

## Written evidence from Dr Hilary Baxter PhD [MEW0080]

I am writing this evidence in response to the Women and Equalities Committee enquiry into Menopause and the workplace, which was the cross-disciplinary subject of my theatre arts Scenography practice-based PhD Research project. My research focussed on working women in South London, their experiences of menopause within a working life and, more broadly, the problem of the 'invisibility' of menopause both culturally within representational arts such as TV, theatre, film and portraiture as well as the institutionalised invisibility within workplaces. My interest in menopause in the workplace was triggered in 2015, by chapter nine the Chief Medical Officer's report chapter nine, and developed through my PhD studentship at St Mary's University, Twickenham (2017 -2021). As I am a theatre-maker, my research concentrates on information on menopause which crosses over into the public domain, the underlying themes, and making interviews with individual working women about their menopause experience. Elements of my research has been presented in different formats for academic conferences over the last four years; most recently a short film for *Flushfest 2021's Menopause at Work Seminar*, organised by Menopause Café. My PhD will soon be available through the British Library and contains the body of research from which I am reporting evidence here.

The nature of menopause discrimination within the twenty-first century workplace, reflects the attitudes and prejudices operating in everyday life, which are both ageist and misogynist and widespread in the UK. These are the unthinking biases, behaviours learned from a previous generation, managers or family members which, unless addressed through preparatory education and conscious changes, will continue to operate in the workplace and personal spheres. The changes to the female retirement age, means that menopause is now firmly part of the working life expectation rather than the end as previously. Taken across the spread of UK companies, there are huge differences in the effect of menopause in the workplace. Some companies have understood the challenges of maintaining a largely female workforce, after being appraised of the costs in recruitment/loss of expertise, which is often a deciding factor to make changes or implement new policy. Some industries, notably TV and film makers, habitually remove mid-life women from public view, meaning that stereotypical representations are often recycled and the breadth of different menopause experiences lost, whether because of socio-economic class, race or gender, identity is being hidden.

Discrimination within a company can be obvious such as experiencing snide comments from co-workers and the use of derogatory language such as the "menopausal" economy comment used by the deputy Bank of England governor in 2018, a descriptor apparently often used to describe economies 'past their peak'. But there are subtle discriminatory forms too, which includes presenteeism, long working hours, a drinking culture, overheated rooms without ventilation, lack of toilet facilities, poorly designed uniforms or workspaces and inflexible work schedules. Here the development of pandemic-related remote working has benefitted many menopausal women, but this ignores the reality that not all jobs are computer-based, especially for women.

All working women must be considered within workplace menopause policy, from cleaners to senior managers. Over the four years of my research project there have been significant improvements in workplace practices, and the introduction of Menopause Friendly Accreditation for businesses. The most inclusive policy that I found was at Croydon Council, where the Menopause Awareness Group (started in 2017) was a grass-roots initiative to support co-workers by using regular lunchtime meetings as opportunities to meet and discuss experiences and recommend sources of reliable information. The success of the Croydon initiative was persuading the management to back it rather than being imposed upon by management, giving control of the events to the co-workers. Each workplace needs to recognise its own working practices and to implement policies for genuine support, which are more than 'tick-box' staff development sessions delivered at speed.

There is an acknowledged fault-line in menopause research which has tended over represent the experiences of educated middle income women, which has also led to suggestions that menopause is a question of 'mind over matter' and that difficulties here are the product of weak character. It needs to be more generally accepted that the female body undergoes physical changes as fertility decreases and that this is neither a badge of shame nor a permanent state of debility. Negative experiences of menopause are currently made much worse by the fact that very few women recognise that any changes in their well-being might be caused by peri-menopause, particularly if they are still having regular periods.

The key issue I am highlighting is the lack of preparatory information before the start of the peri-menopause. Women tend to go to their doctor with an issue, unaware that this might be connected with peri-menopause and be treated for that issue without any reference to menopause as a potential cause. One of my interviewees reported that she felt as if information had been deliberately kept from her, resulting in numerous doctor's appointments which left her to self-diagnose her own menopause, as she struggled to keep her job. My small research study included women who had changed jobs because of their menopause. One left employment, another took a much less challenging job, and another changed employers due to losing confidence. Most had talked to their doctors about their menopause and inconsistency of medical advice is common, some of which ignores the NICE guidelines on prescribing HRT. This lack of consistency featured heavily in answering my question about what was needed in menopause support. Until all GPs are able to recognise the signs of menopause and be confident about strategies and prescriptions, working women are expected to take responsibility for their own well-being by accessing web-based information or paying for private treatment, which again excludes large numbers of ordinary women. None of my interviewees were in a position to pay for private treatments. Menopause information and support should be freely available to all who need it, it is not a luxury product, and could improve women's employability through the last decade of working life, whether it is delivered by employers or through a more centralised source such as the government

Many supportive adjustments that would significantly improve the menopause experiences of working women would also benefit other employees; flexible hours, healthy eating choices, opportunities for exercise, decent toilet facilities, comfortable and appropriate furniture. But crucially menopause information cannot be only provided by the informal

sources of newspapers, web pages, self-help books and female colleagues or family members. Public information must be collated and introduced, which also means more research projects must be properly funded to ensure the accuracy of advice and reflect the diversity of experiences.

The importance of shifting attitudes to menopause in the workplace, to ensure that the full potential of each individual can be realised, will not be achieved without some general changes of attitudes more broadly recognising that menopause is a normal life stage, which, with support, need not adversely affect either individual potential within the workplace or well-being post-retirement.

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