

## Written evidence from Tania Glyde [MEW0032]

### Brief bio

I am a counsellor/psychotherapist in private practice and an author. I work mainly with clients who are GSRD (Gender, Sex and Relationship Diverse) identified. I have carried out research into the experience of LGBTQIA+ menopausal in therapy and the wider healthcare system.

<https://londoncentralcounselling.com/>

<https://www.queermenopause.com/>

- **What is the nature and the extent of discrimination faced by women experiencing the menopause?**

People who experience menopause may experience ageism, sexism and misogyny. If they are LGBTQIA+ they will experience a number of other prejudices too at the same time. However, because menopause is overwhelmingly associated with women/femaleness, ageism and misogyny go hand in hand with it.

There is an assumption that when a person with an ovarian system reaches middle age and menopause, or becomes infertile at any age for medical reasons, they are worth less than they were before and it matters less how you treat them. Younger people who are put into menopause because of surgery or chemotherapy are not always told this will happen.

Menopause can bring a set of side effects that create confusion and disorientation, and mental and physical illness. Not for all but for many. A person may have less energy than they did before and be able to cope less well with stress.

Because workplaces are generally not set up for people with any kind of health or mental health issues, neurodivergence, or disability needs, the many people who comprise those groups have a lot of work to do to adapt to them. More work than the average person. For many it's not worth it. So people stop work, if they can, or step away for a while, or become self-employed. But of course many people are not in a position to do this. Workplaces need to take far more notice of the needs of people in menopause whatever work they are doing.

The same goes for perimenopause, which is part of the whole timeline of menopause - it can start in your 30s and we need way more education around this. Also training of doctors on this, and to stop telling people they are 'too young' and sending them away.

We need more research on the experiences of menopausal people who do lower-paid physical work and who cannot work from home – cleaning, food processing, warehouse work, healthcare work and more. We don't hear the voices of this group enough. The media often promotes a wealthy 'leisured lady' image of age-related menopause and for many this is not remotely accurate.

It's also essential to examine in greater detail the workplace experiences of People of Colour in the context of menopause.

## ① **How does this impact wider society?**

People in menopause are seen as redundant or whining, and are therefore disrespected. Society does not get the benefit of knowledge and experience that this population holds. People push themselves beyond their capacities so they become unwell. We need a viable benefits and pension system for everyone.

Menopause has systemic impacts. Peri/menopause can exacerbate existing health issues. This is doubly challenging when the person is in perimenopause but does not realise that this is what is happening to them. Menopause intersects with any existing trauma, disability, chronic illness, minoritised identity, and/or life stress – and in turn any of those situations may exacerbate menopause.

### ● **What is the economic impact of menopause discrimination?**

Poverty in a group that often already earns less than average, and poor representation at high levels of work, so there are fewer role models. Older single women are certainly in some of the poorest economic categories.

Poverty contributes to poor mental and physical health which in turn have an individual and societal cost. It's incredibly frustrating to have so much evidence of the impact of poverty, of not having enough for basic living costs and secure housing, and yet life seems to be being made harder and harder for everyone who is not rich.

I have no idea if anyone reading this has experienced these struggles. Many people will tell you that not having enough money to live on (whether you are working or not) is exhausting. It takes over your whole life. Shame is powerful and overwhelming. All this exacerbates existing mental and physical health issues.

### ● **How should people who experience the menopause but do not identify as women be supported in relation to menopause and the workplace?**

Workplaces need to build in LGBTQIA+-informed policies and education from the ground up. Not to include them as bolt-ons. (The same goes for racism and ableism, for a start). As a baseline, all workplaces need to ensure that staff don't assume someone's gender, sexuality or pronouns, as this is proved to cause distress to people when wrong assumptions are made. Peoples' assumptions can cause harm.

You will note the increasing number of younger people with a non-binary or gender fluid identity and these numbers are going to increase as time passes. People who are now in their 30s, 20s, teens and younger will one day be in perimenopause and will be grateful for far-sighted policy making.

Also, an employee who is undergoing gender-affirming transition may experience menopause-like symptoms because of coming off hormones or taking medications that reduce the levels of hormones already in the body. This can bring on menopause-like side

effects which may last a significant period of time. This group may also need support at work.

This is part of a much wider education piece about gender (and sexuality) awareness beyond the binary. We need a large-scale collective shift in perspective on who people are and how they wish to be known. Harm is done even when there are good intentions.

I did a study on the experience of LGBTQIA+ and menopausal people in therapy and the healthcare system. It isn't about the workplace, but it will show you how challenging it is for people in that group to get help without being caused further stress:

*How can therapists and other healthcare practitioners best support and validate their queer menopausal clients?*

<https://www.tandfonline.com/doi/full/10.1080/14681994.2021.1881770>

If you don't have access to the journal for the full text, there is a preprint here:

<https://static1.squarespace.com/static/597c90139f74567ca83ac7c3/t/60be4e568a4f0744db8a2a1/1623084631372/Queer+Clients+in+Menopause+-+Tania+Glyde+%28Accepted+Manuscript%29.pdf>

- **How effective has Government action been at addressing workplace discrimination related to the menopause, and what more can the Government do to address this issue?**
1. The government needs to lower the pension age, or raise pension amounts.
  2. Menopause leave from work needs to be brought in as an option for anyone who needs it.
  3. Being in perimenopause/menopause needs to be a protected identity. A form of disability. Discrimination needs to be as actionable as discrimination against any other protected identity.

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