

# Women's Experiences of Menopause

*“Menopause covers much more than just a physical transition. It impacts on every aspect of our lives as women, both individually and collectively. We hear about workplace discrimination on a daily basis. But we very rarely hear about this in relation to such a crucial issue as the menopause. This is for a number of reasons: stigma, fear of demotion and fear of being signalled out as “too old”.*

*These women are carers, they are workers, many are the very backbone of our communities and society. And yet, they are made to feel ostracised by a perfectly normal event that every woman goes through.*

*What we need is information and understanding from the outset. From pre-menopause to what comes after. At present, many women have described being simply given some pills by their doctor and that is the end of it. We need to listen to women with direct lived experience. Policymakers and politicians must understand the impacts of the menopause in order to affect change.”*

Agnes Tolmie, SWC Chair



[www.scottishwomensconvention.org](http://www.scottishwomensconvention.org)

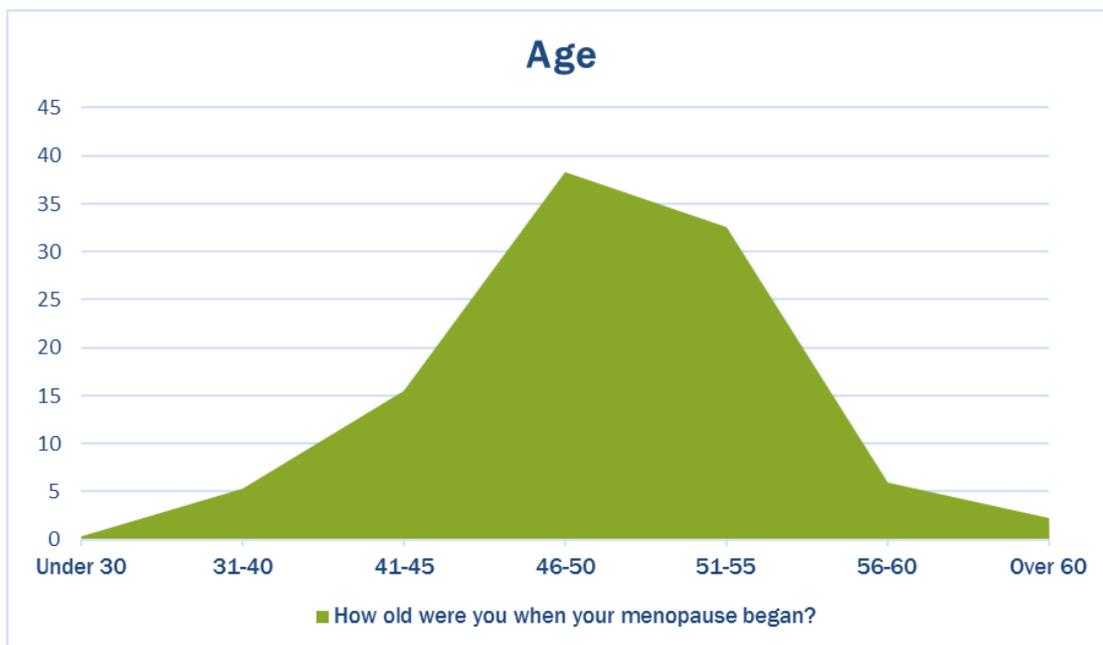
## Introduction

The SWC has been undertaking work on women's experiences of menopause over the last few months. A conference was held in Glasgow in February 2019 which brought women together, from throughout Scotland, to talk about key issues around the topic. Attendees heard from a wide variety of speakers and were able to ask questions and share their stories in an open, safe and comfortable environment. The report from this event can be accessed here: [https://www.scottishwomensconvention.org/files/menopause-report-\(2\).pdf](https://www.scottishwomensconvention.org/files/menopause-report-(2).pdf)

The SWC has also undertaken an online survey to gauge opinions and hear the experiences of as broad a range of women as possible. This survey ran for approximately six weeks and was responded to by almost 1,000 women.

The SWC would like to thank everyone who took the time to participate in this consultation activity. Key findings are outlined below.

## How old were you when your menopause began?



Results show that the majority of women who responded began to experience symptoms of menopause between the ages of 46 and 50 (38%), closely followed by those aged 51-55 (33%). Almost 6% of respondents underwent menopause before they were 40. For some, this was a natural occurrence, however others were put into 'medical menopause' following a hysterectomy.

These findings are consistent with established data, which notes that most women experience menopause between the ages of 45 and 55 (<https://www.nhs.uk/conditions/menopause/>).

It is important to note that the SWC has used the term menopause to describe both perimenopause and menopause itself, as opposed to the medical definition of menopause as "one full year without a period".

## Advice and Assistance

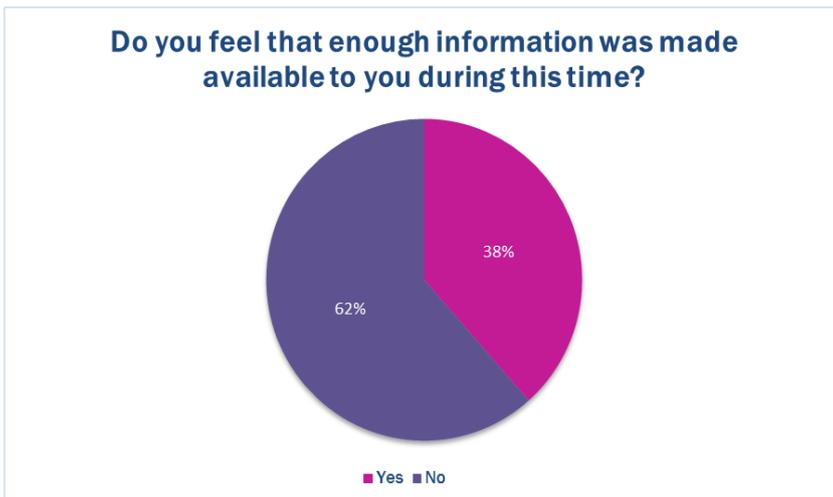
Almost half of respondents contacted their GP when symptoms first began to present. A quarter sought advice and assistance online and one fifth relied on information from their friends in the first instance.

Many of the women who answered this question went on to comment that they did not seek advice and assistance from anyone, instead preferring to manage symptoms on their own.



There was a reliance by some on the “wisdom” of other women, such as family members and co-workers.

*“I spoke to women in general – when I was out in a bar, in a public toilet, on the bus - anywhere!”*



Almost two thirds of women felt there was not enough information available at the beginning of their menopause. It is clear that they were unaware of what to expect, as the menopause is not something which is openly discussed.

*“It’s as if we are not allowed to acknowledge this change in our minds and body, when it is perfectly natural and brings its own richness. There is so much stigma and brushing the topic under the carpet.”*

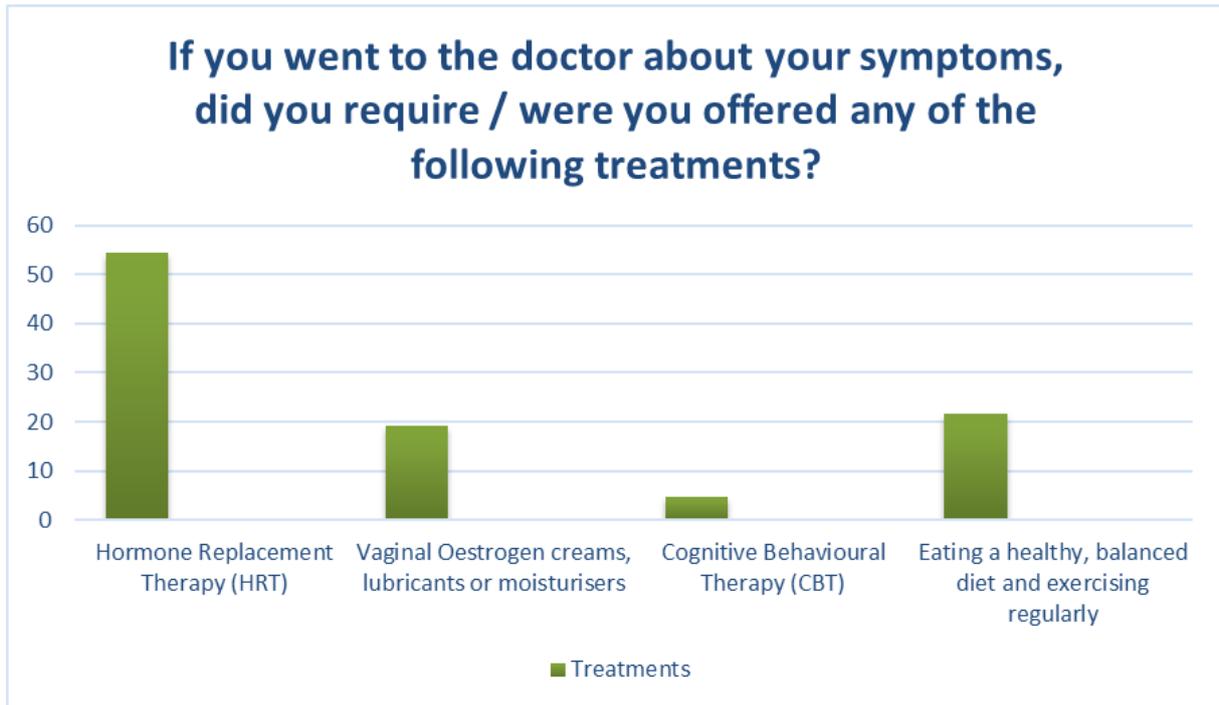
Many women noted that when symptoms began to present, it took them a long time to establish that they were in the perimenopause stage.

*“There was plenty of information but it took me a long time to realise that my symptoms - anxiety, fatigue etc - were perimenopause. You can only access the information once you have self diagnosed and even then you might not fully consider what’s actually happening because the symptoms can relate to any number of other conditions. They are often just the result of being a busy wife, mother, carer, full-time worker and generally over-committed woman.”*

Online support, advice and assistance was well-used by respondents. Chat forums, social media support groups and numerous pages dedicated to menopause were relied upon. These were seen to be beneficial as they tended to provide more detailed information about the symptoms and side effects than that which is made available via GPs and the NHS. While that resource is available, it is only accessible if you know where to find it.

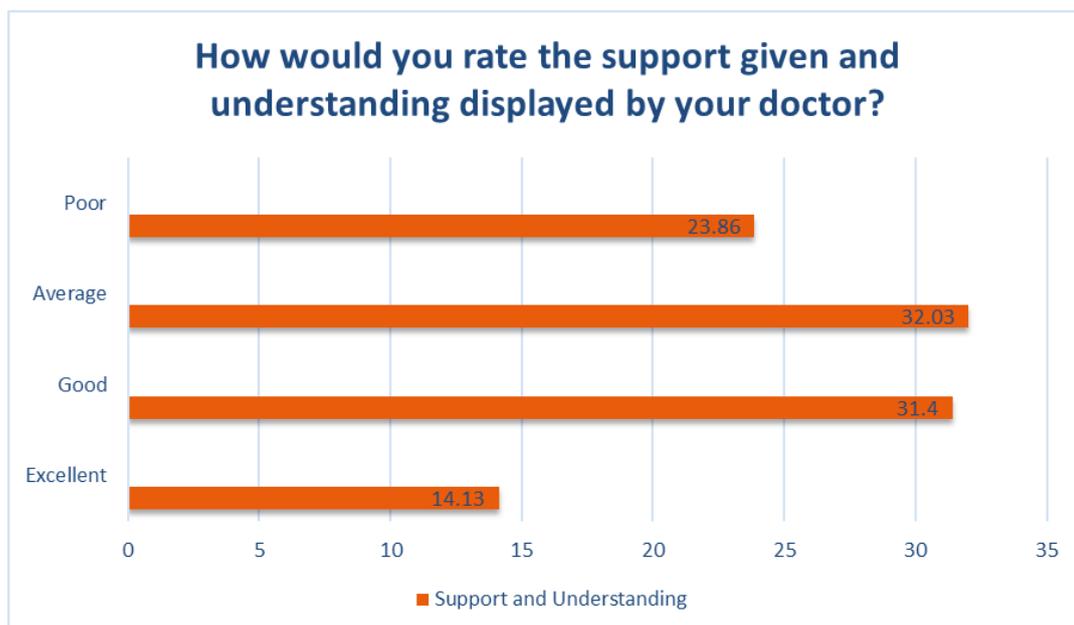
*“There’s lots of stuff out there if you look for it, but what if you don’t have the capacity to do so?”*

# Treatment



Over half of the women who answered this questions were given Hormone Replacement Therapy (HRT) to manage their symptoms. A large number of respondents, however, commented that they did not go to see their doctor, or if they did they were not offered any of the above treatments, and so managed their symptoms themselves. This was an appropriate way of dealing with the menopause for some, however many others noted that they would have appreciated some form of treatment.

*“I was given very little support - this is the one and only time that I have felt let down by my dealings with the NHS. I wasn’t offered any treatment - the attitude I was presented with seemed to be that I just had to get on with things. I realised too late that I might have been a good candidate for HRT but by then I was ‘riding the storm’. I was totally unprepared for managing this and just had to muddle through.”*



In general, women had favourable experiences with their doctor, with just under one third reporting that the support and understanding displayed as good, and a further third reporting as average.

*“My female GP was very supportive. I felt like I was able to discuss my issues openly and was listened to.”*

*“He did what he could and was very supportive. There was just nothing else available in terms of management of my symptoms but that wasn’t his fault.”*

Almost a quarter reported a poor experience. Some of the key issues were the length of the appointment and subsequent inability to fully explore all aspects of menopause, lack of knowledge and understanding on the part of the medical professional, lack of empathy and an often dismissive attitude.

*“I feel there was little time to talk properly to my GP and had to make further appointments which in my opinion can put some women off going back. It’s a delicate matter and can be difficult to get yourself together to go and see your doctor.”*

*“I was made to feel like I had a trivial illness. There was very little explanation of what HRT did or was, so I took the decision to refuse.”*

## Case Study - Joyce’s Story

Joyce began to experience the symptoms of the menopause at just 25, but it took 13 years for her to be diagnosed.

*“I think as I was so young, nobody suspected the menopause. And the fact nobody talked about it meant even I didn’t know enough to work it out.”*

Mum-of-two Joyce, from Glasgow, began experiencing hot flushes shortly after the arrival of her second son, David, now 36. Joyce assumed it was her body and hormones getting back to normal after having a baby, but then she noticed other things.

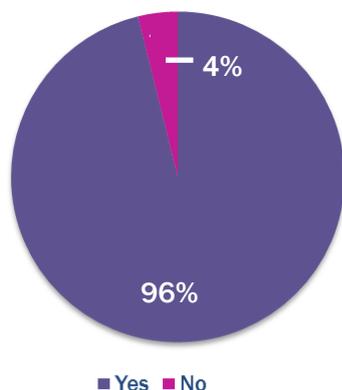
*“I became very temperamental and then the night sweats started. I’d have to get up and change my pyjamas and sheets several times a night. I kept going to the doctor and being told it was ‘women’s trouble’. I eventually got sterilised as I thought it would help. But things didn’t get any better. It was hard. I still had to be a mum and continue working, even though some days all I wanted to do was hide.”*

Eventually, at the age of 38, Joyce saw a different doctor, who diagnosed early menopause.

*“I remember her saying, ‘You shouldn’t be suffering like this.’ She said it was probably best I have a hysterectomy, and then start some hormone replacement therapy (HRT). But that was a challenge, too. It took a while to find one that worked. Eventually I had an HRT implant in my stomach. It made work – and life – so much easier. Things could have been easier if it was something that was talked about and accepted more. Women don’t understand what’s happening to their bodies. It’s a strange feeling. But being open about it at least lets you know you’re not alone.”*

# Employment

Were you in employment when your menopause began?



The majority of women who responded to this question were in employment when they began to experience menopause (96%).

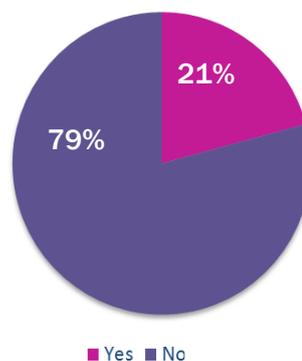
While most women were working, however, only 21% shared their symptoms with their employer during this time. 79% felt that they were either unable to, or simply chose not to. A number of reasons were given for this by respondents.

Some of the main reasons why women were reluctant to advise their employer of their circumstances include:

- Fear of discrimination, or further discrimination;
- Stigma attached and the resulting presumptions of a woman's ability to carry out her job;
- Lack of policies within workplaces to support women through this time in their lives;
- Symptoms not taken seriously by management, with derogatory jokes and comments made;
- Genuine concerns that women would lose their jobs if they disclosed their symptoms; and
- Menopause being seen as an 'illness' and being recorded as such if women take time off, which depending on the workplace, can lead to a loss of earnings.

*"I found this difficult. My line manager was sympathetic, but there is a significant lack of knowledge and understanding of menopause issues within the workplace. There is an embarrassment factor and a fear that it will adversely affect the way that your line manager and colleagues perceive you as well as your career prospects."*

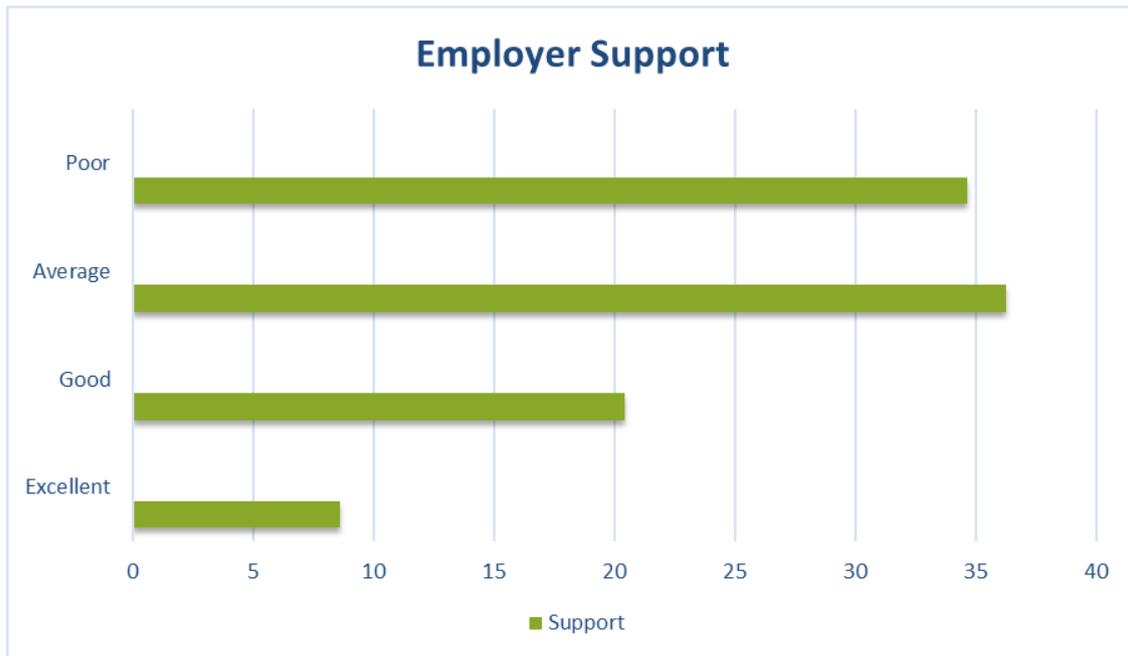
Did you share your menopause symptoms with your employer?



*"It's just not taken seriously. I've heard my boss make jokes about how he's going to leave his wife when she goes through menopause. There's no way I'm telling him anything if that's his attitude."*

*"Absolutely not! Older women already experience bias related to their age. I also don't like the assumption that any health situation a woman faces is related to her age or to her menopause. This is never the case for male employees/colleagues."*

*"Informally I shared with a few women in the office because my symptoms were so intense - I had to take a change of clothes to work because my sweats were so bad. I but I didn't make a big deal of it, especially not to the management, as I was in a promoted position and felt I needed to maintain my image. I just had to put up with it and sometimes I had to work more hours to make sure I had covered my job."*



The support received from employers was not seen to be particularly favourable. 36% of women who answered this question recorded an average experience, with a further 35% noting that the support received was poor.

Lack of awareness of the issue on the part of the employer and management, lack of flexibility within workplaces, a perception that women would be unable to carry out their roles effectively while going through menopause and again an overall lack of policies and support mechanisms were the main reasons for this.

*“I was not aware of any support for menopause symptoms offered by my employer.”*

*“I think it might be helpful to promote more flexible working ideas. I have heard that a proportion of women who are post-menopausal take on less stressful jobs. I wonder if there was more support then this would help women feel they could continue with the same level of positions or also seek promotion. Knowing there are support and options available to them might help”*

*“Time off for doctors appointments, as well as the option to reduce my hours, would have helped more. I’m a teacher and my previous boss allowed me some non-class contact time which gave me the extra time that I needed in the morning to get myself together after a night of interrupted sleep, anxiety and heavy sweats. The new one just hassles me about being ill and displays no understanding of or empathy towards my situation.”*

*“ I experienced a general attitude that being ill wasn’t acceptable. I can’t help but think that other illnesses and conditions would be treated differently, for example if a colleague had a broken limb. My symptoms were seen as a problem to be fixed by me, rather than me being seen as a person who needed support during this time in my life.”*



# Key Recommendations

## Advice and Assistance

**More education around menopause from a young age.**

One of the recurring comments made by women is that they were unprepared for what was going to happen to them, because they had never properly learned about it.

*“It’s crazy that we don’t learn about this in school, as it is as profound a life change as starting periods. There is a serious taboo around discussing it as a result. Not only would this raise awareness about the full menopause cycle, but it would also help young people understand more about what their mothers, grandmothers, aunts etc are going through.”*

## Employment

**The creation and introduction of menopause policies across all workplaces is vital.**

Too many women are struggling to deal with their symptoms in work with little to no support. Policies and practices should explore the idea of training for all staff on what menopause is and how it can impact on women, the availability of flexible working for those experiencing menopause, creation of formal support networks within workplaces (such as menopause cafes) and the removal of stigma overall on the issue.

*“No-one is interested and almost every time I have felt forced to mention it - usually during periods of unbearable sweating - management act horribly embarrassed, say ‘it’s just a woman’s problem’ and that’s it. There’s been absolutely no support and very little understanding displayed.”*

It is important that all women are afforded the same opportunities for a supportive work environment. Workplaces that have policies and positive support available to menopausal women attracted high praise from women.

## Managing Symptoms and Treatment

**There should be more signposting to support services and online information by GPs.**

*“A lot of women will go to see their GP when they first start experiencing symptoms. We don’t expect all doctors to know everything about menopause, so it would be good if there was some kind of centralised information source that they could point us to, such as online support, well woman clinics and menopause cafes.”*

**Longer GP appointment times** would allow women to fully discuss and explore their symptoms, as well giving the doctor the opportunity to consider the best treatment in individual circumstances.

*“There is never enough time in an appointment to talk about everything properly. I presented with very low mood and was very tearful. I really needed another twenty minutes to discuss how I was feeling.”*

## General

**Recognition and understanding that not all women will experience the same symptoms.**

It is important to note that menopause affects each individual in a different way. There are those who have little to no issues and as such do not require assistance, advice, information or support from their doctors or employers, while others have severe, debilitating symptoms which impact heavily on their lives in a number of ways.

**Less stigma around menopause.**

Many women are reluctant to share symptoms with employers, GP, even friends and family, because of the overall lack of understanding in society. More education, better workplace policies and more open, honest conversations are essential in tackling this.