



House of Commons
Women and Equalities
Committee

Menopause and the workplace survey results

**Fourth Special Report of Session
2021–22**

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Women and Equalities Committee

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The current staff of the Committee are Hannah Barlow (Committee Operations Manager), James Clarke (Committee Specialist), Chloë Cockett (Senior Committee Specialist), Mark Earl (Safeguarding and Witness Support Officer), Matthew Eaton (Committee Specialist), Radhika Handa (Second Clerk), Michelle Garratty (Committee Operations Officer), Mariam Keating (Committee Specialist), and Margaret McKinnon (Clerk).

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1 Special Report

1. The Women and Equalities Committee conducted a survey from 16 September 2021 until 30 September 2021. We publicised it through our website, on Twitter, and through internal and external stakeholder networks. The survey received 2161 responses. The results of the survey can be seen in the Annexes of this report. We would like to thank everyone who took part in the survey. We would also like to extend particular thanks to Alice Saunders from the National Audit Office, who assisted with analysing data from the survey.

Sampling strategy

2. For some questions,¹ a sample of 200 out of the 2161 respondents were selected for qualitative analysis. To ensure the sample was representative, the sampling strategy accounted for the diversity characteristics of each respondent, including age, sex, gender identity and ethnicity. Out of the 2161 respondents the majority were White British women who identified with the same gender that they were assigned at birth, spread over a range of age groups. As there is an unequal representation of each diversity characteristic, proportional sampling was inappropriate for this data. Instead, all respondents in minority groups within ethnicity, sex, and gender identity (i.e. all non-white, male, or did not identify with the gender that they were assigned at birth) were added to the sample, with the remainder being comprised of the majority group (white, female, and cisgender). For 'age', an even number of respondents from each age category were included. An initial sample size of 200 was chosen (approximately 10% of the entire sample). If after reviewing 200 cases lots of new views presented, the sample would be expanded, however, this was not necessary in this scenario.

1 The following free text questions were selected for representative sampling: Q22. What, if any, impact do you think your age had on your experience of menopause? Q23. What, if any, impact do you think your gender identity had on your experience of menopause? Q24. What do you think is the most important thing employers can do to support employees experiencing menopause?

1 Annex 1 - Analysis of survey data

Menopause and the workplace survey: what we learned

Who we are

1) We are the Woman and Equalities Committee in the House of Commons: a group of 11 MPs from different political parties, independent of the Government. We scrutinise the work of the Government on equalities issues.

Our work

2) As part of our 'Menopause and the workplace' inquiry, we are investigating the way women and people who experience menopause are supported in the workplace. We wanted to hear about people's experiences at work and beyond and launched a survey, 'How has experiencing menopause impacted you?'

What we learned

- 3) We learned that:
- a) Most women experience menopause symptoms, which also affect them negatively at work;
 - b) Despite this, there is still considerable stigma about talking about menopause at work. Most women do not tell anyone at work or seek adjustments, out of concerns for privacy and worrying about the reaction of others;
 - c) Many workplaces do not have any policies relating to menopause and women do not always know how to seek support;
 - d) Respondents want support from their employers, which includes practical measures such making reasonable adjustments and providing for greater flexibility, as well as cultural changes like removing stigma, encouraging openness, education and awareness raising; and
 - e) There is some evidence that age, ethnicity and gender identity affect menopause symptoms and experiences, but we need more information.

Report

Who responded to our survey?

- 4) Of the 2161 respondents to our survey:
- a) 94% stated their sex was female
 - b) 82% said the gender they identified with was the same as their sex as registered at birth

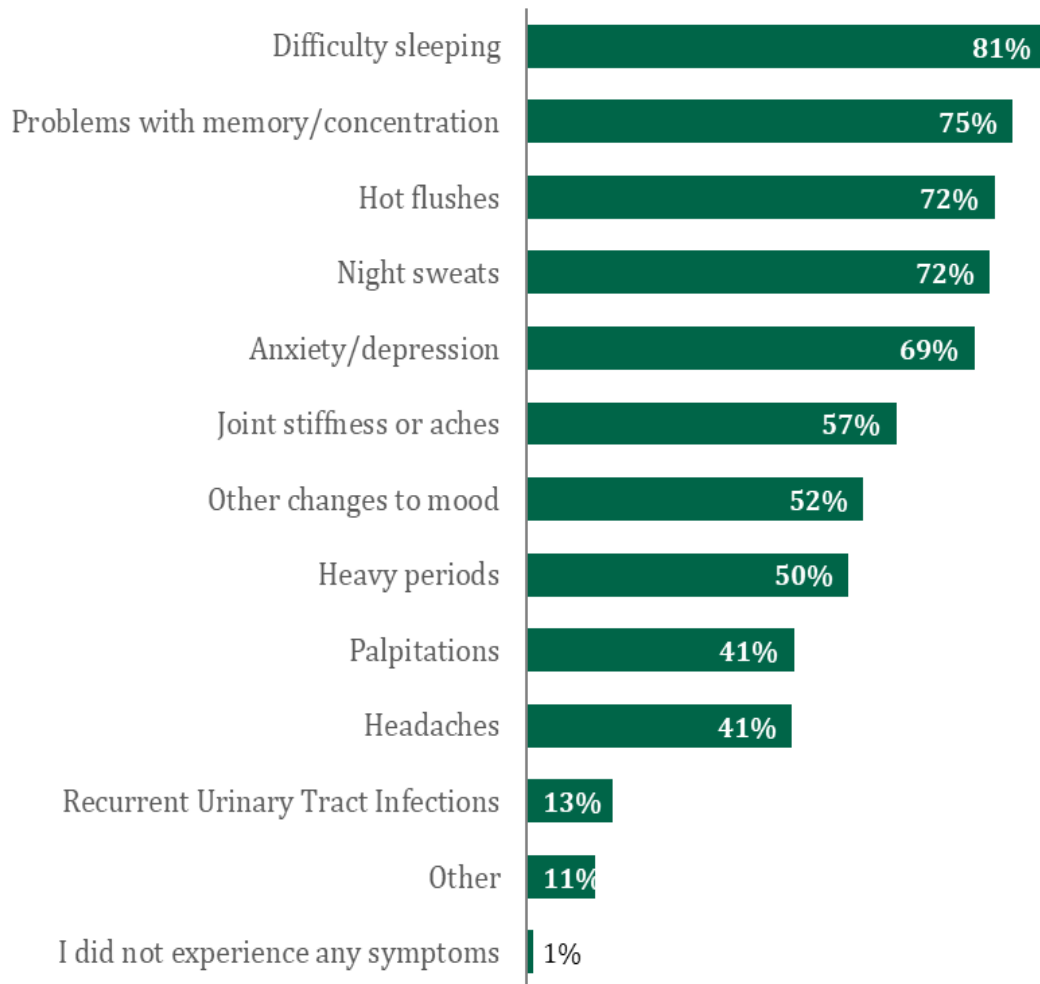
- c) Around one third of respondents were under 50
- d) The ethnicity most respondents (87%) identified with was ‘any white background’

Symptoms and impact

5) 38% of respondents were aged between 46 and 50 when they started to experience menopause symptoms, although a third of respondents started experiencing menopause symptoms before the age of 45.

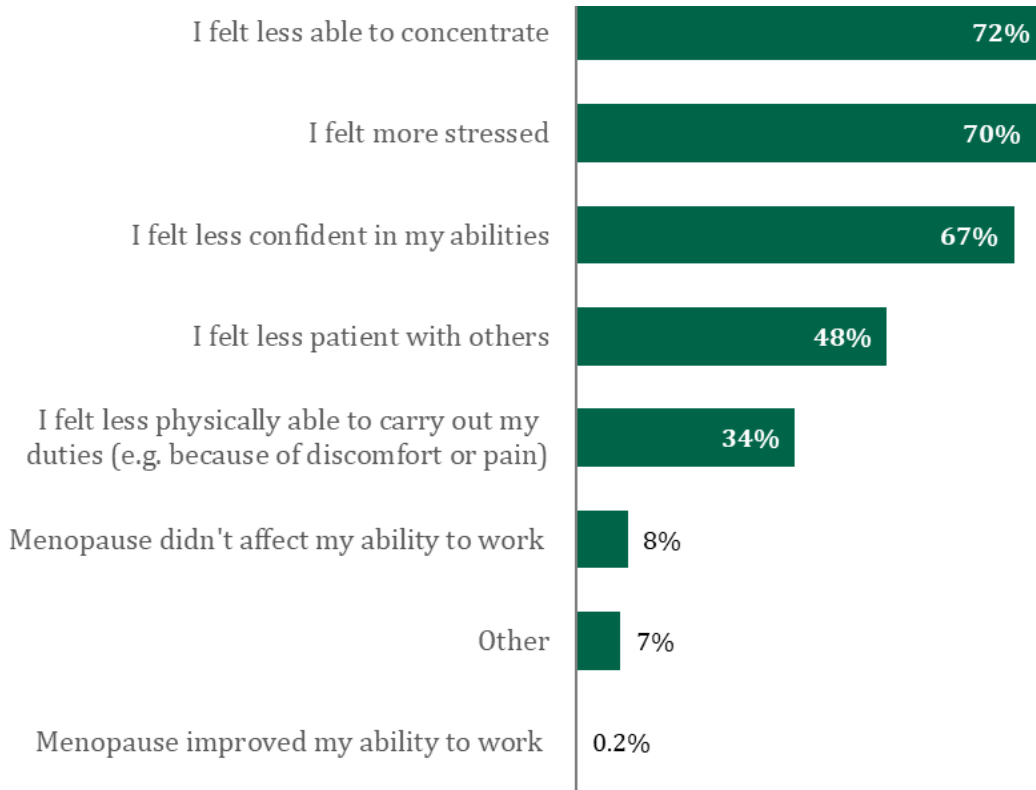
6) 99% of respondents described at least one menopause symptom. ‘Difficulty sleeping’ was the most reported, followed by problems with memory and/or concentration. A significant number (69%) reported anxiety or depression as a symptom.

3. *Did you experience any of the following menopause symptoms?*



7) Most respondents reported that these symptoms affected them at work, reporting a loss of ability to concentrate, increased stress and a loss of confidence. 31% of respondents took time off work due to symptoms.

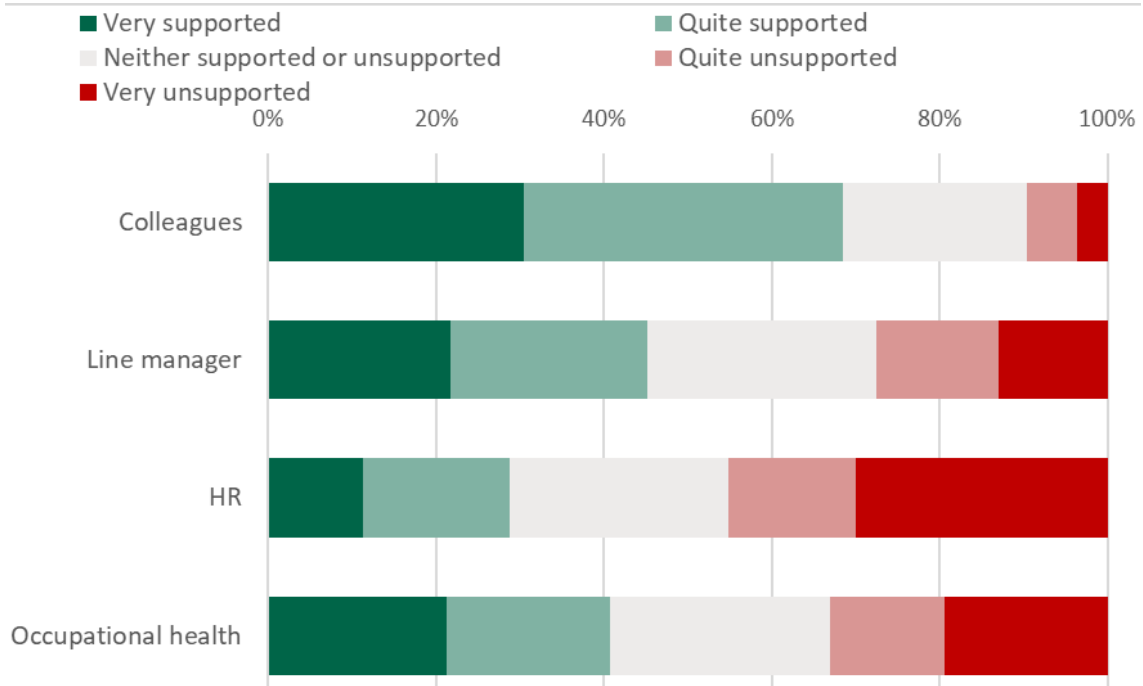
5. In what way did your menopause symptoms affect your ability to work?



Telling people at work

8) Despite the vast majority reporting some impact on how they felt at work, less than a third of respondents told anyone at work. The main reasons given for not telling anyone were privacy, followed by concern over people’s reactions. A significant number of respondents simply did not know who to tell.

9) When it was reported, it tended to be to line managers (29%) or colleagues (32%) rather than to HR or occupational health. Those who told colleagues or line managers were more likely to say they felt supported, than those who told HR or occupational health.

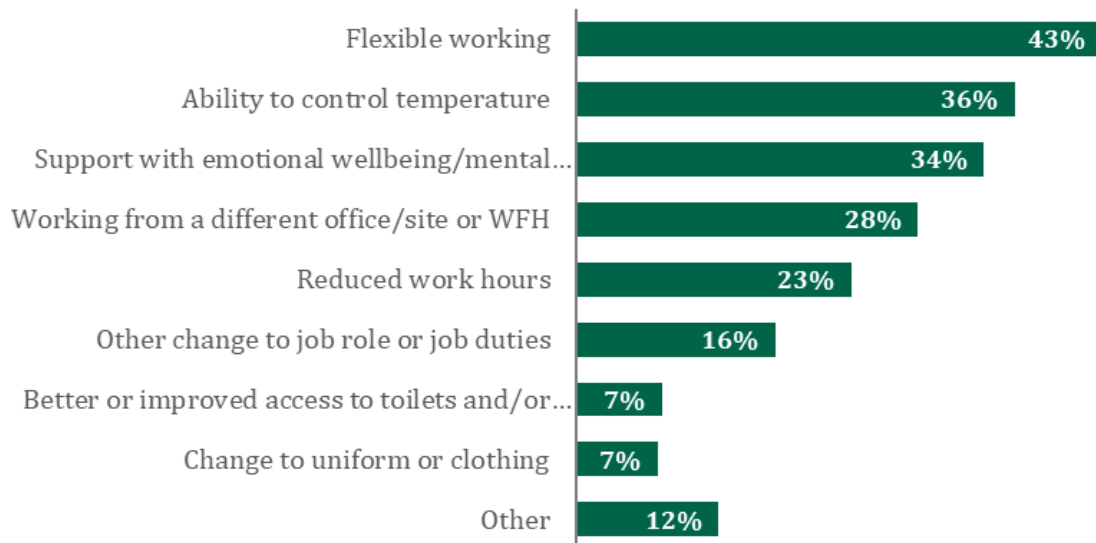


Support in the workplace

10) Just under 11% of respondents requested adjustments due to their symptoms. The most common requests were for flexible working and temperature control.

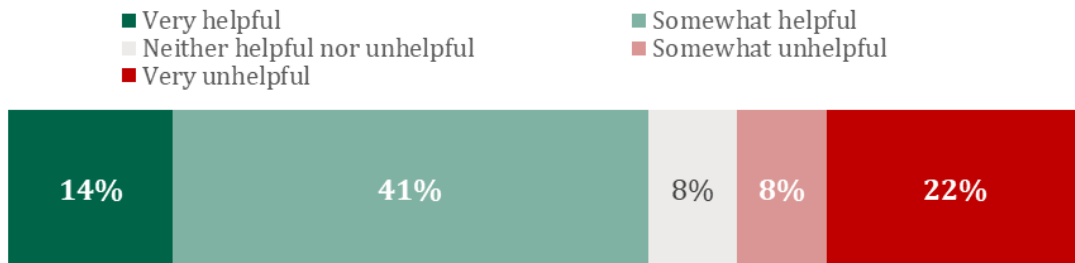
11) Of those who did not request adjustments, the main reason given was “I was worried about the reaction of others” (26%). The next most commonly given reason was “I didn’t know who to speak to” (19%).

14. What adjustments did you request? (proportion of those that made requests)



12) The majority of those who requested an adjustment received some form of adjustment; however, 30% received no adjustments. Of those who received adjustment, 55% found those adjustments useful.

16. Overall, how helpful were the adjustments that you received?



What can employers do to support their employees experiencing menopause?

13) We asked, “What do you think is the most important thing employers can do to support employees experiencing menopause?”

14) We analysed a representative sample and found a number of themes emerged as to what respondents wanted their employers to do:

- a) Provide adjustments
- b) Have policies
- c) Provide flexibility
- d) Education
- e) Support cultural changes
- f) Develop support networks

Adjustments

Listen to what the individual needs and make adjustments accordingly

15) Respondents referred to a number of practical adjustments that would help them. These included:

- a) having fans at the desks
- b) better ventilation
- c) uniforms appropriate for menopause, for example made of breathable material
- d) access to drinking water
- e) easy access to toilets and to washing facilities

Policies

have a policy outlining what employers will do and where women are struggling at work can seek advice both internally and externally

16) Respondents called for specific policies in their organisations that recognised the impact of menopause. Sickness policies were frequently mentioned, with respondents asking that absence policies not penalise those needing time off to deal with symptoms, or for menopause-related appointments.

Flexibility

17) Respondents called for flexibility in their working hours, as well as their place of work. Working from home was frequently mentioned.

Education

Education! I am not embarrassed to discuss menopause and the symptoms that go along with it but when doing so with some colleagues it brings me back 30 years ago when I was breastfeeding. A lot of people need to get with the times!

18) Respondents wanted to see a greater understanding of the menopause, and its impact, in the workplace. Many pointed to the need for managers to receive training.

Cultural changes

Support should be available without stigma

Encourage open discussions, it shouldn't be something people are afraid of talking about.

19) The removal of stigma and taboo relating to menopause was a repeated theme, as was a desire to move away from menopause being an acceptable topic for jokes or workplace 'banter'. Respondents said they wanted to be able to feel like it was possible and safe to discuss menopause with their managers and colleagues. Respondents called for an 'open space' for women to talk about what they are going through and for a willingness of others in the workplace to listen to the lived experience of women experiencing menopause. A few respondents were concerned that the introduction of further workplace support could have the unintended consequence of further stigmatising women.

I needed to know that I wouldn't be penalised for my symptoms

20) Another major theme was 'trust'; respondents wanted to feel like they were trusted to manage their work alongside menopause, without the fear of being disciplined or facing other negative consequences for being open about menopause or having to take time off.

Support network

21) Respondents emphasised the importance of feeling supported in the workplace and knowing how to access that support. Respondents wanted a safe place for women to

discuss, or seek support or advice for, what they are going through. Some respondents emphasised being able to speak to female colleagues; others wanted to be able to speak with managers and some sought the support of external professionals who understand menopause.

Did people's characteristics affect their experience of menopause?

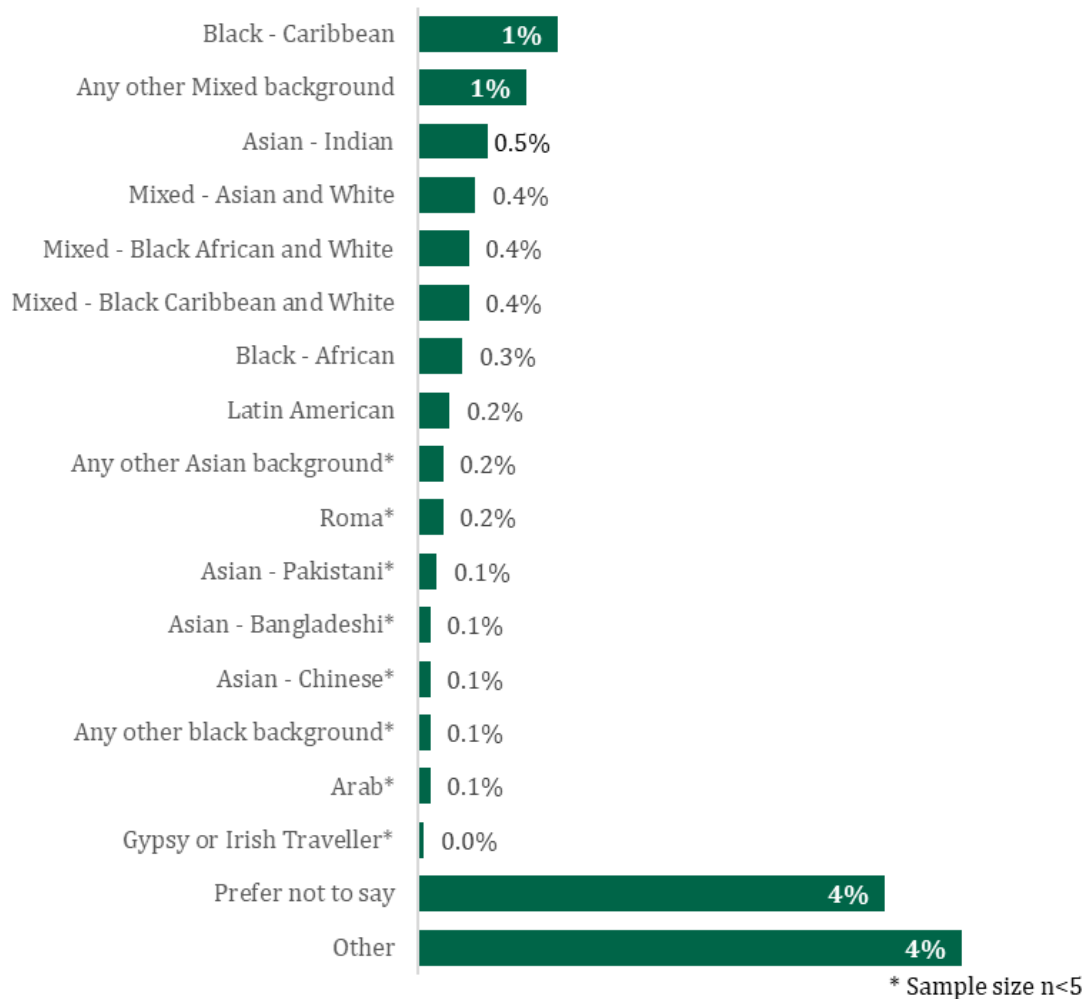
22) Evidence to our inquiry, and wider research, suggested there were different challenges for certain groups of women and people experiencing menopause, in particular, some ethnic minority groups, younger women and LGBT+ people. To better understand this, we asked:

- a) What, if any, impact do you think your ethnicity had on your experience of menopause?
- b) What, if any, impact do you think your age had on your experience of menopause?
- c) What, if any, impact do you think your gender identity had on your experience of menopause?

Ethnicity

23) 9% of respondents identified as an ethnic background other than white. As this amounts to only a small number of individuals from ethnic minority groups it is important to acknowledge that the views held may not be representative of the population. However, these findings reflect evidence provided to our inquiry and wider research.

29. *Ethnic Background - which of the following do you feel you most identify with?*



24) Some respondents told us that they thought their ethnicity had an impact on their experience of menopause in terms of the response from health professionals and managers, the severity of symptoms, and increased stigma in some communities.

a great deal. racial weathering and stress are a very real factor when it comes to black women and menopause. black lives matter became mainstream news but racism in the media emboldened by brexit confidence/arrogance is worse and shows no signs of abating. black women are more likely to develop menopause up to 2 years earlier and suffer some symptoms for longer than our white counterparts. (SWAN 2018) racial weathering must have a part to play here.

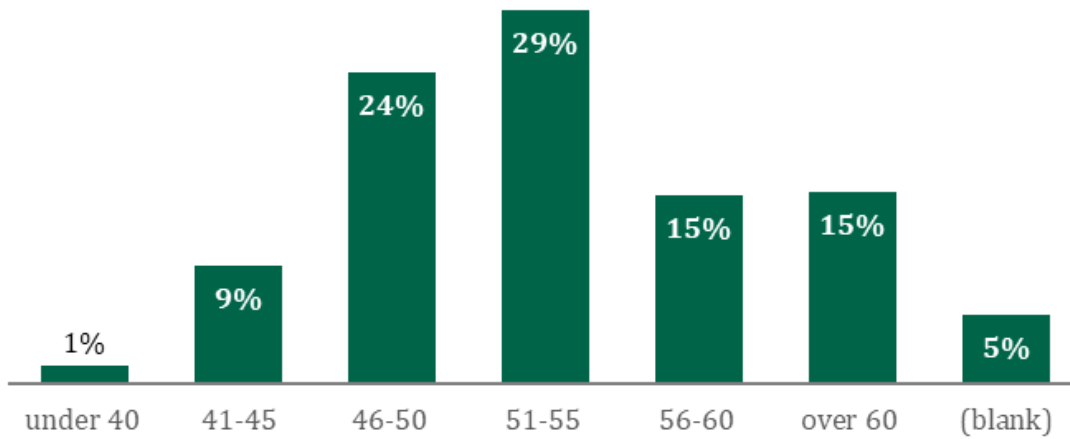
Not being able to share the symptoms because it is considered a taboo in my culture. So I seem to suffer more even in situations where I could be excused.

GPs tend to brush off Black Women when we are raising medical issues. For some strange reason they think we do not know our own bodies & are often very dismissive of our symptoms/claims. I know White women who have been offered far more sympathy & understanding for raising the same conditions with the doctor as myself. Its very disappointing.

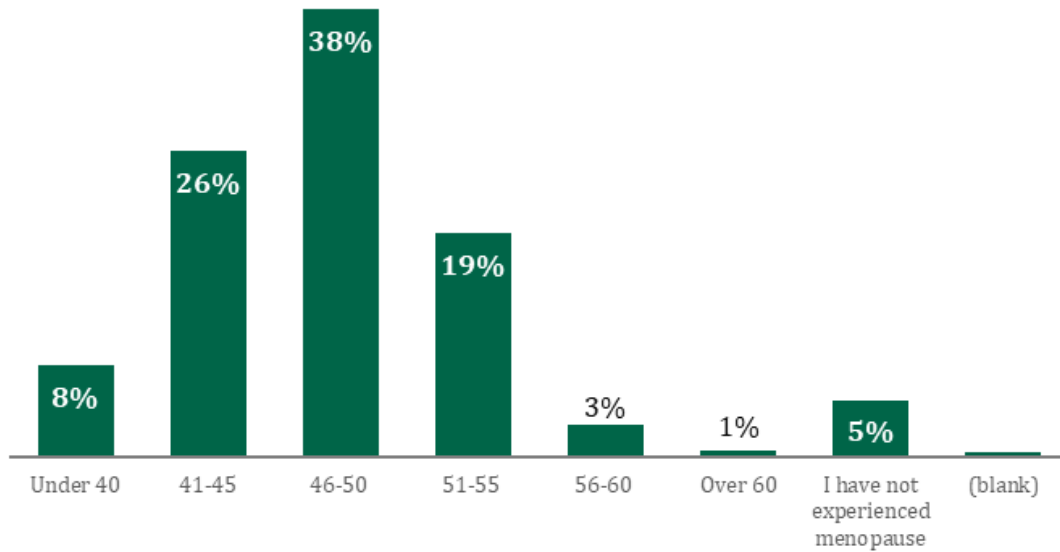
Age

25) Just over a third of respondents to the survey were aged under 50. Around a third were 45 or under when they started to experience menopause symptoms. 8% experienced symptoms before the age of 40.

28. What age are you?



1. How old were you when you started experiencing menopause symptoms?



26) Respondents told us that assumptions and biases around age made it harder for them when experiencing menopause:

A lot of derogatory terms for a menopausal woman in her 50's, such as moody cow, grumpy, stupid, and ones I can't remember off the top of my head.

Reinforced stereotypes of middle aged women being forgetful and unreliable.

being older... it definitely ended my career progression

27) However, younger respondents who experienced early menopause, told us how they struggled to access support:

people don't take me seriously. They don't believe I'm old enough to be menopausal. Including my GP!

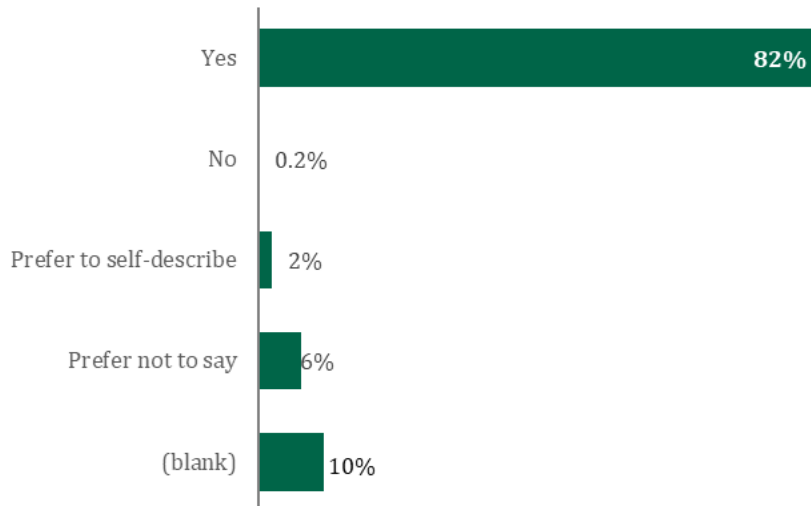
I was very young in starting the menopause. That made it much harder as it was less understood by me, family and work colleagues

I was younger than I expected and didn't know anyone else who was going through it. I felt like a failure.

Gender identity

28) 0.2% of respondents told us that their gender identity was not the same as their sex as registered at birth. A further 2% said they preferred to self-describe.

27. Is the gender you identify with the same as your sex registered at birth?



29) Respondents told us that their experiences were often simply not reflected in the narrative around menopause.

I'm non-binary and we are largely erased from menopause discussions.

I identify as lesbian. My partner started her menopause a few years before me. Far less embarrassment as a result. Much more understanding. Both having hot flushes together, or feeling tired. Easy to have a conversation and not feel ashamed. Easier to work through things like reduced vaginal lubrication and sexual discomfort during intercourse (her experience for a short period) because as two women there is good understanding and communication. In a conversation with my ex husband who was struggling with coping with his wife's menopause and not really understanding what was happening for her, the contrast was very striking. Communication and knowledge is key. No need for fear and stigma.

That's a difficult question. I'm non-binary, but generally not dysphoric, and it doesn't bother me to be identified as female. But when my periods stopped, it was such a huge relief. Then after nearly 2 years I had another and I think that's the first really bad experience of gender dysphoria I've had. It's been difficult.

What happens next?

30) We are continuing with our inquiry, and the important information we have gained from this survey will help us form our recommendations to Government when we publish our report.

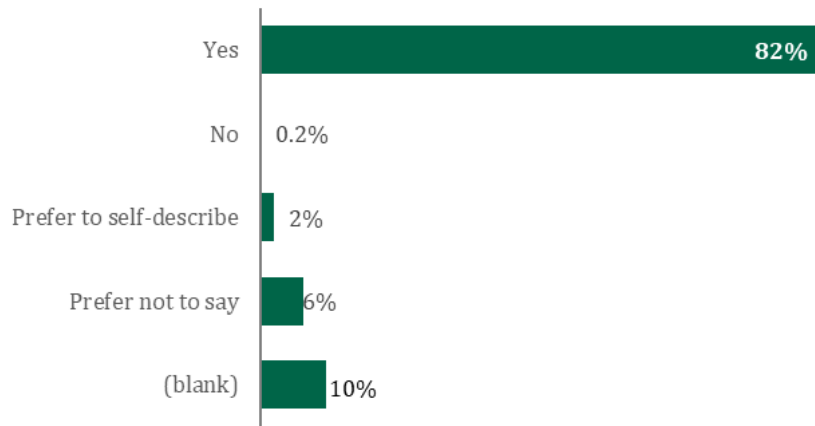
2 Annex 2 - Survey results graphics

Who responded to our survey - demographic data

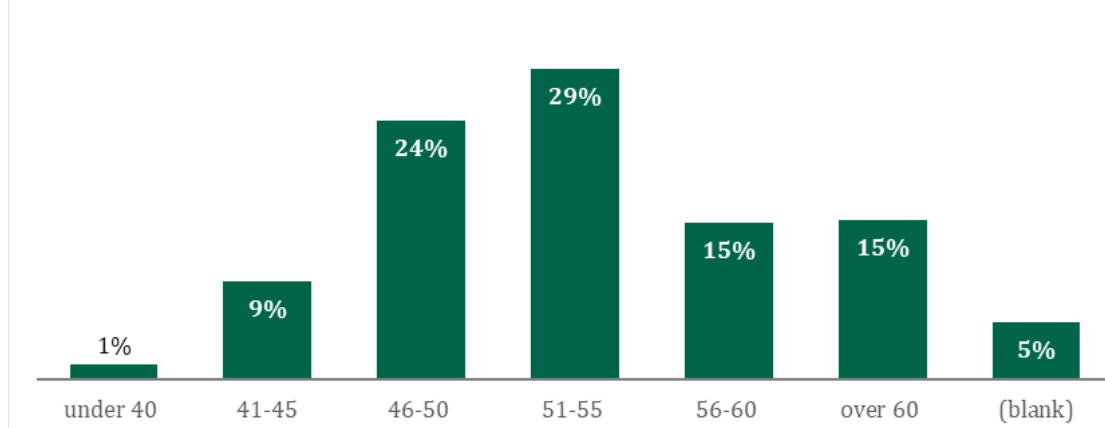
16. What is your sex?



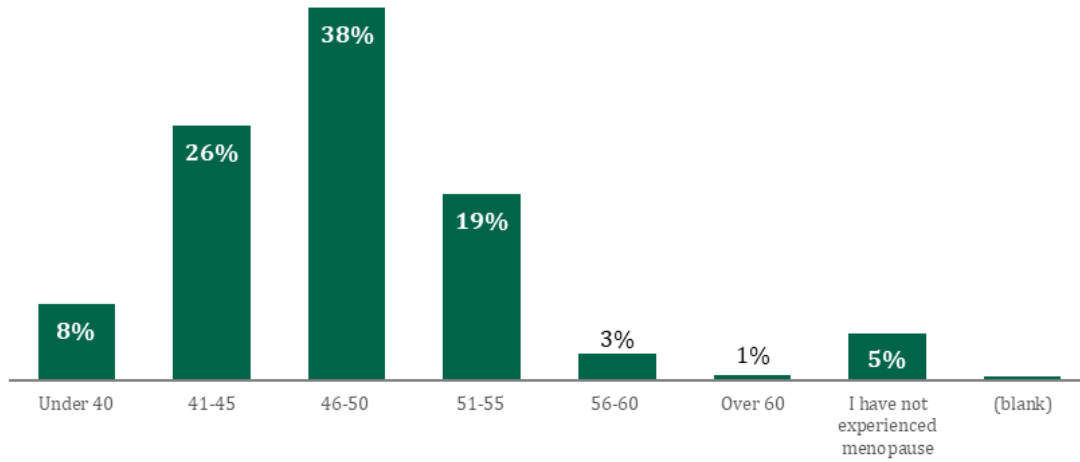
27. Is the gender you identify with the same as your sex registered at birth?



28. What age are you?



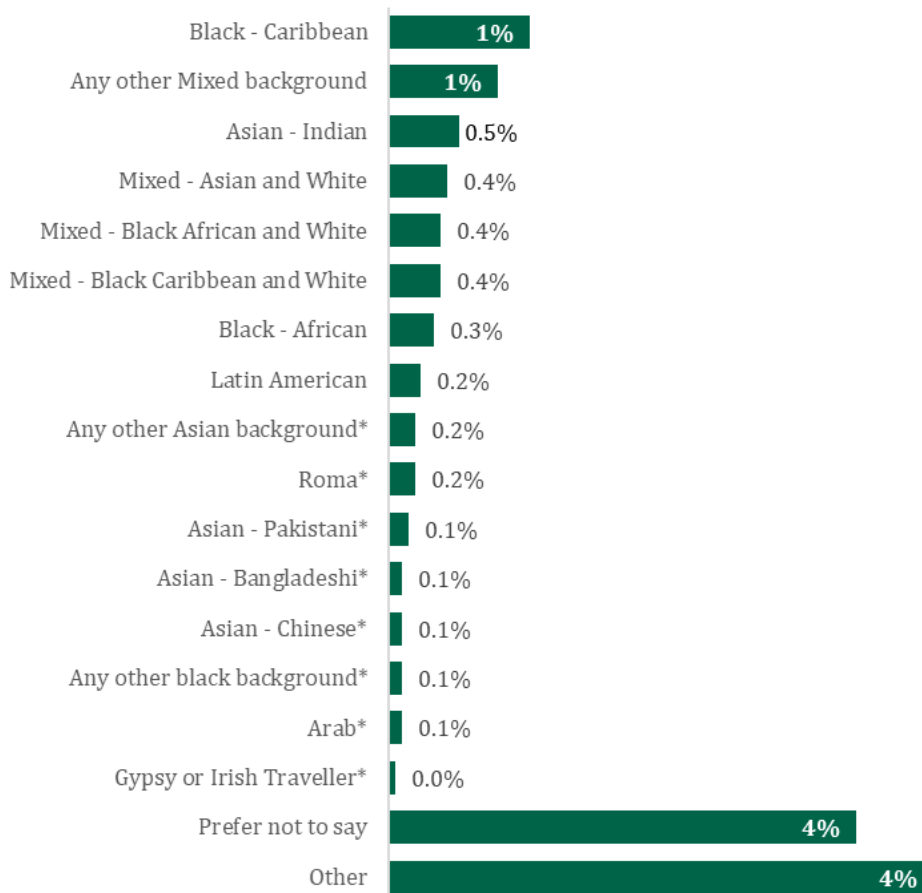
1. How old were you when you started to experience menopause symptoms



Symptoms and impact

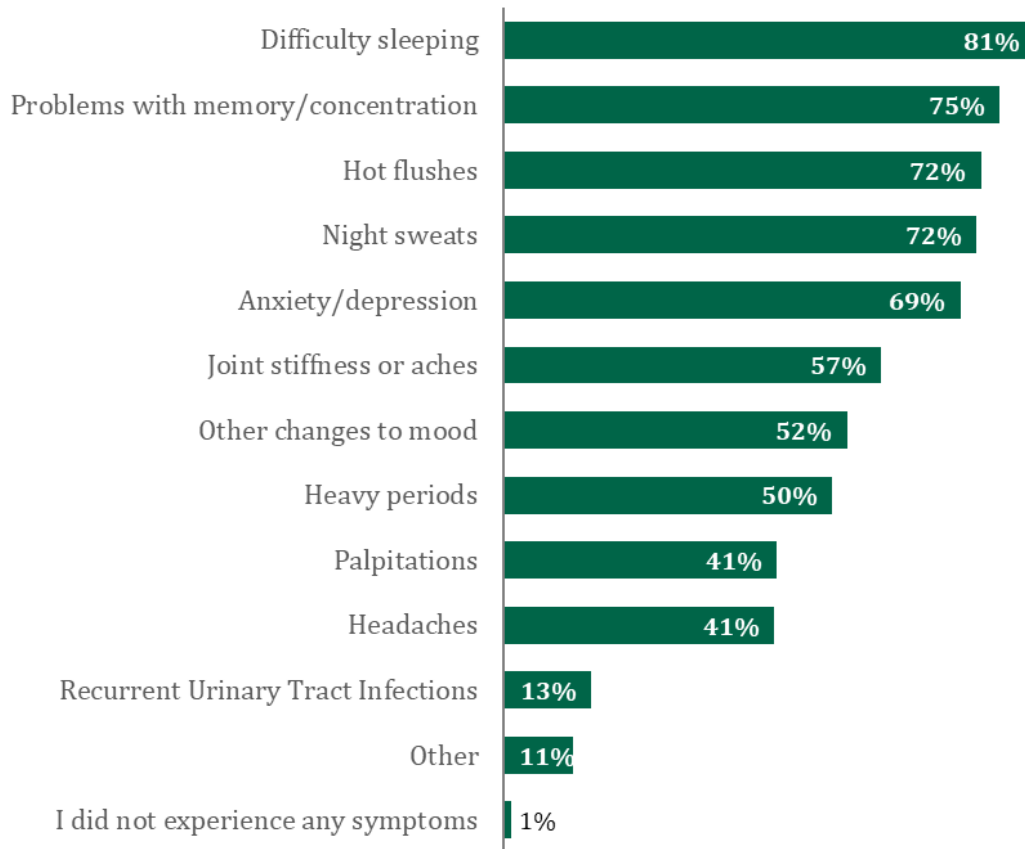
Nearly 87% of respondents identified as from “Any White background”; the next most common ethnic background was “Black – Caribbean”

29. Ethnic Background - which of the following do you feel you most identify with? -

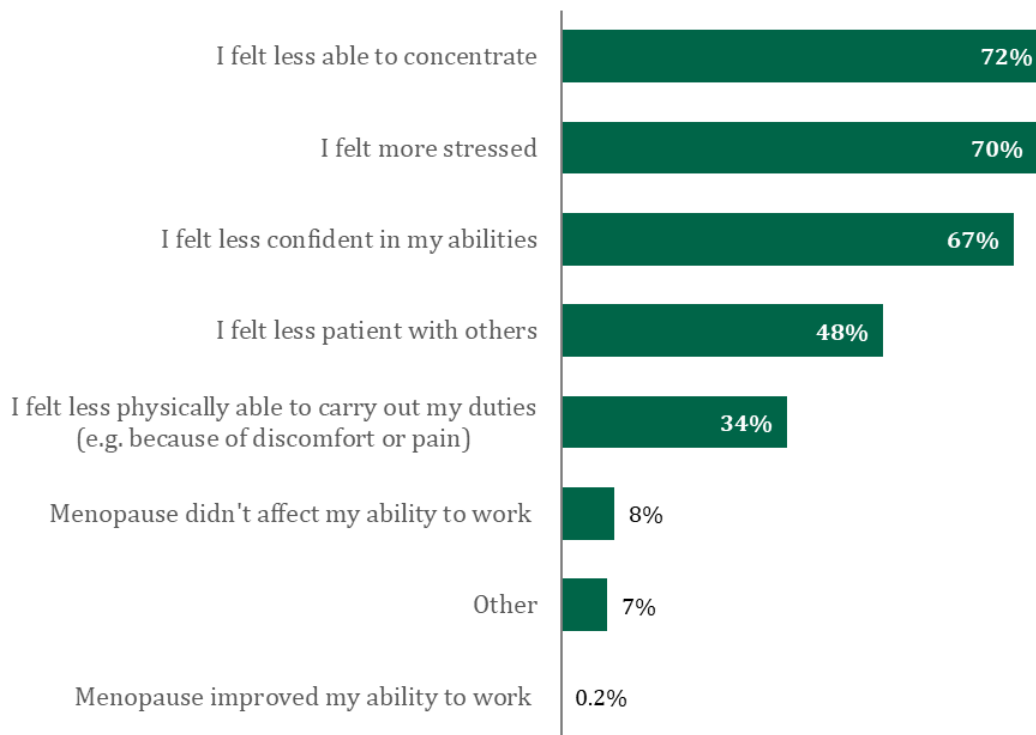


* Sample size n<5

3. Did you experience any of the following menopause symptoms?

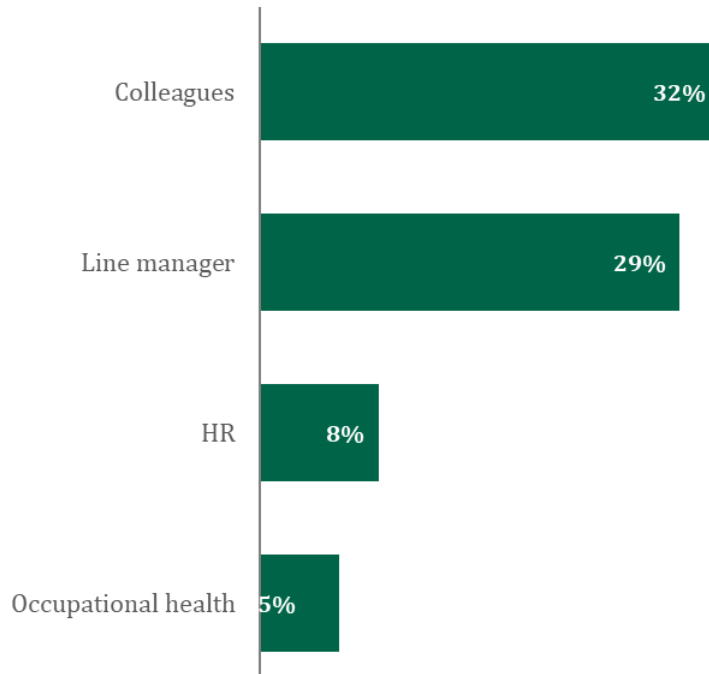


5. In what way did your menopause symptoms affect your ability to work?



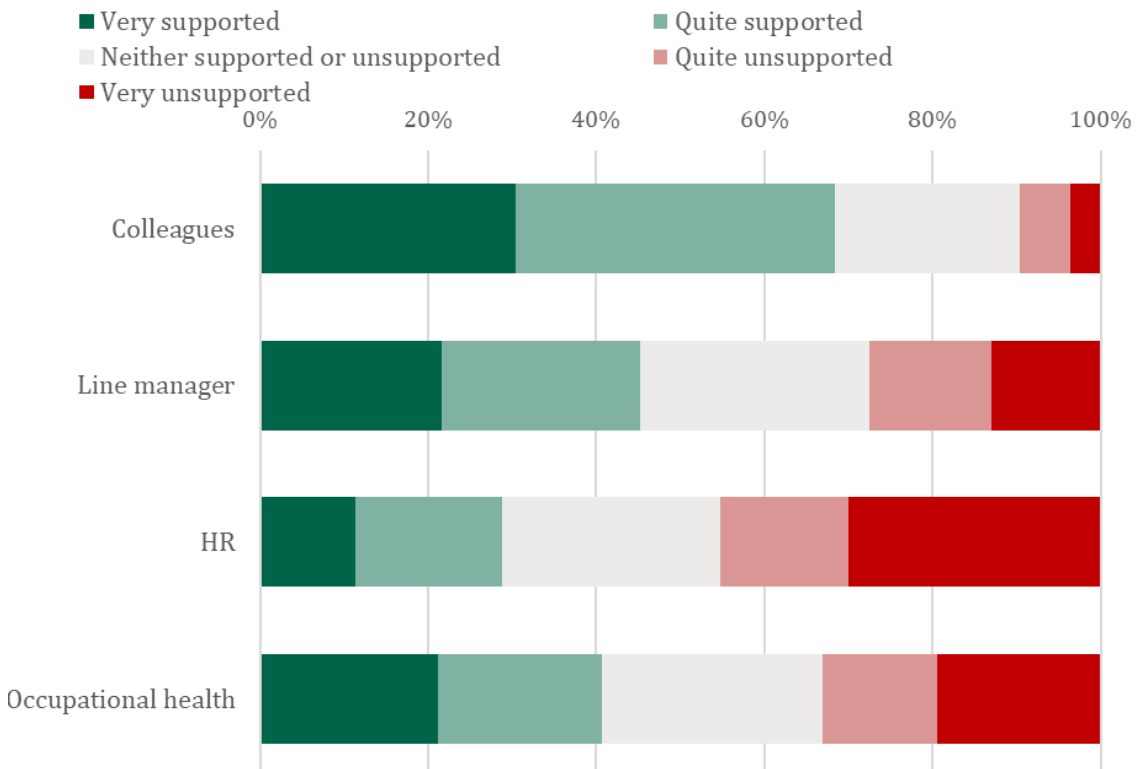
Telling people at work

10. Who, if anyone, did you tell at work about experiencing the menopause or about your symptoms?

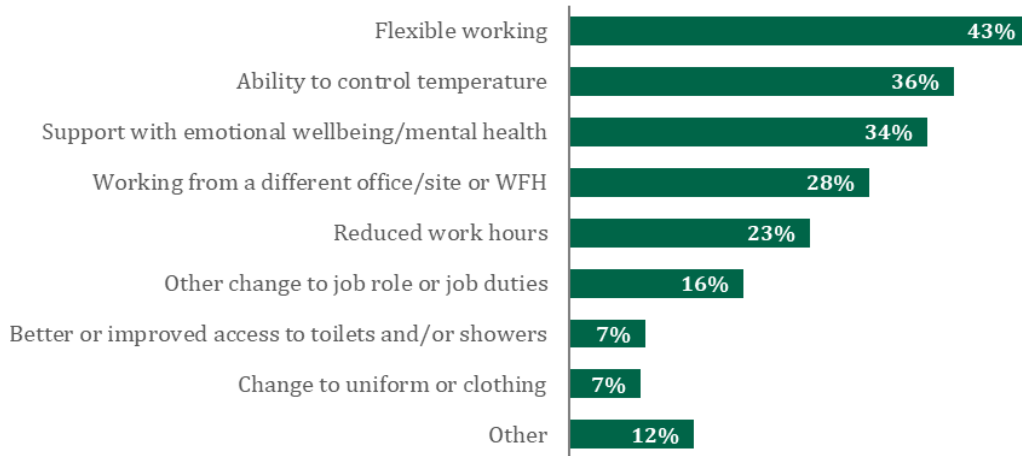


Support in the workplace

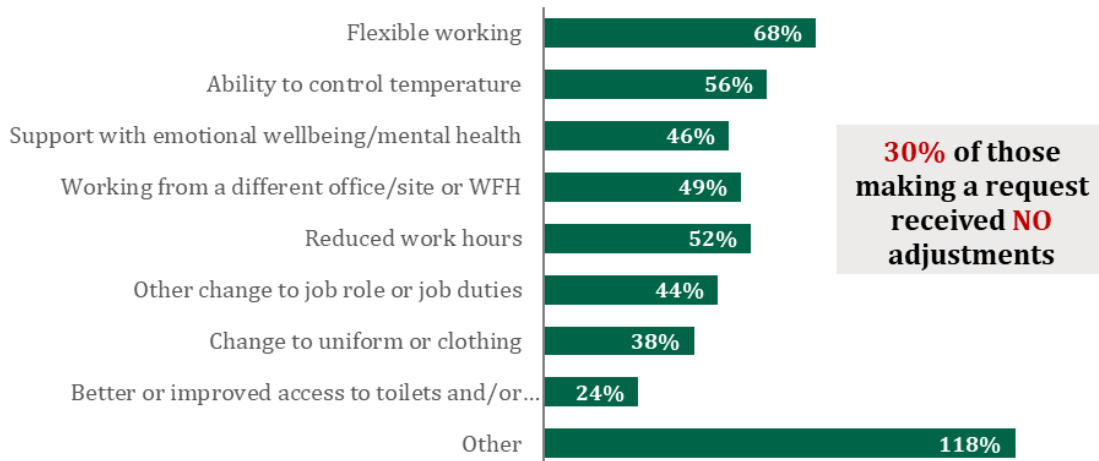
How supported did you feel by them?



14. What adjustments did you request? (Proportion of those that made requests)

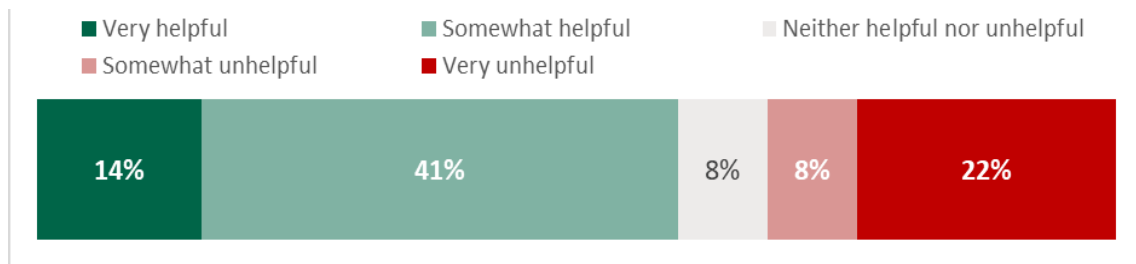


15. What adjustments did you receive? (No. of respondents receiving adjustment as a proportion of no. of requests)



31) The chart above shows the number of respondents that received that adjustment, as a proportion of the number of people that requested it. In the ‘other’ category, the figure of 118% reflects the fact that 28 people requested adjustments, but 33 people say they received adjustments.

16. Overall, how helpful were the adjustments that you received?

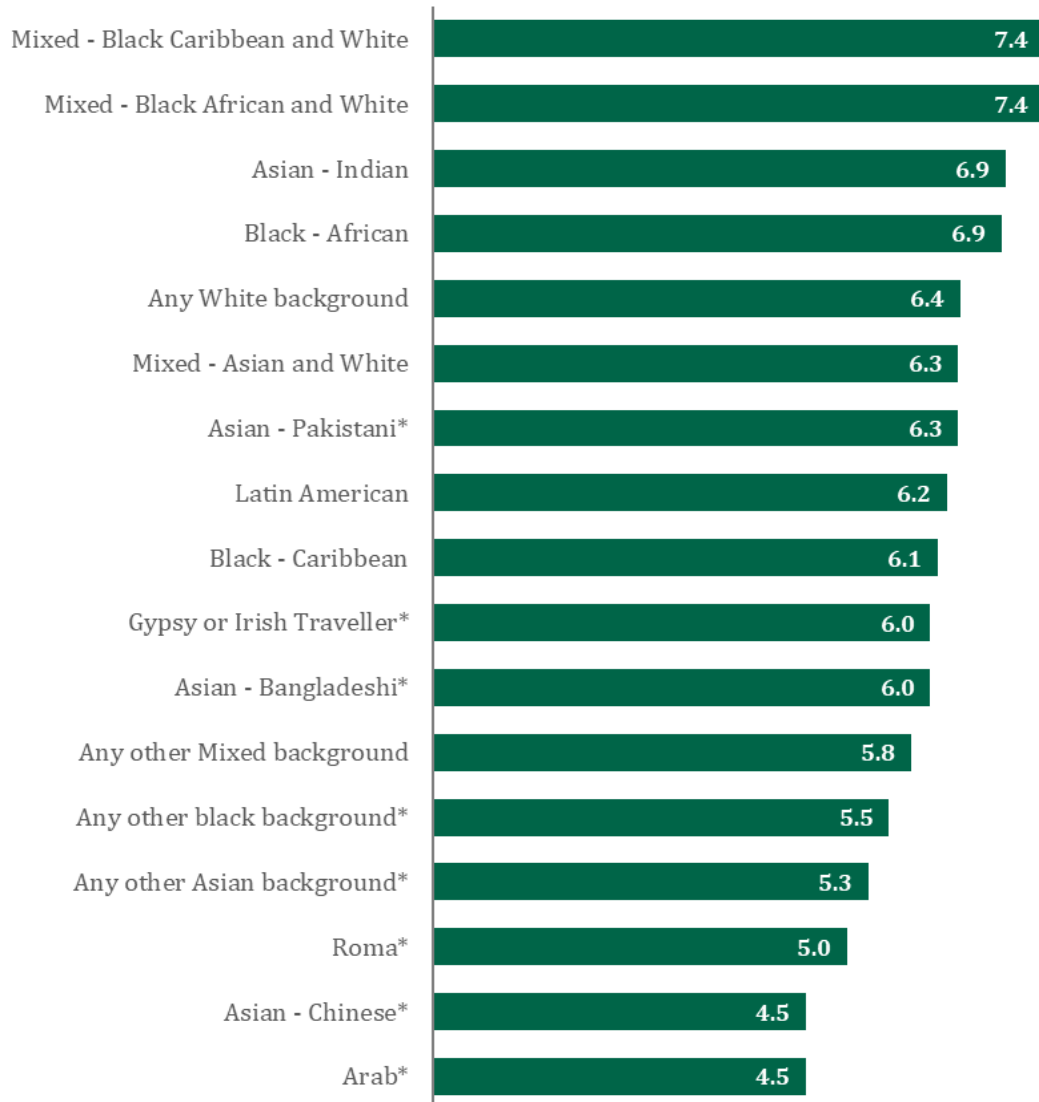


Symptoms: demographic breakdown

32) These breakdowns are included for information, however due to the small sample sizes for ethnicity, sex and gender identity, caution should be exercised when drawing any conclusions.

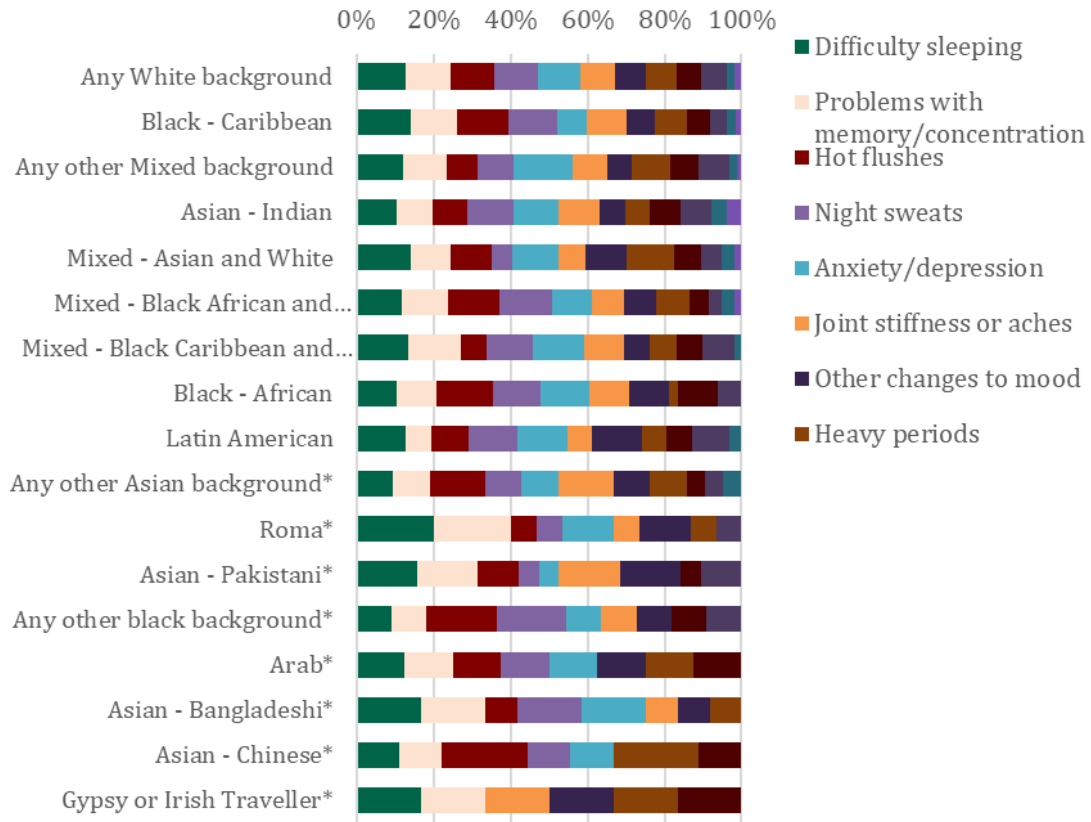
The highest number of reported symptoms were from people of mixed ethnicity

Average number of symptoms reported (out of 12 listed)



There was noticeable variation in symptoms across ethnicity

Proportion of total symptoms reported (ranked by number of respondents)



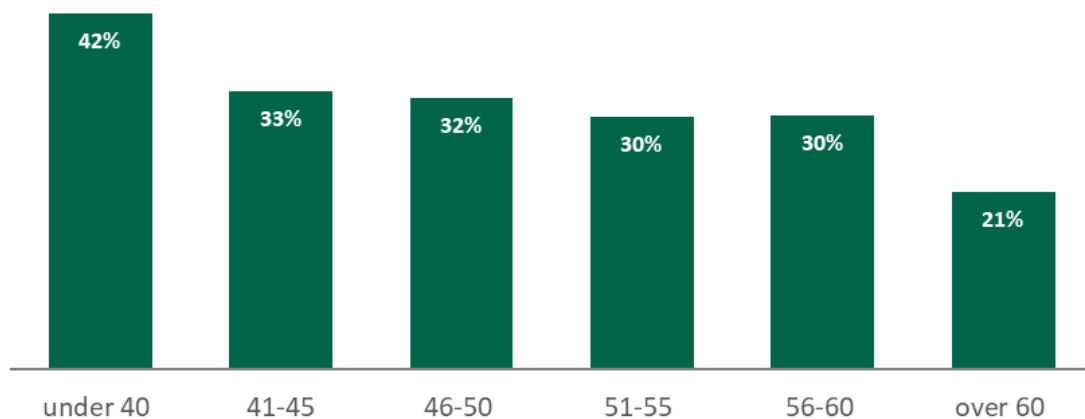
* Sample size n<5

Time off work: demographic breakdown

33) These breakdowns are included for information, however due to the small sample sizes for ethnicity, sex and gender identity, caution should be exercised when drawing any conclusions.

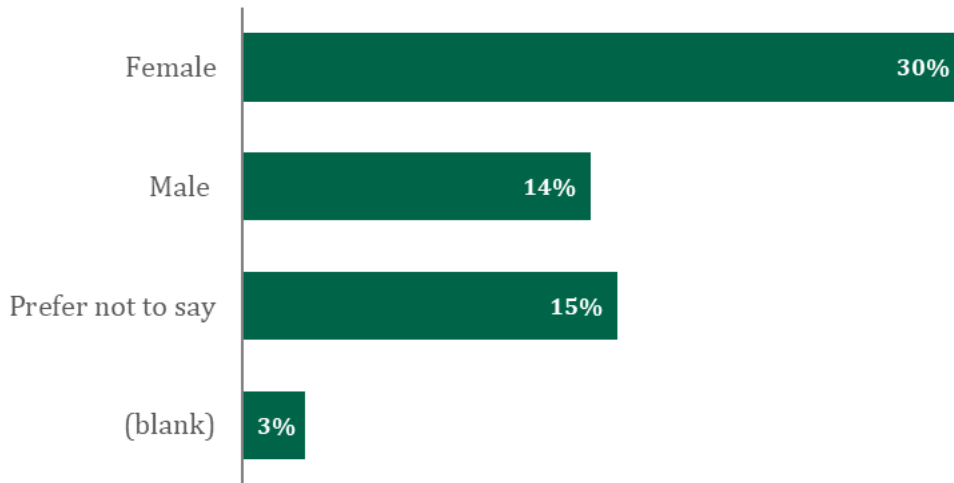
Older respondents were less likely to have taken time off

7. Have you ever had time off work due to your symptoms? (“Yes”, by age)



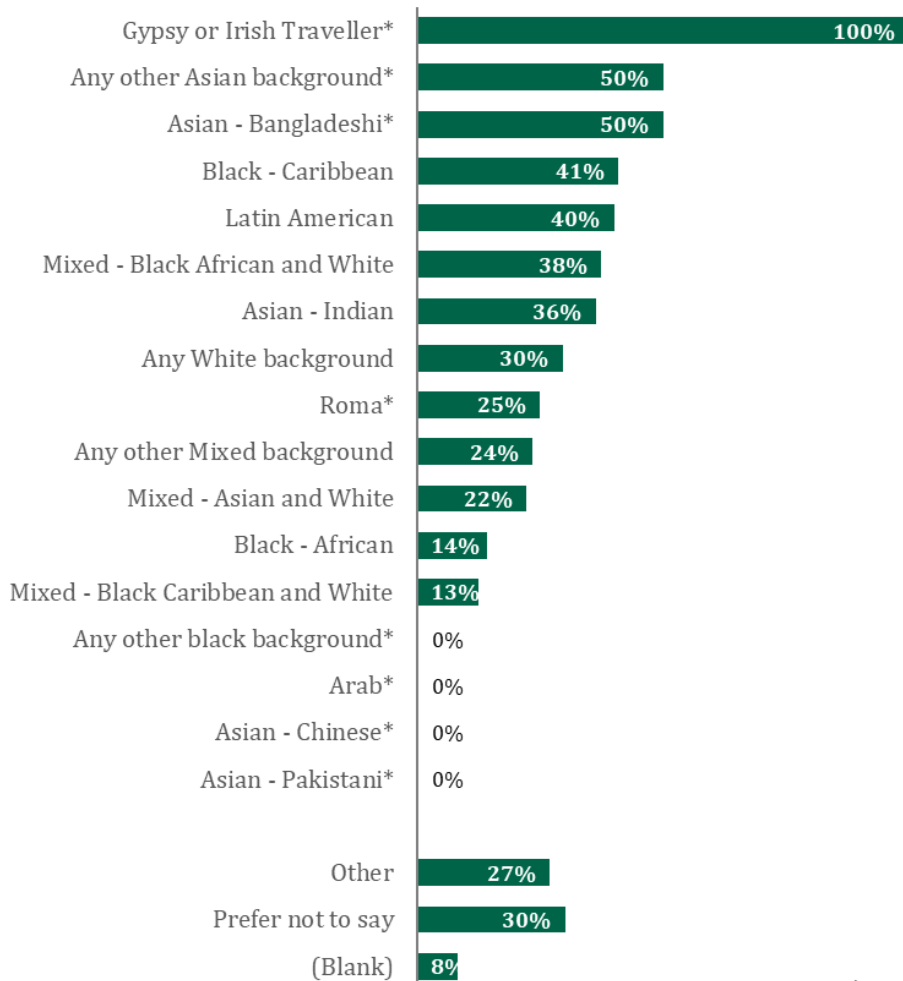
Respondents identifying as male were less likely to take time off

7. Have you ever had time off work due to your symptoms? (“Yes”, by sex)



Just under a third of respondents identifying as White had taken time off

7. Have you ever had time off work due to your symptoms? (“Yes”, by ethnicity)



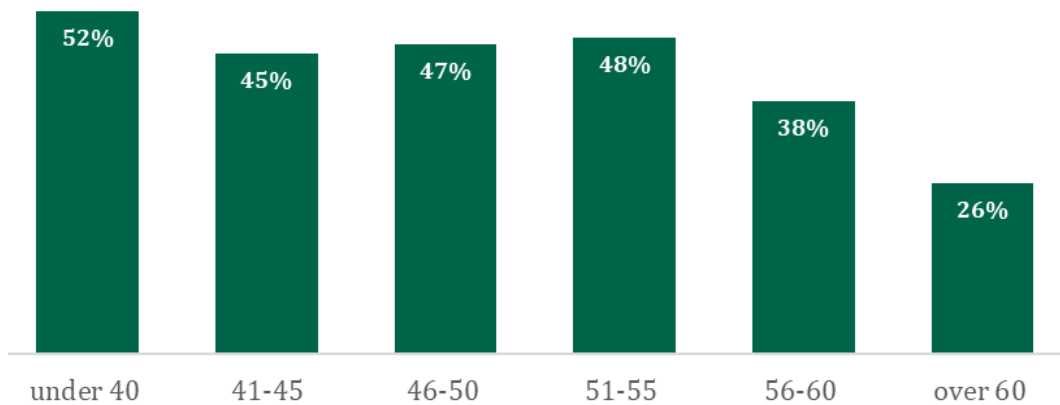
* Sample size n<5

Telling people at work: demographic breakdown

34) These breakdowns are included for information, however due to the small sample sizes for ethnicity, sex and gender identity, caution should be exercised when drawing any conclusions.

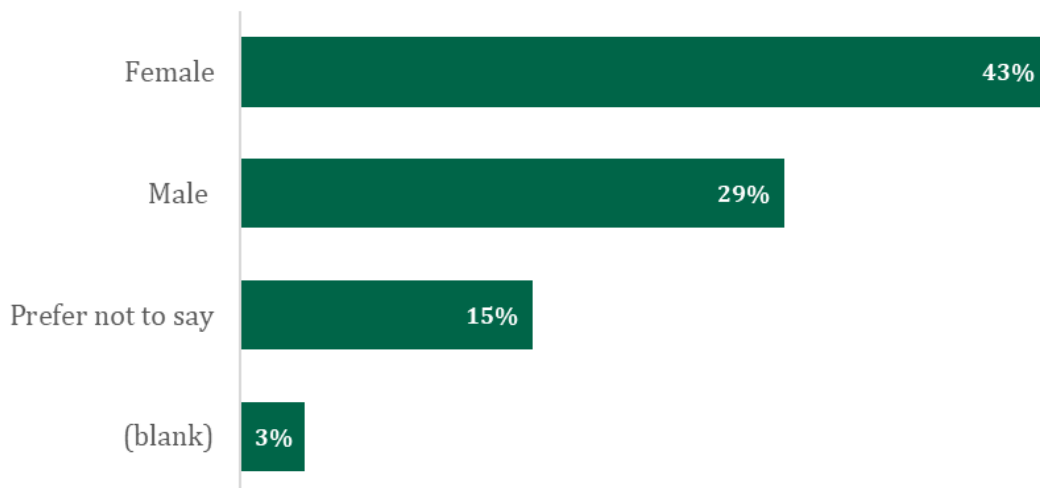
Respondents over 60 much were less likely to have informed people at work

9. Did you tell anyone at work about experiencing the menopause or about your symptoms?



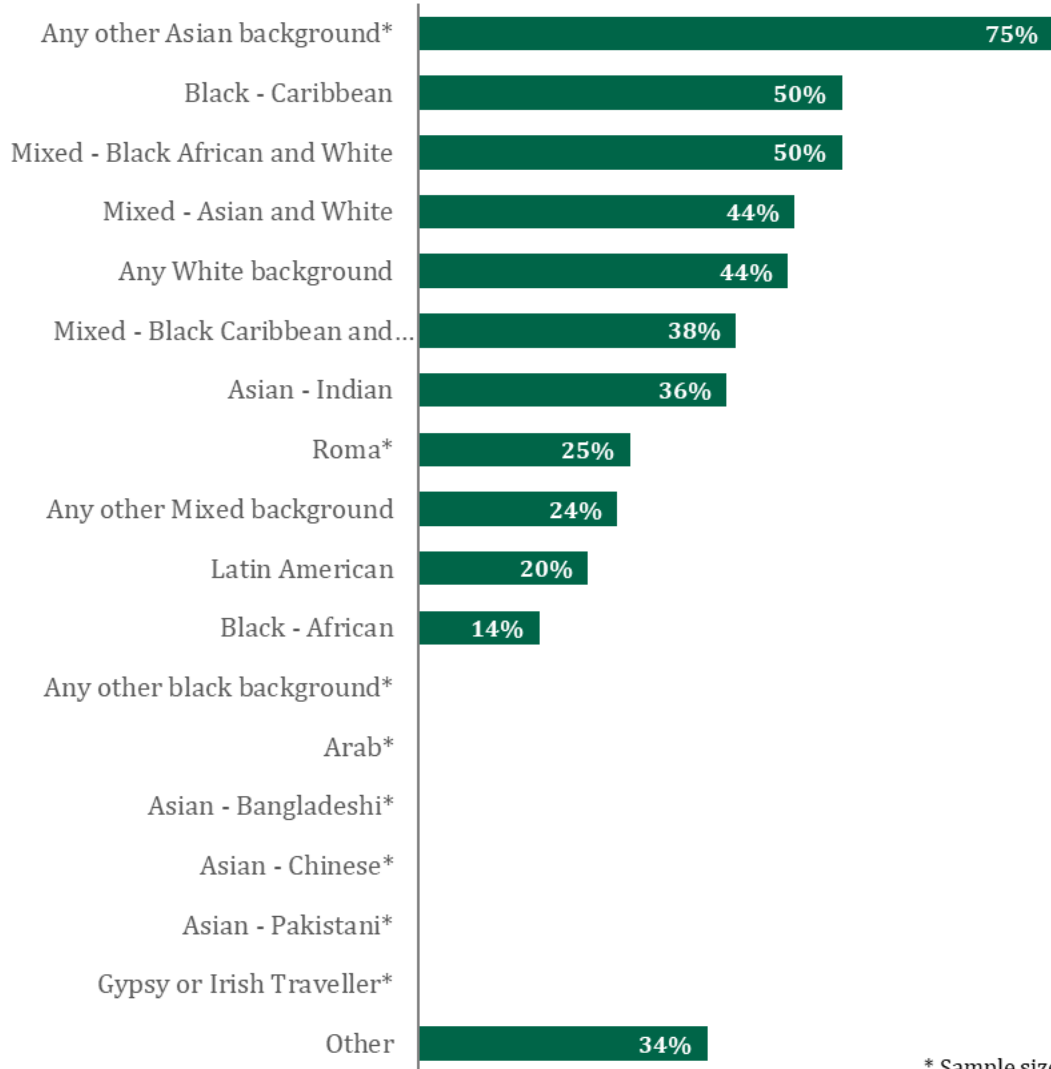
Respondents identifying as male were less likely to have informed people at work

9. Did you tell anyone at work about experiencing the menopause or about your symptoms?



Black African and Latin American respondents were less likely to inform people at work

9. Did you tell anyone at work about experiencing the menopause or about your symptoms?



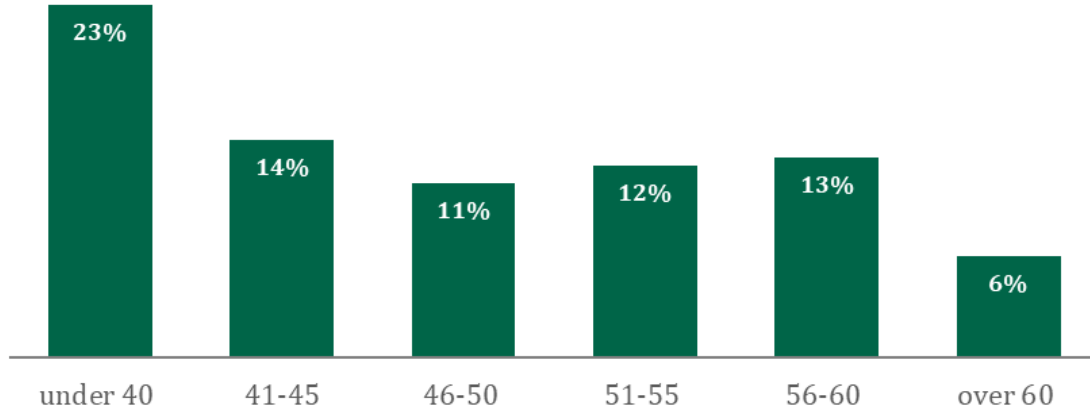
* Sample size n<5

Workplace adjustments: demographic breakdown

35) These breakdowns are included for information, however due to the small sample sizes for ethnicity, sex and gender identity, caution should be exercised when drawing any conclusions

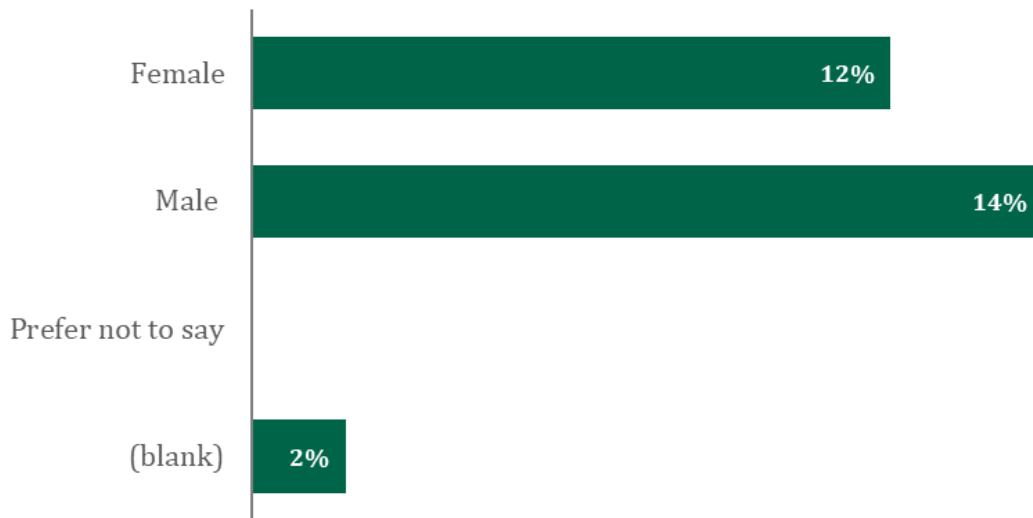
Respondents under 40 were significantly more likely to request adjustments

12. Did you request adjustments in the workplace due to your symptoms? (“Yes”, by age)



Respondents identifying as male were slightly more likely to request adjustments

12. Did you request adjustments in the workplace due to your symptoms? (“Yes”, by sex)



Around 20% of those identifying as White requested adjustments

12. Did you request adjustments in the workplace due to your symptoms? (“Yes”, by ethnicity)

