

WOMEN'S REPRODUCTIVE HEALTH ISSUES

Why are women's reproductive health issues a workplace issue?

Women are roughly half of the UK workforce and 65% of public sector employees. As the UK's leading public service trade union for women, UNISON is determined to ensure that working women have all the information they need to be healthy and safe at work.

For some women, reproductive health issues can cause particular difficulties at work and may even lead to discriminatory action by employers, yet it's not something we usually talk about.

UNISON reps support members through capability procedures or when they ask for reasonable adjustments to enable them to work. However many managers can be ignorant of or unsympathetic about conditions that affect women. Workplace sickness absence policies often use inflexible trigger levels that don't take account of these issues, setting off formal procedures that could ultimately lead to an unfair dismissal.

Raising awareness in the workplace

The following table outlines some of the reproductive health issues that women can face. Raising awareness of these issues among both employers and employees is a crucial step for ensuring that policies such as capability and sickness absence avoid discriminatory positions.

- **Cervical cancer**

In the UK, just under 1,000 women die from cervical cancer (or cancer of the cervix at the entrance to the womb from the vagina) every year. It is caused by the Human Papilloma Virus (HPV) which can be passed on through any type of sexual contact with a man or a woman. It often has no symptoms in its early stages, so screening (commonly referred to as a smear test) is very important in order to detect it at an early stage or before it develops. It is usually possible to treat using surgery if diagnosed at an early stage, but may also require radiotherapy and chemotherapy. Women of all ages can develop cervical cancer, but the condition mainly affects sexually active women aged between 30 and 45.

- **Breast cancer**

About 1 in 8 women are diagnosed with breast cancer during their lifetime but if detected early, there is a good chance of recovery. Therefore it is important for women to check

their breasts regularly for any changes and always get any changes examined by their GP. The first noticeable symptom is usually a lump or area of thickened breast tissue. As the risk of breast cancer increases with age, all women who are 50 to 70 years old are invited for breast cancer screening (mammographic screening or mammograms) every three years. If cancer is detected at an early stage, it can be treated (with surgery, radiotherapy and chemotherapy) before it spreads to nearby parts of the body.

- **Infertility**

Around one in seven couples may have difficulty conceiving. This is approximately 3.5 million people in the UK. Common causes of infertility in women include lack of regular ovulation (the monthly release of an egg), blockage of the fallopian tubes and endometriosis. Types of fertility treatment available include: medical treatment for lack of regular ovulation; surgical procedures – such as treatment for endometriosis; assisted conception – which may be intrauterine insemination (IUI) or in-vitro fertilisation (IVF). Some types of infertility treatment can cause complications, including side effects of medication, increased risk of ectopic pregnancy, multiple pregnancy and stress.

- **Endometriosis and Adenomyosis**

Endometriosis is the condition where cells like the ones in the lining of the womb (uterus) are found elsewhere in the body. Each month these cells react in the same way to those in the womb, building up and then breaking down and bleeding. Unlike the cells in the womb that leave the body as a period, this blood has no way to escape. It is a chronic and debilitating condition that causes painful or heavy periods. It may also lead to infertility, fatigue and bowel and bladder problems. Around 1.5 million women in the UK are currently living with the condition. Endometriosis can affect all women and girls of a childbearing age, regardless of race or ethnicity.

Adenomyosis is a similar condition to endometriosis where endometrial tissue grows within the wall of the uterus and responds to the hormonal changes each month causing severe pain. Prevalence is not known as diagnosis is difficult and symptoms are usually managed by hormonal treatments.

- **Fibroids**

Fibroids are benign (non-cancerous) tumours. They grow on or in the muscle layer of the uterus. They are 2-3 times more common in Black women and tend to be larger and more numerous. Heavy menstrual bleeding is the most common symptom. Other symptoms include anaemia, pain, and pressure on adjacent organs.

- **Premenstrual Syndrome (PMS)**

PMS is a chronic condition experienced by menstruating women that is characterised by distressing physical, behavioural and psychological symptoms that regularly recur during the luteal phase of the menstrual cycle (from ovulation to the onset of a period) and that disappear or significantly diminish by the end of the period (menstruation). Common psychological and behavioural symptoms are: mood swings, depression, tiredness, fatigue

or lethargy, anxiety, feeling out of control, irritability, aggression, anger, sleep disorder, food cravings. Common physical symptoms are: breast tenderness, bloating, weight gain, clumsiness, headaches.

- **Other menstrual disorders**

For the majority of women menstruation is a natural process that doesn't present difficulties. However, the menstrual cycle can be affected by a number of conditions that may cause discomfort or concerns for female employees. Problems include amenorrhea (absent menstrual periods), menorrhagia (heavy menstrual periods), dysmenorrhea (painful menstrual periods).

- **Post-natal depression (PND)**

Some new mothers develop PND, which is much more severe than mild 'baby blues' after having a baby. Many women experience this severe depression without recognising it or realising that it is a treatable illness. Symptoms can start soon after giving birth and last for months or, in severe cases, they can persist for more than a year.

- **Miscarriage**

A miscarriage is the loss of a pregnancy during the first 23 weeks. Women can take anything from a few days to a few weeks to recover physically from a miscarriage. The main sign of a miscarriage is vaginal bleeding, which may be followed by cramping and pain in your lower abdomen. It is believed that one in five pregnancies ends in miscarriage. The majority of miscarriages cannot be prevented and are mostly a one-off event. Most women go on to have a successful pregnancy in the future. On rare occasions, miscarriages happen because the pregnancy develops outside the womb, known as an ectopic pregnancy. This is potentially serious as there is a risk the woman could experience internal bleeding.

- **Menopause**

The menopause is a natural stage in a woman's life, usually happening between the ages of 45 and 55, marked by changes in the hormones and the ending of menstruation. Symptoms can include hot flushes, palpitations, headaches, night sweats and sleep disturbance, fatigue, poor concentration, irritability, mood disturbance, skin irritation and dryness. Women can also experience urinary problems with recurrent infections or a need to pass urine more often, heavy, irregular periods for a time and vaginal discomfort.

Further information:

NHS Choices information on women's health.

www.nhs.uk/chq/Pages/category.aspx?CategoryID=60

Women's Health Concern is a charitable organisation that aims to help educate and support women with their healthcare by providing unbiased, accurate information.

www.womens-health-concern.org

Bargaining checklist for a best practice approach

For the employer there is a clear financial benefit in adopting policies that consider the needs of their women employees, particularly in order:

- to retain experienced and valued staff;
- to help staff manage their conditions and thereby reduce the likelihood of long-term sickness absence;
- to help avoid potentially discriminatory treatment, particularly of disabled employees, pregnant women, older women, or trans people (who may decide to undergo medical or surgical procedures for gender reassignment).

UNISON reps should consider negotiation of:

- Time off (ideally paid) for medical screening, on-going treatment and check-up appointments to manage conditions that are not recorded as sick leave;
- Encouragement of female staff to have regular check-ups for HRT treatment, family planning issues, cervical and mammogram cancer screening etc;
- Training of line managers to be aware of gender-specific health conditions and what adjustments may be necessary to support women at work;
- Adoption of flexible sickness absence procedures that do not penalise women staff for time off for gender-specific health conditions;
- Provision of guidance on gender-specific illnesses and conditions in the workplace, and in wider occupational health awareness campaigns so that everyone knows that the employer has a positive attitude to the issues;
- Provision of an option for women employees to speak confidentially about their condition to someone from human resources or from an employee assistance programme, particularly if their line manager is male;
- Flexible working hours or practices in order to deal with their symptoms and screening required;
- Inclusion of women's health issues in workplace risk assessments;
- Involvement of both men and women in relevant decision-making bodies and in monitoring and reviewing of related processes.

Further information:

Gender, safety and health – a guide for safety reps

This guide is available from the UNISON online catalogue, stock number 1982

Menopause and work guide for UNISON safety reps

This guide is available from the UNISON online catalogue, stock number 3075

www.unison.org.uk/onlinecatalogue

If you have any further queries about any of the issues raised in this factsheet, please contact UNISON Bargaining Support Group at bsg@unison.co.uk