

**MENOPAUSE
IS A HEALTH
AND SAFETY
ISSUE**

**NAPO GUIDE TO
THE MENOPAUSE
AT WORK**

Background

More women than ever are now working and more women are working until later in life - in 2016 the employment rate for women in the UK of nearly 70% was among the highest since records began. Over the last four years the number of working women over the age of 50 has also increased; a trend that is set to continue as the retirement age rises.¹ Given this more women than ever before will work through the menopause - and work beyond the menopause.

The menopause is slowly becoming more of a workplace related health priority - and not the taboo subject it was previously. Recently the Chief Medical Officer, Professor Dame Sally Davies, called on employers to create a culture where women feel comfortable discussing the menopause in the workplace.²

A 2016 AGM resolution 'Women's Health Matters' noted the increase in women working later into life and the impact this may have on their health. About of a third of Napo women members are over 50 and of these about a third are of the age where they are likely to be going through the menopause. This guidance document will hopefully be of use to them and their representatives. The document forms part of Napo's plans to address issues raised in the resolution.

¹ Guidance on the menopause and the workplace, Faculty of Occupational Medicine of the Royal College of Physicians, <http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>

² British Menopause Society <https://thebms.org.uk/2015/12/chief-medical-officer-calls-for-workplaces-to-be-more-menopause-friendly/>

Included in this guidance are findings from Napo Members Women's Health Survey 2016. This survey was carried out by health psychology researchers, Professor Myra Hunter and Doctor Claire Hardy from King's College London. The survey was designed by them so they could gain further insight into women's health and well-being particularly women's premenstrual experiences and the menopause.

Details of the Napo Members Women's Health 2016 survey:

The online survey was sent to all female Napo members in May-June 2016. Three-hundred and twenty-six women responded.

Of these members:

74% worked full time and **26%** part-time.

53% were employed by the NPS, **35%** by CRCs, **10%** by CAFCASS, **2%** by PBNI. Almost half of the respondents were Probation Officers (**48%**).

The majority of respondents had regular or set work hours during the day (**85%**) and could work flexible hours (**65%**). The majority were educated to a least degree qualification level (**87%**). The majority of respondents were white British (**81%**), heterosexual (**89%**). The average age of the respondents was 54 years old.

26% were peri and **76%** postmenopausal and one was taking HRT

(Note: Peri menopausal is when irregular periods signal the beginning of the menopausal stage. Post menopausal is when 12 months have passed since the woman's final menstrual period).

Context

The menopause occurs in women's lives in the context of other mid-life psychosocial changes, including negative social meanings and changes with age. Women are often dealing with demanding life events and responsibilities outside of work, including caring for elderly relatives, there may still be children living at home including adolescent children.

Napo Women's Health Survey 2016 found that 62% of respondents were living with their partner (and had children, 68%), half of whom lived at home (49%).

The caring responsibilities of women in this age group are often cross-generational; they can be caught in the middle of children, grandchildren, spouses and partners, their own parents as well as those of their 'significant other'. With housing being completely unaffordable in some parts of the country, more children are living at home into adulthood. Within this context menopausal symptoms can cause discomfort, social embarrassment and disruption which can impact on quality of life.

Professor Myra Hunter:

"Women tend to go through menopause at a time when they are experienced and skilled in their work, with up to 20 or more years ahead. They shouldn't have to be unnecessarily concerned about being seen as "past it" or "over the hill" at 50.³"

³ Let's End the Taboo Over Menopause, Morning Star, Thursday 31 December, 2015 Myra Hunter, <https://morningstaronline.co.uk/a-5373-Lets-end-the-taboo-over-menopause#.WZGVnIWcHcs>

Napo Women's Health Survey 2016 found that when asked to compare their job performance in relation to others in a similar role or position, on a 5-point scale (1=poor, 5=excellent), 73 % of the respondents rated themselves as 4 or 5.

However when asked about whether their work performance or others' perceptions of their work performance would be affected, women in the menopausal group in roughly equal numbers agreed (32%) and disagreed (28%) that a women's job performance would be negatively affected by the menopause (i.e. performance not as good as normal). A third of women in this group also felt that the menopause negatively affects manager's and colleagues' views of women's competence at work (31%).

What is the menopause?

The menopause marks the end of menstruation (or periods). It is a natural part of female aging occurring when menstruation stops. A woman's periods do not usually stop suddenly, although this can happen. Reaching the menopause means the end of egg production (ovulation) and a reduction in the body's production of the hormone oestrogen. Breast cancer treatment and hysterectomy can cause women to have symptoms of the menopause or may cause an early menopause.

Most women go through the menopause, between 48 and 55. The average age of menopause in the UK is 51, but it can happen much earlier. The symptoms average four years from the last period.

Napo Women's Health Survey found that the majority of respondents (61%) were women who were going through or have been through the menopause transition (peri, post menopause, using HRT) with just over a third (39%) categorised as pre-menopausal.

Note: Cross-cultural studies show there are wide variations in symptom perception and reporting with women from different ethnic backgrounds and living in different countries. For instance women living in western countries tend to report more hot flushes compared with those living in India, Japan and China.⁴

⁴ Report of the Chief Medical Officer, The Health of the 51%: Women, Sally Davies, 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595439/CMO_annual_report_2014.pdf

Not all women will experience the same symptoms, and some women will experience no or very few symptoms, but of the symptoms the most common are:

- Hot flushes affecting the face and neck, these can start in the face, neck or chest and can spread upwards or downwards. Most flushes only last a few minutes and the woman may sweat and the face, neck and chest become red and patchy.
At night these are felt as night sweats
- Sleep disturbance, this can be caused by the night sweats, although this can also be caused by the anxiety women feel during the menopause. This sleep loss can cause irritability or lack of concentration at work.

Napo Members Women's Health Survey 2016 found that over half of those respondents who were going through the menopause were currently experiencing hot flushes or night sweats that were moderately severe. They reported themselves as having as few as 1 hot flush or as many as 21, and between 1-5 night sweats that woke them up. They had been experiencing hot flushes and night sweats between 6 months to 15 years.

- Constipation
- Heavy periods and clots are common during the menopause and some periods may last longer. Most women will also experience irregular periods, which are harder to prepare for.
- Headaches
- Weight gain
- Vaginal symptoms such as vaginal dryness, itching or discomfort are common. These happen not only during the menopause and shortly after but can occur in the in the period leading up to the change.
- General irritability, mood disturbances, anxiety and depression.
- Urinary infections may also occur during the menopause, and many women have recurrent lower urinary tract infections, such as cystitis. It is common to have an urgent need to pass urine or a need to pass it more often than normal.

Women may also suffer with other problems such as short-term memory loss, nausea, need to urinate frequently, aches and pains, mood swings, dry skin and eyes, dizziness, tiredness and lack of energy.

Women may also experience physical changes to their bodies particularly in their reproductive organs. After the menopause women may be more prone to heart attacks and strokes, acceleration of loss of bone bulk and osteoporosis and bladder trouble. Some of these symptoms can be made worse by work if not managed correctly particularly hot flushes, headaches, tiredness, short term memory loss and lack of energy.

Napo Members Women's Health Survey 2016 showed that a small proportion of women are experiencing bothersome premenstrual or menopausal symptoms that are sometimes impacting on their work.

Health & Safety issues

Health and safety issues for menopausal women in the workplace include:

- Toilet access and breaks – heavy or unpredictable periods makes easy access to sanitary facilities even more important for women. Napo women members may have difficulty in getting access to toilets for example if their workstation is a long way away, or if they are working to a tight deadline. If they are traveling as part of their work, for instance when driving or if there is a shortage of public facilities. It could be that they are delivering a programme, working in court, as a UPW supervisor, or carrying out a home visit, working in a prison or in the community– in these scenarios it may not be easy for them to leave suddenly to go to the loo.
- Workstation design - working in a restricted position for a long period may cause health problems.
- Workplace temperature – a woman's body temperature may rise by up to 5 degrees during a hot flush.
- Ventilation – additional ventilation may be required.
- Lack of access to natural light may affect the body's ability to absorb calcium and can also affect the mood.
- Inflexible hours of work and breaks – may add to stress and physical discomfort at work.

Napo Members Women's Health Survey 2016 explored issues around work-life balance. The results showed that over half of the women (57-66%) did not feel as though they had a good balance between work and their personal life.

- Pressure to meet impossible deadlines within contractual hours and pressure to work unpaid hours.
- Poor indoor air quality and heat – may exacerbate dry skin and eyes
- Women having HRT or post-operative treatments may experience symptoms which affect them at work e.g. nausea
- Lack of exercise and/or sedentary lifestyles may have adverse effects on health e.g. increased risks of osteoporosis, cancer, diabetes and cardiovascular disease in women. Always contact your GP for advice where you have significant concerns.
- Stress in the workplace can also exacerbate symptoms. We know that stress is a significant issue for Napo members. The work our members do can be inherently stressful, but this is exasperated by high workloads, and for our probation members transforming rehabilitation has caused numerous problems. Sickness absence statistics show that occupational stress is one of the main reasons probation and family court staff go off sick. The statistics the employers provide us with rarely show a gender breakdown. But we know from HSE stats that women aged 45-54 report more work-related stress more than men or women of any other age group.

Napo Members Women's Health Survey 2016 – almost half of the respondents said they were dissatisfied with their jobs as a whole and about a third (28%) said that have considered stopping work altogether, and 40% considered reducing their working hours.

- Women may feel uncomfortable about going to their line manager, especially if it is a man - other options, such as speaking to a woman line manager colleague, should be available.

Napo Members Women's Health Survey 2016 found that most respondents (79%) had not disclosed to their manager that they were experiencing menopausal symptoms (where relevant), or informed their line manager that they were absent from work, arrived later or left early due to their menopause symptoms (71%).

The reason given most frequently for not disclosing was because they felt they would not be taken seriously, judged, or seen as making an excuse (28%), having an unapproachable or supportive manager (17%), or a male manager (10%), or feeling embarrassed (10%).

- Women may also encounter pressure and lack of understanding from colleagues and humiliation – they may perceive a lack of support or fear that mention of the menopause will elicit embarrassment or derogatory comments. They may fear acknowledging that they are getting older and or raising issues relating to women’s health and the potential repercussions of this on their employment.

Napo members should report bullying or harassment incidents especially where this is linked to a gender issue such as the menopause. The menopause will affect women in different ways.

Women should also always seek advice from their GP if they are worried about their health and the menopause.
--

Relevant legislation

Health and Safety at Work Act 1974 - Employers are required to protect the health, safety and welfare of all their employees. They have a duty to provide a safe workplace and safe systems of work. This is also a common law duty. The employer must also ensure, so far as reasonably practicable, the welfare of all their employees while they are at work.

Safety Representatives and Safety Committees Regulations 1977 - These give legal rights to safety representatives including representation of workers' views on health and safety, raising health and safety concerns with the employer and inspection of the workplace.

In connection with the menopause this regulation gives reps the opportunity to place menopause on the agenda of safety committees as an agenda item, which will help in raising the profile of this important workplace issue.

Remember: experiencing problems with menopausal problems at work is not an individual issue – but a collective one.

Workplace (health, safety and welfare) Regulations 1992 - These regulations are very important in the context of the menopause. They cover a wide range of workplace requirements including maintenance, ventilation, temperature, access and egress, lighting, cleanliness of the workplace, sanitary and washing facilities, eating facilities and restrooms, changing facilities, drinking water, space in workrooms, workstations and seating requirements, employers' duty to protect employees from effects of sunlight and provision relating to disabled workers.

Health & Safety (display screen equipment - DSE) Regulations 1992 - Require workstation assessments for users of VDUs and risk assessments, provision of breaks or changes of activity for VDU users. Workstation requirements also cover work environment issues including providing sufficient space to change position and

vary movements, ensuring that any equipment does not produce excess heat that would cause discomfort.

Management of Health and Safety at Work Regulations 1999 – Requires employers to carry out **risk assessments** to consider the precautions to be taken to control and preferably prevent injury.

Employers should risk assess symptomatic women to identify reasonable adjustments that can be made in connection with physical and psychosocial environment.

Physical environment

Recommendations in risk assessments for those women who experience hot flushes and could include, access easy access to desk fans, greater control over workplace temperature, cool drinking water, and if their workplace is hot and confined – then these women should be given access to more and cooler space. Making these arrangements is difficult, particularly as many Napo members are working in open plan office environment. In such circumstances it is often not possible to open windows for fresh air, or where doing in shared offices or workplaces risks causing interpersonal difficulties.

The overriding principal for employers should be that the working conditions they provide do not make menopausal symptoms worse.
--

Psychosocial risks

In relation to psychosocial risks, steps should be taken to reduce workplace stress and regular breaks and flexible working arrangements are recommended.

The Equality Act 2010 – This Act designates protected characteristics to age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. It is unlawful to discriminate against people who have protected characteristics under this Act. The menopause is not an illness or a disability, but in some situations it may be possible to rely upon the Equality Act 2010 as it prohibits direct and indirect sex discrimination. Thus, it may be possible to rely upon the Equality Act 2010 to protect women members from unfair treatment or harassment. The Act also outlaws discrimination on the grounds of age, and similarly may be relevant.

PSED (Public Sector Equality Duty) 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 consider equality when making decisions in terms of service delivery and employment.

Checklist

There is some work for us to do here in relation to women feeling they can talk to their Napo representative about the menopause:

Napo Members Women's Health Survey 2016 found that friends were the most frequently spoken to non-health professional regarding the women's menopausal symptoms, followed by family member(s). Partners and colleagues were the next most frequently sought source of support, with the Napo representative least sought. Almost all of the women in the menopause group had not spoken to their Napo rep (96%).

Note: research has shown the coping mechanism of talking to friends, particularly those that have gone through the menopause is a common one and many women find this useful. Additionally research shows that increasing knowledge about the menopause is beneficial as are practical issues – such as double checking work and making lists. Changing the organisation of work – including working hours and working more flexibly. Also changing health behaviours – in connection with exercise, sleep and diet.

To help ensure that women are more inclined to speak to their rep about the menopause Napo reps should consider:

- Which particular health and safety issues might affect menopausal women?
- Can welfare facilities be improved (e.g. provision of cold water, adequate ventilation etc.)?
- Do the employer's health and safety policies cover menopause issues?
- Is information and advice regarding the menopause available in the workplace?
- Are managers and h&s staff aware of menopausal issues?
- Are flexible working patterns and suitable rest periods available for women affected by the menopause?

- Are employers sympathetic to the needs of affected female staff (e.g. with medical appointments, absences etc.)? Medical appointments regarding the menopause should be included as legitimate reasons for absence at work.
- Raise awareness
- Sickness:

Napo Members Women's Health Survey 2016 found that in connection with sickness absence the majority (93%) of respondents had not taken any absence from work because of the menopause. However up to 11% of women had left work early (8%) or arrived late (10%) due to their menopause.

- If applicable, encourage women to report menopause as the reason for sickness absence
- Is the sickness absence management policy or workplace agreement fair and nondiscriminatory? And does it ensure that women are not disadvantaged because of issues relating to menstruation, pregnancy, miscarriage, disability, or the menopause by ensuring that they can be treated separately from other sickness absence?

Napo example: Napo successfully challenged HMPSS on their screening doc of the EIA (equality impact assessment) of the Attendance Management Policy (this policy was imposed in January 2017). One of our main concerns regarding the policy is that it does not mention women's reproductive health issues other than in relation to pregnancy and maternity - therefore the policy did not consider how issues such as the menopause could potentially impact on sickness absence. The EIA guidance notes were amended as a result of our challenge.

- Napo Representatives should encourage affected female members to contact the Branch for advice and support. Local support can include signposting to Well Women clinics and information sources such as <https://www.womenshealth.gov/menopause/>.
- Think about whether it would be useful to encourage menopausal women to access the Employee Assistance Programme?
- Make sure that branch meetings or workplace meetings include specific discussions on practical issues that are of concern to women members, or even hold a special meeting on a problem that women members are facing.
- Use the TUC GOSH (gender and occupational safety and health) checklist to ensure you pursue all issues around gender in the workplace. The checklist brings together equalities work and health and safety work.
- **Finally, encourage more women to become Napo safety reps! About half of Napo safety representatives are women. We could do with more – and should aim to get to the stage where women safety reps are representative of our members, which is about 70% female**

Conclusion

TUC:

“Employers can ensure that, as part of a wider occupational health awareness campaign, issues such as the menopause are highlighted so all staff know that the employer has a positive attitude to the issue, and that it is not something that women should feel embarrassed about”

We are some way from achieving the above. The results from the Napo survey show that our members are reluctant to speak to their manager and their Napo reps about the problems they are having around the menopause at work. There is therefore an underreporting of these occupational health issues in workplaces.

To address such issues we need to:

- Raise awareness of the menopause amongst employers and line managers so that they are better aware and that they have improved communication skills, and apply organisational policies appropriately to help tackle this issue
- Arrange training for Napo reps on women’s health issues, particularly for menopausal symptoms in the workplace.
- Ensure education about menopause is on the agenda for everyone, if there is awareness of the issue by all staff, women will not have to raise it as an individual issue

Bibliography

[1] Women in the Labour Market, 2013

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/womeninthelabourmarket/2013-09-25>

[2] The health and work of older women - a neglected issue - a report by Professor Lesley Doyal for the Pennell Initiative for Women's Health in conjunction with the TUC, March 2002; also *Women and men in Britain: the labour market* EOC, 1999.

TUC guide: Supporting women through the menopause

<https://www.tuc.org.uk/research-analysis/reports/supporting-women-through-menopauseAnnual>

Report of the Chief Medical Officer, The Health of the 51%: Women, Sally Davies, 2014

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/595439/CMO_annual_report_2014.pdf

Menopause in the Workplace, What employers should be Doing

E. Bariola, M. Pitts, J.Schapper,P. Sarrel

https://www.researchgate.net/publication/288919782_Menopause_in_the_Workplace_What_Employers_Should_be

TUC, Supporting Women through the Menopause, a guide for TU representatives

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

Unite guide, Working Women, stronger together

[http://www.unitetheunion.org/uploaded/documents/Women%27s%20Health,%20Safety%20%26%20Well-being%20at%20Work%20\(Unite%20guide\)11-5062.pdf](http://www.unitetheunion.org/uploaded/documents/Women%27s%20Health,%20Safety%20%26%20Well-being%20at%20Work%20(Unite%20guide)11-5062.pdf)

TUC, Gender checklist:

Occupational Safety and health

<https://www.tuc.org.uk/sites/default/files/GenderHSChecklist.pdf>

