

# **INSIGHT PACK**

**WOMEN: FROM MENOPAUSE  
INTO LATER LIFE**

# INTRODUCING OUR AUDIENCE

## OUR AUDIENCE

The focus of this insight pack is on women from menopause through to later years (age 45+), in relation to sport and physical activity and factors affecting how active they are in later life.

Women are not a homogeneous group and their values, attitudes, behaviour and health will differ on a range of factors in addition to age, such as; race, lifestyle, social background, disability, some of which will be covered in this pack.

## WHEN DOES LATER LIFE BEGIN?

**The Chief Medical Officer's** guidelines for physical activity define an older adult as someone aged **65 or older** – when the risk of certain long term conditions and frailty tends to increase, and the types of activity recommended begin to change (DoH, 2011).

**Sport England's** Active Ageing work focuses on individuals aged **55 and up**, starting from the point where participation in physical activity tends to decrease (Sport England website).

**Women aged 45 are not generally considered yet to be in 'later life'. Women in Sport research indicates that menopause, which women can experience at this age, is a natural time of reappraisal. This presents the opportunity to engage women in sport and exercise to take with them into later life, as this is when they start to experience physical, psychology and emotional changes.**

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# AGEING AND LIFE EXPECTANCY IN THE UK

## THE UK POPULATION IS GETTING OLDER

- Between 2007 and 2017, the population age 65+ has increased from 15.9% to 18.2%<sup>1</sup> - almost 12 million people – 6 million women.
- Within 10 years there has been an increase of 1 million women aged 65 and over.<sup>2</sup>
- By 2040, it is estimated that nearly one in four people, 24.2%, will be aged 65.<sup>3</sup>
- In 50 years projections of an additional 8.6 million people aged 65+ – a population roughly equivalent to the size of London.<sup>2</sup>

## PEOPLE ARE LIVING LONGER BUT NOT HEALTHIER LIVES

- Women live on average 3.6 years longer than men.
- Life expectancy in the UK is: 82.9 years for women, 79.2 years for men.<sup>4</sup>
- Life expectancy is projected to reach 88.9 years for women and 86.4 years for men in 2066. A projected increase of 6.0 years for females and 7.2 years for males over the 50-year projection period.<sup>5</sup>
- But as life expectancy increases, time spent in poor health has also increased.<sup>6</sup>

## PEOPLE ARE WORKING LONGER LATER IN LIFE

- **By 2022**, the number of people in the workforce aged 50+ will have risen to **13.8 million**.<sup>7</sup>
- Increases to the State Pension Age (SPA) have had a significant impact on the labour market, with more people needing to work for longer.<sup>8</sup>
- The average age of retirement has increased. For men is 65.1, while for women it is 63.9 years old.<sup>9</sup>

1. Office for National Statistics (2018) [Overview of the UK population: November 2018](#).
2. Office for National Statistics (2018) [Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics](#).
3. Office for National Statistics (2015). National Population Projections for the UK, 2014-based.
4. Office for National Statistics. (2018). [Living longer](#).
5. ONS, (2017) [Past and projected data from the period and cohort life tables, 2016-based, UK: 1981 to 2066](#).
6. Public Health England (2017) [Research and Analysis, Chapter 1: life expectancy and healthy life expectancy](#)
7. Government Office for Science (2015) [Future of an ageing population: the current and future contribution of older workers](#).
8. Age UK (2016) [Working Later, Waiting Longer. The impact of rising State Pension age](#).
9. Department of Work and Pensions (2018). [Economic labour market status of individuals aged 50 and over, trends over time: October 2018](#).

# MENOPAUSE AS A GATEWAY TO LATER LIFE

The menopause is a natural part of the ageing process for women. It is the point at which women's periods stop and their ovaries lose their reproductive function as oestrogen levels decline.

- Most women will go through menopause between the ages of 45-55. The average age is 51.
- Almost **5.1 million women** are of this age.
- **1 in 100** women will experience premature menopause before 40. <sup>1</sup>
- Hormone changes **can last 4-8 years and have significant impact on women's lives**. 1 in 10 women will experience symptoms for up to 12 years.
- 8 out of 10 women will experience side effects, including; **hot flushes, tiredness/fatigue, poor concentration and low confidence**. <sup>2</sup>
- Women spend a significant proportion of their lives in post-menopause. Chronic conditions that women are at increased risk of developing include; **osteoporosis, cardiac disease and breast cancer**. <sup>3</sup>

## 8 out of 10 women going through the menopause are still in work.

- Menopausal women are currently the fastest growing demographic in the workforce. <sup>4</sup>Enabling women who are of menopausal age to continue working full-time, as effectively as possible, will become increasingly important.
- Over 40% of 45-55 year old women responding to a survey (n.900) reported their menopausal symptoms negatively affected their work performance. <sup>5</sup>
- The majority of women feel uncomfortable disclosing menopause-related health problems to line managers, most of whom are men or younger than them. <sup>6</sup>

1. NHS Online. [Overview: menopause](#)

2. NHS online. [Symptoms: menopause](#).

3. Sasser et al (2005). [Economic burden of osteoporosis, breast cancer, and cardiovascular disease among postmenopausal women in an employed population](#).

4. Brewis, J et al (2017) [The effects of menopause transition on women's economic participation in the UK Research report](#). Government Social Research.

5. Griffiths, A., MacLennan, S. & Vida Wong, Y.Y. (2010). *Women's Experience of Working Through the Menopause*. The British Occupational Health Research Foundation

6. <http://www.fom.ac.uk/wp-content/uploads/Guidance-on-menopause-and-the-workplace-v6.pdf>

# **LET'S GET PHYSICAL**

**THE IMPORTANCE OF PHYSICAL ACTIVITY**



# HEALTHY AGEING?

Although we have a growing and ageing population who are expected to live longer, there is considerable variation between how much of that will be spent in good health due to social background, disability and gender.

The number of years of life expected to be spent without a disability or in good health is referred to as 'healthy life expectancy'.

## THE WHO, WHAT AND WHY

**Healthy life expectancy** has not increased at the same rate as life expectancy.

**Men = 16.2 years in poor health and women = 19.2.**<sup>1</sup>



Women spend a smaller proportion of their lives **in good health** due to living longer.<sup>2</sup>



The gap between those living in areas of lowest and highest healthy life expectancy is **19 years for women and 17 years for men.**<sup>3</sup>



1. The Kings Fund (2018) What is happening to life expectancy in the UK? <https://www.kingsfund.org.uk/publications/whats-happening-life-expectancy-uk>
2. Ibid
3. Office for National Statistics. [Health State Life Expectancies: UK, 2013–2015.](#)



# HEALTHY AGEING?

## THE WHO, WHAT AND WHY?

Three key reasons for declining health are;

1. **Disease** (much of it preventable)
2. **Loss of fitness**
3. **Negative beliefs** and attitudes about growing older. <sup>4</sup>

Our ageing population has an increasing amount of illness and disabilities, such as arthritis and back pain. <sup>5</sup>



Inactivity in later life is expected to cost the NHS an extra £1.3 billion by 2030. <sup>6</sup>



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4. UK Active (2018) [Reimagining Ageing](#).  
5. Ibid  
6. Sport England (2019) [News and features webpage: Pilot aims to get older people active](#)

# THE BENEFIT OF BEING ACTIVE IN LATER LIFE

There is now a robust evidence base to show that physical activity not only adds years to life but also adds life to later years. The evidence base has been used to form the basis of physical activity recommendations or guidelines in many countries including the UK. <sup>1</sup>

UK Guidelines: [Start Active Stay Active report](#). Specific guidelines for over 65's for the first time, based on evidence showing they have different needs to younger adults. <sup>2</sup>

65+

There is strong evidence to show that regular physical activity has important preventive effects for the key *physical* diseases such as cardiovascular disease, stroke, type 2 diabetes and especially important for women; breast cancer, even into old age. <sup>4</sup>

Loss of muscular strength occurs in later life, the rate can be up to 2-3% per year. Including activities that will maintain and build up strength is crucial to continuing daily activities, including having fun playing games with grandchildren. <sup>6</sup>

1. Stathi et al (2014) Promoting physical activity in older adults: A guide for local decision makers. Avon Network for the Promotion of Active Ageing in the Community.
2. Department of Health, (2011) [Start Active. Stay Active](#).
3. Brown, W.J., et al., Physical activity and all-cause mortality in older women and men. British Journal of Sports Medicine, 2012. 46(9): p. 664-668.
4. Booth et al (2012) [Lack of exercise is a major cause of chronic diseases](#). Comp Physiol. April, 2012 2 (2): 1143-1211.
5. Stathi et al (2014) Promoting physical activity in older adults: A guide for local decision makers. Avon Network for the Promotion of Active Ageing in the Community.
6. Ibid



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Regular exercise also has positive mental health benefits with evidence to show that it can prevent deterioration through clinical depression, dementia, Alzheimer's as well as improving cognitive function. <sup>5</sup>



It is never too late to experience benefits in being active. Reduction in risk of early death and new disease has been recorded in people in their late 70s and early 80s. <sup>3</sup>



1. Stathi et al (2014) Promoting physical activity in older adults: A guide for local decision makers. Avon Network for the Promotion of Active Ageing in the Community.
2. Department of Health, (2011) [Start Active. Stay Active.](#)
3. Brown, W.J., et al., Physical activity and all-cause mortality in older women and men. British Journal of Sports Medicine, 2012. 46(9): p. 664-668.
4. Booth et al (2012) [Lack of exercise is a major cause of chronic diseases.](#) Comp Physiol. April, 2012 2 (2): 1143-1211.
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6. Ibid

# THE BENEFIT OF BEING ACTIVE IN LATER LIFE

- **Menopause can make women more at risk of osteoporosis** (weakened bones) due to reduced levels of oestrogen as well as other conditions such as, **diabetes, stroke and heart disease**.<sup>1</sup>
- **Regular exercise** can help prevent or manage these conditions and improve health and wellbeing in a number of ways.<sup>2</sup>
- **Strengthening muscle and stopping bone decline** can help to prevent osteoporosis and provides strengthening benefits for women who already have osteoporosis.
- **Increasing cardiorespiratory function** reduces the risk of high blood pressure, stroke and heart disease.
- **Improving balance** prevents falls in later life.
- **Managing weight:** Weight gain can be associated with declining hormone levels as well as the ageing process, however it can be managed with regular exercise and a healthy balanced diet.
- **Feeling good!** Some women may experience anxiety in menopause and beyond. Being active can help to transfer this into positive energy, improving mental health.
- **Managing side effects:** May help manage hot flushes, energy levels and other side effects of menopause.

# **INACTIVITY IN LATER LIFE**

**WHAT IS HAPPENING?**

# LEVELS OF INACTIVITY BY AGE FOR ALL ADULTS

**Start Active, Stay Active** recommends adults aged 19-64 should participate in at least 150 minutes of moderate intensity activity per week. The same applies to those over 65 too, although more guidance may be needed.

150 minutes of moderate intensity activities or 75 minutes of vigorous intensity activities can be spread across the week. For inactive adults, any moderate activity will be of benefit and the focus should be on building up intensity and amount gradually rather than aiming for too much too soon.

**INACTIVE = LESS THAN 30 MINUTES MODERATE TO VIGOROUS INTENSITY ACTIVITIES PER WEEK.**

**ACTIVE = AT LEAST 150 MINUTES MODERATE TO VIGOROUS INTENSITY ACTIVITIES PER WEEK.**

- Until age 55 there is no real difference in levels of inactivity
- After 55 there is a marked increase in levels of inactivity
- After 75 there are two large increases.

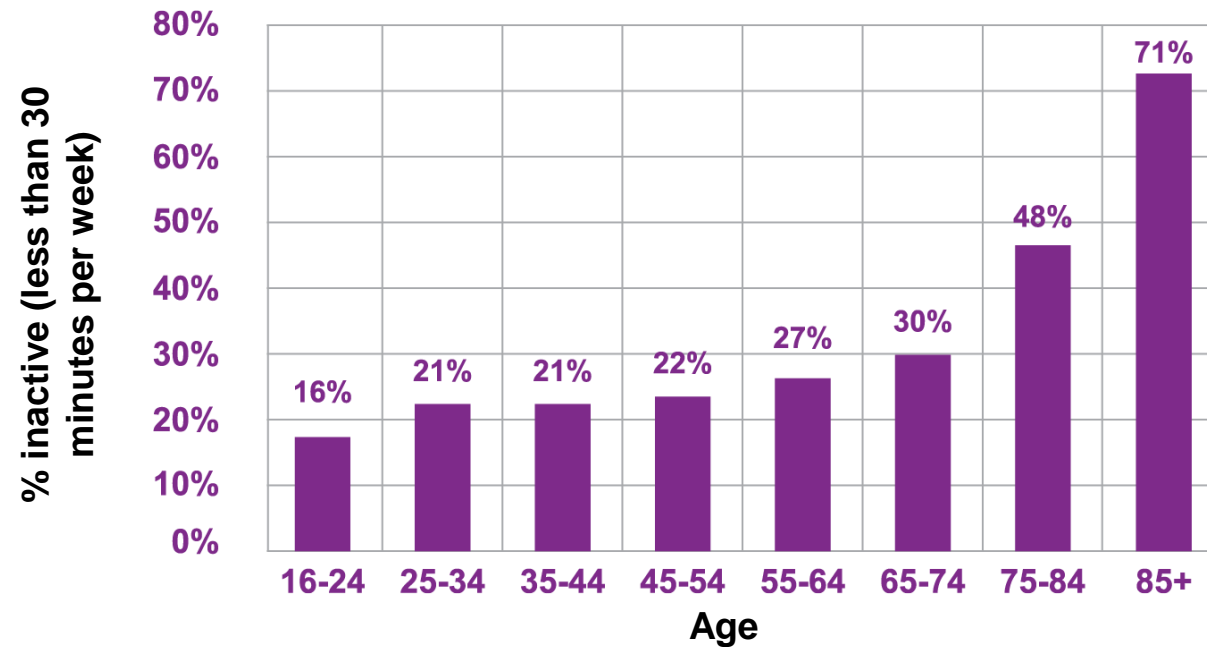
Base: All respondents 16+

Sources: Sport England (2018) Spotlight on Older Adults and their Relationship with Sport and Physical Activity. Active Lives Adult Survey, November 2016-2017

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# LEVELS OF INACTIVITY BY AGE FOR ALL ADULTS

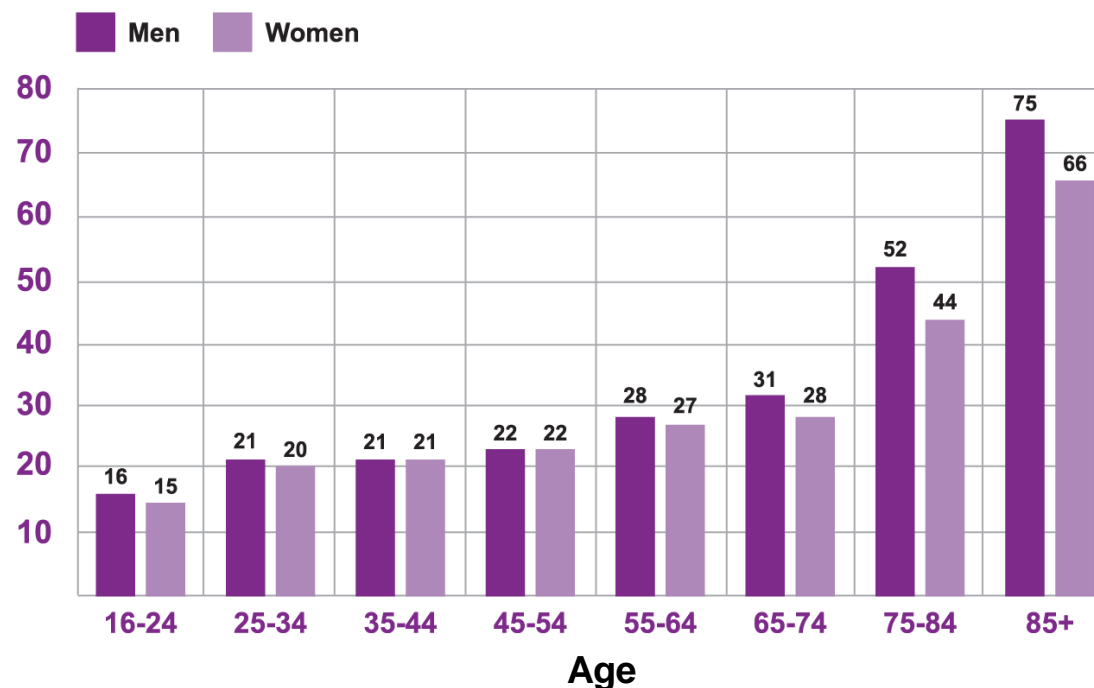




# INACTIVITY BY AGE AND GENDER

- Inactivity levels start to become more noticeable for both genders from 55 onwards.
- The gap between men and women starts to widen with a larger percentage of women becoming inactive from 65 onwards and increases further from 74 and then again at 85.
- For women, working status does not have much of an impact on inactivity levels until over the age of 75.
- Just over a third of women still working full or part-time are inactive compared to over half of women who are retired or not working in the 74-85 age category.

% inactivity levels by age and gender



# INACTIVE WOMEN, AGE AND DISABILITY

## KEY FINDINGS

- 40% of women aged 55 and over have a disability.
- Women with a disability are twice as likely to be inactive as non-disabled women.
- A much higher proportion of inactive disabled women are likely to do no activity at all compared to non-disabled women (73% vs 46%).
- This highlights that chronological age should not be the only factor to be taken into account when considering activities and services.

**28%** of non-disabled women over 55 are inactive (**compared to 26% of non-disabled men**)

### OF THOSE WOMEN

**46%** = no activity whatsoever  
**47%** = light activity  
**7%** = some activity but not enough



**56%** of women with a disability over 55 are inactive (**compared to 50% of disabled men**)



### OF THOSE WOMEN

**73%** = no activity whatsoever  
**21%** = light activity  
**5%** = some activity but not enough

# **UNDERSTANDING MORE ABOUT WOMEN IN LATER LIFE**

**WOMEN IN SPORT INSIGHTS**

# COMPLEX VALUES SYSTEM

- Women in Sport's Understanding Women's Lives research (2015) uncovered six core values which show how women want to spend their time and energy.
- Older women, women with a disability or health condition and women going through menopause indicate different values as their number one.

Women going through menopause top value was **FEELING GOOD**. (Menopause research 2018)

Women aged 55+ with a disability or health condition indicated that their top value was; **FEELING GOOD** (GOGA research 2017)

The number one priority for women aged 55-75 is **NURTURING FRIENDS AND FAMILY**. (Silver Linings research 2017)



# SILVER LININGS: ENGAGING WOMEN IN SPORT IN LATER LIFE (2017)

Qualitative research with women aged 55-75 to better understand their relationship with sport and physical activity in later life.

## KEY BARRIERS



- Low self-efficacy and self-confidence; fear not being able to keep up or of embarrassing themselves.
- Lack of cues to be active; lack of relatable role models.
- Lack of positive messaging; needs to focus on the fun aspects of being active rather than focusing on disease prevention.

## KEY MOTIVATORS



- Feeling good value in later life becomes about maintaining good health with exercise able to support this important value.
- Less structure with a renewed sense of purpose and ways to spend time, such as;
- Spending time with friends / family.
- Developing new skills or revisiting old ones.
- Volunteering / supporting others.

## KEY OPPORTUNITIES



- **Ageing as a catalyst:** Retirement, personal illness and / or death of someone close all present opportunities for change.
- **Renewed purpose and belonging:** Taking part and trying new activities can help women redefine themselves and feel part of something through a time of change in their life.
- **Good for me:** Women recognize that they 'should' be more active and want to feel good about themselves.



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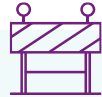
## KEY RECOMMENDATIONS TO SPORT / PHYSICAL ACTIVITY PROVIDERS

- **ENGAGE:** Make activities social and / or offer activities where women can spend time with family, including grandchildren, taking into account the importance of nurturing friends and family value.
- **REASSURE:** Clearly communicate the activity level needed to help women choose activities that are right for them with positive, reassuring instructors.
- **SUPPORT:** Market to local community groups, introduce loyalty schemes and create social groups (e.g. Whatsapp) to encourage regular attendance.

# MENOPAUSE AND ME PHYSICAL ACTIVITY (2018)

Mixed-method research including survey and focus groups with women aged 45-60 going through menopause or in post-menopause.

## KEY BARRIERS



- Menopause symptoms affected most survey respondents. Over two thirds said symptoms had moderate to severe impact on their quality of life.
- Low confidence in ability to exercise: perceptions of themselves as weak, fragile and prone to injury.
- Social withdrawal – women fear judgement and being labelled incapable so do not enter sport / fitness environments.

## KEY MOTIVATORS



- Take back control of life post-menopause.
- To help with menopause symptoms / improve long-term health.
- Redefine themselves as healthy.
- Improve quality of life.
- More me-time.

## KEY OPPORTUNITIES



- Menopause is a time of natural reappraisal for women making behavior change more likely.
- 30% of women surveyed said they were less active during menopause BUT 84% wanted to be more active.
- 90% would consider physical activity if recommend by a GP or health professional.

# MENOPAUSE AND ME PHYSICAL ACTIVITY (2018)

Mixed-method research including survey and focus groups with women aged 45-60 going through menopause or in post-menopause.

## KEY RECOMMENDATIONS TO SPORT / PHYSICAL ACTIVITY PROVIDERS

- **EMPOWER:** Make women feel that sport and physical activity can offer a new beginning and meet a strong desire to focus more on themselves, giving them me time.
- **BUILD CONFIDENCE:** Share real stories of women like them to reassure them that activities are suitable for them and that they know what to expect before attending. Provide information and clear guidelines on safe activities they can do.
- **DEMONSTRATE EMPATHY AND UNDERSTANDING:** Reassure women that you understand their needs, e.g. let them know it is ok to miss sessions if they need to.
- **ENCOURAGE SOCIAL SUPPORT:** For example incentivise friends to be active together.

# ME, NOT MY AGE OR IMPAIRMENT (2018)

Qualitative research with inactive women aged 55+ nearly all of whom had a disability or life limiting health condition. This research formed part of the Get Out Get Active (GOGA) programme, which supports disabled and non-disabled people to take part in fun and inclusive activities together.

## KEY BARRIERS



- **Social isolation:** Women have few enablers and positive influencers in their lives.
- **Disability / health conditions:** Create extra challenges to travel to and attend activities.
- **Financial challenges:** Women in lower socio-economic areas have limited or no spare money for paid activities.
- **Physical activity is new:** Women have low confidence and fear being judged.

## KEY MOTIVATORS



- **Feeling good:** Desire to be more active and awareness of the link with positive mental health.
- **Friends and family:** are important to women.
- **Achieving goals:** Women to manage or improve their health condition or disability.

## KEY OPPORTUNITIES



- **Trigger:** The experience of 'getting older' or a particular health condition can trigger participation.
- **Enjoyment:** Majority of inactive women identified the benefits of physical activity - with many also believing they might enjoy it!

# ME, NOT MY AGE OR IMPAIRMENT (2018)

Qualitative research with inactive women aged 55+ nearly all of whom had a disability or life limiting health condition. This research formed part of the Get Out Get Active (GOGA) programme, which supports disabled and non-disabled people to take part in fun and inclusive activities together.

## KEY RECOMMENDATIONS TO SPORT / PHYSICAL ACTIVITY PROVIDERS

- **Vary group sizes:** Smaller groups may be more appealing to inactive women as less intimidating.
- **Utilise buddy schemes:** For women without social support networks these can be a great way to encourage and support participation in activities.
- **Link to family time:** Include activities that enable different generations to be active together as well as using family members to encourage and support participation.
- **Be inclusive & accessible:** Offer as much information as possible to help women gauge it's suitability given their physical capabilities and travel arrangements.
- **Be relevant:** Many women do not identify with marketing referencing older women or disabled images.
- **Use goal setting:** Provide a pathway to achievement to help offer a focus beyond the day to day challenges.



# **INITIATIVES AND CASE STUDIES**

# FITNESS INITIATIVES

- [Project ACE \(Active, Connected, Engaged\) from University of Bath, Medical Research Council, Lifelong Health & Wellbeing \(LLHW\)](#) – The LLHW project uses volunteers to encourage older adults to get out and about more in their communities.
- [Silverfit](#) – Charity led by older people for older people. Promotes exercise and physical activity for health and wellbeing and to combat social isolation.
- [Fit After Cancer Treatment](#) – Programme set up by Greater Sport and inspired by Farida Anderson, a woman who was diagnosed with cancer at age 50.
- [Move it or Lose it](#) - Fitness classes that have been developed by experts to help people improve flexibility, agility, aerobic health, balance and strength. Offer some chair based exercise classes.
- [Team Phoenix Foundation](#) – Women who have had a breast cancer diagnosis can take part in a six month tailored group programme, culminating in a sprint triathlon. Aims to bring the mind, body and soul back together following diagnosis and treatment.

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# FITNESS INITIATIVES

- [Menohealth](#) - Set up by Julie Robinson, each session combines talking therapy and exercise to combat menopause-related health problems.
- [Fit Lab: Menopause Magic](#) – A four week course aimed at women starting who are perimenopausal or going through the menopause. Each week combines an information session followed by an exercise class.
- [Meno&Me](#) – Run by Jane Dowling who uses her own experience of menopause and fitness experience to support women through information, individual and group sessions.
- [Meno-gise](#) – Yoga / pilates infused classes run by Samantha Valand in Edinburgh. Also provides information on her website and can run individual sessions for women going through the menopause.
- [Burrell Education: Third Age Woman Certification](#) – Online training for fitness / health coaches looking to expand their knowledge of peri-menopause / menopause and how to work with their clients at this stage in life more effectively.

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# PROFILES AND CASE STUDIES

## Profiles of women in later life from Sport England:

- 'Elaine': Age – 45-54 category
- 'Brenda': Age 45 – 64 category
- 'Norma': Age 55-64 category

## Case Studies from Women in Sport research:

- Margaret (68) – Women in Sport 'Silver Linings' (p.10)
- Diane (59) – Women in Sport 'Silver Linings' (p.14).
- Jane (56) – Women in Sport 'Menopause, Me & Physical Activity' (p.14).
- Amanda (50) – Women in Sport 'Menopause, Me & Physical Activity' (p.15).

# RELEVANT SOURCES & REPORTS

## Later life

- [Department of Health, \(2011\) Start Active](#), Stay Active Government report from the four UK Chief Medical Officers that gave specific guidance for adults aged over 65.
- [UK Active \(2018\) Reimagining Ageing](#). Report exploring the implications and opportunities presented by an ageing population for the physical activity sector, and how transformation can be achieved through collaboration, innovation, investment, and political support.
- [Avon Network for the Promotion of Active Ageing in the Community \(2014\) Promoting physical activity in older adults: A guide for local decision makers](#). Report representing one of the outcomes of a 12-month collaborative network in AVON (AVONet) which aimed to identify best practice in physical activity strategies for later life.
- AGE UK – fact sheet: [https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later\\_life\\_uk\\_factsheet.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/later_life_uk_factsheet.pdf)

# RELEVANT SOURCES & REPORTS

## Menopause

- **Reports** - [Government Social Research \(2017\) The effects of menopause transition on women's economic participation in the UK Research report](#)
- [The Work Foundation \(2017\) More than 'women's issues': Women's reproductive and gynaecological health and work.](#)
- [National Institute for Health and Care Excellence \(NICE\) \(2015\) NICE Guideline – Menopause: Diagnosis and management](#) – NICE guidelines on menopause for Health professionals.
- **Websites** - [British Menopause Society](#): Provide education, information and guidance to healthcare professionals specialising in all aspects of post reproductive health.
- [Menopause Matters](#): Website providing information about the menopause, menopausal symptoms and treatment options.
- [Daisy Network](#): Charity for women who are going / gone through premature menopause.
- [My Menopause Doctor](#): Website by Dr Louise Newson for women going through menopause as well as health professionals.



# RELEVANT SOURCES & REPORTS

## Health and illness

- [Department of Health \(2016\) Health Matters: Getting Every Adult Active Every Day](#) – Links between health and activity / inactivity levels in the UK broken down into different categories.
- [Maddams, J., Utley, M. and Moller, H. \(2012\) Projections of Cancer Prevalence in the United Kingdom: 2010-2040', British Journal of Cancer.](#)  
Article presenting the growth of cancer in the UK and how the needs will need to be met in the future.
- [Breast Cancer Now](#): Breast Cancer research charity that Women in Sport worked with on our Breast Cancer and exercise research (published late 2019).

# RELEVANT SOURCES & REPORTS



## Women in Sport resources- in order of reference

- Women in Sport (2015) Understanding Women's Lives: Re-designing and re-positioning sport and physical activity to engage women. <https://www.womeninsport.org/wp-content/uploads/2017/10/Understanding-Womens-Lives.pdf?x99836>
- Women in Sport (2017) Silver Linings. Understanding women's relationship with sport and physical activity in later life. <https://www.womeninsport.org/research-and-advice/our-publications/silver-linings/>
- Women in Sport (2017) Menopause, Me and Physical Activity. <https://www.womeninsport.org/research-and-advice/our-publications/menopause/>
- Women in Sport (2018). Me, not my age or impairment. Engaging women with a disability or life limiting health condition in later life. <https://www.womeninsport.org/research-and-advice/our-publications/not-age-impairment/>



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