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# PERSPECTIVE

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## MENOPAUSE IN THE BRAZILIAN WORKPLACE: A RESEARCH AGENDA FOR SCHOLARS OF MANAGEMENT AND ORGANIZATION STUDIES

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Menopause is the time in a woman's life when she stops menstruating for good. In clinical terms, this reproductive life stage happens 12 months after the date of her last period, so it actually lasts just 24 hours. In everyday conversation, however, we use menopause to refer to perimenopause (the stage when menopausal symptoms begin, which can be several years before menopause), menopause itself, and post-menopause (when symptoms often continue). There are 34 commonly identified symptoms of menopause, some of which are physical (e.g., heavy and/ or erratic periods, hot flushes and night sweats, fatigue, insomnia, and vaginal dryness), and some psychological (e.g., anxiety and depression, memory problems, loss of confidence and difficulties with concentration and focus). Menopause is also unique to the woman who experiences it, although estimates suggest that 75% will have some combination of symptoms, and 25% will find these symptoms debilitating. This is the case in both Latin America and the Global North. Indeed, Blümel et al. (2012) found that nearly 13% of their younger respondents (under 45) had perimenopausal symptoms which 'severely compromised quality of life', peaking amongst those who were four years post-menopause, with 31.6% reporting the same problem (p. 549).

Although the gradual decline with aging of hormones, like estrogen, progesterone, and testosterone, is the basis of natural menopause, some women have sudden onset menopause due to surgery, such as a full hysterectomy, which also removes the ovaries, or medication such as Tamoxifen for breast cancer. Equally – at least if we consult data from the Global North – symptoms usually start to occur in a woman's mid-to-late 40s, and menopause is reached at 51. Even so, about 1% of women go through early menopause (before the age of 45), or premature menopause (before the age of 40).

English language research into menopause in the Brazilian and wider Latin American context, however, suggests some compelling differences as well as some similarities between

women in this part of the world and those in the Global North. In terms of differences, women in Latin America reach menopause between one and three years earlier on average (see, for example, Silva & Tanaka, 2013; Vélez, Alvarado, Lord, & Zunzunegui (2010). Equally, 70% of Blümel et al.'s (2012) respondents experienced menopausal symptoms before the age of 45, and also before having any menstrual irregularity. The equivalent average in the Global North is 48 for symptom onset. Researchers have also found that Brazilian women report more symptoms than those in Europe or Asia, and that these symptoms are 'atypical', which is perhaps better expressed as varying from those reported as most common in the Global North. These include psychological symptoms, like irritability, depression, and anxiety, and physical symptoms, like muscle and joint pain, and exhaustion (Silva & Tanaka, 2013).

There is a strong theme in this research, which is that all of this is associated with 'the sociodemographic, economic and cultural context in which these women live' (Silva & Tanaka, 2013, p. 68). The correlative contextual factors that recur throughout the literature include lower education and lower socioeconomic status, as well as geographical variables, like higher altitude and temperature, all of which are likely to exacerbate symptoms (e.g., Barazzetti et al., 2016; Blümel et al., 2011, 2012; Chedraui et al., 2008; Núñez-Pizarro et al., 2017; Vélez et al., 2010). These findings speak of the importance of adopting a bio-psychocultural approach to menopause, which 'does not deny the physiological basis of menopause in fluctuating levels of hormones ... but argues for psychological factors as well as macro-level cultural factors in influencing a woman's symptoms' (Atkinson, Beck et al., 2021, p. 51).

Evidence also suggests that there is a lack of knowledge about menopause among Brazilian women, especially among those of lower socioeconomic status, and with lower levels of education (Amaral et al., 2018, 2019). Brazilian psychologist, Samara Irumé, in conversation with Heather Hirsch (2021), suggests that many of her peers assume they cannot be menopausal if they do not have hot flushes: usually the most commonly reported symptom in the Global North. Irumé also emphasizes that Brazil is 'like two countries' in the sense that women who are able to afford private healthcare will typically receive the best treatment for their menopausal symptoms. On the other hand, those who rely on the public health service, which has been subject to the Spending Ceiling Amendment (95/2016) for six years now under the austere fiscal regime introduced by Michel Temer's government and continued by Jair Bolsonaro, may get a much more variable service. Irumé cites statistics, for example, that suggest that 70% of menopausal women visiting a doctor in Brazil will be prescribed anti-depressants as opposed to hormone replacement therapy (HRT). Indeed, studies that calculated the numbers of menopausal women in Brazil who are taking HRT include the one by Pacello, Baccaro, Pedro, & Costa-Paiva (2018). Their analysis, which is based on the same data set as the one used by Amaral et al. (2018, 2019), suggests that 19.5% of the survey respondents either had taken HRT in the past, or were currently taking it, especially if they had experienced work disruption due to hot flushes and night sweats. According to Blümel et al.'s (2011) much larger survey, 14.7% were using HRT.

Blümel et al. (2012) have suggested elsewhere that especially low rates of HRT use are found amongst Brazilian women of lower socioeconomic status. Danckers, Blümel, Witis, Vallejo, Tserotas, Sánchez, Chedraui (2010), research focused on gynecologists in the region and found they were

much less likely to prescribe HRT for their patients than they were to take it themselves, or support their partner taking it. Interestingly – although again sadly – evidence from the UK indicates similar patterns, with Hillman, Shantikumar, Todkill and Dale (2020) finding that women living in the most deprived communities were 18% less likely to be prescribed HRT than those in the most well-off areas, once clinical risk factors had been adjusted for. Hillman et al. also remark that women in the most deprived communities stand a much greater chance of being prescribed oral HRT as opposed to skin patches. Pills are more powerful, but patches are safer. Moreover, my best estimates suggest that only around 8.2% of women in the normal age range for menopause symptoms in England are currently being prescribed HRT (Office for National Statistics, 2021; OpenPrescribing, 2021).

Although it is present as a demographic variable in a lot of research, I have only been able to locate one English language study from Brazil which addresses work more substantively, the findings of which are published in Giron, Fônsêca, Berardinelli and Penna (2012) and Fonsêca, Giron, Berardinelli and Penna (2014). Their qualitative interviews with a small sample of nurses suggest that menopause transition can be especially difficult given the already ‘exhausting workloads and a physically and psychologically strenuous routine’ (Giron et al., 2012, p. 746). In Fonsêca et al. (2014), we see data extracts like the following, which throws more light on these challenges:

I think [menopause] influences everything. Even in the relation[ship] with the patient, in the relation[ship] with the team, I am very excited, very anxious and during this period I become twice or more so than what I already am. And sometimes I don’t even have time to stop, to provide assistance to my team. So, it is a day that you think you are going to do things and you get more tired and you don’t do it. Because you want to see everything at the same time and you can’t see anything concerning quality (Esmeralda).

I went back to therapy precisely because of that, so that I would not interfere [in] my own relations[hips]. Because with my patients I had no problem. I had to work all of this out [so] not to cause any embarrassment with my colleagues (Água-Marinha). (pp. 217-218)

There are some intriguing themes here around the problems that menopause might create for Brazilian women at work. This study, however, focuses on quality of life for these women overall, and as such, work is not a central focus. The number of respondents is also low, even for a qualitative project.

Overall, the data suggest a mixed pattern in terms of gender in the employment context in Brazil. For example, the country has a gender pay gap of 23% (Prusa & Picanço, 2019), having tightened up its gender pay equality legislation in 2017 to bring in requirements around reporting, and punitive measures for non-compliance. Women in Brazil, as in many other nations across the world, are also more likely to work in various forms of service jobs, which are often low status and poorly paid, like education, health, social services, sales and repairs, and domestic service. Some 47% of women work in the country’s informal sector (Silva, 2019), meaning that they lack job security and employment rights. On the other hand, women make up 39% of the managers in the public and private sectors, and are the most highly educated group in

the country (Silva, 2019). Equally, and significantly for my purposes here, statistics from the second quarter of 2021 suggest that 38% of women in Brazil aged between 50 and 64 are in employment, and this figure has remained relatively steady since early 2018 (Instituto Brasileiro de Geografia e Estatística, 2021). This of course is also the group of women who are most likely to be experiencing menopausal symptoms.

What we can extrapolate, then, is that many Brazilian women face challenging employment circumstances, and are more likely than not to work in lower status and poorly remunerated jobs, often in the informal sector, which are predicated on providing services for others. As I have suggested above, lower socioeconomic status has been reported as a risk factor in terms of menopausal symptoms in Brazil. Equally, findings from elsewhere in the world indicate that visible symptoms, like menstrual flooding, hot flushes, forgetfulness, or irritability create particular difficulties at work when one is regularly interacting with others (Atkinson, Carmichael et al., 2021; Butler, 2020; Jack, Riach, & Bariola, 2019; Kittell, Mansfield, & Voda, 1998; Kronenberg, 1990), as is always the case in service occupations. We also know that workplaces can make symptoms worse, especially around high temperatures, humidity, a dry environment, a lack of ventilation, noise, a lack of access to cold drinking water, heavy, restrictive and/or synthetic uniforms or required workwear, and poor toilet facilities, coupled with work that is physically demanding (Griffiths, Cox, Griffiths, & Wong, 2006; High & Marcellino, 1994; Jack et al., 2014; Kopenhager & Guidozzi, 2015; Putnam & Bochantin, 2009). For women working in the informal sector, these issues are especially likely to be problematic because of the absence of employment protection in this context.

Given the importance of the bio-psychocultural approach, and the findings I have reviewed, which suggest several specificities around Brazilian women's experiences of menopause and their employment situation, the time seems ripe for scholars of management and organization studies to engage in more in-depth scholarship to investigate the relationship between menopause and employment in this context. Such research could, for example, explore:

- The symptoms which Brazilian women report as most detrimental at work, and whether there are specific aspects of workplaces that make these symptoms harder to manage.
- Whether these experiences vary according to occupation, geographical location, if they work in the formal or informal sector, age, whether they identify as having a disability, their level of autonomy at work, and their ethnicity.
- Their experiences of sharing any menopause-related difficulties at work, and what kind of response they received, or their reasons for non-disclosure.
- The extent to which menopause has occasioned changes in their working lives: e.g., leaving work altogether, reducing their hours, changing occupation, etc.

- What kind of support they feel would be beneficial at work to ameliorate any challenges caused by menopause.
- Whether trade union membership is a mitigating factor in these experiences.
- Their coping strategies around menopause symptoms at work.

In conclusion, the Anglophone literature base dealing with menopause in the workplace is fairly small to date, and certainly much smaller than the literature on menopause *per se*. Anglophone research from the Global South is also very limited. Management and organization studies scholars in Brazil, therefore, have a genuine opportunity to shed light on a phenomenon that is under-researched in general, and that can create a number of difficulties for working women in mid-life.

## NOTE

I use woman, women, she and her as placeholders where appropriate in this article, but it is important to remember that some transgender men and other people who identify as gender diverse will also experience the menopause.

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## AUTHOR'S CONTRIBUTION

Jo Brewis worked on the conceptualization and theoretical-methodological approach, theoretical review, writing and final revision of the manuscript.