

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. Cervical cancer is not thought to be hereditary. In 99.7% of cases, cervical cancers are caused by persistent infections with a virus called high-risk human papillomavirus (HPV). HPV is a very common virus transmitted through skin to skin contact in the genital area. Around four out of five sexually active adults (80%) will be infected with some type of HPV in their lives. However, for the majority of women this will not result in cervical cancer. 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.

- **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 and adenomyosis are chronic and painful conditions where cells from the lining of the womb (the uterus) are deposited in other parts of the body instead of being lost during menstruation. These cells continue to change in size and bleed in response to a woman's normal menstrual cycle. This can affect bowel, bladder and kidney function, and cause pain in joints and bleeding from the sites where cells are. The impact is more than gynaecological, particularly if other organs are affected.

Endometriosis is the second most common gynaecological condition in the UK. It affects more than 1.5 million women in the UK beyond puberty, regardless of age, ethnicity and reproductive history.

- **Fibroids**

Fibroids are small benign tumours that grow on the walls of the womb, inside and out, and can range from a single growth to multiple. For most women they give no cause for concern and grow unnoticed. But, for others, the genetic disorder can mean heavy and painful periods and lead to fatigue and anaemia. In the worst cases, it can make conceiving more complicated, cause infertility and increase the risk of miscarriage. Black women suffer disproportionately from fibroids and are three to five times more likely to develop them than white women.

- **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 the mild 'baby blues' after having a baby, around three to 10 days after giving birth which it is natural to feel after experiencing childbirth and becoming a parent. Around 10 to 15% of new mothers experience a severe and longer-term depression that has a big impact on how they live their lives, and many do not recognise it or realise that it is a treatable illness. PND usually develops within six weeks of giving birth and can come on gradually or all of a sudden.

- **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;
- Undertaking of equality impact assessments of workplace policies to ensure they take into consideration women's reproductive health.

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

- **Women's health issues – raising awareness**

Available to download from www.unison.org.uk/women

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