

The menopause: a workplace issue

A report of a Wales TUC survey investigating the menopause in the workplace



Contents

3 Foreword

4 Executive Summary

6 The menopause as a workplace issue

What is the menopause and who is experiencing it?

The menopause in the workplace: the law

9 Survey design

Design and distribution

The respondents

11 Survey findings

The menopause and working life

How the menopause is viewed in the workplace

Talking about the menopause at work

Workplace policies

The role of the Wales TUC and unions

Respondents' suggestions for improving the situation

Further comments

Conclusion

35 Further sources of information and support

36 References

Foreword

By Beth Davies

Chair of the Wales TUC Equalities Committee



The menopause has traditionally been seen as a private matter or ‘a women’s issue’ and is certainly not a topic which is often discussed openly or which has been taken into account in the design of workplaces and working practices. It brings with it physical changes to the body and for many women can cause physical and psychological symptoms. For some women, these symptoms can be significant.

Through consultations with workplace union representatives across Wales and our women’s forum, the Wales TUC established anecdotally that, while some women found the menopause easy, many others found it to be a time when they experienced numerous symptoms which made working life more difficult. Many women reported that workplace environments and practices made symptoms worse.

It was found that employers, even in workplaces dominated by women workers, have been slow to recognise that those going through the menopause might need additional consideration. In many cases the menopause is still not discussed in the workplace. Consequently, many women feel they have to hide their symptoms or only talk about them in a humorous way.

Women reported that employers were often not tackling problems in ways that helped workers. Managers rarely received training in matters relating to the menopause, leaving many unaware of the issues involved. More worryingly, there were some matters which were being ignored or dismissed completely. This left women being disciplined on competency grounds for an issue that merely required simple adjustments to working conditions.

After hearing the experiences and feedback of workplace representatives and union members, a motion was passed at the Wales TUC Conference 2016 calling on the Wales TUC to investigate further the experiences of women in the workplace, look at how Welsh employers are responding to the issue and campaign for change.

This survey and report was designed to investigate the lived experience of the menopause in the workplace in Wales. The Wales TUC commissioned WEN Wales to work in partnership with us on this research. The survey has received an unprecedented response, with almost 4000 people taking part. It has clearly touched a nerve - the Wales TUC has never received such an overwhelming response to a survey. It’s given women a chance to have their voices heard and created a powerful call for change. For too long, women’s needs have been ignored and this cannot be allowed to continue. It’s important that this call for action is now heard - and answered. It’s time to break ‘the last taboo’ – the menopause in the workplace.

Executive Summary

This report is based on a research project on the menopause and the workplace commissioned by the Wales TUC working in partnership with the Women's Equality Network Wales (WEN Wales).

The Wales TUC wants Wales to become a fair work nation. It is an umbrella organisation for trade unions. Over half of all trade union members are women, and with 50 affiliate unions and over 400,000 members in Wales, the Wales TUC has a key role in raising issues that affect women in the workplace.

The Women's Equality Network (WEN) Wales is the umbrella organisation for the women's sector in Wales. With over 1000 organisational and individual members, WEN aims to create a more equal society for women and girls in Wales.

The research involved a simple questionnaire and gathered responses from 3,844 respondents, the majority of whom indicated they were either living or working in Wales. The survey was open to all but the vast majority of respondents were women, although a small number of men and people who identified their gender as 'other' also took part in the survey.

Participants were given the opportunity to expand on their responses to the questions with additional written comments. This produced a remarkably high level of response with many thousands of often compellingly expressed personal accounts.

As a follow up to the questionnaire, the Wales TUC held a series of workshops with workplace union reps across Wales in the spring of 2017. Approximately 100 union reps attended these workshops, which were used to explore potential ideas for change within workplaces and ideas for recommendations for action in more detail. Workshop participants came from a broad range of unions representing both the private and public sector and included workplace reps and health and safety reps of both genders and senior women union reps. A workshop with a group of 17 women from black and minority ethnic (BAME) communities was also held in November 2016 to ensure that views of a diverse range of women were heard.

The numerical data combined with the written comments and feedback from the workshops demonstrate that, in Wales, the menopause affects a high proportion of working women but still goes mostly unrecognised and unacknowledged by employers and managers, to the extent that it may be considered a 'taboo' subject. Moreover, it is often treated negatively or viewed as a 'joke' in a way that can be seen as an example of workplace sexism. This can be seen as reflective of the often sexist and negative attitudes towards female ageing which unfortunately still prevail in wider society.

The menopause is not an illness, but there are many, often hidden, symptoms which affect women in different ways. There is a cultural dimension: the menopause is viewed differently by ethnic and cultural groups and tends to be regarded more positively in cultures which have a more positive attitude towards ageing¹.

Unions have a key role in challenging discrimination in the workplace and in bargaining for better policies to support women members. In the workplace, women report being afraid to raise the matter with their manager because they fear being labelled weak or inadequate and so jeopardising job security or chances of promotion. Asked about possibilities for action, respondents produced an array of suggestions which ranged from the raising of awareness and the dissemination of information to the changing of workplace practices. The

extent and depth of the responses demonstrate that there is an urgent need for more education, particularly of employers and line managers.

A small number of respondents rejected the idea of union involvement in tackling issues around the menopause in the workplace, preferring to see the matter as a private one for the individual. However, this was very much a minority view and overall respondents were overwhelmingly in favour of there being more openness about and recognition of the menopause in the workplace, so that women who do need support or adjustments are able to access these. The majority of respondents felt that unions could have a key role in negotiating workplace policies to support women working through the menopause and that a model workplace policy on the menopause provided by the Wales TUC would be a helpful step.

The findings of this survey make it clear that a key priority is to convince employers that there is a need for workplace policies that support women through the menopause and for employers to support the provision of training for managers and other staff. Currently, many workplaces do not have suitable policies. It also appears that there is a lack of available training provision on the menopause in Wales, with most available training being targeted solely at health care professionals. There is an urgent case for suitable training provision to be developed to meet this need.

This report opens with a brief explanation of the features of the menopause and outlines employers' responsibilities to ensure the health and safety of menopausal women in the workplace and their duty not to discriminate under the Equality Act 2010. It then presents a detailed analysis of the findings from the survey together with a representative selection of the participants' written comments on each question. It also includes feedback from the workshop sessions held with union reps and BAME women.

The menopause as a workplace issue

What is the menopause and who is experiencing it?

The menopause is part of the natural ageing process for women. Commonly known as 'the change', it refers to the point in time when menstruation has ceased for twelve consecutive months and a woman has reached the end of her reproductive life.² This is when the ovaries have stopped producing eggs. After a woman has not had a period for a year, she can be described as 'post-menopausal'.

The menopause usually occurs between the ages of 45 and 55. In the UK, the average age is 51³, but it can happen much earlier. Many women experience the menopause before 45 (**early menopause**) and a significant number of women experience the menopause before the age of 40 (this is known as a **premature menopause or primary ovarian insufficiency**). The NHS estimates that around 1 in every 100 women will experience a premature menopause.⁴ In some cases it can happen to women in their teens or twenties. In many cases there is no clear cause of a premature menopause. Some younger women experience a **medical/surgical menopause** which can occur suddenly when the ovaries are damaged by specific treatments such as chemotherapy, radiotherapy or surgery.

The **peri-menopause**, which is the period of hormonal change leading up to the menopause, can often last for four to five years although for some women it may continue for many more years or for others last just a few months. The duration of the peri-menopause varies greatly in different individuals. In general, periods usually start to become less frequent over this time, sometimes menstrual cycles become shorter, periods may become heavier or lighter or women may notice that the odd period is missed until eventually they stop altogether. However, sometimes they can stop suddenly.

During the time of the peri-menopause women may begin to experience symptoms due to changes in their hormone levels. These symptoms may vary in degree between different individuals from mild to very significant. Because they may still be having regular periods at the onset of symptoms, many women do not always realise that they are experiencing the peri-menopause and may not understand what is causing their symptoms. This can be a barrier to accessing support.

Symptoms associated with the onset of peri-menopause can include hot flushes, palpitations, night sweats, insomnia and sleep disturbances, fatigue, poor concentration, irritability, headaches, joint aches, skin irritation, dry eyes, urinary problems and vaginal dryness, itching and discomfort. There may also be associated psychological symptoms including depression, anxiety and/or panic attacks, mood swings and problems with memory. Women may experience only some or all of these symptoms. Most women will experience some symptoms, but some women do not experience any noticeable symptoms.

On average, women continue to experience symptoms for four years after their last period, but around 10 per cent of women continue to experience symptoms for up to 12 years after their last period.⁵

Beyond the menopause, due to lower levels of certain hormones, post-menopausal women can be at an increased risk of certain conditions such as developing osteoporosis ('brittle bones') and heart disease. These risks increase for women who have an early or premature menopause.

The menopause affects all women, and it can often indirectly affect their partners, families and colleagues as well. In the UK it is estimated that 13 million or around 1 in 3 women are either currently going through or have reached the menopause.⁶

In Wales, women aged 16-64 comprise approximately half (48 per cent) of the Welsh workforce.⁷ Around 47 per cent of working women are over 50⁸ – so around 216,000 workers in Wales are at an age where they are likely to be experiencing the peri-menopause or to have reached the menopause.

This is just a very conservative estimate of the number of women who might be affected. If the average age of the menopause is 51, many women will already be experiencing symptoms of the peri-menopause in their mid to late forties. In addition, there are the many younger women who experience an early or premature menopause.

There are also many younger women receiving treatments for common conditions such as endometriosis (estimated to affect around 1 in 10 women of reproductive age⁹) and infertility (which affects around 1 in 7 couples¹⁰). Many of these women also experience menopausal symptoms whilst receiving treatments which may be carried out over months or years intermittently.

It is difficult to gauge statistically the number of people who experience the menopause from the non-binary, transgender or intersex communities. In some cases, transgender people may be affected by menopausal symptoms due to treatments or surgeries. It should be noted that due to a variety of factors, the experience of the menopause may be different for those among these communities. Experiences and perceptions of the menopause may also differ in relation to disability, age, race, religion, sexual orientation or marital/civil partnership status. It is important to recognise that for many reasons, people's individual experiences of the menopause may differ greatly.

Some women seek medical advice and treatment for the symptoms of the peri-menopause and menopause. A common form of treatment is known as hormone replacement therapy (HRT). Many women find these treatments helpful for alleviating symptoms, but HRT is not suitable or appropriate for all women. Medical advice and supervision is required and side effects can be experienced. HRT also carries some health risks (these are the subject of ongoing research and debate not discussed in this report). For these and other reasons, not all women who experience symptoms will want to use HRT.

In summary, many women are affected by the symptoms of the menopause, including many younger women. The menopause is often misunderstood but women can be affected in different ways, to different degrees and for variable periods of time. A large and increasing proportion of workers in Wales today are women who will be working through and well beyond the menopause.

The menopause in the workplace: the law

The **Health and Safety at Work Act (1974)** requires employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed. Risk assessments should consider the specific needs of menopausal women and ensure that the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation. The assessments should also address welfare issues such as toilet facilities and access to cold water.

The **Equality Act (2010)** prohibits discrimination on the grounds of sex. This includes direct discrimination, indirect discrimination and harassment. An example of sex discrimination

relating to the menopause would be an employer who refuses to take symptoms caused by the menopause into account as a mitigating factor in the application of a performance management policy, when it could be reasonably assumed that similar symptoms (e.g. memory problems) arising from other conditions would have been taken into account as a mitigating factor for male members of staff.

An example of harassment relating to the menopause would be a manager making comments that there is no point promoting menopausal women because they are 'hormonal'. Even if he doesn't direct these comments at a particular female employee, it could cause staff to be very upset and worry about their careers. This could be considered harassment.

The Equality Act also prohibits discrimination on the grounds of disability. The menopause is not in itself a disability, but conditions arising from it may meet the definition of an 'impairment' under the Equality Act. For example if someone has depression or urinary problems linked to the menopause, and those conditions have a substantial and long term adverse effect on that person's ability to carry out normal day to day activities then that person would be considered to have a disability under the Act .

The Equality Act prohibits discrimination on the grounds of disability, including direct discrimination, indirect discrimination, discrimination arising from a disability and harassment. The employer is also required to make **reasonable adjustments** where a disabled worker would be at a substantial disadvantage compared to a non-disabled colleague. The requirement covers "provisions, criteria and practices", "physical features" and "provision of auxiliary aids".

The **Public Sector Equality Duty (Wales)** was created by the Equality Act. The duty places a legal obligation on public bodies and those carrying out a public function to consider how they can positively contribute to a fairer society through paying due regard to eliminating unlawful discrimination, advancing equality of opportunity and fostering good relations between people who share a 'protected characteristic' and those who do not.

Protected characteristics include: age, sex, disability, gender reassignment, pregnancy and maternity, race, religion or belief and sexual orientation.

Public bodies such as NHS Wales, local government and other bodies carrying out public functions are under a duty to consider equality when making decisions both in terms of service delivery and employment. They have to show due regard for advancing equality including:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.

The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.

Survey design

Design and distribution

A short survey was developed through the use of the online survey website, Survey Monkey. It was distributed to Wales TUC contacts and networks (approximately 5000 email addresses). Primarily these contacts were union officers, workplace reps and activists from the 50 TUC affiliated unions representing a broad range of workplaces and sectors in Wales. These contacts were encouraged to circulate the survey widely within their workplaces and share via email and social media. The survey was also shared with WEN's network of 1000 individual and organisation members via a direct mailing and via WEN's social media channels (Twitter and Facebook). Because of the nature of electronic distribution, it is not possible to determine the precise number of people who received the invitation to take part in the survey.

The survey took the form of a simple questionnaire which consisted of four pages and fourteen single-response questions in a closed-ended format, plus three open ended questions where respondents were invited to provide a narrative response if they wished. Three of the closed-ended question also provided an opportunity for respondents to expand on their answers or to offer further information or suggestions for action. Participation was voluntary and respondents were not obliged to complete every question; therefore a completeness check was not applicable. A copy of the original survey is available from the Wales TUC.

A principal aim was for the questionnaire to reach as many respondents as possible. The questions were therefore designed to be direct and easy to understand and produce clear answers. It was felt that simple questions, and not too many of them, would avoid respondents feeling overwhelmed or bored by the process. A progress bar was added at the bottom of the survey to inform participants how many pages were left to be completed. The survey was available in Welsh, but there was a wider take up of the English language version.

The invitation to take part in the survey was sent out with an explanatory note about the purpose and aims of the study. The respondents were assured of anonymity. A URL link to the survey was included in the email. The survey was open between March 2016 and February 2017.

The survey was aimed at those living or working in Wales and was open to men, women and transgender people and to union members and non-members. Respondents were self-selecting. The aim was to gather evidence to establish a broad picture of how the menopause is currently treated in workplaces across Wales and to establish what could be done to improve support and understanding of the issues.

The respondents

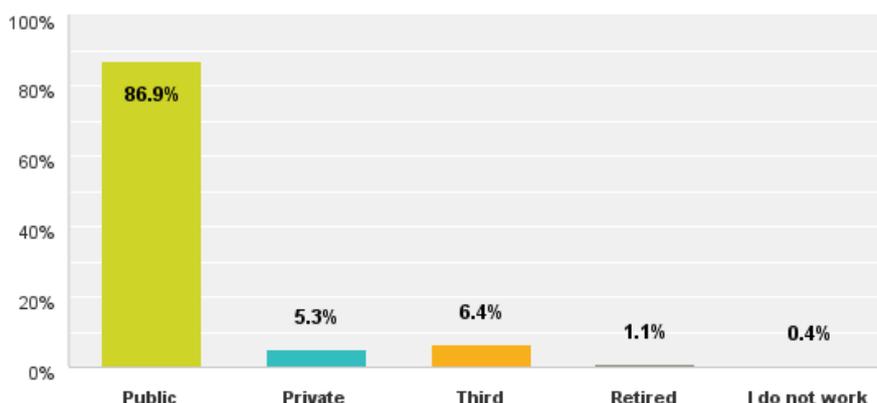
In all 3,844 people took part in the survey. Of all respondents, 87.8 per cent were female, 2.6 per cent were male, 0.6 per cent identified as other and 8.9 per cent did not indicate their gender. Although a number of respondents identified their gender as 'other', the sample size (22) was not large enough to be able to draw reliable conclusions for this group.

A total of 90.7 per cent of respondents indicated they lived or worked in Wales, 0.4 per cent said they did not live or work in Wales and 8.9 per cent did not answer the question.

Respondents were asked to indicate which sector they worked in. Of the 3,501 respondents who answered this question, the majority worked in the public sector (86.9 per cent), 5.3 per cent worked in the private sector and 6.4 per cent in the third sector. 1.1 per cent were retired and 0.4 per cent were not working.

Q16 What sector do you work in?

Answered: 3,501 Skipped: 343



It had been anticipated that there would be a higher response rate from workers in the public sector as there is greater union density and a higher proportion of women workers and women union members in this sector.¹¹ There also tend to be more female union reps in the public sector and as they are more likely to have personal experience of the menopause it can be reasonably assumed that these reps may have been strongly motivated to circulate the survey to their members.

One limitation of this survey is that it did not receive a greater response from workers in the private sector, with only 184 out of the 3,844 respondents coming from the private sector. This is despite the fact that the survey was distributed to a large number of email contacts in many private sector workplaces. Although union density in the private sector is considerably lower than in the public sector, this does not fully explain the low number of responses received. This poor take up in itself may warrant further investigation as it may potentially be indicative of a greater reluctance to raise the issue of the menopause within private sector workplaces (e.g. were employers in the private sector less willing to agree for the survey to be widely circulated within the workforce?).

Respondents were asked about their own experience of the menopause. Of those who answered this question, just over half were currently experiencing the menopause and 20.3 per cent described themselves as post-menopausal. Just under a quarter described themselves as likely to experience the menopause in the future and around 3.1 per cent indicated they were living with or supporting someone at work who was experiencing the menopause.

Finally 68.8 per cent of the total respondents were union members, 22.3 per cent indicated they were not union members and 8.9 per cent skipped this question.

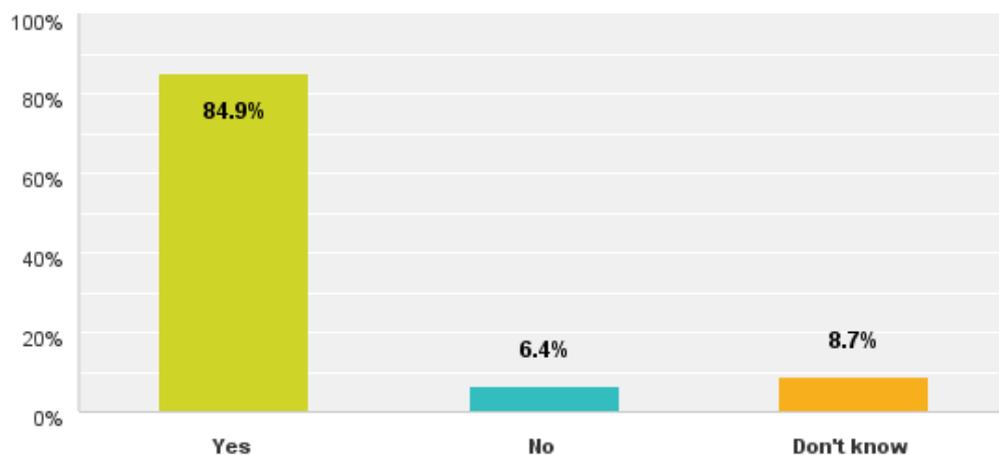
Survey Findings

The menopause and working life

The respondents were asked to reflect on whether the menopause affects life at work. The answer was clear, with 84.9 per cent of the respondents to this question confirming that they felt the menopause affects working life. Among those with direct experience of the menopause (those who either identified as currently experiencing the menopause or as post-menopausal) this figure increased to almost 9 out of 10 or 88 per cent compared to 77.8 per cent of those without direct experience (a statistically significant difference). This indicates that some of the respondents who did not have direct experience were less likely to recognise the impact that the menopause can have on working life.

Q4 Do you think that the menopause affects working life?

Answered: 3,556 Skipped: 288



The additional comments produced an astonishing range of accounts on the effect of the menopause on working life. These range from physical symptoms such as hot flushes, palpitations and heavy periods to lack of concentration, memory problems and fatigue.

'Often I have a hot flush, sometimes it is so bad, I feel as though I will pass out. I either have to stand next to the window, or leave the room. The sweat pours out of me and this makes me feel horrible. I can leave for a few minutes as I am a teaching assistant. If I was a teacher I wouldn't be able to.'

'The worst experience was loss of memory. I had just been transferred to a new department and I found it very, very difficult to remember computer procedures. I also freaked out at not being able to remember the name of an object that I was trying to refer to (a small stool chair). The fluctuations in body temperature are also debilitating because they leave you feeling drained.'

'What I had were awful heavy periods during the peri-menopausal period - these made it impossible for me to attend meetings lasting longer than 30 minutes or so, for example, and it was really hard to explain why.'

The menopause is often associated with inability to sleep and for many respondents arriving at work very tired the working day posed an enormous challenge.

'Sleep disturbances might benefit from more flexible hours.'

'There needs to be toleration of tiredness/exhaustion due to lack of sleep.'

'During this time women feel like their world is coming apart. You feel awful for having no sleep, become forgetful and no back up. Deadlines to meet.'

'I was forgetting and mislaying: appointments, equipment, resources, handbag. It makes you feel like you are developing Alzheimer's.'

The combined effect of the symptoms and worrying about how they would be viewed in the workplace often caused a loss of confidence and led women to feel isolated and alone. These feelings were greatly exacerbated in stressful and unsympathetic environments.

'Sometimes I was extremely hot and other times so cold I couldn't concentrate and felt ill. I felt lost alone and completely "not me" and I was experiencing extreme stress, but when I mentioned how I felt I was told my job wasn't stressful and it made me feel completely useless.'

'I now look back and see that when I was on the point of a nervous breakdown as a result of the extremely undermining line management environment I was dealing with, the fact that I was coping with the menopause at the same time made matters much worse. However, in the early years of the peri-menopause you don't actually realise what you're experiencing are menopause symptoms. You think you're a hair's breath away from cracking up.'

The survey also showed that dealing with the menopause at work was particularly hard for certain groups of professionals who work in public facing roles. Teachers were one such group. They are frequently having to work through the day with little opportunity for relief and little chance to express their concerns since they work in the main in comparative isolation.

'As women in the teaching sector are working to an older age this has to be a recognised and openly talked about issue.'

'Work/life balance is seriously in danger in the college workplace. I think if this was addressed and lecturers weren't as stressed over spreadsheet information, a more human approach and being able to concentrate on the teaching we are employed to do an issue like the menopause would not be seen as an added personal load.'

There was a difference in the answers relating in part to the degree to which the respondents themselves had personally experienced menopausal symptoms. Several respondents who did not have children pointed out that the emotional issues accompanying their menopausal experience are often different.

'It seems like 99.99999% of general advice/info for women experiencing the menopause starts, "your children have flown the nest..." i.e. it's aimed at women who have had children in the first place. Women who are childless, for whatever reason, experience the menopause in different ways, with a whole different set of emotional issues to contend with as well as the physical side-effects.'

In the narrative responses, a number of respondents reported experiencing a premature or early menopause and said that there was often a lack of recognition and even disbelief that younger women could be affected.

'Premature menopause is not talked about, and misunderstood by the older generation. However, it is more common than people realise.'

'I am 44 and classed as going through early menopause but people just think I am moody and make jokes. If mentioned people just comment that I am too young.'

A related issue is that women who have an early menopause may have to deal with both the profound distress and grief that can accompany infertility as well as the symptoms of the peri-menopause at the same time. Success rates for fertility treatments are often much lower than people realise and many women find that treatments can be extremely gruelling and disruptive, causing further difficulties in workplaces where there is a lack of understanding of these issues.

There is another dimension to this - as a recent research report from the University College Union (UCU) *Making Ends Meet* has highlighted, the increasing use of casual contracts in the workplace has created wide-ranging negative effects, including an impact on women's decisions and choices, such as decisions about children. As one respondent to the UCU survey explained:

'My husband and I have to live with my parents because we cannot get a mortgage. We want to have kids but there is not enough space in our current accommodation. We will delay starting a family probably until we get on the property ladder.' (FE lecturer)¹²

Where women who wish to have children are forced to delay doing so because of the financial insecurity caused by casual or precarious employment this can have serious consequences, particularly in women who experience a premature or earlier than expected menopause. Many people do not realise the extent to which fertility can decline long before the menopause, and women may not be aware that even if they are still having regular periods they may find it difficult to conceive from around 10 years before the menopause takes place.¹³

Finally, it is a mistake to concentrate solely on the menopause itself since many of the symptoms are felt prior to this in the peri-menopause.

'Many of the classic symptoms that most people associate with menopause actually occur during peri-menopause. However, peri-menopause is even less widely recognised as a time of change or that there are any issues associated with it than menopause is. I'm 45 and often experience poor sleep & strong emotions at work that are hard to keep under control.'

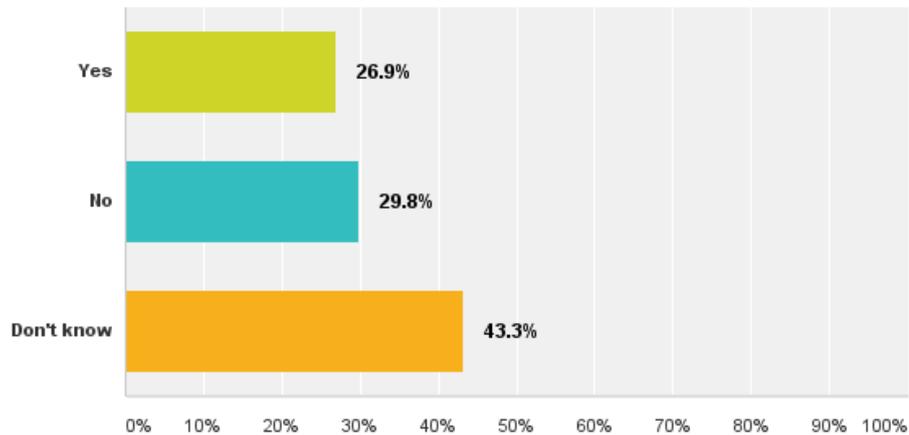
How the menopause is viewed in the workplace

The respondents were asked whether the menopause was treated negatively in their workplace. Of those who answered the question, 26.9 per cent reported that it was treated negatively with 29.8 per cent saying no and 43.2 per cent were not able to say one way or another. The fact that so many respondents were unsure of how to answer this question could be indicative of the issue still not being openly discussed or addressed in many workplaces, for example, something that was born out in many of the narrative responses.

Of those with direct experience of the menopause, an increased number of 29.3 per cent of respondents reported that the menopause was treated negatively in their workplace compared to 20.9 per cent of those without direct experience. This was a statistically significant difference, perhaps indicating that in some cases, people without direct personal experience were less likely to have been aware of or to have witnessed negative treatment towards others.

Q9 Do you think the menopause is treated negatively within your workplace?

Answered: 3,556 Skipped: 288



Over a quarter identified a problem in their workplace, but a far larger number, in their added comments, identified a profound ignorance on the part of managers as to the effect of the menopause on the workplace. This was often accompanied by embarrassment, sometimes on both sides and a tendency to sweep the issue under the carpet. Thus, although there might not be animosity, there was certainly a lack of knowledge and failure of empathy, particularly from male managers.

‘It is difficult for men to understand or sympathise. I think a male line manager might be embarrassed or reluctant to discuss the menopause or, conversely might belittle the symptoms. I don’t think this is necessarily a gender issue though; younger women may also be very dismissive of issues that don’t affect them.’

‘The menopause is generally not known or talked about.’

A strong trend in the accompanying comments was the need to raise awareness. The respondents felt that the menopause remains largely a hidden aspect of life, barely discussed in the public domain and indeed bordering on being a taboo topic.

‘I feel this is a huge area which is completely overlooked.’

‘In my experience men don’t talk about menstruation at all, let alone insight and understanding around menopause. Many women don’t know a great deal about it because of the taboo/myth culture around it.’

The overwhelming response was that there needed to be increased knowledge for all, including managers, particularly male ones, although younger female workers may also be largely ignorant of the condition. There was a desire to ‘normalise’ the situation, to share information and promote understanding, to demonstrate that menopausal women can still perform well in the work environment given the right support and adjustments.

‘Help raise awareness that the menopause, although not an illness, can cause some unpleasant symptoms which will be exacerbated by difficult working conditions.’

'No-one mentions it', but, 'the menopause is natural and should be openly understood.'

'It's a very secret subject.' 'It's an invisible and taboo subject.'

'Start the conversation.... i.e. make it a more publically acceptable conversation rather than hidden.'

'Keep the conversation going, it's a very real experience for all women and something that is not discussed enough in the workplace.'

It was argued that the menopause needs to be regarded as a normal factor of life on a par with pregnancy.

'In the same way that pregnancy is treated with respect and understanding (and not with undue patronising sympathy) so should menopause be. Menopause is the other piece of the reproductive life picture.'

'I think that anything hormonal for women is treated as taboo and seen in a negative light as something to be ashamed of by both genders. If conversations could happen that could normalise those types of conversations that mean all colleagues are less embarrassed about such conversations then it would encourage understanding. It should be seen as a normal part of life (because it is - every woman goes through it - in the same way as every person has to go to the toilet - whether male or female). Normalisation of the topic would breed better understanding and that would in turn engender a more tolerant/less discriminatory work environment.'

Above all was the desire among respondents to get rid of the mind set which sees experiencing the menopause as a stigma which can be dismissed as *'her problem'*.

'I have come across instances where male and female colleagues have undermined/been derogatory to other colleagues citing "they're menopausal!" or "it must be that time of the month!" to insinuate that the professional they are referring to is being irrational/they are not in control of their behaviour which undermines them, their confidence and other's opinions of them. It does frustrate me to see that when a male colleague displays similar behaviour a less judgemental attitude is taken of them such as "oh they must be having a bad day!" - which insinuates a level of understanding allowed for the male which is not afforded to the female colleague in the same circumstances/displaying the same behaviour.'

For some respondents there was a need to move beyond normalisation to an understanding of the underlying equality issues. What was required was:

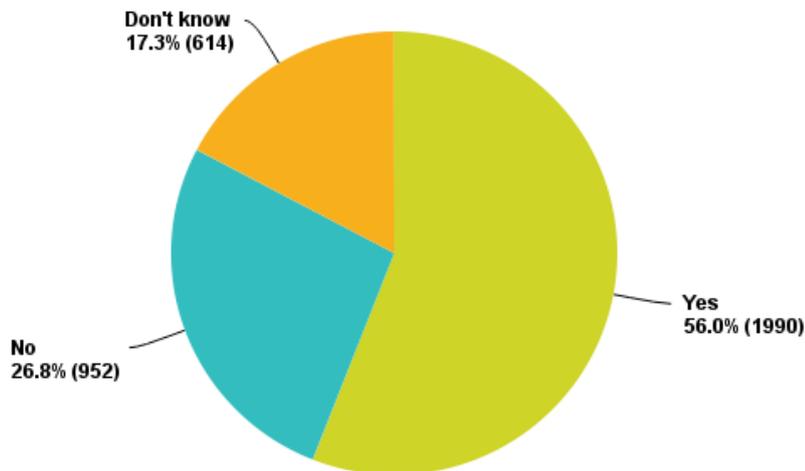
'Training in equality for staff at all levels. Information and fact sheets about the condition. Also, what conditions affect men so that they are on a par with women.'

The menopause as a 'joke'

Respondents were asked whether the menopause has been treated as a 'joke' topic in their place of work. Overall 56 per cent of the respondents to this question stated that it had been treated as a 'joke' within their workplace. 26.8 per cent said that this hadn't happened whilst 17.3 per cent did not know. Of those with direct experience of the menopause, 58.5 per cent reported the menopause being treated as a joke compared to only 50.3 per cent of respondents without direct experience of the menopause. Those without direct experience were more likely to say that they didn't know whether it had been treated as joke (24.9 per cent).

Q10 Has the menopause even been treated as a joke topic within your workplace?

Answered: 3,556 Skipped: 288



There were indications from a number of respondents that women sometimes joked amongst themselves about their menopausal symptoms and that this was used as a coping mechanism which helped diminish the difficulties they were facing. It also encouraged camaraderie and reduced the feeling of loneliness.

'Women use a lot of humour around pregnancy, periods etc. And sometimes this is camaraderie and a way of coping.'

'I usually make a joke of it myself to alleviate the embarrassment.'

'We as in a group of menopausal women do joke amongst ourselves about our states, which is good to do.'

'Us women do laugh together about the menopause and the men join in with us in a nice way. This is the best thing to do as the symptoms are so sudden, and otherwise embarrassing. But I can see that this wouldn't be appropriate in other office settings. We are lucky here. There are also quite a few of us in similar stages, so we can share experiences and laughing helps.'

However, this was very different from treating the whole issue as a joke.

'Just raising awareness that while we may joke about the menopause it is no laughing matter and has a huge impact on my life and lives of other women.'

A number of respondents stated that some male managers did not take the issue seriously. Men sometimes made sexist, mocking and derisory comments.

'Men seem to view menopause as a joke.'

'My experience is men making fun of women having flushes etc.'

'My male line manager can make sexist remarks quite frequently and I would predict discussion on menopause to result in jokes.'

Such discriminatory attitudes increased feelings of alienation and made women much less likely to talk about their symptoms or seek ways of improving their working environment.

'We spend a lot of time on equality issues but the menopause is treated as a joke: "are you having one of those moments again," said with a smirk sometimes used as a put down. This is an age issue and should be an equality issue too - some people are sympathetic. Women should be able to fan themselves without feeling they are harming the value of their voice in the workplace.'

'You can have side effects that you prefer not to mention as you don't want people to think you can't do your job. An example the men in the office think this survey is a joke!'

'Openly mocked through email systems between colleagues in regards to an OH report which stated menopause.'

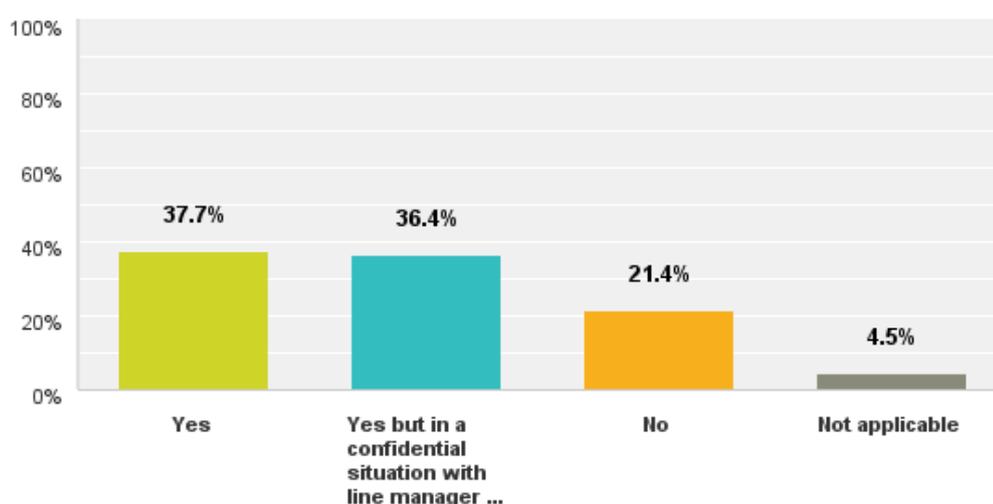
'The whole issue of periods and menopause can be treated as a joke. "Oh she's in a bad mood because of PMT".'

Feeling comfortable or not with talking about the menopause at work

Overall only 37.7 per cent of respondents to this question said they would feel comfortable talking about their menopause status at work. A further 36.4 per cent would talk about the issue but only in a confidential setting with a line manager or union rep. 21.4 per cent said they would not feel comfortable discussing the matter at work at all.

Q2 Would you feel comfortable talking about your menopause status at work?

Answered: 3,844 Skipped: 0



Some respondents were happy to talk about their symptoms.

'I don't think things like this are anything to be ashamed of and I am happy to talk about them with whoever I need to.'

But others were much more reluctant because *'some things are embarrassing to discuss.'*

However, even when women were prepared to talk about it they sometimes found the symptoms difficult to discuss.

'I tend to be very open, but I do notice male reactions tend to get uncomfortable, more openness is needed.'

A substantial minority of respondents (62) felt that the menopause is personal and not up for discussion outside their immediate friends and family. For some this was a matter of upbringing with a few respondents indicating that they were brought up not to discuss these issues at all but particularly not with men. There is an underlying message in this that the menopause is still a taboo and sensitive subject. For others it was an inappropriate issue to raise at work.

'I consider this a private and personal issue. I would not be comfortable discussing with anyone.'

This issue was also viewed differently, sometimes by women who were themselves managers.

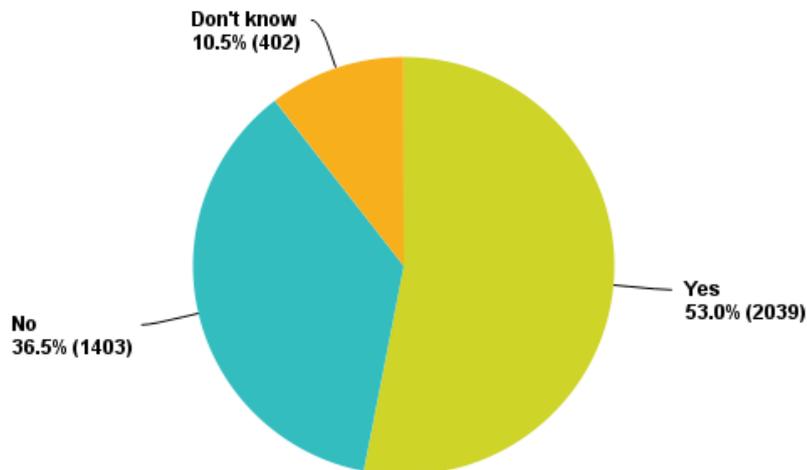
'I am a woman, late forties, who runs a business, which includes manufacturing. I have five full-time staff, and thirty plus on my books. I am the eldest woman and I certainly don't want my crew knowing that I have extreme menorrhagia. It certainly affects my work but as a woman I don't want that to affect the way my crew view my performance. I would support ANYONE in my predominantly female crew, but I would certainly not spread the information.'

The gender of the line manager and its influence on the degree to which respondents were prepared to talk to them about the menopause

Overall 53 per cent of respondents to this question stated that the gender of their line manager had an effect on whether they were prepared to talk to them about the menopause or not. 36.5 per cent said this was not an issue and 10.5 per cent did not know whether it would be or not.

Q3 Does the gender of your line manager influence how much you talk to them about the menopause?

Answered: 3,844 Skipped: 0



Male line managers

A third of the respondents (1279) offered further comments on this issue. Around 300 stressed that they would not be willing to discuss their situation with a male manager. This related primarily to their belief that male managers are lacking in knowledge, unequipped to understand and unsympathetic. This was seen to result in a lack of support for the person concerned.

'There doesn't seem to be any active engagement. When I have mentioned it he is very passive. Hasn't asked how he could be of assistance.'

General ignorance was a key issue and some respondents felt there was an urgent need to educate male managers in exactly what the menopause is and what effects it can have.

'We are in the 21st century, men need to be aware of diversity issues, and vice versa.'

Some respondents felt that the male response they encountered might be due to embarrassment rather than indifference. Over 100 respondents felt that men found it embarrassing to discuss the issue and there was also evidence that it was sometimes a mutual reaction, felt in the same way by women.

'My manager feels very uncomfortable dealing with what he considered to be female issues.'

'It is difficult for men to understand or sympathise. I think a male line manager might be embarrassed or reluctant to discuss the menopause or, conversely might belittle the symptoms. I don't think this is necessarily a gender issue though; younger women may also be very dismissive of issues that don't affect them.'

From the narrative responses, it appears the least consulted managers were young male managers. Some older women had managers who were male and much younger than they were and they cited this as a clear reason for not reporting their difficulties.

'He's 16 years younger than me!' 'Young male would not understand.'

'I would not feel comfortable discussing this with a young male.'

Some respondents doubted the ability of male managers to respond in a positive way and felt that talking to them might make matters worse due to sexist attitudes.

'I did try once but he just said you sound like my wife.'

'I think in many cases talking to a male manager would re-enforce stereotypical views on gender and I would be taken less seriously as an employee.'

'Men have a predetermined attitude about women during the menopause.'

'Male managers in my workplace are like a boys club.'

Female line managers

In contrast, 300 respondents stated that they would be comfortable discussing the menopause with female managers. In general, the respondents who were women stated that they found it much easier to talk about their situation with other women, whether in an equal position or in a management role.

'A woman will understand.' 'Females have more empathy.'

'It is easier to explain symptoms to another woman.'

On the whole, respondents felt that female managers were more likely to understand the situation and be sympathetic to it, particularly if they were menopausal themselves. Respondents recorded that they encountered a considerable amount of empathy if their managers were going through the same process.

'I would talk to another woman, particularly one of the same age who would understand the problems associated with the menopause.'

Age proved to be an issue. As respondents highlighted that they did not like talking to younger men about the menopause, younger women were often considered to be lacking in knowledge and understanding too.

'I feel that only older managers have any empathy as most of them have experienced it themselves. Anyone who hasn't (due to age or gender) does not appear able to imagine the effects this can have on ability to function at work.'

The rejection of men and preference for women was not uniform. Occasionally women reported that their male managers were approachable and helpful.

'Men are often more open and understanding than some female managers.'

There were occasions when respondents cited a lack of concern from their female managers. Some female managers were deemed to be embarrassed about the issue and others chose to ignore it or were hostile. Respondents complained of female managers who 'sailed through theirs and are not very sympathetic':

'She was a woman but I still felt uncomfortable talking to her. She was very strong and seemed to dismiss symptoms as 'made-up' even though she was five years older than me.'

'Female line manager unsympathetically compares one's experiences to their own..'

'My director is a woman and I think she is made of steel then why shouldn't women under her be made of sterner stuff. She is not caring or understanding and is dismissive of the menopause'.

'When speaking once about the discomfort of hot flushes, I was told by my female HR Manager (not of menopausal age) who was within hearing shot, that there was no such thing as the menopause! Not what you want to hear from a senior officer or another woman!'

Working in female-only establishments was sometimes helpful in coping with menopausal symptoms but not always.

'Work in a mainly female situation therefore more potential sympathy but a tendency of it being "get on with it" culture. If line managers didn't have a problem they try not to show their suspicion in thinking you are exaggerating your problem. Weekends have become recovery and collapse times so that I can carry on with next week's work rather than time off for fun/going out.'

Personality of the manager

For some respondents, the personality and disposition of the manager appeared to be more of a factor than whether they were male or female.

'Depends more on my relationship and trust in my line manager than their gender.'

If you were lucky enough to have the 'right' manager who was supportive then all topics were open for discussion. On the other hand there were managers who were oblivious to employees' problems and who operated a policy of 'get on with it'. There were also some managers who respondents believed were incapable of maintaining confidentiality.

'I have had no understanding or support from my management. Working in mental health you would expect managers to be supportive but, this sadly is not the case.'

'I would not talk to a man nor 50% of the women managers as they are completely indiscreet and would have my problems discussed openly in management meetings despite my request not to discuss them.'

Job security and fear of reprisals

A real problem was the fear of reprisals at work if menopausal issues were raised. A number of women voiced the anxiety that if they highlighted their menopausal position the information might be interpreted as a failure of some kind.

'Speaking about very personal issues may influence how capable they might think I am work-wise.'

'I do not feel comfortable sharing information that could be used against me.'

There was clear concern about the implications of disclosure and discrimination that might follow, a commonly cited concern was that it might jeopardise chances of promotion.

'I could write an essay on this! Given that women are written off at a much earlier age than me and are judged on their appearance (often unconsciously) in a way that men really aren't, I would be very wary of giving anyone the impression that I was 'past my best.'

'Lack of male understanding, fear of not getting promoted or treated equally or of appearing 'less' than a male colleague.'

This was particularly strong when women were working in all-male environments.

'I am the only woman in a team of men – I don't feel I would be treated sympathetically. I fear it would be seen as weakness.'

'My perception is that males would see this as a weakness and be derisory.'

Concerns about raising the menopause in an atmosphere of job insecurity were cited by a number of respondents to the survey. The comments highlighted that many women are feeling vulnerable at work. They could not afford any 'sign of weakness' which could lead to them losing their jobs.

A report published by the TUC called *Living on the Edge* has recently highlighted the wider impacts of job insecurity, including negative impacts on health and well-being and an association between poor mental health and precarious employment. It also cited research demonstrating that employment practices such as zero hours contracts can "cause widespread anxiety, stress and 'depressed mental states' in workers as a result of financial and social uncertainty".¹⁴ As such, it is clear how such employment practices are detrimental to women experiencing menopausal symptoms. A number of respondents in this position appeared to be deterred from speaking up about the menopause at all:

'Nobody talks about it. With no permanent contracts available, I would be loath to discuss with line managers. I know that it would be seen as a weakness. I have not felt supported by management since I have been experiencing symptoms.'

'In view of cuts, not wanting to display vulnerabilities.'

'No point in alienating men especially in a time of job cuts.'

This issue was also identified by a number of participants in the workshop for BAME women:

'As a contract worker/self-employed I am too scared to say anything.'

'There is a lack of support for self-employed women, contractors and zero hours contracts... what route do you have for help when your position in the workplace is vulnerable?'

A number of the responses in this section of the survey were reflected in the response of one woman who said:

'The advantage of the menopause is that recruiters don't need to worry about the risk of maternity leave. I am not sure that replacing the bias with a view of 45+ women as unreliable, emotional, sweaty nutcases is something I would welcome....that's a roundabout way of saying, I'm not sure that raising employers' awareness of women's problems with the menopause would necessarily be a good thing for the women concerned.'

Although some respondents felt that it could be harmful to raise employers' awareness, the majority of respondents felt that greater awareness was desirable and that discrimination needed to be challenged. Keeping the issue 'swept under the carpet' could perpetuate a

vicious circle where women's needs continue not to be addressed, when in many cases simple adjustments, which could be raised collectively through the union, could create a healthier working environment for menopausal women.

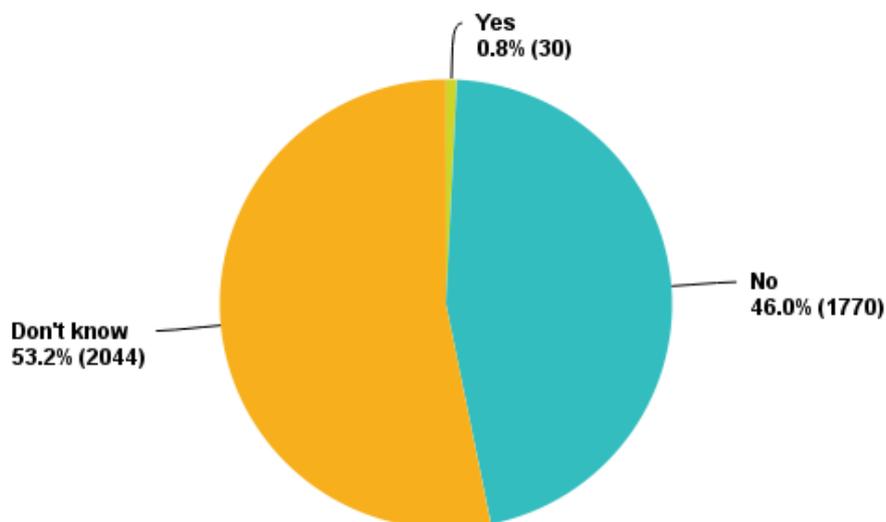
Workplace policies on the menopause

Are there workplace policies?

The respondents were asked whether their particular workplace had a policy on the menopause. Only 0.8 per cent of respondents indicated that their workplace had a policy on the menopause. In contrast 46 per cent stated that no policy existed in their workplace and the remaining 53.2 per cent did not know one way or the other. If there are policies in existence in these workplaces, employees were not aware of them which implies that the policy is probably not working very effectively.

Q1 Does your workplace have a policy on the menopause?

Answered: 3,844 Skipped: 0

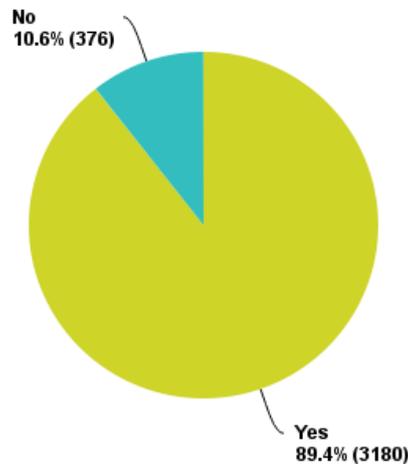


Would respondents welcome a model workplace policy?

Respondents were asked whether they would like the Wales TUC to provide a model of what a workplace policy on the menopause might look like. Overall almost 9 out of 10 respondents to this question (or 89.4 per cent) answered unequivocally yes whilst only 10.6 per cent said no.

Q5 Would you welcome a model workplace policy from the Wales TUC on the menopause?

Answered: 3,556 Skipped: 288



Many of the respondents were clear that there was a need for such a policy and that it would be beneficial. They felt that the issues needed carefully spelling out so that everyone was aware of menopausal symptoms and how workplaces can create difficulties for women experiencing symptoms, as well as examples of adjustments that employers could make to support women.

It was felt that it would be helpful if where good practice occurred it could be highlighted and examples given so that organisations had a model to follow in dealing with these issues.

Respondents felt that a model policy would fill a much neglected gap and that unions could have a key role in getting such policies put in place. During the workshop sessions, it was emphasised that although a model policy would be helpful there may be different considerations in different workplaces (e.g. different issues around health and safety) so any model policy would need to be adapted to suit the individual workplace.

'There is a policy for most aspects of life experiences that could affect you whilst working, but nothing with regards the physical and mental effects of the menopause on thousands of women in the workplace and there should be a standardised policy across the board for all employers to adhere to with regards this as well.'

'Develop a policy that prevents employers using the impact of the menopause to bully staff.'

'A workplace policy should cover it but to be aware that women suffer the menopause in many different ways.'

'This needs to be an informing piece more than a policy, outlining how menopause affects women in different ways. It would be beneficial if awareness could be raised including amongst women approaching menopause.'

For some respondents, however, a simple policy would be sufficient, but should be part of a directive which covered wider health issues.

'I think menopause affects everyone differently. It needs to be treated much the same as menstruation... there should not be a specific policy regarding menopause, but perhaps one which covers the full range (age inclusive) of potential issues. It needs to be gender-inclusive as well, as prostate problems might have an effect on a middle aged man's work life as well (sleep disturbance, increased urination, etc.).'

A few respondents were concerned that as women experience the menopause in so many different ways it would be impossible to cover all eventualities in policy. Also once again there were those who feared there was potential that policies could lead to further marginalisation of women in the workplace or risked 'problematizing' what should be regarded as a purely natural process.

'I worry that if a policy is in place help is defined and rigid with no flexibility as no two women feel the same way about this. Also it can lead to misunderstanding - very rarely in the women's favour - i.e. giving set time limits in which you are to feel better.'

'I do not welcome a model workplace policy because in the UK the menopause is being mediatised as a problem. In many women's lives it is a non-event and in some other cultures it is not regarded as a problem at all.'

'I have concerns that publicising a natural process could become another reason not to take women seriously or promote a woman if she is 40 or over.'

'Making an issue would just give misogynists the perfect excuse to discriminate.'

Several respondents voiced pessimism and concern that policies may be ineffective unless wider underlying issues of workplace stress were addressed, particularly in workplaces characterised by work pressures, unsupportive management or insufficient staffing levels.

'A policy is not going to work in this health board, when staffing levels are so poor and other policies can be ignored due to pressures of work and need.'

'The instigation of yet another policy just generates more work for the people who are struggling with the load placed on us anyway. There is nothing that a policy can do to help with the menopause. An understanding manager is the most important thing.'

One of the participants in the BAME women's workshop raised the issue of the difficulties of enforcing workplace policies and rights when there are barriers to justice:

'Can we make legislation easier to use? It's hard when there are barriers such as the cost of going to tribunal.'

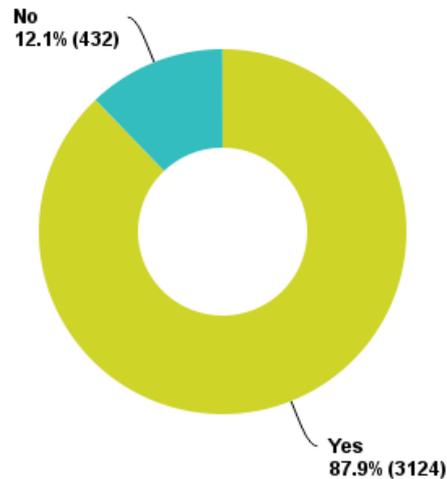
The role of the Wales TUC and unions

Training for union representatives

The respondents were asked to consider whether they would welcome training for union representatives so that they could support women experiencing the menopause at work. As with the question on the desirability of a workplace policy, the overwhelming majority or almost 9 out of 10 (87.9 per cent) of respondents to this question said they would welcome this. Only 12.1 per cent indicated they did not see a need for training.

Q6 Would you welcome training for union reps so that they could support women experiencing the menopause at work?

Answered: 3,556 Skipped: 288



Training of union representatives was seen as important but education of managers and others in the workplace was also seen to be key.

'Training for ALL union reps on female health issues. It isn't just menopause that women in the workforce face issues with. Even a 'normal' and 'healthy' menstrual cycle can occasionally cause issues for women and yet it's dismissed as trivial.'

'I would welcome awareness raising or training for all managers not just union reps.'

'I think training across the organisation not just limited to union reps. Some women choose not to be in a union and should not feel disadvantaged by training and input only going to those that are in a union. This is an organisation issue not specifically a union issue.'

Further resources required and suggestions for improving the situation

Respondents were asked to identify any other resources that the Wales TUC could provide on the menopause that they would find valuable. They were also asked whether there was anything further the Wales TUC could do to help those experiencing the menopause at work. The reaction was enormous with over 2,000 respondents offering suggestions as to the way forward.

Whilst focussing on the Wales TUC and unions, these suggestions went beyond the specific role of unions to include government, employers, managers, HR, colleagues and all sections of society. The responses are grouped and commented upon below. They suggest a programme of action which begins with awareness raising and includes education, training, support, practical help and the changing of some current working practices.

Awareness raising

What was overwhelming clear from the survey results is that most employers have been very slow to recognise that women of menopausal age may need special considerations. The result is that many women feel they have to hide their symptoms and may be

discouraged from asking for the adjustments that may help them. On occasions respondents reported that this had even resulted in women losing their jobs.

Respondents felt that the Wales TUC and unions could provide a strong lead in challenging discrimination and making the topic more widely appreciated. Respondents also thought the Wales TUC and unions had a role to play in the training of workplace union reps and awareness raising activities which could help disseminate the message into individual workplaces to spread awareness. Challenging ingrained sexist and negative cultural attitudes towards women and female aging is a fundamental part of this process:

'It's about changing attitudes. I think a lot of men see it as a weakness and so do a percentage of women.'

'More communication; it's not talked about in the workplace, so it's not seen as a workplace issue.'

'Raise awareness of how menopause might affect individuals. The labelling of 'women's troubles' and 'her age' needs dispelling.'

'There tends to be humour attached to anything slightly 'hormonal' which is cultural and first and foremost this would need to be addressed.'

'Positive messages to employers and employees on how to manage this time. It doesn't last forever but in many cases has a huge impact while it is being experienced.'

Awareness building needs to occur with all members of the workforce, not just women who might be in the target age group.

'The male workforce should have awareness sessions so women do not feel they are looked at as being given preferential treatment and to stop it being an ongoing joke!'

Education and training

Alongside awareness raising respondents identified a need for education. From the responses, it is clear that there is an urgent need for employers to provide better information and training for managers and staff on this issue. Employers should make sure line managers have been trained so that they understand how the menopause can affect working women and what adjustments may be necessary to support them. Respondents suggested that it would be helpful for workplaces to have a series of **fact sheets** targeted at managers as well as information for everyone in the workforce.

'Information and training for male and female managers on how to best discuss and support colleagues experiencing menopause. Information that educates colleagues of all ages about menopause and some of the cultural issues that affect the way in which different ethnic groups will experience menopause.'

'Full training for heads/managers to ensure understanding of possible effects on vulnerable members of the workforce in order to ensure appropriate support.'

'Some simple fact sheets for managers and colleagues – it isn't an illness and can be easily managed with a bit of consideration. It is no more or less likely to affect your performance than other life events.'

'I'd value a campaign or advertising or leaflets educating people about the menopause. I'm amazed at the lack of information available to us.'

'Maybe a better understanding of the symptoms, particularly for males, so they can understand it's a serious issue and that women aren't just being 'difficult'.'

As part of wider occupational health awareness campaigns, issues such as the menopause should be highlighted by employers so that staff know that the employer has a positive attitude to the issue and that it is not something that women should feel embarrassed about. Respondents felt that this process might be aided by **social media, online resources and leaflets**.

In addition respondents suggested it might be desirable to set up **workshops and support groups** in the workplace where women could discuss their experiences in a more sympathetic environment and to provide a 'buddy system' where women could provide mutual support.

'Female only workshops on coping with the menopause.'

'Speak to women going through it. Set up groups to enable women to talk and share experiences.'

Changing working practices and policies

Workplaces and working practices have not been designed with the needs of menopausal women in mind. Respondents cited a number of simple adjustments which could be made to current working practices to improve the situation. These ranged from adjustments to the physical working environment to the adaptation of workplace policies such as flexible working, performance management and sick leave policies to better meet the needs of women affected by menopausal symptoms.

Providing a safe working environment

The responses to this survey highlight the extremely difficult circumstances under which some employers expect women to work, circumstances which many respondents said made their symptoms worse. The Wales TUC believes employers have a responsibility to take into account the difficulties that women may experience during the menopause. The Health and Safety at Work Act (1974) require employers to ensure the health, safety and welfare of all workers. Under the Act, **employers are required to do risk assessments** under the Management Regulations **which should include specific risks to menopausal women** if they are employed.

Risk assessments should consider the specific needs of menopausal women and ensure that the working environment will not make their symptoms worse. Issues that need looking at include temperature and ventilation. The assessments should also address welfare issues such as toilet facilities and access to cold water.

Interestingly, the survey identified that it is not only women in manufacturing industries working for long hours with few breaks who find the menopause difficult to deal with. It is also women in sectors such as health and education who, often unable to leave their posts, experience considerable difficulty and even trauma. Likewise women doing office work often feel 'tied' to their desks and find even a brief escape impossible. Situations where women were unable to secure a few moments privacy when needed due to working in 'exposed' or high profile situations could also be problematic.

'Often I have a hot flush, sometimes it is so bad, I feel as though I will pass out. I either have to stand next to the window, or leave the room. The sweat pours out of me and this makes

me feel horrible. I can leave for a few minutes as I am a teaching assistant. If I was a teacher I wouldn't be able to.'

'Female staff having permission to leave their desks when they experience hot flushes, as some women feel embarrassed sitting in a room full of male colleagues during this time.'

'I was plagued with sudden flooding [heavy periods] which could occur unexpectedly and needed immediate action. Not nice! Also tiredness especially if you are in a stressful job or a public position.'

'I teach and on some days I sweat profusely. I have a shower in the morning and use anti perspiration products but I might as well not use them. On certain days I feel very uncomfortable around my students because my sweat smells and it's just unstoppable.'

This was also a concern identified by a participant in the BAME women's workshop:

'My levels of stress and anxiety increase because I have to manage things like the potential of flooding when I have to deliver presentations in work... how can I get my colleagues to understand this and what can my employer do to help?'

Workplace temperature, ventilation and welfare facilities

A very high proportion of the respondents indicated that current temperature and ventilation control measures in their workplaces were inadequate. Many stated that simple measures, such as the provision of **fans** in the workplace would be helpful, as would greater control of heating/air conditioning systems, access to fresh air or the option of sitting near to a window.

'Access to temperature control equipment – fans/opening windows would be useful.'

'Desk by a window or a fan.'

'Small desk fans!'

'Make sure that the classrooms have ventilation.'

One theme from the responses which was also raised during the workshops, was the difficulties in managing different people's requirements, with some finding the workplace too hot and others too cold. During the workshops reps discussed ideas such as the 'thermal mapping' of workplaces to create maps of hot and cold spots, so that workers could move to areas that better suited their requirements.

Likewise easy access to well-maintained **toilets** and wash room facilities was identified as being a basic and fundamental requirement but still proved to be very difficult for some workers:

'Toileting arrangements are a particular problem for menopausal women in my workplace. The school has a very widespread distribution of classrooms with most being demountables and therefore access to toilets within the main building at 'key' moments is not easy! Potentially embarrassing moments are always a concern.'

'I have nowhere to go and change my clothes or wash.'

'Toilet facilities at my workplace are poor with small grey cubicles and paper dispensers that are often stuck or empty. The WC flushing capacity is also limited, which may need 3 attempts to flush. This combines to make the experience of using facilities very poor when I am already feeling low with stomach cramps, and feeling shocked at the volume of blood loss, which reminds me of past miscarriages and is distressing.'

During the workshops, some reps raised concerns about in-work poverty specifically regarding women on low incomes and the affordability of sanitary products. This was seen as a particular difficulty for women who experience frequent or heavy periods as part of the peri-menopause. These concerns echo similar reports of young women in schools and women accessing food banks having difficulties affording sanitary protection.¹⁵

The provision of **cold drinks** is also essential but some respondents reported difficulties accessing these:

'Our cold drink water machine has been removed from the ward because managers say it is too expensive to maintain.'

Finally, for some women **uniform** was a problem. Uniforms made of natural fabrics rather than artificial fibres would be much more suitable as would a bigger choice of possible garments.

'Allow female nurses to wear appropriate uniforms.'

'Within nursing, wearing trousers can be difficult and a dress is not an option, but it should be.'

'It has been difficult with the severe sweating wearing nylon uniform in work. And then the pains and headaches make the job so hard to do in the bright fluorescent lights. And it's the various emotions and mood swings can be upsetting when extra pressure is put on you in your job. You can feel isolated and lonely.'

Flexible working

Many respondents raised the importance of flexible working practices for women experiencing the menopause. This could include measures such as changes to the number of hours worked, flexible start/finish times or options such as home working or job sharing.

'Desperate need to encourage employers to allow as much home working as possible.'

'More flexible working as sleep deprivation is severe during menopause and as you lose your confidence and are prone to become more easily stressed and tearful.'

'Flexible working option for going part time and then back to full time when symptoms more under control.'

'Be flexible at work including start and finish times of shift patterns.'

'Flexible working hours, power nap after lunch to improve productivity.'

Reducing workplace stress

The detrimental effect of workplace stress and excessive workloads was a frequently cited issue in respondents' comments. Some who felt very overworked thought that in such cases workloads should be reduced to help the women through the most difficult times.

'For employers to take the relentless pressure of workloads off women at this time, as 'stress' makes things significantly worse.'

Many respondents highlighted the relationship between stress and increased symptoms and reported that being under stress due to the pressures of staffing levels, workloads, targets or workplace bullying was making their symptoms worse and in some cases caused women to leave the workforce altogether. Many respondents said they would welcome effective action from employers to **reduce the causes of workplace stress** and relieve work pressures.

Employers have a duty to include stress in risk assessments and take steps to reduce the causes of stress in the workplace (e.g. such as excessive workload, unrealistic performance targets, lack of managerial support and workplace bullying or violence). It should be noted by employers that 'resilience' training (which focusses on training individuals to 'cope' better with stress rather than tackling the causes of stress) is not an acceptable substitute for the proper management of stress in the workplace (i.e. the removal and control of risks). Employers should consult the HSE stress management standards.

Performance management

Performance management policies were also cited as a common cause of difficulties and additional stress, especially where women's menopausal symptoms were not given due consideration. Where needed, reductions in workloads or a relaxation of performance targets may be helpful to women experiencing symptoms. Employers need to be aware of their duty not to discriminate under the Equality Act and to ensure that policies are not being implemented in a way that is discriminatory towards women.

'Support them in the way you would should they have any other biological condition affecting their performance. Be understanding but don't belittle women going through this chapter of their lives.'

'Put policies in place to protect those whose work performance is affected by symptoms.'

'Encourage recognition of symptoms and how they affect performance at certain times.'

'Lack of sleep and resultant fatigue has a huge impact on my energy and concentration levels - employers need to be aware of this and other symptoms especially when you are working with constant performance targets to be met.'

'I was not treated seriously by a former line manager and was even bullied about my performance despite me having had to take time off because symptoms (especially anxiety and memory loss) were so severe.'

Sick leave

There were several issues which related to the menopause and sick leave. For a number of women having time off led them quite rapidly into disciplinary procedures. As before, employers need to be aware of their duty not to discriminate under the Equality Act and to ensure that policies are not being implemented in a way that is discriminatory towards women. The Wales TUC believes that sickness absence procedures should make it clear that they are flexible enough to cater for menopause-related sickness absence. Women should not experience any detriment if they need time off for this reason.

Menopausal women may experience bouts of feeling unwell at work. In such instances, managers should take a flexible and sympathetic approach to requests for a break or even a return home. Guidance on sick leave would be helpful as part of any model workplace policy on the menopause or could be put in place as an amendment to existing sickness policies. Respondents' suggestions included:

'Extension of the number of sick days before being disciplined.'

'Time off without being put into the sick bracket where you end up being interviewed formally.'

Respondents described some of the difficulties experienced:

'Sickness policy counts each period of sickness so I am unable to take time off if unwell or having difficulty functioning.'

'It's a difficult one as you don't want to be seen as underachieving. Or as someone being a hypochondriac as symptoms vary so much. It's not recognised as something in itself that causes difficulties, so not treated sympathetically or as an issue in itself. I ended up having an OH referral and was covered under the EA [Equality Act] as symptoms caused an impairment. It's still really embarrassing having to explain to each new manager what you need time off for. And finding information about it is difficult even from GPs. More awareness all round would help.'

'A personal case had severe mood swings and was severely frustrated needed sickness absences-told management it was due to menopause but they said it was an excuse - she was sacked.'

'I had to take time off work twice as I had an allergic reaction to HRT then to a natural remedy which caused swelling and considerable pain. This affected the Bradford score so I had to repeatedly discuss the symptoms with managers even though I had been treated in hospital. It was very embarrassing and I was made to feel bad for taking time off.'

Workplace support/point of contact

One of the most important issues that is apparent from the response to this survey is the need for employers to provide someone with knowledge of the issues around the menopause within the workplace whom women can feel comfortable approaching if they are experiencing difficulties. The Wales TUC believes that as many women clearly feel uncomfortable approaching a line manager, especially if it is a man, that employers should make other options available. This could be through human resources or a welfare officer. Many employers have employee assistance programmes that can act as a go-between.

'A helpline or support officer so if a woman is uncomfortable with her line manager she has a contact.'

'Offering and signposting staff to support and understanding and not denying the issue would be a good start.'

This was also identified as a key issue by a participant at the BAME women's workshop:

'It would great to have a designated person at work to talk to about it, or any other women's health issues too. If you knew that there was someone you could talk to and inform, they you also wouldn't need to worry about having a male boss.'

One respondent gave an example of an effective scheme in their workplace:

'We provide a menopause service in our service. Staff members can and do access it. Having spoken to women in the police force and other public sector services, they are not so well catered for. GPs are often not knowledgeable about the menopause and so more specialised services should be made available, it is not expensive nor complicated.'

A number of respondents felt that access to a **helpline** or information service would be useful, where women could get guidance on dealing with the menopause in the workplace and help with dealing with work-related problems. There was a particular need to provide help for those suffering from anxiety and depression:

'I am convinced that the stress-related symptoms that led to me losing my job were partly related to the menopause. I felt I had no support and little understanding for either problem. If someone was trained and accessible to women experiencing problems it might help alleviate the situation and someone else won't find themselves out of work because they were unwell.'

Support outside of the workplace - the role of GPs

During the workshops, one issue that was raised was the provision of better and more widely available training for GPs on the menopause. As well as support in the workplace, for many women, the support of a sympathetic and knowledgeable GP was felt to be vital. Whilst some women report excellent support from their GPs, others had difficulties in getting an accurate diagnosis, had experienced misdiagnosis and difficulties accessing the right treatment and support.

This issue was also identified by some of the respondents to the survey:

'GP knowledge is very patchy across Wales.'

'Lack of understanding and support generally in society including the Health Service. No general check up by GPs to focus on the impact of menopause, no advice or support offered when issued raised. In my experience the greatest support has been via peers or access to the internet to find suitable resources. This is such a key change for women that you are left to negotiate alone.'

'I do not believe, from personal experience, that enough information is given to women in the first instance from their GP re symptoms, side effects, and long term effects of taking HRT.'

'Most GPs are fairly dismissive of the menopause and seem to forget that you suffer as an individual so your experience can be different to others even if the symptoms are the same. Unfortunately, in my experience you are just left to 'get on with it' and labelled as 'menopausal'.'

Further Comments

There were 867 additional comments made, many of which were extensively written. They are an extraordinary account of women's personal experience of the menopause and range from describing in detail physical symptoms to outlining the problems that work caused and the effects on their careers.

'I regularly had to go home to change sometimes once or twice a day but I worked 1 mile from home. However they closed that workplace down meaning a 50 mile road trip would be required. So then 3 or more sets of clothes had to be dragged onto buses and trains every day in case they were required. I was like the bag lady just going to work and the soiled underwear trousers, socks and shoes as well as sanitary products were difficult to disguise.'

'I think a more sympathetic approach, to what I now recognise was poor concentration, and not an inability to do my job, would have meant I wouldn't have sacrificed my career.'

'I think that negative perception of the menopause is part of a wider bias against older employees (both male and female) who are often seen as "past it" or "dead wood". For female colleagues, this is exacerbated by negative assumptions about the menopause, which can be used to discredit their opinions, judgement and abilities. I do not think that the menopause itself necessarily affects working life for every woman, but negative assumptions and prejudices about it certainly do.'

Many of the respondents also noted that the menopause frequently comes at a time when they were grappling with other problems such as dependent parents. Trying to deal with multiple problems at the same time was often detrimental.

'I know of someone who lost her position as manager because of stress brought about by menopause and her elderly parents needing more care during that period. She was a very capable woman but, the worst thing was that she was treated like that by another woman.'

Conclusion

There is a growing momentum to lift the taboo around the menopause and recent campaigns, which have included high profile women speaking out about the issue have done much to raise it further up the agenda. However, there is still much to be done to tackle the issue, particularly in workplaces, where often women do not feel able to talk about the menopause at all. Recognition of the issue is the first step but the Wales TUC believes that there are also key actions that should be taken as part of a campaign to improve the situation.

The findings of this survey and the suggestions from respondents show that there are clear actions that can be taken to bring about real change. As a result, the Wales TUC has put together a campaign plan, which will now be taken forward as a key campaign to change the way that the menopause is treated in the workplace in Wales.

A copy of the campaign plan is available from

<https://www.tuc.org.uk/sites/default/files/Menopause%20campaign%20asks.pdf>.

Further sources of information and support

TUC guidance on the menopause

www.tuc.org.uk/sites/default/files/TUC_menopause_0.pdf

NHS information pages

www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx

British Menopause Society

www.thebms.org.uk/

Menopause Matters

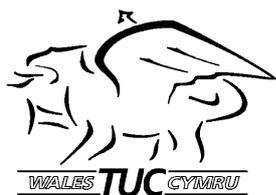
www.menopausematters.co.uk

The Daisy Network

www.daisynetwork.org.uk

References

- ¹ www.evidentlycochrane.net/menopause-matters-experience-evidence/
- ² NICE 2015 www.nice.org.uk/news/press-and-media/nice-issues-first-guideline-on-menopause-to-stop-women-suffering-in-silence
- ³ NHS UK www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx
- ⁴ NHS UK www.nhs.uk/Conditions/Menopause/Pages/Introduction.aspx
- ⁵ NHS UK www.nhs.uk/Conditions/Menopause/Pages/Symptoms.aspx
- ⁶ Menopause UK www.menopauseuk.org
- ⁷ ONS Employment Statistics March 2017
- ⁸ ONS Employment Statistics March 2017
- ⁹ www.endometriosis-uk.org/information
- ¹⁰ www.nhs.uk/Conditions/Infertility/Pages/Introduction.aspx
- ¹¹ www.gov.uk/government/uploads/system/uploads/attachment_data/file/525938/Trade_Union_Membership_2015_-_Statistical_Bulletin.pdf
- ¹² www.ucu.org.uk/media/7279/Making-ends-meet---the-human-cost-of-casualisation-in-post-secondary-education-May-15/pdf/ucu_makingendsmeet_may15.pdf
- ¹³ www.bbc.co.uk/news/health-34380258
- ¹⁴ www.tuc.org.uk/sites/default/files/Living%20on%20the%20Edge%202016.pdf
- ¹⁵ www.independent.co.uk/news/uk/home-news/girls-skipping-school-periods-cant-afford-tampons-sanitary-pads-a7629766.html



The Wales TUC would like to acknowledge with thanks the contribution of Melissa Wood and Sarah Rees of WEN Wales to this report.

All TUC publications can be provide for dyslexic or visually impaired readers in an agreed accessible format, on request, at no extra cost.

Published by Wales TUC Cymru, 1 Cathedral Road, Cardiff CF11 9SD

Contact: Rhianydd Williams/Jo Rees wtuc@tuc.org.uk www.wtuc.org.uk

t: 029 2034 7010

© 2017 Wales Trades Union Congress