



Women's Health Tasmania

MAGAZINE
WINTER 2025

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A Change is Gonna Come

Menopause is a significant phase in life. It marks the end of menstrual cycles. But while lots of us are familiar with symptoms like hot flushes, there's much more to this natural transition. It's a time of change that is different for everyone, and it has important physical, emotional, and social aspects.

In this magazine we're hoping to give you information that is both informative and supportive, addressing common questions and sharing experiences. By fostering open conversations about menopause, we can reduce stigma and empower individuals to navigate this stage with confidence.

And hey you, YOUNG WOMAN! Don't put this magazine down – this is for you too. Understanding this phase prepares you for the future and promotes a culture of awareness and support.

Menopause is a profound life change, but with knowledge and community, it won't be scary and you'll know you're not alone.

Getting in touch

25 Lefroy Street
North Hobart, Tasmania 7002
Gates open 9.15am–12:30pm
Monday–Thursday
P: 6231 3212 F: 6236 9449
Women's Health Information Line
Free call: 1800 675 028

info@womenshealthtas.org.au
www.womenshealthtas.org.au
facebook: womens-health-tasmania
twitter: WomensHealthTAS

 SUPPORTED BY
Tasmanian Government

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Hurray menopause! I can't get pregnant!

Actually you can.

WHAT?!

Yes, it's still possible to get pregnant during menopause – even if your periods have stopped. While fertility naturally declines with age, pregnancy can still occur until menopause is fully complete.

When to use birth control

If you're sexually active and don't want to get pregnant, it's important to continue using contraception:

- **Under 52:** Use reliable birth control until you've gone without a period for 2 full years.
- **Over 52:** Contraception is recommended until you haven't had a period for 12 months.
- **Age 55+:** Pregnancy is highly unlikely, and contraception is generally no longer needed.

Even during perimenopause unplanned pregnancies can happen. While you may have symptoms like vaginal dryness or mood changes that affect sexual activity, contraception is still important. After 40, a higher percentage of pregnancies are unplanned, and they

carry a greater risk of complications like miscarriage or chromosomal conditions (e.g. Down Syndrome).

Contraception options during menopause

Hormonal methods

These won't affect when menopause starts but they can mask symptoms.

- **Combined pill, patch, or vaginal ring:** Suitable for healthy women over 40 who don't smoke. Not advised after 50.
- **Progestogen-only pill ("mini-pill"):** Can be used until age 55, but should be reviewed at 50.
- **Mirena coil (IUD):** Useful for managing heavy periods and can be used for contraception up to age 55 if inserted after age 45. It may also be part of hormone replacement therapy (HRT).
- **Implant:** Effective until menopause.

Non-Hormonal Options

- **Copper coil (IUD)**
- **Condoms**

These do not affect menopause symptoms and are good alternatives for those avoiding hormones.

When to take a pregnancy test

Menopause symptoms can mimic early pregnancy – including mood swings, fatigue, headaches, sleep issues, and missed periods. Light spotting, frequent urination, breast tenderness, or nausea might also occur in both cases.

If you're sexually active and experience any of these symptoms, take a pregnancy test – either at home or with your doctor. Home tests detect the hormone hCG in urine.

A positive result is usually accurate, while a negative one may not be as reliable if taken too early.



How hot is your flush?

Did you see the video that went viral recently of a woman enduring a menopausal hot flush while watching an outdoor sport game? Never has the power of a hot flush been better demonstrated than by this stoic spectator – her name is Tracey Monique, I've learned, and she hails from Atlanta, USA – who continues to eat hot chips and laugh good-humouredly, while steam pours from her head into the cool evening air.

Wherever the video pops up – you can find it on YouTube, TikTok, Instagram, Facebook and elsewhere – the comments sections are full of surprised folk remarking on the sheer intensity of Tracey's hot flush. (I imagine menopausal women everywhere rolling their eyes and saying, "I did try to tell you.")

So how hot is a hot flush, really? And what happens inside the body when the phenomenon occurs?

The anatomy of a hot flush is complex, it turns out, and originates not in the body but in the brain – specifically, in an area of the brain called the hypothalamus. The hypothalamus is rich in estrogen receptors and plays a crucial role both in the reproductive cycle and in temperature control. It functions like the body's thermostat, essentially.

During menopause, with the flow of estrogen reduced, the thermostat becomes skewed, misreading minor increases in body temperature as major. The hypothalamus triggers a rush of sweat and dilation of blood vessels in an attempt to cool the body from the perceived blazing heat. Ironically, it's this reaction that boosts the skin temperature of the hot flushing woman – not body heat itself, but the brain's response to a false reading of body heat.

Researchers say menopausal women can have hot flushes occasionally or upwards of ten times a day, and they can last from a few seconds to five minutes per episode. But at least we only endure them for a year or so, right? Wrong! On average, women experience hot flushes for between 7 and 10 years. No wonder Tracey's laughter carries more than a hint of forbearance.

One woman's hot flush is not the same as another's, however. Every woman experiences the phenomenon differently. A longitudinal study at the University of

Pittsburgh found around 25% of women are what they term 'superflashers'. For these women, hot flushes start well before their periods became irregular and they continue having hot flushes for up to fourteen years.

While there's no way to predict who will be a superflasher, research suggests factors such as ethnicity, genetics, lifestyle and environment – as well as variability in estrogen levels – can contribute to the intensity, regularity, and longevity of flushes.

For example, the Pittsburgh study found that Black women had more frequent hot flushes and endured them for more years than other racial and ethnic groups.

They also found that life circumstances – including socioeconomic disadvantage and a history of childhood abuse – were associated with a longer duration of hot flushes, suggesting environmental conditions play a role in the body's management of menopause.

Evidently, for many women, hot flushes are not as fleeting and trivial as once thought, but rather a significant and disruptive symptom that can have a profound impact on daily life. Even if some women manage to grin through the discomfort – like viral hot flush celebrity, Tracey Monique – the only fair response is empathy and understanding. And possibly, a tray of hot chips.

[@mstraceymonique](https://www.instagram.com/mstraceymonique)



Latest evidence about menopause hormone therapy (MHT)

Everyone is different, so if you're wondering 'is MHT right for me?' here is some up to date information to help you decide.

Menopause hormone therapy (MHT) is the name for what used to be called hormone replacement therapy (HRT).

MHT is prescribed by doctors to help reduce and manage symptoms if they are affecting your quality of life.

Common symptoms MHT can help to reduce or manage:

- **sleep problems** – are you regularly finding yourself wide awake at 2am?
- **mood swings** – are you crying all the time? Enraged at everyone and everything? Overwhelmed with anxiety? Flattened by depression?
- **brain fog** – trouble finding words when talking? Can't think or make decisions? Forgot why you walked into this room? Notice you have to keep lists and put things in your phone calendar so you won't forget important things?
- **hot flushes and night sweats** – are you suddenly sweating a lot? Tearing off your clothes or opening a window, feeling like you're on fire? Waking up drenched?

- **joint pain** – can't do a yoga downward dog like you used to? Trouble opening jars? Are your wrists or knees or hips hurting?
- **vaginal dryness** – feeling paper cuts in your vagina when you pee, have sex, ride a bike or just walk around? (ouch)
- **dry itchy skin and eyes** – are you constantly scratching and looking for the moisturiser? Constantly wiping your eyes (and not just from frustration because you can't find the moisturiser)?

Your doctor can use a symptom score sheet (see the Australasian Menopause Society website) to ask what symptoms you are experiencing and how they are affecting you. This will help to build a picture of what is affecting you the most and what you need relief with.

MHT is not a 'fountain of youth' or anti-ageing miracle. It doesn't get rid of all symptoms, but can help to make them more manageable.

Some people experience side effects (for example headaches, nausea, or low mood) while adjusting to get the right dose. If you have initial side effects that doesn't mean MHT is not for you.

Side effects often settle within three months, and it is common for you and your doctor to adjust the dose or type of MHT to find out what is right for you.

There are different ways of taking MHT:

- Patches
- Tablet
- Gel
- Vaginal treatments

There are various options available that include different doses and combinations of estrogen, progesterone, testosterone, and/or SERMS (selective estrogen receptor modulators).

Your doctor can help tailor the type of hormone treatment best suited to you.

MHT is safely taken by millions of people around the world.

What about the risk of breast cancer?

How does MHT compare to other risks?

- Risk of breast cancer increases 2% from taking MHT
- Risk of breast cancer increases 2% from being overweight
- Risk of breast cancer increases 5% in pre-menopausal women, 9% in post-menopausal women from one standard alcoholic drink per day



Women's Walks

Every Wednesday
10:30am–12:30pm
Leaves Women's Health Tasmania (25 Lefroy Street, North Hobart) at 10:15am

We do a different walk every week — for details go to the Walking Calendar on our website or call 6231 3212.

If you've had breast cancer before there is a further slight increase in risk when taking MHT. This is something to discuss with your doctor.

MHT does not make you put on weight.

MHT can benefit your health by improving bone density and reducing risk of fractures. Evidence also suggests it can reduce the risk of diabetes and heart disease for some women.

MHT may be used as long as benefits outweigh risks for you, through shared decision-making between you and your doctor. There is not one standard period of time that people take MHT for.

Just because you are in perimenopause or post-menopausal doesn't mean you have to take MHT.

MHT is one very effective strategy to manage symptoms if you have them, but it's not the only strategy.

Alongside or instead of MHT are non-hormonal treatment options, lifestyle changes, and complementary therapies.

Discuss with your doctor any risks and benefits particular to your body, lifestyle and history when it comes to MHT. Then you can make an informed choice on whether MHT is for you.

Happy menopause, however you choose to support yourself!

References

[Study urges tailored use of MHT newsGP, Royal Australasian College of General Practitioners](#)

[What is MHT and is it safe? Australasian Menopause Society](#)

[MHT and breast cancer Australasian Menopause Society](#)

[Alcohol and disease risk with a spotlight on breast cancer: should women stop drinking? Australasian Menopause Society](#)



Our mural

We have launched a new mural painted by talented Palawa woman Grace Williams. To create her beautiful design Grace spoke to Aboriginal and non-Aboriginal women and young people about what health means to them and used their answers as inspiration.

You can read about the symbols in Grace's artist statement and watch a video of her talking about creating the mural if you go to our website (womenshealthtas.org.au/our-murals).

Thank you to the Hobart City Council for the grant to make this project possible.



5 things trans people need to know about menopause

Whether it's due to age, surgery, hormone therapy, or medical treatment, trans people can and do experience menopause or menopause-like symptoms.

Here are five key things trans people should know about menopause.

1. Menopause can affect anyone with ovaries

Trans men and non-binary people with ovaries can go through menopause, either naturally with age or due to surgical procedures like oophorectomy (removal of the ovaries), cancer treatments, or chemical menopause from hormone blockers. These changes involve a drop in estrogen levels and can result in classic menopausal symptoms like hot flushes, night sweats, brain fog, and mood swings.

2. Trans women can experience "menopause-like" symptoms too

Trans women don't undergo menopause in the same way as people with ovaries, but they can still experience menopausal symptoms - especially if their estrogen therapy is paused, reduced, or stopped. This sudden hormonal drop can cause hot flushes, fatigue, emotional changes, and sleep disturbances (Wierckx et al., 2014). It is important to understand that these



symptoms are real, and a good health care provider will listen to you and take them seriously.

3. Know your body and track what is changing

If you're on testosterone and start noticing new symptoms - like mood swings, trouble sleeping, hot flushes, or even unexpected bleeding - it's worth paying attention. These shifts might be related to perimenopause or another hormonal change, not just your testosterone dose. Since menopause symptoms can look like other things (like stress, burnout, or testosterone side effects), it helps to track how you're feeling over time.

Use a journal, app, or voice notes to log things like mood, sleep, body temperature, bleeding, or energy levels. That way you'll have a record to guide conversations with your doctor.

4. Affirming menopause healthcare is important but often hard to find

Unfortunately, many providers still lack training on how menopause affects trans and non-binary people.

American doctor and trans rights advocate, E. Mimi Arquilla DO says even if you can't find someone with oodles of training "the most important advice I can give is to find someone you feel comfortable talking with, and who will apologize when they're wrong and do the work to learn what they don't know."

If your current provider isn't supportive, consider reaching out to an organisation like Working It Out for advice information about where to go. You can also review the health care providers listed on the *Sign Post*. This is a website that lists inclusive Tasmanian services - signpost.org.au



Tampons and toiletries needed*

Donate sanitary products and toiletries to women in need. Drop your donation to Women's Health Tasmania at 25 Lefroy Street, North Hobart.

*Period-friendly undies don't work for everyone.

CHECK FACEBOOK FOR NEW 'ONLINE CLASSES WITH WOMEN'S HEALTH TASMANIA'

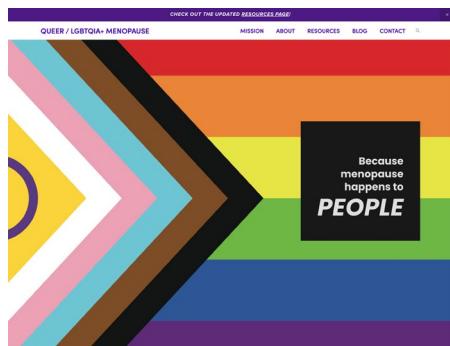
Zumba with Rhonda **Pilates with Susan** **Weights with Maree** **Meditation with Valerie**

Fun **Fit** **Strong** **Calm**

5. You deserve support—and there are resources out there!

It's hard when you can't see your experience reflected in the resources, words or stories our world tells about menopause – but the good news is that there are some community-created resources out there.

- The Genderqueer Menopause Coach Podcast, hosted by Lasara Firefox Allen – find it wherever you listen to podcasts!
- The Queer Menopause website – has a blog all about being queer, trans and going through menopause, as



well as lots of links to other resources – www.queermenopause.com

- Search for online support groups – usually run by a community member themselves so can provide a space to vent, to seek information and connect with peers.

The change is coming (no pun intended!)

While our world has a long way to go, we know that when we get active, talk about things and name things we see positive change.

The more we talk about menopause and who it affects, the better we can support everyone going through it. From finding the right language to accessing quality care, trans people deserve full visibility and validation throughout this life stage.

If you are a trans person who is in perimenopause or menopause and would like to write about your experience – please get in touch!

References

Ask the Expert: What to Know About Menopause When You're Trans or Nonbinary. Dr. E. Mimi Arquila, DO. 2024. <https://www.healthline.com/health/menopause/ask-the-expert-menopause-in-trans-men-and-nonbinary-people>

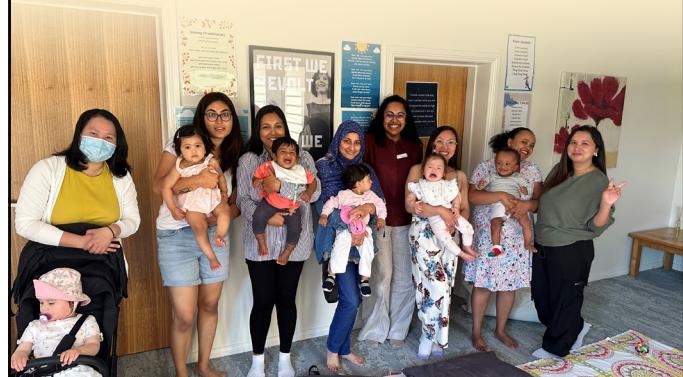
Kerryn Drysdale, I. Burton-Clark & Katherine Moline (20 Jan 2025): Reimagining menopause by expanding assumptions shaping research: a scoping review of gender and sexuality diverse people's experiences and expectations. *International Journal of Transgender Health*, <https://doi.org/10.1080/26895269.2024.2447785>

Boehmer, U., Ozonoff, A., Timm, A., et al. (2021). Health care experiences of transgender people: An intersectional perspective. *Journal of General Internal Medicine*, 36(6), 1701–1709. <https://doi.org/10.1007/s11606-020-06475-9>

Wierckx, K., Mueller, S., Weyers, S., et al. (2014). Long-term evaluation of cross-sex hormone treatment in transsexual persons. *Journal of Sexual Medicine*, 9(10), 2641–2651. <https://doi.org/10.1111/j.1743-6109.2012.02755.x>

Migrant Mums and Bubs Playgroup

Wednesdays 10.30 – 12noon
during school terms
At our North Hobart Centre
Call 6231 3212 to register



Are you shocked to learn that abortion was only decriminalised in West Australia last year? No wonder people still think abortion is illegal in Tassie!

Community misinformation about this important health service feeds stigma, silence...and makes us vulnerable to having access to the service become an election issue.

Come to our Abortion Access Advocates workshop and learn some facts and figures.

Nice people, good food. All genders welcome.

Watch our socials and enews for a workshop near you in 2025.

Menopause tips

Five non-pharmacological options for helping manage peri/menopause

- 1 Find good support, this might include friends who are supportive, a counsellor or therapist and/or a GP who is a member of the Australasian Menopause Society.
- 2 Move your body in ways that help regulate your nervous system, like walking and yoga.
- 3 It a great time of life to add a weights program twice a week to help with bone density.
- 4 Eat well with lots of fruit and vegetables as well as foods containing calcium, drink plenty of water and reduce or eliminate alcohol and quit smoking. (Gah, that old chestnut, but still true.)
- 5 Inform yourself with high quality information through evidence-based books, podcasts, websites or by attending one of our fantastic Women's Health Tasmania Menopause Workshops.

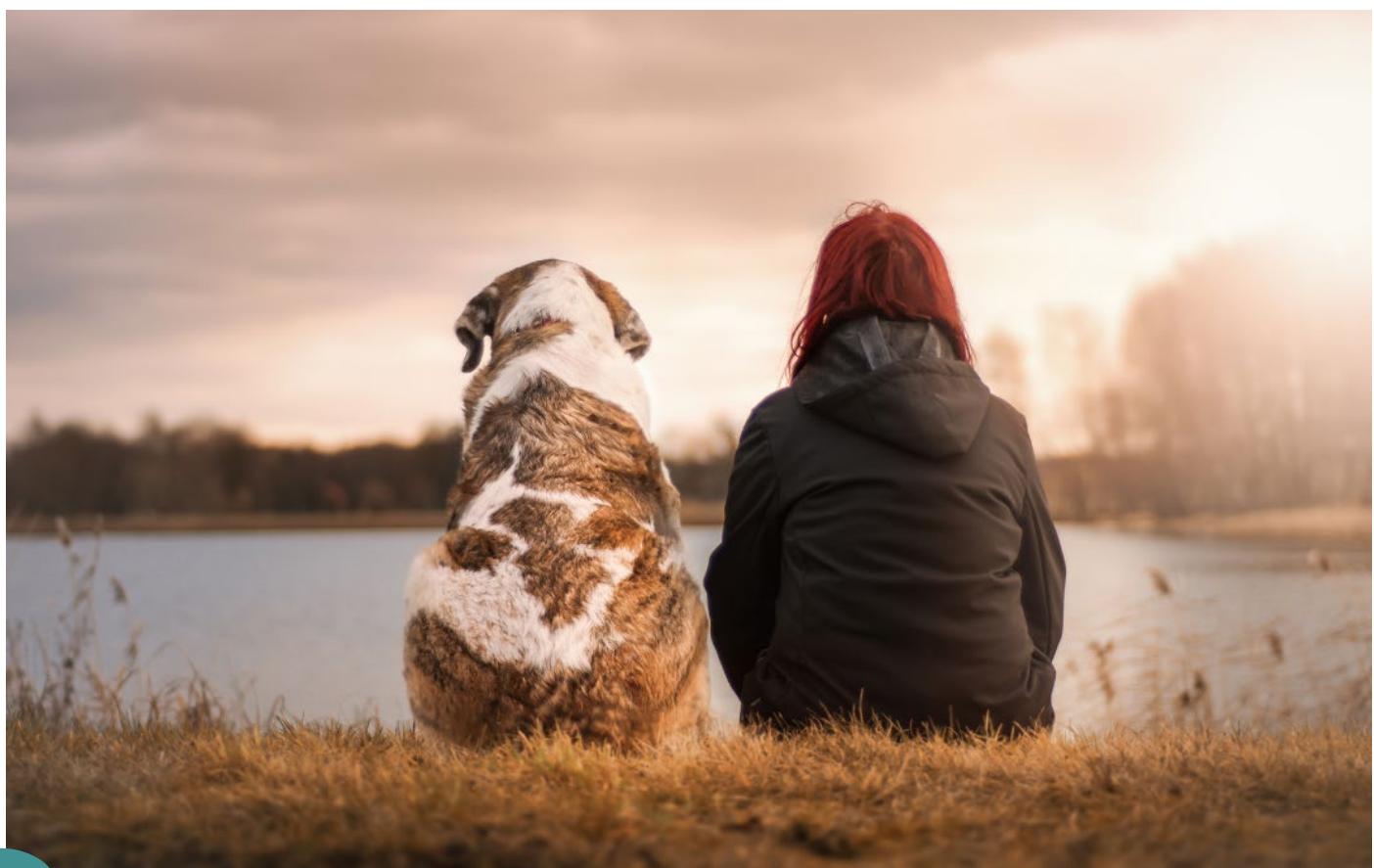
Five ways the people in your life can help with peri/menopause

- 1 Take over cooking duties so you don't have to stand over a hot stove if hot air triggers hot flushes for you. (Unless you really love cooking). If hot flushes aren't an issue for you, maybe there is some other household task a family member could take over.
- 2 Understand that symptoms and experiences are different for everyone so believe you when you say how symptoms are affecting you.
- 3 Accommodate having the heating/cooling set to temperatures that are comfortable for you without complaint.
- 4 Be willing to go out of the house and give you some time to yourself and don't take it personally if you need more space than usual.
- 5 Don't suggest you go to the doctor to get something to help you 'calm down'. Yes, you might be in perimenopause but you can feel angry (or other emotions) for legitimate reasons.

Meditation with Valerie



[womenshealthtas.org.au/
podcasts/meditation-valerie](http://womenshealthtas.org.au/podcasts/meditation-valerie)



Managing menopause

Disruption can be painful, but it can also be an opportunity. Hold onto this idea (and if difficulty remembering things is one of your symptoms, we'll hold onto it for you).

Perimenopause kicks things off – our hormones fluctuate, then drop off a cliff.

After menopause (12 months since our last period – byeeeeee!), changes continue. Symptoms can range from 'changes, what changes?' to 'what is HAPPENING to my life?!'.

So, what can we do? Plenty! It's not just a choice between sucking it up in silence or taking medication. There's a whole smorgasbord of ways to manage both the symptoms and the big existential questions like 'who am I now?!'.

Medical support

Menopause hormone therapy (MHT, formerly known as hormone replacement therapy, or HRT) is one of the most effective ways to manage symptoms that impact quality of life. It's safe, comes in different doses and forms, and can be tailored to your unique body and needs. Head over to our article about the latest evidence around MHT for more details.

Conversations help

Getting through perimenopause and menopause (peri/menopause) all on your own makes it tougher, lonelier and scarier than it needs to be. Thankfully, conversation is opening up, in all sorts of places; workplaces, families, friendship groups, doctor's offices, counselling rooms, over the back fence with the neighbour. Confusion evaporates once we know where to go for reliable, up to date information we can use to make things better and not feel so alone.

A supportive GP can guide you through this. If you don't feel heard, check the [Australasian Menopause Society website](#) for GPs who are members, track down a women's health specialist GP, or ask your friends and family for recommendations – *psst, pass it on!*

Need someone to talk to about your experience navigating this or any stage in your life? Women's Health Tasmania offer free short-term counselling, and you don't need a referral – just give us a call.

Do some research

There's a growing body of books, podcasts, websites and research about peri/menopause. We can now inform ourselves about this life stage that has been so mysterious. But not all information is reliable. Many products claiming to ease menopause symptoms lack evidence and haven't been safety-tested. Some can even interact badly with other medications. Always check with your doctor before handing over your money.

Self-reflection

Peri/menopause can be a turning point. An opportunity to stop and really listen to yourself...maybe for the first time.

- *What do I actually want to do with my time, energy, and body?*
- *Have my needs changed?*
- *Is there something I want to reclaim, or something new I want to try?*

Taking up more room in your own life might disrupt things – but that can bring good things.

Physical activity

Keeping bones and muscles strong helps minimise aches, maintain flexibility, reduce symptoms, and support you to do the things you want to. Weight-bearing exercises like yoga, pilates, walking, and strength training with weights make a real difference. Bonus: choosing activities that are fun for you, and doing them with a friend or a group, supports body and mind at the same time! Double yay!

Nutrition

What you eat and drink can improve sleep, energy, and mood through peri/menopause.

- Protein matters. We need more as we move through this life stage.
- Certain foods and drinks can make symptoms worse. Identifying triggers helps.
- Sustainable changes to everyday habits work best. Fad diets? Not so much.

Keeping the conversation going – together

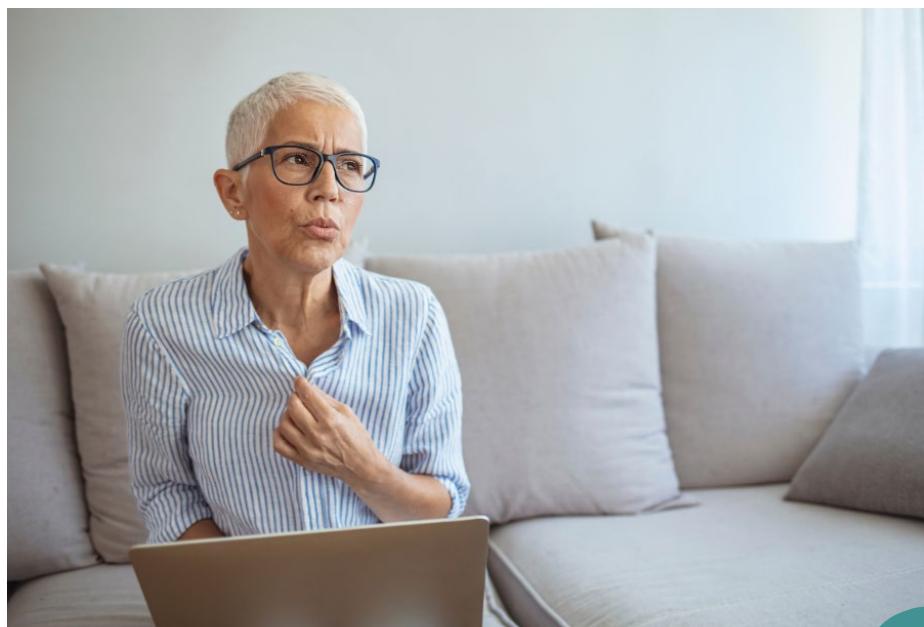
Peri/menopause brings change in unique ways to each person who goes through it, but you don't have to navigate it alone. There's science-backed support, space for self-discovery, and more resources available than ever before.

References

Australasian Menopause Society <https://www.menopause.org.au/health-info/find-an-ams-member/tas>

CSIRO Top nutrition tips for menopause <https://www.csiro.au/en/news/all/articles/2021/may/top-nutrition-tips-for-menopause>

Jean Hailes Looking after yourself during menopause – physical activity <https://www.jeanhailes.org.au/health-a-z/menopause/looking-after-yourself#physical-activity>



Menopause in the workplace

Gone are the days when we thought menopause didn't affect women until late mid-life, as they approached their 50s and 60s – now we know menopause often starts in the 30s or 40s, and for some women, even earlier. It's not surprising, then, that research shows 81% of Australian women will transition through menopause while working.

How well are Australian workplaces managing this reality? The answer is mixed. A survey conducted by health and beauty company Dove suggests that while 62% of women are comfortable discussing menopause at work, only 6% work are employed by workplaces that offer dedicated menopause support. Clearly, there is room for improvement.

Grace Molloy is up for the challenge. She is the founding CEO of Menopause Friendly Australia, an organisation dedicated to improving women's experience of menopause at work by providing resources – policies, templates and toolkits – that help workplaces become 'menopause friendly' employers'.

It's an idea with significant political and cultural weight behind it.



FORUMS

Connect with people who understand what you are going through, seek advice and surround yourself with support. We're free, anonymous, and professionally moderated 24/7.

Login

Sign up

 47,612
Members

 1,233,193
Posts

 1,400,000
Visitors

 Hello

Hi. I'm struggling to feel as though I'm not failing at everything. I struggle with my own anxiety and haven't got any professional help but feel as though I should. My 12 year old struggles...

 **Relationships** 2 hours ago

Hi Im just gonna vent cause I need to. There's two personal struggles Im dealing with currently all be it silently. 1. I suck at relationships, after some few past mishaps trying to have romantic...

 **Our stories** | Created 4 days ago

 **Advice for a painful period of time**

Hi I am new here. Just experienced a painful and constant worrying period of time in the morning and checked the resources my GP gave to me, and here I am. I am an immigrant...

 **Recovery Club** | Created about 18 hours ago

Online forums for people with lived experience of mental illness, their friends and families.

Connect with people who understand what you are going through, seek advice and surround yourself with support. They're free, anonymous and professionally moderated 24/7.

Women's Health Tas delivers this in partnership with SANE Australia.

Go to online forums (under services) on our website:

womenshealthtas.org.au



Improved workplace support through menopause and perimenopause was a major theme of the recent Senate inquiry into menopause, with the report declaring:

All employers have a responsibility to address stigma around menopause in their workplaces. Implementing organisation wide menopause policies, promoting internal awareness for employees and managers about these issues and sharing menopause-specific workplace resources can all help to address menopause stigma.

Molloy says promoting menopause awareness in the workplace is a good place to start. "Most women don't know the basic facts about menopause, making it difficult to identify hormonal changes as a potential cause for not feeling well. We're not taught about menopause in school, we're not taught about it by our parents. I think it's kind of ridiculous that something that is going to happen to 50% of the population is still shrouded in secrecy."

Molloy says the lack of literacy about menopause can have a profound impact on women's wellbeing, as well as their employment. "[Women] are leaving or scaling back their work, because they are feeling overwhelmed by menopause symptoms, both physical and psychological. They don't know where to turn for help. Some may feel their stressful work environment is the cause, so they opt out, retire early or scale back their hours to manage symptoms, not realising that there's help and support available for them."

Outcomes from Dove's recent survey support Molloy's comments. Of the 1,000+ women who participated in the study, 44% reported lower self-esteem and 46% experienced reduced confidence at work because of menopause, with 55% considering quitting or taking time off.

The survey also offered insight into how workplaces can mitigate these impacts. Women who took part in the study identified flexible working arrangements (51%), temperature control (36%), and additional leave (35%) as the most helpful workplace menopause responses, alongside the need for menopause policies and informed support.

Training is also crucial, Molloy suggests. "We're asking managers, often men, to have a conversation about something they may know nothing about. It's difficult to empathise without understanding. Training is key to ensuring managers feel confident in having a supportive conversation. Start with the facts about menopause and support managers with information about what they can do to help their team members if they're struggling."

Molloy says reframing menopause in the workplace is part of a more widespread opportunity to reimagine menopause as a time of possibility, rather than just another step in the ageing process. "I think there's a huge opportunity to reframe menopause and to celebrate this time of life. Many women tell us they feel a renewed sense of confidence and empowerment that's come from opening up the conversation."

So let your boss know – she might like to celebrate too.

For more information about Menopause Friendly Australia, visit <https://menopausefriendly.au/>.



Breast Cancer Support Group

11:45 am - 1.15 pm

3rd Tuesday of the month

Where's your line? workshops

The workshop program is an initiative developed by Women's Health Tasmania in partnership with the Hobart Women's Shelter, Engender Equality and Women's Legal Service specifically for Tasmanian communities. Our trainers come from all these organisations and other family and sexual violence services.

The workshop is all about practical, safe things you can do to stop the abuse of women and girls.

The workshops are free and catering is provided.

HOBART

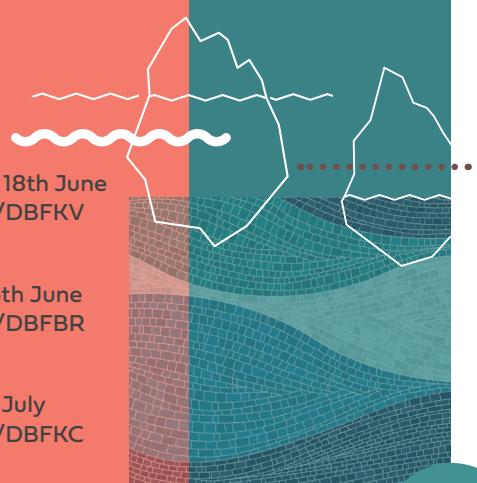
9:30am–2:30pm Wednesday 18th June
<https://www.trybooking.com/DBFKV>

ZEEHAN

9:30am–2:30pm Thursday 26th June
<https://www.trybooking.com/DBFBR>

SHEFFIELD

9:30am–2:30pm Thursday 31 July
<https://www.trybooking.com/DBFKC>



What did we learn from the Senate inquiry on menopause?



Patricia Correll @Author_PCorrell · 3d

The whole purpose of the postmenopausal female is to lead a rebellion against a lingering empire.



468 9.5K 49K 828K

In late 2023 the Senate initiated an inquiry into 'Issues related to menopause and perimenopause'. The Australian Parliament paying attention to an oft-ignored and heavily stigmatised women's health issue? That's a win!

Of course, a parliamentary inquiry is only as good as the recommendations contained in its final report, and those recommendations are only as good as the Government's willingness to implement them.

Released in late 2024, the inquiry's final report contains 25 recommendations, 16 of which the Government has agreed to support, and 9 of which it has 'noted'. This might sound paltry, but in fairness many of the noted recommendations are already underway via mechanisms contained within the National Women's Health Strategy 2020–2030.

We've summarised the intent of the recommendations under five broad categories: read on!

Research

The report emphasises the dearth of information and support on menopause and perimenopause available to Australian women, and the lack of research into their whole-of-life impacts. In response, it recommends the development of a comprehensive Australian evidence base on the impacts of menopause and perimenopause, including for marginalised population groups. It also recommends targeted research into the economic impacts of menopause – including workforce participation and income – and the introduction of mechanisms to address the data gap on use of MHT (menopause hormonal therapy).

Awareness

The low level of awareness and understanding of menopause in the Australian community, including the medical community, was a major theme of the inquiry. The report recommends launching a national menopause and perimenopause awareness campaign that combines medical expertise with lived experience. It also recommends introducing content on menopause into health and physical education domains of the Australian school curriculum.

Workplace responses

The report dedicates a chapter to the substantial impacts of menopause on work and career – including career prospects and professional confidence – and the challenges of navigating workplace expectations and stigma. It makes recommendations directed at improving workplace responses to menopause and perimenopause, including ensuring women have access to flexible working arrangements; encouraging workplaces to develop menopause policies; and the inclusion of paid reproductive leave in the National Employment Standards and awards.

Health workforce capacity-building

The report acknowledges significant barriers to the diagnosis and treatment of menopause and perimenopause in Australia and identifies a shortage of informed healthcare practitioners as key to the issue. In response, it includes a raft of recommendations aimed at health workforce capacity-building, including adding menopause to course content and assessments for trainee doctors, nurses and physiotherapists; further education on menopause for all public health physicians; expanding professional development incentives for menopause training; expanding the scope of practice of nurse practitioners in rural and regional areas; and improved guidance for health professionals treating mental health symptoms associated with menopause.

The report recommends launching a national menopause and perimenopause awareness campaign that combines medical expertise with lived experience.

Health system problem-solving

The report also identifies issues and pressures points in the broader health system that act as hurdles to the provision of high quality, accessible menopause care. To address these, it recommends reviewing the adequacy of Medicare Benefits Schedule items relevant to menopause and perimenopause consultations; addressing the shortage and affordability of Menopausal Hormone Therapy in the Australian market; monitoring the advertisement of alternative menopause treatments; ensuring federal and state governments collaborate to enable multidisciplinary and best practice menopause care; and the development of a strategic approach to Australian menopause and perimenopause care through a National Menopause Action Plan.

To find out more about the 'Issues related to menopause and perimenopause' report and its recommendations, visit: https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Menopause/Report



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Will menopause affect my sex life?

If your sex life is fulfilling before menopause, chances are it will stay that way after. However, hormonal changes during menopause can impact some women's sexual wellbeing. That said, sexual health is complex — it's influenced by many physical, emotional, and relationship factors, not just hormones.

Changes to your sex life is a really common experience during menopause. Doctors hear it a lot but they may not ask you about it. It might be up to you to raise it.

Possible changes to your sex life during menopause

Some women notice:

- Lower interest in sex (low libido)
- Difficulty becoming aroused
- Trouble reaching orgasm
- Discomfort or pain during sex due to vaginal dryness or pelvic floor issues

Before assuming hormones are the only cause, consider other possible influences like:

- Stress from work, family, or caregiving
- Lack of quality time with your partner
- Your partner going through their own changes
- Medications (like antidepressants) that affect libido
- Medical conditions or past gynecological surgeries

It's important to take a full-body, whole-life view when it comes to your sexual health. If you're having issues, talking to your doctor or a counsellor can help uncover what's really going on and how to treat it.

Vaginal dryness and discomfort

Lower oestrogen levels can cause vaginal dryness, making sex uncomfortable or even painful — especially for women treated for breast cancer with aromatase inhibitors.

This can be treated! Your options include:

- Vaginal oestrogen therapy (safe for most women)
- Non-hormonal vaginal moisturisers
- Lubricants during sex

Testosterone and sexual function in women

Women naturally produce testosterone, though at much lower levels than men. These levels decline gradually with age, especially after surgical or chemotherapy-induced menopause.

Testosterone is thought to play a role in:

- Sexual desire and function
- Bone and muscle strength
- Overall wellbeing

Some studies show that **testosterone therapy (specifically designed for women)** may improve sexual function. However, it's not recommended for women with a history of breast cancer, as its safety in that group is unclear.

Hormone therapy and sex

- **Estrogen tablets** may reduce the amount of active testosterone in your body, possibly affecting your sex drive. In some cases, switching to an oestrogen gel or patch can help improve this balance.
- **DHEA (Dehydroepiandrosterone)** is a hormone that converts into estrogen and testosterone in the body. Although it's been marketed for sexual health and anti-aging, research hasn't found strong evidence for these claims — except in treating vaginal dryness. A **DHEA vaginal product** is approved in the U.S. but is not yet available in Australia or New Zealand.

The **Australasian Menopause Society** does not recommend using other DHEA supplements for menopausal symptoms.

Key takeaways:

- If your sex life is good before menopause, it's likely to remain good after.
- Sexual wellbeing is influenced by many personal, emotional, and physical factors — not just hormones.
- Vaginal dryness can be treated with moisturisers, lubricants, or vaginal oestrogen.
- Hormone therapies, including estrogen or testosterone, may help — but only use testosterone products formulated for women.
- Talk to your doctor, a counsellor, or a pelvic health physiotherapist if you're experiencing issues or pain.

Want more info?

If you're concerned about changes in your sex life, speak with your doctor. They can guide you through treatment options and help you understand what's happening in your body.

Helpful resources:

- www.menopause.org.au



BOOK REVIEW

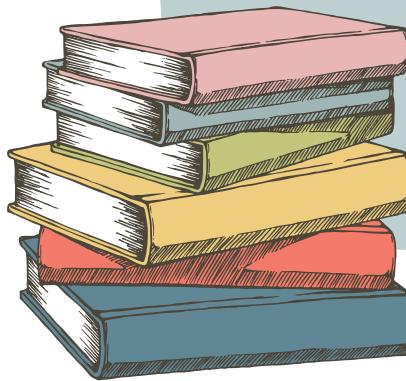
Menopause and transformation in *Fried Green Tomatoes at the Whistle Stop Cafe* by Fannie Flagg

Fannie Flagg's *Fried Green Tomatoes at the Whistle Stop Cafe* is an oldie (published in 1987) but a goodie! We've revisited it to consider how its portrayal of menopause looks through 2025 eyes.

The novel moves back and forth between the 'current day' and the years of the Great Depression in the American state of Alabama. The story of Idgie and Ruth, the owners of the Whistle Stop Café, is told by an older woman, Ninny Threadgoode. Ninny lives in a residential aged care home in the current day, and her audience is Evelyn Couch, a woman in her late 40s who regularly visits her mother-in-law at the home.

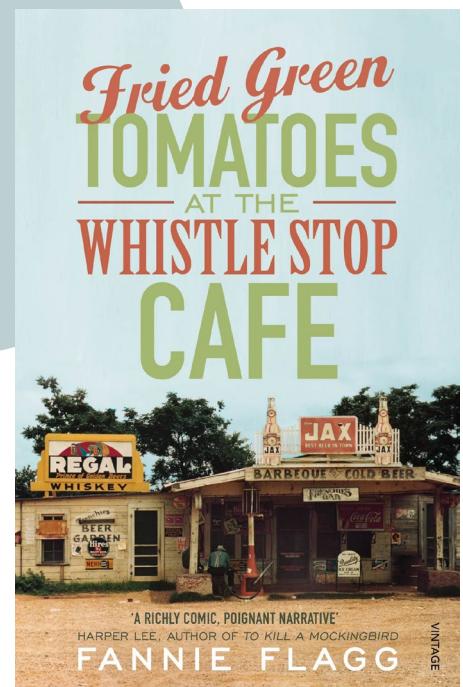
The remembered stories of a young couple navigating hijinks, family, violence, compassion, racism and poverty initially seems the heart of the book. However, as we learn more about Evelyn and her growing friendship with Ninny, it becomes clear that Evelyn's story of transformation is as central to this novel as are the adventures of Idgie and Ruth.

Evelyn confides in Ninny with great vulnerability and honesty just how lost and unhappy she is. Evelyn sees no place for herself in the world now that she is "too old to be young, and too young to be old". On hearing about Evelyn's weight gain, depressed mood, and lack of purpose Ninny asks are your breasts sore? Does your back and legs ache? When Evelyn answers yes, Ninny suggests she's 'just going through a bad case of menopause' (perimenopause was not a term used in the 1980s). She shares her own stories of menopause, normalising this experience for Evelyn, and offers suggestions of things that may help Evelyn feel better. Evelyn starts to consider that her life is not over and that maybe there are things she wants to change and do. She starts to find hope.



Hearing Ninny's stories about Whistle Stop – a town filled with strong, independent women – also gives Evelyn a new perspective on life. These exchanges and stories become the catalyst for her transformation. The depictions of Whistle Stop inspire Evelyn's visualisations that help bring herself back to calm in the 'long endless black nights, awake sweating with fear'. The ways that Idgie defied gender norms and expectations inspires Evelyn to reflect on the roles she has fulfilled without question (Wife, Mother, Daughter-in-Law), and to reclaim her own power. She sheds societal expectations, takes control of her health, and reinvents herself as "Towanda The Avenger," an alter ego embodying strength and fearlessness. In her imagination, 'Towanda went to Rome and kicked the Pope off the throne and put a nun there, with the priests cooking and cleaning for her, for a change'.

The novel does not shy away from Evelyn's frustrations – she fantasizes about smashing things in grocery stores, wrestles with anger she cannot fully articulate, and gleefully rams a young woman's car (don't recommend). The story challenges the idea that older women should fade into the background and illustrates that menopause can be a bridge to a stronger, freer self rather than a slow retreat into old age.



Many stories we hear about menopause are negative – your life is over, you're no longer valuable, you're invisible. Or they carry an urgency that you must attempt to turn back the clock, resist ageing and change. *Fried Green Tomatoes* offers a refreshing take with healthy doses of humour and empathy – talk about peri-menopausal experiences with other people who get it, find the supports you need to manage symptoms, review your life and tune into your own voice again (or maybe for the first time) to identify what YOU now want and need.

Fried Green Tomatoes at the Whistle Stop Cafe acknowledges what can be physically and emotionally difficult about menopause, while also depicting this time as a gateway to self-discovery and newfound joy. Through Evelyn Couch's experience, the author offers a relatable narrative. Rather than a period of decline, menopause is reclaimed as an opportunity for radical self-acceptance full of unexpected possibilities.

Many stories we hear about menopause are negative – your life is over, you're no longer valuable, you're invisible. Or they carry an urgency that you must attempt to turn back the clock, resist ageing and change. *Fried Green Tomatoes* offers a refreshing take with healthy doses of humour and empathy ...

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ONLINE CLASS

New class every Tuesday

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ONLINE CLASS

New class every Wednesday

Weights with Maree



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Tuesdays 10:30am–11:30am

Thursdays 10:00am–11:00am

Meditation

with Jean (Tuesdays)
and Valerie (Thursdays)



AT WHT CENTRE

Wednesdays 9:30am–11:00am

Yoga with Jen

To book a place call: 6231 3212



AT WHT CENTRE

Wednesdays 10:30am–12:30pm

Walking Group with BJ

To book a lift to the start
of the walk call: 6231 3212
Calendar of walks available at
womenshealthtas.org.au



ONLINE CLASS

New class every Thursday

Meditation

with Valerie



AT WHT CENTRE

Wednesdays 10:30am–12:00pm

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AT WHT CENTRE

Mondays 11:00am–12:00pm

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with Jane





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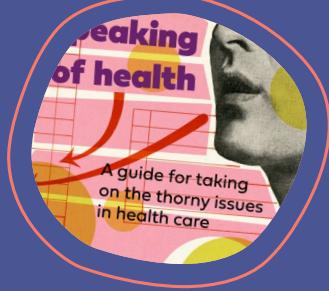
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