

Written evidence from Professor Kathleen Riach on behalf of the International Menopause/Work Consortium [MEW0069]

About this submission

This submission is made by the International Menopause/Work Consortium. If required, they would be happy to provide oral evidence to explore the issues presented here in more depth. For more information, please contact kathleen.riach@glasgow.ac.uk. A selection of research publications that support this submission is included as an appendix.

Submission by the International Menopause/Work Consortium

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Who we are

We are an international, multidisciplinary consortium of academics who have been at the forefront of researching menopause in the workplace since 2013 (see Appendix 1). The consortium comprises expertise in medicine, health, psychology, business and organizational diversity and the lead author of this response has been researching age and gender inequality in the labour market for 20 years. Our work has been published extensively in international leading peer-reviewed journals in Management, Health and Medicine and we have collaborated with a range of organizations to implement and embed best practice menopause support. Our evidence is research-led and not commercially driven. In the past, this has included a self-help CBT intervention for women with troublesome vasomotor symptoms and an online training for staff and managers to increase awareness and knowledge about menopause in the workplace and the development of MIPO (Menopause Information Pack Online); an open access suite of resources for line managers supporting menopause at work, which has been accessed over 10,000 times across 52 countries. Most recently, consortium

members have advised on the development of the 2021 European Menopause and Andropause Society's global recommendations for menopause in the workplace¹.

There are 8 questions in this inquiry.

A. What is the nature and extent of discrimination faced by women experiencing the menopause?

1. There is increasing evidence of menopause resulting in discriminatory behaviours that impact women's ability to work in an environment free from prejudice and bias. This manifests in ways that could be construed as discriminatory (in the form of direct, indirect or harassment), but also through more subtle inequalities that arise from inhospitable environments, cultures and policies that indirectly influence how menopause is experienced.
2. Of the evidence that exists, the majority is self-reporting from women themselves. These are often in the form of qualitative and survey-based results. While valuable, they may not provide the statistical rigour that allows for direct correlations or causation patterns to be identified that are statistically generalisable.
3. Discrimination can impact not only a women's workplace, but her/their experience of menopausal transition. Older adults in general face pervasive negative stereotypes that make them vulnerable to age prejudice, discrimination, and age-based stereotype threat (ABST)². Stereotype threat arises when an individual faces a situation that puts them at risk of confirming a negative stereotype about their group.
4. Anti-discriminatory and supportive environments can positively impact women's menopausal experience. One study showed that higher supervisor support was independently associated with lower menopausal symptom reporting³.
5. It is important to note the difficulty of extrapolating the nature and extent of discrimination around the menopause from broader age and gender-based biases and stereotypes. Menopause discrimination is intersectional in nature. In other words, menopause inequality arises from 'gendered ageism'⁴ surrounding unfavourable perceptions of older women or 'aged ableism' surrounding unfavourable perceptions based on age and impairment. Such bias marginalises women's social and economic value and importance.

B. How does this impact wider society?

¹ <https://www.emas-online.org/emas-and-menopause-in-the-workplace-2021/>

² Lamont, R. A., Swift, H. J., & Abrams, D. (2015). A review and meta-analysis of age-based stereotype threat: negative stereotypes, not facts, do the damage. *Psychology and aging*, 30(1), 180.

³ Bariola, E., Jack, G., Pitts, M., Riach, K., & Sarrel, P. (2017). Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women. *Menopause*, 24(3), 247-251.

⁴ Riach, K., Loretto, W., & Krekula, C. (2015). Gendered ageing in the new economy: introduction to special issue. "Gendered ageing in the new economy: introduction to special issue, 22(5), 437-444.

6. Inhospitable workplace environments for menopausal women have indirect impacts on society. For example, a lack of diversity in the workplace (such as the presence of older women) has impacts on role modelling and career aspirations for younger women. The positive ‘intergenerational transfer’ of expectations and norms surrounding working across the life course is vital if gender equality in the workplace is to be achieved.
7. The shame, stigma and lack of understanding that characterises menopausal transition can also impact intimate and intergenerational relationships outside the workplace⁵. The opinions of friends and family are important in influencing and supporting later life work and retirement outcomes and decisions⁶ and the quality of personal relationships outside work can influence work and employment outcomes⁷.

C. What is the economic impact of menopause discrimination?

8. There are a number of ways that menopause discrimination may have an economic impact, although further data and research are required and a lack of large scale data exploring this is required. As such, the economic impact of menopause discrimination is not yet fully known. There is currently at least one piece of work in the UK currently being undertaken on the economic costs of menopausal transition⁸.
9. The economic impact of menopause can be short, medium and long term. In the short term, a number of studies highlight the economic cost to an organization replacing an employee at around 16% of their salary⁹. However, this is likely to be higher in many countries, and it is more of a proxy than a direct measurement of replacing a ‘menopausal woman’ who leaves work due to an inhospitable environment.
10. Even without layoffs or turnover effect, there will be significant economic costs due to perceptual bias surrounding the effect of menopausal transition on women. This may result in missed opportunities for the employee to advance in an organization or being given certain roles and materialise in wages.
11. Inhospitable menopausal environments can cause the underemployment of women. This can be through choosing to move to part-time working or contract working in order to provide a way of living better with their symptoms, or gain the choice and freedom over how, when and under what conditions they work. For example, in one study, nurses reported moving to bank working to avoid night shifts that had an exacerbating impact on their symptoms¹⁰.

⁵ Bahri, N., Yoshany, N., Morowatisharifabad, M. A., Noghabi, A. D., & Sajjadi, M. (2016). The effects of menopausal health training for spouses on women's quality of life during menopause transitional period. *Menopause*, 23(2), 183-188.

⁶ Eismann, M., Verbeij, T., & Henkens, K. (2019). Older workers’ plans for activities in retirement: The role of opportunities, spousal support, and time perception. *Psychology and Aging*, 34(5), 738.

⁷ Loscocco, K. A., & Roschelle, A. R. (1991). Influences on the quality of work and nonwork life: Two decades in review. *Journal of Vocational Behavior*, 39(2), 182-225.

⁸ <https://www.icaew.com/insights/viewpoints-on-the-news/2021/jul-2021/the-economic-cost-of-menopause-transition>

⁹ <https://www.americanprogress.org/wp-content/uploads/2012/11/CostofTurnover.pdf>

¹⁰ Riach, K. and Jack, G (2021) Women’s Health in/and Work: Menopause as an Intersectional Experience. *International Journal of Environmental Research and Public Health*, under review.

12. The movement of women into part-time or contractual employment not only has economic impacts for women themselves in terms of direct pay and pension contributions but may also result in a less experienced workforce. This is important given the evidence surrounding older workers as constituting a valuable source of tacit knowledge¹¹ and a source of emotional support and informal mentoring for other workers. However, this can also be a negating experience for older women who are stereotypically called on to ‘mother’ other colleagues¹².
13. Menopause inequality surrounding the workplace exacerbates the economic vulnerability of a group that are already susceptible to financial insecurity. Menopause comes at a time when women may already be experiencing the effect of particular gendered life trajectories. Homeless rates are increasing for women over 45. ‘Life shocks’ such as divorce and separation have significant implications for women and impact on their ability to plan for and secure their financial futures. Such patterns are replicated across a range of G20 countries and have been the subject to government and policy attention, for example, in the US¹³ and Australia^{14,15}.
14. It is also important to note that women leaving the workforce due to inhospitable menopausal environments can result in ‘positive’ economic effects. Older women who do not work or work part-time provide a significant source of ‘free’ labour for the economy in terms of caring for both elderly relatives and for grandchildren. Recent evidence suggests that grandparents may for example change their employment behaviour to fit around childcare¹⁶. Women aged 50 and over also make a significant contribution to the voluntary sector¹⁷ contribute to the voluntary sector.
15. This is significant for menopause and work. Menopausal women who experience culturally inhospitable work environments may decide to make a contribution within the family rather than the labour market, even if they are not financially secure. If the government are successful in preventing this attrition, there will be a spill-over effect on the availability of informal and unpaid care in society, so they need to mitigate against this as an unintended consequence.

D. How can business factor in the needs of employees going through the menopause?

16. Employers should recognise that menopause is a natural, temporary stage in all women’s lives. They can make supportive adjustments to work that are similar to those required to manage many chronic health conditions; they need not be complex or costly.

¹¹ Vasconcelos, A. F. (2018). Older workers as a source of wisdom capital: broadening perspectives. *Revista de Gestão*.

¹² Cutcher, L. (2021). Mothering managers:(Re) interpreting older women's organizational subjectivity. *Gender, Work & Organization*.

¹³ <https://www.aging.senate.gov/hearings/women-and-retirement-unique-challenges-and-opportunities-to-pave-a-brighter-future>

¹⁴ <https://www.australiansuper.com/campaigns/future-face-of-poverty>

¹⁵ <https://humanrights.gov.au/our-work/age-discrimination/projects/risk-homelessness-older-women>

¹⁶ Airey, L., Lain, D., Jandrić, J., & Loretto, W. (2021). A selfish generation? Baby boomers’, values, and the provision of childcare for grandchildren. *The Sociological Review*, 69(4), 812-829

¹⁷ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/828832/Focus_on_volunteering_by_age_and_gender_Community_Life_Survey_and_Taking_Part_Survey_-_Report.pdf

17. Not all women experience problematic menopausal symptoms, or experience menopause in a way that has any impact on their work. It is important to ensure that practices, messaging and policies do not frame menopausal women as a de facto a 'problematic' group.
18. Menopause affects women in different ways. Not all practices at work will help everyone. Line managers and supervisors have a vital role in listening to women carefully and working with them to provide localised solutions.
19. Many women report that they are unaware and unprepared for menopause. The workplace provides a useful setting for health promotion. Employers can provide information about women's health and wellbeing.
20. Research has shown that some menopausal symptoms can impact on work for some women, although to varying degrees depending on women's symptoms (the frequency and severity or 'bothersomeness') and the type of work they do. There is some preliminary evidence that vasomotor symptom severity may impact on women's thoughts about leaving the workforce, together with age and role clarity¹⁸.
21. Equally, the physical working environment and the design and management of work can impact on symptoms. It is necessary for employers understand and take into account the bidirectionality of this relationship (that work can impact menopausal symptoms, and symptoms can impact work).
22. It is important for businesses to consider a multi-level approach to menopausal support. Most common are cultural level programmes such as line manager training, education and positive role modelling.
23. Policy support is also necessary. In-house guidance and internal communication can also raise the profile of menopause and give women the confidence to talk about menopause and ask for support. Policy changes can include ensuring that policies (for example those related to flexible working, sickness and reasonable adjustments) explicitly speak to menopausal transition. Policy support should also ensure that HR general practices surrounding recruitment and talent development do not marginalise older women.
24. Structural factors are also important. For example, building design and/or environmental and estates management policies should consider what is assumed to be the 'normal body' in how they set temperature or air conditioning settings. Mandatory uniforms should be made from thermally comfortable fabrics.
25. There is differing opinion about the role or efficacy of workplace 'menopause policies'. No scientific quantitative evidence exists to suggest such policies are more or less effective. However, some research has suggested women undergoing menopausal

¹⁸ Hardy, C., Thorne, E., Griffiths, A., & Hunter, M. S. (2018). Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Women's Midlife Health*, 4(1), 3

transition do not want a separate policy as they fear it will further problematise them and their experience¹⁹. A significant number of women suggest that menopause support should be embedded and integrated into existing workplace policy that is already sanctioned in the workplace and that line managers already have a working knowledge of. There are also concerns that a policy might result in a tokenistic response to supporting menopause, rather than creating meaningful transformational and long-term embedded change towards a menopause positive workplace.

26. Large employers may provide their own policies and/or guidance about menopause and work²⁰. However, the majority of the workforce is employed in small and medium sized enterprises (SMEs). SMEs could make use of publicly available guidance such as that provided by trades unions or bodies such as the Faculty of Occupational Medicine²¹ and EMAS²². However, they may also require advice, information and support that is sensitive to nature of SME's, who usually operate within resources constraints and with no specialist HR or occupational health function.
27. Employers have a legislative duty to accommodate health conditions and provide adjustments when reasonably practicable. They should undertake risk assessments with regard to menopause. However, where topics are taboo or awareness is low, employees themselves may not be aware of their options and do not disclose problems.
28. More evidence-based research is needed to underscore what works in the long term in order to inform practical suggestions and real-life examples of menopause support at work. In particular, how to create an open and supportive culture regarding menopause, and what adjustments can be made that are helpful for women and their managers, with minimal impact on operational efficiency.
29. More evidence is needed to recognise the differential impacts of particular experience s of menopause on workforce participation and work outcomes to inform guidance and practices. In particular, if women experiencing early menopause of induced menopausal transition would benefit from different forms of support.

E. How can practice addressing workplace discrimination relating to menopause be implemented? For example, through guidance, advice, adjustments or enforcement

a. What are examples of best or most inclusive practices?

30. There are a number of emerging case studies of organizations that have sought to support menopause at work in their practice. Some of these can be found on websites of

¹⁹ Riach, K. and Jack, G (2021) Women's Health in/and Work: Menopause as an Intersectional Experience, *International Journal of Environmental Research and Public Health*, under review.

²⁰ Hardy, C., Hunter, M. S., & Griffiths, A. (2018). Menopause and work: an overview of UK guidance. *Occupational Medicine*, 68(9), 580-586.

²¹ <https://www.fom.ac.uk/health-at-work-2/information-for-employers/dealing-with-health-problems-in-the-workplace/advice-on-the-menopause>

²² <https://www.emas-online.org/emas-and-menopause-in-the-workplace-2021/>

menopause support providers, such as Henpicked²³. While these are excellent in terms of celebrating organizational achievements or providing inspiration for others, we would urge caution in using these as blueprints for a broader transformation of workplaces for two reasons.

(i) Many organizations outsourcing support are well resourced and as such have been able to afford professional services to aid their journey. While it shows a positive investment in inclusion initiatives, participants often do not reflect the UK labour market, which is constituted by a significant number of small to medium enterprises (SME's), family businesses and sole traders. These forms of organization are unlikely to have the resources that provide time to develop a menopausal strategy. Studies of how SME's successfully create inclusive, anti-discriminatory cultures is lacking.

(ii) There is a concern that organizations heralded as best practices are often heavily sub-contracted. This means that women who are the most precarious labour market positions or in the lowest paid jobs often do not work 'directly' for that organization. As such, they may not benefit from these initiatives, even though they may be physically located in these organizations. More scientific evidence is needed to explore the experience of addressing and supporting menopausal transition for women in low paid or precarious forms of work.

F. How should people who experience the menopause but do not identify as women be supported in relation to menopause in the workplace.

31. At the moment, there is very little evidence that suggest how to support menopausal experience at work for those not identifying as cis women.
32. Work in medicine and health sciences highlights that men and women who are transitioning or have transitioned report changing their dosage of hormone therapy during menopausal transition²⁴. Another qualitative study looking at LGBTQI+ experiences of menopause found that while symptoms were similar in their manifestation, their experience of healthcare providers was predominantly negative ²⁵.
33. Evidence about the experience of other body-based encounters in the workplace by those not identifying as women suggests that cultures of misunderstanding and hostility are often present^{26 27}. From such evidence we can suggest that menopausal transition may exacerbate existing challenges for individuals being accepted within the workplace.

²³ <https://menopauseintheworkplace.co.uk/articles/>

²⁴ Mohamed, S., & Hunter, M. S. (2019). Transgender women's experiences and beliefs about hormone therapy through and beyond mid-age: An exploratory UK study. *International Journal of Transgenderism*, 20(1), 98-107.

²⁵ Glyde, T. (2021). How can therapists and other healthcare practitioners best support and validate their queer menopausal clients?. *Sexual and Relationship Therapy*, 1-24.

²⁶ Brewster, M. E., Velez, B. L., Mennicke, A., & Tebbe, E. (2014). Voices from beyond: A thematic content analysis of transgender employees' workplace experiences. *Psychology of sexual orientation and gender diversity*, 1(2), 159.

²⁷ David, E. (2015). Purple-collar labor: Transgender workers and queer value at global call centers in the Philippines. *Gender & society*, 29(2), 169-194.

34. It is also important to note that often experiences of transgender, queer or ‘+’ employees are heavily influenced by other demographic characteristics. These may serve to either support a more affirming menopausal experience or exacerbate a negative experience. Care should be taken when generalising LGBTQI+ experiences across different types of work such as professional and entry level work, for example.
35. In the UK, Health and Safety applies to all persons and individual's needs considered and accommodated for accordingly where possible. It may therefore be helpful to use inclusive language in addressing the topic of menopause at work. Creating the open culture described above and encouraging all persons being affected by menopausal symptoms and experiences to engage in discussions, if they feel comfortable, and help offer suggestions for their workplace on how best to support them and others that may not identify themselves as women, for example.

G. How well does current legislation protect women from discrimination in the workplace associated with the menopause?

a. Should current legislation be amended?

b. What further legislations is required to enable employers to put in place a workplace menopause policy to protect people going through menopause whilst at work?

36. The UK has benefited from a number of cases where menopause is cited as a factor within employment tribunal cases, dating back to the BT vs Merchant case in 2012. In these cases, menopause has predominantly been considered under the protected characteristic of ‘disability’. It should be noted that all of these rulings have been very influential in providing roadmaps for employer guidance by employment lawyers as well as informing human resource managers. They have also been closely consulted by organizations in other countries look for guidance on how to avoid litigation.
37. The Equalities Act (2010) only allows for a focus on one protected characteristic. Given the menopause is an intersectional phenomenon that results from gendered ageism, current legislation limits the parameters of evidence around one protected characteristic can be claimed or brought as evidence within a tribunal.
38. It is unclear whether providing legislation that explicitly refers to menopause would help to change cultures surrounding inequality. For example, legislation surrounding age discrimination at work, introduced in the UK in 2006, has not been found to be fully effective.
39. Legislative changes that mandate menopause policies may also have the unintended consequence of creating workplaces that have governance and due diligence in place surrounding menopause, but fails to transform cultures and everyday work practices.

40. Any consideration of including menopause within Equalities legislation would have to ensure that its introduction in relation to one category (such as disability) did not preclude claimants making a claim in other categories (such as age or gender).

H. How effective has government action been at addressing workplace discrimination related to menopause, and what more can the Government do to address this issue?

41. Compared other national government across the world, the UK Government has been at the forefront of making this a priority issue in terms of awareness raising, commissioning and evidence review²⁸, and menopause being discussed in public arenas, such as the Private Members Bill and the All-Party Parliamentary Group.
42. One discrepancy is that the voices and experiences of menopausal transition at work often focus on professional careers and those within high socio-economic groups. This group's menopausal experience is predominantly the focus of recent social and popular culture commentaries surrounding menopause and the rise of celebrities speaking about their menopausal experience.
43. There has also been less attention paid to supporting small and medium enterprises who may not be able to access commercial 'menopause support' consultancies, nor have the resources or flexibility to support in other ways. Given there are over 5 million small business in the UK²⁹ employing significant numbers of people, supporting this branch of the economy to support their menopausal employees is vital.
44. There is no current governance or benchmarks for information or practices about menopause at work that is disseminated by outsourced organizations or in-house policies. Sometimes, the level of 'expertise' of menopause experts and training providers cannot be accurately identified or known to businesses looking for help and support.

I. How effectively is the Government Equalities Office working across government to embed a strategic approach to addressing the impact of menopause in the workplace?

45. The effort to connect menopause and the workplace with broader public health support, notable in the Women's Health plan is excellent. Given that women's health conditions are systematically and structurally marginalised, the duality of promoting menopause support as a public (or occupational) health and workplace inclusion issue is extremely important.

²⁸ <https://www.gov.uk/government/publications/menopause-transition-effects-on-womens-economic-participation>

²⁹ <https://www.fsb.org.uk/>

46. Currently strategies suggest that, at a government level, menopause has been indexed with other women's life course experiences (menstruation, endometriosis, pregnancy). There has been less connection with initiatives surrounding late life working and ageism at work more broadly. For many reasons, it is recommended that menopause is not only strategically aligned with gender-sensitive policy, but also within age and employment debates more broadly within the Department for Work and Pensions and agencies such as the Health and Safety Executive and the Department of Health and Social Care.

September, 2021

Appendix 1: List of relevant peer-reviewed articles and research and engagement activity surrounding the menopause from the Consortium.

Peer Reviewed Articles since 2013

- Anagnostis, P., Christou, K., Artzouchaltzi, A. M., Gkekas, N. K., Kosmidou, N., Siolos, P., ... & Goulis, D. G. (2019). Early menopause and premature ovarian insufficiency are associated with increased risk of type 2 diabetes: a systematic review and meta-analysis. *European journal of endocrinology*, 180(1), 41-50.
- Anagnostis, P., Siolos, P., Gkekas, N. K., Kosmidou, N., Artzouchaltzi, A. M., Christou, K., ... & Goulis, D. G. (2019). Association between age at menopause and fracture risk: a systematic review and meta-analysis. *Endocrine*, 63(2), 213-224.
- Bariola, E, Jack, G., Pitts, M., Riach, K. & Sarrel, P. (2016). Employment conditions and work-related stressors are associated with menopausal symptom reporting among perimenopausal and postmenopausal women. *Menopause*, 24(3): 247-251. (Featured on 2016 Work Environment may moderate menopause misery, *Reuters*, 26th October)
- Bryant, C., Judd, F. K., & Hickey, M. (2012). Anxiety during the menopausal transition: a systematic review. *Journal of Affective Disorders*, 139(2), 141-148.
- Griffiths, A, Ceausu, I, Depypere, H, Lambrinouadaki, I, Mueck, A, Perez-Lopez, P, Schouw, Y, Senturk, L, Simoncini, T, Stevenson, J, Stute, P & Rees, M, (2016). EMAS recommendations for conditions in the workplace for menopausal women. *Maturitas: An International Journal of Midlife Health and Beyond*. 85, 79-81.
- Griffiths, A. & Hunter, M., (2015). Psychosocial factors and the menopause: the impact of menopause of personal and working life. In: Davies, S., ed., *Annual Report of the Chief Medical Officer 2014, The Health of 51%*. London: Department of Health.
- Griffiths, A., (2014). Menopause: An occupational health issue. *Occupational Health at Work*. 15-17
- Griffiths, A. (2017). Improving recognition in the UK for menopause-related challenges to women's working life. *Post Reproductive Health*, 23(4), 165-169.
- Griffiths, A., Hardy, C., MacLennan, S., & Hunter, M. (2017). Are individual or work-related factors associated with work outcomes in menopausal women? *Maturitas*, 100, 193.
- Griffiths, A., MacLennan, S.J. & Hassard, J., 2013. Menopause and work: An electronic survey of employee attitudes in the UK *Maturitas*. 76(2), 155-159.
- Hammam, R. A. M., Zalat, M. M., Sadek, S. M., Soliman, B. S., Ahmad, R. A., Mahdy, R. S. & Hardy, C. (2016). Premenstrual syndrome and work among female academic teaching staff in a governmental faculty of medicine in Egypt. *Egyptian Journal of Occupational Medicine*, 41 (1), 35-53.

- Hardy, C. & Sillence, E. (2016). What are women being exposed to? A review of the quality, content and ownership of websites on premenstrual dysphoric disorder. *Women's Health Issues, 26*(2), 183-189.
- Hardy, C. (2017). The Hot Flash Related Daily Interference Scale: cutoffs, minimally important differences, and a revised short version. *Menopause, 24*(8), 869-870.
- Hardy, C. (2020). Menopause and the workplace guidance: What to consider. *Post Reproductive Health, 26*(1), 43-45.
- Hardy, C., & Hardie, J. (2017). Exploring premenstrual dysphoric disorder (PMDD) in the work context: a qualitative study. *Journal of Psychosomatic Obstetrics & Gynecology, 38*(4), 292-300.
- Hardy, C., & Hunter, M. S. (2021). Premenstrual symptoms and work: exploring female staff experiences and recommendations for workplaces. *International Journal of Environmental Research and Public Health, 18*(7), 3647.
- Hardy, C., Griffiths, A., & Hunter, M. S. (2017). What are workplaces and key stakeholders being advised to do about menopause at work? A review of guidance in the UK. *Maturitas, 100*, 132-133.
- Hardy, C., Griffiths, A., & Hunter, M. S. (2017). What do working menopausal women want? A qualitative investigation into women's perspectives on employer and line manager support. *Maturitas, 101*, 37-41.
- Hardy, C., Griffiths, A., & Hunter, M. S. (2019). Development and evaluation of online menopause awareness training for line managers in UK organizations. *Maturitas, 120*, 83-89.
- Hardy, C., Griffiths, A., Norton, S., & Hunter, M. S. (2018). Self-help cognitive behavior therapy for working women with problematic hot flushes and night sweats (MENOS@Work): a multicenter randomized controlled trial. *Menopause, 25*(5), 508-519.
- Hardy, C., Griffiths, A., Thorne, E., & Hunter, M. (2019). Tackling the taboo: talking menopause-related problems at work. *International Journal of Workplace Health Management, 12*(1), 28-38.
- Hardy, C., Hunter, M. S., & Griffiths, A. (2018). Menopause and work: an overview of UK guidance. *Occupational Medicine, 68*(9), 580-586.
- Hardy, C., Thorne, E., Griffiths, A., & Hunter, M. S. (2018). Work outcomes in midlife women: the impact of menopause, work stress and working environment. *Women's Midlife Health, 4*(1), 3.
- Hickey, M., Riach, K., Kahouchie, R. and Jack, G. (2017). No sweat: Managing menopausal symptoms at work. *Journal of Psychosomatic Obstetrics & Gynaecology, 38*(3), 202-209.
- Hickey, M., Moss, K. M., Krejany, E. O., Wrede, C. D., Brand, A., Kirk, J., ... & Mishra, G. D. (2021). What happens after menopause?(WHAM): A prospective controlled study of vasomotor symptoms and menopause-related quality of life 12 months after premenopausal risk-reducing salpingo-oophorectomy. *Gynecologic Oncology*, in press.
- Hickey, M., Riach, K., Kachouie, R., & Jack, G. (2017). No sweat: managing menopausal symptoms at work. *Journal of Psychosomatic Obstetrics & Gynecology, 38*(3), 202-209.
- Hickey, M., Szabo, R. A., & Hunter, M. S. (2017). Non-hormonal treatments for menopausal symptoms. *BMJ, 359*. j5101
- Hunter, M. S., Hardy, C., & Griffiths, A. (2017). Menopause as an occupational health issue: What menopausal women want from their employers and line managers. *Maturitas, 100*, 132.

- Jack, G., Riach, K. and Bariola, E. (2019) Temporality and gendered agency: Menopausal subjectivities in women's work. *Human Relations*, 72(1):122-143.
- Jack, G., Riach, K., Bariola, E., Pitts, M., Schapper, J., and Sarrel, P. (2016). Menopause in the workplace: What employers should be doing. *Maturitas*, 85(3), 88-95.
- Jack, G., Riach, K., Hickey, M., Griffiths, A., Hardy, C., & Hunter, M. (2021). Menopause in the workplace: Building evidence, changing workplaces, supporting women. *Maturitas*, 151, 63-64.
- Johnston-Ataata, K., Flore, J., Kokanović, R., Hickey, M., Teede, H., Boyle, J. A., & Vincent, A. (2020). 'My relationships have changed because I've changed': biographical disruption, personal relationships and the formation of an early menopausal subjectivity. *Sociology of Health & Illness*, 42(7), 1516-1531.
- Mintziori, G., Lambrinouadaki, I., Goulis, D. G., Ceausu, I., Depypere, H., Erel, C. T., ... & Rees, M. (2015). EMAS position statement: Non-hormonal management of menopausal vasomotor symptoms. *Maturitas*, 81(3), 410-413.
- Mohamed, S., & Hunter, M. S. (2019). Transgender women's experiences and beliefs about hormone therapy through and beyond mid-age: An exploratory UK study. *International Journal of Transgenderism*, 20(1), 98-107.
- Neves-e-Castro, M., Birkhauser, M., Samsioe, G., Lambrinouadaki, I., Palacios, S., Borrego, R. S., ... & Rees, M. (2015). EMAS position statement: the ten point guide to the integral management of menopausal health. *Maturitas*, 81(1), 88-92.
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- Vivian-Taylor, J., & Hickey, M. (2014). Menopause and depression: is there a link? *Maturitas*, 79(2), 142-146.

Other Selected Activities

- Battisti, M. 2020. Labor Market Effects of Technological and Organizational Change for Older Workers, Session on. Committee on Understanding the Aging Workforce and Employment at Older Ages, The National Academies of Sciences, Engineering, and Medicine.
- Griffiths, A., MacLennan, S & Wong, Y.Y.V. 2010. Women's Experience of Working through the Menopause London: *British Occupational Health Research Foundation*.
- Griffiths, A., MacLennan, S & Wong, Y.Y.V. 2010. Work and the Menopause: A Guide for Managers London: British Occupational Health Research Foundation
- Hardy, C. 2018. Menopause and work. *Women in Trade Magazine*, p.32.

- Hardy, C. 2019 – present. Invited External Academic Expert Member, Cross Government Policy Group: Fertility at Work
- Hardy, C. 2019 – present. Academic Expert Participant, UK Parliament’s Menstrual Health Coalition
- Hardy, C. 2019 – present. Invited Academic Expert. Public Health England’s Reproductive Health Systems Leadership Forum
- Hardy, C. 2018. Invited keynote speaker to Mercer’s European Health and Wellbeing Network, “Women in the workplace: Reproductive health and wellbeing
- Hardy, C. 2019. Menopause and the workplace guidance: what to consider. Factsheet for clinician. Invited for the British Menopause Society. Available at: <https://thebms.org.uk/wp-content/uploads/2019/02/07-BMS-TfC-Menopause-and-the-workplace-02C.pdf>.
- Riach, K. 2021. Speaker *Menopause at Work: Developing Best Practice*. Chartered Institute of Personnel and Development, 20th April
- Riach, K. 2019. Keynote: The Future of Older Women in Australia: Beyond Poverty, Pity and Parity, 10th SA Women's and Gender Studies Annual Public Lecture, 19th September.
 - Riach, K. 2019. Invited Speaker Women, Work and the Menopause: An opportunity for best-practice later life workforce policy. Commonwealth Bank Equality and Diversity Executive, 6th March.
 - Riach, K. 2019. Keynote Speaker: Creating a Safe and Healthy Workplace for Menopausal Transition: Changing Minds about Changing Bodies, National Safety Council of Australia, 27th March.
 - Riach, K. Hickey, M. 2019. Televised Panel Discussion: Menopause in the Workplace, ABC National News 24, 16th April, https://abcportal-my.sharepoint.com/:v:/g/personal/wijers_meike_abc_net_au/EX4qbJYWkIVHiQFCQcy5fwgBSdcxtM-5O7lcujSm0C_kqw?e=aMEEG5
 - Riach, K. Jack, G, Hickey, M 2019. Launch of Menopause Information Pack Online, an open access resource for line managers and
 - Riach, K. Jack, G, Hickey, M 2019 Employers asked to make workplaces menopause friendly, 9th April, <https://www.abc.net.au/news/2019-04-09/employers-being-asked-to-create-menopause-friendly-workplaces/10968192> and 7PM National News Item on Menopause at Work <https://youtu.be/zsRu-tyeIJ0>.
 - Riach, K. 2018 Menopausal and more productive than ever: older women at work. *Life Matters*, ABC National, 22nd October. <https://radio.abc.net.au/programitem/pgqGl2bMAV?play=true>.
 - Riach, K. Jack, G. 2018. How to make work menopause-friendly: don't think of it as a problem to be managed (with Gavin Jack), *The Conversation*, 18th October.
 - Jack, G, Riach, K. Bariola, E and Pitts, M. 2014. Launch of open access research site www.womeonworkandthemenopause.com. Range of interviews on National and Regional radio and media resulting from pilot project launch.