiple countries, divided into those who had not yet begun menopause and those who were perimenopausal or postmenopausal. However, this study uses only a subset of the original data, which is described in more detail in the inclusion criteria.

5.1 Data collection

The data collection for this study was conducted through an online platform known as Questionpro, which is used by the research agency OnePoll. Respondents signed up to participate in the research through the OnePoll panel, either via the website or app, and they were directed to relevant surveys based on their demographic characteristics and eligibility. The sample collection can be described as "random 1 in n from the OnePoll panel," where the survey was sent to all applicable participants, and those who responded first were included in the study. "Random 1 in n" means that for every "n" panel member who meets the criteria, only one participant is randomly selected to take the survey. This selection process ensures that each eligible panel member has an equal chance of being chosen to participate in the survey, which helps in obtaining a representative and unbiased sample. The markets included in the study were chosen by Essity, the sponsor of the research. As for ethical approval, the survey did not undergo specific ethical approval, but the researchers are members of the Market Research Society (MRS) and adhere to its code of conduct to ensure ethical research practices. Participants' data was kept secure and used in accordance with the Terms and Conditions and privacy policy agreed upon during their registration.

5.2 Sample population

The total sample population consisted of 16,000 women over the age of 18. The study was divided into two groups of 500 women in each of eight countries.

a. Group 1: 8,000 women aged 18 and older who have not yet begun menopause. 500 women each from the United Kingdom, Brazil, Germany,

Italy, Mexico, the Netherlands, Spain, Sweden, the United States, Colombia, and France were interviewed.

b. Group 2: 8,000 women over the age of 18 who are menopausal or postmenopausal. 500 women each from the United Kingdom, Brazil, Germany, Italy, Mexico, the Netherlands, Spain, Sweden, the United States, Colombia, and France were interviewed.

5.3 Research design

This study is an explorative and descriptive design based on quantitative Cross-sectional research. Data was collected through online surveys during specific periods from 6th to 16th September 2022 and from 20th January to 8th February 2023. The cross-sectional design allows for the examination of menopause-related experiences and perspectives among women at different stages (pre-menopausal and menopausal/post-menopausal) and from various markets (UK, Brazil, Germany, Italy, Mexico, Netherlands, Spain, Sweden, US, Colombia, France). And the quantitative approach was used to obtain measurable data about menopause experiences, support networks, and workplace implications among women.

5.4 Survey contents

The online survey likely included a structured questionnaire with closed-ended questions which take about 30minute to answer. (Appendix 1) The survey includes questions about menopause symptoms, medical consultations, support networks, workplace experiences, and awareness of menopause. Participants are asked about their menopausal status, age, and gender identification. The majority of the questionnaire was close-ended with multiple responses to capture the range of experiences and symptoms experienced by the women who are going through or went through menopause.

The questionnaire is structured into several sections. It begins by collecting demographic information and menopausal status, followed by inquiries about the age of symptom onset and the number of symptoms experienced. Participants are asked about specific menopausal symptoms, their awareness of these symptoms before experiencing them, and their agreement with a statement regarding the unpredictability of menopause. The questionnaire explores participants' knowledge

about menopause, its impact on attractiveness and sexual desire, and their communication patterns regarding menopause experiences. It delves into the avoidance of menopause discussions, support networks, confidence changes, employment status during menopause, and the concept of time off for menopausal women. Workplace support, related issues, and potential requests to employers are addressed. Participants' perception of menopause as a taboo subject and exposure to relevant campaigns are also investigated. The questionnaire aims to comprehensively capture women's experiences, opinions, and challenges during the menopausal transition.

5.5 Inclusion criteria

The inclusion criteria for this primary data were women aged 18 and above from the selected markets. Group 1 comprised women who have not yet started menopause, while Group 2 included women who are either in or post-menopause.

However, as this is a comparative study between Germany and the United States, only 500 menopausal or postmenopausal women (Group 2) in each country were studied, and other market countries (UK, Brazil, Italy, Mexico, Netherlands, Spain, Sweden, Colombia, France) and premenopausal women (Group 1) were excluded from this study.

5.6 Statistical analysis

The methodology for the research involves using the SPSS 29.0.0 (Statistical Package for the Social Sciences) program to conduct various statistical analyses on the data collected. The different types of analyses planned for the study are as follows:

- Descriptive Statistics: In this step, descriptive statistics was computed using SPSS to summarize and describe the symptoms experienced during menopause in women from Germany and the USA. Measures such as frequencies and case percentages, mean were calculated to provide a clear picture of the prevalence of different symptoms in both countries.
- Comparative Analysis: To address objectives 1 and 3, a comparative analysis will be conducted using SPSS. Inferential statistical tests, such as

chi-square tests for categorical data will be employed to identify and compare the symptoms experienced during menopause and the experiences within the working environment in Germany and the USA. These tests will help determine if there are significant differences between the two countries regarding menopause symptoms and workplace experiences.

- Cross-Cultural Impact Analysis: To address objective 3 SPSS will be utilized to perform cross-cultural impact analysis. This may involve conducting multinominal logistic regression analysis to assess the relationship between cultural and workplace factors (employment status) and menopause experiences and support networks. The goal is to understand how cultural and workplace differences impact women's experiences during menopause in the two countries.

6. Results

6.1 Menopause experience in daily life

6.1.1 Age of symptom onset

In response to the question "*At what age did you knowingly start experiencing symptoms of the menopause?*", 500 participants each from the US and Germany responded, providing insight into the age at which menopausal symptoms first appear(Table1). The distribution of reported symptom onset ages reveals interesting patterns and contrasts between the two countries.

Among U.S. participants, the age of onset of menopausal symptoms was reported to vary, with approximately 6.2% of respondents reporting onset between the ages of 26 and 30 (N = 31). This group represents those who experienced menopausal symptoms relatively early in adulthood. As women moved into their late 40s and early 50s, there was a noticeable increase in symptom onset, with both the 46-48(N=77) and 49-51(N=78) age groups reporting the similar percentage at 15.4% and 15.6% respectively. Conversely, for German participants, a distinct pattern emerged in the age of symptom onset: a small minority of approximately 0.2% experienced symptoms in the 20 to 25 age group (N = 1). Similarly, in the age group between 26 and 30, the percentage of women who experienced symptoms was relatively low at 0.8% (N = 4). Moving into the late 30s and early 40s, symptom prevalence increased significantly, with 17.0% (N = 17) of participants reporting symptom onset in the 37-39 age group, indicating a sharp increase in symptom experience during this period. A comparison between the United States and Germany shows that the age of onset of menopausal symptoms in women is not significantly different. In Germany, the highest number of women reported symptom onset at 43-45 years old at 17.2% (N = 86), followed by 46-48 years old and 49-51 years old at 19.8% (N = 99). Similarly, the US peaks between 49-51 years old (15.6%, N = 78) and 46-48 years old (15.4%, N = 77).

"I don't remember" responses were also more common in the US (5.6%, N = 28) compared to Germany (4.0%, N = 20). Taken together, these findings provide a complex view of the age of onset of menopausal symptoms and offer insight into how women in different countries experience this important life transition (Table1).

Table 1.

Age of menopausal symptom onset in the US and Germany

Age of onset	country			
	US		Germany	
	N	%	N	%
20 to 25	5	1.0	1	0.2
26 to 30	31	6.2	4	0.8
31 to 33	23	4.6	2	0.4
34 to 36	23	4.6	7	1.4
37 to 39	45	9.0	17	3.4
40 to 42	51	10.2	54	10.8
43 to 45	50	10.0	86	17.2
46 to 48	77	15.4	99	19.8
49 to 51	78	15.6	99	19.8
52 to 54	46	9.2	73	14.6
55 to 57	22	4.4	29	5.8
58 to 60	8	1.6	3	0.6
61 to 63	5	1.0	2	0.4
64 to 66	1	0.2	2	0.4
Order than 66	2	0.4	2	0.4
Can’t remember	28	5.6	20	4.0
Prefer not to say	5	1.0	0	0.0
Total	500	100	500	100

Note: This table shows the results of responses to ‘At what age did you knowingly start experiencing symptoms of menopause?’ from women in the United States and Germany.

6.1.2 Experienced menopausal symptoms

1) Number of symptoms

For the question "*How many signs/symptoms did you experience which you believe are/were linked to menopause?*" among 500 participants each in the United States and Germany, the distribution of responses was as follows: Respondents who answered, "can't remember" and "prefer not to say" were excluded from the result (Table 2). The distribution of the percentage of U.S. participants who reported experiencing menopausal symptoms spanned a broad spectrum. A surprisingly small percentage, about 6.6% (N=32), reported no symptoms. The majority, 61.8% (N=299) of participants, reported experiencing 1-3 symptoms, indicating that a significant number of women in the study were experiencing symptoms in this range. Another 24.2% (N=117) reported experiencing 4-6 symptoms, a slightly higher range. The percentages were lower for more symptoms, including 3.1% (N=15) for 7-9 symptoms and 1.4% (N=7) for 10-12 symptoms, but these differences reflect the diversity of symptom experience. Interestingly, only 0.6% (N=3) reported experiencing 13-15 symptoms, and the same percentage reported experiencing 19-20 symptoms, demonstrating the range of symptom counts. In comparison, the reported symptom experiences among German participants exhibited a similar yet distinct pattern. Within the German cohort, 6.5% (N=31) reported not experiencing any symptoms, mirroring the trend observed in the United States. However, differences emerged in the distribution of other symptom counts. While 35.6% (N=170) reported 1 to 3 symptoms, indicating a similar prevalence to the U.S., 18.4% (N=88) reported 4 to 6 symptoms, which is notably lower than the U.S. percentage in the same range. The distribution in Germany displayed differences in other ranges as well, such as 7.9% (N=38) for 7 to 9 symptoms, 4.0% (N=19) for 10 to 12 symptoms, and 4.4% (N=21) for 13 to 15 symptoms. The trend continued with varying numbers of symptoms, such as 7.3% (N=35) for 16 to 18 symptoms and 7.9% (N=38) for 19 to 20 symptoms (Table 2).

Table 2

Number of menopause-related symptoms experienced by women in the United States and Germany

Number of Symptoms	Country			
	US		Germany	
	N	%	N	%
0-I didn't have experience any	32	6.6	31	6.5
1 to 3	299	61.8	170	35.6
4 to 6	177	24.2	88	18.4
7 to 9	15	3.1	38	7.9
10 to 12	7	1.4	19	4.0
13 to 15	3	0.6	21	4.4
16 to 18	0	0.0	35	7.3
19 to 20	3	0.6	38	7.9
21 to 25	0	0.0	17	3.6
26 to 30	0	0.0	4	0.8
31 to 35	0	0.0	1	0.2
36 to 40	1	0.2	1	0.2
42 to 45	2	0.4	3	0.6
46 to 50	3	0.6	6	1.3
51 to 55	1	0.2	2	0.4
56 to 60	0	0.0	3	0.6
61 to 65	0	0.0	0	0.0
More than 65	1	0.2	1	0.2
Total	484	100	478	100

Note: This table shows the results of responses from women in the United States and Germany to the question 'How many signs/ symptoms did you experience which you believe are/were linked to menopause?'.

For a more intuitive comparison, this analysis used responses to the question asking for the number of menopausal symptoms to derive the average number of symptoms experienced by women in each country. The median for each age group was used to derive the average number of symptoms in each country. Respondents who answered, "I don't remember" and "I don't want to talk about it" were excluded from the results. The representative medians for each country were summed and divided by the total number of respondents to derive the average number of menopausal symptoms in each country. This allows for an effective comparison of the estimated average number of symptoms. Table 3 showed that U.S. respondents experienced an

average of 3.86 menopausal symptoms per person (mean=3.86, SD=6.369), while Germany experienced nearly twice as many menopausal symptoms per person (mean=8.95, SD=10.513).

Table 3

Average number of menopause-related symptoms experienced by women in the United States and Germany

	Mean	N	SD
US	3.86	484	6.369
Germany	8.95	478	10.513

Note: This table shows the average number of symptoms for women in the United States and Germany for the number of symptoms associated with menopause.

2) Menopause-related symptoms

To comprehensively explore the experienced menopausal symptoms among women in each country, a survey encompassing 500 participants from both Germany and the United States was conducted. The survey posed the question, "*Which of the following menopausal signs/symptoms have you experienced?*", allowing for multiple responses (Table 4). The collected data comprised 468 responses (N=468) with 32 missing cases in Germany, and 469 responses (N=469) with 31 missing cases in the When accounting for duplicate responses from women during or after menopause due to multiple-choice responses, Germany provided 3169 responses, while the United States provided 2391 responses.. In this context, 'N' represents the number of women indicating a specific symptom. and ‘percentage of cases’ in the context of multiple response analysis refers to the proportion of cases (respondents) that selected a particular response option for a question. For a nuanced understanding of symptom prevalence, interpreting the data as a percentage of cases provides a more accurate perspective. Analyzing responses from menopausal women in Germany, 305 women (N=305) reported experiencing hot flushes, constituting a case percentage of 65.2%. Similarly, in the United States, 163 women (N=163) reported hot flushes, with a case percentage of 34.8%, indicating a slightly lower occurrence but still maintaining its status as the most prevalent symptom. Notably, sleep difficulties were reported by 199 women (N=199, 43.5% case percentage) in

Germany, and night sweats by 179 women (N=179, 38.2% case percentage), positioning these symptoms as the second most common after hot flushes. In the U.S., night sweats ranked second, with 139 women responding (N=139, 22.8% case percentage), followed by vaginal dryness and menstrual irregularities, with 107 (N=107) and 97 (N=97) responses, respectively, both at 22.8% and 20.7%. Surprisingly, the second most common symptom in Germany, sleep disturbance, was reported by relatively few women in the U.S., with 97 women (N=97, case percentage 20.7%). Germany also had a higher symptom prevalence of "weight gain" as a symptom, with 157 women responding (N=157, 33.5% case percentage), in contrast to 93 women (N=93, 19.8% case percentage) in the U.S. Moreover, in Germany, symptoms like 'menstrual irregularities', 'mood swings', and 'tiredness' exceeded 30%, each with case percentages of 31.2%, 30.8%, and 30.3%, respectively, and responses from over 140 women. Additionally, German menopausal women, numbering over 100, reported symptoms including irritability, loss of libido, and hair loss, with case percentages of 28.2%, 26.5%, and 22.4%, respectively, underscoring the diverse spectrum of both physical and mental symptoms characterizing menopause.

Also, chi-square test was performed to determine the association between symptom experience and the two countries, yielding a Chi-square value of 427.591 with 42 degrees of freedom (df=42) and a p-value of less than 0.001 (Sig.<0.001), signifying a statistically significant difference in the distribution of symptoms between the two countries. A more comprehensive breakdown of response counts and symptom frequencies among the 40 menopausal symptoms can be found in the detailed SPSS analysis (Table 4).

Table 4

Menopause-related symptoms experienced by women in the US and Germany

	US			Germany		
	N [a]	%	% of cases[b]	N	%	% of cases
Anxiety	57	2.4	12.2	51	1.6	10.9
Brain fog	57	2.4	12.2	15	0.5	3.2
Change body odour	38	1.6	8.1	56	1.8	12.0
Heavy periods	47	2.0	10.0	60	1.9	12.8
Irregular periods	97	4.1	20.7	146	4.6	31.2

Crying spells	45	1.9	9.5	35	1.1	7.5
Depression	50	2.1	10.7	87	2.7	18.6
Sleep difficulties	97	4.1	20.7	199	6.3	43.5
Feeling bloated	62	2.6	13.2	78	2.5	16.7
Skin problems	38	1.6	8.1	48	1.5	10.3
Dizziness	40	1.7	8.5	68	2.1	14.5
Headache	58	2.3	11.9	100	3.2	21.4
Heart palpitations	45	1.9	9.5	60	1.9	12.8
Hot flushes	163	6.8	34.9	305	9.6	65.2
Increased Allergies	36	1.5	7.7	19	0.6	4.1
Irritability	77	3.2	16.4	132	4.2	28.2
Loss of Confidence	28	1.1	5.5	34	1.1	7.3
Loss of Joy	28	1.2	6.0	52	1.6	11.1
Decreased sexual interest	88	3.7	18.8	124	3.9	26.5
Low mood	55	2.3	11.7	102	3.2	21.8
Mood Swings	91	3.8	19.4	144	4.5	30.8
Night Sweats	139	5.8	29.6	179	5.6	38.2
Oral health changes	31	1.3	6.5	28	0.9	6.0
Muscle aches and pains	59	2.5	12.6	65	2.1	13.9
Stiff Joints	55	2.3	11.7	48	1.5	10.3
Poor concentration	40	1.7	8.5	75	2.4	16.0
Memory loss	31	1.3	6.5	40	1.3	8.5
Reduced self esteem	36	1.5	7.7	39	1.2	8.3
Restless legs	54	2.3	11.5	21	0.7	4.5
Hair loss	50	2.1	10.7	105	3.3	22.5
Tinnitus	31	1.3	6.5	27	0.9	5.8
Tiredness	85	3.6	18.1	142	4.5	30.3
Urinary infections	40	1.7	8.5	22	0.7	4.7
Urine leaks	67	2.8	14.3	51	1.6	10.9
Incontinence	48	2.0	10.2	44	1.4	9.4
Vaginal dryness	107	4.5	22.6	97	3.1	20.7
Breathlessness	36	1.5	7.7	41	1.3	8.8
Increased weight	93	3.9	19.8	157	5.0	33.5
Increase Multifluid	36	1.5	7.7	32	1.0	6.8
Weak bones	45	1.9	9.5	29	0.9	6.2
None of the above/ Not sure	5	0.2	1.1	11	0.3	2.4
Prefer not to say	10	0.4	2.1	1	0.0	0.2
Total	2391	100	509.8	3169	100	677.1

Note: This table shows the results of Multiple responses to all options for menopause-related symptoms experienced by women in the United States and Germany.

[a] Number of responses

[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

* χ^2 (42) = 427.591, p <.001

6.2 Supportive network/communication

6.2.1 Preferred supportive network

All subjects were also asked, "*Which support network (if any) did you have when you were going through menopause?*", a question that allowed for multiple responses(Table 5). In our study of support networks utilized during menopause, we dug deeper into the responses from the US (N=500) and Germany (N=500) to gain valuable insights. The results shed light on the unique approaches to seeking support in the two countries. In the US, 47% (N=235, percentage of case=47%) of participants said they rely on their personal network of close friends and family, while 26.4% (N=132, percentage of case=26.4%) said they turn to professionals such as doctors and health care providers. Virtual platforms such as online support groups also featured prominently, with 27.4% (N=137, percentage of case=27.4%) of respondents saying they utilize them. However, it's worth noting that a significant proportion of US respondents, 37.2% (N=186, percentage of case=37.2%), said they had no support network at all whiles going through menopause. A smaller percentage (percentage of case=11%, N=55) chose not to reveal their preference, while the rest (percentage of case=0.6%N=3) mentioned other sources of support. In contrast, 50.2% of German respondents (N=251, percentage of case=50. 2%) turned to their personal networks for help, similar to the trend in the U.S. However, professional networks played a significantly smaller role, with only 5.2% (N=26, percentage of case=5.2%) saying they received help. Virtual networks were used by 3.8% (N=19, percentage of case==3.8%) of participants. Interestingly, 44.8% (N=224, percentage of case=44.8%) said they had no support network, a much higher percentage than in the US. Only 2.4% (N=12, percentage of case=2.4%) said they didn't want to disclose, and 1.6% (N=8, percentage of case=1.6%) said they sought help elsewhere. In addition, the chi-square test yielded a significant result (chi-square=229.083, df=6, sig<0.001), indicating a strong association between participants' nationality and their choice of support networks during menopause. This suggests that cultural factors play a substantial role in influencing the preference for specific support networks.

Table 5

The preferred support network of women in the U.S. and Germany

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Personal (Close friends and Family)	235	31.4	47.0	251	46.5	50.2
Professionally (Through work)	132	17.6	26.4	26	4.8	5.2
Virtual (Online Support network)	137	18.3	27.4	19	3.5	3.8
I didn't have a support network	186	24.9	37.2	224	41.5	44.8
Prefer not to say	55	7.4	11.0	12	2.2	2.5
Other	3	0.4	0.6	8	1.5	1.6
Total	748	100	149.6	540	100	108.0

Note: This table shows the results of multiple responses to all options for preferred support network during menopause for women in the United States and Germany.
[a] Number of responses
[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100
[*] χ^2 (6) = 229.083, p <.001

6.2.2 Communication patterns

Table 6 shows the result of the question "*How would you best describe how much you talked about your experience with menopause?*" to explore the communication patterns of participants in the U.S. (N=500) and Germany (N=500) about their menopause experience, we found the following results. In the US, 27.6% of respondents (N=138) indicated that they actively initiated discussions about their menopause experiences, while 39.6% (N=198) reported discussing their experiences when others brought up the topic. Interestingly, 13.8% of participants (N=69) actively avoided speaking about their menopause experiences. However, 19.0% (N=95), expressed uncertainty or none of the given options. In the German cohort, 30.2% (N=151) stated that they actively brought up discussions about their

menopause experiences, while 45.4% (N=227) engaged in such conversations only if initiated by others. Meanwhile, 16.2% (N=81) of participants actively avoided discussing their experiences, and 8.4% (N=42) were uncertain or chose none of the provided choices. The results highlight variations in communication patterns between the US and Germany, with a slightly higher percentage of proactive engagement in discussions among German respondents compared to those from the US, along with differences in the proportions of avoidance and uncertainty. These findings provide insights into cultural differences that could influence menopause-related conversations.

Importantly, the Chi-square analysis underscores a statistically significant association between communication patterns and the country of origin (chi-square=24.965, df=3, Sig.<.001), suggesting that the observed distinctions are likely not due to random chance, but are genuinely reflective of differing communication tendencies between the two countries.

Table 6

Communication pattern of menopausal women in the US and Germany

	US		Germany	
	N	%	N	%
I Actively speak/spoke about my experience (Would bring it up myself)	138	27.6	151	30.2
I speak/ spoke about my experience but only if others brought it up	198	39.6	227	45.4
I actively avoid(ed) speaking about my experience	69	13.8	81	16.2
Not sure/None of these	95	19.0	41	8.2
Total	500	100.0	500	100.0

Note: This table shows the results of the "How would you best describe how much you talked about your experience with menopause? "for women in the United States and Germany.

* χ^2 (3) = 24.965, p <.001

6.2.3 Avoidance of discussing menopause

Participants (US=69, Germany=81) who selected '*I actively avoid(ed) speaking about my experience*' in response to the question about how much they talked about their menopause experience were followed up with additional inquiries. These individuals were asked whether they avoided discussing their menopause experience with specific individuals, including partners, children, siblings, friends, colleagues, and employers. Additionally, they were queried about the reasons for their avoidance of discussing menopause, with options including concerns about being perceived as old, incapable, embarrassed, judgmental, prejudiced against, or unattractive, among others.

The follow-up question, "*Have you avoided/avoid talking about your menopause experience with any of the following?*" examined avoidance of talking about menopause with various individuals using a multiple response question format that allowed for the selection of all applicable responses (Table 7). When analyzing the survey results from the US and Germany collectively, there are some notable insights. In the United States, a total of 69 respondents (N=69) reported 163 cases, of which 24 (N=24, case rate=34.8%) reported avoiding conversations with their partners., and 25 (N=25, percentage of cases=36.2%) reported avoiding conversations with their children in the same way. Similarly, 22 respondents (N=22, percentage of cases=31.9%) said they avoid conversations with siblings and friends, respectively. About 27 respondents (N=27, percentage of cases=39.1) said they avoid these conversations with colleagues, and 28 respondents (N=28, percentage of cases=40.6) said they avoid conversations with their employers, and while there was not a significant difference between the response options, overall, discussing menopause with employers was the most uncomfortable. In addition, 15 respondents (N=15, percentage of cases=21.7%) said they do not discuss these issues with any of the listed options. In contrast, in Germany, where the survey of 81 respondents (N=81) yielded 240 response cases with the multiple responses, the rate of avoidance in several relationships was relatively high compared to the United States. Specifically, 34 respondents (N=34, percentage of cases=42.0%) reported avoiding conversations with their partner, while 35 respondents (N=35, percentage of cases=43.2%) reported avoiding conversations with their children. In addition, 32 respondents (N=32, percentage of cases=39. 5%) said they avoid talking to their siblings, and 31 respondents (N=31, percentage of cases=38.3%) said they avoid

talking to their friends. Similar to the US, Germany had the highest percentage of respondents who said they were most reluctant to talk to employers and colleagues, with 45 respondents (N=45, percentage of cases=55.6%). Eighteen respondents (N=18, percentage of case=22.2%) said they avoid talking to any of the people listed.

In addition, a chi-square test was conducted to assess the relationship between discussion avoidance and listed individuals in both countries. The results of the test showed a chi-square value χ^2 (7) = 10.552, p =.159. The non-significant p-value indicates that there is no strong evidence to conclude that there is a significant association between avoidance patterns and listed individuals in the two countries.

Table 7

Avoidance subject to discuss about menopause experiences.

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Partner	24	14.7	34.8	34	14.2	42.0
Children	25	15.3	36.2	35	14.6	43.2
Siblings	22	13.5	31.9	32	13.3	39.5
Friends	22	13.5	31.9	31	12.9	38.3
Colleague	27	16.6	39.1	45	18.8	55.6
Employer	28	17.2	40.6	45	18.8	55.6
None of above	15	9.2	21.7	18	7.5	22.2
Total	163	100.0	236.2	240	100.0	296.39

Note: This table shows responses to the question "Have you avoided or not avoided talking about any of the following about your menopause experience?" for 69 U.S. respondents and 81 German respondents who reported actively avoiding speaking.

[a] Number of responses

[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

* χ^2 (7) = 10.552, p =.159

6.2.4 Reasons to avoid discussing about menopause.

Another follow-up question, '*Why might you have avoided / avoid talking about your experience with menopause?*' was asked to the subjects who answer that they are avoiding talking about menopause experience (Table 8). After allowing for duplicate responses to obtain responses, we received 69 and 81 responses from the US (N=69)

and Germany (N=81), respectively, with the same number of cases in both countries at 157(case=157).

Analysis of questions within the US cohort of 69 respondents revealed a range of factors contributing to this avoidance, including concerns about being perceived as old (N=19, case rate=27.5%), feelings of incompetence (N=10, case rate=14. 5%), experiences of embarrassment (N=17, case rate=24.6%), anxiety about judgement (N=6, case rate=8. 7%), preconceived notions of prejudice (N=12, case rate=17.4%), anxiety about potential embarrassment from others (N=14, case rate=20. 3 per cent), anxiety that others might not understand (N=17, case rate=24. 6 per cent), lack of interest from potential listeners (N=10, case rate=14.5 per cent), anxiety that the issue might blow up (N=14, case rate=20.3 per cent), worry about personal attractiveness (N=11, case rate=15. 9 per cent), because not discussing it might lead to avoiding the topic (N=15, case rate=21.7 per cent), other miscellaneous reasons (N=2, case rate=2.9 per cent), and general uncertainty about underlying motivations (N=10, case rate=14.5 per cent).

In contrast, the German cohort, comprising 81 participants, mirrored some of these inclinations while also presenting unique aspects. Parallel to the US context, concerns about being labelled as old were observed (N=15, percentage of cases=18.5%), as well as a similar sentiment of feeling incapable (N=10, percentage of cases=12.3%). The prevalence of feeling embarrassed emerged as notably higher (N=27, percentage of cases=33.3%), perhaps reflecting cultural differences. Similar to the US, anxiety about judgement (N=8, percentage of cases=9.9%) and the possibility of bias (N=14, percentage of cases=17.3%) were cited as the main reasons. Similarly, concerns about causing embarrassment to others came to light (N=9, percentage of cases=11.1%), resonating with patterns observed in the US. Concerns about being misunderstood (N=12, percentage of cases=14.8%) and the perception that the interlocutor was indifferent (N=15, percentage of cases=18.5%) were similarly prevalent, as was the perception that the topic might be unnecessarily amplified (N=11, percentage of cases=13.6%). An emphasis on personal attractiveness was similarly present (N=13, percentage of cases=16.0%), and the strategy of avoiding discussion to avoid the implications of the topic was also relevant (N=8, percentage of cases=9.9%). German respondents also indicated other ulterior motives (N=5, case rate=6.2%), and there was an element of uncertainty about motives (N=10, case rate=12.3%).

Table 8

Reasons to avoid discussing about menopause.

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Don't / didn't want people to think of me as old	19	12.1	27.5	15	9.6	18.5
Don't / didn't want people to think of me as incapable	10	6.4	14.5	10	6.4	12.3
Feeling embarrassed	17	10.8	24.6	27	17.2	33.3
Don't / didn't want people to judge me	6	3.8	8.7	8	5.1	9.9
Don't / didn't want to be prejudiced against	12	7.6	17.4	14	8.9	17.3
Don't / didn't want to embarrass them	14	8.9	20.3	9	5.7	11.1
Worry they won't understand	17	10.8	24.6	12	7.6	14.8
Worry they aren't interested	10	6.4	14.5	15	9.6	18.5
Worry it'll sound like a bigger deal than it is	14	8.9	20.3	11	7.0	13.6
Don't / didn't want others to see me as unattractive	11	7.0	15.9	13	8.3	16.0
I can / could pretend it isn't happening if I don't talk about it	15	9.6	21.7	8	5.1	9.9
Other	2	1.3	2.9	5	3.2	6.2
Not sure / I just did	10	6.4	14.5	10	6.4	12.3
Total	157	100.0	227.5	157	100.0	193.8

Note: This table shows the results for the question "Why do you avoid or avoid talking about your menopausal experience" for the 69 US and 81 German respondents who indicated actively avoid speaking.

[a]Number of responses

[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

* χ^2 (13) = 14.750, p = 0.323

6.3 Menopausal women experience in working environment.

6.3.1 Employment status

The survey results regarding employment status during the menopausal phase for participants from the United States (N=500) and Germany (N=500) revealed notable distinctions (Table 9). In the United States, 40.4% of respondents (N=202) reported being unemployed, while 47.2% (N=236) were employed full-time, and 12.4% (N=62) were employed part-time. In contrast, in Germany, 17.6% (N=88) indicated unemployment, with a larger portion, 50.0% (N=250), engaged in full-time employment, and 32.4% (N=162) working part-time. The chi-square test revealed a statistically significant association between nationality and employment status (χ^2 (2) = 89.860, p <.001). This indicates that national factors have a significant impact on employment patterns during menopause. The strength of this association was moderate, with a Cramer's V-value of 0.300 ($p < 0.001$). These results emphasize the notable impact of cultural and contextual factors on employment dynamics related to menopause.

Table 9

Employment Status of menopausal Women in the United States and Germany

	US		Germany	
	N	%	N	%
Unemployed	202	40.4	88	17.6
Yes-Full time	236	47.2	250	50.0
Yes-Part time	62	12.4	162	32.4
Total	500	100.0	500	100.0

*Note***:** This table shows the results of the question "When going through the menopause, were you / are you, employed?" in the United States and Germany.
* χ^2 (2) = 89.860, p <.001, Cramer's V= 0.300

6.3.2 Entitlement about Time off for menopausal women

Those who reported their current employment status as full-time or part-time (excluding unemployed respondents) were asked four additional questions to gain deeper insight into their menopause experiences and time off needs at work.
Survey participants were queried about their entitlement of paid or unpaid time off during their menopausal phase with the question '*During your menopause, were you / are you entitled to any paid or unpaid time off specifically for menopause?'*
Analyzing the responses from 298 individuals in the United States(N=298) and 412 individuals in Germany(N=412), and considering their employment statuses, furnishes significant insights into the subject of entitlement to time off for menopause (Table 10). Among U.S. full-time employees (N=236), nearly half (48.7%) said they were not entitled to any leave related to menopausal symptoms, while 39.8% said they were entitled to paid leave (N=94), 8.9% took unpaid leave (N=21), and 2.5% didn't remember (N=6). Additionally, among U.S. Part-time worker (N=62), the majority of U.S. part-time workers (N=37), 59.7%, reported not being eligible for any leave related to menopausal symptoms, with 25.8% taking paid leave (N=16), 11.3% taking unpaid leave (N=7), and 3.2% not remembering (N=2). Among full-time employees in Germany (N=250), the vast majority of respondents (N=228) ,91.2%, reported never taking any time off for menopause, with only 6.8% taking paid time off (N=17), 1.6% taking unpaid time off (N=4), and only 0.4% not remembering (N=1). Similarly, among German part-time worker(N=162) 90.1% of workers(N=146) said they were not entitled to any menopause-related leave. On the other hand, ,3.7% took paid leave, 1.2% took unpaid leave, and 4.9% did not remember (N=8). The survey results reveal insightful connections between country, employment status, and entitlement to time off specifically for menopause.
The first chi-square test, examining the relationship between country and time-off entitlement, demonstrated a significant association (chi-square=150.473, df=3, Sig<0.001), with a substantial effect size indicated by Cramer's V of 0.460. This suggests that country plays a crucial role in determining menopause-related time-off entitlement, as the proportions of respondents with different entitlements significantly vary between the US and Germany.
The second chi-square test, exploring the correlation between employment status and time-off entitlement, also displayed a significant connection (chi-square=22.693, df=3, Sig<0.001), with a smaller yet notable effect size represented by Cramer's V of

0.179. This outcome highlights that employment status is influential in shaping menopause-related time-off entitlement, as the distribution of entitlements differs among full-time and part-time workers. Taken together, these findings underscore that both country and employment status play pivotal roles in determining the entitlement of time off during menopause. Notably, the larger effect size associated with the country variable (Cramer's V=0.460) suggests that country has a more pronounced impact on this entitlement than employment status (Cramer's V=0.179).

Table 10

Entitlement about Time off for menopausal women in the US and Germany

	US				Germany			
	Full-time		Part-time		Full-time		Part-time	
	N	%	N	%	N	%	N	%
No	115	48.7	37	59.7	228	91.2	146	90.1
Yes - paid	94	39.8	16	25.8	17	6.8	6	3.7
Yes - unpaid	21	8.9	7	11.3	4	1.6	2	1.2
Can't remember	6	2.5	2	3.2	1	0.4	8	4.9
Total	236	100	62	100	250	100	162	100

Note: This table shows the responses of currently employed women in the United States and Germany to the question 'During your menopause, were you / are you entitled to any paid or unpaid time off specifically for menopause?'.
* Country- χ^2 (3) = 150.475, p <.001, Cramer's V = 0.460

Employment status - χ^2 (3) = 22.694, p <.001, Cramer's V = 0.179

After excluding respondents who answered "Can't remember" to the above questionnaire responses, multinomial logistic regression was used to examine the relationship between eligibility for paid or unpaid menopause leave and the covariates of country and employment status (Table 11). The dependent variable had three categories: 'No' (coded as 0), 'Yes - paid' (coded as 1), and 'Yes - unpaid' (coded as 2). The independent variables were country (with codes 0 for the US and 1 for Germany) and employment status (with codes 0 for full-time and 1 for part-time). The model's overall goodness of fit was assessed using the Likelihood Ratio Tests Chi-Square, which yielded a highly significant value of 161.349 with 4 degrees of freedom ($p < .001$). This indicates that the model effectively explains the variance in

the dependent variable. Additional goodness-of-fit tests, Pearson and Deviance, also yielded non-significant results, suggesting an acceptable model fit.

Turning to the individual likelihood ratio tests, significant effects were observed for the intercept (Chi-Square = 79.103, df = 2, $p < .001$), country (Chi-Square = 142.960, df = 2, $p < .001$), and employment status (Chi-Square = 64.690, df = 2, $p = .054$). These results indicate that both country and employment status have a significant combined influence on respondents' entitlement experiences.

For the 'Yes - paid' entitlement category, the intercept coefficient was not significant (B = -0.202, SE = 0.394, $p = .135$). However, the country coefficient indicated a highly significant negative effect for Germany (B = -2.385, SE = 0.250, $p < .001$), suggesting that respondents from Germany are less likely to have paid entitlement compared to the US respondents. Employment status also exhibited significance (B = 0.630, SE = 0.272, $p = .021$), indicating that part-time employees are less likely to have paid entitlement compared to full-time employees.

For the 'Yes - unpaid' entitlement category, the intercept coefficient was highly significant (B = -1.685, SE = 0.229, $p < .001$). The country coefficient indicated a significant negative effect for Germany (B = -2.437, SE = 0.464, $p < .001$), implying that German respondents are less likely to have unpaid entitlement compared to the US. Employment status did not exhibit significance (B = -0.028, SE = 0.416, $p = .947$).

Table 11

Multinomial logistic regression analysis of the relationship between paid or unpaid menopausal leave entitlement and covariates of country and employment status

Effect	B	SE	95%CL		*p*
			LL	UL	
Paid time off					
Intercept	-.202	.135			.135
Country [a]	-2.385	.250	.056	.150	<.001
Employment status [b]	-.630	.272	.312	.908	.021
Unpaid time off					
intercept	-1.685	.229			<.001
Country	-2.437	.464	.035	.217	<.001
Employment status	-.028	.416	.430	2.200	.973

Note: Reference category is 'No', CI = confidence interval; LL = lower limit; UL = upper limit.
[a] 0=US,1=Germany [b] 0= full time 1=part time

6.3.3 Opinion about Time off for menopausal women

Women currently in full and part-time employment were asked: '*How would you feel about the idea of women being allocated a number of days to take, either paid or unpaid, when they need to, during the menopause if they are in employment?*' The results of this survey provide a valuable insight into the views of menopausal women on leave across different countries and employment statuses (Table 12). Among full-time employees in the US (N=236), 56.8% (N=134) believed that menopausal women should receive paid time off, while 10.6% (N=25) supported unpaid time off. On the contrary, 12.7% (N=30) felt menopausal women should not receive any form of time off, and 19.9% (N=47) were unsure. A similar pattern emerged among part-time US employees (N=62), with 37.1% (N=23) advocating for paid time off and 25.8% (N=16) supporting unpaid time off. Meanwhile, 8.1% (N=5) believed menopausal women should not have any time off, and 29.0% (N=18) were unsure. On the other hand, in Germany, the sentiment differed slightly. Among full-time employees (N=250), 51.2% (N=128) endorsed paid time off for menopausal women, and 8.8% (N=22) supported unpaid time off. However, a larger proportion, 22.0% (N=55), held the view that no time off should be allocated, and 18.0% (N=45) were unsure. For part-time German employees (N=162), 43.2% (N=70) advocated for paid time off, while 16.7% (N=27) supported unpaid time off. Additionally, 20.4% (N=33) believed no time off should be provided, and 19.8% (N=32) were unsure.

Table 12

Opinion about Time off for menopausal women in the US and Germany

	US				Germany			
	Full-time		Part-time		Full-time		Part-time	
	N	%	N	%	N	%	N	%
Should get paid time off	134	56.8	23	37.1	128	51.2	70	43.2
Should get unpaid time off	25	10.6	16	25.8	22	8.8	27	16.7
Should not any time off	30	12.7	5	8.1	55	22.0	33	20.4
Not sure	47	19.9	18	29.0	45	18.0	32	19.9
Total	236	100	62	100	250	100	162	100

Note: This table shows the responses of currently employed women in the United States and Germany to the question 'How would you feel about the idea of women being allocated a number of days to take either paid or unpaid, when they need to, during the menopause if they are in employment?'.

After excluding respondents who answered "not sure" to the above questionnaire responses, multinomial logistic regression was used to explore the relationship between opinions about menopausal women's use of leave in the workplace and the covariates of country and employment status (Table 13). The dependent variable consisted of three categories: 'Menopausal women should get paid time off' (coded as 1), 'Menopausal women should get unpaid time off' (coded as 2), and 'Menopausal women should not get paid or unpaid time off' (coded as 3). The independent variables were country (coded as 0 for the US and 1 for Germany) and employment status (coded as 0 for full-time and 1 for part-time).

The model's overall goodness of fit was assessed using the Likelihood Ratio Tests Chi-Square, which yielded a highly significant value of 27.248 with 4 degrees of freedom ($p < .001$). This suggests that the model effectively captures the variation in the dependent variable. Additional goodness-of-fit tests, Pearson and Deviance, yielded non-significant results, indicating an acceptable model fit.

Turning to the individual likelihood ratio tests, significant effects were observed for the intercept (Chi-Square = 122.707, df = 2, $p < .001$), country (Chi-Square = 51.123, df = 2, $p = .002$), and employment status (Chi-Square = 16.604, df = 2, $p < .001$).

These results indicate that both country and employment status collectively impact respondents' opinions on time-off allocation.

Examining the parameter estimates, for the category 'should get paid time off', the intercept coefficient was highly significant (B = 1.514, SE = 0.191, p < .001), suggesting that respondents are more likely to favor paid time off for menopausal women. Regarding country, the coefficient indicated a significant negative effect for Germany (B = -0.674, SE = 0.231, p = .004), indicating that German respondents are less likely to favor paid time off compared to the US respondents. Employment status did not exhibit significance (B = -0.083, SE = 0.236, p = .725).

For the category 'should get unpaid time off', the intercept coefficient was not significant (B = -0.071, SE = 0.244, p = .770). The country coefficient indicated a significant negative effect for Germany (B = -0.964, SE = 0.303, p = .001), implying that German respondents are less likely to favor unpaid time off compared to the US respondents. Employment status was significant (B = 0.937, SE = 0.300, p = .002), indicating that part-time employees are more likely to favor unpaid time off compared to full-time employees.

Table13

Multinomial logistic regression analysis of the relationship between opinions about menopausal women's use of leave in the workplace and the covariates of country and employment status

Effect	B	SE	95%CL		*p*
			LL	UL	
Should get paid off					
Intercept	1.514	.191			<.001
Country [a]	-.674	.231	.324	.802	.004
Employment status [b]	-.083	.236	.580	1.461	.725
Should get unpaid off					
intercept	-.071	.244			.770
Country	-.964	.303	.210	.691	.001
Employment status	.937	.300	1.418	4.592	.002

Note: Reference category is 'Should not get paid or unpaid time off', CI = confidence interval; LL = lower limit; UL = upper limit.

[a] 0=US,1=Germany [b] 0= full time 1=part time

6.3.4 Supportive network in Workplace

The descriptive analysis delved into the extent of workplace support for women undergoing menopause with the question ‘Were / are either your employers or colleagues supportive when you were / are going through the menopause?’, considering both full-time and part-time employed respondents in the United States (N=298) and Germany (N=412). The results reveal the distribution of diverse supportive networks within the workplace, based on the respondents' provided responses (Table 14). In the US, among full-time employees (N=236), approximately 22.0% reported receiving support from their employers (N=52), 24.6% from their colleagues (N=58), and 12.7% from both employers and colleagues (N=30). On the other hand, 35.6% indicated they lacked support due to their employers' unawareness (N=84), while 5.1% experienced an absence of support despite their employers' awareness (N=12). Similarly, among part-time employees (N=62) in the US, 9.7% received support from employers (N=6), 17.7% from colleagues (N=11), and 29.0% from both employers and colleagues (N=18). Intriguingly, 40.3% expressed not receiving support due to employers' lack of awareness (N=25), while only 3.2% faced an absence of support despite their employers' knowledge (N=2).

Shifting to Germany, the distribution was as follows: for full-time employees (N=250), 2.8% received support from employers (N=7), 10.0% from colleagues (N=25), and 9.2% from both employers and colleagues (N=23). Notably, a substantial 68.4% indicated a lack of support due to their employers' unawareness (N=171), while 9.6% experienced an absence of support despite their employers' awareness (N=24). Among part-time German employees (N=162), 0.6% reported support from employers (N=1), 6.2% from colleagues (N=10), and 5.6% from both employers and colleagues (N=9). A significant 77.2% expressed not receiving support due to employers' lack of awareness (N=125), while 10.5% experienced a lack of support despite employers' knowledge (N=17).

Table 14

Workplace support for women undergoing menopause in the US and Germany

	US				Germany			
	Full-time		Part-time		Full-time		Part-time	
	N	%	N	%	N	%	N	%
Yes- employer	52	22.0	6	9.7	7	2.8	1	0.6
Yes- colleague	58	24.6	11	17.7	25	10.0	10	6.2
Yes- employer and colleague	30	12.7	18	29.0	23	9.2	9	5.6
No- because they didn't know	84	35.5	25	40.3	171	68.4	125	77.2
No - even though they knew	12	5.1	2	3.2	24	9.6	17	10.5
Total	236	100	62	100	250	100	162	100

Note: This table shows the responses of currently employed women in the United States and Germany to the question 'Were / are either your employers or colleagues supportive when you were / are going through the menopause?'.

In this study, a multinomial logistic regression analysis was conducted to explore attitudes toward employer and colleague support during menopause, utilizing a dependent variable categorized into five opinions: 'Yes – employers' (coded as 1), 'Yes – colleagues' (coded as 2), 'Yes – employees and colleagues' (coded as 3), 'No – because they didn't know' (coded as 4), and 'No – even though they knew' (coded as 5). The independent covariates were country (coded as 0 for the US and 1 for Germany) and employment status (coded as 0 for full-time and 1 for part-time) (Table15).

The model's goodness of fit was assessed using the Likelihood Ratio Tests Chi-Square, revealing a significant result of 156.077 with 8 degrees of freedom ($p < .001$). This underscores the model's overall capability to account for variance within the dependent variable. Subsequent tests, including Pearson and Deviance, yielded non-significant outcomes, indicating the model's satisfactory fit.

Individual Likelihood Ratio Tests for the intercept (Chi-Square = 79.451, df = 4, $p < .001$), country (Chi-Square = 127.207, df = 4, $p < .001$), and employment status

(Chi-Square = 13.620, df = 4, p = .009) demonstrated the combined impact of these factors on respondents' attitudes.

Examining parameter estimates, for the 'Yes-employer' category, the intercept coefficient was highly significant (B = 1.593, SE = 0.310, p < .001), indicating a tendency towards perceiving employer support. Country exhibited a substantial negative effect for Germany (B = -2.937, SE = 0.491, p < .001), suggesting that German respondents are less likely to perceive employer support compared to the US respondents. Employment status also demonstrated significance (B = -1.076, SE = 0.506, p = .033), implying that part-time employees are less likely to perceive employer support.

Within the 'Yes-colleague' category, the intercept coefficient was highly significant (B = 1.690, SE = 0.305, p < .001). German respondents were less likely to perceive colleague support (B = -1.692, SE = 0.376, p < .001), while employment status did not reach significance (B = -0.474, SE = 0.384, p = .217).

For the 'Yes-employer and colleague' category, the intercept coefficient was significant (B = 1.182, SE = 0.319, p < .001), suggesting an inclination towards perceiving support from both employers and colleagues. Germany exhibited a significant negative effect (B = -1.509, SE = 0.389, p < .001), implying that German respondents are less likely to perceive this combined support. Employment status did not attain significance (B = 0.196, SE = 0.379, p = .604).

Within the 'No-because they didn’t know' category, the intercept coefficient was highly significant (B = 2.022, SE = 0.293, p < .001). Country exhibited a non-significant effect (B = -0.093, SE = 0.332, p = .779), and employment status did not reach significance (B = 0.120, SE = 0.304, p = .694).

Table15

Multinomial logistic regression analysis of attitudes toward employer and colleague support during menopause

Effect	B	SE	95%CL		*p*
			LL	UL	
Yes- employer					
Intercept	1.593	.310			<.001
Country [a]	-2.937	.491	.020	.139	<.001
Employment status [b]	-1.076	.506	.126	.919	.033
Yes- collogues					
intercept	1.690	.305			<.001
Country	-1.692	.376	.088	.385	<.001
Employment status	-.474	.384	.293	1.321	.217
Yes- Employer and colleagues					
intercept	1.182	.319			<.001
Country	-.1509	.389	.103	.474	<.001
Employment status	.196	.379	.579	2.556	.064
No- because they didn't know					
intercept	2.022	.293			<.001
Country	-.093	.332	.475	1.747	.779
Employment status	.120	.304	.621	2.047	.694

Note: Reference category is 'No- even though they knew', CI = confidence interval; LL = lower limit; UL = upper limit.
[a] 0=US,1=Germany [b] 0= full time 1=part time

6.3.5 Utilization of Time off regarding menopause

The provided data represents a descriptive analysis of the question "Have you taken any days off due to the menopause?" among employed women in the US (full-time: N=236, part-time: N=62) and Germany (full-time: N=250, part-time: N=162) (Table 16). Respondents were offered the answer options "Yes - many," "Yes - one or two," "No," and "Can’t remember."

In the United States, among full-time employed women (N=236), a significant proportion (25.8%) reported taking multiple days off due to menopause, responding "Yes - many," while an equivalent percentage (25.8%) indicated taking a more moderate number of days off with "Yes - one or two." Conversely, a considerable portion (45.3%) of full-time employed women responded with "No," signifying that they hadn't taken any days off due to menopause. A smaller subset (2.8%) responded "Can’t remember" regarding their days off. Among part-time employed women in the US (N=62), the distribution was different: 9.7% answered affirmatively with "Yes - many," 30.6% responded "Yes - one or two," a majority (53.2%) answered "No," indicating no days off, and a smaller fraction (6.5%) couldn't recall ("Can’t remember").Turning to Germany, among full-time employed women (N=250), a notably smaller percentage (3.6%) answered "Yes - many" to taking multiple days off due to menopause, while a larger segment (15.6%) responded "Yes - one or two." The majority (78.4%) responded "No," indicating no days off, and a minor portion (2.4%) expressed uncertainty with "Can’t remember." For part-time employed women in Germany (N=162), the breakdown was as follows: 1.9% responded "Yes - many," 12.3% responded "Yes - one or two," the majority (82.7%) stated "No," and 3.1% answered "Can’t remember."

Table 16

Utilization of Time off regarding menopause in the US and Germany

	US				Germany			
	Full-time		Part-time		Full-time		Part-time	
	N	%	N	%	N	%	N	%
No	107	45.3	33	53.2	196	78.4	134	82.7
Yes-many	61	25.8	6	9.7	9	3.6	3	1.9
Yes- one or two	61	25.8	19	30.6	39	15.6	20	12.3
Can't remember	7	3.0	4	6.5	6	2.4	5	3.1
Total	236	100	62	100	250	100	162	100

Note: This table shows the responses of currently employed women in the United States and Germany to the question ' Have you taken any days off due to the menopause?'.

After excluding respondents who answered "don't remember" to the question. Multinomial logistic regression was conducted to determine the effect of country and employment status on utilization of time off due to menopause, utilizing a dependent variable categorized into three opinions: 'Yes – many' (coded as 1), 'Yes – one or two' (coded as 2), and 'No' (coded as 0). The independent covariates were country (coded as 0 for the US and 1 for Germany) and employment status (coded as 0 for full-time and 1 for part-time)(Table 17).

The analysis began by assessing the model's goodness of fit through the Likelihood Ratio Tests Chi-Square, yielding a significant result of 114.585 with 4 degrees of freedom ($p < .001$). This demonstrates the model's overall capability to explain variability within the dependent variable. Additional tests, including Pearson and Deviance, generated non-significant outcomes, affirming the model's satisfactory fit.

Individual Likelihood Ratio Tests for the intercept (Chi-Square = 18.373, df = 2, $p < .001$), country (Chi-Square = 92.632, df = 2, $p < .001$), and employment status (Chi-Square = 45.978, df = 2, $p = .010$) revealed the combined influence of these factors on respondents' attitudes.

Analyzing parameter estimates, for the 'No' category, the intercept coefficient was highly significant (B = 0.525, SE = 0.149, p < .001), indicating a tendency towards choosing 'No'. German respondents exhibited a significant positive effect (B = 1.139, SE = 0.202, p < .001), implying that they are more likely to choose 'No' compared to the US respondents. Employment status did not attain significance (B = 0.149, SE = 0.220, p = .497).

Regarding the 'Yes-Many' category, the intercept coefficient was not significant (B = -0.039, SE = 0.175, p = .823). German respondents exhibited a significant negative effect (B = -1.306, SE = 0.361, p < .001), indicating that they are less likely to choose 'Yes-Many' than the US respondents. Employment status reached significance (B = -0.907, SE = 0.407, p = .026), suggesting that part-time employees are less likely to choose 'Yes-Many' compared to full-time employees.

Table 17

Multinomial logistic regression analysis of effect of country and employment status on utilization of time off due to menopause

Effect	B	SE	95%CL		*p*
			LL	UL	
No					
Intercept	.525	.149			<.001
Country [a]	1.139	.202	2.103	4.637	<.001
Employment status [b]	.149	.220	.754	1.788	.497
Yes- Many					
intercept	-.039	.175			.823
Country	-1.306	.361	.134	.549	<.001
Employment status	-,907	.407	.182	.897	.026

Note: Reference category is 'yes- one or two', CI = confidence interval; LL = lower limit; UL = upper limit.
[a] 0=US,1=Germany [b] 0= full time 1=part time

6.3.6 Revealing the reason of menopause time off

Table 18 presents the results of a descriptive analysis of the question "Did you tell your employer why you took time off?" for currently employed women in the United States and Germany who reported having taken menopause-related leave, stratified by employment status. The responses were categorized into three options: 'No - never', 'Yes - every time', and 'On some occasions, but not all'.

In the United States among Full-time employed women, 13 respondents (10.7%) answered 'No - never', 67 respondents (54.9%) chose 'Yes - every time', and 42 respondents (34.4%) responded 'On some occasions, but not all'. Among Part-time employed women in the US, 5 respondents (20.0%) indicated 'No - never', 6 respondents (24.0%) selected 'Yes - every time', and 14 respondents (56.0%) answered 'On some occasions, but not all'.

Similarly, in Germany, for Full-time employed women, 27 respondents (56.3%) stated 'No - never', 8 respondents (16.7%) chose 'Yes - every time', and 13 respondents (27.1%) indicated 'On some occasions, but not all'. Among Part-time employed women in Germany, 12 respondents (52.2%) responded 'No - never', 4 respondents (17.4%) answered 'Yes - every time', and 7 respondents (30.4%) chose 'On some occasions, but not all'.

Table 18

Revealing the reason of menopause time off in the US and Germany

	US				Germany			
	Full-time		Part-time		Full-time		Part-time	
	N	%	N	%	N	%	N	%
No - never	13	10.7	5	20.0	27	56.3	12	52.2
Yes- every time	67	54.9	6	24.0	8	16.7	4	17.4
On some occasion but not all	42	34.4	14	56.0	13	27.1	7	30.4
Total	122	100	25	100	48	100	23	100

Note: This table shows the responses of currently employed women in the United States and Germany to the question ‘Did you tell your employer why you were taking the day off?’.

6.3.7 Menopause-related workplace challenges and work impacts

Descriptive analysis of responses to the question, "Have you experienced any of the following at work while going through menopause?" (Women working full or part-time, US=298, Germany=412). Respondents were able to give multiple responses to all questions that they had experienced or that applied to them (Table 19).
In the United States, 49 of respondents reported that they had felt "discriminated against in some way," reflecting an important perspective within the population studied (N = 49, percent of cases= 16.4%). This trend extended to responses regarding professional advancement opportunities, with a surprising 48 of respondents stating that they had been 'left out of a pay raise' (N = 48, percent of cases=16.1%) and 50 stating that they had been 'left out of a promotion' (N = 50, percent of cases= 16.8%). The analysis also uncovered unique workplace dynamics impacted by the menopause experience: 66 reported experiencing "colleague making unkind comments" (N = 66, percent of case=22.1%), shedding light on potentially difficult interactions in the workplace. In addition, 60 respondents expressed the sentiment that they were 'treated differently by their boss' (N=60, percent of case= 20.1%), while 65 reported that their boss made unkind comments (N=65, percent of case=21.8%). Similarly, 57 of respondents reported experiencing exclusion through 'being excluded from key meetings' (N = 57, percent of cases =19.1%), and 55 reported 'having their opinions ignored' (N=55, percent of cases= 18.5%), indicating that they struggle to communicate effectively in the workplace. Despite these findings, a significant number of respondents, 139, reported that they had 'not experienced any of the above difficulties' at work, suggesting a relatively stable view of the menopause-related work environment (N = 199, percent of cases=46.6%).
Similarly, a simultaneous survey of employed women's experiences in Germany revealed similar patterns to those observed in the United States:19 respondents reported feeling "discriminated against in some way," revealing a notable aspect of workplace dynamics (N=19, percent of cases=4.6%). Fifteen respondents said they had been 'overlooked for a raise' (N = 15, percent of cases= 3.6%), and 12 respondents said they had been 'overlooked for a promotion' (N = 12, percent of cases= 2.9%), revealing consequences for job security. Additionally, 29 respondents said they had 'experienced an unkind comment from a colleague' (N = 29, percent of cases= 7.0%), providing a glimpse into potential difficulties with interpersonal

relationships in the workplace. Similarly, 10 respondents reported that they had 'been treated differently by a boss' (N=10, percent of cases= 2.4%), and 16 respondents shared the experience of 'a boss making an unkind comment (N=16, percent of cases= 3.9%). In addition, 15 respondents said they had been 'left out of key meetings' (N= percent of cases=.6%) and 23 respondents said they had 'had their opinions ignored at work' (N=23, percent of cases= 5.6%), revealing potential communication issues. Despite these insights, a significant number of respondents said, ' None of the above', highlighting the view that the menopause work environment is relatively stable (N=348, percent of cases= 84.5%).

Table 19

Menopause-related workplace disadvantages

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Discrimination against in some way	49	8.3	16.4	19	3.9	4.6
Overlooked for a pay rise	48	8.1	16.1	15	3.1	3.6
Overlooked for a promotion	50	8.5	16.8	12	2.5	2.9
unkind comments by colleagues	66	11.2	22.1	29	6.0	7.0
Treated differently by boss	60	10.2	20.1	10	2.1	2.4
Unkind comments by boss	65	11.0	21.8	16	3.3	3.9
Left out of key meetings	57	9.7	19.1	15	3.1	3.6
Having your opinion disregarded	55	9.3	18.5	23	4.7	5.6
None of the above	139	23.6	26.6	348	71.5	84.5
Total	589	100.0	197.7	487	100.0	118.2

*Note:*This table shows the results of multiple responses from currently employed U.S. and German women to the question "Have you experienced any of the following at work while going through menopause?".
[a]Number of responses
[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

Table 20 shows descriptive analysis of responses to the question, "Did you find the menopause affected your ability to work in any way?" (Women working full or part-time, US=298, Germany=412). Respondents were able to give multiple responses to all questions that they had experienced or that applied to them.

In the United States, women shared how menopause affected their professional lives in various ways. Notably, 80 respondents (N=80, percent of cases=26.8%) spoke of an "inability to focus," making it challenging to maintain concentration at work. A similar concern was "poor concentration," as reported by 78 respondents (N=78 percent of cases=26.2%), impacting their overall work performance. Additionally, 65 respondents (N=65 percent of cases=21.8%) indicated "poor memory," which affected their ability to recall important information.

Menopause introduced more challenges for some. 68 respondents (N=68 percent of cases=22.8%) expressed "more difficulty coping with tasks," signifying potential productivity challenges in the workplace. Surprisingly, 61 respondents (N=61 percent of cases=20.5%) reported experiencing a literal "loss of voice," which had implications for communication in their professional settings.

Fatigue emerged as a significant concern, with 103 respondents (N=103 percent of cases=34.6%) citing "tiredness" as an issue that affected their daily work routines. While these findings highlight some of the struggles women face during menopause, it's important to note that 102 respondents (N=102 percent of cases=34.2%) reported that menopause did not impact their ability to work effectively. This resilience suggests that, despite the challenges, some women are able to maintain stable work performance during this life transition.

In Germany, similar patterns were observed, although with some variations. Thirty-eight respondents (N=38 percent of cases=9.2%) mentioned difficulties in "inability to focus" during menopause. Notably, a higher percentage, 161 respondents (N=161 percent of cases=39.2%), from the German sample reported "poor concentration" as an impact of menopause, which was considerably more pronounced than in the U.S. Eighty-one respondents (N=81 percent of cases=19.7%) from Germany mentioned "poor memory," while 71 respondents (N=71 percent of cases=17.2%) experienced "more difficulty coping with tasks." Like their American counterparts, 21 German

respondents (N=21 percent of cases=5.1%) experienced a literal "loss of voice" during menopause, which impacted their ability to communicate at work.
Fatigue was a prevalent issue, with 198 respondents (N=198 percent of cases=48.1%) from Germany reporting "tiredness" as a significant challenge, affecting their overall work performance.
Similar to the U.S., some women in Germany also exhibited resilience during menopause, with 145 respondents (N=145 percent of cases=35.2%)) stating that their ability to work was unaffected by this life transition.

Table 20

Menopause-related impact on ability to work.

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Inability to focus	80	14.3	26.8	38	5.3	9.2
Poor Concentration	78	13.9	26.2	161	22.4	39.1
Poor memory	65	11.6	21.8	81	11.3	19.7
More difficulty coping with tasks	68	12.1	22.8	71	9.9	17.2
Loss of voice- literally	61	10.9	20.5	21	2.9	5.1
Tiredness	103	18.4	34.6	198	27.5	48.1
Other	4	0.7	1.3	4	0.6	1,0
N/A - The menopause did not affect my ability to work	102	18.2	34.2	145	20.2	35.2
Total	561	100.0	188.3	719	100.0	174.5

Note: This table shows the results of multiple responses from currently employed U.S. and German women to the question "Did you find the menopause affected your ability to work in any ways?".
[a]Number of responses
[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

6.3.8 Menopause-related request in workplace

This descriptive analysis examines the workplace requests made by full-time and part-time employed women in the United States and Germany (US=298, Germany=412) in response to menopause symptoms. Respondents were given the option to select multiple responses that applied to their situation. The results reveal patterns and differences in the types of requests made by women in these two countries during their experience with menopause (Table 21).

In the United States, women have actively asked for different kinds of help to deal with menopause symptoms at work. 80 respondents have requested flexible working hours, where they can adjust their schedules to better manage their symptoms (N=61 percent of cases=20.5%). Some have chosen to work from home or telework (N=56 percent of cases=18.8%) to create a more comfortable environment. 43 women asked for reducing their working hours or switching to part-time jobs (N=43 percent of cases=14.4%) to balance their work and menopause symptoms. Special leave, like extra time off, was requested by some (N=54 percent of cases=18.1%), and others request for using their annual leave for the same purpose (N=59 percent of cases=19.8%). A few tried to take unpaid leave when they needed it (N=50 percent of cases=16.8%). 45 women asked their employers to change their job tasks (N=45 percent of cases=15.1%) to better match their condition. Surprisingly, a number of women requested changes to the dress code or uniform rules (N=50 percent of cases=16.8%) to feel more comfortable. Easy access to bathrooms was important to 47 women (N=47 percent of cases=15.8%) due to the frequent need for restroom breaks. Surprisingly, a considerable number of women (N=137 percent of cases=46.0%) didn't feel the need to ask for any specific help from their employers, which could mean they have their own ways of dealing with menopause symptoms or might not know what help is available.

Germany, on the other hand, was generally less receptive to menopause-related requests than the United States. In Germany, women exhibited a range of strategies to navigate their menopause symptoms in the workplace. Notably, 18 respondents (N=18 percent of cases=4.4%) expressed a need for flexible working hours to effectively manage their symptoms. A smaller percentage, 5 respondents (N=5 percent of cases=1.2%), chose teleworking or working from home as their preferred approach.

Reducing working hours or transitioning to part-time employment was favored by 23 respondents (N=23 percent of cases=5.6%) in their quest for better work-life balance amid menopauses. Special leave arrangements were opted for by ten respondents (N=10 percent of cases=2.4%), and annual leave was utilized by six respondents (N=6 percent of cases=1.5%). An additional six respondents (N=6 percent of cases=1.5%) took leave without pay when needed.

Similar to the United States, 17 respondents (N=17 percent of cases=4.1%) in Germany sought task adjustments to better align with their condition. However, only four respondents (N=4 percent of cases=1.0%) requested dress code or uniform modifications. The importance of bathroom proximity was acknowledged by five respondents (N=5 percent of cases=1.2%).

Strikingly, 349 respondents (N = 349, percent of cases = 84.7%) in Germany did not deem it necessary to make any specific requests, signalling potential variations in workplace support and awareness of available accommodations. This lower rate of requests in Germany compared to the United States suggests differences in how menopause-related symptoms are perceived and managed in the workplace between these two countries.

Table 21

Menopause-related request in workplace

	US			Germany		
	N [a]	%	% of cases [b]	N	%	% of cases
Flexible working hours	61	10.1	20.5	18	4.1	4.4
Teleworking/working from home	56	9.3	18.8	5	1.1	1.2
Cutting down on hours/part-time work	43	7.1	14.4	23	5.2	5.6
Special leave	54	9.0	18.1	10	2.3	2.4
Annual leave	59	9.8	19.8	6	1.4	1.5
Leave without pay	50	8.3	16.8	6	1.4	1.5
Adjustment of tasks	45	7.5	15.1	17	3.8	4.1
Adjustment of dress code/uniforms	50	8.3	16.8	4	0.9	1.0
Vicinity/easy access to bathroom	47	7.8	15.8	5	1.1	1.2
Other	0	0	0	1	0.2	0.2
N/A - I did not make any specific requests	137	22.8	46.0	349	78.6	84.7
Total	602	100.0	202	444	100.0	107.8

Note: This table shows the results of multiple responses from currently employed U.S. and German women to the question “Did you make any specific requests, such as below, to your employer due to menopause symptoms?".

[a]Number of responses

[b] Percentage of cases: Respondents who selected a specific response option / Number of respondents x100

7. Discussion

7.1 Study Findings

This section of our findings illuminates notable distinctions in the symptomatic and social experiences of menopausal women between the United States and Germany, spanning personal lives and work environments. Interestingly, our study reveals that German women reported more than twice as many physical and mental symptoms during menopause and post-menopause compared to their U.S. counterparts, despite both groups experiencing similar predominant symptoms. While our research hints at a potential association between reported symptoms and healthcare systems, particularly the impact of mandatory universal health insurance in Germany, it's essential to approach this correlation with caution. The comparative study by Cockerham et al. (1986) underscores the influence of Germany's healthcare system, where healthcare is a right accessible to all, irrespective of socioeconomic status. This stands in contrast to the U.S., where health-related utility is significantly influenced by socioeconomic class, and a considerable portion of the population lacks insurance, as highlighted by Jung (2003). Our findings suggest a correlation between healthcare access and menopausal experiences, but additional research is warranted to explore this connection further. The suggestion that U.S. women may exhibit a more passive approach towards their health and symptoms highlights the need for more in-depth research. Future investigations should delve into the health issues of menopausal women facing socio-structural challenges and diverse backgrounds, shedding light on the varied situations they encounter and the potential impact on their healthcare experiences.

In terms of preferences for support networks during the menopause experience, both countries favored personal networks like close friends and family. However, German women were nearly 120% more likely than their U.S. counterparts to report having no support network at all. Additionally, German women exhibited greater reluctance to communicate about their menopause experience, with over half expressing hesitancy to discuss menopause with colleagues and employers. Studies on the sensitivity to personal privacy in both Americans and Germans, such as those by Krasnova & Veltri (2010) and Ilhan & Fietkiewicz (2020), highlight that Germans tend to be more sensitive to perception and sharing of personal information, potentially explaining the

lower inclination of menopausal German women to share their symptoms. Despite this tendency, a substantial number of German women reported lacking any support networks, indicating a general deficit in social and personal support among menopausal women in the country. This underscores the need for further research to comprehend the necessity for support networks and to develop culturally and personally tailored support structures.

In our workplace analysis of menopausal experiences for women in the U.S. and Germany, we focused on the employment status of menopausal women, uncovering notable disparities in the social and work environments as well as opportunities between the two countries. In Germany, a substantial 82.3% of women are currently employed, with 50% holding full-time jobs. In contrast, in the U.S., 40.4% of menopausal women are unemployed, revealing distinct workplace dynamics. Examining these country differences, it becomes evident that employment status, whether part-time or full-time, serves as a crucial variable in comprehending the diverse perspectives and experiences of menopausal women in the workplace (Oğurlu et al., 2011).

We conducted a multiple nominal regression analysis of employment status and country variables among women who are currently employed. The survey addressed the right to take time off for menopause, and found that more than 90% of menopausal women working in Germany (both part-time and full-time) said they did not have the entitlement to take time off, indicating a general lack of benefits and leave support within German corporate culture, despite the need for absenteeism related to menopausal symptoms and the resulting decline in work capacity (Geukes et al., 2016b). In contrast, 39.8% of full-time menopausal women in the United States, nearly five times as many as full-time women in Germany, reported that they were eligible for menopause-related paid leave, contradicting the findings of Heymann et al. (2010) on the overall lack of paid sick leave in the United States.

Nevertheless, the majority of women in both countries said they should receive paid leave during menopause, indicating that women's demand for time off for menopause is growing, although it is not yet a universal workplace norm. Part-time women were also more likely than full-time women to request unpaid leave instead of paid leave, suggesting that menopausal women who currently work part-time are taking a more

passive approach to negotiating benefits despite their menopausal symptoms and need for time off (Smithson, 2005). In addition, more than 78% of German working women reported never taking time off related to menopausal symptoms, indicating that they were more likely than their U.S. counterparts to believe they did not need time off. Similarly, when it came to asking their employers for time off, majority of U.S. menopausal women reported making various demands, while 84.7% of German menopausal women reported making no demands at all, indicating a significant difference in assertiveness in demanding menopause-related leave. Schön, Matthias (2015) argues that despite Germany's generous sick leave provisions of 100% wage replacement, fear of future unemployment is the main driver for workers in Germany to suppress sick leave, which can be understood in relation to the propensity of menopausal German women workers to neither use sick leave nor make demands on their employers. While various studies have identified a number of challenges faced by menopause and its symptoms, more detailed research on the workplace culture and corporate culture experienced by menopausal women is needed to fully understand the phenomenon of German women's passive assertion of menopausal leave and demands.

In addition, German women, especially those taking time off for menopause, make up the majority of women who say they do not disclose the reason for their leave to their bosses at work, which is consistent with the tendency to share menopausal experiences in everyday life and is consistent with the findings of Hardy et al.(2019) that discussing menopause with bosses is uncommon due to barriers such as lack of opportunity, time constraints, and social and cultural factors. These barriers include the gender of the boss (typically male), male dominance in the workplace, stigma, fear, discrimination, and shame. As a result, the majority of German menopausal workplace women, especially part-time workers, feel unsupported by their employers and coworkers. In contrast, a significant number of menopausal women in the United States reported feeling supported, likely reflecting a more open workplace culture that addresses issues related to menopause.

In terms of difficulties related to menopause, 73.4% of menopausal women in the United States reported experiencing a variety of disadvantages, while 84.5% of menopausal women in Germany reported no disadvantages or difficulties due to menopause in workplace. This suggests that menopausal women in Germany are less likely to experience discrimination and difficulties related to menopause in their

current workplaces, even though they report not receiving support at work. This difference suggests that menopause-related problems may be perceived differently in German workplace culture, creating an environment where women face fewer discriminatory practices (Riach & Jack, 2021). It also raises the possibility that German women's reports of an overall less supportive workplace may be a result of individual preferences of menopausal women who do not want to share their menopause-related experiences in the workplace, rather than workplace or societal norms. However, it is noteworthy that both countries had similar responses to the impact of menopause-related symptoms on work. This suggests that despite differences in perceptions of disadvantage and discrimination against menopausal women, women in the US and Germany face similar challenges in managing menopausal symptoms at work.

Conducting further research to delve into the intricacies of workplace culture, social norms, and potential taboos related to discussions about menopause in both the U.S. and Germany will be essential. Such research can provide a more comprehensive understanding of women's experiences during this life stage. The variability in women's menopause experiences across countries and workplace cultures, as highlighted by these findings, underscores the necessity for tailored approaches and solutions for each country. A call for comprehensive research is emphasized to better comprehend and support menopausal women in diverse workplace settings.

7.2 Strengths and Limitations

This study has several strengths. Firstly, the inclusion of both Germany and the United States facilitates a comprehensive cross-cultural analysis, offering valuable insights into potential variations in menopausal experiences and support networks. This comparative approach allows for a deeper understanding of cultural influences on the topic. Secondly, the study's population selection, involving 500 participants from each country, was executed using a professional online survey program with a random 1 in N approach. This method enhances the sample's representativeness and unbiased nature, bolstering the reliability and external validity of the findings. Lastly, the use of multinomial logistic regression adds analytical depth by specifically exploring the intricate relationship between cultural and workplace factors and menopausal experiences and support networks. This statistical method enriches the study's analytical rigor.

However, our study is not without limitations. Firstly, relying on preexisting survey results restricts the researcher's ability to modify or include questions aligned precisely with their desired themes. This limitation compromises the study's flexibility and the researcher's control over the survey instrument, potentially impacting the depth and specificity of the collected data. Secondly, the use of a closed-ended questionnaire may impede a comprehensive understanding of menopausal women's experiences. Such questions limit participants' responses, preventing exploration of nuanced or unexpected aspects of their experiences. Lastly, because some of the questions focused on experiences in the workplace, only women who are currently employed were included in the sample. While this provides insightful information, it may miss a significant portion of the menopausal population, such as women who are trying to find paid work while going through menopause or women who have already had to leave the workforce because they were unable to manage their symptoms while working. Future research could examine what opportunities and barriers these women face when re-entering the workforce, and how menopause-related disparities affect them.

8. Conclusion

In conclusion, our comparative analysis of menopausal experiences among women in the United States and Germany reveals intriguing distinctions in symptomatology, support networks, workplace dynamics, and cultural perceptions. German women reported a significantly higher prevalence of physical and mental symptoms during menopause compared to their U.S. counterparts, possibly influenced by the accessibility and structure of healthcare systems in each country. While both groups favored personal support networks, German women were more likely to report having no support at all and exhibited greater reluctance to communicate about their menopausal experiences, reflecting cultural differences in privacy and communication norms.

Employment status and entitlement to menopause-related leave differed markedly between the two countries. In Germany, despite high employment rates among menopausal women, a lack of benefits and support within the corporate culture meant that the majority of women did not disclose their reasons for taking menopause-related leave to their employers. In contrast, in the U.S., a significant number of menopausal women reported feeling supported at work, indicating a more open workplace culture for discussing menopause. However, in both the U.S. and Germany, part-time workers were less likely to use menopause-related benefits than full-time workers and were less likely to make demands of their employers, especially in Germany.

Interestingly, while German women reported fewer perceived difficulties or discrimination related to menopause in their workplaces, both countries faced similar challenges in managing menopausal symptoms while working. This suggests a need for further research into the intricacies of workplace culture, social norms, and taboos surrounding menopause discussions to develop tailored approaches for supporting menopausal women in diverse settings.

Overall, our findings underscore the importance of understanding the diverse experiences of menopausal women across countries and workplace cultures. A call for comprehensive research is emphasized to address the varying needs and challenges faced by menopausal women and to develop effective support strategies tailored to each context. By delving deeper into these complexities, we can work

towards fostering inclusive and supportive environments for women navigating the menopausal transition in both the United States and Germany.

9. Reference

1) Al-Azzawi, F., & Palacios, S. (2009). Hormonal changes during menopause. Maturitas, 63(2), 135–137. https://doi.org/10.1016/j.maturitas.2009.03.009
2) Archer, D. F., Sturdee, D. W., Baber, R., De Villiers, T. J., Pines, A., Freedman, R. R., Gompel, A., Hickey, M., Hunter, M., Lobo, R. A., Lumsden, M. A., MacLennan, A. H., Maki, P. M., Palacios, S., Shah, D., Villaseca, P., & Warren, M. P. (2011). Menopausal hot flushes and night sweats: where are we now? Climacteric, 14(5), 515–528. https://doi.org/10.3109/13697137.2011.608596
3) Augoulea, A., Moros, M., Lykeridou, A., Kaparos, G., Lyberi, R., & Panoulis, K. (2019). Psychosomatic and vasomotor symptom changes during transition to menopause. Przeglad Menopauzalny, 18(2), 110–115. https://doi.org/10.5114/pm.2019.86835
4) Avis, N. E., Colvin, A., Bromberger, J. T., Hess, R., Matthews, K. A., Ory, M. G., & Schocken, M. (2009). Change in health-related quality of life over the menopausal transition in a multiethnic cohort of middle-aged women. Menopause, 16(5), 860–869. https://doi.org/10.1097/gme.0b013e3181a3cdaf
5) Avis, N. E., Crawford, S. L., & Green, R. (2018). Vasomotor Symptoms Across the Menopause Transition: Differences Among Women. Obstetrics and gynecology clinics of North America, 45(4), 629–640. https://doi.org/10.1016/j.ogc.2018.07.005
6) Avis, N. E., Crawford, S. L., Greendale, G., Bromberger, J. T., Everson-Rose, S. A., Gold, E. B., Hess, R., Joffe, H., Kravitz, H. M., Tepper, P. G., Thurston, R. C., & Study of Women's Health Across the Nation (2015). Duration of menopausal vasomotor symptoms over the menopause transition. JAMA internal medicine, 175(4), 531–539. https://doi.org/10.1001/jamainternmed.2014.8063
7) Avis, N. E., Stellato, R., Crawford, S., Johannes, C., & Longcope, C. (2000). Is there an association between menopause status and sexual functioning?. Menopause (New York, N.Y.), 7(5), 297–309. https://doi.org/10.1097/00042192-200007050-00004
8) Bachmann, G., & Leiblum, S. R. (2004). The impact of hormones on menopausal sexuality: a literature review. Menopause, 11(1), 120–130. https://doi.org/10.1097/01.gme.0000075502.60230.28
9) Baker, F. C. (2023). Optimizing sleep across the menopausal transition. Climacteric, 26(3), 198–205. https://doi.org/10.1080/13697137.2023.2173569
10) Barba, R., Martínez-Espinosa, S., Rodríguez-García, E., Pondal, M., Vivancos, J., & Del Ser, T. (2000). Poststroke dementia. Stroke, 31(7), 1494–1501. https://doi.org/10.1161/01.str.31.7.1494
11) Berg, M., Herber-Gast, G. C. M., & Van Der Schouw, Y. T. (2014b). Is an unfavourable cardiovascular risk profile a risk factor for vasomotor menopausal symptoms? Results of a population-based cohort study. Bjog: An International Journal of Obstetrics and Gynaecology, 122(9), 1252–1258. https://doi.org/10.1111/1471-0528.13260
12) Blümel, J. E., Arteaga, E., Parra, J. Z., Monsalve, C., Reyes, V., Vallejo, M. S., & Chea, R. (2018). Decision-making for the treatment of climacteric symptoms using the Menopause Rating Scale. Maturitas, 111, 15–19. https://doi.org/10.1016/j.maturitas.2018.02.010
13) Bromberger, J. T., & Kravitz, H. M. (2011). Mood and Menopause: Findings from the Study of Women’s Health Across the Nation (SWAN) over 10 Years. Obstetrics

and Gynecology Clinics of North America, 38(3), 609–625. https://doi.org/10.1016/j.ogc.2011.05.011
14) Carpenter, J. S., Sheng, Y., Elomba, C. D., Alwine, J. S., Yue, M., Pike, C., Chen, C. X., & Tisdale, J. E. (2021). A Systematic review of palpitations Prevalence by menopausal status. Current Obstetrics and Gynecology Reports, 10(1), 7–13. https://doi.org/10.1007/s13669-020-00302-z
15) Carpenter, J. S., Tisdale, J. E., Chen, C. X., Kovacs, R., Larson, J. C., Guthrie, K. A., Ensrud, K. E., Newton, K. M., & LaCroix, A. Z. (2021). A Menopause Strategies-Finding Lasting Answers for Symptoms and Health (MsFLASH) Investigation of Self-Reported Menopausal Palpitation Distress. Journal of women's health (2002), 30(4), 533–538. https://doi.org/10.1089/jwh.2020.8586
16) Cintron, D., Lipford, M. C., Larrea-Mantilla, L., Spencer-Bonilla, G., Lloyd, R. M., Gionfriddo, M. R., Gunjal, S., Farrell, A., Miller, V. M., & Murad, M. H. (2016). Efficacy of menopausal hormone therapy on sleep quality: systematic review and meta-analysis. Endocrine, 55(3), 702–711. https://doi.org/10.1007/s12020-016-1072-9
17) Cockerham, W. C., Kunz, G., Leuschen, G., & Spaeth, J. L. (1986). Symptoms, social stratification and self-responsibility for health in the United States and West Germany. Social Science & Medicine, 22(11), 1263–1271. https://doi.org/10.1016/0277-9536(86)90193-0
18) Cohen, L. S., Soares, C. N., Vitonis, A. F., Otto, M. W., & Harlow, B. L. (2006). Risk for new onset of depression during the menopausal transition. Archives of General Psychiatry, 63(4), 385. https://doi.org/10.1001/archpsyc.63.4.385
19) Da Silva Lara, L. A., Da Silva, A. R., Silva, J. C. R. E., Chaud, F., Silva-de-Sá, M. F., Silva, A. R. M. E., & De Sá Rosa-E-Silva, A. C. J. (2009). Menopause Leading to Increased Vaginal Wall Thickness in Women with Genital Prolapse: Impact on Sexual Response. The Journal of Sexual Medicine, 6(11), 3097–3110. https://doi.org/10.1111/j.1743-6109.2009.01407.x
20) Da Silva Lara, L. A., Useche, B., Ferriani, R. A., Reis, R. M. D., De Sá, M. F. S., De Freitas, M. R., Silva, J. C. R. E., & De Sá Rosa E Silva, A. C. J. (2009). REVIEWS: The Effects of Hypoestrogenism on the Vaginal Wall: Interference with the Normal Sexual Response. The Journal of Sexual Medicine, 6(1), 30–39. https://doi.org/10.1111/j.1743-6109.2008.01052.x
21) Dashti, S., Bahri, N., Najafi, T. F., Amiridelui, M., & Roudsari, R. L. (2021). Influencing factors on women’s attitudes toward menopause: a systematic review. Menopause, 28(10), 1192–1200. https://doi.org/10.1097/gme.0000000000001833
22) Duffy, O., Iversen, L., & Hannaford, P. C. (2011). The menopause 'It's somewhere between a taboo and a joke'. A focus group study. Climacteric : the journal of the International Menopause Society, 14(4), 497–505. https://doi.org/10.3109/13697137.2010.549974
23) Freeman, E. W., Sammel, M. D., Liu, L., Gracia, C. R., Nelson, D. B., & Hollander, L. (2004). Hormones and menopausal status as predictors of depression in womenin transition to Menopause. Archives of General Psychiatry, 61(1), 62. https://doi.org/10.1001/archpsyc.61.1.62
24) Geukes, M., Van Aalst, M. P., Robroek, S. J. W., Laven, J., & Oosterhof, H. (2016). The impact of menopause on work ability in women with severe menopausal symptoms. Maturitas, 90, 3–8. https://doi.org/10.1016/j.maturitas.2016.05.001

25) Geukes, M., Van Aalst, M. P., Robroek, S. J. W., Laven, J., & Oosterhof, H. (2016b). The impact of menopause on work ability in women with severe menopausal symptoms. Maturitas, 90, 3–8. https://doi.org/10.1016/j.maturitas.2016.05.001
26) Geukes, M., van Aalst, M. P., Robroek, S. J., Laven, J. S., & Oosterhof, H. (2016). The impact of menopause on work ability in women with severe menopausal symptoms. Maturitas, 90, 3–8. https://doi.org/10.1016/j.maturitas.2016.05.001
27) Griffiths, A., MacLennan, S., & Hassard, J. (2013). Menopause and work: an electronic survey of employees' attitudes in the UK. Maturitas, 76(2), 155–159. https://doi.org/10.1016/j.maturitas.2013.07.005
28) Guérin, E., Goldfield, G. S., & Prud'homme, D. (2017). Trajectories of mood and stress and relationships with protective factors during the transition to menopause: results using latent class growth modeling in a Canadian cohort. Archives of Women's Mental Health, 20(6), 733–745. https://doi.org/10.1007/s00737-017-0755-4
29) Hardy, C., Griffiths, A., Thorne, E., & Hunter, M. (2019). Tackling the taboo: talking menopause-related problems at work. International Journal of Workplace Health Management, 12(1), 28–38. https://doi.org/10.1108/ijwhm-03-2018-0035
30) Harlow, S. D., Gass, M., Hall, J. E., Lobo, R. A., Maki, P. M., Rebar, R. W., Sherman, S., Sluss, P. M., & De Villiers, T. J. (2012). Executive summary of the Stages of Reproductive Aging Workshop +10: addressing the unfinished agenda of staging reproductive aging. Climacteric, 15(2), 105–114. https://doi.org/10.3109/13697137.2011.650656
31) Harper, J. C., Phillips, S., Biswakarma, R., Yasmin, E., Saridogan, E., Radhakrishnan, S., C Davies, M., & Talaulikar, V. (2022). An online survey of perimenopausal women to determine their attitudes and knowledge of the menopause. Women's health (London, England), 18, 17455057221106890. https://doi.org/10.1177/17455057221106890
32) Henderson, V. W. (2008). Cognitive changes after menopause: influence of estrogen. Clinical Obstetrics and Gynecology, 51(3), 618–626. https://doi.org/10.1097/grf.0b013e318180ba10
33) Heymann, J., Rho, H. J., Schmitt, J., & Earle, A. (2010). Ensuring a healthy and productive workforce: Comparing the generosity of paid sick day and sick leave policies in 22 countries. International Journal of Health Services, 40(1), 1–22. https://doi.org/10.2190/hs.40.1.a
34) Hill K. (1996). The demography of menopause. Maturitas, 23(2), 113–127. https://doi.org/10.1016/0378-5122(95)00968-x
35) Hoga, L. a. K., Rodolpho, J. R. C., Gonçalves, B. G., & Quirino, B. (2015). Women's experience of menopause: a systematic review of qualitative evidence. JBI Database of Systematic Reviews and Implementation Reports, 13(8), 250–337. https://doi.org/10.11124/jbisrir-2015-1948
36) Huang, D. R., Goodship, A., Webber, I., Alaa, A., Sasco, E. R., Hayhoe, B., & El-Osta, A. (2023). Experience and severity of menopause symptoms and effects on health-seeking behaviours: a cross-sectional online survey of community dwelling adults in the United Kingdom. BMC Women's Health, 23(1). https://doi.org/10.1186/s12905-023-02506-w

37) Ilankoon, I. M. P. S., Samarasinghe, K., & Elgán, C. (2021). Menopause is a natural stage of aging: a qualitative study. BMC Women's Health, 21(1). https://doi.org/10.1186/s12905-020-01164-6
38) Ilhan, A., & Fietkiewicz, K. J. (2020). Data privacy-related behavior and concerns of activity tracking technology users from Germany and the USA. Aslib Proceedings, 73(2), 180–200. https://doi.org/10.1108/ajim-03-2020-0067
39) Jung, K. (2003). Comparative analysis of health care systems in three developed countries: Germany, Sweden and the United States. Korean Journal of Policy Studies, 17(2), 27–48. https://doi.org/10.52372/kjps17203
40) Kagan, R., Kellogg-Spadt, S., & Parish, S. J. (2019). Practical treatment considerations in the management of genitourinary syndrome of Menopause. Drugs & Aging, 36(10), 897–908. https://doi.org/10.1007/s40266-019-00700-w
41) Keshishian, A., Wang, Y., Xie, L., Başer, O., & Yüce, H. (2015). Examining the economic burden and health care utilization of menopausal women in the U.S. Medicaid population. Value in Health, 18(7), A736. https://doi.org/10.1016/j.jval.2015.09.2823
42) Kopenhager, T., & Guidozzi, F. (2015). Working women and the menopause. Climacteric, 18(3), 372–375. https://doi.org/10.3109/13697137.2015.1020483
43) Krasnova, H., & Veltri, N. F. (2010). Privacy Calculus on Social Networking Sites: Explorative Evidence from Germany and USA. Annual Hawaii International Conference on System Sciences (HICSS). https://doi.org/10.1109/hicss.2010.307
44) Kravitz H.M., Ganz P.A., Bromberger J., Powell L.H., Sutton-Tyrrell K., Meyer P.M. Sleep difficulty in women at midlife: A community survey of sleep and the menopausal transition. Menopause. 2003;10:19–28.
45) Levine, D. A., Galecki, A. T., Langa, K. M., Unverzagt, F. W., Kabeto, M. U., Giordani, B., & Wadley, V. G. (2015). Trajectory of cognitive decline after incident stroke. JAMA, 314(1), 41. https://doi.org/10.1001/jama.2015.6968
46) Lisabeth, L. D., & Bushnell, C. (2012). Stroke risk in women: the role of menopause and hormone therapy. Lancet Neurology, 11(1), 82–91. https://doi.org/10.1016/s1474-4422(11)70269-1
47) Luoto, R., Kaprio, J., & Uutela, A. (1994). Age at natural menopause and sociodemographic status in Finland. American Journal of Epidemiology, 139(1), 64–76. https://doi.org/10.1093/oxfordjournals.aje.a116936
48) McCarthy, M., & Raval, A. P. (2020). The peri-menopause in a woman's life: a systemic inflammatory phase that enables later neurodegenerative disease. Journal of Neuroinflammation, 17(1). https://doi.org/10.1186/s12974-020-01998-9
49) McCoy, N. L. (2002). Longitudinal study of menopause and sexuality. Acta Obstetricia Et Gynecologica Scandinavica. https://doi.org/10.1034/j.1600-0412.2002.810707.x
50) McKinlay, S. M., Brambilla, D., & Posner, J. G. (1992). The normal menopause transition. Maturitas, 14(2), 103–115. https://doi.org/10.1016/0378-5122(92)90003-m
51) Nelson H. D. (2008). Menopause. Lancet (London, England), 371(9614), 760–770. https://doi.org/10.1016/S0140-6736(08)60346-3
52) Noonil, N., Hendricks, J., & Aekwarangkoon, S. (2012). Lived experience of Thai women and their changing bodies in midlife. Nursing & Health Sciences. https://doi.org/10.1111/j.1442-2018.2012.00710.x

53) Oğurlu, N., Küçük, M., & Aksu, H. (2011). Influence of employment status on menopausal symptoms. International Journal of Gynecology & Obstetrics, 112(3), 204–207. https://doi.org/10.1016/j.ijgo.2010.10.010
54) Ohayon, M. M. (2006). Severe hot flashes are associated with chronic insomnia. Archives of Internal Medicine, 166(12), 1262. https://doi.org/10.1001/archinte.166.12.1262
55) OlaOlorun, F., & Shen, W. (2020, November 19). Menopause. Oxford Research Encyclopedia of Global Public Health. Retrieved 20 Jul. 2023, from https://oxfordre.com/publichealth/view/10.1093/acrefore/9780190632366.001.0001/acrefore-9780190632366-e-176.
56) Park, N. C. (2000). Sexual dysfunction in menopause women. Koeanr J Androl, 18(2), 99-104.
57) Polo-Kantola, P., Erkkola, R., Helenius, H., Irjala, K., & Polo, O. (1998). When does estrogen replacement therapy improve sleep quality? American Journal of Obstetrics and Gynecology, 178(5), 1002–1009. https://doi.org/10.1016/s0002-9378(98)70539-3
58) Portman, D., & Gass, M. (2014). Genitourinary syndrome of menopause. Menopause, 21(10), 1063–1068. https://doi.org/10.1097/gme.0000000000000329
59) Randolph, J. F., Sowers, M., Bondarenko, I., Harlow, S. D., Luborsky, J. L., & Little, R. J. A. (2004). Change in Estradiol and Follicle-Stimulating Hormone across the Early Menopausal Transition: Effects of Ethnicity and Age. The Journal of Clinical Endocrinology and Metabolism, 89(4), 1555–1561. https://doi.org/10.1210/jc.2003-031183
60) Riach, K., & Jack, G. (2021). Women's Health in/and Work: Menopause as an Intersectional experience. International Journal of Environmental Research and Public Health, 18(20), 10793. https://doi.org/10.3390/ijerph182010793
61) Riach, K., & Jack, G. (2021). Women's Health in/and Work: Menopause as an Intersectional experience. International Journal of Environmental Research and Public Health, 18(20), 10793. https://doi.org/10.3390/ijerph182010793
62) Robinson, G. E. (1996). Cross-Cultural Perspectives on Menopause. Journal of Nervous and Mental Disease, 184(8), 453–458. https://doi.org/10.1097/00005053-199608000-00001
63) Salik, R., & Kamal, A. (2015). Variations in menopausal symptoms as a function of education, employment status, and income. Variations, 9(2), 110-116.
64) Santoro, N., Epperson, C. N., & Mathews, S. B. (2015). Menopausal Symptoms and Their Management. Endocrinology and metabolism clinics of North America, 44(3), 497–515. https://doi.org/10.1016/j.ecl.2015.05.001
65) Scavello, I., Maseroli, E., Di Stasi, V., & Vignozzi, L. (2019). Sexual Health in Menopause. Medicina (Kaunas, Lithuania), 55(9), 559. https://doi.org/10.3390/medicina55090559
66) Schön, Matthias (2015) : Unemployment, Sick Leave and Health, Beiträge zur Jahrestagung des Vereins für Socialpolitik 2015: Ökonomische Entwicklung - Theorie und Politik - Session: Health Economics 2, No. B19-V3, ZBW - Deutsche Zentralbibliothek für Wirtschaftswissenschaften, Leibniz-Informationszentrum Wirtschaft
67) Sherman, S. (2005). Defining the menopausal transition. The American Journal of Medicine, 118(12), 3–7. https://doi.org/10.1016/j.amjmed.2005.11.002

68) Shifren, J. L., & Gass, M. (2014). The North American Menopause Society Recommendations for Clinical Care of Midlife Women. Menopause, 21(10), 1038–1062. https://doi.org/10.1097/gme.0000000000000319
69) Smithson, J. (2005). 'Full-timer in a part-time job': identity negotiation in organizational talk. Feminism & Psychology, 15(3), 275–293. https://doi.org/10.1177/0959-353505054716
70) Sydora, B. C., Graham, B., Oster, R. T., & Ross, S. (2021). Menopause experience in First Nations women and initiatives for menopause symptom awareness; a community-based participatory research approach. BMC Women's Health, 21(1). https://doi.org/10.1186/s12905-021-01303-7
71) Szmuilowicz, E. D., & Manson, J. E. (2011). Menopausal vasomotor symptoms and cardiovascular disease. Menopause, 18(4), 345–347. https://doi.org/10.1097/gme.0b013e318209239a
72) Talaulikar, V. S. (2022). Menopause transition: Physiology and symptoms. Best Practice & Research in Clinical Obstetrics & Gynaecology, 81, 3–7. https://doi.org/10.1016/j.bpobgyn.2022.03.003
73) Van Vliet, J., Favier, I., Helmerhorst, F. M., Haan, J., & Ferrari, M. (2006). Cluster headache in women: relation with menstruation, use of oral contraceptives, pregnancy, and menopause. Journal of Neurology, Neurosurgery, and Psychiatry, 77(5), 690–692. https://doi.org/10.1136/jnnp.2005.081158
74) Verdonk, P., Bendien, E., & Appelman, Y. (2022). Menopause and work: A narrative literature review about menopause, work and health. Work-a Journal of Prevention Assessment & Rehabilitation, 72(2), 483–496. https://doi.org/10.3233/wor-205214
75) Verdonk, P., Bendien, E., & Appelman, Y. (2022). Menopause and work: A narrative literature review about menopause, work and health. Work-a Journal of Prevention Assessment & Rehabilitation, 72(2), 483–496. https://doi.org/10.3233/wor-205214
76) 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(suppl_1). https://doi.org/10.1093/eurpub/ckw172.078
77) Weber, M. T., Maki, P. M., & McDermott, M. P. (2014). Cognition and mood in perimenopause: a systematic review and meta-analysis. The Journal of steroid biochemistry and molecular biology, 142, 90–98. https://doi.org/10.1016/j.jsbmb.2013.06.001
78) Whiteley, J., DiBonaventura, M., Wagner, J., Alvir, J., & Shah, S. (2013). The impact of menopausal symptoms on quality of life, productivity, and economic outcomes. Journal of Womens Health, 22(11), 983–990. https://doi.org/10.1089/jwh.2012.3719
79) Yoeli, H., Macnaughton, J., & McLusky, S. (2021). Menopausal symptoms and work: A narrative review of women's experiences in casual, informal, or precarious jobs. Maturitas, 150, 14–21. https://doi.org/10.1016/j.maturitas.2021.05.007
80) Zhao, D., Liu, C., Feng, X., Hou, F., Xu, X., & Li, P. (2019). Menopausal symptoms in different substages of perimenopause and their relationships with social support and resilience. Menopause (New York, N.Y.), 26(3), 233–239. https://doi.org/10.1097/GME.0000000000001208

Appendix 1

Essity – Menopause pre-market survey (Online Survey)

THE QUESTIONS

The survey was administered online, ensuring a convenient and accessible platform for participants. All respondents were assured of the confidentiality of their responses and were provided with an exit option if they chose not to continue. It is important to note that the questionnaire employed a dynamic structure with conditional branching based on participants' responses. For instance, participants who indicated they did not experience any symptoms of menopause were automatically directed to skip subsequent questions related to specific symptoms. This approach ensured a tailored and efficient survey experience, with each participant navigating through questions relevant to their individual menopausal journey, thereby enhancing the precision and relevance of the gathered data. The questionnaire was meticulously crafted to gather comprehensive insights into women's menopausal experiences, encompassing physical symptoms, emotional aspects, medical consultations, workplace dynamics, and societal perceptions of menopause.

Which gender do you most identify with?
Female
Male
Non-binary / alternative gender identity
Prefer not to say

Which of the following best describes you?
I don’t have periods / am on contraception that prevents me having periods (but have not started menopause)
I am currently pregnant
I am currently breastfeeding and don’t experience periods
I am currently breastfeeding, but I do have periods
I am pre-menopausal (have periods and have had no menopausal symptoms yet)
I am peri-menopausal (starting to experience the symptoms of menopause)
I am in the menopause (fully experiencing symptoms of menopause)
I am post-menopausal (have gone through the menopause and no longer experience symptoms)
None of the above
Prefer not to say

The following survey will ask you about your experience of the menopause (if applicable). This includes your awareness of the menopause; on the symptoms you have, or are currently, experiencing; experience with medical professionals;

speaking with others about the menopause and support networks; and your experience in the workplace relating to menopause.

All responses are entirely confidential, and you can withdraw from the survey at any point. If you do not wish to continue, please select exit to return to the OnePoll homepage. If you are happy to answer questions on this topic, please select continue to enter the survey

Continue
Exit

How old are you?

1. **18-24**
2. **25-34**
3. **35-39**
4. **40-44**
5. **45-49**
6. **50-54**
7. **55-59**
8. **60-64**
9. **65+**

Where do you live?
Local region list in the online system

1. **At what age did you knowingly start experiencing symptoms of the menopause? Please select best match**

1. 20 to 25
2. 26 to 30
3. 31 to 33
4. 34 to 36
5. 37 to 39
6. 40 to 42
7. 43 to 45
8. 46 to 48
9. 49 to 51
10. 52 to 54
11. 55 to 57
12. 58 to 60
13. 61 to 63
14. 64 to 66
15. Older than 66
16. Can’t remember
17. Prefer not to say

2. **How many signs/ symptoms did you experience which you believe are/were linked to the menopause?**

1. 0 – I did not experience any
2. 1 to 3
3. 4 to 6
4. 7 to 9
5. 10 to 12
6. 13 to 15
7. 16 to 18
8. 19 to 20
9. 21 to 25
10. 26 to 30
11. 31 to 35
12. 36 to 40
13. 41 to 45
14. 46 to 50
15. 51 to 55
16. 56 to 60
17. 61 to 65
18. More than 65
19. Can't remember

only who answer UNLESS Q2 = 0

3. Which of the following signs / symptoms of the menopause, if any, have you experienced? (Tick all that apply)

1. Anxiety
2. Brain fog
3. Breathlessness
4. Change to Body Odour
5. Crying Spells
6. Decreased sexual interest
7. Depression
8. Dizziness
9. Feeling bloated
10. Hair loss
11. Headaches
12. Heart palpitations
13. Heavy Periods
14. Hot flushes
15. Incontinence
16. Increased Allergies
17. Increased weight
18. Irregular Periods
19. Irritability
20. Loss of Confidence
21. Loss of Joy
22. Low mood
23. Memory loss

24. Mood Swings
25. Multi fluids (blood, urine, sweat, vaginal fluid…)
26. Muscle aches and pains
27. Night sweats
28. Oral health changes
29. Poor concentration
30. Reduced self esteem
31. Restless legs
32. Skin problems
33. Sleep difficulties
34. Stiff joints
35. Tinnitus
36. Tiredness
37. Urinary infections
38. Urine leaks
39. Vaginal dryness
40. Weak bones
41. None of the above / Not sure
42. Prefer not to say

4. Which of the following signs / symptoms of the menopause were you previously aware you could have, before experiencing them? [show only signs/symptoms which they have experienced in Q3]

1. Anxiety
2. Brain fog
3. Breathlessness
4. Change to Body Odour
5. Crying Spells
6. Decreased sexual interest
7. Depression
8. Dizziness
9. Feeling bloated
10. Hair loss
11. Headaches
12. Heart palpitations
13. Heavy Periods
14. Hot flushes
15. Incontinence
16. Increased Allergies
17. Increased weight
18. Irregular Periods
19. Irritability
20. Loss of Confidence
21. Loss of Joy
22. Low mood
23. Memory loss

24. Mood Swings
25. Multi fluids (blood, urine, sweat, vaginal fluid…)
26. Muscle aches and pains
27. Night sweats
28. Oral health changes
29. Poor concentration
30. Reduced self esteem
31. Restless legs
32. Skin problems
33. Sleep difficulties
34. Stiff joints
35. Tinnitus
36. Tiredness
37. Urinary infections
38. Urine leaks
39. Vaginal dryness
40. Weak bones
41. None of the above / Not sure
42. Prefer not to say

5. Did you visit a doctor or GP to help mitigate some of the symptoms relating to the menopause you experienced?

1. Yes
2. No – but I am planning to
3. No – and I do not plan to
4. Can't remember
5. Prefer not to say

6. Did you go through hormone replacement therapy (HRT) to relieve symptoms of the menopause?

1. Yes
2. No
3. Prefer not to say

7. Did you try any of the following products or supplements to help mitigate some of the symptoms relating to the menopause you experienced? [tick all that apply]

1. Black Cohosh
2. Flaxseed
3. Calcium
4. Red Clover
5. Vitamin D
6. Wild Yam
7. Ginseng
8. St. John's Wort
9. DHEA
10. Dong quai

11. Soy
12. I didn't use any products or supplements / Can't remember
13. Prefer not to say
14. Other, please state

ASK ALL

8. To what extent do you agree or disagree with the following statement: "I was / am constantly surprised by what the menopause threw / throws at me"

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree

9. Which of the following statements, if any best describes how informed / ill-informed you feel about the menopause, and the impact it is having / has had on your body?

1. I feel very informed about the menopause, and the impact it is having / has had on my body
2. I feel fairly informed about the menopause, and the impact it is having / has had on my body
3. I feel neither particularly informed, nor clueless about the menopause, and the impact it is having / has had on my body
4. I feel fairly clueless about the menopause, and the impact it is having / has had on my body
5. I feel very clueless about the menopause, and the impact it is having / has had on my body
6. Not sure / none of these

10. Which of the following statements, if any, do you agree with? [Tick all that apply]

1. The menopause made me / makes me feel less attractive or sexy
2. The menopause made me / makes me want less sex
3. My partner seemed to go off me and wants less sex when I started the menopause
4. None of the above
5. Prefer not to say

11. How would you best describe how much you talked about your experience with the menopause?

1. I actively speak/spoke about my experience (would bring it up myself)
2. I speak/spoke about my experience, but only if others brought it up
3. I actively avoid(ed) speaking about my experience
4. Not sure / none of these

Only who answer AVOIDED Q11

12. Did you / do you avoid talking about your experience with the menopause with any of the following people? [Tick all that apply]

1. Partner
2. Children
3. Siblings
4. Friends
5. Colleagues
6. Your employer
7. None of the above

13. Why might you have avoided / avoid talking about your experience with the menopause? [Tick all that apply]

1. Don't / didn't want people to think of me as old
2. Don't / didn't want people to think of me as incapable
3. Feeling embarrassed
4. Don't / didn't want people to judge me
5. Don't / didn't want to be prejudiced against
6. Don't / didn't want to embarrass them
7. Worry they won't understand
8. Worry they aren't interested
9. Worry it'll sound like a bigger deal than it is
10. Don't / didn't want others to see me as unattractive
11. I can / could pretend it isn't happening if I don't talk about it
12. Other, please state
13. Not sure / I just did

ASK ALL

14. Which support networks, if any, did you have when going through the menopause? [Tick all that apply]

1. Personal (close friends and family)
2. Professionally (through work)
3. Virtual (online support groups)
4. I didn't have a support network
5. Prefer not to say
6. Other, please state

15. Would you say that going through the menopause has / did improve or worsen your confidence?

1. Improved greatly
2. Improved somewhat
3. Neither improved nor worsened
4. Worsened somewhat
5. Worsened greatly
6. Not sure
7. Prefer not to say

16. When going through the menopause, were you / are you, employed?

1. Yes – full time
2. Yes – part time
3. No

Only who answer YES Q16

17. During your menopause, were you / are you entitled to any paid or unpaid time off specifically for menopause?

1. Yes – paid
2. Yes – unpaid
3. No
4. Can't remember

18. How would you feel about the idea of women being allocated a number of days to take either paid or unpaid, when they need to, during the menopause if they are in employment?

1. Menopausal women should get paid time off
2. Menopausal women should get unpaid time off
3. Menopausal women should not get paid or unpaid time off
4. Not sure

19. Were / are either your employers or colleagues supportive when you were / are going through the menopause?

1. Yes – employers
2. Yes – colleagues
3. Yes – employees and colleagues
4. No – because they didn't know
5. No – even though they knew

20. Have you taken any days off due to the menopause?

1. Yes – many
2. Yes – one or two
3. No
4. Can't remember

Only who answer YES Q20

21. Did you tell your employer why you were taking the day off?

1. Yes – every time
2. On some occasions, but not all
3. No – never

22. Have you experienced any of the following at work, due to experiencing the menopause? [Tick all that apply]

1. Discriminated against in some way

2. Overlooked for a pay rise
3. Overlooked for a promotion
4. Colleagues have made unkind comments
5. Treated differently by the boss
6. The boss making unkind comments
7. Being left out of key meetings
8. Having your opinion disregarded
9. None of the above

23. Did you find the menopause affected your ability to work in any ways? [Tick all that apply]

1. Inability to focus
2. Poor concentration
3. Poor memory
4. More difficulty coping with tasks
5. Loss of voice – literally
6. Tiredness
7. Other, please state
8. N/A - the menopause did not affect my ability to work

24. Did you make any specific requests, such as below, to your employer due to menopause symptoms? [Select all that apply]

1. Flexible working hours
2. Teleworking/working from home
3. Cutting down on hours/part-time work
4. Special leave
5. Annual leave
6. Leave without pay
7. Adjustment of tasks
8. Adjustment of dress code/uniforms
9. Vicinity/easy access to bathroom
10. Other, please state
11. N/A - I didn't make any specific requests

25. To what extent do you feel that menopause is a taboo subject?

1. It is very much a taboo subject
2. It is a fairly taboo subject
3. It is not a very taboo subject
4. It is not a taboo subject at all

Only who answer IF VERY / FAIRLY TABOO

26. If you think menopause is a taboo subject, why is that? [tick all that apply]

1. People don’t understand it
2. A lack of information about it

3. Lack of policies within organisations
4. The fact it is so different for everyone
5. People don't like to talk about a 'deterioration' of their body
6. The fact it is associated with old people
7. Embarrassment at disclosing personal problems
8. Other, please state
9. Not sure

27. Have you come across any campaigns about menopause which put the spotlight on symptoms for it?

1. Yes, and they were useful to help me prepare for it
2. Yes, and they were somewhat useful
3. Yes, but they were not useful / I already knew what they were promoting
4. No, I didn't come across any

ENDS