Engender Briefing to the Women's Health Plan: What Do Women Experiencing the Menopause in Scotland Need?

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BACKGROUND

1. Introduction

Engender is Scotland's feminist policy and advocacy organisation and we work to realise women's political, social, economic and cultural equality with men. Women's health is a key element of this work, as women's pain, experiences and access to care are often poorly understood by society at large but also traditionally unconsidered in the design of healthcare systems, medical training and health policy. Failing to adequately meet women's needs further acts as a barrier to participation in other fields, impacting women's experience of the the labour market, social and leisure activities and carrying out daily activities, as well as having negative consequences for their wellbeing, relationships and other aspects of their health.

Despite a recent and increasing presence in public conversation, the menopause and the needs and experiences of peri- and post-menopausal women remain largely absent from policy and practice across Scotland. This neglect and continued stigmatisation of the menopause contributes to the maintainence of inequality in the workplace, in health and wider economic and cultural participation and representation of women, particularly among midlife and older women.

In 2020, the Women's Health Plan was established with a remit of raising awareness around women's health; improving access to healthcare for women across the life course and reducing inequalities in health outcomes for girls and women, including gender-based inequalities both for sex-specific conditions and in women's general health. Menopause is one of the intitial priorities for this work.

Engender has produced this briefing to provide the Women's Health Plan with evidence from our survey of nearly 400 women as part of a research project looking at women's needs during the menopause and exisiting public policy. We also outline

our additional analysis of the research findings and make recommendations for further policy development.

2. Women and the menopause in Scotland

With 400,000 women in Scotland aged between 50 and 59[1] years, a significant proportion of today´s population is going through menopause transition at any one time. Symptoms can begin months and even years before the menopause or begin abruptly after a surgery such as hysterectomy and last around four years after the last period. Previous studies of British women's expereince of the menopause report that up to 65% of women in the UK experience menopause transition symptoms, up to 45% find them distressing and around 10% report them as severe.[2] Studies in Scotland have found around 57% of respondents experience symptoms, with 22% finding them "problematic".[3]

Increasingly, research recognises there is no single menopausal syndrome, and that the age and experience of menopause are influenced by a combination of an individual's biological, psychological and sociocultural characteristics.[4] For many women, the age of menopause coincides with social phenomena such as an increase in caring responsibilities and provision of so-called sandwich care, compounding socio-economic inequalities, stress and other detrimental impacts on wellbeing.[5]

In recent years there has been a much needed new visibility to menopause in public discourse, from the rapid growth of Menopause Cafés to the development of the Women's Health Plan. There remains, however, a lack of data and analysis of how these programmes meet women's wants and needs and where gaps remain.

1 National Records Scotland (2018) Mid-year population estimates, Scotland 2018: Summary. Available at: https://www.nrscotland.gov.uk/files//statistics/nrs-visual/mid-18-pop-est/mid-year-pop-est-18-info.pdf.
2 Mishra, G.D., Kuh, D., (2012) Health symptoms during midlife in relation to menopausal transition: British prospective cohort study. Available at: https://doi.org/10.1136/bmj.e402; Ward, T., Scheid, V., Tuffrey, V., (2010) Women's mid-life health experiences in urban UK: an international comparison. Available at: https://doi.org/10.3109/13697130903197479.
3 Porter, et al (1996) A population based survey of women's experience of the menopause. Available at: https://obgyn.onlinelibrary.wiley.com/doi/abs/10.1111/j.1471-0528.1996.tb09555.x
4 See for example Mahadeen, A.I., Halabi, J.O., Callister, L.C., (2008) Menopause: a qualitative study of Jordanian women's perceptions. Available at: https://doi.org/10.1111/j.1466-7657.2008.00662.x.
5 Sandilyan, M.B., Dening, T., (2011). Mental health around and after the menopause. Available at: https://doi.org/10.1258/mi.2011.01110.

NEEDS ASSESSMENT OF MENOPAUSAL WOMEN IN SCOTLAND

1. About the project

In summer 2019, Engender worked with Edinburgh University student Elena Rodríguez Sánchez as part of her Masters in Global Public Health to support a survey to discover the needs of women experiencing the menopause in Scotland for her thesis. This paper serves as a summary of findings from the survey and Rodríguez Sánchez's own research with additional further analysis from Engender.

The research aimed to identify the needs of Scottish women experiencing the menopause, map the existing policies and support services for menopausal women, and finally to analyse the gaps between women's needs and the existing services and policies. The methods used include a literature review, an online survey, online mapping of existing available frameworks and two interviews with key stakeholders undertaken in June and July 2019.

2. Process

Initially, 33 studies from the UK and other regions were analysed. These included studies which addressed the needs from women going through natural menopause, early menopause due to medical or surgical treatment, ethnic minorities, women with disabilities, health professionals and menopause in the workplace. Rodríguez Sánchez summarises five emergent themes from this review: information; services; support; women´s awareness; and self-confidence and stigma.

Engender then hosted an online survey which received 371 responses from across Scotland, in which we asked women for their own experiences broadly in line with these themes.[6] A policy review was also undertaken, with the conclusion that the only national policy framework with any specific acknowledgment of the menopause was the Gender Pay Gap Action Plan.[7] A very small (but increasing) number of bodies and organisations were found to have recently developed or to be in the process of

6 Survey respondents were disproportionately (97.2%) white and those with professional or postgraduate qualification were over-represented. 8% of participants identified as disabled and 2 responses identified as non-binary with the other (361) identifying themselves as women. One respondent indicated a transgender status or history. Responses were received from every Scottish Parliament region but there was a higher number from Lothian than other localities.

7 Menopause has since been included in the Women's Health Plan Terms of Reference and commitments in Protecting Scotland, Renewing Scotland: The Government's Programme for Scotland 2020-2021, Protecting Scotland's Future: The Government's Programme for Scotland 2019-2020 and the Workplace Equality Fund.

developing internal HR policy documents relating to the menopause. A summary of documents reviewed is included in the final thesis document.

3. What did we find?

Information

Availability

Almost all survey respondents had sought out information relating to menopause and symptoms, however 40% reported not feeling informed about the menopause with an additional 10% unsure as to whether they were informed or not. Only 15% were aware of the existence of specialist menopause services. Just over 40% of responses indicated that women should get information as early as possible and 87.5% wanted information to be provided before symptoms began. A smaller group indicated that information should be given when individual women ask for it.

Women responding to our survey indicated that a majority considered that providing information is the responsibility of the NHS (86.9%), GPs (62.2%), and the Scottish Government (51.0%). 44% of respondents also considered that it should be part of the school curriculum. They had mainly accessed information from websites (77.1%), personal GPs (47.6%), friends and family (34.2%), and social media (22.6%). Respondents considered that the best way to get information is through websites (80.4%), booklets and leaflets (54.2%), individual consultation (48.5%) and public education campaigns (radio, TV) (47.3%).

Quality

While there was a desire for more information earlier, women also indicated dissatisfaction with conflicting messages and advice, with almost half of respondents receiving confusing information, or being unable to find the information they needed. When asked about their views on the information, only 18% considered the information available was 'about right'. The most frequently chosen descriptions were that the information told them different things (42.9%), did not answer their questions (38.5%) and was useful but difficult to find (35.57%).

The literature review reinforced this message, with studies showing poor quality of information available, lack of information about alternative treatment and symptom alleviation,[8] inaccessible information for learning disabled women or women from

8 Alfred, A., Esterman, A., Farmer, E., Pilotto, L., Weston, K., (2006) Women´s decision making at menopause.

ethnic minorities.[9] These studies further described the content as contradictory, confusing or not relevant, the latter particularly for women with induced or early menopause.[10]

Menopause Services:

Provision of existing healthcare support

The majority of respondents agreed that NHS Scotland should provide specialist services and invest in recruitment and training for clinicians. The preliminary research identified seven health boards that indicated a menopause clinic or specialised services for women going through the menopause on their websites. Of our survey respondents, 71.4% had sought out care from a doctor, nurse or other health professional but 40% were not satisfied with the attention they received. Only 40 participants (15.3%) knew about the availability of specialist menopause services.

Quality of support

Just under 60% of women suggested they did not feel supported by medical professionals, which was higher than those who did not feel supported by their employers or friends and families. Responses indicated belief that respondents considered that health professionals do not know enough about psychological symptoms such as problems with concentration, memory, anxiety or depression. Several respondents indicated dissatisfaction with male clinicians.[11] Participants mentioned a fear of wasting GPs time because they had more pressing issues to deal with. Others suggested that more and better-trained professionals are needed, and that GPs did not know enough about the variety of symptoms and experiences of the menopause, especially psychological symptoms and the perimenopause. Some also indicated that GPs were overly focused on treatments such as HRT or antidepressants without listening to the participants or discussing their medical history, personal

9 Harrison, T., Becker, H., (2007) A Qualitative Study of Menopause Among Women With Disabilities. Available at: https://doi.org/10.1097/01.ANS.0000271103.57290.6e; Willis, D.S., (2008) A decade on: What have we learnt about supporting women with intellectual disabilities through the menopause? Available at: https://doi.org/10.1177/1744629507086604.

10 Alfred, A., Esterman, A., Farmer, E., Pilotto, L., Weston, K., (2006) Women´s decision making at menopause. Australian Family physician 35, 270–272; Thewes, B., Meiser, B., Rickard, J., Friedlander, M., 2003. The fertility- and menopause-related information needs of younger women with a diagnosis of breast cancer: A qualitative study. Available at: https://doi.org/10.1002/pon.685.

11 Seven of 127 qualitative responses mentioned a male clinician, however three also expressed dissatisfaction with treatment they had received from a female clinician.

concerns, beliefs or preferences. Some suggested that this might be because GPs do not know enough about alternative treatments and self-management options.[12]

These themes were backed up by the literature review, which suggested a need for more time, knowledge and change in attitudes within healthcare provided for menopausal women. There is a clear preference within the full research for tailored care that considers each woman´s individual needs and preferences over one-size-fits-all attention, with time constraints in consultations a commonly cited barrier to adequate care.[13] Other studies suggest that there can be a lack of empathy[14] displayed by healthcare professionals, and that negative opinions about hormone replacement therapy (HRT) or herbal alternatives[15] and minimisation of concerns (especially those related to psychological symptoms),[16] paternalistic attitudes or ignoring women´s opinions can be a factor when prescribing treatments.[17]

Control and improvement

Although some women in our survey expressed that they would prefer the professionals to make, or partially make, decisions for them, most voiced the need to be actively involved in decisions regarding treatment, with the most frequent improvement suggested being a call to be listened to. Other needs included more time in consultations, more training and information and more joined up services and specialist care. A desire for more information about HRT was a common theme, as was greater access to female GPs and a strong desire for "more understanding" from clinicians.

12 For example, "Dismissive of menopause as an issue worth discussing. Dismissive of symptoms and impact on life - and therefore on health" Response #116/Q32; "Only offer anti-depressants, insist I'm too young to go on HRT" Response #6/Q32; "Told I was too young for symptoms; antidepressants suggested; took 3 years to be prescribed HRT" Response #60/Q32.

13 Duffy, O.K., Iversen, L., Aucott, L., Hannaford, P.C., (2012) Factors associated with resilience or vulnerability to hot flushes and night sweats during the menopausal transition. Available at: https://doi.org/10.1097/gme.0b013e31827655cf; Armitage, G.D., Suter, E., Verhoef, M.J., Bockmuehl, C., Bobey, M., (2007) Women's needs for CAM information to manage menopausal symptoms. Available at: https://doi.org/10.1080/13697130701342475.

14 Duffy, O.K., Iversen, L., Aucott, L., Hannaford, P.C., (2012) Factors associated with resilience or vulnerability to hot flushes and night sweats during the menopausal transition. Available at: https://doi.org/10.1097/gme.0b013e31827655cf.

15 Cumming, G.P., Currie, H., Morris, E., Moncur, R., Lee, A.J., (2015) The need to do better – Are we still letting our patients down and at what cost? Available at: https://doi.org/10.1177/2053369115586122.

16 Walter, F.M., Emery, J.D., Rogers, M., Britten, N., (2004) Women's views of optimal risk communication and decision making in general practice consultations about the menopause and hormone replacement therapy. Available at: https://doi.org/10.1016/j.pec.2003.11.001.

17 Hvas, L., Reventlow, S., Malterud, K., (2004) Women's needs and wants when seeing the GP in relation to menopausal issues. Available at: https://doi.org/10.1080/02813430410005964.

Menopause in the workplace:

Engaging with managers

Just over half (50.9%) of respondents felt uncomfortable speaking to their managers about the menopause and a lack of understanding among managers, especially male managers, was cited as a reason, with respondents also calling for guidance for managers to support their employees. Respondents frequently identified a need for more education, legal protections and HR policies in qualitative responses.

Previous studies of British women report that almost 40% agreed or strongly agreed that their performance at work had been negatively affected by menopausal symptoms such as poor concentration and poor memory.[18] Several respondents however suggested that they were dissuaded from talking to their manager about their needs in workplaces due to a fear of being judged, being seen as less capable or due to embarrassment, suggesting that stigma continues to act as a barrier to adjustments that would improve women's wellbeing at work.[19] A significant number of responses indicated they would be less inclined to discuss their workplace needs where there was a male manager.[20]

Availability of support

There was broad support for menopause policies within workplaces, with 87.4% indicating that they thought that workplaces should have a menopause policy, but only 11 respondents (3.7%) were aware of their own workplace having one, and 21.7% were unsure if their workplace had such a policy. Among those who were working or had experienced the menopause while working, only 46 respondents (15.3%) knew about the existence of workplace policies. Furthermore, only 4 described the purpose of the policy. In response to the question "What would help you manage your menopause symptoms (if you´ve had them) while you´re at work" the most common responses included access to fans and temperature control, breaks in workdays and flexible working, and greater mental health and wellbeing support.

18 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. Available at: https://doi.org/10.1097/GME.0000000000000751; 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. Available at: https://doi.org/10.1097/GME.0000000000000751.

19 E.g. Response 157/Q49: "There's a feeling that males don't go through it so it's a female weakness".

20 56 of 250 responses mention male managers or the sex / gender of managers.

Other

Our research follows studies[21] which indicate a trend for women feeling isolated and unsupported by friends, family, co-workers, managers and health professionals throughout peri- and post-menopause. Many cite a trivialisation of menopausal symptoms and their impact on women´s lives. As a consequence, women may avoid asking for help out of fear of being labelled as an "attention seeker" or having their concerns dismissed or taken as a joke.[22]

The combination of sexism and ageism is particularly potent around menopause,[23] with menopause frequently linked to aging and negative prejudices about illness, competence and attractiveness[24] which were demonstrated in respondents' experiences of discussions with managers, clinicians, family and friends. While responses did indicate these concerns, it is important to mention that not all women felt negative stigma around the menopause, and several indicated that they perceive it as either a neutral or positive transition.[25] Women with this view also appear to associate the menopause with the relief and liberation of not having the risk of pregnancy and loss of periods or becoming wiser.[26]

Analysis of responses indicated common physical or psychological manifestations such as "tiredness", "hot", "exhaustion", and "anxiety". They also provided descriptions linked with emotions, such as "confusion", "sadness", "isolation", "frustration", "fear" and "embarrassment" and with concepts such as "old", "change", "life-changing" and "natural". Around half suggested that their friends and family support or supported them during the menopause but the number of respondents that felt supported by clinicians and managers was significantly lower. The most common reasons for a lack

21 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. Available at: https://doi.org/10.1016/j.maturitas.2017.04.011.
22 Griffiths, A., MacLennan, S.J., Hassard, J., (2013) Menopause and work: An electronic survey of employees' attitudes in the UK. Available at: https://doi.org/10.1016/j.maturitas.2013.07.005.
23 See for example Response #22/ Q22: "female thing, not given priority"; Response #166/Q22: "Something for old ladies".
24 Bellot, E., Rouse, N., Hunter, M.S., 2018. Reclaim the Menopause: A pilot study of an evidence-based menopause course for symptom management and resilience building. Post Reprod Health 24, 79–81. Available at: https://doi.org/10.1177/2053369117752087.
25 See for example Response #195/Q21 "Liberation, fun, wellbeing, joy, happy", responding to "Please describe with 5 words your thoughts, feelings, attitudes or ideas about the menopause".
26 Sethi, K., Pitkin, J., (2000) British-Asian women's views on and attitudes towards menopause and hormone replacement therapy.

of support from friends and families included their own lack of understanding, stereotypes and the view that menopause was "a bit of a joke".[27]

RECOMMENDATIONS

Engender's view is that despite more frequent discourse, this research indicates that the menopause continues to be highly stigmatised and under-provided for. There is a chronic stigma imbued with sexism and ageism, a lack of knowledge and public awareness which prevents health professionals and society from adequately supporting menopausal women. Comprehensive healthcare training and services are needed, while more workplace policies could be a simple action to improve conditions for menopausal women in Scotland.

The research supports adopting a bio-psycho-sociocultural approach to menopause care and support which values physical, psychological, social and cultural factors at play, meaning that full life-course and cultural considerations could be better integrated into information, advice and support. The research also identifies a need for greater access to specialised care, including longer appointments with knowledgeable, empathetic, and opened-minded health professionals to discuss their doubts and preferences about their own menopause. Engender also agrees that the subject of menopause should not be confined to an overly-medicalised approach and that policy in this area should be joined up, holistic, intersectional and person-centred.

Building on this initial research, we suggest that there is a need to:

- Collect and utilise further data, especially from underrepresented groups, when designing services. An intersectional approach to service design and delivery is a critical element of meeting women's needs.
- Develop comprehensive training for GPs and other healthcare professionals about the menopause, and non-specialist services should be adapted to provide longer appointments and space for women to describe their experiences.
- Specialist services should be scaled up and equally available across health boards, with particular consideration on the need to travel for support.
- Undertake further comprehensive research into workplace menopause policies and their effectiveness, to develop best practice.
- The menopause should be considered in all Scottish Government policies which cover health, employment, public space, and inclusion.

27 See Response #102/Q26: "Not fully understand the impact just think it is a bit of a joke. Need evidence-based info from a reliable source.".

Failure to account for the health and participation of midlife and older women shows clearly that our health services, workplaces and social expectations are not designed with women in mind. This exclusion from public consciousness directly influences the ways in which spaces and services are designed to work for men to the exclusion of women and considerations of gender equality.

The Women's Health Plan, proliferation of new workplace HR policies and the Fairer Scotland for Women gender pay gap action plan represent welcome first steps to addressing the visibility of this gap in provision and information, however Engender would wish to see greater and wider-ranging consideration of the needs of peri- and post menopausal women across the breadth of Scottish policymaking.

FOR FURTHER INFORMATION
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ABOUT US
Engender is a membership organisation working on feminist agendas in Scotland and Europe, to increase women's power and influence and to make visible the impact of sexism on women, men and society. We provide support to individuals, organisations and institutions who seek to achieve gender equality and justice.