Episode 15: Nighat Arif: The Knowledge Your Guide to Female Health - From Menstruation to the Menopause

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SPEAKERS

Joyce, Nighat

Joyce 00:02
Welcome to my podcast. Why didn't anyone tell me this? With my guests we are discussing health issues with an emphasis on reproductive health, answering questions you may have and debunking some of the myths around our health. And today we are talking tonight Nighat Arif, the knowledge Your Guide to female health for menstruation to the menopause, which is the title of her new book, which we will be discussing and I've just finished reading it and I loved it. Now get is a GP specializing in women's health, family planning and menopause care with over 15 years experience in the NHS, and she runs her own private practice. Now she is the resident doctor on BBC Breakfast and ITV this morning, so you've probably seen her on TV. And she's also a radio presenter at BBC BBC three counties, as well as an ambassador for wellbeing of women and a member of the UN back team Halo initiative. She is the honorary recipient of the 2023 she awards for her work around women's health. And her new book, The Knowledge everything you need to know for menstruation to menopause is out very soon. I think by the time this podcast goes out, it will be released. So hi, NuGet how are you?

Nighat 01:22
Hi, Joyce. Thank you so much for having me.

Joyce 01:24
I'm really looking forward to our chat today. Now I normally start asking people about their career and how they have become what they've become. And you've become a hugely successful doctor. So what inspired you to want to become a doctor?

Nighat 01:42
What inspired me to become a doctor was actually my own family doctor. And I arrived in the UK at the age of nine. And I was the first person in my family being the eldest to learn English because I got sent off to school. And I remember in Pakistan, I was discouraged from going to school and having to really

fight especially with my grandmother, who was always scared I would get kidnapped because the local school to us in our village was about a two mile walk. And so when I came here, my dad said to me gone you can go to school, I thought it balloon like nine year old nuggets mind, I can go to school for free. And when I learned English, I started translating for my mother. And obviously she came to the UK, for her to learn English was really difficult. And now in hindsight, I think she was finding it really hard to adapt in this wet, damp country. And Dr. Rachel Firth was my family GP. So we would see her for vaccinations, but also my mother was having periods, she was going through all the women's health stuff, she was having breast pain, and God forbid, you know, sadly, miscarriages. And it's then that I realized I really like her as she so four years down the line, she ended up being a trainer and a tutor and a dear family friend. But I think it's like you find role models along the way. And she was my role model. But also, I was given the gift of free education. And I thought, well, I've got something I'm going to run with it.

Joyce 03:11
That's lovely. I love it when we've got a role model. And that's so important in our for our young girls that are coming up now. They need to see especially female role models, that they can see that that could be them in the future. So that's wonderful. And before we go on to talk about your book, you started working on social media back in 2019, which really wasn't that long ago, and you wanted to break myths. And I loved your quote that you want people to look after yourself in the best possible the best way possible. So you can lead a long, healthy and happy life. That's such a wonderful quote. Tell us about your experience with social media and are there highs and lows.

Nighat 03:54
There my experience with social media essentially started out of necessity. We were heading towards the pandemic. And I started initially with me wanting to learn and at that time I use Twitter more than anything and there's med Twitter as Joyce you know, you're very much part of that conversation on med Twitter. And the conversation around that area was always about women's health. But I never saw my South Asian women or black women as a conversation of menopause. The BBC were doing something called wake up to the menopause, which is when I came across you for the first time as part of that conversation. And it was really a sounding board for my colleagues to say actually, I'm seeing Asian women not complain of hot flushes all the time, but it's head to toe pain. Is that something that you've noticed because the four classical symptoms of menopause was hot flashes, nights wax, feeling cranky, and maybe finding that you know your the other symptom that they would always say is your mood changes or loss of joy and A mental health type symptoms, but it wasn't really the other associated symptoms that we now know of. And when BBC Breakfast said would you like to come on that was really the instigator that gave me the confidence to say, Oh, actually, maybe I do have some of my clinical stuff that I do, which is my bread and butter, but other people are interested in it, the pandemic hit. And the same conversations were happening because now that GP doors were closed, there was this new novel virus, which none of us knew about, we were all really scared, I was shielding with my son at home, he's had a liver transplant. And so I was acutely worried for my son, because obviously, he's an immunosuppressant. But also worried for my patients who are now at home homeschooling, managing their heavy periods, managing painful periods, managing their menopausal symptoms, as well as now trying to do everything from lockdown. And I thought, What's the best and quickest way? Well, Tiktok was around at the time. And my sister said to me, nobody's going to watch

things about Dr. vaginas on a lap where everyone is dancing, and thinking, and I just thought, no, no, I think there is a real space for this. So I started making content actually, in different languages. So in Punjabi and Urdu, and I would put that with English subtitles, because 1516 year olds who are on the app, they will see something that probably they recognize the language but don't know what I'm saying. Because there is a there's a real disconnect and knowing your mother tongue, and actually go No, but my grandmother might have vaginal atrophy symptoms, or endometriosis is something that runs in my family and this woman is talking about this. So I say I became more famous through WhatsApp because it was after locked down. I was trundling along in Sainsbury's. And this Pakistani woman followed me through different aisles, we landed in the aisle that had lots of cottage cheese. And I thought either she's a patient, which is going to tell me about discharge that is very similar to and she goes to me, oh, Doctor, if we are family love you, you're in our WhatsApp group. And we share videos of you in Punjabi, but also the English ones as well. And it's really made the conversation easier. So there were huge highs from the social media aspect, because the best thing was, was that he was able to get through to 1000s and 1000s of individuals, but not just in the UK across the world. The downside was was because this was all very relatively new. And at the time, there weren't that many doctors on social media specifically talking about women's health. So I got a lot of backlash mainly from other individuals who are not used to seeing a woman with a hijab. This also translated on to TV as well, it was because suddenly, people saw Oh, my goodness, women with her jobs are really quite vocal, and they want to know about their health, they want to talk about sex openly. They want to talk about their periods without shame and stigma. So I got a lot of stick at the start from my community going Sister, can you please talk about this indoors? And then also from, you know, mainstream media going, Oh, my God, women with her job exist? And I'm like, yeah, there's roughly about 2 million women in the UK, who wear some form of headcovering. But yet you just don't see them in mainstream media. So it's been a real sort of learning curve. For me.

Joyce 08:30
The work you've been doing is absolutely fantastic. Like, you've probably heard people say, it's, I think you've been very brave. Because as you say, even for, you know, other other people, we're we, you know, we don't like saying the word vagina or vulva, it's, you know, everyone has a problem. But I think in your communities, I think it's even more stigmatized. So your work is so so essential, because we, as we're going to discuss, that it's so essential for people to understand the female body, how it works. We are a little bit complicated, as we're going to discuss now. Yeah, we are and we should embrace it for sure. So I loved your wonderful book. It covers some of the topics that I've covered in my book as well. We were having a chat before you came on. I loved it. When I read it. It's so accessible, and you're breaking so many of the myths and it's got wonderful illustrations. And then as I was reading, I thought, Oh, my books so complicated, because I did sort of the deep science I, I do lots of references. I had this vision that everyone would want to do what I do and read more in depth about it, and then I read yours and I thought, yeah, I could. I couldn't really imagine this in every school. It's so accessible for the 14 year old girl, younger girl and boys to dip into and to learn about their body. I think it's absolutely fantastic.

Nighat 10:00
So that is so because I'll let you into confession, you were the one person as I was writing this having followed your work from 2019. And and beyond, I was thinking, if academic, you know, women's health

experts such as you could really sort of find the ethos because it's hard because it was something as I was writing, it was either too much detail that I didn't want to switch off my readers, or it will be not enough for colleagues and contemporaries to go or why she written something that is not enough detail. But equally, I was trying not to patronize my younger audience, because I really wanted to use proper medical terms, but write it in a way where they don't feel that it's, it's childish, because a lot of the puberty books out there around women's health and, you know, the teenage years, I feel that they're kind of doodles on pictures, and not really representative, whereas I wanted to just be really frank and go, Well, here's a picture of all the pads. And this is what bleeding looks like. Here's a picture of all the pads and this is what discharge will look like on a pad. And that sort of came from the fact that I wish I had something like this when I was younger. And it wasn't doodly and no have to hide it under my bed. So my mother wouldn't see it. I just wanted to be very matter of fact, and I suppose grown up in a way to start the conversation. And I'm so pleased that you liked the illustrations, because the illustrations took a long time. But the lovely, Liliana who did all of the illustrations,

Joyce 11:36
well done. No, they're absolutely wonderful. And no, I think your book is absolutely I do, I think it's brilliant, and very much needed. And you may have heard me say I started writing my book in 1987, when I started in this field, and it's amazing that you and I have to write this book, these books. Now we're in the 2020s. And we are still not educating young people, anyone. And this is you know, basic biology. And it's it, I'm sure you feel as frustrated as it. But listen, we're on that we're on a mission. And we're on the way. And I love your quote you say that several times in the book, I see you. And I love that. That's that's, that's absolutely brilliant. Now we will talk about we'll go back to score schools in a moment. You have talked about the issues I think minorities have and removing these barriers. And as you said, you know, it's even more stigmatized in societies such as this and access for all. Can you tell us more about the issues that ethnic minorities are having.

Nighat 12:48
So I covered this quite a lot in my book, there's a lot around myths around periods. I think, firstly, when you're in a community where your body is hyper sexualized, so either there's breasts or evolvers, have vaginas or just the female form is hyper sexualized, you're told either to cover it up, because you don't want to learn men into thinking that you're attractive and, or you're told never to talk about it, because it's meant to just have a functional role. And then the other thing is is is that we don't have the words for a lot of things in our community. So I'm Pakistani, a lot of the words used for say, chest is actually not even representative of it's not even breast is called Chuck D which is chest, we don't have a word for menopause apart from derogatory words. So if you come from a community where you don't have the lexicon, to even talk about your normal bodily functions, which you are genetically programmed to do, and been doing for generations, upon generations, the stigma is perpetuated even further, and it becomes even more underground and taboo. But then along with that choice, it's wrapped up as to be seen as respectable if everything is under the veil, or as we say, public and each other. Because stuff that's under the veil means that always really DeMeo it's really respectful, you're being sort of respectful of your culture. However, when something is kept under the veil, it means that problem is similar away. And it's kept away from other people to learn. So the one of the things I really want is that when I gained the knowledge as a doctor, and even though I feel I have the knowledge, I've realized after writing this book, I have no knowledge. Because there's always something new to learn. But I, I really

wanted to make sure that I can share it, because once you start sharing somebody, somewhere will find some life saving information from you. And then they'll be able to share it even more because women talk and women, if they tell them something, they'll go and tell their other women in their community. And that's the other thing as well. So when you give a woman permission to say you can talk about this without shame or stigma, actually, then the progression happens. The other issue that we have is that there is a real dearth of information related to Black and Asian communities in the medical field. So for example, there are no pictures of black evolvers, or, you know, even how a baby is born on Black and Asian skin, because that the default is to go to Caucasian skin. And that's an issue that I found writing my book, because we found that if I had Caucasian skin, I could write on and use less space in the book. And I thought, but that's precisely why we don't see ourselves represented. So we had to go around the images, which meant using up more space. So it made the publishing side of it really costly. And I had to negotiate that with, with my publisher who was really lucky and on my side, but it really made me understand Oh, there are reasons actually, why the default is always the white skin. But then that leads on to the other factor. But if you don't see yourself represented, you don't see yourself seen. So I keep going back to that message, I see you because as a nine year old nigga, I never felt seen, up until recently, I would say in the last sort of five, six years of my medical career, that I feel confident enough in my identity to say, I'm a brown hijab wearing Muslim woman, this is my identity, and I'm British, it, it feels so significant when you feel seen. And that's when you ask for help, and you want to get better, and you want to be fitter and healthier. So there are so many factors within the community, but also external factors within our medical field that we need to address.

Joyce 16:44
So you know, the importance that you said it life saving some of the topics we've discussed in your book, if we do hide them behind the veil behind the door, they can cause a serious effects on people's well being, but they are life and death situations. And I'm sure you I don't know, you may feel the same. You know, there were some issues where women could have saved their life if they had seen a doctor earlier in that with their issue. And so, you know, we've got to get this information out there and this knowledge out out to these women.

Nighat 17:21
Absolutely, because you'll see it as a clinician and I, as a clinician will see it that if you leave a breast lump and you leave it just because of the fear of what's going to happen, that there might be a male doctor that's going to examine me not understanding that yes, you can ask for a chaperone. But even just to know that a lump isn't normal. But that's life saving information or the importance of going for cervical screening. That's life saving information, or the knowledge that actually you can get cancer in your vagina, again, life saving information that is not discriminatory of age race. It can happen to anyone, but we always think it can't happen to us. And I'm always reminded of the conversation that I had with the women in my mosque, Pakistani women, and I said to them, Do you ever get hot flashes? And they all giggled and laughed and said, No, no, no, no, only white women get hot flashes. And I was absolutely aghast because they never see themselves represented in those conversations around hot flushes. So they genuinely believed that this is something that only you know, menopausal. hot flushes is only something that happens to white women who are well off who want to complain a little bit and I just thought, hang on, but you get primary ovarian insufficiency, which happens to younger women. And these are some of the symptoms and if you don't know the symptoms, how do you know how to get

help early, because we know one in 100 women will go through primary ovarian insufficiency below the age of 40, impacting their fertility, their bones, their mental health, their relationships. So it's not just a condition that we limit to having happening to older women. And again, it comes back to the life saving information that you can pass on to each other.

Joyce 19:08
And I've just booked my cervical smear examination this week. So if you've got your reminder, please everyone there's so the statistics are terrible for the number of women who who leave it longer than a year or don't go at all for all sorts of reasons. Some because they're embarrassed and hopefully reading your book will give them more confidence that it's okay. It's going to broken it is life saving so please book in. So, your books divided into three sections. You've got puberty, your fertile years, which is a good name for a book, then the menopause. And let's start with puberty. I've got this I could ask you a million questions, but we're just gonna, I'm just gonna pick out a few. So with my book as well, and I know I interviewed Jen Gunter recently for her as well. All our books started with anatomy and it's just It's amazing that we can't seem to say the word vulva. Even social media thinks that penis is okay. But vulva and vagina are not okay. So why do you think we cannot teach this in schools? Again, I

Nighat 20:15
think it's that hyper sexualization. That fear and stigma and the shame I ashamed, we underestimate how powerful shame is I think sometimes. And again, when I go back to my community, we don't have another word for vagina apart from swear words and derogatory words. So women don't want to repeat those words. And therefore the the idea of learning about your anatomy is something that is fearful, because you're taught from a very young age, especially I was, Oh, don't say that word. And you use flowery words like flour, or your Fufu, or down there, you know, it's easy to say something like that. But then completely missing the fact that these are anatomical words. And if you are using anatomical words, you can go to the doctor who is limited in time as an NHS. Doctor, I've got 10 minutes to understand. And if you keep saying down there, what what are you talking about? It makes no sense. And so that communication is vital to be able to say, this is when I need help, but also data and studies that as you know, Joyce shows that if you know the anatomical words, you can then as a child, even understand if this is abuse that's happening, because we've got to be really careful that who's having access to those areas? Are they doing it without your permission? And I think that, we've got to get over that. Because if you cheat a child their normal anatomy, they'll be able to tell another adult should there be a problem. And that I think is so powerful.

Joyce 21:47
That's really powerful. And I was I was at a meeting last week about menopause. And I said that we talk about reproductive health. And someone stood up and said, Oh, but that that's giving the impression that all of these things are just to do with reproduction. And I just think, Oh, well, what do we call it, we can't get so bogged down with language, it's a reproductive system. But it doesn't mean that, you know, if you if you decide not to have children, you still got it. If you don't have sex, you've still got periods, you've got all of these anatomy, etc. So we just got to normalize these conversations and not wrap it up in sex and not wrap it up in having a baby. Because it's really important for young people. And I think that's one of the problems in schools, and I'll come on to that in a moment. But you've learned nicely into self examination. And your your images, as we've said, a wonderful again, you

know, we've got to teach women give them the confidence, to touch themselves to look at themselves to see if there's any lumps and bumps that shouldn't be there, it's so important.

Nighat 22:54
I'd love to develop a small mirror that moves around so that you can examine yourself. So that's like the next thing I feel I need to do. But also in my image, or in my book, I used a woman of color, again, to take away the shame and stigma about self examination, but also just show normal bodies. I mean, my my model in my picture has got stretch marks. And I remember when we did the first sort of pictures, and we showed it to a test group, the younger audience were like, she has stretch marks. And I said, yeah, they're normal. Like, you're gonna have stretch marks at the age of 1516. And they're normal. And we have so we are bombarded with these perfect images or models. And so I was really, really careful in making sure that I had different sizes, women of different shapes that I don't have a thigh gap. So I wanted to make sure that we're there's no models of thigh gaps at all and stretch marks and put hair where there's lots you know, where there should be not everybody's going to be smooth. And I think the porn industry has a lot to say of how we view things like vulva, vagina, cellulite, etc. And that all is really important part of self examination. So you only think that, you know, to look down there, it's really because someone else will do it because it's I'm a receptacle for sex. And the whole idea of this is no, this is empowerment to know what's your normal, because if you go on to the doctor and go, I've got a lump on my vulva, the chances are the doctor won't even know if that's normal, because we need to know what your normal is. And I keep repeating this in my book as well. You know, you're the best expert of your body. You just need to listen to it and understand that and then go and see a clinician who's able to go okay, what's your normal and if you have that ready, then we were able to support you.

Joyce 24:49
Yeah, you're right. You know, pornography has got so much to answer for there. It's not normal anatomy. And I've said this before I've got pubic hair. I like It's my pubic hair. There's nothing wrong with it. I'm of a generation where it's quite rare to get it all off. But yeah, I keep hoping that that cycle of pubic hair problem is it comes, you know, comes back round and it becomes fashionable again, but we're not quite there yet. Now parents,

Nighat 25:20
sorry, to say the amount of times that I get women who come and see me, who will say, Oh, but I haven't done my legs or I haven't done, I haven't shaved down below, and or not even turn up for a cervical smear because they feel that they're not tidy down below. It's like, why why, like, I'm not gonna judge you like, I don't care if you not done your legs because that hair is normal hair, like the industry has driven us to say we should be absolutely hairless bodies, and a skinny Mini and a size zero. That is that is that is unreal and completely, not normal. Totally agree,

Joyce 25:57
totally agree. So we're trying to get this information taught in schools, but we have got a long way to go. And I really feel for parents there. They haven't been taught either. So they don't have the language and the confidence to talk to their children. And so I think that's really difficult. And you've got some great discussions about giving parents advice to give parents especially you talked about single dads,

and I just think this is so important. I think that for parents and teachers, if they can't say these words to their, their children, if they can't say vulva period, discharge, your penis, whatever, then I think that when the kids got an issue or a question, and that or they think something's wrong, they're not going to go to those people. If those people couldn't say the words, under normal circumstances, I don't think they feel supportive if they would go to them if something goes wrong. So what advice would you give parents about what we're discussing?

Nighat 27:06
So I actually wrote a small scenario in the book about my five year old finding one of my sanitary towels and having that conversation and not hiding it, because the fear is that he's five years old, and I'm a mother to three sons. And I'm very acutely aware that they'll end up if they choose to have children in the future, they'll have daughters and partners. And so to have that open conversation is really important. So in my book, I write a little conversation. And that was a true conversation that I had with my son. The biggest thing is, is to firstly, as an adult, I would say, please get over your own fear, and learn the anatomy yourself. You're the adult and and the next thing is, is please don't patronize younger audiences. So I'm on tick tock, and I use medical words all the time. And actually, my younger audience are so receptive, because if you start patronizing them, they feel switched off, and they don't feel that they nobody wants to be spoken down to, then the next thing is, is, I would say, be led by the young person on what their comfortability area is, if they don't feel like having that conversation, please don't push it as parents and say, No, we're going to talk about vaginas. Because there's nothing worse than having that over dinner table in a restaurant. So pick your moment, I find that as a mother to three boys, or even as my partner, it's when we're doing something else. So if they're playing computer games, and I'm playing a computer game with them, it's a distraction technique. Or if I'm cooking, my kids will come up and have a conversation with me, or going for a walk through. And that's when a conversation opens up. If you are asked right on what is sex Mum, please don't ignore it and go, Oh God, and get all flustered. And she'd be really matter of fact about it. And I've written in my book, like prompts and dialogues that you can have a single dads and dads who are widowed, those that I think are for me, I feel my special group of individuals because they have daughters, but they might not have the communication skills. And they might want to pass it off to either a female relative or even stepmom. But actually stepdads could really own this and find that this is a space that brings you much closer to your daughter. And having those conversations means that actually ask them what can I do to help you as you're having your period? What do you want me to buy for you? Is this going are these pads with wings and flows? And how heavy are your periods because there is a section of all the sanitary products and that's really for dads to look at so they can self educate themselves, and then bring that conversation in a natural way.

Joyce 29:43
So we've just done a research study where we've been going to schools and talking to your 10 Girls, so they're about 15 years old about their periods. And I've asked them who gives them support? And they've said some lovely things about their dads they've said little stories about how they died. I didn't know which product to get them. But several of them said they don't just bring some chocolates. So I thought that was so sweet. I wanted to tell you a bit about the school study we've been doing. So we've been asking about their periods about their well being. They feel that, you know, you said it several times, they do not want to be patronized, they want the education. They also have unanimously told

me, they want the boys in the room. And so many schools still separate the boys and girls. And then they're stigmatizing the girls. Oh, there's this weird thing that the girls have, that we're not allowed to know about. We're not allowed to discuss. So I'm very, very adamant that we should be doing this altogether. And they've also told me that toilets are not fit for purpose. I've only I won't, that's another story. I'm not even going to go there. But I've asked them what how to describe their period and they use lots of negative words, can you think of ways that we could teach young girls about the positivity to positivity of having a period is that that's a tough one.

Nighat 31:14
It is a really tough one. And I do cover this because I think that the the myths around it is that we are slaves to our periods, etc. And I I've some sort of come around to the fact that actually, if you're one of those individuals that wants to get on with life, and once you've had an established period, and you're getting on quite nicely with your period, the only reason we have a period is a reminder that we haven't fallen pregnant that month, right? That's, that's the reason. And if you want to stop your periods, because you want to, like go hiking and play football at an elite level, well, reversible hormonal contraceptives, will help you do that to be able to get on with your life. But if you're one of those individuals that having a monthly cycle, as a reminder that you didn't fall pregnant, is fine. But the myth, the fact that you need to clean your insides will the fact that it needs it will build up, if you don't have a period, all of those myths we need to just completely get rid of. For women, I say to them, please don't ever feel that your periods are a burden to you. Because there are so many things that we can do about it, there are so many products that we can use out there environmentally friendly. And I've written that very carefully in my book as well. But also feel empowered, because your body is so incredible, like you are genetically programmed at a certain age, if you're the right wait for your brain to go. Okay, that's it, I'm going to send enough hormones down for the ovaries to kickstart because you're born with the number of eggs that you need. And like what other machinery does that for you automatically, and then you're obviously going to go through the turbulence of the hormones. But actually, that that's I think for really, I start off right at the book at the start to say, you know, love the body that you're in. And we don't tell people young people enough, the fact that this is an incredible bit of science that we don't even know 100% How it even works yet. But this is also for you to go, I'm going to be empowered by it. But there are ways that we can support you, at the time of your cycle happen. I now insert coils in my 1718 year olds, because they don't want to have periods put one in for six, seven years, their period free when they want to have children take it out, your fertility will return. And that's it. I think the whole sort of burdening of periods and that conversation needs to change. But it's slow. But at least you and I and lots of other content creators out there are starting that conversation. And I keep saying it's almost like we have to give each other permission to be able to do it because no one has done that in the past. And suddenly, you get Professor Joyce Harper giving you permission to say you don't actually need to have a period. And that's so empowering to have another woman who is a clinician who's a doctor who's able to give you knowledge about your body because there's very it's very scarce out there.

Joyce 34:06
Yeah, I when I when I was doing these focus groups, and I can't wait to share the data later in the year. But I find it very hard not to cry. I don't I don't cry in front of the but there was three girls from one school they were all in sync. And they went on there Duke of Edinburgh. And, you know, I just I was like they said they were having to change a period product behind a bush and I was just I felt I that that

made me well up. But yeah, there are ways of not having a beard for sure. Now we had a little chat before we came on about period tracker apps. And I've done quite a bit of research about this and I am a fan. If they were around when I had a period, I would definitely have used a period Tracker app. I think they're a great tool to know we forget when our periods come and and it's I think it's important to know when they're due and when your last one was, but they do Unfortunately, at the moment, most almost all of them tell, tell the person using it an ovulation date. And that's the issue I have, because they've used the very old data, which I realized was really not good data when I was writing my book, which is that you ovulate on day 14. And it is a real textbook, one of these textbook myths that's got handed down from some very small sets of data. And the research asked us and others have been doing, have shown that it's actually out on the average near a day 16. But obviously, if you've got a short cycle or a long cycle, it could be totally away from that. So I think we reject reps are great. But I worry that they're telling young girls, or any girl, any woman that you're ovulating on this day, and whether they're trying not to get pregnant or get pregnant, I have heard stories, that teenagers who've got pregnant because they said the app said they'd ovulated so they thought they could have unprotected sex. So I just wanted to hear what you thought about that.

Nighat 36:05
Now, even teenagers, I hear this in much older women, married women who've had children who want to use the, you know, family planning method, and they use these apps. So I thought long and hard about putting the bits about period tracker apps, because like you, as a clinician, I was trying to put my head hat on as a clinician, but also practicalities of daily life. So let me break that down. The first thing I say in my book, when I go through the anatomy, and what a menstrual cycle is, is that there's no such thing as a normal period. And I think that it like you were saying it varies. And so we've I preface it with that bit in that section of the book, then the next bit is is about apps. Yes, they are based on not that rigorous data, but actually in busy day to day life. And we are on our phones consistently, if I get somebody who's able to just keep a record of it and track it because a number of times, I get patients young or young patients in my surgery, and I'm like, can you describe your periods to me, and they have absolutely no clue. If that doesn't work for you on an app, then writing a diary. And everybody envisages a budget don't type of diaries. But again, with busy lives, the last thing you want to be doing is writing down on bits of people piece of paper. So my default then was on the balance of busy lives, being able to track something and then also go to the clinician when something isn't normal. I'm a happy medium is with that. The other thing I really debated about the apps was data protection. So I went back and forth about apps. And this is in light of as I was writing the book, and we were going through the Edit process, Roe versus Wade, and anybody who hasn't doesn't know about it, please just Google it, because I could be here all day talking about that. But essentially, if protection and someone's data is is accessible by huge companies, governments, then where is the protection for women in that. And again, I thought that if we have data out there anyway, so on social media, open up any Facebook or Instagram, women are detailing their minutus bit about what they've eaten for breakfast, to what time they went to sleep. So again, my book is about choice and where your comfortability factor sits in regards to data protection and data sharing. And I think again, I then came back to the fact that why do I want someone to track their cycles is because I want them to know what their normal is, once you know your normal, then you're able to say this is abnormal for me, and then you're able to go to a clinician, and we were I work in the NHS, and how is that system Izabal for you, because that will help you to be able to bring over information. Because remember, if your starting point

is, is that you don't even know what a period is, then actually, some formal tracking is better than no formal tracking. I hope that sort of makes sense where my sort of head was in regards to the whole period tracking issue because yes, I completely agree with you, Joyce, it's not great, but it's better than nothing. And for some is better than doing pen and paper.

Joyce 39:15
So I don't even as I said I would have used one I'd be using one now for sure. If I if I if I wasn't postmenopausal. So let's go on to the next chapter. You got fabulous sections on contraception, STIs gynecological cancers, and also some worrying statistics we know about things like problems with pregnancy and childbirth for black women as compared to white women. But I just want to talk about the one of the main points about your fertile years, which is about female fertility decline. And something that I think is really important. You've you've discussed it a lot, but we hear people say that it's not true. I've been trolled on Twitter. People said I was a liar, female fertility doesn't decline at 35. And you're going to get pregnant easily at 40 to 43. You know, the celebrities are doing it. So what why do you think this is so important for us to get this message out?

Nighat 40:15
So again, I started at, I gave a roundabout finger of your female fertility does decline at 35. And that's because of my interpretation of the data up there, that shows that yes, we are born with a set number of eggs and we release an egg, if we're thinking about it every month, if we're having a cycle, sometimes we can have a cycle with no eggs being released. And so on that theory alone, if you look at the data and the science out there, then yes, we do have an impact on our fertility. I completely also agree that there is no number that should be assigned, but I had to sign some sort of number as a ballpark figure. And the reason I did that was because the whole point of my book is, is to give the women the knowledge, the empowerment so they can plan. So if you wanted to have children later, just know that there is this sort of age of around 35, where your fertility does decline. But remember, we're we're a nation that's becoming obese as well. So we are a fatter nation, whether we like it or not. And that's due to a whole host of compounding factors. And then we also smokers, some of us, some of us drink more than we should do. Stress and anxiety. And male fertility is a factor in that as well. So we are very focused on the woman and her fertility declining, but we've got to look at men. And the idea was was that this will allow women to prepare ahead of time, because when you're in your teens, and this book is, again, the three phases of your life, you're probably not even thinking about falling pregnant, because everything out there is telling you don't fall pregnant, or pregnant, focus on your career, and then you're in your career, and no one has that conversation with you to say, oh, have you thought about children. And if you choose not to have children, and you want to have a child free future, I'm all for it. And I will support you to the end of your days, you know, whatever you decide. But if actually children are on the cards, then it's more about the fact that you want to think about it. Because not everybody is going to have the means to go to say a fertility expert, not everybody is going to have the means to have IVF or other health factors could mean that it might not be an option for you. And I thought that this is a book that is able to reset the dial on some of the conversations where our fertility lies, and everybody is going to have an opinion on it. But this is my clinical experience as a doctor of 15 years. And so I decided to include that in the book because it's clinical experience, and I can get shut down for it. That's fine, but this is what I'm dealing with as a clinician in my practice. So it'd be stupid of me not to even have a discussion point around it.

Joyce 42:55
And I totally agree with everything. So that's brilliant. So let's move on to the menopause. Hot Topic at the moment. I'm, I'm calling it the sexy science of the moment. And I loved it that you said that the perimenopause and menopause is a natural transition that we should celebrate. We just need to focus group does the focus groups about the perimenopause and one woman said to us that she's going to hold up period party when she realizes that she's actually been for a year without a period. I think it's great. And I love the phrase like second spring. And I truly believe that our life post menopause can maybe be the best time of our life ever. Certainly for me. It's been amazing. Absolutely amazing. But we do hear some people say that the menopause is a disorder. And I've also heard recently someone say it was a brain disorder because all the issues with psychological issues were having. So what do you think about that?

Nighat 43:59
So I don't agree with that, per se, because I start from the start of the book I talk about, you know, we're genetically programmed to transition from puberty through our fertile years. And then because we are reproductive beings, and I know we talked about that earlier, you know, are we reproductive beings or not, but we are we're animals. We are here on this earth for a finite number of years. Yes, death does happen, whether we like it or not. And when somebody goes, actually, she's not going to be pregnant anymore. Then obviously, we ended up transitioning into our Peri menopausal, menopausal and post menopause years. So that is something that's based in science. And I'm not making that up. But then to say that this is going to be a brain disorder I don't agree with as a clinician and the reason I don't agree with this is because I don't have we would never turn that for puberty. I mean, puberty is also a time we go through hormonal changes pregnancy, the pregnancy hormone HCG, we go through hormonal changes that makes us forgetful and clumsy, we vomit, we will end up having different changes to our body. We don't say that's a brain disorder. And so I think that it's it's slightly limiting to say to women, now that you're going through this genetically programmed natural transition, that it's a disorder of time. But I can understand, on the other hand, why certain clinicians would feel that because it is multifactorial. And because we are living longer, so we are going to spend more time in our postmenopausal years. It's a chronic condition. But let me pre Farah phrase that when we put something as a condition, or we put it as a disorder, we almost feel that we should have something to fix it by a medication. And I start with my book by saying, Actually, no, as a clinician, we need to be seeing the female body in a holistic way. And when a patient comes to see me about menopausal symptoms, I always start with lifestyle, diet, stress, etc, even before we have a conversation about hormone replacement therapy, or non hormonal replacement therapy. The thing is, is that I think we've forgotten along the way that our body is built for survival. So we are built from our puberty years to our fertile fertile years. And then as we transition the brain, and I'm simplifying this choice, but the brain goes, well, I need estrogen because I like an estrogen as a doctor for my studying as almost like a lubricating hormone. Our immune system uses it and amusement immune modulator, our bone uses it, our bones need estrogen as well, and lots of cells in around our body. So like all sex hormones that are produced through our fat cells, and we both can agree with that, you know, our fat cells will produce our sex hormone. So we ended up putting on a little bit of weight as we go through the midlife. That is a survival mechanism. If you look at countries where there's high levels of deprivation and famine, for example, women suffer terribly. That's why the reproductive system slows down. Because actually, the

brain is very much trying to aim for survival more than anything. And so that's why women's period stop in say, famine or war torn countries. To be able to go through a process that you're naturally programmed to do, your body will do it trust your body that it will cope, then if you're really struggling, and you've done all the lifestyle stuff, yes, I am here as your GP to talk about HRT with you. I will also discuss non HRT options with you. And then it's about choice and option. The most important thing is, is listen to your body. But also know that you have a choice as well, there are some women and some of my patients who choose never to go with H. E. I don't like this whole messaging about the fact that you must go on hormone replacement therapy is protective for the future. And, you know, you will live your ears if you're an RT, because we don't do that for say, for example. I mean, heart disease, for example, I've even got to the point where I'm saying to patients, even blood pressure control is so much better with lifestyle first, before I go on to even hypertensives unless I have to. So it's always going back to listen to your body first, and then let the clinician get involved in regards to what treatments are available for you. This whole stance of a condition or a disorder means that we're medicalizing something that is natural. Does that make sense? Okay, that makes sense that

Joyce 48:39
you sent us a exactly what I say to people. And you know, I say lifestyle, your well being is number one, your nutrition, sleep, exercise, not not always what women want to hear. And I think some women have got this idea for if you if I come out with a prescription for a pill that's going to be the elixir of life for me, then I don't need to look after my nutrition and exercise and sleep. And I think that's a disaster, especially on a menopausal woman, when we know the data for dementia, heart disease, cancers, etc. All of those lifestyle factors are absolutely key to reduce the risk of those disorders. So just taking HRT is I really worry that we're, we're, we're sending the wrong messages. We're medicalizing it and so I really I really hope that you know, your what you said in your book was fabulous. So just just to finish off now has anyone what what's the main thing I'm sure you've heard many people say why didn't anyone tell me this? But what's the main thing that people have asked you over the years?

Nighat 49:47
And I wanted to come back to that just about the HR t because I think that also we've got to understand that different people will have different levels of education, different levels of time because That's a privilege as well. And I am aware I'm talking from a place of prayer. And some people don't have access to the lifestyle and nutrition things in order to get the motivation to do stuff that they might need some HRT. And I think that's where it comes back to a woman's choice, etc. And just preparing ahead, which is a whole point, knowing what your options are. The next thing that you asked me is that what? What have women said that they were like I didn't know about? Well, I think I sprinkled that throughout my book. But the biggest thing, and especially if I look at my community is vaginal atrophy. The fact that is linked to bladder issues or prolapse or the fact that I can give you recurrent urinary tract infections when women are in and out of a&e because they've got yet more cystitis like symptoms, and no one's thought about topical vaginal estrogen. And the myth that it can cause breast cancer because a leaflet that comes with it, as we both know, is not fit for purpose. So one of the things that I get really passionate about one is because it's so taboo to talk about Dr. vaginas. But also it's it's an area that lots of women go well, I never heard about this, how come I didn't get the memo, the memo or as your podcast, no one told me this before. And I think it's because it's such an under recognized condition when I did my first sort of article about how Black and Asian communities view menopause. If you look

at the data, like 10% of consultations ever mentioned vaginal atrophy symptoms, whereas we know that about 85% of women, at some point in their life, particularly in their 60s 70s and 80s, will end up experiencing vaginal atrophy symptoms. So that is the area that I'm always banging on about.

Joyce 51:43
Let's keep banging on about. Now. I know you've got another meeting just a couple of last questions. I'm asking all my guests what makes them happy? And where is their happy place? And then what advice would you give your younger self?

Nighat 51:58
What makes me happiest food? I love chocolate. And I have such a sweet tooth that I would forego and mean I'll have data. Like I am like the worst doctor. And I will admit it because, yeah, anything that sweeps or makes me very, very happy. And my happy place, actually, weirdly enough, is my bed, I did a lot of my writing in bed, and my husband would phone me and go, What are you doing? And I'd be like I am writing. And I think that we underestimate the comfort that our living spaces can give us we always think it's going to be a beach or it's going to be a beautiful holiday resort or something fancy. But you know what, give me a good duvet day. And I'm happy as Larry. And then what advice I would give to my younger self, nine year old nigga when she came here felt lost. And I speak a little bit about her at the end in my acknowledgments. And she never had the confidence to be able to talk about anything. And she translated things for her mother. And then when I came to now and I'm now nearly now I'm 39 years old. And I feel like I'm still having those same conversations that I was translating as a nine year old. And all I would say to my younger self is just believing the power that you have and the voice that you have, because you had it all along. You just needed to really like you know, bring it out and be surrounded by the people who can bring that out and, and listen because they listened to you and they saw you. And so whatever you do, nine year old the guy would say to her, just keep keep doing that. But then don't keep everything to yourself, share your knowledge and give it to other people so they can share it around like confetti. I love

Joyce 53:42
that. I love that we have several things in common. As well as both being mothers of three boys. We both have a serious sugar addiction. The only thing I'm addicted to I don't need coffee, but I have a terrible I've got everyone, all my friends like I just I cannot I cannot. I've tried hypnosis. I've chucked everything. So we'll work on that.

Nighat 54:07
And it's even worse. Joyce, I'm on TV. So everybody's like teeny tiny on telly. And I look at myself and I'm just like yeah, give me a chocolate bar.

Joyce 54:19
It's so it's so on my on my podcast, but like the first one was me and I said, my advice to my younger self was tried to sort out your sugar addiction. Try and cure it when you're younger. 60 It's haunted me. It's I know. It's not very healthy to do it. But well, thank you so much. I know you've got another meeting been wonderful, wonderful. And I hope we meet again very soon face to face. It's always wonderful to see you. And thank you so much for being on the podcast. Thank you.

Nighat 54:50
Thank you. It's been a real honor. Thank you for having me.