Unpacking the mental load

How to know if you’re doing too much – and how to stop
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VOLUME 2 2019

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Writers:
Jess Gleeson
Sally Popplestone
Jill Stark
Cover illustration:
Luci Everett

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Our Commitment
Jean Hailes is committed to bringing you the most recent evidence-based information. All articles go through rigorous review with experts. References are available upon request.
Welcome!

Welcome to our new section, in which we talk to influential women making a positive difference to the lives of women and girls. We’re launching with Natasha Stott Despoja AO. Ms Stott Despoja has long been a leader in advocating for gender equality. In 1995, at 26, she was appointed to the Senate and was the youngest woman to sit in the Parliament of Australia.

**DL:** What attracted you to take up your position as founding Chair of Our Watch?

**NSD:** Chairing Our Watch — the national organisation to prevent violence against women and their children — has been one of the great privileges of my life. However, it means every day I am confronted by one of the most heinous manifestations of gender inequality, which is violence against women and children. Our focus is primary prevention: stopping the violence before it starts.

While every victim or survivor has a right to support – and every perpetrator must be held accountable – primary prevention has a different focus. Primary prevention aims to get us to a point where there are no more victims or perpetrators, because there is no more violence. This prevention work happens not only in court rooms or women’s services – as crucial as these are – but through all the ‘settings’, or spaces, where people live, study, work and spend their leisure hours. Essentially, everywhere we live, learn, love work or play!

**DL:** What would real gender equality look like in Australia? Are we seeing any improvements in the lives of women and girls here?

**NSD:** The lack of women in powerful institutions in Australia is symbolic, but it also has a substantial impact on the precedence we give matters such as diversity and gender equality. There is no doubt that Australian women lag behind Australian men in so many areas, including when it comes to wage parity, representation, business and industry power, the highest levels of academia, and of course, the area about which I am most passionate, being safe from violence.

It is undeniable that on, a range of fronts, Australian women fare worse than Australian men. Women are paid less for the same work, women are more likely to engage in part-time and casual work, carry the primary responsibility for care-giving, for both children and parents, and retire with less superannuation. We ‘can’t be what we can’t see’, so I’m disturbed by the lack of parity when it comes to representation in our nation’s decision-making institutions.

Continued on page 22
Indigenous girls reach for the Stars

Established in 2015, the Stars Foundation provides evidence-based support programs to Aboriginal and Torres Strait Islander schoolgirls throughout the Northern Territory, Queensland and Victoria.

“Evidence shows that these young women face significant challenges as a result of a range of complex factors, including dispossession, racism, and the impact of intergenerational trauma. They are more likely to experience poorer health and education outcomes than non-indigenous young women,” says Stars founder and CEO, Andrea Goddard.

The Stars program focuses on four pillars of personal development: healthy lifestyles; wellbeing; community, culture and leadership; and education, training and employment.

In 2018, 97% of senior Stars students completed Year 12, and at the end of 2018, over 90% of 2016-17 graduates remained in jobs or further education.

CEO of Jean Hailes for Women’s Health, David Lloyd, says Jean Hailes is “delighted to work with the Stars Foundation in providing ongoing support and education to young women at a time in their lives when it can make a real difference to their future health.”

“Jean Hailes will work with the Stars Foundation mentors in schools by providing support and resources to help engage and educate young women on their health and wellbeing,” he says.

For more information, visit www.starsfoundation.org.au

Women’s Health Week

Sustaining good health

Women’s Health Week (2-6 September 2019) is a week for every woman in Australia to put her health and wellbeing first. This can be in the form of an event, or taking part in our free daily online videos, stories, podcasts and more.

We’re also making sure that we’re looking after the health of the planet. With around 80,000 gift bags to be distributed at WHW events all over the country this September, Jean Hailes is putting sustainability first, with a new gift bag made 100% from plastic bottles. “The new-look bag features a beautiful illustration inspired by the Australian landscape. It can be used well after the week is over and, in the end, recycled,” says WHW campaign manager Brenda Jones.

Another ‘green’ initiative of this year’s campaign will be in every WHW gift bag – a seedstick bookmark. Featuring a design by the girls of Tennant Creek High School in the Northern Territory, the bookmark has detachable recycled paper sticks embedded with basil seeds that can be planted to grow your own health-giving crop (which you can use in our new salad recipe on page 7).

“With our bookmarks we are encouraging women to ‘plant the seeds for good health’ metaphorically and literally, while helping green the planet,” says Ms Jones.

Find out more about how you can take part in an event, or sign up to receive free daily content during WHW, at womenshealthweek.com.au

Sign up at womenshealthweek.com.au
HEALTH PROFESSIONAL UPDATE

Heavy menstrual bleeding tool
A new tool is now available to guide health professionals in treating the one in four women in Australia who suffer from heavy menstrual bleeding (HMB).

The evidence-based tool is a translation of the ‘Australian Commission on Safety and Quality in Health Care – clinical care standard HMB – 2017’, and is based on the latest research and clinical expertise.

The tool is available online as a PDF, or in an easy-to-order hard-copy format. It can act as a quick reference to guide initial diagnosis of HMB and ongoing management. The tool will help health professionals to tailor the treatment of this complex health condition to their patients’ individual needs.

To download a PDF copy, visit www.jh.today/tool7, or order hard copies at www.jh.today/resource-order

BOOK REVIEW

Physical Intelligence
By Clare Dale and Patricia Peyton
Simon & Schuster, 2019

Chemicals in our body – hormones and neurotransmitters – dictate how we think, feel, speak and behave. By understanding how these chemicals work, we can influence their effects with the strategic use of our minds and bodies.

This is the foundation of Physical Intelligence, a practical guide book for understanding and harnessing the body’s physiology to improve performance.

The way our bodies react in any given situation determines our ability to think clearly and manage our emotions. When we understand the way our bodies react and how to manage them, we can handle that stressful family situation, the make-or-break meeting and the important business presentation.

The authors – British dancer and choreographer and leadership trainer, Claire Dale, and Fortune 100 and FTSE 1000 leadership coach, Patricia Peyton – provide breath, thought, movement and conversational techniques to enable the development of the four areas of physical intelligence: strength, flexibility, resilience and endurance.

Underpinned by neuroscience, the book contains step-by-step information, mental and physical exercises, life hacks (tips), and inspiring stories of people who have turned their lives around through physical intelligence.

View stockists at simonandschuster.com.au
Wholegrain heroes

Don’t go against the grains. Research shows they’re disease fighters that deserve a place on your plate.

By Jess Gleeson

Look in a lifestyle magazine, browse the health blogs, scan the ‘must-avoid’ foods from the latest fad diet, and grains are suddenly the bad guys. Grains are getting the blame for many of our modern-day health issues and rising obesity levels.

But away from the hype and the headlines sits a body of evidence that’s built on long-term, high-quality research and backed by leading international authorities. This evidence shows that whole grains are not dietary devils, but disease-fighting heroes worthy of a place on our plates.

Explain the grain

Grains, also known as cereals, are basically the seeds of grasses, says Jean Hailes naturopath Sandra Villella. And the key to their protective powers lies in the ‘whole’.

A whole grain is a grain that has all of its original parts still present, including the bran (the outer protective layer) and the germ (the seed’s reproductive part), says Ms Villella.

Rich in fibre and a source of B vitamins and other micronutrients, it’s the bran and germ that prime us with protective benefits. However, these are lost in the refining process.

“Turning brown rice into white rice, or wheat kernels into white flour, turns the grain into a refined carbohydrate and strips it of its disease-fighting power,” says Ms Villella. “It’s white-out and miss out.”

Commonly eaten whole grains include oats, brown rice, black rice, barley, millet and corn, as well as wholemeal and wholegrain breads, pastas and crackers.

Quinoa and buckwheat, while not technically the seeds of grasses, are often still classed as whole grains and – along with rice, millet and corn – are also gluten-free.

What are the benefits?

Accredited Practising Dietitian Kim Menzies says whole grains provide a whole range of nutrients that “make them power-packed sources of nourishment for good health.”

The research illustrating their many benefits delves deep, covering issues such as heart disease, type 2 diabetes and cancer.

And it’s research with a backbone – long-term studies, with large numbers of participants; high-quality findings, unswayed by food-fashion agendas.

“Turning brown rice into white rice, or wheat kernels into white flour ... strips [the grain] of its disease-fighting power.”

The research

A decade-long study from Harvard University showed that women who ate 2-3 servings of whole grains a day had a 30% reduced risk of heart attack or death from heart disease, compared to those eating 1 serving per week.

The findings from seven major studies taken together showed heart disease was 21% less likely in people who ate 2.5+ servings of whole grains a day, compared with those who ate less than 2 servings a week.

A study of 72,000 postmenopausal women found that the higher the intake of whole grains, the lower the risk of type 2 diabetes (a 43% reduced risk for those who ate 2+ servings daily).
A review of four large studies showed that whole grains are protective against bowel cancer. Such are their health-packed powers that an international authority on cancer prevention, the World Cancer Research Fund, advises people to “make whole grains, vegetables, fruit and pulses (legumes) such as beans and lentils a major part of your usual daily diet”.

**Slow and steady**

The fibre and extra nutrients present in whole grains have a slowing and steadying effect on blood sugar and energy levels – helpful in maintaining a healthy weight.

Ms Villella says whole grains also do a wonderful job of feeding our gut bacteria and improving gut health – so why not make a few easy swaps in your diet?

“Swapping refined grains for wholegrains improves several important factors when it comes to digestive health,” she says.

That could be as simple as choosing whole grain bread over white bread and brown or black rice over white rice.

“There’s a whole host of reasons why we should be including more whole grains in our diets,” says Ms Villella.

Boost your whole grain quota this week with Ms Villella’s delicious black rice, basil and pine nut salad (at right). JG

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**Recipe**

Black rice, basil & pine nut salad

By Sandra Villella

Jean Hailes naturopath

Serves 4 as a meal, 6 as a side dish

Prep & cooking time: 45 mins

**Ingredients**

- 1 cup black rice
- 1 corn cob
- 1 head broccoli, cut into florets
- 2-4 garlic cloves (to taste), gently squashed with back of knife and halved
- Salt
- Juice of ½-1 lemon
- Extra virgin olive oil
- 1 bunch fresh basil, washed (leaves only)
- 2-4 tbsp pine nuts, to taste

**Method**

Cook rice according to packet. I used the absorption method, which takes about 40 minutes. Once cooked, let rice sit, with lid on, for a further 5 minutes.

Meanwhile, steam corn for 10 minutes and broccoli for 5. Place broccoli in a bowl, add half the garlic, a pinch of salt, a good squeeze of lemon, a generous pour of olive oil, toss gently. Set aside.

Finely chop basil leaves, place in a large bowl. Add pine nuts and remaining garlic. Carve corn kernels off cob with sharp knife, add to bowl.

Add cooked rice to the bowl, stir to combine. Add broccoli. Finish with lemon juice. Serve warm.

**Nutritional information**

Whole grains are excellent sources of dietary fibre, which not only keeps the bowels healthy, but provides a great food source for the gut microbiota. Black rice is rich in the antioxidant group called polyphenols, which help nourish and restore the microbiota.

Whole grains are also associated with a lower risk of cardiovascular disease, which is why they’re one of the key elements of the Mediterranean diet, considered one of the healthiest diets. Herbs, including basil, are also in the Mediterranean diet. The essential oils in aromatic herbs such as basil not only give food a fragrant taste, but aid digestion by calming the muscular action of the gut.

This flavoursome salad can be served as a meal on its own; the pine nuts combine with the grains to make a great serve of protein, and there’s two serves of vegetables including green leafy vegetables (basil).

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Find the recipe online at www.jh.today/recipes61
Buying time

For hopeful mums-to-be, egg freezing is seen as a way to draw a line in the sands of time. We ask the experts for their opinions.

By Jill Stark
The ticking of the biological clock is an all-too familiar fact of life for many women. For those who want to start a family but haven’t yet met the right partner, it can be a source of stress.

Egg freezing is often marketed as a convenient way to defy the march of time and ease the worry of dwindling fertility.

But what does it actually involve? Is it right for you? And does it really provide a safety net?

“It’s not a guarantee,” says Associate Professor Kate Stern, a fertility doctor from the Royal Women’s Hospital and Melbourne IVF.

“Egg freezing can be a good option for some women, but the most important thing to remember is that, at most, this is going to give you a small additional opportunity in the future.”

Prof Stern says women need to think about their “life plan”, rather than rely on egg freezing.

“Particularly for older women, it might be better to just think about trying to have a baby now,” she says.

**What is egg freezing?**

Human oocyte cryopreservation – egg freezing – was originally designed as a fertility safeguard for cancer patients undergoing chemotherapy. However, advances in technology have increasingly led to it being offered as a way to buy women some time and reduce the risk of ‘social infertility’.

By freezing eggs at a younger age, when they are better quality, women can retrieve them later in life when they are ready to start a family.

The advent in recent years of flash-freezing technology, called vitrification, has vastly improved the efficacy of the process. Up to 90% of eggs now survive the thawing process – up from around 20% when freezing was first developed – meaning the chance of producing a viable pregnancy is similar to that for fresh eggs.

**When is the time right?**

Age plays a significant role in the success rate of egg freezing. Prof Stern says that for women under the age of 38, for every 15 to 20 eggs they freeze, there is still only a 50% chance of having a baby. Above that age, the chance of pregnancy drops significantly, as older women produce fewer eggs and the egg quality diminishes.

“Ideally, the best time to freeze eggs is between the ages of 26 and 33. But it is a very expensive process, which makes it difficult for a lot of women to access, and there is no guarantee of how many eggs you might retrieve”, Prof Stern says.

Increased competition in the fertility market means prices vary, but one cycle of egg freezing can cost up to $8000, and it only attracts a Medicare rebate in some cases of medical infertility.

**How is it done?**

The process of egg freezing begins with ovarian reserve and function tests. These will determine the number and quality of eggs likely to be produced during a cycle.

Patients then give themselves hormone stimulation injections for two weeks before eggs are retrieved. Retrieval is done during a 15-minute ultrasound-
Dr Karin Hammarberg, fertility expert and author of *IVF for Dummies*, says the marketing around egg freezing was often “quite deceptive” and the procedure should not be sold as an insurance policy.

“It’s actually more like a lottery that may or may not pay out,” says Dr Hammarberg.

“For older women it doesn’t really increase their chances of having a baby and for younger women they often never end up using the eggs because they will end up conceiving spontaneously.”

Dr Hammarberg urges women to do their homework before freezing eggs, particularly around the financial implications, with some clinics now promising budget packages.

“There might be a low cost quoted, but you have to ask, does that include the hospital admission, the anaesthetist’s costs, the fertility drugs or the cost of storage?,” she says.

“Whatever cost is advertised, there are other costs that women need to consider.”

ONE WOMAN’S STORY

*Miranda made the decision to freeze her eggs just before her 38th birthday.*

Miranda spent two years considering whether to freeze her eggs.

“I was single and I always knew I wanted to be a mother,” she says.

“I thought I would have that typical family situation – meet someone, get married, have kids – and that hasn’t happened.”

Miranda says the main barrier to freezing her eggs was the cost, “particularly as I thought I’d have to have multiple cycles because of my age.”

“But a friend said, ‘It sounds like it comes down to what the value of having a child is to you.’ It was the first time that I realised, that’s what it comes down to – how much am I willing to spend if I really want a child?”

Eighteen months ago, Miranda went ahead with an egg retrieval process. It cost almost $8000 and resulted in 13 eggs.

“Ultimately I went ahead because I’ve always wanted to be a mother,” she says.

“I still hope to meet someone and do things the traditional way, but egg freezing gives me an extra option.

“I know there’s no guarantee that any of those eggs will be good quality or will result in a baby. I guess it just gives me a little bit of breathing space in terms of deciding what’s next.”

*Not her real name. JS*
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womenshealthweek.com.au
#WomensHealthWeek
It’s very common. One in three women who have had a baby, and up to 10% of women who haven’t, have urinary (bladder) incontinence.

In fact, women make up 80% of people who report incontinence, and more than half are aged 50 or younger. Incontinence is the unwanted and involuntary leakage of urine, faeces or wind. It affects at least four million women in Australia and can have a significant impact on quality of life, as well as physical and mental health.

Various health conditions and life events can put women at an increased risk of either urinary or faecal incontinence. Yet incontinence is treatable, preventable and even curable.

“Doing daily pelvic floor exercises, eating a healthy diet and practising good toilet habits can keep incontinence at bay,” says Jean Hailes pelvic floor physiotherapist Janetta Webb.

Jean Hailes physiotherapist Amy Steventon agrees. “Educating women about the importance of pelvic floor muscle exercises – and how to do them – is crucial in preventing and treating incontinence,” says Ms Steventon.

Pelvic floor muscle training
The International Continence Society recommends that pelvic floor muscle training be the first treatment offered to women with stress, urge or mixed urinary incontinence. Like other muscles in the body, the pelvic floor muscles – the ‘sling’ of muscles that supports the bladder, bowel and uterus – can be strengthened by exercise.

A 2018 report in the Cochrane Review showed that women with incontinence who did pelvic floor exercises were twice as likely to have an improvement, or even a cure, compared to women who did not do the exercises. Other reported benefits included less leakage less often, and improved quality of life.

This year, the Continence Foundation of Australia launched its national awareness campaign identifying pelvic floor exercises as key in the prevention and cure of incontinence.

“A simple behaviour change – that is making pelvic floor exercises a daily habit – can make the world of difference,” says the Continence Foundation’s CEO, Rowan Cockerell.

Why do women put up with it?
Many women don’t seek treatment for incontinence because “they may not know it can be treated, or they believe that incontinence is normal,” says Ms Webb.

“Or, some women are simply too busy raising a family to seek help and therefore resort to options like wearing pads to manage the condition.”

Like other muscles in the body, the pelvic floor muscles … can be strengthened by exercise.

Ms Steventon says the large and often silent effect of incontinence should not be underestimated.

“It can impact a woman’s mental health, personal relationships, social life, and her ability to exercise,” she says. “And side effects of incontinence, such as skin rashes and irritation, can also negatively affect a woman.”
What causes incontinence?
Anyone can develop incontinence at any age. Some health conditions and life events can stretch and weaken the pelvic floor muscles and other supports of the bladder, uterus and bowel, and affect the nerves that supply the pelvis, causing or contributing to incontinence.

Risk factors for urinary incontinence
Common risk factors include:
- hormonal changes of pregnancy and menopause
- childbirth via vaginal delivery – especially forceps deliveries, big babies (over 4kg) and pushing longer than two hours
- recurrent urinary tract infections (UTIs)
- constipation
- pelvic floor muscles that don’t release (overactive)
- obesity
- smoking
- radiation therapy in the pelvic region
- abdominal or pelvic surgery
- physical disability that makes it difficult to reach the toilet in time
- neurological and musculoskeletal conditions such as multiple sclerosis (MS), Parkinson’s disease, spinal cord injury, lower back pain and arthritis
- diabetes, stroke, sleep apnoea, heart conditions and respiratory conditions
- some medications.

Lifestyle factors such as going to the toilet ‘just in case’, incorrect fluid intake (too much or too little), or consuming drinks that can irritate the bladder (caffeine, fizzy drinks, alcohol, artificially sweetened drinks, juices) can also increase the risk of incontinence.

Bowel issues
In addition to the factors listed above, faecal incontinence can also be caused by poor stool consistency (too runny or hard), poor bowel emptying, large perineal/muscle tears during a vaginal childbirth, haemorrhoids, chronic diarrhoea and dementia.
Other treatment options
There are other lifestyle changes you can make:

- Bladder training – only go to the toilet when you need to, not ‘just in case’. If you need to train your bladder to hold more urine so you can pass an appropriate amount each time – between 250 and 500mls – try to delay for a few minutes after you first get the urge to go. Start by holding off for 10 minutes, then gradually increase the time until you’re only urinating every 2-3 hours.
- Bowel – get in to the correct sitting position on the toilet. Raise your feet on a small footstool. With elbows on knees, lean forward, keeping your back straight. Gently bulge out your lower tummy, widen your waist and let your back passage (anus) relax and open. Don’t hold your breath or strain.
- Healthy eating – eat fibre-rich foods that promote good stool formation (eg, fruits, vegetables, grains, nuts and legumes) and drink about two litres of fluid per day.
- Appropriate general exercise – incorrect exercise can adversely affect continence.
- Weight – being overweight strains and can weaken the pelvic floor, so it is important to maintain a healthy body weight.

"You can do the exercises anywhere. In a queue, watching television, sitting at a desk, cooking – basically any time you can focus your attention on strengthening your pelvic floor."

Flex your floor
Our 2018 National Women’s Health Survey showed that while 96% of women said they knew about pelvic floor exercise, only 20% did their exercises daily.

Jean Hailes pelvic floor physiotherapist Janetta Webb says that, just like brushing your teeth, exercising your pelvic floor muscles needs to be a daily ritual.

“You can do the exercises anywhere. In a queue, watching television, sitting at a desk, cooking – basically any time you can focus your attention on strengthening your pelvic floor,” she says.

The right way to flex
Up to 30% of women perform their pelvic floor muscle contractions incorrectly (bearing down instead of lifting up).

To do the exercise correctly and strengthen your pelvic floor muscles, lie down or sit comfortably, then squeeze and lift the muscles for a few seconds, up to 10 times in a row.

Not sure how to squeeze and lift? It is the same action you do if you try to stop your flow of urine while sitting on the toilet (though don’t make a habit of that, as it can affect the effective emptying of your bladder).

Don’t hold your breath or tighten your upper tummy, buttock or thigh muscles at the same time.

For more instructions on pelvic floor exercises, go to www.jh.today/bb7

Other help
Pads and incontinence underwear – disposable (ie, single use) or reusable (ie, washable) pads and pants are widely available and come in all shapes and sizes. The National Continence Helpline (details below) can offer advice about products and funding.

If the above options have not been successful, medical treatments may be considered. If poor bladder or bowel control, or symptoms of incontinence are worrying you, don’t put up with it. Speak to your doctor or call the National Continence Helpline on 1800 33 00 66.

Go to the Continence Foundation Australia website (continence.org.au) for general information and useful tools, such as ‘Find a Physio’, and a national map of public toilets.

3 THINGS TO KNOW

1. Four million women in Australia are affected by incontinence.
2. Incontinence is not just treatable, but in some cases can be cured.
3. Pelvic floor exercises are the recommended first line of treatment for incontinence.

For more information, go to www.jh.today/bb
Unpacking the mental load

If you want something done, ask a busy woman.
It’s an age-old saying, but in a frantic, fast-paced modern world, it has never been more accurate. For many women, multi-tasking has become a way of life, with barely a moment for self-care or reflection.

It can be an all-consuming juggling act: women are often trying to hold down a career while ferrying kids to school and activities; caring for ageing parents; organising holidays and family celebrations; as well as balancing a budget and staying on top of domestic chores.

Add to that the uniquely modern pressure of digital overload – keeping up with emails, texts and social media notifications – and the mental load for many women has never been greater.

Is it time to add the word ‘enough’ to the top of your ever-growing to-do list?

By Jill Stark
Performance because they’re just across too many things. “They’re carers, they’re nurturers and they’re also the strategic planners for the people around them so it’s quite a load and they’ll neglect their own interests, which has a compounding effect over time because [they] can’t keep eroding something without replenishing it.”

Our own worst critics
Prof Kulkarni says that, psychologically, women are more likely than men to be self-critical, doubt themselves and ruminate over the mental load they are carrying, which can taking a toll
The Jean Hailes annual Women’s Health Survey for 2018 revealed that 67% of women reported feeling nervous, anxious or on edge nearly every day or on more than seven days in the previous four weeks. More than 33% of women also reported not getting any time for themselves on a weekly basis.

“They’re carers, they’re nurturers and they’re also the strategic planners for the people around them so it’s quite a load and they’ll neglect their own interests...”

Over time, the stress of playing the family’s chief organiser can take its toll and this sense of mental overload is partly fuelling increasing rates of anxiety and depression.

One in two women in Australia will be diagnosed with mental health problems in their lifetime.

Time to unpack
So how can you unpack the mental load? And what can we do as a society to ensure women are not carrying an unfair burden?

“It’s really important that we have better education for women about looking after themselves. Often the busy woman is extremely good at juggling work and juggling other people’s demands at the expense of herself,” says Professor Jayashri Kulkarni AM, director of the Monash Alfred Psychiatry Research Centre and one of Australia’s leading experts on women’s mental health.

“We need to teach women to think in a more mindful way about what’s on their to-do list and to reduce the things that aren’t critical. Often women are driven by a need for perfection and that can be a terrible pressure to live under.”

It’s about learning to be kind to yourself, says Prof Kulkarni. “Instead, the mindfulness approach means being present with what you’re doing.

“So if you’re there with your child, then be there with the child and actually get enjoyment out of that. It’s trying to decrease the sense of anxiety you get by thinking, ‘I’ve got 25 things on a to-do list and I’m only at number two’.”

Daily dose of fun
Prof Kulkarni suggests a 30-minute daily “prescription of fun”, in which women spend half an hour doing something enjoyable just for themselves.

She says learning to view this time not as narcissistic or selfish, but as a necessary act of recharging, is an important protective factor for mental and physical health.

Gillian Needleman, a clinical psychologist with Jean Hailes, says many women struggle with guilt when they put their own needs first.

“They’re feeling like they don’t do any one area well and they’re just chasing their tails,” says Ms Needleman. “They’re usually very accomplished, capable people, who have diminished..."
be energy-consuming and counter-productive.

“Then, of course, there are societal views that women should be youthful and conform to a certain body shape, which is an added burden on women and also places pressure on relationships and intimacy,” she says.

While there have been some advances in the push for gender equality, women shoulder a lot of the burden at home.

According to the Australian Bureau of Statistics, women spend more than twice as much time per day on unpaid domestic chores (two hours and 52 minutes compared to men (one hour and 37 minutes). They also spend more than twice as much time taking care of their children – eight hours and 33 minutes for women compared to three hours 55 minutes for men.

**High-stress times**

It also helps to recognise that some points in our life might bring us more emotional challenges. Ms Needleman says there are two stages of life that are particularly stressful for women in terms of managing mental load and juggling multiple roles.

“The first is when you’ve got young kids,” she says.

“You might be trying to work part-time, worrying about sick leave, school holidays, so many activities for kids, busy weekends, trying to maintain couple intimacy, trying to be still part of an extended family, trying to maintain a social friendship support network and trying to juggle your own health and exercise – it can be really tough.”

The other stage is at menopause, when fatigue and the pressure of raising teenagers combine with the stress of caring for ageing parents.

But there are ways to ease that sense of being overwhelmed. It starts with pausing to take an

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**Prof Kulkarni suggests a 30-minute daily “prescription of fun”, in which women spend half an hour doing something enjoyable just for themselves.**
audit of your commitments, then prioritising what is essential and what can be delegated (given to someone else) or delayed.

“Often we just keep propelling ourselves towards a certain direction without actually standing outside of it and checking whether it works for us or what we could do differently,” says Ms Needleman.

Trying to carve out time for regular exercise is also important, along with getting enough sleep and having a balanced diet.

Say yes to no

One of the greatest skills a woman can master is learning how to say no and not over-commit, says Ms Needleman.

She says a lot of women don’t have the capacity to say no, but need to understand that being assertive is not being mean to other people. “There’s a lot of work around valuing yourself and what messages you give yourself,” she says.

“That is often related to their family origin so we need to look at where they learned not to care for themselves … and how that might translate to their current circumstances.”

Prof Kulkarni says reaching out for support from family, friends and neighbours is an important protective factor in preventing burnout, as is taking breaks – whether a long holiday, or a few minutes of ‘alone time’ each day – to recharge and reflect.

“Taking time to step back and ask what is really important to you is a critical factor in managing mental load,” she says. “If you can get that sorted, then a lot of other things fall in place because you realise if it’s not done perfectly, it doesn’t matter.” JS

HOW TO SAY NO

Show empathy

“I understand it must be really difficult to get people to volunteer their time.”

Express gratitude for the opportunity

“Thanks so much for inviting me to be on the committee, I’m really flattered.”

Propose a solution

“I just can’t do it at the moment but perhaps I could help out when I have more time on my hands.”

Share your honest feelings

“I’ve got so much on my plate and I’m feeling a bit overwhelmed right now.”

3 THINGS TO KNOW

1. Learning to recognise that taking time out is not selfish, but important for recharging, is a good step in easing the mental load.

2. Regular exercise, adequate sleep, a healthy diet, a strong support network and not overcommitting can all help.

3. Learning to say no can be difficult for many women who are used to multitasking, but with practice, delegating and delaying non-essential tasks can make life much less stressful and more productive.

For more information on how to reduce stress, visit www.jh.today/mind5
Spotlight on...

Jean Hailes’ Head of Education and Knowledge Exchange

Chris Enright

Ms Enright has worked in public health for many years. She’s interested in prevention, health promotion, health equity, and culturally diverse and Indigenous communities.

What is public health?
Public health is taking a big-picture view of a population’s health, changing the environment in which people live their lives so they can make healthier choices for themselves. It includes education, influencing policy, research and programs that link people with services that can help them stay healthy, and a focus on some of the non-clinical things that influence health (called social determinants) such as where you live, being safe at home, social connection. It complements and influences our clinical health care system, such as seeing a doctor for individual needs.

What is a good example of a successful public health campaign that has helped women in Australia?
The Quit program has been around for decades and saved/improved thousands of lives. Advocating for cigarettes in plain packaging reduced the number of people taking up smoking. Making pubs, clubs and restaurants smoke-free meant that non-smoking patrons and staff were no longer subjected to second-hand smoke. Quitline provides one-on-one support and resources for people trying to quit, and we’ve all seen the ads that use a combination of negative images (clogged arteries, coughing up blood) and positive reinforcement like “never give up giving up”. The Quit program changed the fabric of our society; where smoking was once seen as cool, it’s definitely not anymore. Smoking rates have never been lower.

What attracted you to a career in this area?
I started out in nutrition, but quickly realised my interest lay more in disease prevention on a larger scale.

I know I can make a difference through a public health approach. Trying to make a population fit the system is so much less effective than building a system that works for the population.

Australia is a big and diverse country. How can we make good health care accessible and achievable for all?
Health equity is an area I feel strongly about, but it’s a wicked problem globally. My approach to addressing poorer health outcomes for some is to be aware of providing education as well as clinical services in a way that is responsive to, and informed by, the communities themselves.

What three things would you encourage women to do to improve their health?
1. Be kind to yourself. We’re all different and we change so much along the way. Embrace it.
2. Move more.
3. Don’t be complacent with your health. If you think something is off, get it checked out.

What keeps you up at night?
Coffee. I have a very low tolerance for caffeine.

How can women be their own health advocates?
Educate yourself. Ask any and all questions you have. There is no dumb question; your doctor has heard them all!

What advances would you like to see in women’s health?
A strong public and political response to violence against women; Indigenous health outcomes equal to non-Indigenous health outcomes; a cure for dementia.

For more information about looking after your health, visit www.jh.today/health
Research

A workplace for change

Women going through menopause, and their employers, all stand to gain from a new workplace resource.

By Jess Gleeson

You’re sitting at work in the middle of a team meeting, when suddenly it hits you: a wildfire of heat runs through your veins. In seconds, an explosion of hot red splotches spreads up your neck and face. Then comes the sweat.

You’re experiencing a menopausal hot flush.

Yet despite the internal chaos, you’re nodding to your boss and smiling through gritted teeth. You’re trying to stay focused, appear professional, silently hoping your colleagues don’t notice a thing.

For some women, menopause can be a tricky time of navigating symptoms and change, and especially so in the workplace. So, a team of researchers has spent six years tackling the issue.

The result is the Menopause Information Pack for Organizations (MIPO), a recently-released suite of free resources for workplaces to help support women through this life stage.

A silent experience

Hailing from diverse fields of business, health and medicine, the researchers – Professor Kathleen Riach from Monash and Glasgow Universities, Professor Gavin Jack of Monash University and Professor Martha Hickey from the University of Melbourne – became increasingly aware that while so many women were going through menopause in the workplace, it remained a topic enveloped in silence.

Alongside researchers from La Trobe University and Yale Medical School, the trio began working towards a solution that focused on what workplace support menopausal women needed, and how managers and workplaces could best provide it.

Their research included speaking to more than 2000 women through surveys, interviews and focus groups.

Why is menopause a workplace issue?

Prof Riach (pictured) says more than one million women in Australia are currently experiencing the menopausal transition in the workplace.

“Often, you’re asked to work as hard as you can, but you’re almost expected to be a robot and leave your body, and body issues, by the door,” she says.

“Only now are organisations becoming more aware that if you look after employees – and their bodies – you’re going to be rewarded in not only employee commitment and job satisfaction, but also in creating a workforce that thrives, so they can work into their later life.

“There’s also the broader social message; given that 50% of the population go through the menopause transition, and it’s about acknowledging that older women are welcome in the workplace.”

Not a one-way street

The research also showed that when it comes to menopause and the workplace, it pays to see the effects from both sides.

“When we think about menopause in the workplace, there’s often a focus on how menopause affects people’s work,” says Prof Riach.

“But in fact, what we found was how the workplace environment positively or negatively affected women’s experience of menopause.”

Whether you can easily access a desk fan or control your office room temperature, whether your uniforms are made from breathable materials and whether you’re able to take breaks if and when you need them, workplace conditions can either hinder or help a woman’s experience of menopause.

“It’s really important to think about that – it’s not just a one-way street,” says Prof Riach.

The team’s research also revealed the level of support offered by a workplace can be closely connected to a menopausal woman’s frequency and severity of symptoms. “If you have a supportive supervisor,
you are less likely to report troublesome symptoms,” says Prof Riach.

“This really goes to the heart of organisations either being hospitable or inhospitable to women of menopausal age in terms of their culture.”

**Renewed, ready and raring to go**

Far from being at the tail-end of their careers, Prof Riach says midlife working women are a workforce raring to go.

“Women at this age often have a renewed focus on their careers. They are ready to go and often looking for leadership positions to transition into,” she says.

“The challenge is that their managers and organisations may not look at them as their next pool of talent.

“This talks to the broader issue of older women often being considered invisible. We’ve got a long way to go in terms of challenging these cultural conceptions and their flow-on effects to the workplace.”

Despite living in a world where the word ‘menopause’ is still often met with silence or discomfort, Prof Riach says many women have already personally shown how menopause can be accommodated in the workplace.

She is therefore excited by the possibilities for women if the menopausal experience was welcomed into the workplace vocabulary and culture, and sensitive support was made universally available.

“What we found from the research is that women are remarkably creative, resilient and inventive at negotiating menopause in the workplace without organisational support,” Prof Riach says.

“So, if you provide a working environment in which they can thrive, they will grab it with both hands.” JG

For more details on MIPO, visit menopauseatwork.org

### THREE WAYS WORKPLACES CAN BE MENOPAUSE-FRIENDLY

1. “Start from a positive position,” says Prof Riach. Rather than viewing menopause as a workplace problem, ask how you can create a positive environment that will help menopausal women thrive. “It’s the framing that is incredibly important,” she says.

2. Provide training and support to managers and supervisors so, if needed, they can have sensitive conversations about menopause with confidence. “In general, supervisors can feel underequipped or worried about saying the wrong thing, so it’s about providing support for positive and constructive conversation,” Prof Riach says.

3. Women don’t want a separate, menopause-specific policy at work, says Prof Riach. What they want is for workplace practices and policies to become “menopause-sensitive”. “For example, the policy that talks [about] flexible working can mention menopause,” she says. “This ensures there’s an awareness that menopause is not an ‘issue’, but also, it’s easier to integrate into existing policies.”
Dear Dr Jean:

I feel like I have one normal week out of a 4-week cycle. I feel like I have PMS for two weeks, fatigue, irritable, stomach pain, a number of symptoms and the week after my period, I have clarity and feel normal.

A: Premenstrual syndrome (PMS) is very common, and most women of reproductive age will have some symptoms related to normal fluctuations in hormone levels throughout the month. These symptoms usually occur with the fall in progesterone and oestrogen in the week leading up to the period, but can also occur with the drop in oestrogen at mid-cycle. Some women have prolonged symptoms and severe PMS that can drastically impact quality of life. Symptoms can be physical or psychological and vary throughout reproductive life.

There are several strategies that are useful for PMS. Our website has detailed advice about lifestyle measures, supplements and medications that may help.

For more information on PMS, visit www.jh.today/peri6

Have a question for Dr Jean? Visit www.jh.today/news78

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Dr Sonia Davison

DL: What are some of the biggest issues facing girls today? How can we help as parents/mentors/friends/employers?

NSD: One in four Australian women over the age of 15 has experienced some form of violence in her lifetime. The figures in our region are even more disturbing; in some parts of Papua New Guinea, for example, up to 90% of women have experienced some form of violence, which is why it is imperative that we share our information resources and support as a good neighbour.

There are so many things we can do to create an Australia that is violence-free. We all have a role to play. We have to challenge the historically-entrenched beliefs and behaviours that drive it, and the social, political and economic structures, practices and systems that support it.

The good news is that this violence is preventable. That’s why I wrote [the book] On Violence, to provide helpful hints to employers, parents, caregivers, sporting organisations and the media about the role they can play in creating a more respectful community.

Even simple things matter, including the language we use to describe boys and girls. The messages we send children about the roles of men and women in our society begin from birth. Ensuring we do simple things like share the housekeeping work, or even reminding our children that they can be anything they want and they’re not limited by rigid gender stereotypes, makes a huge difference.

One way of changing the landscape for so many girls around the world is to ensure access to education. In Australia, education is also key to understanding what constitutes a healthy and ethical relationship. Children learning about respect at school is absolutely essential. This is one important area of the work of Our Watch.

Across the world, including in Australia, we also need more women in leadership positions. Apart from this being the fair thing to do, having an increased number of women in leadership roles actually has a positive effect – right down to measures as simple as profit and loss.

Research also shows that having women in leadership positions changes perceptions regarding the roles and aspirations of girls (including reducing the time girls spend on household chores), and results in more girls attending school and becoming equipped themselves to play leadership roles, including in conflict prevention.

Organisations need to practise what they preach – ensuring women are valued, supported and promoted, and that there does not exist impediments for women that their male counterparts wouldn’t encounter.

A work environment that has respectful and healthy relationships at a senior management level sends a strong message throughout the organisation.

For the full transcript, including questions to Ms Stott Despoja on her time as a member of the World Bank Advisory Council on Gender and Development, please go to www.jh.today/feature1

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Recipe
Shiitake & miso noodle soup

By Sandra Villella
Jean Hailes naturopath

Serves: 2-3 generously
Prep: 20 mins.
Cooking: 25 mins
Vegan. Gluten free.

Ingredients
45g dried shiitake mushrooms (preferably whole)
1 bunch bok choy
3-4 spring onions
1-2 tbsp extra virgin olive oil
2 tsp freshly grated ginger
3 cloves garlic, finely chopped
5 cups water (plus extra for soaking mushrooms & cooking noodles)
3 tbsp white miso paste (shiro)
200-250g buckwheat (soba) or rice noodles
1 tbsp mirin (more to taste)
1 tbsp tamari (more to taste)
½ tsp sesame oil
Squeeze of fresh lemon to serve if desired

Variation: for heartier soup and extra protein, add slices of pan-fried chicken breast, marinated in tamari & ginger; or to keep it vegan, add tofu cubes when adding water.

Method
Place mushrooms in bowl, cover with warm water and a plate (to stop them floating), soak for 20-30 minutes. Drain. The liquid can be kept and included in the 5 cups used later (don’t use the solids collected at the bottom), or kept for stock. Cut mushrooms in 3-4 slices, remove stems.

While mushrooms soak, separate bok choy into white stalks and green leaves. Cut stalks into 1cm slices. Slice spring onions, including green tops.

Heat a saucepan to medium heat, add olive oil. Add mushrooms and cook for 3-4 minutes until soft. Add bok choy stalks, cook for another 1-2 minutes. Add ginger, garlic and spring onions (reserving some of the sliced green tops), cook for another minute. Add an extra dash of oil or some mushroom stock if sticking to saucepan.

Add water. Scoop some of the water into a small bowl and dissolve the miso paste, ensuring there are no lumps. Bring to the boil, then simmer with lid on for 12-15 minutes. Meanwhile, cook noodles in a separate pot of boiling water.

Once soup has simmered as required, add bok choy leaves, reserved spring onion tops, noodles, mirin, tamari and sesame oil, cook for another 1-2 minutes. Using tongs, divide noodles and vegetables into 2-3 bowls. Spoon in the soup, serve.

Nutritional information
Eating well is a continuous investment in your wellbeing and future. It can also be time consuming. So this simple Japanese-inspired soup includes several ingredients that can be pantry staples, some especially nurturing ones, and a few fresh ingredients, including the medicinal culinary herbs, garlic and ginger.

Shiitake mushrooms contain vitamin B12 and polysaccharides called ß-glucans, which appear to have health benefits including improving the immune system, and helping to lower cholesterol.

Miso, made by fermenting soy beans with salt and koji, is a staple of the Japanese diet. While it is often criticised for being salty, a recent study that followed 14,764 Japanese men and women over 20 years showed miso is related to lower blood pressure and reduced risk of stroke in this population.

To read and download the recipe, visit www.jh.today/recipes60
About Jean Hailes

Founded in 1992 in honour of an extraordinary medical practitioner, Dr Jean Hailes, Jean Hailes for Women’s Health reflects the enduring legacy that Jean made to women’s health. She had a far-sighted vision to improve the quality of women’s lives and give them practical information based on the best available evidence. She is credited with being the pioneer of menopause management in Australia.

Today, Jean Hailes is one of Australia’s leading and most trusted women’s health organisations. Our work is built on four pillars: education and knowledge exchange; clinical care; research; and policy. We aim to translate the latest scientific and medical evidence to help inspire positive change in women and girls by improving their physical health and wellbeing.

Jean Hailes for Women’s Health takes a broad and inclusive approach to the topic of women’s health. This magazine generally uses the terms ‘women and girls’. These terms are intended to include women with diverse sexualities, intersex women, and women with a transgender experience.

For further information, please contact

Jean Hailes for Women’s Health Head Office
Toll free: 1800 JEAN HAILES (532 642)
Email: education@jeanhailes.org.au

The Jean Hailes Medical Centres for Women
Phone: 03 9562 7555
Email: clinic@jeanhailes.org.au

Magazine inquiries
Jo Roberts
Phone: 03 9453 8999
Email: jo.roberts@jeanhailes.org.au

jeanhailes.org.au

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