

*Talking*

# MENOPAUSE

**TOOLKIT**

## CONVERSATION STARTERS TO TALK ABOUT MENOPAUSE

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This 'Talking Menopause Toolkit' is intended for anybody who is interested in starting or continuing conversations around menopause. If you have picked this up, looked it up online, or come across it in any other way, it is for you!



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“ALTHOUGH THIS IS A NATURAL  
PROCESS WOMEN WILL GO  
THROUGH, EACH PERSON IS AN  
INDIVIDUAL AND WILL EXPERIENCE  
DIFFERENT SYMPTOMS.

Survey respondent, University of Bristol Study

## INTRODUCTION

The ideas in this toolkit are based on a range of literature, experiences we heard about in informal conversations as well as research interviews, and a [Brigstow Institute](#) funded project linked to the [OnFife](#) set of events on menopause, including the [Tricky Hat Productions](#) and [The Flames](#) performance with women in Glenrothes. You can find out about this performance [here](#) (video link).

The Toolkit contains a range of ideas for subject matters that could start a conversation about aspects of menopause. It can be difficult to talk about a taboo subject such as menopause and sometimes it is only gestured or whispered about menopause mime video.

It might be easier to start a conversation about something different: talking about historical aspects; ageing in general; the body and individual characteristics; aspects of work; practicalities about a visit to the GP; thinking about different cultures; taking a lighthearted, humorous approach; or possible positive aspects of menopause. The subjects are only suggestions that you may want to adjust and amend, or you may want to come up with your own conversation pieces.

The Toolkit is a work in progress and is likely to always be incomplete. The hope is that conversations about menopause will keep emerging and developing in different ways. And that such conversations will one day be perfectly normal and that this toolkit will no longer be needed.



# HISTORY OF MENOPAUSE

## Evolution and the history of menopause

Menopause is not a new phenomenon although the timing and experience of it may have changed. Mattern (2019) shows that menopause has played a significant role in the development of human civilisation. She uses the 'grandmother hypothesis', which argues that elders are essential to the rearing of future generations. She therefore argues that, in evolutionary terms, menopause was important for survival as families relied on post-reproductive women to help gather food and provide care, therefore ensuring survival. This is a significant contrast to more recent historical discussions of menopause. Foxcroft (2009) describes the way in which menopause was reinvented as an illness and treated with bizarre and dangerous approaches from the 18th century onwards. Even today, menopausal women face significant misogyny and discrimination as a result of both gender and age.

### CONVERSATION PIECES:

- 💬 Evolutionary and historical developments of how menopause was viewed are still visible in our current society. What influences can be seen?
- 💬 How do you feel about the two extreme historical perceptions: menopause as a form of survival for the species and menopause as an illness?

## Menopause as a natural ageing process or a deficient disease?

In 1966 'Feminine Forever' by Dr Robert Wilson was published and became a highly influential book around menopause and the consequences and impact of loss of estrogen. Not only did it influence the way menopause was thought about by wider society but also in how it was treated by the medical profession. Wilson suggested that menopause: robs women of their femininity; is a 'deficiency disease'; is in need of a pharmaceutical cure with Hormone Replacement Therapy (HRT).

These ideas became a dominant way of thinking about and treating menopause by the medical profession. At the time, and into the late 1960's and early 1970's, the feminist and women's movement challenged many of the underlying assumptions set out in Wilson's work. Some argued that Wilson's claims and practices on menopause as a 'deficient disease' should be refuted and that menopause should be redefined as a 'natural ageing process'. Others however, suggested that HRT should be embraced as a treatment to relieve symptoms of menopause which had previously been ignored (Houck, 2003).

### CONVERSATION PIECES:

Many people may think about menopause as a natural stage of a woman's life, while others may think about it as a deficiency, which needs to be treated.

- 💬 Are these two extremes the only way of thinking about menopause?
- 💬 What other ways are there of thinking about menopause?



# WHAT IS MENOPAUSE?



## Menopause:

A menopause is when periods have completely stopped for 12 months or more. This is due to changes in hormones related to fertility in particular declining estrogen levels. The average age in the UK that women reach a natural menopause is 51 though it can occur much earlier or later.

## Peri-menopause:

A peri-menopause is the time before periods stop completely where it is possible to have irregular periods for some months or even years but periods can also stop suddenly. During peri-menopause, estrogen levels begin to decline before a woman has her last period.

## Early menopause:

Early menopause is when women menopause before the age of 40. One in one hundred women menopause early. This is also called a premature menopause.

Source: NHS Menopause Symptoms (2018)

## Medically or surgically induced menopause:

A medically or surgically induced menopause is when a woman has had surgical or medical interventions which may affect the production of estrogen which may in turn induce a menopause or menopausal symptoms. This may happen regardless of her age.

Many cancer treatments can induce a menopause or menopausal symptoms. For example after the surgical removal of the uterus and both the ovaries, known as a radical or total hysterectomy, women usually and very suddenly experience menopause.

Source: NHS Hysterectomy (2019)

Source: MacMillan Cancer Support



HOW I FEEL INSIDE

# WHAT ARE MENOPAUSAL SYMPTOMS?

Women can experience menopause in very different ways and may have a range of different symptoms from the beginning of peri-menopause.

- Changes to periods – which can become irregular, heavy or lighter until they stop completely
- Hot flushes - a sudden wave of heat usually experienced on the face, neck and upper body which can make the skin go red and feel sweaty
- Night sweats – hot flushes during the night
- Sleep disturbances – sleep pattern disturbance often because of hot flushes and night sweating which can in turn make you feel tired and irritable
- Joint aches and stiffness



- Dry skin and irritation
- Vaginal dryness, itching and discomfort
- A reduced libido
- Urinary tract infections
- Difficulty with concentration and memory
- Mood changes, anger and anxiety
- Depression
- A loss of confidence

Many women may not realise that what they are experiencing is part of peri-/menopause. Not knowing or understanding what might be causing symptoms can lead to further anxiety.

Sources: Wales TUC, 2017a and NHS Menopause Symptoms (2018)

### **Seeking medical advice or support:**

It is always better to seek medical advice or support if you are unsure or concerned about any symptoms. You can seek advice or support whatever stage of the menopause transition you are at. Please see the list of useful organisations that you may also want to consult at the end of this document.







## WITCHES, MENOPAUSE & STIGMA

Researcher Sylvia Federicci (2004) studies women's history in Europe and shows another side to reproduction and/or menopause defining women's role in society. In her book *Caliban and The Witch*, she shows that women have been assigned an exclusively reproductive role within capitalist societies. This meant that men were able to accumulate wealth, while women were tasked with unpaid housework and raising children. Producing children, who would then fuel capitalism's labour supply was women's *raison d'être*. By not producing children, women would become useless to the system and therefore de-valued.

Witch hunting is often thought of as an archaic practice from the Middle Ages, but Sylvia Federicci highlights that witch hunting was widespread in Europe between the 16th and 19th centuries. The 'witches' were often younger women who did not want to get married and have children and older, potentially menopausal, women, who were no longer of an age to produce children. In addition, witches included women offering or receiving practical knowledge and expertise for birth control. Not wanting to or being unable to produce children or being able to control the production of children became subversive to the system and these women were considered dangerous! An accusation of witchcraft was then a way to control women who would not conform with women's solely reproductive role.

Even showing an interest in and/or researching menopause can result in stigmatising experiences (Beck et al., 2018).

“ I WOULD IMAGINE IT WILL BE SOMETHING ALONG THE LINES OF THE WAY WE NOW TREAT MENTAL HEALTH AWARENESS. THIS WAS SUCH A TABOO SUBJECT AT WORK AND NO ALLOWANCES MADE ON SICKNESS ABSENCE, THIS HAS CHANGED DRAMATICALLY FOR THE BETTER SO AT LEAST THE YOUNGER GENERATION WILL NOT HAVE THE SAME STIGMA AROUND THE MENOPAUSE. IN THE MEAN TIME THE 55 YEAR OLDS LIKE MYSELF WILL KEEP ON STRUGGLING WITH A SMILE.

Survey respondent, University of Bristol Study

### CONVERSATION PIECES:

How do you perceive other people's view of menopause?



Click to play

Is stigma against menopause and ageing women in nowadays' society also a form of control?

Is the current stigma against menopause inherited from witches' oppression?

Are menopausal women subversive to the system?



# THE MATRIARCHAL SOCIETY IN DUNDEE AND THE 'KETTLE BLIER'

A local example of a departure from women being defined purely by their reproductive functions, or their absence, can be found in the city of Dundee in the 19th century. Dundee became defined by women's employment, particularly in the jute industry and was known as a 'woman's town', where 70% of the jute workers were women (BBC n/d). Women were the breadwinners, and many men 'kettle bliers', meaning kettle boilers. Men were known as such kettle bliers because they tended to stay at home as 'house-husbands' while women went to work. According to the Dictionary of the Scots Language, a kettle biler is: "A derogatory term for a house-husband", suggestive of men being 'lazy' (MacMurchie, 1986 in DSL, 2005). Due to a lack of work, the men stayed at home, cooked, and looked after young children (BBC n/d). There is some suggestion that women were employed rather than men because they were cheaper to employ. The men that ran the mills were known as Jute Barons and they became very rich, with their workers poor and low paid (BBC, n/d).

## CONVERSATION PIECES:



- 💬 Would the women of Dundee have felt the same about their worth in society when they reached menopause as others in patriarchal societies?
- 💬 Are there other examples of women taking on work and responsibility because men were absent (e.g. WWI and WWII)? If so, what impact did that have on our society?





# AGEING, BODY IMAGE AND MENOPAUSE

## Ageing and Menopause

'Menopause is feared because it is associated with being old' (Weideger, 1977:208). From the mid 70's up to 1980, older women's position in society started to be considered more widely in the writing and campaigning work of the women's and feminist movements. Feminist writers started to look at how deeply entrenched notions of youth, and youthfulness, were in our society and how ageing, and becoming older, were devalued. The actual experiences of ageing started to be considered as it became apparent that menopause marks not just physiological transition but also a social transition.

More recent research continues to look at some of these themes. For example, Hoffmeier et al. (2017) in their study found that women:

- continued to feel young inside but were shocked to see an ageing self who had often put on considerable weight. Women report feeling trapped in an older body when in their heads they felt young.
- felt a sense of loss and grieving for their younger body on the one hand, but on the other, felt the need to accept the changes to their ageing bodies.
- 'described experiencing societal pressures to look and dress a certain way. Not only did they bemoan the societal pressure towards remaining youthful, thin, unwrinkled, and non-grey-haired, but also the expectation to "act your age."' (p.9).

“ I KNOW THIS IS STUPID AND VERY VAIN  
BUT I DON'T HAVE A VERY POSITIVE  
IMAGE OF MY BODY ANYMORE...SOMETHING  
I'M WORKING ON

Survey respondent  
Bristol University Study



### CONVERSATION PIECES:

- 💬 What sorts of ideas are associated with the way menopause and ageing is viewed by wider society?
- 💬 For example, is menopause considered to be the beginning of old age? Even though most women on average menopause at around 51 years old?
- 💬 What is 'acting your age' and who or what defines it?



## 'Successful' Ageing

Part of ageing, however we define it, relies on developing different ways of dealing with the changes that are experienced. In their research, Calasanti and Slevin (2006) found that people adopted several different ageing strategies, including:

- Age resistance, involving adopting a proactive approach to countering ageing through fitness, wellbeing and appearance;
- Age denial, an approach that ignores the ageing process and not thinking about it; and
- Ageing, getting older and accepting it.

Staying as fit and healthy for as long as we can is undoubtedly a strategy that makes sense. However, advertising images of 'successful' ageing where happy retired couples lead an active lifestyle and enjoy their leisure time provide a very partial picture. In reality, this lifestyle is not available to everybody. 'Successful ageing' often means not ageing or appearing old. In addition, for women in particular, 'successful' ageing was found to include notions of staying 'feminine': being 'slim, attractive, discreetly sexy and independent' (Ruddick, 1999 in Calasanti and Slevin, 2006).

### CONVERSATION PIECES:

- 💬 Is there such a thing as 'successful ageing'?
- 💬 What are the key elements of unsuccessful ageing?
- 💬 What sorts of pressures are put on women to stay young, youthful and active during menopause?

## Reproductive Ageing

Although the ageing process is something everyone goes through, menopause can be considered as reproductive ageing because it is an aspect of the reproductive process which is specifically and uniquely experienced by individuals who have or have had female reproductive organs.

Menopause is part of a cycle of reproductive experiences that may include: starting menstruation, using contraceptives, trying to get pregnant, being pregnant, childbirth and breastfeeding. As with all these stages of the reproductive process, experiences of menopause are not just purely biological or physiological. Experiences can also take place in a social context which have different ideas and understandings of menopause (Dillaway, 2005).

### CONVERSATION PIECES:

- 💬 Are our experiences of menopause shaped by our own relationship to our sense of reproduction?
- 💬 Both menstruation and menopause are stages in the reproductive cycle bringing about major physiological changes to our bodies. In what ways are menstruation and menopause thought about, or talked about in a social context?
- 💬 Are there any similarities or differences in the experiences of menstruation and menopause?



# SEXUAL ATTRACTIVENESS AND MENOPAUSE

Women 'suffer scorn and exclusion as they grow old' and are subjected to 'a humiliating process of gradual sexual disqualification' (Sontag, 1972:102 in Calasanti and Slevin, 2006).

Although this quote comes from work from the women's and feminist movement of the 1970's, the idea of women feeling that their sex drive or sexual attractiveness is fading when they start to go through the menopause is still prevalent. When thinking about Wilson's work, 'Forever Feminine', the title itself is an indication that women lose their 'femininity' because of menopause and need to continue to be 'feminine' beyond menopause, by taking HRT.

## CONVERSATION PIECES:

💬 What is 'femininity'? How is it defined?

💬 Are menopausal women afraid of being perceived as less feminine?

“ YOU TEND TO THINK THAT YOU'RE NOT ATTRACTIVE.

Audience reaction, Tricky Hat Production

## Body Image and Menopause

Bodies change throughout life, and in particular during menopause. Pearce et al (2014), conducted a study that looks at the whole menopausal transition period from pre-menopause, peri-menopause, menopause to post-menopause which can also be described as moving from the reproductive to non-reproductive phase of life. They found a relationship between menopause and changing body image.

Menopause can produce changes in the appearance and function of the body which can be due to the drop in estrogen levels which also produce a variety of different symptoms. However, there can also be (positive and negative) changes to our own attitudes, self-perception, and body image too.





Findings from the study include:

- Women rated themselves lower in fitness than their pre-menopausal years
- Women who were dissatisfied with their appearance were more likely to experience menopausal symptoms
- However, longitudinal studies found no or little difference in body image perception
- Authors also point out that it is difficult to establish the precise cause and effect between menopausal experience and changes in women's own body image.

### CONVERSATION PIECES:

- 💬 What key factors make for a positive body image during menopause?
- 💬 How might women feel negative about their bodies during menopause, and why?
- 💬 How does menopause affect body image exactly? Or is body image related to other factors, other than menopause?



### Understanding and Knowledge About Menopause

To many, what is known and experienced about menopause is a bit of a mystery. An unpublished survey conducted at the University of Bristol showed that only 12% of respondents felt very knowledgeable about menopause, although 37% stated they had quite a bit of knowledge and 40% that they had some knowledge about menopause (see also Beck et al, 2020). It is therefore not surprising that many women say they feel unprepared for the bodily changes that come with menopause (Hoffmeier et al., 2017).

### CONVERSATION PIECES:

- 💬 How prepared are we for menopause?
- 💬 Not just the physical and psychological changes but how we feel society is looking at us/treating us because of ageing?



# BIOMEDICAL AND BIOPSYCHOSOCIAL APPROACHES TO MENO



The term ‘medicalized approach to menopause’ refers to writing and considerations about menopause that emerge from a medical perspective. Here, menopause is often seen as a hormone deficiency disease and all symptoms as the result of declining hormone levels. This can mean that menopause is reduced to a physical phenomenon. HRT is the main medication suggested to alleviate menopause symptoms.

Without denying that menopause does relate to hormonal changes, the biopsychocultural approach takes a broader set of factors into consideration, in particular the wider psychological and social context of a woman’s life. Aspects that are usually considered include: lifestyle, whether she has children (and their age), the climate where she lives, her attitude to ageing and cultural issues relating to the role and status of older women in her society. The biopsychocultural approach suggests women identify and experience symptoms differently as a result of these factors.

Please also see information on Hormone Replacement Therapy (HRT) and Complementary Medicine on the [NHS](#) and [British Menopause Society](#) websites.

# MENOPAUSE AND THE WORKPLACE

## Menopausal symptoms and the workplace

As life expectancy increases, so has working age. In parallel, the age when people retire has also increased. Women’s employment rate has steadily increased (from 52% in 1970 to 72% in 2020/21 in both the UK and Scotland, [ONS, 2021/Scottish Government, 2021](#)) bringing it close to the overall employment rate of 75% for the UK and 74% for Scotland. Of the over 50-year-old workforce around 45% are women who will experience the menopause, and many will experience menopausal symptoms (Kopenhagen and Guidozzi, 2015). This means that women can on average expect to spend up to a third of their working lives with menopause symptoms (Carter et al., 2019). For some women, menopausal symptoms can be moderate or even mild but for others symptoms can be difficult to deal with. Kopenhagen and Guidozzi (2015) found that some of the symptoms experienced by women in their research cited: ‘Poor concentration, tiredness, poor memory, depression, feeling low, lowered confidence, sleepiness, and particularly hot flushes’ (p.372) as experiences that contributed to difficulties in coping with work.

“YOU ARE TRYING TO BE PROFESSIONAL BUT YOU CAN’T REMEMBER CERTAIN THINGS THAT YOU’RE SUPPOSED TO HAVE DONE

Audience reaction, Tricky Hat Production



“A COLLEAGUE WHO LOUDLY COMPLAINED ABOUT HER HOT FLUSHES WAS DEEMED TO BE A DRAMA QUEEN BY HER LINE MANAGER

Survey respondent,  
Bristol University Study



### The hot flush at work

Carter and her colleagues (2019) focus on physical and physiological changes that menopause brings about and how this impacts on the workplace. They found that the hot flush may be aggravated by different working conditions. For example, engaging in physical work or in hot working conditions or environments. Also, as estrogen has a role in fluid regulation, as it declines: ‘menopausal women have a reduced thirst sensitivity to changes in central body fluid volume, potentially resulting in dehydration from a slower rate of fluid replenishment’ (p.1). Dehydration can add to and worsen existing symptoms.

The hot flush can also affect cognitive performance and poor concentration may occur as feelings of being uncomfortably hot take hold. Experiences of menopause in the workplace have led to, for example, being absent because of symptoms, changes to working outputs, loss of pay, loss of employment status, which can all create (additional) emotional stress and exacerbate menopausal symptoms. This highlights the importance of treating menopause as a health at work issue and developing strategies to mitigate workplace and working environment impacts of menopause.

### Impact of night sweats and sleep deprivation at work

Carter et al. (2019) also found that sleep disturbance caused by night sweats meant that women found fatigue a particularly difficult symptom to deal with while at work. A survey of members of the British Medical Association (n/d) found that different factors contributed to fatigue including a combination of anxiety, joint pains and problems with memory and concentration. For shift workers, irregular sleep patterns made shift working difficult to cope with.

### Workplace stress and psychological symptoms

Workplace stress can also occur when psychological symptoms of menopause such as difficulties with concentration, depression and mood changes have an impact on the ability to continue working as before (Kopenhager and Guidozzi, 2015). Anxiety and worry is also a common experience during menopause (Beck et al, 2021) and one that has a significant and negative impact on the ability to work.

#### CONVERSATION PIECES:

- What are the different types of menopausal symptoms that impact women’s working lives?
- How does menopause overall affect women’s working lives?
- How does the workplace and working environment affect menopausal symptoms?
- What particular aspects of the workplace or working environment exacerbate menopausal symptoms?



## Workplace adjustments and the menopause

Our workplace surveys (Beck et al, 2020, 2021) suggest that there are a whole range of cultural and physical changes and adjustments that could be made to workplaces and their environments that could be helpful to women during the menopause transition – and the workforce as a whole. The 2017 Government Equality Office report on menopause in the workplace (Brewis et al, 2017) recommends environmental adjustments such as fans and good ventilation; temperature control; clean, comfortable, well-equipped toilets; cold drinking water; lighter, layered, non-synthetic workwear; rest areas; natural light; access to women-only showers; and reduction of noise exposure.

Workplace cultural attitudes toward the menopause can be a real barrier to supporting women going through the menopause where there is a lack of awareness or understanding around the menopause (Atkinson et al, 2021). This can also happen if a menopause policy or guidelines are not used to make substantial cultural changes (Beck et al, 2021).

Menopause is often considered to be a taboo subject, something that people find difficult to talk about. However, if managers, colleagues and workmates can incorporate the issues arising from the menopause into conversations in a naturally occurring way, it helps to develop a better awareness and understanding of the topic. An important focus of the conversation can be around the impact that menopausal symptoms have on work and giving practical support to the related mental health and physical health issues.

“ALTHOUGH MY MANAGER IS EXCELLENT I WOULD SAY SHE HAS EXPERIENCED SOME MOOD SWINGS AS A RESULT OF THE MENOPAUSE. SHE WOULD NEVER ADMIT THIS SO IT HAS BEEN A LITTLE STRESSFUL AT TIMES WONDERING WHAT MOOD SHE WILL BE IN ON A PARTICULAR DAY. NOT SURE I HAVE ANY SUGGESTIONS ON HOW TO IMPROVE THIS THOUGH AS I'D BE TOO SCARED TO SAY! :)

Survey respondent, Bristol University Study

### CONVERSATION PIECES:

- 💬 How comfortable would you feel raising any issues to do with the menopause at work? For example; With your colleagues? With your manager? With your trade union rep?
- 💬 What could be done to make it easier to talk about the menopause at work?
- 💬 At work, have you ever seen or experienced any poor treatment or negative comments about the menopause? How was this dealt with?
- 💬 What kind of changes to the workplace or working environment do you think would help women during the menopause transition?



# PRINCIPLES OF A MENOPAUSE AT WORK POLICY



Trade unions (for example: [TUC](#), [GMB](#), [Unison](#)) and employer organisations ([CIPD](#)) have identified several ways to support women and others with menopausal symptoms. Trade unions in particular suggest that a workplace policy should set out clearly why menopause is considered a workplace issue, what the menopause is and the related range of symptoms, how this affects women and others, how it impacts on the workplace and what employers can do to address those issues. For example:

**Menopause Awareness:** Workplaces need to consider introducing training and awareness sessions, in particular for managers, to help support them in developing their understanding of the effect of menopausal symptoms at work and what can be done to support women going through the menopausal transition.

**Flexible Working:** Being able to work flexibly can help women and others to manage their symptoms better and work more effectively.

**Working environment:** Ensuring that there is adequate ventilation and hydration as well as rest breaks and access to facilities needed to deal with heavy or recurring bleeding.

**Inclusive Culture:** Ensuring that all workers are included and not marginalised or feel unable to speak about the menopause or ask for help, support or changes to their working environments. This also means ensuring that a culture is fostered where everyone feels they are being treated with dignity and respect and can expect not to hear jokes, negative or derogatory comments about menopause experiences or their age, sex or disability.

# MENOPAUSE AND PROTECTED CHARACTERISTICS

## Introduction

All of us can belong to one or more groups of people who face many different kinds of disadvantage, unfavourable treatment, discrimination or harassment. For example, menopause may lead to certain conditions that could meet the definition of 'impairment' as set out in the Equality Act 2010 under Disability and could require a reasonable adjustment. The Sex and Age protected characteristics are also relevant as those experiencing the menopause tend to be older.

The UK Equality Act 2010 prohibits discrimination or harassment against nine groups of people known as the 'protected characteristics' in the legislation. These are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation. How menopause might affect these different groups is discussed below.

You can find further information and more detail about the protected characteristics and types of discrimination covered in the Equality Act 2010 by going to the [Equality and Human Rights Commission website](#).



# YOUNGER WOMEN AND THE MENOPAUSE

The Wales TUC's menopause survey, (2017b) found that some of the respondents to the survey who had experienced a premature or early menopause, felt that there was little understanding or acknowledgement and even disbelief that younger women could menopause. The [Daisy Network](#) states that menopause can occur in younger women in their teens, 20's and early 30's and 40's, for whom ovaries may not completely fail but fluctuate over time. Such fluctuations mean, for example, that conceiving with premature ovarian insufficiency (POI) is possible but only around 5-10% of women with POI may still conceive. Younger women with POI may therefore 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' (Wales TUC 2017b:13).

“ I WAS REALLY YOUNG, 37 SO I FELT QUITE ALONE WHEN THIS HAPPENED AND DEALT WITH ISSUES.

Survey respondent, Bristol University Study

## CONVERSATION PIECES:

- What range of issues might arise for younger women going through the menopause?
- In what way might the issues that younger women experience differ to women experiencing menopausal symptoms who are within the 'average age group' when menopause is most likely to occur?

# TRANS AND NON-BINARY PEOPLE AND THE MENOPAUSE

Trans people (people who are living in the opposite sex from the one assigned at birth) and non-binary people (people who have a gender identity that is neither female or male) can experience menopausal symptoms. However, our knowledge and understanding of how menopause transition is experienced by trans and non-binary individuals is very limited and there is a need for further research. In addition to the often mis-understood, debilitating, physical and psychological symptoms arising from menopause, many trans and non-binary people may experience discrimination or harassment in wider society or at work. This may add to, worsen or impact on their experiences of menopausal symptoms (Wales TUC 2017b).

“ DIFFICULT TO TALK ABOUT EXPERIENCE OF MENOPAUSE SYMPTOMS SUCH AS HOT FLUSHES BECAUSE I AM A TRANS MAN. AND ALL INFORMATION AND RESOURCES CLAIM THAT ONLY WOMEN ARE AFFECTED BY THE MENOPAUSE SO THIS IS JUST ANOTHER AREA TRANS PEOPLE ARE EXCLUDED FROM ACCESSING INFORMATION AND SERVICES.

Survey respondent, Bristol University Study



# LESBIANS AND BI-SEXUAL WOMEN AND THE MENOPAUSE

Women who are in same-sex relationships where both partners are experiencing menopause may find it supportive but could also find that it increases difficulties when both are experiencing the same, or different, menopausal symptoms. Menopausal symptoms may be particularly difficult if Lesbians or bi-sexual women are also experiencing discrimination or harassment at work (Unison, n/d) or in wider society.

## CONVERSATION PIECES:

- How can the types of discrimination that Trans people might experience in wider society, or at work, impact on experiences of menopause?
- In what ways can society generally become more inclusive in our understandings of who experiences menopause?



# DISABILITY AND THE MENOPAUSE

Women may face additional symptoms for existing health conditions which can worsen or be triggered by menopausal symptoms. In turn, menopausal symptoms can worsen or trigger existing or underlying health conditions. These different or even overlapping sets of symptoms can coincide or be sequential. Either way, this can be very debilitating and impact on work. In addition, disabled people face many different barriers and discrimination, and again physical or cultural working environments can exacerbate symptoms. Reasonable adjustments can be made to ensure that disabled workers facing the menopause are able to work effectively, safely and comfortably.



# MENOPAUSE AND RACE

Black, Asian and Minority Ethnic women may face a wide variety of barriers and discrimination in the workplace as evidenced in a survey by the Wales TUC (2017a, b). It found that over 39 percent of Black, Asian and Minority Ethnic workers had experienced or witnessed racist abuse in the workplace. The racism that workers face can contribute to stress at work and for women this can exacerbate the menopausal symptoms they are experiencing. The Wales TUC (2017b) found that some Black, Asian and Minority Ethnic women who were on insecure work contracts 'were reluctant to raise the issue of their menopausal symptoms or ask for adjustments at work, because of concerns that doing so may negatively affect their job security' (Wales TUC, 2017b:16).



# HUMOUR AND THE MENOPAUSE

Humour or jokes are common barriers to open conversations about menopause. Duffy et al. (2011) for example, show that menopause is generally viewed as either a taboo or a joke. Neither allows individuals affected or involved to have a proper conversation about the key issues. The existence of such humour or jokes is not addressed by organisational or union attempts to address menopause in the workplace via menopause policies or guidelines. The organisational culture in any given workplace, including the organisational humour and jokes, are unlikely to be affected. In contrast, however, it seems to us that any conversation about menopause is better than none at all and many women find it easier to talk about menopause when the conversation is kept light and humorous. In particular, intergenerational transmission of knowledge about menopause has been found to often draw on jokes and laughing to make the subject matter more natural and lighter (Agee, 2000).

## CONVERSATION PIECES:

- Can humour or jokes about menopause be a useful first step towards a normal conversation about menopause?
- What kind of humour or joke about menopause is inappropriate or offensive?

“EVERY TIME I BRING IT UP IT'S IN SOME KIND OF COMICAL FASHION. IT PROBABLY MAKES YOU FEEL BETTER TO TALK ABOUT IT IN A COMICAL WAY.

Audience reaction, Tricky Hat Production



# THE ROLE OF GP'S AND HEALTH PROFESSIONALS

A GP is the most likely person to turn to when we have questions or concerns about our body. It has previously been suggested (Brewis et al, 2017) that medical and social care professionals need to be sympathetic, knowledgeable and supportive about menopause transition. They should take full account of women's experiences in treatment and support, and provide a range of recommendations to alleviate symptoms. However, many women find their GPs and other health professionals indifferent, unsympathetic or even unhelpful. In turn, Scott et al. (2021) found that medical professionals themselves often struggle to find accurate information. There is thus a need to update [British Menopause Society](#) guidance, clear protocols, information leaflets for patients, and inclusion of further guidance in the next [NICE guidance](#). There also needs to be consistency between nationally developed processes and local health service provision around the country (Hamoda et al, 2021). Currie et al (2021) recommend that:

- All healthcare professionals should have a basic understanding of the menopause and know where to signpost for advice, support and treatment.
- Every primary care team should have at least one nominated healthcare professional with a special interest and knowledge in menopause.
- All healthcare professionals with a special interest in menopause should have access to British Menopause Society Menopause Specialists for advice, support, onward referral and leadership of multidisciplinary education.

“ I FOUND MY GP TO BE QUITE HELPFUL BUT HISTORICALLY THERE HAS BEEN SUCH A LACK OF INFORMATION ABOUT THE MENOPAUSE.

Survey respondent, Bristol University Study



“ I HAVE BEEN IN A GP SURGERY AND A NURSE SAID LOUDLY ‘YOU ARE HAVING A HOT FLUSH AREN’T YOU’. I OBVIOUSLY WAS AND IT WAS THE REASON I WAS THERE BUT I DID NOT WANT ATTENTION DRAWN TO ME FOR EVERYONE IN RECEPTION.

Survey respondent, Bristol University Study

## CONVERSATION PIECES:

- 💬 What do you look for in your GP or health professional when you make an appointment to discuss menopause?
- 💬 Would the recommendations listed above address these?



# MENOPAUSE IN DIFFERENT CULTURES

There are interesting indications of differences between the experience of menopause transition depending on background and location. One example is Gupta et al.'s study (2006) that compared the experience of menopause and quality of life between an Asian population from the Indian subcontinent living in Birmingham, UK; a matched sample of White British women living in Birmingham, UK, and a sample of Asian women with similar socioeconomic backgrounds living in Delhi, India. They used standardised menopause questionnaires and interviews and established that the two Asian groups (in the UK and India) generally reported poorer health and a higher degree of physical and emotional symptoms than the White-British sample. However, in terms of menopause symptoms, the UK Asian sample's experiences were more similar to the UK White-British sample than to those based in Delhi. These results notwithstanding, we know very little about how the experience of menopause differs by geographical location and ethnicity.

## CONVERSATION PIECES:

- 💬 Do you think that where you live makes a difference to the experience of menopause transition?
- 💬 Do you think that your ethnicity makes a difference to how you experience and/or view menopause?

## STEAM THROUGH, YOU'LL GET THERE!

Audience reaction  
Tricky Hat Production



## 'NO MORE PERIODS!' AND OTHER BENEFITS OF THE MENOPAUSE

As we have seen from this toolkit, many of the experiences that women face during menopause are difficult, debilitating and stressful. However, there is some light at the end of the tunnel as some research suggests positive aspects of menopause. The Social Research Issues Centre (2002) found that most women experienced improvements in their lives after the onset of menopause. This was the case in relation to their 'careers, relationships, hobbies and interests, travel opportunities, energy levels, health and well-being, independence, and sex' (p.1). The research found that women felt they had more choices, were more independent, had more freedom, better health, had more fun and better sex than previous generations of women in the same 50 plus age group (p.2).



A comprehensive range of studies looking at the benefits of menopause are summarised by [Everyday Health.com](https://www.everydayhealth.com/menopause/10-reasons-to-celebrate-menopause/) (n/d) finding several reasons to celebrate menopause:

**No more periods:** As the menstrual cycle ends and periods stop altogether, there is no more cramping or leakages which for many women can be liberating.

**No more PMS:** During menstruation many women can experience a range of emotional and physical changes known as premenstrual syndrome including breast tenderness and mood swings. This ends with the cessation of periods.

**Sex without getting pregnant:** If pregnancy is not wanted, being able to enjoy sex without the worry of getting pregnant can be a benefit of menopause.

**A chance to take stock:** Menopause may come at a time of many other changes in life and may offer a chance to take a fresh look at health, relationships and working lives.

**Greater self-awareness:** As the average age at which women menopause is around 51 this means that menopausal women have significant life experiences. This could be a time to develop a greater self-awareness and confidence to deal with challenges and opportunities that come their way.

**Caring for yourself:** Menopause may come at a time when our caring roles may change particularly as adult children leave home to find their own way in life. This could be a time for women to develop new ways of caring, in particular caring for ourselves!

**Menopause and friendships:** Meeting old friends and making new friends who are also going through menopause helps connect to others going through the same or similar experiences. Being able to talk to others, sharing experiences and strategies to cope with symptoms can be a huge benefit of menopause.



### CONVERSATION PIECES:

- Do you think there are any benefits to menopause, if so what do you think they are?
- What other changes happen in life around the time of menopause and in what way does our life experiences help deal with them?
- How important are friendships in dealing with menopause and in what way are they important?
- If you have been through the menopause, what is the most positive thing about it for you?



# BIBLIOGRAPHY

Agee, E. (2000) Menopause and the Transmission of Women's Knowledge: African American and White Women's Perspectives, *Medical Anthropological Quarterly*, 14(1): 73-95.

Atkinson, C., Brewis, J., Beck, V., Davies, A. and Duberley, J. (2021) Menopause and the workplace: New directions in HRM research and HR practice, *Human Resource Management Journal*, 31(1): 49-64.

BBC (n/d) *Working in Victorian Scotland*. Available at: [Work - BBC Bitesize](#); accessed 5 August 2021.

Beck, V., Brewis, J. and Davies, A. (2021) Women's experience of menopause at work and performance management, *Organization*, 23(3): 510-520.

Beck, V., Brewis, J. and Davies, A. (2020) The remains of the taboo: experiences, attitudes and knowledge about menopause in the workplace, *Climacteric*, 23(2): 158-164.

Beck, V., Brewis, J. and Davies, A. (2018) The Post-Re/Productive: researching the menopause, *Journal of Organizational Ethnography*, 7(3): 247-262.

Brewis, J., Beck, V., Davies, A. and Matheson, J. (2017) [The effects of menopause transition on women's economic participation in the UK](#), London: Department for Education.

British Medical Association (n/d) *Challenging the Culture on Menopause for Working Doctors*. Available at: [Challenging the culture on menopause for working doctors report \(bma.org.uk\)](#); accessed 14 June 2021.

Calasanti, T. M. and Slevin, K. F. (2006) *Age Matters: Realigning Feminist Thinking*, NY: Routledge.

Carter, S., Jay, O. and Black, K. I. (2019) *Talking about menopause in the workplace*, Case Reports in Women's Health.

Currie, H., Abernethy, K. and Hamoda, H. (2021) Vision for menopause care in the UK, *Post Reproductive Health*, 27(1): 10-18.

Dillaway, H. E. (2005) 'Menopause is the "Good Old": Women's Thoughts About Reproductive Aging', *Gender and Society*, 19(3):398-417.

Dictionaries of the Scots Language (DSL) (2005) *Kettle Bliers*. Available at: [Dictionaries of the Scots Language:: Bibliography \(dsl.ac.uk\)](#); accessed 5 August 2021.

Duffy, O., Iversen, L. and Hannaford, P.C. (2011) The menopause "It's somewhere between a taboo and a joke". A focus group study, *Climacteric*, 14(4): 497-505.

Everyday Health.Com (n/d) *10 Reasons to Look Forward to Menopause*. Available at: [10 Reasons to Look Forward to Menopause - Menopause Center - EverydayHealth.com](#); accessed 5 August 2021.

Federicci, S. (2004) *Caliban and the Witch: Women, the Body and Primitive Accumulation*. UK: Penguin Random House.

Foxcroft, L. (2009) *Hot Flushes, Cold Science. A History of the Modern Menopause*, London: Granta Publications.

Gupta, P., Sturdee, D.W. and Hunter, M.S. (2006) Mid-age health in women from the Indian subcontinent (MAHWIS): general health and the experience of menopause in women, *Climacteric*, 9(1): 13-22.

Hamoda, H., Morris, E., Marshall, M., Kasliwal, A., de Bono, A. and Maggie Rae, M. (2021) BMS, RCOG, RCGP, FSRH, FOM and FPH Position Statement in response to the BMA report 'Challenging the culture on menopause for doctors' – August 2020. *Post Reproductive Health*, 27(2): 123-125.

Hoffmeier, M. S., Runfol, C. D., Sala, M., Gagne, D. A., Brownley, K. A. and Bulik, C. M. (2017) 'Body Image, Aging, and Identity in Women Over 50: The Gender and Body Image (GABI) Study', *J Women and Aging*, 29(1):3-14.

Houck, J. (2003) "'What do these women want?": Feminist Responses to Feminine Forever, 1963-1980', *Bulletin of the History of Medicine*, 77(1):103-132.

Kopenhager, T. and Guidozi, F. (2015) 'Working women and the menopause', *Climacteric*, 18(3):372-375.

Mattern, S. (2019) *The Slow Moon Climbs. The Science, History and Meaning of Menopause*, Princeton University Press.

NHS (2018) *Menopause Symptoms*. Available at: <https://www.nhs.uk/conditions/menopause/symptoms/>; accessed 15 June 2021.

Pearce, G., Thøgersen-Ntoumani, C. and Duda, J. (2014) 'Body Image During Menopausal Transition: A Systematic Scoping Review', *Health Psychology Review*, 8(4):473-489.

Scott, A., Holloway, D., Rymer, J. and Bruce, D. (2021) The testosterone prescribing practice of BMS menopause specialists, *Post Reproductive Health*, 27(2):77-88.

Social Research Issues Centre (2002) *Jubilee Women*. Available at: [Jubilee Women \(sirc.org\)](#); accessed 5 August 2021.

Wales TUC (2017a) *The Menopause in the Workplace – A Toolkit for Trade Unionists*. Available at: [The menopause in the workplace - A toolkit for trade unionists Wales TUC Cymru I TUC](#); accessed 20 June 2021.

Unison (n/d) 'Menopause is a trade union issue: Guidance and model policy'. Available at: [25831.pdf \(unison.org.uk\)](#); accessed 22 June 2021.

Weidger, P. (1977) *Female Cycles*. London: The Women's Press.

Wilson, R. (1966) *Feminine Forever*. London: W.H. Allen Publishers.



# USEFUL ORGANISATIONS

- The British Menopause Society: [www.thebms.org.uk](http://www.thebms.org.uk)
- CIPD Menopause resources: <https://www.cipd.co.uk/knowledge/culture/well-being/menopause>
- Daisy Network - For women experiencing premature menopause: [www.daisynetwork.org/](http://www.daisynetwork.org/)
- The Government Equality Office Report on Menopause transition: effects on women's economic participation: [www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation](http://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation)
- Henpicked: [www.menopauseintheworkplace.co.uk](http://www.menopauseintheworkplace.co.uk)
- The International Menopause Society: [www.imsociety.org](http://www.imsociety.org)
- Menopause Cafes: [www.menopausecafe.net](http://www.menopausecafe.net)
- NHS: [www.nhs.uk/conditions/menopause/](http://www.nhs.uk/conditions/menopause/)
- NICE guidelines: [www.nice.org.uk/guidance/ng23](http://www.nice.org.uk/guidance/ng23)
- Menopause Matters: [www.menopausematters.co.uk/](http://www.menopausematters.co.uk/)
- TUC Wales Menopause Toolkit: [www.tuc.org.uk/menopause-workplace-toolkit-trade-unionists-wales-tuc-cymru](http://www.tuc.org.uk/menopause-workplace-toolkit-trade-unionists-wales-tuc-cymru)
- Women's Health Concern: [www.womens-health-concern.org/](http://www.womens-health-concern.org/)





