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Trades Union Congress

health and safety and the menopause

working through the change

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based on a TUC survey of safety reps

Organisation and Services
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Contents

Section one

changing at work

Currently 70% of women aged 45–59, and 27% of those aged 60–64, are in the labour force, and by 2006 these figures are projected to rise to 73% and 40% respectively. Women are now nearly half the workforce and the proportion of older women in the workforce are also increasing – there are two and a half million women working between the ages of 50 and 59. Older women also work longer hours than women aged between 16-44, with about half those aged 45-65 employed full time in 1998 compared with only 40% of those aged between 16-44[1].

Most women go through the menopause, or "the change", between 48 and 55. The average age of menopause in the UK is 51, but it can happen much earlier. With more women in the workforce, and two thirds of women in the UK between 50 and 59 in employment, more women – not just older women – are now working through and beyond the menopause. Occupational health and safety and health promotion policies will therefore be increasingly important for these women.

Why is the TUC involved?

In 1998 the TUC conducted a survey of women safety representatives with the aim of identifying the health and safety concerns of women members. One of the findings of this survey was that more work was needed to investigate the health and safety problems facing women working through the menopause. The survey report stated that:

"22% of safety reps said that women at work were raising the menopause as a problem caused or made worse by work. This is a significant response, which the TUC will look at further. Investigation of the factors contributing to

[1] *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

discomfort during the menopause, workplace policies for time off, and flexible working conditions for women going through the menopause should all be encouraged by safety reps."[2]

In 1999 the TUC held a major national symposium on the subject of gender-sensitive health and safety, and pressed the Government and HSC/E to support gender-sensitive approaches to health and safety in order to ensure that the specific health and safety needs of women workers were properly addressed.[3] This has informed developments at national and European level, most recently in the EU strategy for health and safety.

In 2001, the TUC and the Pennell Initiative for Women's Health published a study of older women's health and safety by Lesley Doyal, which showed that, even compared with women's health and safety generally, older women received very little attention, and were even more invisible to traditional health and safety.

This current report summarises the results of a further TUC survey of 500 safety reps, exploring further the workplace health and safety implications of the menopause. This survey sought more detailed information from safety reps about women workers' experiences of the workplace health, safety and welfare issues involved. The aim was to find out more about

- what workplace health and safety problems women were experiencing in connection with the menopause;
- what they thought the most important issues were; and
- what action is needed to prevent any risks.

[2] *No more "men only' health and safety* - report of a TUC Survey of Safety representatives by Pete Kirby, TUC, November 1998

[3] *Gender-sensitive health and safety* - report of a TUC Symposium on research into women's health and safety by Julia Gallagher, TUC, August 1999

Who responded

Size of workplace: The size of respondents' workplaces varied and included a significant proportion (nearly a quarter of those who replied) in workplaces with less than 50 employees and a total of 47% were in workplaces with less than 100 workers. 16% of respondents were from workplaces of over 1000 workers.

Table 1: Size of workplace (%)	
under 50	23%
50-100	24%
over 100	13%
over 200	25%
over 1000	16%

Sector: Nearly two thirds of the safety reps taking part in the survey (62%) came from public services – education (18%), health (18%), local (15%) and central (13%) government. 14% came from the private services sector, 11% from manufacturing and 8% from transport and communication.

Gender: Nearly two thirds of the safety reps who responded to the survey (62%) were women, but over a third (38%) were men

Ethnicity: The overwhelming majority of safety reps who responded to this survey were white.

Section two

menopause: the invisible issue

Menopause – often called "the change of life" – is not usually associated with the workplace or with workers' health and safety. Although many experience few or no problems around this time, others do. These problems can sometimes arise from the ways work and working conditions affect women's health around the menopause

The term 'menopause' is often misunderstood and sometimes misused. Strictly speaking, 'menopause' is the medical term given to the date of a woman's final menstrual period. This normally occurs in women around the age of 51, although it can happen much earlier in some people – 1 in 100 women experience menopause before they are 40, some even in their teens or twenties. A normal part of ageing, it involves gradual changes in the years leading up to the menopause (this is called the 'perimenopause').

The particular changes involved only happen to women (men don't have a menstrual cycle) and affect different women in different ways. Some experience few or no symptoms, and find menopause a liberating experience. Others experience mild to severe symptoms. Recognising these changes can help in making the links between workplace health and safety and the problems some women experience working through the menopause.

Menopause is not an illness, but changes in oestrogen levels can result in intermittent symptoms around this time including 'hot flushes', sweating, increased susceptibility to anxiety, fatigue and stress and sometimes short-term memory problems.

Hormonal changes associated with the menopause can affect a woman's future health as well as her experience of menopausal symptoms. Some women require medical advice and treatment such as Hormone Replacement Therapy (HRT). Seeking medical advice about menopause-related symptoms may mean time off from for medical appointments and/or treatment. HRT can benefit some women (e.g. by helping to reduce risks of osteoporosis in high-risk groups). However, current research suggests that HRT may be linked to significant health risks for some women. HRT is not suitable for everyone - medical advice and supervision is essential.

Normally menopause is a natural process involving gradual changes. But it can be sudden and acute if it results from medical intervention – for example, hysterectomy involving removal of the woman's ovaries, or certain cancer treatments. Women who have sudden menopause following serious illness or surgery tend to experience more severe problems than others, and may require treatment and/or post-operative care afterwards to prevent further problems.

Information and research about work and menopause is hard to find. Advice on menopause-related issues and HRT rarely includes work-related problems.

Generally, current health promotion advice to women highlights the importance of 'lifestyle' choice before and after menopause, and the benefits of:

- a healthy balanced diet;
- drinking plenty of water;
- reducing caffeine intake;
- not smoking;
- taking regular exercise;
- having access to natural light; and
- getting adequate rest and relaxation.

These can help with some symptoms of menopause and may also help reduce the risks of osteoporosis ('brittle bones'), diabetes and heart disease in later life. But what about "workstyle" – lifestyle at work? How does work affect women's health choices and their ability to follow this advice? And how do attitudes at work affect their experiences and their health?

What are the issues, what should employers do?

Work can affect women working through the menopause in various ways, especially if they cannot make healthy choices at work. Employers should consider this when carrying out and implementing health and safety risk assessments. For example…

Poor ventilation, high working temperatures (hot work), unsuitable clothing or uniforms, and some protective equipment can aggravate common menopausal symptoms such as hot flushes and sweating, affecting workers' comfort and health. A woman's body temperature can rise by up to 5 degrees during a hot flush. Hot flushes and sweating can also cause embarrassment for women dealing directly with clients or the public. Another common menopausal symptom is dry skin and eyes, which can be aggravated by heat and poor indoor air quality at work, leading to increased risks of irritation and infection. Simple measures such as having suitable clothing (layered and loose, not synthetic), access to cold drinking water, adjustable workplace temperature, adjusting relative humidity and additional ventilation (using fresh air or a fan) or flexible rest breaks can help.

Workplace stressors can lead to additional risks of stress, fatigue and stress-related ill health for women working through the menopause - susceptibility can be affected by hormonal changes. Some also experience panic attacks at this time. Women may also face uncertainty about their health, personal or working lives at this time, especially if their menopause follows surgery or illness.

Workplace culture, policies and practices can also affect the situation. Negative attitudes to older women and actions that discriminate against women and the menopause can harm women's physical and psychological health.

Lack of adequate rest breaks or excessive working hours may also increase risks of ill health, fatigue and stress for women working through the menopause. Tiredness and night sweats (also common symptom) can make women temporarily more susceptible to fatigue and stress at work, which are linked to risks of reduced immune response and increased susceptibility to infection.

Work environments and shift patterns may prevent access to natural light – an important part of a healthy environment for all workers. Lack of natural light can affect the body's ability to absorb calcium, and can also affect mood. Calcium is essential for health in later life and can help prevent osteoporosis – a potentially life-threatening condition – by strengthening bones. Bone density loss is fastest in the decade following menopause (i.e. before retirement age) and some women are at particular risk of developing osteoporosis.

Working in restricted positions for long periods may cause health problems for some women. Lack of exercise and/or a sedentary lifestyle is linked to increased risks of osteoporosis, cancer, diabetes and cardio-vascular disease in older women.

Work environments may affect women undergoing HRT or post-operative treatment if they experience symptoms such as nausea and vomiting. Some report that HRT makes them more sensitive to smells at work, increasing the risks of nausea and discomfort.

Ready access to suitable washing and toilet facilities is important for women, particularly during perimenopause. For some, menstrual bleeding can be heavier and more unpredictable at this time. Adequate workplace sanitary facilities with private washing and changing facilities are needed by those concerned.

Some women going through the menopause experience problems with 'urgency' (needing to pass water urgently) and can be vulnerable to urinary infections at this time. This can be aggravated if toilet breaks are restricted or if they cannot access toilet facilities when needed.

Employers need to consider these and other relevant issues when assessing and controlling risks to women working through the menopause.

Summary

Although women are nearly half the workforce, and nearly two thirds of women aged between 50 and 65 in the UK are in employment, menopause is rarely seen as a workplace health and safety issue. Not all women working through the menopause have problems (nor are they always older women). But

the silence surrounding the subject means that when they do face problems at work, or because of work, the issues are not recognised.

This report attempts to lift the veil of secrecy, embarrassment and confusion that often prevents people talking about the menopause at work by reporting the concerns and issues raised by safety reps and their members about their experiences of working through the menopause.

Section three

what we found out about 'the change'

What women suffer

Respondents were asked whether any symptoms or effects commonly associated with the menopause (or of HRT and related medical treatment) had been made worse by their members' work or working conditions. (See Table 2 on page 14).

Physical symptoms

Top of the list of physical symptoms were hot flushes, with over half the respondents (53%) reporting work-related problems. Next came headaches (46%) and tiredness or lack of energy (45%). 39% cited sweating and 30% reported that menopause-related aches and pains were made worse by work.

29% reported problems with eyes such as dryness or irritation of the eyes and similar numbers reported that dryness or irritation of the skin was made worse by work.

27% said that changes in sleep patterns were made worse by work. Around I in 5 reported problems with night sweats and dizziness and more than 1 in 6 reported work-related problems arising from palpitations and urgency or frequency in passing water.

Psychological symptoms

Anxiety and depression topped the list of psychological symptoms, with 1 in 3 (33%) reporting that it was made worse by work. Almost as many cited mood swings (32%) and irritability (31%). 29% said that symptoms involving loss of concentration or short-term memory were made worse by work.

What causes problems at work

Safety reps reported that a range of workplace health, safety and welfare issues had been raised with them concerning discomfort at work resulting from physical symptoms of menopause, and difficulty accessing suitable welfare facilities.

Working environments gave rise to many complaints. Workplace temperature and ventilation topped the list of concerns: 66% reported problems with working temperature, while over half (52%) cited ventilation problems. 33% cited problems with humidity levels or dryness and 30% cited lack of natural light as a problem.

Table 2: Symptoms reported as made worse by work	(%)
Hot flushes	53%
Headaches	46%
Tiredness/lack of energy	45%
Sweating	39%
Anxiety/depression	33%
Mood swings	32%
Irritability	31%
Aches and pains	30%
Loss of concentration/memory	29%
Eyesight changes/dryness/irritation	28%
Skin irritation/dryness	27%
Changes in sleep patterns	27%
Night sweats	21%
Dizziness	19%
Palpitations	17%
Urgency/frequency in passing water	17%
Changes in eating patterns	10%
Nausea/vomiting	8%
Urinary/vaginal infections	7%
Bone damage/fractures	5%

Workstations and workspace were highlighted too: a quarter (24%) cited poor workstation design and 1 in 5 (20%) cited overcrowding as problems. 17% reported problems from working in confined spaces and 10% said poor or non-existent seating was a problem.

17% reported problems with noise and 13% reported problems with smoking or passive smoking at work.

Table 3: Problems with the working environment	(%)
Workplace temperature	66%
Poor ventilation (or lack of it)	52%
Humidity/dryness in atmosphere	33%
Lack of natural light	30%
Poor workstation design	24%
Overcrowding	20%
Confined spaces	17%
Noise	17%
Smoking or passive smoking	13%
Poor/non-existent seating	10%

Workplace welfare facilities were also the focus of concern: a quarter (26%) said there were problems with lack of rest facilities. 21% said that getting access to suitable toilet facilities was a problem. And workplace canteen facilities also came in for criticism: 19% said that canteens lacked healthy eating options, and the same proportion said that they had 'poor' or 'non-existent' canteen facilities. 19% reported difficulties accessing drinking water at work.

Table 4: Problems with workplace welfare facilities	(%)
Poor/non-existent rest facilities	26%
Poor/inaccessible toilet/sanitary facilities	21%
Lack of 'healthy eating' options in canteen	19%
Poor/non-existent refreshment/canteen facilities	19%
Difficulty accessing cold drinking water	19%
Poor/inaccessible changing/washing facilities	18%
Smoking or passive smoking	13%

Work activities

Respondents were asked to identify any menopause-related problems raised in connection with particular work activities. Working in stressful environments topped the list, cited by nearly half the respondents (49%).

22% cited working in fixed positions as a problem, and 21% reported problems dealing with the public. Other problems cited included manual

handling (18%), display screen equipment (14%), hot work (13%) and managing or supporting others (12%). Nearly 1 in 10 reported menopause-related problems involving uniforms or compulsory clothing at work.

Table 5: Problems associated with work activities	(%)
Working in stressful environments	49%
Working in fixed positions	22%
Dealing with customers/patients/children/public	21%
Manual handling	18%
Using computers/display screen equipment	14%
"Hot" work (e.g. near ovens/steam/other heat sources)	13%
Managing/supporting others	12%
Wearing uniforms/compulsory clothing	9%
Operating machinery or other work equipment	5%
Using personal protective equipment	5%
Driving/night driving	4%
Transport/travel duties	4%

Working time problems

Working hours were also cited as problems for women working through the menopause. Respondents were asked about working time problems raised by the women they represented.

Time pressures topped the list: over a third (37%) reported pressure to meet deadlines as a problem for women working through the menopause.

Next on the list of issues raised by women working through the menopause were breaks: problems taking toilet breaks were reported by 24%, lack of rest breaks by 19%, and lack of regular meal breaks by 14%.

Table 6: Problems associated with working time	(%)
Working to deadlines/under pressure	37%
Can't take toilet breaks easily/discreetly	24%
Lack of rest breaks during working hours	19%
Inflexible working hours/shifts	16%
Long/excessive working hours	16%
Pressure to work overtime	14%
Not enough time for regular meal breaks	14%
Lack of screen breaks (DSE/VDU users)	12%
Irregular/unpredictable working hours	9%
Night work	7%
Fixed-paced work/predetermined work rates	6%

Working time arrangements also caused difficulties: 16% cited inflexible working hours or shift patterns as problems, and 16% also cited long or excessive working hours. Pressure to work overtime was cited by 14%.

Information about the menopause and related health issues

Safety reps were asked whether information was made available to women in their workplace about the menopause and related health issues. 4 out of 5 said no.

Management responses

Safety reps were asked about problems mentioned by women seeking advice, information and/or treatment for menopause-related symptoms or conditions.

Management issues and workplace culture

Half the respondents (49%) said that risk assessments did not deal with the menopause. Almost as many (45%) listed managers' lack of information or training about the issues, lack of information in the workplace about the menopause (45%) and lack of recognition of problems associated with the menopause (also 45%).

Embarrassment or difficulty discussing menopause issues was cited by more than a third (37%) as a problem. 1 in 5 (19%) reported criticism, ridicule and harassment by managers, whilst 15% reported the same problems from colleagues at work. 15% cited lack of confidentiality in handling of employees' health information as a problem.

Working conditions and welfare

26% said that working conditions made it difficult or impossible for women to obtain advice, information and/or treatment. 14% reported problems getting time off for menopause-related medical treatment. 22% reported a lack of occupational health provision or welfare support for women experiencing problems.

9% said that no allowance was given to staff undergoing surgery for post-operative limitations on return to work. 6% cited problems with pre-employment screening.

Table 7: Problems reported in raising menopause-related issues	(%)
Risk assessments don't deal with menopause	49%
Lack of information in the workplace	45%
Problems associated with menopause are not recognised	45%
Managers lack information/training	45%
Embarrassment/difficulty discussing the subject	37%
Working conditions make it difficult/impossible	26%
No occupational health/welfare support	22%
Criticism/ridicule/harassment by managers	19%
Criticism/ridicule/harassment by colleagues	15%
Lack of confidentiality in handling health information	15%
Difficulty getting time off for treatment	14%
No allowance made for any post-operative limitations	9%
Content of pre-employment/health screening questionnaires	6%

Problems with sickness absence monitoring

Safety reps were asked whether anyone had complained about the employer's sickness absence monitoring deterring them from taking time off to obtain advice and/or treatment about menopause-related health issues.

70% said that the employer had no policy for handling sickness absence linked to menopause. 65% said that there was no management training or information on the subject. 1 in 4 reported problems with sickness absence monitoring involving women working through the menopause.

31% reported management criticism of sickness absence for menopause-related reasons. 15% reported that women with menopause-related problems had been subjected to some form of disciplinary action.

10% reported job loss following sickness absence or time off for treatment in connection with the menopause. 4% reported job loss following hysterectomy or 'surgical menopause'.

Risk assessment, policies and menopause

Safety reps were asked whether any risk assessments or health and safety policies where they worked dealt with menopausal issues.

Only 2% said that menopause-related issues were covered by the employer's risk assessment or health and safety polices– 98% said that risk assessments did not address issues relating to the menopause.

Raising menopause issues with employers

Safety reps were asked whether any menopause issues had been raised with the employer. The majority (56%) said they did not know. 13% confirmed that these issues had been raised, but 32% said they had not.

Issues raised with employers

Safety reps reporting that menopause-related issues had been raised with the employer were asked about the issues raised, and about the employer's response.

The main problems raised with employers involved:

- workplace issues, welfare facilities and the work environment;
- time off/sickness absence and menopause-related policies;
- working time, management attitudes and workplace culture; and
- menopausal symptoms.

Individual cases reflected similar concerns, particularly management attitudes and the way sickness absence policies and procedures were applied to women with menopause-related or post-operative problems.

Just over a third of those who had raised menopause-related issues with employers reported that they had some positive response or that the issues had been partially resolved.

In over a third of cases management had refused the requests. Stated reasons included budgets (no money available for improvements), lack of understanding and sympathy or lack of awareness and recognition of the issues. Getting the subject taken seriously was also a problem for some. One safety rep reported her employer laughing at her for raising the issues. Another said that there was no recognition of the reality for the women concerned - managers thought it was 'exaggerated'.

Below are some specific examples of menopause-related issues raised by safety reps, and action taken by employers:

Table 8: Workplace welfare and work environment

Issue raised	Employer action/ response
Lack of cold fresh drinking water	Water now provided by machine
Working in hot temperatures without opportunities for rest breaks in cool areas	Some adjustment – "easier where there's no staffing pressure"
Fluctuating temperature, lack of natural light and ventilation problems	Ventilation system overhauled, screens built round workstations, considering buying "light box"
Difficulty obtaining electric fans for women – "only allowed for REAL medical conditions!"	Fans provided after agreement to class menopause as a medical condition

Table 9: Sickness absence procedures

Issue raised	Employer's action/ response
Reporting time off sick to male managers	Allowed women to report sick to women managers
Lack of account taken of menopause under existing absence policy	Employer agreed to take menopause into account
Managers challenging time off for medical appointments	Limited time allowed for visits to GP in working hours
Policy for risk assessment and menopause-related issues	Policies and procedures now being negotiated

Safety reps also gave examples of individual cases involving menopause-related problems raised with employers – some more successfully than others did:

- A woman had problems working through menopause in a stressful job. The union requested a transfer to a less stressful environment. Her manager refused and gave a bad report saying her work was unsatisfactory.
- An individual asked to reduce her working hours and change to more convenient shift patterns during the most severe symptoms. Her employer was unsympathetic and refused her request.
- A woman experiencing problems as a result of sweats and tiredness from night sweats was treated sympathetically and allowed to take flexible breaks in ventilated areas as required
- An individual experiencing excessive sweats/flushes at work ("not an isolated case") was relocated to coolest part of office, with a desk fan for use when needed.
- A woman affected by psychological symptoms was offered a transfer to lighter work and time off.

Section four

what needs changing?

Awareness-raising, attitudes and workplace culture

Raising awareness and providing appropriate information, guidance and training was a clear priority, highlighted by nearly half the respondents.

Safety reps said unions, employers and occupational health and safety professionals all needed to take action.

"The menopause is never mentioned in our workplace, even though 70% of the workers are women" - union safety rep

Proposals for awareness-raising activities by unions included the following:

- providing women workers with advice and information about the menopause and employment rights;
- campaigning to get the issues taken seriously and treated more sympathetically;
- general awareness-raising within the union and workplace;
- developing union guidance and models of good practice for dealing with problems; and
- developing specific training courses and/or course materials on the subject for union representatives and full time officers.

Safety reps had differing views about *how* information should be made available. They included:

- facilitating one-to-one communications, using direct mailing and help lines;
- encouraging group discussions, meetings and workshops;
- approaching the issues jointly with managers, raising them at corporate level; and
- making information available to family members.

Safety reps identified specific information and training needs for different groups…

Table 10: Information and training needs

Target group	Information needs
Women workers	about the menopause; what to expect; recognising and dealing with symptoms ; getting time off for treatment; getting working conditions adjusted; how to get help and advice; dealing with sickness absence problems.
Union representatives (safety representatives, union officers and shop stewards)	general awareness; health and safety issues, especially risk assessment; negotiating issues; handling sickness absence and working conditions issues; representing members who have problems re menopause and work.
Health and safety committees, women's committees	general information about menopause and possible effects of work on symptoms; risk assessment and policy issues.
Managers	general information about menopause and possible effects of work on symptoms; risk assessment issues; avoiding sex discrimination, ridicule and blame/unfair criticism; providing support; handling sensitive personal/health information.
Policy-makers and other decision-makers, occupational health	menopause and work health; sources of further information; latest research findings/updates; policy development/best practice.

Safety reps also wanted action taken by employers and occupational safety and health professionals. The key proposals are shown in the following table.

Table 11: What employers and OSH professionals could do

Action by employers	Action by OSH professionals
Recognise menopause rather than ignoring or ridiculing it Provide information and guidance to line managers on management issues and policy	Recognise the issues, get appropriate training in dealing with them, take them seriously, treat them sympathetically and sensitively and make sure employers are aware. Advise employers of issues more often, train managers, raise

Provide suitable training for managers and HR leading to sympathetic and confidential handling of sensitive issues Make information available to women and other staff. Consult women, listen to concerns and work with unions and occupational health to address them Have a better understanding of the problems and how to tackle them Ensure that information and support is conveyed to staff about advice and help available and where to find it.	awareness of potential problems and possible solutions. Provide training, raise the profile of the issues in the workplace and highlight the need for risk assessments to address menopause-related issues Provide guidance, advice and information to staff, unions and employers Produce literature, provide information/seminars/talks make sure people are aware of the issues, how they may be affected at home and at work, what they can do to help themselves, what help they can ask for and where they can get help Encourage open and frank discussion of menopause-related issues. Advise health and safety committees on the issues. Work closely with managers/unions/safety reps Research and advise on best practice. Ensure all new information and leaflets are sent to union/safety reps. Increase awareness of sources of help and support from outside agencies.

Many safety reps highlighted the need for action by unions and others to change attitudes and improve workplace culture around women's health and the menopause. Again, this involved more than one target group:

Table 12: Changing attitudes at work – action needed

Target group	Aim
Employers and managers	Getting women's issues treated seriously by management at all levels Recognition of the issues Avoiding discrimination Fairer and more sympathetic treatment
Unions	Greater understanding of women's problems More education of members so the subject can be discussed more openly Raising the profile so that individuals are not embarrassed
Union reps	Ensuring women can talk about this sensitive issue with trained reps (and with their employers) Ensure male reps handle issues sensitively
Women	Confidence/opportunities to talk more openly and without embarrassment Ability to get advice/information from a woman if preferred
Generally	More openness – stop it being a "taboo subject" More understanding and support – less ridicule Greater appreciation by younger people of problems faced

The role of occupational safety and health professionals raised some wider issues for the unions. Some safety reps raised general problems about workplace health and safety and occupational health, linking these to the issues raised by the way menopause was treated in the workplace. For example, there were several references to the need for better treatment of women's health issues and stress at work.

Some people called for a wider remit for occupational health, and for occupational health services to include menopause-related issues. They highlighted the need for the professionals to recognise and understand the problems that women could face when working through the menopause.

Policies and procedures

Some safety reps said unions should press employers to develop policies and procedures on menopause-related issues to cover:

- sickness absence monitoring problems;
- paid leave for treatment/advice/medical appointments;
- occupational health screening;
- health promotion, advice and support;
- flexible working patterns and rest breaks;
- avoiding discrimination and unfair treatment; and
- training for managers.

Some safety reps called for the development of a comprehensive 'menopause policy'. One approach was to treat menopause proactively (in a comparable way to pregnancy). Another was to amend or extend existing policies to cover menopause-related issues, or have policies that comprehensively addressed working women's health issues.

Table 13: Policies and procedures – what unions could do

Issue	Union action
General	Consult members, especially women! Develop union policy on menopause and work Develop model workplace policy for adoption/adaptation locally Provide reps with information on this Raise issue with employer – negotiate/partnership Take up issues at corporate level

	Ensure women do not suffer discrimination due to menopause Implement policies and publicise them widely at all levels
Policy on menopause	Include menopause in health and safety policy Negotiate improvements in facilities where needed/ability to change work patterns where needed
Sickness absence policy	Negotiate greater flexibility (time off/extra rest breaks/medical appointments etc) without penalty/loss of pay Ensure members know their rights Avoid disciplinary action/other sanctions for menopause-related issues Resist pressure for sickness absence policies which emphasise monitoring of single day absences
Procedures	Develop appropriate procedures for dealing with menopause-related problems ask for designated trained person to advise/assist women (HR/welfare)
Guidelines	Develop union guidelines on menopause Negotiate agreed guidelines with employer on menopause problems and related health and safety issues/risk assessment Use best practice examples – be proactive Press for management training about menopause and handling sensitive issues – especially for men

Safety reps' proposals for action by all three groups clearly recognised the need to address unfairness and inconsistency in sickness absence policy and procedures. Some reps stressed that awareness and a gender-sensitive approach were needed to tackle this. They called for policies and procedures that recognise the issues and support women rather than ignoring or penalising them if they have problems working through the menopause.

However this view was not unanimous. A couple said that menopause was not a union issue ("it's a natural part of growing older" and "it's a purely medical function and happens to every woman") or that it was better not to raise the issue.

Table 14: Policies and procedures

Issue	Action by employers	Action by OSH professionals
General policy	Ensure menopause-related issues are addressed in policy statements More flexible working arrangements	Provide confidential advice avoid conflicts of interest protect women's health and safety around menopause

Policy on menopause	Introduce a clear menopause policy Ensure employment rights for women working through the menopause Appoint a designated person in HR/welfare to provide support/advice to managers and staff Treat requests for time off/adjustments/leave for medical appointments as per pregnancy (proactive and risk assessments and adjustments) Include menopause in risk assessments	Adopt policy to research menopause problems in the workplace Develop health and safety policies and strategies re menopause Advise health and safety committee Provide advisory service to all Keep policy updated
Sickness absence policy	Be more flexible on working hours and time off for medical appointments Ensure staff don't feel under pressure if time is needed for appointments and treatment/advice. No penalties for menopause-related absence – disregard menopausal problems when controlling sickness absence, more leeway in sick leave allowance	Health promotion for all not just for sickness and absence referrals
Procedures	Clarify procedures - ensure consultation with women and unions. Allow for informal discussion and option to approach designated trained person (HR/welfare) Make policies, procedures and rights known to everyone Have an employee support system allowing staff access to professional help if needed.	Review in-house procedures Monitoring and support Include menopause in risk assessments Ensure proper implementation of policies and procedures and risk assessments
Guidelines	Guidelines and training for all managers in applying policy to ensure sympathetic, fair and consistent treatment Monitor managers' attitudes and implementation of policy Ensure confidential handling of sensitive personal information	Health and safety policy with clear guidelines for reps i.e. assisting members re time off etc. Develop clear guidelines for managers re handling sensitive issues

Health promotion and occupational health

Practical proposals for action included negotiating welfare facilities, health promotion and occupational health, and active support for members. Some safety reps recommended designating particular people (union and/or management) to whom women could go to talk in confidence about any menopause-related problems they were experiencing at work.

Table 15: Health promotion and occupational health: union action

Issue	Union action
Health promotion	Issue relevant union guidance Union notice board/leaflets on health issues Unions advice/help line Women's health promotion campaigns
Occupational health	Negotiate health screening/health promotion/advice sessions Work with OH to highlight problems and make information accessible Arrange talks by health advisors to members Ensure members can talk to medical advisors on site
Other support	Provide a sympathetic ear Offer support and guidance Nominate a designated person to help advise/support Take the issue seriously Strong representation- defend women against disciplinary action, have trained reps to cover issues, stand by members General advice and assistance Encourage staff to seek advice if needed Use older women's experience – improve confidence

Some safety reps wanted employers to give a higher priority to support and assistance for women working through the menopause, through occupational health and/or employee assistance schemes. Many stressed the importance of providing sympathetic listeners and/or confidential counselling services.

Several reps suggested that the menopause should be part of wider women's health promotion initiatives with regular visits to workplaces, and ready access for women workers so they could talk in confidence to trained professionals. Some wanted to see unions and OSH professionals working together on these issues. Others wanted improved occupational health facilities (some had none) and more funding for these.

Safety reps emphasised the need for employee assistance and support through management and occupational health or other employee assistance facilities (such as counselling and advice services).

Table 16: Health promotion and occupational health

Issue	Action by employers and OSH professionals
Health promotion	Have a women's workplace health advisor /occupational health nurse Hold health/safety workshops/awareness sessions about menopause issues – encourage attendance Broaden health promotion strategy and content to include women's health issues Include menopause in health and safety information
Occupational health and welfare	Provide OH facilities/regular health screening/well women's clinic/menopause advice "surgery" Work together to educate and inform managers and staff Provide confidential counselling facilities Provide a room where women can go to get advice in private
Other advice and support	Ensure there is someone staff can talk to and trust – ensure confidentiality (e.g. welfare officer) Option to talk to HR/woman rather than male manager/supervisor Sympathetic approach – better training, understanding and awareness for managers, including men Make facilities/information known to women Ensure women know where to go for help

Risk assessment, prevention and control

Many safety reps highlighted risk assessments. They said these should include menopause and take account of individual needs or susceptibility, especially in acute cases.

Safety reps also emphasised prevention and control measures for different types of hazards and risks, from physical and environmental hazards such as manual handling, working temperature and ventilation to psychosocial hazards such as workloads, stressful work and long working hours. Proposals focussed on these risks (taking account of individual factors) rather than seeing the menopause as the risk.

Safety reps emphasised the need for unions to ensure that their members were consulted and informed of their rights such as rights to preventive measures

such as ventilation, access to toilet and rest facilities (with breaks) and a comfortable work environment.

Table 17: Prevention and control – action needed

Hazard	Suggested measures
Temperature and ventilation	Better regulated temperature Adjustable individual working temperature Individual desk fans Improved ventilation
Working hours, fatigue and stress	Flexible shift patterns/adjusting start and finish times Encourage flexible working, job sharing and career breaks More/more flexible rest breaks Reduce long hours, stress and paperwork Provide better chairs Greater understanding and support Constructive handling of staff absence reducing pressure on staff to cover extra duties
General	Recognise needs for fresh air or washroom visits (don't penalise) ensure access to fresh cold water/drinking water Provide dark/quiet rest facilities Provide private washing and changing facilities/shower rooms Improve sanitary facilities and disposal Provide a sympathetic and supportive working environment Ensure that women know how to get further information and advice

Representation

Almost all the safety reps in this survey thought unions could play a positive part in representing women members on menopause-related health and safety issues. They considered both individual and collective representation. The main points are summarised below.

Table 18: Union representation

Issue	Action by unions
Collective issues	Consult with women members especially on risk assessments Hold regular meetings to identify and discuss problems and solutions Raise issues at Health and Safety meetings, work closely with employers and OSH professionals where possible Negotiate policies and procedures (at all levels) Negotiate flexible working time arrangements, additional leave and flexible rest breaks, extended paid leave for medical appointments

	Press for improved work environments, training, facilities and employee support Agree guidelines for managers and staff Carry out regular workplace inspections Monitor and review risk assessments and policy implementation Encourage women's committees (where they exist) to publicise the issues Pressing HSE and others for guidance/ACoP
Individual cases	Provide a sympathetic listener (privately, in confidence) Offer access to a women's officer or woman rep Support members /speak to management Review risk assessment(s) Defend women against disciplinary action in menopause-related cases (e.g. absence warnings) Actively pursue discrimination cases (to Tribunal if necessary)

However, many safety reps stressed that representatives needed information and training before they could deal with menopause-related health and safety issues and represent their women members effectively on health and safety matters. Some safety reps also said that women might need to talk to other women about menopause issues, and that more women safety reps were needed.

Section five

changing the change

This survey shows that there are indeed some significant occupational health safety and welfare problems faced by women working through the menopause. It also suggests that one of the main problems is the lack of information that surrounds the subject in the workplace.

The key areas of concern are:

a) Problems with the work environment:

- Uncomfortable working temperature
- Poor ventilation
- Inadequate sanitary, washing and changing facilities (or difficulty accessing these)
- Difficulties accessing drinking water or healthy eating options at work

b) Problems with working time arrangements and work activities:

- Pressures of work such as workloads, deadlines etc. leading to stress
- Difficulties getting time off for medical treatment or advice
- Lack of rest breaks, inflexible working hours/shift patterns

c) Problems with management policies and practices and workplace culture:

- Lack of recognition/awareness of the issues
- Lack of management information/training
- Lack of suitable risk assessments
- Lack of management support and understanding
- Poor workplace culture and negative attitudes to menopause/older women
- Communication barriers – embarrassment and silence surrounding the subject
- Problems with sickness absence monitoring and control

For the women concerned, there were additional problems associated with their own information and communication needs:

- Lack of health promotion information about the menopause
- Not having access to a competent workplace advisor/occupational health service
- Feeling unable to talk to others at work about menopause-related issues or women's health issues
- Difficulties encountered because of attitudes to menopause, or embarrassment (their own or other people's) in talking about it at work

The responses also drew attention to the fact that unions as well as employers needed more information and training about the issues involved.

Some differences emerged about the type of problems being encountered. On the one hand there were 'general' problems associated with commonly experienced symptoms (e.g. changes in body temperature). On the other hand

there were specific problems associated with the need for medical treatment and/or rehabilitation (e.g. following surgery) in individual cases.

These issues are connected. Women with specific medical conditions or undergoing surgery resulting in early or sudden onset of menopause need time off or temporary adjustments at work, not only for medical treatment and/or post-operative recovery, but also for rehabilitation. This group may also need HRT. But for any women working through the menopause, restrictive arrangements for time off for medical treatment, or punitive absence control measures, may lead to additional stress as well as difficulties in getting time off for necessary rest and medical appointments.

These are important issues. They can have a major impact on a woman's health in later life as well as during perimenopause. Current research shows that most women in the UK can expect to live a third of their lives after menopause. Their health – and survival - in later years may depend on their health when they are working through the menopause. Yet the survey findings indicate that very few employers address menopause-related issues in their risk assessments or management policies, and respondents reported that little or no attention was paid to this in management training or sickness absence procedures.

If this is the case, then the health needs of these women are not yet being properly addressed in workplace health and safety policies, and union safety reps have an important role to play in breaking the silence that surrounds the menopause at work.

Action needed

As Section four demonstrates, there are any number of actions that could be needed in individual workplaces and in the trade union movement. None of them are particularly complicated or expensive. They mostly require people to acknowledge and understand the effect of work on the menopause (and vice versa) – it's not usually an unpredictable event, or one that persists, but it does affect nearly the whole working female population at some stage in their lives.

But the TUC draws from our research, and from what women members and trade union representatives of both genders have told us, just a few top

priorities for the major health and safety stakeholders: employers, unions and the government.

We want to see:

- **trade unions** providing training for safety reps, guidance (for example, the TUC will build the fruits of this research into *Hazards at Work*, our guidance for safety reps), and listening to and representing the views of women about the menopause. The TUC will be opening a special page on the health and safety page of our website so that women can log on their experiences and views, anonymously or publicly, and we will publish a selection of those contributions so that people can hear what Professor Germaine Greer called "the undescribed experience"[4];
- **employers** treating women going through the menopause with respect, developing menopause policies in consultation with trade unions, ensuring that risk assessments are sensitive to the needs of women passing through the menopause, and reviewing their procedures (especially sickness absence and disciplinary procedures) to eradicate discrimination against women experiencing the menopause; and
- **government bodies** devoting more attention to the menopause, with the Health and Safety Commission producing advice for employers and employees on the health aspects and researching into women's experiences. Government generally should also act as a good employer in this regard.

[4] Chapter One of 'The Change: Women, Ageing and the Menopause' by Germaine Greer, London, 1991

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