



Submission to the House of Commons Standing Committee on Health

Women's Health Study

December 15, 2023

Submitted by:

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The Menopause Foundation of Canada

## About the Menopause Foundation of Canada

The Menopause Foundation of Canada (MFC) is a national not-for profit organization established to create Canada's first national voice for women on the gender and health equity issue of menopause. MFC is guided by a Medical Advisory Board comprised of many of Canada's leading menopause clinical specialists. The organization is committed to closing the menopause knowledge gap, raising awareness to eliminate the social stigma of menopause, improving health equity and working to create menopause-inclusive workplaces.

We are pleased to submit this brief to the House of Commons Standing Committee on Health (HESA) to inform the committee's study on Women's Health.

## Introduction

Menopause currently impacts more than 10 million women in Canada over the age of 40<sup>i</sup>. That is one quarter of the population. The symptoms are myriad and diverse. No one woman experiences this pivotal, natural phase the same. But one similarity rings loud – their needs have been overlooked.

Our recent survey of women in Canada has made clear that one in two feel unprepared for perimenopause/menopause. And too few feel fully comfortable openly discussing it. 54 percent believe that the topic of menopause is taboo in our society. Most troubling is the devastating statistic that shows when it comes to their symptoms, four in 10 women feel alone<sup>ii</sup>.

Participation in the labour force for women hovers around 64 percent in Canada<sup>iii</sup>. The symptoms of menopause impact women in their 40s, 50s and beyond. Menopause does not 'end'. It is a continuum. Menopause is not just a personal health matter. It's a real workforce and economic concern.

That women understand it is vital. That the research and health sectors are supported to close the information gap is critical. That employers seek to create menopause inclusive workplaces is overdue. That their community leaders recognize the impact in their own backyard and on a national scale is imperative.

On behalf of the **millions of women** who will be or are currently impacted by menopause, and suffering in silence, we look to collaborate with our country's leaders in health, labour and research to help break the silence and stigma around menopause.

## What is menopause?

Menopause is a natural phase of a women's life that occurs when the ovaries no longer produce eggs. The result is falling levels of important hormones, including estrogen and progesterone. Menopause is defined by being period-free for one year.

The continuum of menopause, could last between one-third and one-half of a woman's life. While 51 is the average age of menopause in Canada, early menopause does occur. Shockingly, 1 in 100 women go through menopause before the age of 40. 1 in 1,000 before the age of 30. 1 in 10,000 before the age of 20. For most of these young women, the health system is not supporting them with the life-altering treatments they need.

Perimenopause is the time leading up to menopause and can last anywhere from six to eight years. During perimenopause estrogen and progesterone levels fluctuate – sometimes dramatically – leading to many symptoms that can have a negative impact on health and quality of life. Most women are in perimenopause between the ages of 40 and 50.

Women are postmenopausal for the rest of their lives. Women experience symptoms for years, sometimes decades, and yet, they are not supported by the health system, their employers, or society as a whole.

## **Menopause: a women's health issue**

There are over 30 symptoms associated with perimenopause and menopause, including but not limited to lack of energy, depression, flushing and night sweats, muscle and joint ache, insomnia, bladder control issues, heart palpitations and headaches. There are too many to be included in a brief. Canadian women typically have a low awareness of the symptoms associated with menopause/perimenopause<sup>iv</sup>. Every day millions of women in Canada are suffering through menopause without understanding what is happening to their bodies and where to turn for help.

Beyond the symptoms, once a woman has reached menopause she is at greater risk for osteoporosis, heart disease and genitourinary issues. Leading up to and throughout this period, it is essential that middle-aged women have access to primary care providers who can support them in understanding and managing their health risks. These are some of the ways in which women's health is impacted post menopause, primarily due to the lack of estrogen. Women have estrogen receptors throughout their bodies.

- Osteoporosis - Women begin losing bone density at an annual rate of two percent beginning one to three years before menopause and lasting five to 10 years in post-menopause. This results in an average loss of bone mass density of 10% in the spine and hip.
- Heart Health - After menopause, a woman's risk of heart disease increases steadily due to a lack of estrogen. 1 in 3 women will develop heart disease.
- Genitourinary Syndrome of Menopause - The genitourinary syndrome of menopause (GSM) affects up to 80% of menopausal women and is caused by low estrogen levels in the tissues of the urinary tract and the female genital tract. Symptoms include vaginal dryness, painful sex, burning, urinary tract infections and general irritation of the genital area. In contrast to hot flashes and night sweats that usually improve over time, GSM generally gets worse without effective therapy.

Menopause care begins with information. Incorporating menopause into women's health strategies is essential. This inclusion ensures that women have access to evidence-based health information as they age. It helps them better understand the changes occurring in their bodies and empowers them to choose the most suitable options to support their health outcomes. Four in 10 women surveyed have sought medical advice, but 72% find it to be not helpful or only somewhat helpful<sup>v</sup>.

Treatments do exist to support women with their troubling symptoms. However, women are struggling to access treatment, and are not being provided evidence-informed information about their treatments and options. The Society of Obstetricians and Gynaecologists of Canada and the North American Menopause Society recommend menopausal hormone therapy as the first-line treatment for vasomotor symptoms for both menopausal and perimenopausal patients<sup>vi</sup>.

To achieve optimal health for women we need to change the conversation on ageing which means we need to break the silence and stigma of menopause.

In collaboration with Christi Belcourt, artist and Tanya Kappo, lawyer, hosts of “Notokwew Ponkiyokewin - Indigenous Centred Menopause”, we are submitting their indigenous experience.

“The Indigenous experience of the transition into menopause and menopause is multi-layered and where access to care and supports might already be considered wanting for the general population on this subject, Indigenous people face even more challenges to access care and support. The historic and ongoing impacts of colonization in Canada have much to do with this as within our communities we faced major disruptions to the transference of traditional knowledges around menopause and traditional Indigenous healthcare methods due to the forced assimilationist policies, violence and genocide perpetrated by Canada on Indigenous community systems of governance, language, midwifery, traditional medicines, outlawing of ceremonies, and attempts to destroy matriarchal leadership through imposed patriarchy. Further we know that there is little to no research that has been done specifically on Indigenous experiences with menopause. Through our own personal experiences, we are seeing unique challenges that Indigenous people face when going through this stage in their lives. What figures prominently is the lack of medical support for the physical challenges; the lack of psychological support for the emotional challenges; and the lack of mental health support for the challenges to our ongoing well-being. Having to navigate a health system that is plagued by systemic racism compounds and prevents access to health care for Indigenous people over and above what would be considered challenges for the general population in support for menopause. The transition to menopause and menopause is one of the important stages of life for Indigenous people that has significant spiritual meaning and impacts. It’s been painful to realize that much of this has been taken from us or lost because of colonization. This, coupled with the challenges to accessing health care and support have mobilized us to start important conversations about the menopause transition and our own ways to restore the knowledges around this stage of life that empowers people in our communities.”

Christi and Tanya

## **Menopause: a workplace and economy issue**

A recent report released by the Menopause Foundation of Canada entitled *Menopause and Work in Canada* confirms that women over the age of 40 make up one quarter of our labour force and are a key driver of Canada’s economy. The fastest growing segment of working women in Canada are those aged 45 to 55 – the time when most women reach menopause. The country could experience a 27% growth in the number of working women 45-55 by 2040<sup>vii</sup>.

Women are the backbone of critical sectors, providing much needed wisdom, experience and a deep level of competence. They are mentors to younger employees and important leaders in their organizations. Women continue to make up the bulk of historically female-dominated sectors, such as health care/social assistance (81%) and education (69%). They are well-represented in areas like government services (65%), business (64%), and finance (50%); other sectors increasingly rely on women too, including agriculture (30%), construction (29%), manufacturing (29%) and mining (19%)<sup>viii</sup>.

The federal government is the largest single employer in Canada. It prides itself in achieving nearly gender parity in the upper echelons. Out of the over 300,000 active civil servants, 55 percent are women, and the average age of employees is 44 years. Of the executives, the average age is 50 years old, with 49 percent of these leadership roles in the hands held of women<sup>ix</sup>. There's an interesting disparity. While the country is doing better at male-female equity, Canada's response to a major influence in the lives of these women is severely lacking.

Women in the prime of their career – in private and public sectors – are reducing their hours or not taking a promotion because they could not access appropriate care and treatment for their menopause symptoms and health outcomes. 10% of women will stop working<sup>x</sup>. This comes at a significant cost, not only to the Canadian economy but to the social fabric of our country.

Unmanaged symptoms of menopause cost the economy an astounding \$3.5 billion every year. An estimated \$237m in lost productivity and 540,000 lost days of work attributed to symptom management of menopause. At the height of their earning potential, women are opting to reduce their hours and/or pay or are leaving the workforce altogether, resulting in a \$3.3B in loss income<sup>xi</sup>.

There is a powerful opportunity for employers in Canada to unleash the full potential of this sizeable workforce demographic with better supports.

## **Addressing menopause: crucial steps ahead**

There is a great deal that can be done to improve the health and well-being of women as they live through menopause. Women do not want to be sidelined at a time when they have so much to contribute.

**Recommendation 1: Increase menopause health education opportunities for healthcare providers and professionals.**

**Recommendation 2: The women's health strategy must provide specific attention to mature women's health and well-being as they journey to and through menopause.**

**Recommendation 3: Create menopause-inclusive workplaces, starting with the civil service of Canada.**

**Recommendation 4: Dedicate and increase research amounts to be granted specifically for women's health, including in menopause.**

**Recommendation 5: Stabilize and build resiliency in Canada's menopause hormone therapy supply.**

## Conclusion

The menopause knowledge gap is real. It contributes to millions of women needlessly suffering through symptoms that have negative impacts on their health, their quality of life and their contribution to the Canadian economy. With a strong national voice, we can support all women in this stage of their lives. By closing this knowledge gap, by opening the doors to more menopause care services and promoting menopause-inclusive workplaces, we can empower women to continue being leaders in their community and in their place of work. Our recommendations aim to pave the way to a healthier, more equitable future for women during and after menopause. Together, we can break the silence and stigma surrounding menopause, and ensure this wide-sweeping demographic receives the support and care it deserves.

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- i <https://menopausefoundationcanada.ca/menopause-in-canada-report/#2022report>
  - ii <https://menopausefoundationcanada.ca/menopause-in-canada-report/#2022report>
  - iii <https://www150.statcan.gc.ca/n1/pub/75-006-x/2022001/article/00009-eng.htm>
  - iv <https://menopausefoundationcanada.ca/menopause-in-canada-report/#2022report>
  - v <https://menopausefoundationcanada.ca/menopause-in-canada-report/#2022report>
  - vi <https://www.cmaj.ca/content/195/19/E677>
  - vii <https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/>
  - viii <https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/>
  - ix <https://www.canada.ca/en/treasury-board-secretariat/services/innovation/human-resources-statistics/demographic-snapshot-federal-public-service-2020.html>
  - x <https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/>
  - xi <https://menopausefoundationcanada.ca/menopause-and-work-in-canada-report/>