



# Menopause and Menstrual Health at Work

EIS Guidance for Members and Reps

**eis**  
The Educational  
Institute of Scotland

# Foreword

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*Equality Committee Convener*



I am delighted to introduce the “EIS Menopause and Menstrual Health Guidance”, a necessary addition to the suite of Equality guidance available to EIS members.

In the past, women were stigmatised, ostracised and, in some cases, institutionalised because of poorly understood symptoms of menopause, menstrual health or hormonal imbalances. Women were seen as hysterical; as having problems with their ‘nerves’; as being unreasonable and difficult. We have moved on from then but we have not moved on far enough.

Women still endure stigma and shame as a result of menopause and menstrual symptoms. Women still feel they should conceal what is happening to them and discuss it only in whispers with trusted sisters and colleagues. Women still struggle in workplaces where there is little or no support for the impact of menopause and menstruation.

For some women, menopause and menstruation can have minimal impact on their health and wellbeing. However, for many more, the opposite is the case.

And we cannot forget that whilst menopause and menstrual health symptoms are predominantly experienced by women, they can also be experienced by non-binary people and transgender men.

Menopause and menstrual health are equality issues and the negative impact they can have on members is a pressing issue in a workforce where women are in the majority. Our profession is made up of almost 80% women, after all. Menopause and menstrual health are most definitely workplace issues.

As the largest teacher trade union in Scotland, it is vital that the EIS supports and champions the menopause and menstrual health of its members and also their right to be in workplaces which are supportive and caring in this regard.

This guidance is for you, whether you are someone who experiences menopause or menstruation, someone who works with those who do, and/or are an EIS Rep. Our hope, in the EIS, is that this guidance will start conversations; support negotiation of workplace policies; build supportive workplaces; help end the stigma associated with menopause and menstruation; and contribute to creating a society in which one no longer experiences direct or indirect discrimination as a result of menstrual health.

And to all those out there who struggle in any way, great or small, with the health and wellbeing impact of menstruation or menopause, you have the full support and solidarity of the EIS.

# Introduction

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*“Being a fifty-something primary teacher is a challenge every day. Heavy sweats, leaking bladder and foggy memory are just the beginning. One minute you are focused and laughing and the next you feel flattened, and good luck concentrating! This is the life of a woman struggling every day because your body is changing, and we have no control. You sometimes feel that the whole world is against you, yet you are still expected to, and push yourself to, perform to the highest standards.”*

Menopause and menstrual health are workplace issues that have important equality and health and safety considerations. Unfortunately, workplaces continue to lose highly skilled, dedicated and experienced workers due to a lack of understanding and provisions to support them to stay in work. <sup>1</sup>

The menopause and menstrual health symptoms referred to in this guidance are predominantly experienced by women but can also be experienced by non-binary people and transgender men. This guidance is intended to be useful for members, Reps and those with management responsibilities in supporting any member who presents symptoms associated with menopause and menstrual health issues or changes that impact their working lives. Furthermore, the guidance provides suggestions for steps that can be taken to proactively foster more inclusive workplaces for workers who experience menopause and menstrual health.

All workers, including those affected by menopause and menstrual health issues deserve to experience respectful, supportive and fair working conditions, that offer the Fair Work dimensions of respect, effective voice, fulfilment, security and opportunity. The guidance provides an overview of the impact of menopause and menstrual health in the workplace and offers advice on how to support members.

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1 The Fair Work Framework for Scotland describes Fair Work as work that offers all individuals an effective voice, opportunity, security, fulfilment and respect. [www.fairworkconvention.scot](http://www.fairworkconvention.scot)

# Menopause and menstrual health issues

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*“Last week I taught my class hunched over the desk, as the spasms were unbearable at times. When the relief of lunch came, I spent twenty minutes in the toilet and the rest of it lying on the floor of an office. This is not just a bad day, but a cycle which, for many people, repeats itself every 28 days.”*

Menopause and menstrual health issues negatively affect a significant number of EIS members, and disproportionately affects women members. Most workplaces, including educational establishments, are not structured with workers with health issues in mind. This can result in significant barriers to fair and equitable work and contribute to occupational ill health.

Improving awareness and understanding of menopause and menstrual health is an essential first step in reducing stigma, facilitating greater organising around members needs in this area, and improving access to support.

Menopause and menstrual health issues impact both physical and mental health and can be debilitating. Symptoms may include temperature dysregulation, irregular periods, headaches, palpitations, anxiety, memory loss, loss of confidence, muscle and joint stiffness, sleep deprivation and many more. Workers experiencing these symptoms may not be aware that this is related to menopause and menstrual health, or that they can access support for these conditions.

There are several menopause and menstrual health issues that may affect workers, including:

**Endometriosis** is a chronic condition where tissue similar to that in the lining of the womb is present elsewhere in the body forming cysts and clots, commonly causing pain and bleeding, fatigue, and heavy periods. It is found to affect around one in ten women and can also cause infertility and gastrointestinal issues.

# “ Menopause and menstrual health issues impact both physical and mental health ”

**Neurological issues** – Hormonal health issues can be associated with neurocognitive issues, such as brain fog and cognitive dysfunction, as well as other neurological conditions such as hormonal migraines which can be debilitating.

**Medical or surgical menopause** describes when menopause symptoms are triggered by surgery or medical interventions, for example a hysterectomy.

**Menopause** describes a process of declining oestrogen levels, associated with the natural process of ageing. It is typically diagnosed when a person has not had a period for 12 consecutive months. In the UK, the average age to reach menopause is 51, however it is found that around 1 in 100 women experience menopause before 40 years of age. Some people also experience surgically induced menopause, or changes to oestrogen levels due to medical interventions or treatments (see above).

**Mental health** – Hormonal dysregulation or changes can significantly impact mental health, with symptoms including anxiety, depression and sleep disturbance.

**Perimenopause** describes a period of symptoms that can start up to five years before the onset of the menopause, and can involve irregular periods, mood changes, difficulty concentrating, vaginal or bladder problems, hot flashes and sleep problems.

**Period problems** can involve pain before or during the period, heavy periods, irregular periods, menstrual flooding and stopped or missed periods.

**Premenstrual syndrome, or PMS** is linked to hormonal changes occurring sometime in the two weeks before a period and can include mood swings, headaches, fatigue, bloating, body aches, irritability and depression.

**Premenstrual dysphoric disorder** is a severe form of PMS causing emotional and physical symptoms that can be very distressing.

**Polycystic ovary syndrome** can cause irregular periods, fertility problems, and increased production of testosterone.

# Legal and policy framework

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## **The Equality Act (2010)**

The Equality Act (2010) provides an important legal context for trade unionists to organise for members rights and needs when they experience menopause and menstrual health issues.

The Act designates age, disability, gender reassignment and sex as part of a list of 'protected characteristics', which are explicitly protected from discrimination. These 'protected characteristics' may be present and relevant in menopause and menstrual health issues.

For example, discrimination on the grounds of menopause can amount to direct or indirect discrimination under the Equality Act (2010) as it is predominantly experienced by women (**sex**) over the age of 51 (**age**) and can in some cases be considered a **disability**.

Employers have a legal duty to prevent discrimination. Workers experiencing menopause and menstrual health should not be placed at a disadvantage or treated less favourably.

## **Health and safety**

The Health and Safety at Work Act (1974) sets out employers' duties to ensure a safe working environment, protecting workers' health and welfare.

As part of the Act, employers have a legal duty to carry out risk assessments and make reasonable adjustments to prevent occupational ill health. Risk assessments should address health and safety concerns that may arise from menopause and menstrual health issues. For example, lack of access to regular toilet breaks can increase the risk of reproductive or urinary infections, and workplace stress can significantly worsen symptoms.

Members in certain roles may be less able to access toilet breaks, than others. Members should be aware that if they have menopause or menstrual health issues, these should be included as part of health and safety risk assessments.

# Reasonable adjustments

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*“The reality is taking time off every month would lead to several distressing absence management meetings where I would have to disclose the intimate issues that I am facing.”*

Despite the legal and policy protections available, there continues to be a gulf between policy and practice. This guidance endeavours to provide relevant advice to help members bridge this gap and take action to improve working conditions for those members experiencing menopause and menstrual health issues.

As referenced above, there are cases in which menopause and menstrual health issues can be considered a disability. This is when the physical or mental impairment has a substantial, adverse and long-term (this usually means 12 months or longer) impact on the person’s ability to carry out normal day-to-day activity. In these cases, the employer has a legal obligation to make reasonable adjustments.

The duty to make reasonable adjustments describes the responsibility of the employer to make changes to the way work is structured, remove barriers and / or provide extra support to make work more accessible to a disabled worker.

The duty applies when the employer is aware or could reasonably be aware that a worker has a disability. There is no requirement for a formal diagnosis in order to request a reasonable adjustment or for this to be granted.

It is important to note that not everyone will have the same experience of their menopause and menstrual health issues, and that experiences may change over time. Employers should take proactive steps when making adjustments. Workplace policies and cultures should foster a supportive environment where workers are valued, and not expected to compromise their comfort, health and wellbeing to accommodate inflexible workplace practices.



**Overall, the following are examples of policies and practices that could be considered:**

Awareness and understanding

- Members, Reps and line managers access training on the importance and value of reasonable adjustments.
- Processes for accessing reasonable adjustments are as accessible as possible to ensure that stigma and barriers to engagement are reduced.

Accessibility and flexibility

- Consider adjustments to duties or workplace settings where possible, for example allocating a classroom close to sanitary facilities.
- Flexible working arrangements could be offered, which should include provisions for increased frequency and flexibility of breaks, flexible deadlines, and flexible working patterns including home working, where possible, for non-teaching related tasks.
- Adjusting start and finish times where possible may be beneficial to colleagues who, for example, have disturbed sleep patterns due to their symptoms.
- Professional dress codes that allows for wearing comfortable clothing to mitigate against the impact of, for example, bloating or swelling.
- Some councils offer up to five days off per year for menopause related reasons as part of their policy. Members who have a disability may be more prone to short term absences than members who are not disabled. In some cases, employers should make adjustments to their attendance management policy to agree a level of 'tolerance' for additional absences related to a disability. Members are encouraged to seek support from their Trade Union Rep if they are concerned about absences related to a menopause or menstrual health issue. LA and Branch Secretaries may wish to bring the issue up at local negotiation, if there is no policy allocating time off for menstrual health or menopause related reasons.

**“ Some adjustments should be implemented as standard, to facilitate inclusive workplaces. When supporting a member, care should be taken to ensure interventions respond to the member’s individual needs and that they are subject to regular review. ”**

#### Implementation and review

- Reps and line managers are prepared to have open discussions about menopause and menstrual health issues, treating this in a sensitive and confidential manner and having regular follow up meetings and dialogue as required.
- Records are kept of any adjustments agreed and actions to be implemented, with regular reviews arranged to ensure that mitigation measures are adhered to.
- Members are signposted to other sources of support, including Occupational Health and Access to Work, as required.

Below are some suggestions for reasonable adjustments that can be requested to mitigate against the impact of specific groups of symptoms. Some adjustments should be implemented as standard, to facilitate inclusive workplaces. When supporting a member, care should be taken to ensure interventions respond to the member’s individual needs and that they are subject to regular review.

- **Hot flushes** – employers could offer fans in the workplace, provide access to open windows, and consider how best to regulate the temperature of working environments to accommodate employees experiencing hot flushes.
- **Menstrual issues** – workplace policies should include arrangements that enable workers to take toilet breaks when required, including during teaching time. Sanitary products should be provided free of charge, and access to showers, changing rooms and washing machines where possible.
- **Mental health** – hormonal health issues can be worsened by stress. For some conditions, hormonal fluctuations can also impact feelings of overwhelm which can impact the ability to organise workload at certain points (in some cases, the week before a period is due). Furthermore, the impact of stigma as well as ongoing ill health can contribute negatively to wellbeing. Stress risk assessments should be conducted, adjustments agreed and plans put in place to minimise the impact of stress. Workers should be supported and encouraged

# “workers may benefit from connecting with others who are experiencing similar menopause and menstrual health issues”

in their work, to mitigate against the impact of anxiety or loss of confidence arising from their condition. For example, workers may benefit from connecting with others who are experiencing similar menopause and menstrual health issues and provisions for time should be given to enable those who wish to, to come together. Workers may also benefit from open communication with line managers with regards to flexibility to supporting management of symptoms when they flare up.

- **Neurological issues** – workplaces could offer adjustments such as screen protectors, alternatives to overhead lights, providing material in writing and providing additional time to carry out tasks.
- **Physical health** – Menopause and menstrual problems may contribute to a number of physical health issues, for example gastrointestinal issues, muscle loss, osteoporosis, anaemia, heart disease, oral issues. Risk assessments should include these factors and ensure support is available, including for timely accessing medical appointments to manage conditions.

Members are encouraged to seek out your Local Authority policy on Menopause and Menstrual Health. Your local EIS Equality Representative may be able to assist you. You can find their contact details on <https://www.eis.org.uk/contacts/equal-rep-contacts>.

If you are experiencing difficulty in accessing reasonable adjustments, contact your local Trade Union Representative.

# Equality considerations

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It is not expected that members, Reps, or line managers should be specialists in menopause and menstrual health, or on how these issues might intersect with other conditions or experiences. Members should be encouraged to seek appropriate specialist advice and/or medical advice and support. It may also be helpful to consider that some workers may have intersecting experiences.

The significant lack of knowledge, understanding and investment in health issues that predominantly affect women continue to disadvantage women members, impacting their access to Fair Work.<sup>1</sup>

Menopause and menstrual health issues are important equality matters affecting a wide community of people. A one size approach does not fit all. It is important to consider the circumstances of each individual member who experiences symptoms; to avoid making assumptions; and to offer tailored approaches in a supportive manner. For example, some members may be less inclined to feel comfortable to discuss issues surrounding menopause and menstrual health, with men.

- **BAME workers** - Stress, including minority stress caused by racism, can worsen menopause and menstrual health issues. Furthermore, experiencing discrimination at work might mean BAME members are less likely to feel comfortable in seeking support for hormonal health-related issues.
- **Disabled workers** - are more likely to have conditions that can be worsened by menopause and menstrual health issues. Disabled people are also at risk of experiencing discrimination and workplace barriers to accessing reasonable adjustments. This can also impact stress, which in turn can worsen symptoms.
- **LGBT workers** - may experience homophobia, biphobia and transphobia which can worsen the symptoms of menopause and menstrual health issues. Such experiences in the workplace would also pose a barrier to disclosing and seeking support.

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- **Older women workers** - are more likely to experience age related ill health that can be exacerbated by menopause symptoms and are also at risk of experiencing age and gender related discrimination. This is explored further in the EIS Guidance on Supporting Older Women in the Workplace. <sup>2</sup>
- **Transgender workers, non-binary workers and intersex workers** - may experience discrimination at work and may therefore not want to disclose menopause and menstrual health issues if this would also disclose them as transgender, non-binary or intersex. Workers who access hormone replacement therapy may experience hormonal fluctuations or changes with significant symptoms. Transgender men and non-binary workers assigned female at birth, may experience menopause symptoms if they have not surgically or medically transitioned. Transgender, non-binary and intersex workers' experiences of hormonal, menopause and menstrual health vary greatly, and support should therefore be tailored and flexible. Further advice on supporting transgender workers can be found via the STUC. <sup>3</sup>

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2 <https://www.eis.org.uk/Content/images/equality/Gender/Supporting%20Older%20Women%20in%20the%20Workplace.pdf>

3 <https://www.eis.org.uk/policiesandguidance/stuc-trans-workers>

# Organising for inclusive workplaces

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*“Disappointingly, the first time I visited my GP she offered me anti-depressants. Perseverance and control of the rage was required to get the right support for me. I would reassure anyone that these symptoms can improve and you can get you back to feeling like yourself if you find the right support.”*

Far too often, issues that predominantly affect women, are treated as private or individual, undermining workers’ ability to organise. Inclusive workplaces recognise menopause and menstrual health as occupational health issues and equality issues.

Misdiagnosis, underdiagnosis and late diagnosis remain ongoing challenges in addressing the impact of menopause and menstrual health issues on workers. It is important that workplaces foster an inclusive and empowering environment for workers to discuss health issues that affect them, in order that symptoms can be identified as early as possible and supports put in place.

Consider:

- Negotiating for the provision of reputable training for staff including senior leadership.
- Identifying changes that can be made to working processes, to allow for greater flexibility.
- Ensuring workplace policies are up to date.
- Talking openly about hormonal issues and menopause and spread awareness of relates issues and their impact in the workplace.
- Gathering members’ experiences of menopause and menstrual health to raise the profile of the issue and to negotiate for change to benefit the workforce, now and in the future.

# Closing statement

**Andrea Bradley**  
*EIS General Secretary*



Schools, colleges, universities and all establishments that provide education are workplaces for teachers, lecturers, support staff and wider group of professionals employed to teach, nurture and support students.

As workers in Scotland's education establishments, all staff- the majority of them women- are legally entitled to health and safety protections at work and are protected from discrimination and unfair treatment by the provisions of the Equality Act.

All education staff in Scotland- of whom 80% in the school sector are women- are also supported by the Scottish Government's Fair Work Framework which commits public sector employers and encourages private sector employers, to ensure respect, security, opportunity, fulfilment and effective voice for their employees.

On paper, the law and government policy in Scotland combine very well to ensure that the specific needs of women education professionals are intentionally considered and fully taken account of in all aspects of the design and delivery of education provision, from the physical environment (temperature control and ventilation of teaching and office spaces, and accessibility of bathrooms across

buildings, for example) to the configuration of workplace policies (flexible working arrangements, supportive absence management policies, for example) that are fully inclusive of the diverse needs of women staff and which at the very least do not cause detriment as a result of health, safety and wellbeing needs arising from gender or sex.

But we know that there is still some distance to travel on the road to gender equality and the eradication of sex discrimination in society and in our workplaces.

Pressing on for stronger support of women workers – as well as for those workers who are non-binary or transgender men - in managing menstrual health and menopause at work is a must-do. Both are almost universally experienced by women as a physiological inevitability. Education establishments as workplaces therefore ought to be in principle, and need to be according to the stated provision of the law and government policy, fully women's menstrual health and menopause friendly. This is even more of a no-brainer considering the gender demographic of educators in Scotland.

Health, safety, equality and crucially, dignity, at work for women educators when it comes to menstrual health and

menopause must be a given, with the ethos, substance and implementation of workplace policies wholly aligned with this premise.

I am proud that the EIS continues to push forward on women's health, safety and wellbeing at work. As ever, as a Union committed to the promotion of sound learning and the benefit of teachers, we are clear that teachers' and lecturers' working conditions are students' learning conditions.

When it comes to gender equality and menstrual health and menopause-friendly workplaces, women teachers' and lecturers' working conditions are the learning conditions of our girls and young women.

To get it right for them, we need to get it right for our women members at all times, including when they work through menstruation and the menopause; to take another stride away from baked-in misogyny and towards true gender equality and fair work for all.

# Resources

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Equality and Human Rights Commission: Menopause Workplace Guidance

[www.equalityhumanrights.com/guidance/menopause-workplace-guidance-employers](http://www.equalityhumanrights.com/guidance/menopause-workplace-guidance-employers)

EIS Guidance: Supporting Older Women in the Workplace

[www.eis.org.uk/Content/images/equality/Gender/Supporting%20Older%20Women%20in%20the%20Workplace.pdf](http://www.eis.org.uk/Content/images/equality/Gender/Supporting%20Older%20Women%20in%20the%20Workplace.pdf)

NHS Inform Menstrual Health Resource

[www.nhsinform.scot/healthy-living/womens-health/girls-and-young-women-puberty-to-around-25/#periods-and-menstrual-health](http://www.nhsinform.scot/healthy-living/womens-health/girls-and-young-women-puberty-to-around-25/#periods-and-menstrual-health)

Menopause Matters UK

[www.menopausematters.co.uk](http://www.menopausematters.co.uk)

Queer Pause

[www.lgbthealth.org.uk/community-groups/queerpause](http://www.lgbthealth.org.uk/community-groups/queerpause)



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