

Women and Equalities Committee

Oral evidence: Menopause and the workplace, HC 602

Wednesday 8 December 2021

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Members present: Caroline Nokes (Chair); Theo Clarke; Jackie Doyle-Price; Kate Osborne.

Questions 28 - 48

Witnesses

I: Amy Bennie, Chair, Daisy Network; and Karen Arthur, Designer, Campaigner and Founder, Menopause Whilst Black.

Written evidence from witnesses:



Examination of witnesses

Witnesses: Amy Bennie and Karen Arthur.

Q28 **Chair:** Good afternoon, and welcome to this afternoon's evidence session of the Women and Equalities Select Committee. It is our second oral evidence session on menopause in the workplace. Can I thank both our witnesses for coming along this afternoon? I am going to start by asking you to introduce yourselves and to give us a brief introduction of what it was about the menopause that encouraged you to become such an active campaigner on it and your interest in it.

Karen Arthur: Hello. My name is Karen Arthur. I am a fashion creative and the host of a podcast called "Menopause Whilst Black", which is about diversifying the menopause space and, particularly, sharing the stories of black British women and their menopause journeys. I am interested in menopause because I am post-menopausal. I entered menopause at a time that also meant that I left my place of work.

I am also interested in menopause because it is something that affects so many people, not just women; it affects the people around them. I am concerned about how many women are suffering an experience of menopause without telling anybody and keeping it quiet. I started my podcast because I felt the menopause space was very white, pale and middle class. I felt like we need to hear more stories from a range of women, so that we do not feel as alone as I did when I realised I was going through menopause six years ago.

Q29 **Chair:** When you said you left your workplace, were you employed or self-employed? What sort of size organisation was it?

Karen Arthur: I was employed in a school.

Amy Bennie: I am Amy Bennie. I am the chair of Daisy Network. We are a volunteer-run charity supporting women with premature ovarian insufficiency. In layman's terms, that means that the ovaries have stopped functioning before the natural age of menopause, so you no longer produce oestrogen or release eggs, which leads to infertility and a whole host of other medical issues.

I am interested in this condition because I was diagnosed with it myself at the age of 16, because I did not actually start my periods. After a year of back and forwards to the doctors, I was told that my ovaries were no longer functioning, before they had even started. I had yearly appointments: "Are you feeling okay?"; "Yes, I am"; "Okay, on your way". I was not really given any other support. I was not even told the name of the condition.

For six or seven years, I genuinely believed I was the only person in the country with the condition. I did not know what it was called, so I could not even research it. It was only years down the line where I took matters into my own hands and found the Daisy Network charity, which I



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am now the chair of, which actually told me the name of the condition, about medication, health and wellness, fertility options and all this array of information that I had not been given. I then volunteered in order to spread the word and make sure that other young girls did not go through what I went through.

Q30 Theo Clarke: I am interested in asylum seekers. We have heard from quite a few different witnesses that sometimes they are not brought into the conversation. I wanted to ask what your views were on that and if you think they have been consulted and brought into the conversation.

Karen Arthur: My expertise is not asylum seekers, but I would certainly say, from my own experience as a black woman going through menopause, that there are many women who are not being brought into the conversation. It would not surprise me if asylum seekers were not being brought in.

Theo Clarke: I meant ethnic minority women specifically.

Karen Arthur: It would not surprise me. In that case, I would say no, they are not. Women who talk to me and women who come to me are women who are also accessing me through social media, for example, or who might have seen some of the things that I have appeared in on TV, such as "Sex, Myths and the Menopause" and that kind of thing. It is not necessarily that we are reaching as wide a demographic as we would like to.

Q31 Theo Clarke: From your experience, what do you think we can do to bring more ethnic minority women into this conversation around menopause?

Karen Arthur: Sometimes people are put off by what they see in front of them. I think the reason that black women come to me is because I am a black woman—it is as simple as that. It is like you cannot be what you cannot see. It is really important that you are very mindful of creating committees that have different people and demographics in there.

For example, I saw that there is a committee in the Government at the moment, but it is all white people. A lot of people look at that and think, "Well, I don't see me", just as young people might look and think, "I don't see anybody like me." Just as Amy felt alone, I felt alone. A lot of people need to feel that they are being seen and heard. You can only do that if there are people in front of you who look like you.

Q32 Theo Clarke: What do you think the other challenges are that ethnic minority women are facing in relation to the menopause?

Karen Arthur: I just want to nix the term "ethnic minority", because my expertise is black women specifically. I have done my own research. I started research last year. Almost 350 women filled in two surveys on their experience of menopause, black British women specifically. My research, which is very American-based—the British research is very



old—found that African-American and Hispanic women are more likely to start our menopause earlier—up to two years earlier—than our white counterparts, and also to experience menopause for longer, particularly symptoms such as hot flushes and things like that.

If that is something that is in the SWAN report—it is actually researched—why is that something that is not being taken into consideration when it comes to the workplace, the medical profession and seeking help? All those things need to be taken into consideration. I am not sure whether that answers your question, but that is your answer.

Theo Clarke: That is very helpful. Thank you.

Q33 **Chair:** Can I follow up on that, Karen? We know that the Government are going to publish the women's health strategy. We also know that the menopause taskforce has recently been set up, and I am assuming that is the committee you referred to. Can you give an indication of whether you think that black women are having a different experience from their healthcare professionals than other groups of women? I think we heard that during the course of our covid inquiry. If so, how can we make recommendations to Government? I know that this inquiry is about the workplace specifically, but how can we make recommendations to Government that make sure black women have a better experience of the healthcare service when they are going and talking about issues such as the menopause?

Karen Arthur: It goes back to what I said before about seeing people who look like you. It is also about consultation. It is about listening. It is about recognising that medical racism exists. It is about recognising the report about black women being five times more likely to die in childbirth than their white counterparts. I think they have brought it down to four. We are talking about our outcomes for covid, as you mentioned.

The same thing applies for menopause. It is about making sure that women feel heard. Maybe it is outreach work. Maybe it is going to talk to specific groups about menopause. It is about doing more research. At the end of the day, it comes down to money—putting your money where your mouth is—and not just paying lip service. We saw a lot of interest, if that is the right word, around Black Lives Matter a year ago. We saw a lot of people making pledges, taking the knee and talking about how they wanted to help black people. Now that has died down.

Menopause seems to have a bigger remit. There is a lot more money coming from the Government and brands are putting a lot of money there. If you are experiencing racism as a black woman in the workplace, or you are aware of racism, and you also happen to be menopausal, how are you being supported? There has to be that nuance. Once you are aware of it, it is the kind of thing you cannot unsee. Once you are aware of it, you can make steps. People in power need to advocate for the voices who are not being heard.



Q34 Kate Osborne: Good afternoon to you both. My questions are aimed towards Amy but, Karen, if you want to come in, let me know. The questions are around challenges for young people. Written evidence to the Committee, as well as responses to our survey, revealed challenges for younger women experiencing the menopause or peri-menopausal symptoms and a lack of information and support for those going through menopause at a younger age. Amy, what do you think the main challenges are for young women, in terms of getting diagnosed with early menopause?

Amy Bennie: The difficulty comes from the fact that it can happen in such a variety of ways. Women are finding that they all have very different symptoms. That is why they end up going to the doctors for a lot of different reasons. It could be a 40-year-old woman starting to have hot sweats and feeling anxious. A 30-year-old may come off the pill, be trying for a family and nothing happens, or it could be someone like me—my periods did not start at all.

When women go to the doctors, all of these symptoms that they get are often put down to lifestyle factors and normal hormonal fluctuations. POI, or premature menopause, is often overlooked, because it is often not even on doctors' radars that that could be an option. It is not even considered. A lot of our members have symptoms for years and are going back and forwards before the tests for premature menopause are even done. All it takes is a blood test to get that diagnosis, but there is such difficulty in even getting that. If a young girl walks in with any hormonal symptoms, we ideally would like it that POI is on the radar as a test that is regularly done.

Q35 Kate Osborne: Once it is identified, what challenges do younger women face in getting treated for POI?

Amy Bennie: There is a disparity in the level of care that women get. It is a bit of a postcode lottery. Some get sent to an endocrinologist, some to a gynaecologist, some to a menopause specialist and some are just handled by their GP. It is really important that women with this diagnosis get specialist care, and we are not seeing that. Women need a tailored concoction of HRT, bone scans and womb lining ultrasounds, and these things are not happening.

Unfortunately, at the first line of GPs, often it is not known how to handle it, or there are not even the resources to get a referral to a specialist. Our Daisy doctors get a lot of complaints about ongoing symptoms: "I am on HRT but I am still feeling horrendous." It is because women are not given the follow-up appointments that they need. Their HRT needs tweaking, adding and regularly being checked on. I am on six times the amount of oestrogen that a "normal-aged" menopausal woman would be on. It is only because of constant follow-up appointments that that has been found out.



We want everybody to have an equal opportunity to the right level of care. Some women are not even given HRT at all and some are given specialist premature menopause care. It just does not seem fair that, depending on where you live, your care is not the same.

Karen Arthur: I would agree with that.

Q36 **Kate Osborne:** You have covered this a bit already, Amy. I was going to ask whether you think younger women are getting the right information about their treatment choices. You have mentioned some of the things that can be given or offered. Do you think women have the opportunity to explore what options are available and open to them? I know you said that sometimes that can be a postcode lottery. Do you think that the information is there for women to make informed choices?

Amy Bennie: No, it is not there. That partly comes down to the training at ground level, menopause training with the GPs, from university level. The doctors themselves do not know that women should be getting bone scans. I do not know about other women here, but I personally did not know that oestrogen controlled my bone density and had impacts on my brain and heart health. Women are not being told this information. They are not given the right information.

Once they are getting this diagnosis, they are not given direction to the right support. They are not told what medications they need. If, at Daisy Network, we mention a bone density scan, some women did not even realise that was something that could be affected by low oestrogen. It is definitely not getting enough information or care, and they are also not being sent to the psychological aspect of it as well. There is that side of the care that needs to be addressed as well. For all you might be giving the medication, the HRT, there is a huge psychological impact of this diagnosis that is not addressed. It is often, "Here is your medication," and off you go on your way. That is not okay.

Karen Arthur: It is really important to stress the disparities between menopause care, depending on not just what you are saying, Amy, about where you live, but the doctors you go to. It is down to training. The Menopause Charity, founded by Dr Louise Newson, is doing some brilliant work in offering free menopause education to doctors. However, you are right; it starts at university and in training. Often menopause is an elective topic, and then it is only over a few hours or something like that, from what I understand. Often, you can go to a doctor and they will not know what they are talking about.

At the moment, we are at the beginning. I have so much to say. We are at the beginning of a very long journey. For some of us who are going through menopause now, in a sense we are the vanguard. This is for young people. This is for people who are in their teens. This is for people who, by the time they get to menopause, will know that they need to have done a little bit of research, go to the doctor, know a little bit about



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their bodies before, so they can say when a doctor tries to dismiss them, “Actually, no, this is what I think”.

In menopause care, whether you want to go the HRT route, whether you want to go the natural route, however you want to manage this transition, it is not just about the symptoms; it is all about getting older and how we treat women who age—but let’s not go there. If you have money, you can get your follow-up appointments, because you can pay for it. If you do not have money or do not even know that you are going through menopause, how on earth are you going to get decent care? This is the beginning, but fasten your seatbelts, guys.

Chair: I hope we have time before the bell goes, because I want to take you right back to that point about older women. You said, “Let’s not go there.” I really hope we have time to go there.

Karen Arthur: It is my thing.

Q37 **Jackie Doyle-Price:** Menopause is now part of the secondary school relationship and sex education curriculum. I want to ask each of you in turn what you think young people need to be told about menopause. Also, what else do we need to do in terms of a wider social education piece about the consequences of menopause?

Karen Arthur: Having worked in schools for 28 years, I can tell you now that putting something on the curriculum does not necessarily guarantee that it is going to be taught in a way that it deserves to be taught. It will be down to resources—we are back to money again. It will be down to the teacher who is teaching it. It will be down to the department that it is in. If it is going under the personal, social, citizenship, health education curriculum, often there will be so many things to get through that menopause might be one week. If a child misses that week, they have missed it.

It is really important that menopause is a whole-school issue. We need to stop thinking of it as a women’s issue; it is a whole-school issue. There needs to be inset for teachers in schools. I think back to the number of women who got to around their 50s and then just disappeared. I look back and think, “They will have been menopausal.” Actually, I am having some conversations with some of my line managers or people who left, who are now in their 70s or 80s, who are saying, “Yes, that is because I was hiding in the toilets, crying,” or that kind of thing.

Yes, absolutely, to the education, but we cannot assume, “Menopause is in the curriculum. Great, we have sorted that out.” Education does not work that way.

Q38 **Jackie Doyle-Price:** Who would you trust to produce the materials?

Karen Arthur: You could get people in. You could make sure that the people who are producing the materials are trained, for a start. You could do outreach work. You could get brands involved. There are so many



ways. Once we know that this is needed, I think there are lots of people who would step up.

Teachers have enough on their plates without also having to come up with information. As I said before, there is the Menopause Charity. There are wonderful people out there. There is MAMM, a woman called Maureen Anderson, who works with women who are going through menopause. There are lots of people you could get in contact with.

Q39 Jackie Doyle-Price: I generally worry about the quality of some materials. It is when we are introducing something new that we recognise that there is a deficiency of understanding, more widely across society, to get that right.

Karen Arthur: Yes. It has to be the women—

Jackie Doyle-Price: There are plenty of people with lived experience.

Karen Arthur: That is what I was going to say. The women who are leading the charge at the moment are women who are talking about it because we are going through it. It does not have to be that way in years to come. That is my point.

Q40 Jackie Doyle-Price: Amy, what do you think that young people need to know about? I guess young people need to know that, although there is a normal life course for women, it is not the only experience women who experience menopause go through.

Amy Bennie: That is it. There is so much focus in education on pregnancy prevention and contraception. What if that does not happen? What are your options then? That is something that is really lacking in the education. It is about awareness and empowerment, not scaremongering. It is about knowing about starting your periods, but learning that, if that does not happen, this might be why. It is just us having this full picture of how our bodies work and what that means.

It is really focused on the traditional, "Start your periods, take contraception, stop getting pregnant and then pregnancy." Life does not work like that. There are a lot of variables that are completely missed out. As women, we are failed on the education on our own bodies. It would be good to have that awareness that if your periods do not start, it might be a problem. If you get into your 20s and you have these sorts of symptoms, it is worth looking into it, because it is not mentioned.

For young people, menopause is thought of as an older women having a hot flush or your granny saying she is going through the change. Actually, there is that education that it can happen to other people too. That sort of wider awareness campaign would be great to see the whole variety of women who go through menopause. It is not just that stereotype that we imagine. It can affect anybody, from a teenager up to the normal menopause age.



Q41 **Jackie Doyle-Price:** I have always had the view that everything to do with women's health and what happens to us through our lives has been taboo, and periods particularly. Young people start to encounter this. No one talks about it. We all believe that our own experience is what everyone else is experiencing. When did you realise that you had these issues?

Amy Bennie: I did not. It was my mum and dad. I have an older sister and they noticed, "Something is not quite right here. You are 15. You are coming up to 16. Something should have happened." As a 15-year-old, I was not going to talk to their friends to ask them if they had started their periods yet. I just buried my head in the sand and got dragged reluctantly to the doctor. I was not even aware myself. It was my parents who saw that.

Jackie Doyle-Price: That is very interesting. Thank you.

Q42 **Chair:** I am conscious that we have no time, but I wanted to ask about the menopause workplace pledge, which is really important. I think that 350 big companies signed up to it. How can we make sure that the pledge is a reality and not a policy filed away in a cabinet somewhere?

Karen Arthur: We need to keep revisiting it, make sure that the people who are involved in drawing up the policy keep going back to it and that the people who are putting information in there are people who have lived experience or know what they are actually talking about. That is a start, isn't it? We can make sure that it is diverse, not the same voice, because we tend to look for people who look like us.

I also want to say that we focus a lot on symptoms with menopause. Amy mentioned about scaremongering and I absolutely agree. It is not all just rubbish. It is part of getting older and it is a mindset. The subliminal messages we get about age—they are not so subliminal, actually; some of them are completely explicit when it comes to women—are about how getting older is a bad thing. It really is not. Growing older is liberating, and ageing is a privilege. Menopause is part of that. Once we nail the menopause care, we are absolutely soaring.

The answer to your question is to keep revisiting it. Do not file it away somewhere. It does not need to be underneath the anti-racist policy, the bullying policy and the LGBT policy. It needs to be something that we keep going back to and making sure that the people who have the input are from the diverse range of the community. That is what I wanted to say.

Q43 **Chair:** Amy, how can we make sure that younger women are included in those conversations in the workplace?

Amy Bennie: It is really important to have that voice of experiential women who have gone through menopause at a younger age for that awareness to be there that this is something that happens and the entire workforce can be affected, not just one little age group at the top end. It



can affect everybody. We need to constantly have that awareness and make sure that the right voices are in place.

Q44 **Chair:** Karen, is part of this the ageing process and the fact that older workers, women and ethnic minorities get marginalised? At the end of the day, if you are an older black woman, you are clobbered from every direction.

Karen Arthur: Yes. That will be the reason that a lot of black women will not tell anybody at work. My research says that women are not speaking to anybody at work because they do not look their age, so people think they are younger. They realise that their chances of being promoted might be scuppered, because people will know that they are older. They might also be suffering from some kind of institutional racism or racism within the workplace. They are keeping their mouths shut.

The ones who do open their mouths are speaking to women. They have women line managers. Women have been brave, because it is bravery; it is private. A lot of black women do not want to be airing what they are going through in public. They see that as a very private thing. Some people are finding talking about menopause very difficult. At the same time, the ones who have spoken are getting a positive result, because they are being supported in work.

On the whole, they are keeping things to themselves because they have that double whammy of being an older woman and a black woman. They are also still smarting. Is that the right word? Racism has not gone away. Black lives matter; black lives still matter. There is something about feeling that your workplace is supporting you not just because you are going through menopause but also because you are a black woman, and you are seeing people like you being discriminated against or worse on a daily basis. Certainly from my research, women are saying, "I have not told anybody and I am not telling anybody."

Q45 **Chair:** Amy, is it as hard, or harder, for younger women to talk about it?

Amy Bennie: Yes, it is. It is really hard. There is the embarrassment of friends talking about going on the contraceptive pill or starting periods. You do not fit in. You do not fit in with people your age, but you also do not fit in with the people going through menopause at the traditional age. In the scale of womanhood, where do we fit? It is hard to talk about.

Following on from Karen there, we have stories from ethnic minority women who are part of our network and cannot talk about it all in their family because it is too taboo to talk about at all. I cannot speak for them, but I know there is anecdotal evidence in our charity that that is happening to them. They cannot even talk about it with family members. It is the embarrassment of it.

Q46 **Chair:** We really have no time at all. Amy, particularly, how can we bring men into the conversation?



Amy Bennie: It is really important. That is part of the thing that young women worry about. If they are in a heterosexual relationship, it is “How do I tell my partner that I am going through menopause in my 20s?” It is opening that conversation with them. Men are not aliens. They understand. They will support us. It is raising that awareness, especially in the workplace, with the men in the office as well as the women, and having it as a whole-school conversation, not segregating girls off into one little hour-long lesson of menopause. It is having that conversation and making sure it is spread to everybody, because it affects dads, partners, brothers, work colleagues and everybody.

Q47 **Chair:** Karen, do you have any thoughts on that?

Karen Arthur: Yes, always. We bring them into the conversation because we do not shut up about it. That is what we do: we keep talking. The way we stop being so embarrassed and men stop feeling embarrassed about things is that we normalise it by talking constantly, so it is always something that is on the agenda. Menopause is a global conversation.

Think of the tragedy of how many women we lose from the workforce just because we are not talking about menopause, whether they are young people, wherever they are going through it. All that talent is being drained out of the workforce because we quietly are encouraged to disappear when we hit menopause. Clearly, that is not happening. The way we get everybody involved is to keep talking. The more we talk, the more other people will talk. The conversations I have had with people at bus stops about menopause are unbelievable—bonkers. Keep talking.

Q48 **Chair:** That is fabulous. Thank you. I am so sorry it has been so rushed this afternoon. It has been really helpful. If there is anything you want to follow up in writing with us, please do. As Karen says, it is really important that we keep talking, and that we keep the conversation going, because we have to make things better somehow, do we not?

Karen Arthur: I appreciate the opportunity. I want to acknowledge all women who are giving evidence, because it is not easy when you are revisiting, for some people, traumatic events, so thank you for the opportunity.

Chair: Thank you very much, Karen. Thank you, Amy. I will call the meeting to a close.