

Written evidence from Nina Kuypers [MEW0083]

Menopause, the workplace and black women

As I wrote the title I wondered about the order that I've written these words. After contemplating the title, I would rearrange these words to the following - The workplace, women, menopause and black women. Why - it is the order of importance in which workplace settings refer to those. I say this because we do have bias and their life cameras view them through different lenses which are the descriptions associated with the words. People who say they do not I would disagree. We all have some form of bias.

Why am I talking about bias, bias is a feeling or prejudice for or against one person or group. So let me put this into context, we have unconscious biases which are unconscious feelings that we have towards other 'people', people being the key word here – people have instinctive feelings that play a strong part in influencing their judgements away from being balanced. One of the most prominent areas of life where bias can be played out is the workplace. For example, one of the strongest biases we have in the workplace is 'gender' bias. Why? Well, our feelings about gender and the stereotypes we've all associated with gender are something we've developed throughout our whole lives. Things like how or where we've been brought up, how we've been socialised, our exposure to other social identities and social groups, who our friends are /were, as well as media influences, all affect how we think and feel about certain types of people. Much current mainstream menopause information is very gender binaried and focused on cisgender heterosexual women. They are also often very white-focused. This state of affairs reflects the public conversation promoted by the mainstream media, workplaces and the education system.

Combine this with menopause then we add another layer of bias. This topic is fundamental and reducing the stigma attached to it is vital so that more people will talk openly about it within not just the workplace but in society and that menopause can begin to be normalised. We know there is not enough conversation, imagery, research and resources that reflect the true diversity of menopause experiences in general never mind within the workplace setting. Inequality in the menopause sector will remain until conversations, policies, services, and spaces consider the needs of

everyone experiencing menopause symptoms above and beyond the workplace.
(Sarah Williams, Menopause Inclusion Collective)

For me as a black woman workplaces need to address the discrimination that occurs within workplaces first above menopause. Why refer back to biases. It is even harder for a black woman who goes through menopause as we are already battling the ingrained biases. We need to acknowledge that there are ingrained biases. How can I as a black menopausal woman even start to address menopause in the workplace when we face considerable amounts of discrimination before adding another layer, another layer in which half the population will go through at some point in their life time. Recognise that menopause is indiscriminative.

Workplaces need to recognise that black people (e.g. black and gay, black and having a disability) face considerable amounts of discrimination in every area of our lives and that bleeds into and informs our experiences within the workplace. We need to consider why there is a high volume of self-employed black people in order to understand if this is because of the difficulties gaining mainstream employment from existing employers and / or is down to their experiences during menopause. A pattern does begin to emerge of where's the specific and nuanced experiences of Black women are not being factored into the conversation about menopause never mind menopause and the workplace.

The workplace and menopause seem to ignore the complexities of social and cultural diversity. Workplaces can play such a crucial role in supporting anyone experiencing symptoms, helping them understand what is happening and, most importantly, what they can do to manage their symptoms. Add to that the support that can be provided in the workplace. Menopause and the workplace is just another arena of racism where race and cultural background aren't properly taken into consideration. It is abundantly clear that there needs to be more research conducted into this and actions, as it is no use having policies if employers do not provide actions/ solutions.

We need more research on marginalised populations, as how can you unravel factors if you do not understand them. There is some evidence that shows menopause is strongly shaped by social and cultural factors. The symptoms people experience, the meaning of menopause, their attitudes toward menopause, and whether or not they seek treatment all vary across cultures.

The meaning of menopause varies greatly across cultures. How a society views menopause is influenced by how it views aging and people in general? Workplaces have a duty via the Health and Safety at Work Act to ensure the health safety and welfare of their employees. Health and safety does not only apply to physical wellbeing, but also to mental and emotion. Additionally, workplaces have a duty under the Equalities Act to address potential discrimination. But many do not realise their responsibilities under these Acts also include those within their employ who are experiencing the menopause.

Current legislation does not protect women from discrimination in the workplace and drastically needs updating to reflect a natural life occurrence that they will go through. The age of retirement has increased yet support within the workplace does not reflect the biological changes that women experience physically, mentally and emotionally and the impact financially as well on their quality of life. The Government has a duty to protect the health and wellbeing of their citizens. Workplace have a duty to also protect the health and wellbeing of the employees and not to undermine the implied duty of trust of confidence. If the powers above, do not deem this a necessity then how can the workplace be made accountable. We know that menopause in itself is not a deemed disability but its symptoms may be, all depending upon how long that they have been affecting the woman; and how their symptoms impact on their ability to carry out day to day activities as well as in the workplace. Women who experience the menopause do so in many different ways it would be impossible to cover all eventualities in policy and a policy may not provide flexibility either. Many may have concerns that publicising a natural process could become another reason not to take women seriously or promote a woman if they are over a certain age and may also make it an issue may also give misogynists the excuse to discriminate. In certain workplace where staffing maybe an issue a policy will only be detrimental, it is finding a menopause justice scale and as previously said more research is required. We must remember that many workplaces have not been designed with women in mind.

Workplaces who continue to emphasise the importance of education and good information and have courses delivered need guidance on whom delivers these courses. Currently the number of workplaces courses available is rampant, yet there is no regulatory body that accredits these or one that does have conflict of interest. This should be done of at least following a similar format to the independent body known as QISMET who develop quality standards defining good practice in self-management education, and testing and approving providers. We also need to consider those who not just write the content but deliver as trainers/ coaches. What standards are being met when those out delivering may have no formal training/ educational qualifications.

A number of Organisations that specialise in menopause training in the workplace have had their courses accredited by the independent pioneer of quality standards, the CPD Certification Service. This is not the accreditation that is of quality it needs as how can they demonstrate the required standards of knowledge and understanding that needs to meet specialised criteria. This should come from a more established body such as the British Menopause Society (BMS) to ensure that organisations meet competency criteria and then are reassessed every 3 years. Bringing a collection of people together (social media presence profiles) does not make it quality programme. There could be various tiers in what an organisation can deliver. The organisations that deliver should not have conflict of interests and need to be transparent.

Accreditation is important for so many reasons, ultimately we need a process of reviewing an organisation's ability to meet specific standards, regulations and quality requirements so the workplace has peace of mind.

Conclusion

There is a growing momentum to lift the taboo and stigma around menopause and the recent campaigns, which have included high profile cisgender heterosexual women speaking out about the issue have done much to raise it further up the agenda though non who are black. It is evident that the needs of cisgender heterosexual women, the biggest single group that experiences menopause, are not being met properly in general, never mind the workplace setting.

Though, there is still much to be done to tackle the issue, particularly in workplaces, where often people do not feel able to talk about the menopause at all. Menopause symptoms vary widely between and within cultural groups. This challenges the assumption that physical symptoms are dictated solely by hormones. While this is undeniably true, it's also true to say that the majority of menopause research has been done with white women. Although this situation is changing, it needs to change quicker and there's a lot of work to be done.

If workplaces are not provided with guidance than it is misleading to be able to have on their website, job descriptions that they are a menopause friendly accredited employer. How can the future be changed if we fail to provide stringent guidelines for workplaces to ensure that employees are looked after and that the workplaces can be monitored and that they feel confident that they are paying for a service that has creditability?

The key themes:

1. Workplaces need to acknowledge their menopausal workforce experiences rather than make assumptions about them.
2. Menopausal employees are likely to have had previous negative experiences in the workplace.
3. Menopausal employees are likely to have had previous negative experiences in the healthcare system and in life in general.
4. Available information about menopause is inadequate, and workplaces need to realise that both they and their employees may hold inaccurate knowledge about it.
5. The workplace should not assume the menopausal experiences is exclusively negative.
6. Workplaces need more training in diversity and menopause.
7. Workplaces need guidance on who delivers their menopause training.
8. Organisations that deliver menopause training need to be standardised – kite marked not from their own brand.
9. Trainers/ educators need to have assessments to ensure quality assurance of their programmes.

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