

daliah

Menopause

THE SILENT CHAPTER

DALIAH 2022 BENCHMARK REPORT
ON THE EXPERIENCES OF SOUTH AFRICAN
WOMEN IN MENOPAUSE.

Foreword

Menopause is an important transition that every woman will experience in her life. Despite this, business and society has largely failed to equip and empower women for their menopause journey in a meaningful way.

In this first South African study of women's lived experiences of menopause we provide robust evidence that South African women are silently suffering through menopause - with inadequate access to relevant information, tailored solutions, and appropriate support at home and work.

We show that menopause in South Africa remains shrouded in stigmas, biases, and fears and is seldom spoken about, even among the women experiencing it. It is not surprising then that menopause is on mute.

Our study demonstrates the need for South African advocates to raise the profile of this phase in women's lives, help smash the taboos and stigmas, and call for supportive action.

Daliah is on a mission is to challenge the status quo of menopause in South Africa.

Our goal is to unmute menopause by bringing the emergent global Menopause Revolution to South Africa because we believe that every woman deserves to be informed, equipped, and supported to positively transition through menopause.

The South African menopause movement is building momentum and we hope our discoveries and insights from our research will fuel action that ensures menopause becomes a time of personal empowerment. It starts by driving menopause awareness among all women from a young age - in the same way we learn about periods and pregnancy.

Our hope is that menopause will eventually become just another part of every woman's journey - that we are well informed about, equipped to manage, and inspired by a new vision for midlife.

A word of thanks for the incredible response from South African women who participated in our survey, or shared their stories. And thank you to the partnership of committed and passionate women all fiercely smashing stigmas and unmuting menopause. You are the jet fuel for our mission.

A handwritten signature in black ink, appearing to read 'Daliah' with a period at the end. The signature is fluid and cursive.

Contents

INTRODUCTION	4
MENOPAUSE MYTHS	5
SILENT AT HOME, SILENT AT WORK, SILENT IN SOCIETY	6
THE KNOWLEDGE GAP	8
MENOPAUSE IS MORE THAN HOT FLUSHES	9
MENOPAUSE AT WORK	12
SHARED BIOLOGY, DIFFERENT EXPERIENCES	15
CONCLUSIONS	17
NOTES	18
REFERENCES	19

Introduction

Menopause is normal and natural - it can be a positive experience, if women are adequately informed, equipped and supported to navigate their unique journeys. So why are so many women caught unawares, with no idea of what to expect, how to manage the many symptoms, or where to find the right help when they need it?

All our research points to a lack of education and empowerment for women - especially prior to starting the menopause transition. For the majority of women who participated in this benchmark South African research, the learning curve only started once they were already in the throes of menopause and trying to deal with the (often debilitating) effects of menopause-related symptoms. The lack of knowledge and access to supportive resources was compounded by a sense of isolation and fear due to the prevailing social stigmas and taboos associated with menopause at home, in the community and at work.

Why should we advocate for a change in the status quo of menopause in South Africa?

There are approximately 10 million women in South Africa at present, who fall within the age group for menopause and menopause-related services. That's 1 in 6 South Africans - or 1 in 3 women in South Africa. We can't continue to ignore at best - or exclude at worst - an entire segment of the population who are raising the youth; are at the prime of their careers; and are leading our country.

Very importantly, our research highlights the potential risks that businesses will face in the struggle to retain senior female talent and build inclusive workplaces. And lastly, it also points to opportunities for brands and businesses to better serve the needs of menopausal women, as this is still a largely unoccupied space.

This report seeks to shine a light on the obstacles that South African women face, when transitioning through menopause - and the need to change this.



Our research provides robust evidence that South African women are silently suffering through menopause - with inadequate access to evidence-led information, appropriately curated solutions, and insufficient support at home or work.

Menopause Myths

Stereotypes abound and have, among others, been fuelled by negative Western cultural perceptions about aging; how women in midlife have traditionally been portrayed in the media; and by the medicalisation of a natural process.

Here are some of the menopause myths our research challenges:

1



MYTH Menopause happens to old women.
TRUTH 74% of African Black participants said they started experiencing menopause-related symptoms before the age of 45 years.

2



MYTH Menopause can't be that bad, it's a natural thing.
TRUTH 1 in 4 women describe their menopause symptoms as having a significant impact on their lives. And 1 in 5 working women describe their symptoms as having a debilitating impact on their work.

3



MYTH Menopause is for home, it isn't something we need to discuss at work.
TRUTH 58% of our participants held managerial or executive level positions at work, putting them at risk of pausing or ending their careers due to lack of support in the workplace.

4



MYTH Menopause is just hot flushes and mood swings.
TRUTH Women reported experiencing between 9 and 12 menopause-related symptoms in the past year, ranging from mildly uncomfortable to debilitating.

5



MYTH Menopause only starts when you period stops.
TRUTH Menopause is a multistage journey. 1 in 5 women experience symptoms for 9 or more years before their periods stop.

It's time to start a new conversation about menopause.
One based on local truths and that embraces the positive aspects of maturing in our careers, relationships and life.

Silent

AT HOME, AT WORK, IN SOCIETY.

Our Research found that many South African women have to deal with social stigma, victimisation and fear of the unknown during their menopause journey. This leaves them carrying the burden of menopause and menopause-related symptoms silently - at home, at work, and in society at large.

Our research revealed that many women try to hide their menopause symptoms and carry their burdens silently, for fear of losing their relevance and value - at home, at work, and in society. Factors such as cultural taboos, negative perceptions about aging, social standing, and workplace victimisation prevent women from seeking help and getting the support that they need.

1 in 5 women actively hide their menopause symptoms at home.

Our research found that 1 in 5 women who are impacted by their menopause symptoms will actively try to hide them - or avoid talking about them - to friends and family. This should come as no surprise given that in more menopause-friendly markets like the UK, advocates are still trying to address the stigma and taboos linked to menopause.

Almost half of women remain silent because they are unaware that there are solutions that can help them manage menopause. This lack of knowledge leaves them resigned to suffering in silence. Social stigma and negative perceptions of women in menopause also play a key role in why women remain silent. Women fear being perceived as old, being seen as unattractive, and losing their social status.

Menopause is a career-limiting event for South African women.

Given the economic climate in South Africa, women have to adopt a pragmatic approach to balancing their personal needs during the menopause transition versus retaining secure employment. The workplace is not seen as menopause-friendly, with limited to no support - while women carry the heavy burden of often debilitating menopause symptoms, dealing with the day-to-day challenges in silence.

The majority of women (45%) avoid seeking help in the workplace for fear of victimisation, and at least 2 out of 5 women are actively trying to hide their symptoms from colleagues and managers.

All women agree that menopause is stigmatised and linked to perceptions of poor performance in the workplace. However, there are clear differences in how women of colour experience this negativity, compared to white women. At least 1 in 3 non-White participants felt that discussing menopause in the workplace would affect their career opportunities - compared to White women who felt it was more an issue of projecting an image of professionalism that caused them to remain silent.

It is hard to comprehend how a natural, biological process that almost every woman will experience at some point in her life could be considered unprofessional or become a career-limiting event. Yet this is the lived experience of so many women in South African workplaces.

Cultural norms impact how women experience menopause and why they stay silent.

Emerging research points to the impact of societal beliefs about aging and menopause as having a substantive impact on women's journeys through the menopause transition. Factors such as cultural taboos, negative perceptions about aging, social standing, and workplace victimisation prevent women from seeking help and getting the support that they need.

The challenge with this approach is that it creates a negative feedback cycle. Women who approach menopause with a more negative attitude - based on perceptions of self, how society sees them, or how they are received in the workplace - tend to

experience more symptoms. This leads them to withdrawing further from their social support structures, which exacerbates feelings of isolation, vulnerability and shame. In cultures where older women are revered for their life wisdom, the overall experience of menopause can be a liberating one as women transition into a new phase of maturity and social status. However, in Western culture, where youthfulness is revered, menopause is more often linked to a negative sense of aging and declining value to society.

In the South African context, differences in cultural norms across racial lines exacerbates the problem with staying silent.

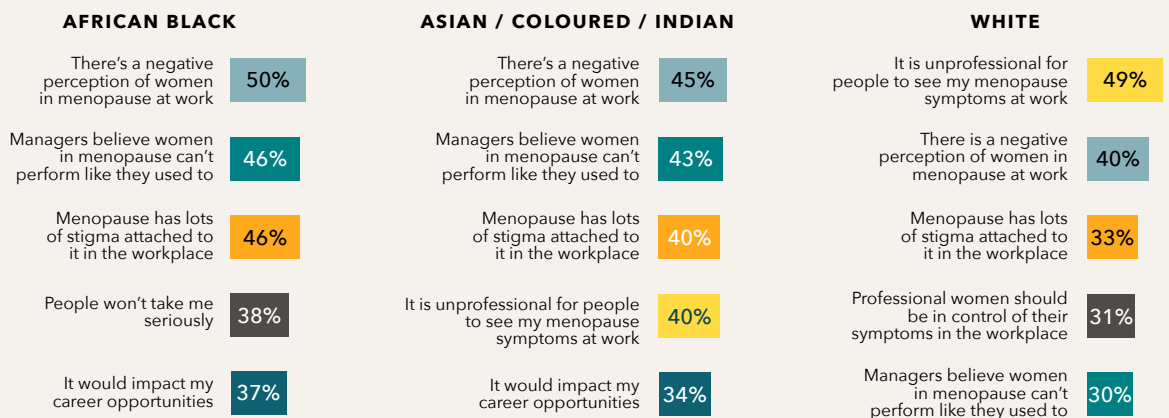
For African Black women, cultural cues play a big role – with culture cited as a reason for 1 in 3 women not being able to speak about menopause. And for Asian, Coloured and Indian women, social cues play a prominent role – with 1 in 4 being fearful of not being taken seriously, as an important consideration when deciding to remain silent.

For White women, the drivers are more inner-directed – a sense of embarrassment and avoiding acceptance of their life stage may push them into silence.

Why women stay silent about their menopause symptoms at home - by race group



Why women stay silent about their menopause symptoms at work - by race group



Base size - At Home: 205 (total) | 63 (African Black) | 37 (Asian/Coloured/Indian) | 104 (White)
 Base size - At Work: 740 (total) | 244 (African Black) | 143 (Asian/Coloured/Indian) | 345 (White)

Question: Here are some of the reasons women have given for not speaking out about their menopause symptoms – please select all that apply to you.

Menopause plays out as a silent chapter in the lives of many women. There is an urgent need to unmute menopause in South Africa and start having much needed conversations that challenge the status quo. We cannot continue having our female co-workers, sisters, aunts, mothers and wives feel marginalised and silenced.

THE *knowledge* GAP

Women are fumbling their way through menopause – especially the early stages of perimenopause, when lack of experience leaves women wondering what is happening to them. Women also have highly varied experiences in gaining knowledge, much of which is impacted by socio-economic status or race. We need to urgently address the awareness and knowledge gaps, starting with driving advocacy and bringing appropriate levels of education into the schooling system.

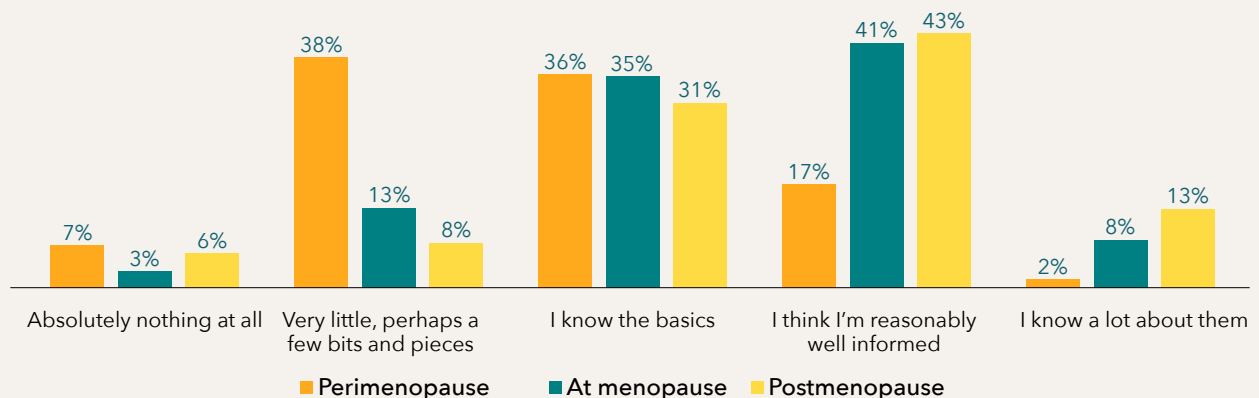
Women are entering menopause with very limited knowledge about this phase of their lives. 81% of women in perimenopause have only a basic level of knowledge to support them through this period – and by the time women reach menopause (12 months without a period), more than half still only have limited knowledge of what has been happening to them for the past 5 – 10 years. Its only once women reach the postmenopause phase where they claim to be adequately informed – and this is likely to have been gained through experience rather than formal interventions.

All things are not equal. We know that South Africa is an unequal society. South African women carry the burden of gender inequality, which exacerbates the socio-economic challenges they face. It's not surprising then that menopause knowledge follows similar trends.

Awareness and knowledge about menopause is heavily skewed by ethnicity. Almost half of African Black women felt they were poorly informed about menopause and a further third only know the basics – meaning more than 8 out of 10 African Black women are going through the menopause journey unprepared as they are either poorly or only partially informed about menopause. In comparison, a third of White women feel they are very well informed, with 7 out of 10 White women have at least a basic foundation to guide them through their menopause journeys. Anecdotal evidence from qualitative reviews of social media discussion groups demonstrates that even with the upper hand in knowledge for some women, there are still significant practical knowledge gaps about the details of symptoms and options to manage them.

Education levels emerged as another differentiator. Menopause awareness and education is not covered in the South African school curriculum in the same way that other sexual and reproductive health topics are. Thus women are reliant on self-directed learning to build up their knowledge base about menopause. In our research, women who had higher formal education levels (post-school and university education), were more likely to have gained better knowledge about menopause compared to those who only have a high school diploma.

How much do you know about the physical, emotional and sexual effects of menopause on women?



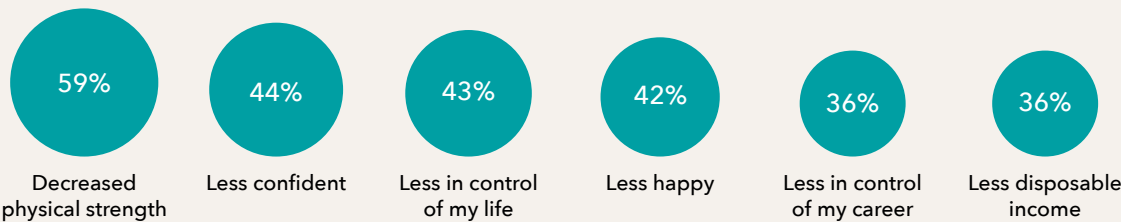
Base size: 1,273 (total) | 824 (Before menopause) | 287 (At menopause) | 120 (After menopause)
 Question: How much do you know about the physical, emotional and sexual effects of menopause on women?

Given the many barriers that South African women face in gaining a tertiary education, it is critical that menopause be added to the high school curriculum to establish at least a baseline of knowledge – for both men and women. In the UK, menopause was finally added to the school curriculum as of September 2020, after years of lobbying and activism to raise awareness about the challenges that women face.

MENOPAUSE IS MORE THAN *Hot Flashes*

The lived experiences of South African women transitioning through menopause is far from ideal. A broader recognition of the interconnectedness and complexity of menopause-related symptoms, and the impact that they can have on a woman's quality of life, is the first step to improving the lived experiences. These are women at the prime of their careers, more likely to be in leadership positions, and caring for maturing families. The confluence of multiple life stage, lifestyle, career and health changes makes it an incredibly challenging time to navigate without the right support and enabling environments. We need to find ways to better prepare, support and equip women for this journey.

The percentage of women in menopause who claim to have experienced a decline in areas of their lives



Base size: 1,273 (total) | 287 (Women who have reached menopause) Question: Please indicate to what extent things have changed for you during your menopause journey.

In general, hot flushes and mood swings are some of the most commonly associated symptoms of the menopause transition. They are also the symptoms most likely to have a severe impact on the quality of women's lives. But there is so much more to the lived experience of menopause than hot flushes or mood swings. The interconnectedness of symptoms and the number of symptoms that women may have to deal with during their menopause transition, can make this a confusing and difficult process - especially when women are ill-equipped and unsupported.

Women in menopause say they experienced up to 12 symptoms over the past year.

Our research highlights that South African women are no different to those in other markets - with the majority experiencing hot flushes, night sweats and mood swings. But they also experience a whole host of other symptoms that collectively can have a significant impact on their quality of life, productivity and relationships. Women in menopause reported an average of 12 symptoms over the past year, while women in perimenopause experienced an average of 10 symptoms.

The majority of women are impacted negatively by menopause symptoms.

83% of women told us they were impacted by menopause symptoms to some degree. While the majority (56%) felt that they were able to manage their symptoms, 17% had experienced a severe impact. Working women were also slightly more likely to indicate experiencing severe symptoms, compared to those not working.

Women are most likely to notice changes to their physical strength and health during the menopause journey. By the time women reach menopause (12 months without a period), they report seeing a decline in almost all areas of their life - including career, sense of control, levels of happiness and confidence.

66 You hear about the hot flushes but nobody talks about the loss of libido and vaginal dryness *99*
Daliah Research Respondent

A complex transition requires solutions informed by menopause stages and hormone changes.

Although symptoms are not exclusive to a particular menopause stage, the data indicates a shift from mood to more physical symptoms over time: post-menopausal women are most likely to list sexual wellness symptoms, menopausal women report more physical symptoms, and peri-menopausal women seem to experience more of the mood-related symptoms.

This suggests a need for a nuanced approach to supporting women through their menopause transitions - to shape education, products, services and the kinds of conversations we have, based on the variation in experiences that exist across the menopause stages. While further research is needed to explore women's experiences in more detail, this research provides direction for brands and businesses to consider when developing menopause propositions.

A general lack of support makes menopause a lonely and confusing journey for many.

Our Research highlighted a number of gaps in the support that women receive throughout the menopause transition - including healthcare, mental healthcare, access to local digital resources, as well as products and services specifically catering to the needs of menopausal women.

1 in 5 perimenopausal women are not getting any support or help. When they do look for assistance, they are also likely to get less help than those in menopause or postmenopause - even though this can be one of the more confusing and stressful periods of the menopause transition.

There is a big gap for the healthcare fraternity to close. Due to the limited knowledge and access to resources catering to the specific needs of menopausal women, knowing who to turn to for help is complicated.

Women are not properly educated nor are they getting the necessary care and support they need to positively transition through menopause. And many find it frustratingly difficult to find a healthcare provider who is sufficiently interested and informed about menopause, to effectively help them outside of prescribing hormone therapy.

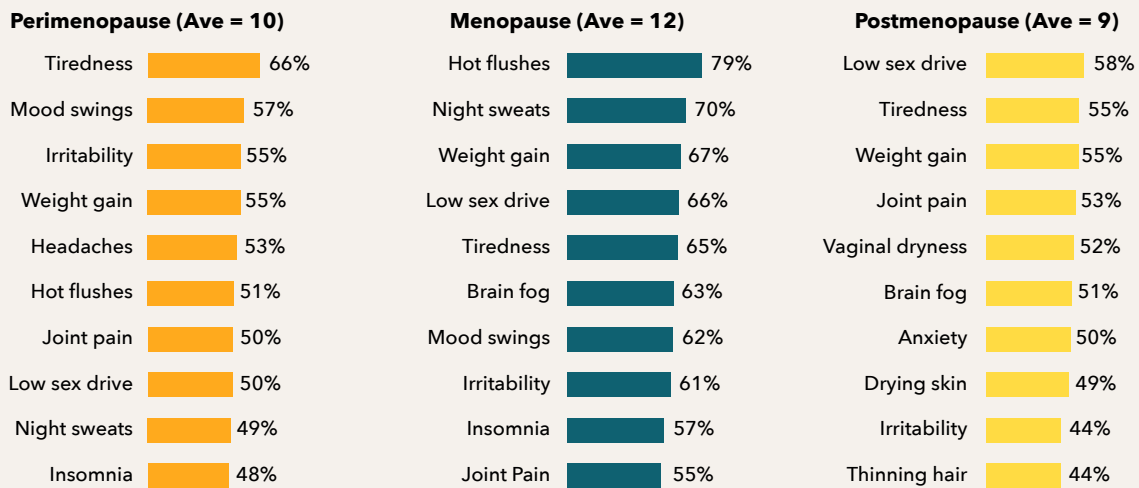
While doctors and specialists rank highest as trusted sources overall, 1 out of 4 women wouldn't turn to them as a first line of help.

Women are unclear about what support is available - and what is best for them, based on their unique journeys.

There are no clear patterns to the kinds of support and help that women are seeking or receiving. We assessed 15 different types of interventions that could be used by women during their menopause transition and found large variation in the usage patterns. Outside of vitamin and mineral supplements, there was a mixed bag of actions being taken as women grasp for solutions to their symptoms from anyone who is willing to offer it. Supplements are typically taken in conjunction with lifestyle changes and - depending on which menopause stage a woman is in - may also include medical interventions (both hormonal and non-hormonal treatments).

As we learnt from trawling through social media platforms, support and treatments used are often based on trial and error - or word of mouth - with little to no formal evidence or education on how best to address symptoms. Our Research also indicated the need for a broader range of solutions to treat the symptoms beyond physical health - reaching into the broader areas of well-being such as skincare, haircare, and nutrition. 20 - 25% of women said they had tried products in these areas to alleviate their menopause symptoms in the past year.

Top 10 symptoms experienced in the past 12 months - by menopause phase



Base size: 1,273 (total) | 286 (Perimenopause) | 419 (At menopause) | 564 (Postmenopause)
 Question: Which, if any, of these symptoms have you experienced in the past year?

Let's put this into perspective. At any given time, a woman transitioning through menopause is dealing with between 10 and 12 different and often interconnected symptoms that impact her well-being - including physical discomfort (hot flushes, joint pain, headaches), emotional turmoil (mood swings, anxiety, irritability), and mental stress (tiredness, insomnia, brain fog). And she is expected to do so without much support, while she continues to be a partner, mother, worker, leader, professional.

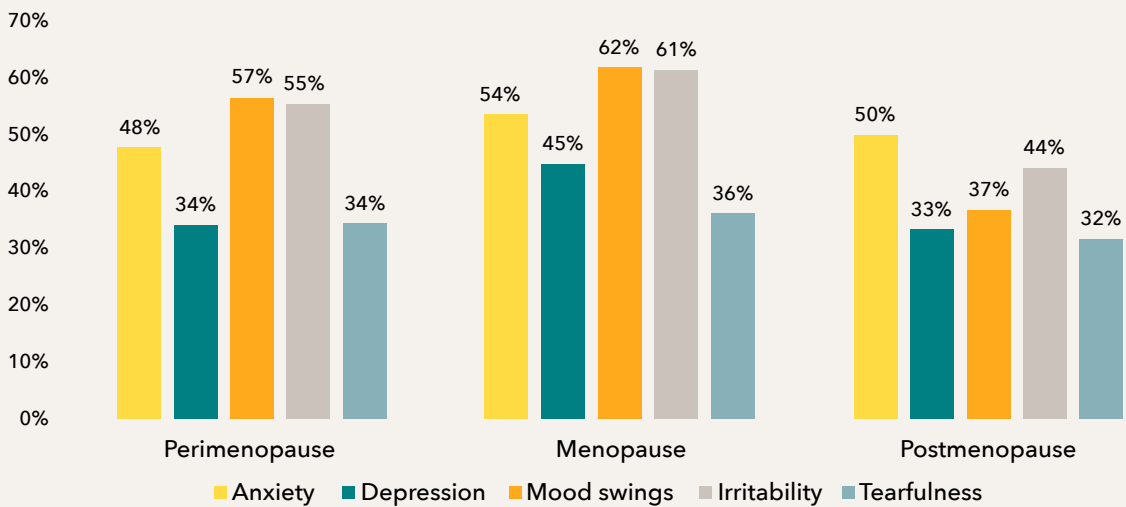
Only 1 in 10 women have accessed mental health services over the past 12 months.

Up to half of women across the menopause stages have experienced heightened anxiety in the past year. Yet mental healthcare featured extremely low in the support sought by women. Given the emotional toll that many women in menopause experience and prevalence of mood disturbances during the menopause transition, it is concerning that so few are actively seeking help for it.

66 **My loss of motivation and energy...looking back I realise I lost my sense of fun and joy with life.**

Daliah Research Respondent 99

Prevalence of menopause-related mood disturbances by menopause phase



Base size: 1,273 (total) | 286 (Perimenopause) | 419 (At menopause) | 564 (Postmenopause)
Question: Which, if any, of these symptoms have you experienced in the past year?

66 **I was desperately unhappy, the mother of 3 year olds and not coping. I couldn't go on. It was one of the worst times in my life... which sounds overwhelming... but it really was.**

99

Daliah Research Respondent



MENOPAUSE *at Work*

Working women face the additional burden of managing the impact of menopause-related symptoms in workplaces that are seldom equipped to support or accommodate them. The lived experiences of stigma, victimisation and exclusion in the workplace need to be addressed if we are to support women’s well-being at work. This is not just a matter of being nice - it has implications for work performance, talent retention, gender equality, transformation, diversity and inclusion. South African employers cannot afford to wait much longer to address this, as there is a growing international movement putting pressure on companies to address discrimination and craft policies that are more supportive and inclusive of women in menopause.

Our research explores some of the challenges, gaps and opportunities that may help to shape early thinking on South African workplace policy, support and resourcing for women transitioning through menopause. Our aim is to challenge the status quo of menopause, within the context of existing workplace wellness policies and services, so that we can close the loop for female employees.

The compounding effect of being a working woman in menopause.

Working women, in addition to the normal every day challenges of balancing work and life, also have to deal with up to 10 menopause-related symptoms. They also tend to rank mood disturbances (such as irritability and mood swings) higher up the order than non-working women - and may experience more hot flushes and night sweats than non-working women. At the same time, misogynistic stereotypes of menopausal women prevail in many workplaces - such as being seen as unreliable, unstable, or poor performers. In combination, the physical impact of menopause-related systems and the mental stress of maintaining high performance in an often hostile workplace, creates an untenable situation for menopausal women.

It’s not just the number and type of symptoms that women experience at work, but the impact that these symptoms can have on them while at work. 2 out of 3 women say that their menopause symptoms have impacted them at work - and 1 in 5 say their symptoms had a debilitating impact on their work and/or careers.

There is a gaping hole in the support structures at work for menopausal women.

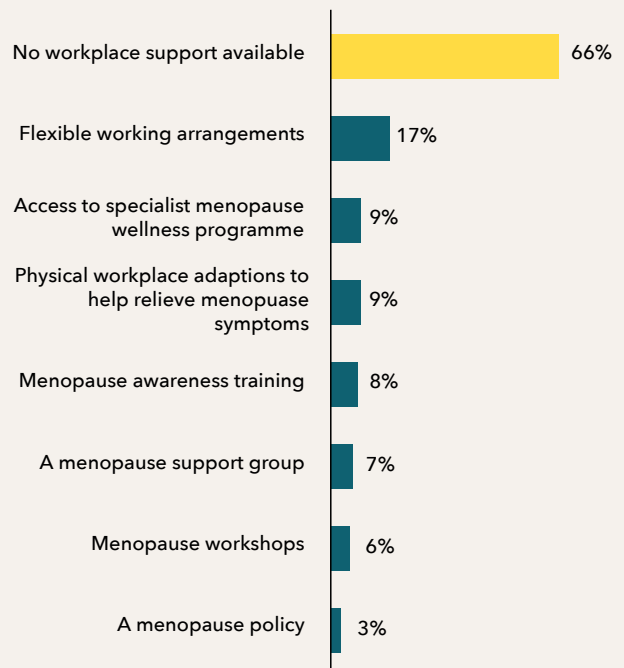
Two thirds (66%) of women stated that their employers have no specific solutions in place to assist them with managing their menopause symptoms at work - while 85% of women would ideally like some form of support in the workplace.

For those brave enough to engage with their employers about managing their symptoms, the most common accommodation sought is flexible

working arrangements - including hybrid working (22%), time off (14%) and reduced work hours (14%). With the introduction of hybrid work models for many organisations in South Africa post-Covid19, this creates the space (albeit unintentionally) to help menopausal women more effectively manage their symptoms. However, only 17% of participants indicated that this was an option available to them. Given that the majority of employed South African women work in mid- to entry-level positions, they may not be able to take advantage of this flexibility.

Although further research is needed to explore workplace dynamics in more detail, these findings could provide Wellness Champions with some direction as to how they can better support women through their menopause journeys.

Workplace based support available



Base size: 1,126 (Working women)
Question: Which of these are available in your workplace to support women through the menopause?

1 in 10 high net worth income earners may consider resigning due to the lack of workplace support.

This is particularly concerning, as these high income earners are likely to be in managerial or executive roles. If 10% of these women were to exit the workplace in the next year because of menopause symptoms, this could have a significant impact on gender representation at the highest level - and put organisations even further backwards in achieving their gender equality goals.

A proactive and pre-emptive approach to menopause wellness in the workplace is needed - and wanted.

Younger women - who have not yet started their menopause transitions - are far more open to seeking support in the workplace versus more mature women already in menopause or postmenopause. 3 out of 5 younger women in our research were interested in workplace benefits that educate them and help them manage their symptoms.

These differences may be due to a combination of factors such as generational differences in perceptions of menopause; younger women being more open and willing to discuss the things that affect

them in the workplace; or even where women find themselves in their careers at these different age groups e.g. more senior women needing to protect their professional facades within their male-dominated peer groups.

Starting from as early as 35 years of age, where preventative actions taken could lead to a better menopause journey and outcome, workplace initiatives have the ability to positively impact women's experiences - both now and for the future.

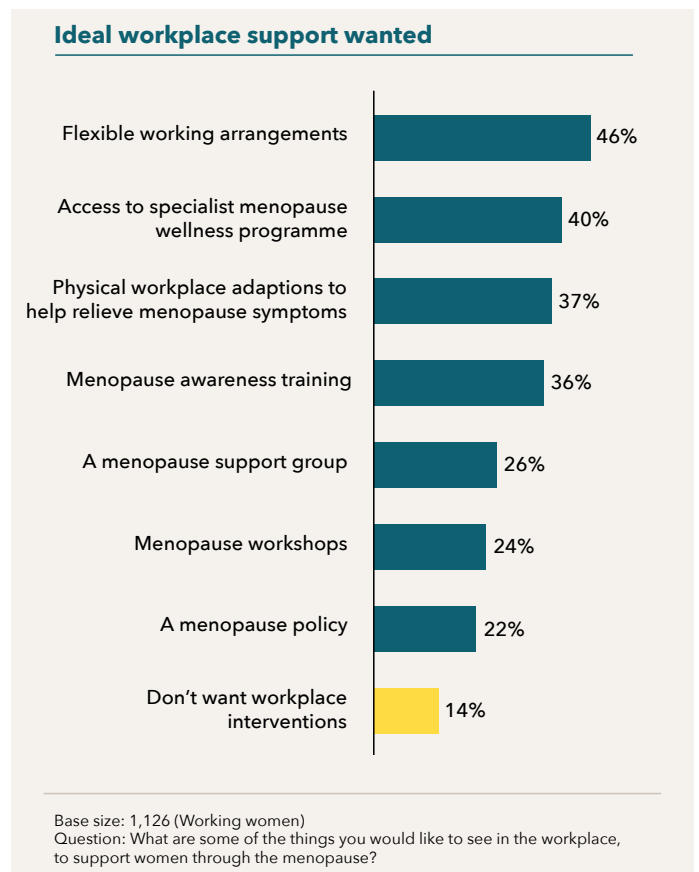
Workplace policy and culture are key enablers of creating positive experiences for menopausal women.

In addition to providing wellness services, companies should also consider what is needed to create an enabling environment for menopausal women to have a positive experience in the workplace.

Firstly, to make change possible, companies will need to consider the role of policy as a mechanism for entrenching menopausal women's rights in the workplace. While policy isn't foremost in the consideration set of services women would want at work (only 22% mentioned it), it is an enabler of change and must be considered within the broader context of establishing "menopositive" workplaces.

66 "It is only a matter of time. (South African) Employers will be challenged when offhand comments in the office aimed at hot flushing women offend, and when, due to a lack of support and understanding of the symptoms from employers, menopausal women are treated less favourably than the energetic and youthful 30-somethings. 99

Deirdre Venter, Without Prejudice, Q1 2022



A second enabler of change for menopausal working women, is to address the stigma and lack of understanding through broad-based awareness and education. 1 in 3 women in our research raised this as a focus area for companies. This would include education for women as well as men, as there is a clear belief that the issues women face in the workplace need to be solved for by both genders. This is especially important when considering the disproportionate role of men in senior management positions in companies - as the ones who hold the power to change, they need to be part of the solution.

South African employers can't afford to sit back and ignore the needs and expectations of menopausal women in the workplace for much longer. There are several cases before UK Employment Tribunals testing the legality of policies (or the lack thereof) in dealing with menopausal women's needs in the workplace. The outcomes of these cases, along with representations being made to the UK parliament, may set new standards for workplace management and support for women in menopause.

It's a social justice issue.

We believe that broader diversity and inclusion dimensions may have an impact on how women deal with menopause in the workplace. African Black women already face challenges of being accepted and taken seriously in the workplace, so they see menopause as yet another challenge.

Globally, the gender and age bias that impacts women in menopause is gaining attention in the media. However, based on the results of this benchmark study, we believe that in South Africa we may have an additional lens of bias to add to this - race.

It would not be unusual for women of colour to be subject to additional bias in the workplace, as a result of South Africa's history, and race bias on menopausal women in South Africa warrants further exploration - and consideration as a social justice issue.



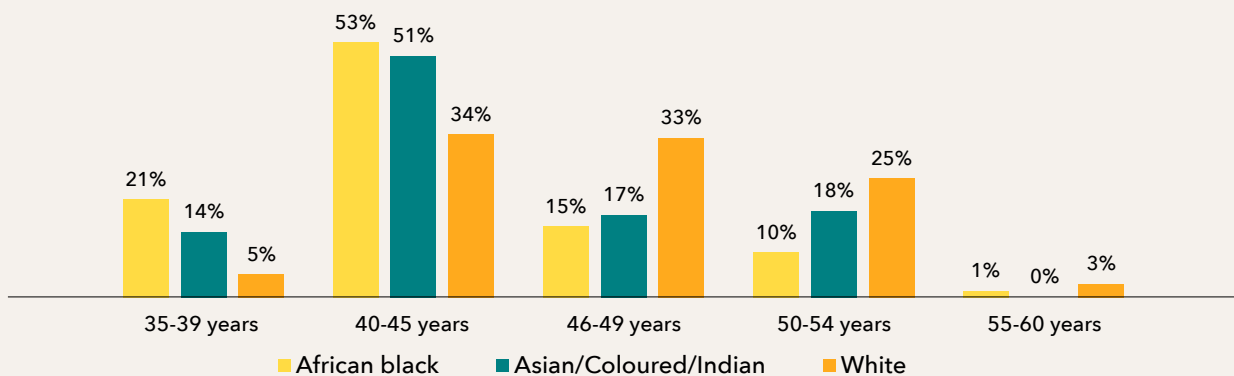
66 **You talk of addressing menopause in the workplace, but I think the workplace needs education for colleagues - specifically men and managers.** 99

Daliah research participant

SHARED BIOLOGY, *Different experiences*

How women experience menopause, and the extent to which their symptoms may have a negative impact on them, is influenced by a range of factors beyond biology - including culture, race, local stereotypes, and social pressures. Simply adopting practices from the UK or USA will not adequately address the needs of women in South Africa. We believe that South African women need locally relevant solutions, tailored to the different needs and lived experiences of women in this country.

At what age did you first start experiencing menopause symptoms?



Base size: 1,273 (total) | 219 (African Black) | 166 (Asian/Coloured/Indian) | 546 (White)
Question: At what age did you first notice menopause-related symptoms?

Differences in the lived experiences of menopause based on race or socio-economic standing have not been adequately addressed in academia nor the popular media. While there is anecdotal research and an emerging focus on understanding that not all women are the same, there is still a lot we don't know. Our research sheds some light on the challenges and issues that women from different ethnic backgrounds face in South Africa. This seems to be based on both social and biological differences, although much more work is needed to definitively understand and explain this.

Acknowledging that there are differences is the first step in developing relevant solutions.

Emerging scientific research is shining a light on the role that culture, race and ethnicity plays in the menopause experience. While every woman has a unique menopause experience - based on her personal circumstances and unique body - scientific research is starting to provide some insight into how these experiences may differ across colour and culture lines, indicating the need for nuanced solutions.

In addition to social pressures, recent longitudinal research in the USA highlighted the fact that women of African descent are likely to experience symptoms more often (and more severely) - specifically hot flushes and night sweats - than white women. In isolation, this would not be a significant issue to manage. But when considering that hot flushes and night sweats can cause severe sleep disruption, are linked to higher cardiovascular risks, and memory loss, this puts African Black women at higher risk for negative physical, emotional and performance outcomes during the menopause transition.

66

When we think about menopause, we think of white women's menopause experiences because those are the stories that get told most often. We need to start paying attention to the diversity of lived experiences, if we are to develop solutions that are truly relevant.

Jenny Moore, Daliah Director

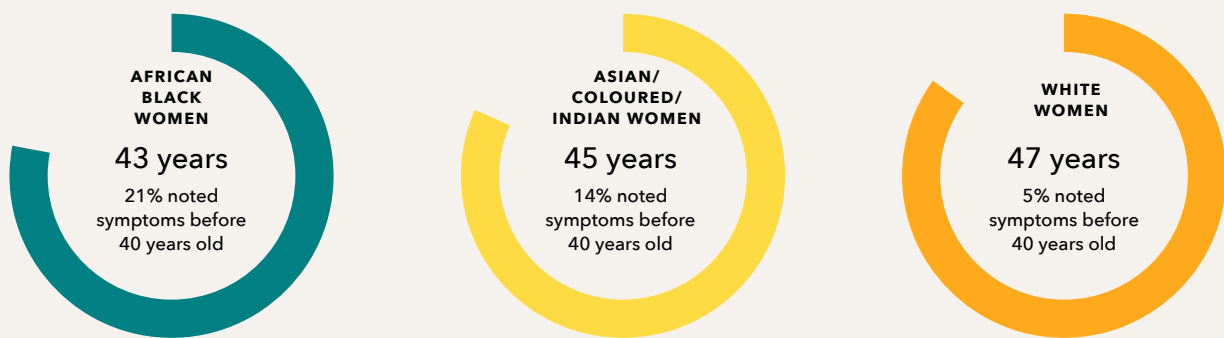
99

We need an Afrocentric approach to menopause, to respond effectively to local women's needs.

While scientific research may lag in understanding the nuances, our research points to clear differences in the lived experiences of women from different race groups in South Africa. Differences in the onset of perimenopause are evident when comparing the claimed experiences of White versus African Black women - with a gap of up to 4 years between when White and African Black women first notice menopause symptoms.

These differences can have a significant impact on many aspects of African Black women's lives. Higher risks for health problems related to lower oestrogen levels over longer periods may be prevalent (e.g. cardiovascular disease, obesity, elevated cholesterol, and insomnia); career trajectories may be interrupted earlier than expected due to severe symptoms; or the options and risks relating to delayed parenthood may be different for African Black women than they are for White women. It also has an impact on the stereotypes common in brand and marketing messaging who often portray this segment as old, grey-haired, and dowdy. That's definitely not going to resonate with a 40-something woman who still has an active lifestyle and career ambitions!

Age at which menopause symptoms were first experienced by race



Base size: 1,273 (total) | 219 (African Black) | 166 (Asian/Coloured/Indian) | 546 (White)
Question: At what age did you first notice menopause-related symptoms?

A good starting point is acknowledging that not all women experience menopause the same - and that biology, social context and economic position can all impact women's lived experiences. Much more research needs to be done in understanding the impact of race on women's lived experiences through menopause. That includes medical research to understand the biological differences - and social research to understand the impact of culture, societal imbalances, and ongoing biases that impact women of colour at home, at work, and in society at large as they transition through menopause.



Conclusions

It is time to break the silence, smash the taboos, and change the way that menopause is viewed so that South African women can thrive through this period of change. It is our sincere hope that the insights shared in this summary of our benchmark study will be a catalyst for action.

It is time for South Africa to play catch up with pioneering countries such as the UK and USA. We need to bring menopause into the school curriculum- in the same way that pregnancy and periods are addressed through Life Science and Life Orientation programmes. This is the only way we are going to create a common foundation for all women in South Africa, by ensuring the girl child is adequately informed about her whole fertility journey - not just the beginning parts.

If we are to achieve the vision of a truly equal and inclusive society, we need to start protecting and supporting our mature women in the workplace. This is key to achieving the goals of gender equality, ensuring we retain experienced female talent, and have a strong pipeline of successful senior women at the boardroom table.

Companies need to consider their wellness programmes, support services and workplace policies to ensure these consider the needs of menopausal women. But even more importantly, they need to consider their culture and behaviours to ensure that the workplace environment enables menopausal women to feel included, valued, and able to perform at their very best.

A root cause of many of the challenges that women expressed in this research is the need to change the narrative on menopause. The only way that this can happen is for people in leadership positions to take a stand against the victimisation, stigma, and bias that menopausal women experience at home, at work, and in society at large.

We need powerful advocates - both male and female - to step up and champion the cause towards a more just and supportive environment for women transitioning through menopause. We cannot continue to watch millions of South African women suffer silently for a decade or more of their lives. Advocacy isn't limited to those with a public platform. Every woman has the responsibility to inform herself about menopause, and pass it on.

As Daliah, we want to continue bringing new research to market that helps to shape and shift the menopause narrative - and women's lived experiences - in South Africa. We would love to talk to any organisation or institution that is willing take this forward with us. And we would encourage academic students from multiple disciplines to consider the menopausal woman as a viable and worthy focus area for your research.

We've put menopause on mute for long enough,
we need to start having menopause conversations that matter.
Menopause comes at a cost to women, to business and to society.
[Join us in unmuting menopause.](#)

hello@daliah.co.za

A note on our research design

This report is the summary of research prepared by Daliah Menopause Company (Pty) Ltd (Daliah). The full report and details on our research methodology is available on request from hello@daliah.co.za. The findings are based on an online survey of 1,273 South African women from middle and upper income groups, along with qualitative insights from engagements with cross section of women from all walks of life on their menopause experiences. The primary research findings were enriched with a literature review as well as content analysis of social media conversations on the topic of menopause. Our Research field work was conducted between May and July of 2022.

A note on gender descriptors used in this report
For the purposes of this report, we have used the general terms "female", "woman" and "women" to refer to people born biologically female with a female reproductive system. As menopause is driven by changes to the female reproductive system, these are the general terms most commonly used in literature and research. The use of these general terms in relation to menopause does not necessarily correlate to the gender identity that a person may identify with. We also recognise that there are many individuals who may identify as non-binary, transgender, gender fluid, or other gender identities, who may also experience menopause due to their female biology. We believe there is a need for further research into the unique experiences and nuances of menopause for people who do not identify as cisgender women, and hope to be able to address this in future Daliah research studies.

List of abbreviations

UN DESA: United Nations Department of Economic and Social Affairs

FemTech: A range of technology-enabled products and solutions catering to the needs of women

List of terms

Menopause: Menopause signals the end of a woman's menstrual cycles and her fertility. It includes the period preceding the stop in menstruating, when a woman may experience a number of symptoms due to the changes in hormone levels linked to menopause. It also includes a period after the end of menstruation, when symptoms may still be present, while hormones settle into new levels and the body adjusts to this.

Menopause Stages:

Menopause: 365 days (12 months) after the last menstrual cycle. The signals the official end to a woman's natural fertility. Some women may enter menopause due to health conditions (e.g. certain

cancer treatments) or surgery (hysterectomy). They may not experience the typical transition phase and may start experiencing menopause-related symptoms almost immediately.

Perimenopause: The phase before menopause is reached, where female hormones start to fluctuate and eventually decrease. A woman may experience a wide range of menopause-related symptoms during this stage, which typically intensify as she nears menopause.

Postmenopause: Starts on the day after a woman has reached menopause, and lasts for the rest of her life. As hormones settle into new levels and the body adjusts, symptoms may persist for a while - some may remain for the rest of a woman's life.

Research methodology

The over-arching research question was to establish a baseline assessment of South African women's knowledge and experiences with menopause. The survey questionnaire was designed to align with established metrics that have been used in similar benchmark consumer studies in the UK, USA and other markets. This allowed for some cross-market comparison on key metrics, highlighting the similarities and points of difference in the lived experience of South African women versus those in other markets. The intent behind this was to demonstrate where lessons learnt in other markets could be adopted in the South African context, and where the local experiences were sufficiently different to require unique propositions and solutions to be developed.

Participation in our research was voluntary and standard research ethics practices were applied, in line with the SAMRA and ESOMAR codes of conduct.

Sampling for this survey was drawn from two sources: a) a random sample of qualifying women from KLA's online market research panel; and b) snowball recruitment from within Daliah's network. Panellists were incentivised for completing the survey, in line with online market research panel practices. The women were also given the opportunity to waive their incentives in lieu of receiving a copy of the full research report once published. Participants recruited via snowball recruitment were not incentivised.

A simple segmentation was applied to the data, to be able to report on women's experiences based on where they are in their menopause journey. The segmentation was based on a self-assessment of symptoms experienced in the past 12 months and is in line with the methodology used by GenM and their seminal 2020 research published in The Invisibility Report. This segmentation is not intended to represent a medical view of menopause, but provides a useful consumer experience approach to analysing our research data.

References

- Ahuja, A. (2019, October 11). The Slow Moon Climbs – the evolution of menopause. Financial Times. Retrieved from <https://www.ft.com/content/dc6a8a42-ea9d-11e9-aefb-a946d2463e4b>
- Aninye, I.O., Laitner, M.H., & Chinnappan, S. (2021). Menopause preparedness: Perspectives for patient, provider, and policymaker consideration. *Menopause*, 28(10). DOI: 10.1097/GME.0000000000001819
- Ayers, B., Forshaw, M., & Hunter, M. S. (2010). The impact of attitudes towards the menopause on women's symptom experience: a systematic review. *Maturitas*, 65(1), 28–36. <https://doi.org/10.1016/j.maturitas.2009.10.016>
- Beck, V. A., Brewis, J., & Davies, A. (2021). Women's experiences of menopause at work and performance management. *Organization*, 28(3), 510-520. DOI: 10.1177/1350508419883386
- Bosch, A. (2022, January). Gender inequality at work. Stellenbosch Management Review. Retrieved from https://www.usb.ac.za/usb_insights/gender-inequality-at-work/
- Brewis, J., Beck, V., Davies, A. & Matheson, J. (.2017). Menopause transition effects on women's economic participation. Government Equalities Office. Gov.UK. Retrieved from <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>
- Chandler, J. (2021, October 15). Menopause Around the World. Mindset Health. Retrieved from <https://www.mindsethealth.com/matter/menopause-around-the-world>
- Das, R., & Das, S. (2022, March 10). Frost & Sullivan: A High Oestrogen Surge Is Transforming the FemTech Landscape. FemTech Insider. Retrieved from <https://FemTechinsider.com/frost-sullivan-FemTech-funding/>
- United Nations Women (UN Women), (2018). Facts and Figures: Economic Empowerment. New York: United Nations. Retrieved from <https://www.unwomen.org/en/what-we-do/economic-empowerment/facts-and-figures#notes>
- Felice, M.C., Sondergaard, M.L.J., & Balaam, M. (2021). Resisting the medicalisation of menopause: Reclaiming the body through design. 2021 CHI Conference on Human Factors in Computing Systems. Yokohama:Japan. Retrieved from <https://www.diva-portal.org/smash/get/diva2:1537186/FULLTEXT01.pdf>
- Pines, D., & Johnmar, F. (2020). FemAging 2020 Health and Tech Report. Retrieved from <https://www.femaging.com/>
- Fenn, L. (2016, May 7). Confessions of a menopausal nymphomaniac. Guardian. Retrieved from <https://www.theguardian.com/lifeandstyle/2016/may/07/confessions-of-a-menopausal-nymphomaniac-sex-dating-apps>
- Goldman, L. (2022, April 18). For women of color, menopause is different. Oprah Daily. Retrieved from <https://www.oprahdaily.com/life/health/a39649768/women-of-color-menopause/>
- Greer, G. (1991). The change: Women, aging, and the menopause. 1st edn. London: Hamish Hamilton Ltd.
- Hill, A. (2022, January 17). More than 1m UK women could quit their jobs through lack of menopause support. The Guardian, retrieved from <https://www.theguardian.com/society/2022/jan/17/more-than-1m-uk-women-could-quit-their-jobs-through-lack-of-menopause-support>
- Hoobler, J. (2022, March 8). Expert Opinion: The future was supposed to be female - so why the bias against women leaders? Faculty of Economic and Management Sciences, University of Pretoria. Retrieved from https://www.up.ac.za/faculty-of-economic-and-management-sciences/news/post_3051754-expert-opinion-the-future-was-supposed-to-be-female-so-why-the-bias-against-women-leaders
- Kemble, E., Pérez, L., Sartori, V., Tolub, G. & Zheng, A. (2022, February 2022). The dawn of the FemTech revolution. McKinsey & Company. Retrieved from <https://www.mckinsey.com/industries/healthcare-systems-and-services/our-insights/the-dawn-of-the-FemTech-revolution>
- Kemble, E., Perez, L., Sartori, V., Tolub, G., & Zheng, A. (2022, February). Unlocking opportunities in women's healthcare. McKinsey & Company. Retrieved from https://www.mckinsey.com/~/_media/mckinsey/industries/healthcare%20systems%20and%20services/our%20insights/unlocking%20opportunities%20in%20womens%20healthcare/unlocking-opportunities-in-womens-healthcare.pdf?shouldIndex=false
- Maddison, P. (2019). Reclaiming menopause from the medics. *Contemporary Psychotherapy*, 11(2).
- Moodley, L., Kuyoro, M., Holt, T., Leke, A., Madgavkar, A., Krishan, M., & Akintayo, F. (2019). The power of parity: Advancing women's equality in Africa. McKinsey & Company. Retrieved from <https://www.mckinsey.com/featured-insights/gender-equality/the-power-of-parity-advancing-womens-equality-in-africa>
- Muir, K. (2021, May 9). Mission menopause: My hormones went off a cliff and I'm not going to be ashamed. The Guardian. Retrieved from <https://www.theguardian.com/society/2021/may/09/mission-menopause-my-hormones-went-off-a-cliff-and-im-not-going-to-be-ashamed>

- Nappi, R.E., Siddiqui, E., Todorova, L., Rea, C., Gemmen, E., & Schultz, N.M. (2022). Prevalence and quality-of-life burden of vasomotor symptoms associated with menopause: A European cross-sectional survey. *Maturitas*. DOI: 10.1016/j.maturitas.2022.09.006
- Neimark, J. (2020, February 18). What is the evolutionary purpose of menopause? *UGAToday*. Retrieved from <https://news.uga.edu/evolutionary-purpose-menopause-research/#:~:text=It%20was%20also%20referred%20to,the%20laboratory%2C%20and%20by%201938>
- Sarrel, P., Portman, D., Lefebvre, P., Lafeuille, M. H., Grittner, A. M., Fortier, J., Gravel, J., Duh, M. S., & Aupperle, P. M. (2015). Incremental direct and indirect costs of untreated vasomotor symptoms. *Menopause*, 22(3), 260-266. DOI: 10.1097/GME.0000000000000320
- Smit, S. (2022, September 29). SA needs menstruation leave policies. *Period*. Mail & Guardian. Retrieved from <https://mg.co.za/business/2022-09-29-sa-needs-menstruation-leave-policies-period/>
- Staff Writer (2020, February 4). How unequal is South Africa? *Statistics South Africa (Stats SA)*. Retrieved from https://www.statssa.gov.za/?p=12930&gclid=EAlalQobChMvJOHuenh-gIVR7TtCh3gyAooEAAYASAAEgK4ifD_BwE
- Staff Writer (2021, August 9). Realizing women's rights for an equal future on Women's Day. *Statistics South Africa (Stats SA)*. Retrieved from https://www.statssa.gov.za/?p=14559&gclid=EAlalQobChMI68Klp-rh-gIV1-vtCh298wQrEAAYAAEgLjDfD_BwE
- Staff Writer (2022, September 25). New case deals with paternity leave in South Africa - here's what you need to know, *BusinessTech*. Retrieved from <https://businesstech.co.za/news/lifestyle/626600/new-case-deals-with-paternity-leave-in-south-africa-heres-what-you-need-to-know/>
- Stafford, M. (2018). Elastic generation: The female edit. *WundermanThompson*. Retrieved from <https://www.wundermanthompson.com/insight/elastic-generation-female-edit>
- The Invisibility Report (2020). *GenM*. Retrieved from <https://gen-m.com/wp-content/uploads/2021/09/106847-Gen-M-Invisibility-Report-082.pdf>
- World Population Review (2022). South Africa population pyramid 2022. <https://worldpopulationreview.com/countries/south-africa-population>
- Tutia, A., Baljon, K., Vu, L., & Rosner, D.K. (2019). HCI and Menopause: Designing with the and around the aging body. Conference paper, CHI 2019. Glasgow:UK. Retrieved from <http://library.usc.edu/ph/ACM/CHI2019/2exabs/CS23.pdf>
- United Nations Department of Economic and Social Affairs (UNDESA) (2022). World population prospects 2022: Summary of results.
- Verdonk, P., Bendien, E., & Appelman, Y. (2022). Menopause and work: A narrative literature review about menopause, work and health. *Work*, 72(2), 483-496. DOI: 10.3233/WOR-205214
- Venter, D. (2022, Q1). My Lord, please may we stand down for 10 minutes? I'm having a Hot Flush. *Without Prejudice*. Retrieved from <https://www.withoutprejudice.co.za/free/article/7466/view>
- Vander Schaaff, S. (2021, March 6). Black women's health problems during menopause haven't been a focus of medicine. Experts and activists want to change that. *The Washington Post*. Retrieved from https://www.washingtonpost.com/health/black-women-menopause-hot-flashes/2021/03/05/97a02c44-7b8a-11eb-a976-c028a4215c78_story.html
- Yanikkerem, E., Koltan, S. O., Tamay, A. G., & Dikayak, Ş. (2012). Relationship between women's attitude towards menopause and quality of life. *Climacteric: the Journal of the International Menopause Society*, 15(6), 552-562.