MENOPAUSE@WORK AFRICA

An African Woman's Menopause at Work Starter Pack

A private, practical introduction to understanding changes, preparing for healthcare and asking for support at work

Made for
African professional women navigating perimenopause, menopause or uncertainty about what they are experiencing

PRIVATE • PRACTICAL • WORKPLACE FOCUSED

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How to use this starter pack

You do not need to decide whether menopause explains everything you are noticing before this pack can be useful. Use it to organise your thoughts, notice how work is affected and prepare questions for a qualified healthcare professional or a workplace conversation.

This is yours to keep

- MAWA does not collect anything you write in this PDF.
- If you print it, store or dispose of it in a way that feels private to you.
- You decide what, if anything, to share with a healthcare professional, manager or HR team.

What this pack does not do

- It does not diagnose menopause or another condition.
- It does not recommend treatment, medicines or dosages.
- It is not a long-term symptom tracker or a personalised clinical report.
- It does not replace advice from a qualified healthcare professional.

A note about language

This pack speaks directly to women because that is MAWA’s primary community. Some transgender men and non-binary people also experience menopause and may find parts of it useful. No single African culture, workplace or menopause experience represents everyone.

Perimenopause and menopause in plain language

Perimenopause is the transition leading up to menopause. Hormone levels may change and periods may become different, but pregnancy can still be possible. Menopause is reached after 12 consecutive months without a menstrual period when there is no other medical or treatment-related explanation. The transition most often happens between ages 45 and 55, but it can happen earlier or follow surgery or medical treatment.[1]

Experiences vary

Some women notice few changes. Others experience changes that affect sleep, confidence, comfort, relationships or working life. Symptoms can change over time. A symptom that is associated with menopause can also have another cause, so it is important not to diagnose yourself from a checklist.

Changes people commonly describe

Area	Examples
Periods and bleeding	Periods becoming less regular, more frequent or less frequent, lighter or heavier
Temperature and sleep	Hot flushes, night sweats, difficulty falling or staying asleep
Thinking and emotions	Changes in concentration or memory, low mood, anxiety, irritability or reduced confidence
Body and comfort	Headaches, joint or muscle discomfort, palpitations, skin changes or fatigue
Urinary and intimate health	Urinary symptoms, vaginal dryness or discomfort, and changes in sexual wellbeing

These examples are introductory, not a diagnostic list. Speak with a qualified healthcare professional about new, persistent, severe or worrying changes.[1,2]

How changes may show up at work

Menopause does not reduce a woman's capability. Sometimes the interaction between symptoms and a particular working environment creates a barrier. The useful question is not 'What is wrong with me?' but 'What part of this work situation is difficult right now, and what might make it more manageable?'

What you notice	Possible work impact	A practical question
Interrupted sleep or fatigue	Early starts, long journeys, shifts or sustained concentration may feel harder	Could start times, breaks or demanding tasks be adjusted temporarily?
Feeling suddenly hot or sweating	Warm rooms, uniforms, field work or unreliable cooling may increase discomfort	Could I access water, a fan, ventilation, breathable clothing or a cooler position?
Concentration or memory changes	Dense meetings, interruptions or verbal instructions may be harder to manage	Could I use written follow-ups, quieter focus time or short pauses?
Heavy or changing periods	Travel, long meetings and limited washroom access may create anxiety	Can I have easier washroom access, more breaks or flexibility on difficult days?
Low mood, anxiety or reduced confidence	Presentations, conflict or high-pressure interactions may feel more demanding	Would clearer priorities, private check-ins or temporary flexibility help?

The same symptom may affect two women differently. Adjustments should respond to the person and the work, not to assumptions about age, seniority or performance.

A short personal reflection

Use this page before the seven-day snapshot. Write only what feels useful. You do not need to share it with MAWA or your employer.

What changes have I noticed, and when did they begin?

_____
_____
_____

Which parts of my working day feel most affected?

_____
_____
_____

What already helps, even a little?

_____
_____
_____

What would I most like to understand or change?

_____
_____
_____

Impact scale for the next page

0 = no noticeable work impact • 1 = mild • 2 = moderate • 3 = significant

This scale is for your own reflection. It is not a clinical score and should not be used to diagnose or compare yourself with anyone else.

Your seven-day symptom and work-impact snapshot

For seven days only, note what stood out and the work situation around it. Do not try to capture everything. The aim is to help you prepare, not to create a permanent health record.

Day	What I noticed	Work moment or condition	Impact 0–3	What helped or may help
1				
2				
3				
4				

Optional note for days 1 to 4

Was there a time, place, task or working condition that seemed relevant?

_____
_____
_____
_____

Your seven-day snapshot continued

Day	What I noticed	Work moment or condition	Impact 0–3	What helped or may help
5				
6				
7				

Looking back without diagnosing

One or two changes I want to mention to a healthcare professional

_____
_____
_____

One or two working conditions I may want to discuss

_____
_____
_____

One practical change I would like to try first

_____
_____

Preparing for a healthcare appointment

A healthcare professional can consider your symptoms alongside your medical history, medicines, contraception, periods and other possible causes. You do not need to arrive with a diagnosis.

Information you may want to take

- The changes you have noticed, when they began and whether they come and go.
- Any changes to your periods or bleeding pattern.
- How sleep, mood, concentration, comfort or daily activities are affected.
- Medicines, supplements, contraception and relevant health conditions.
- Your seven-day snapshot, if it feels useful.

Questions you could ask

- Could anything else explain these changes?
- Do I need an examination, test or referral?
- What options are appropriate for me, considering my history and preferences?
- What benefits, risks and side effects should I understand?
- When should I return, and what changes should prompt earlier help?

My two most important questions

_____

_____

_____

Tests are not always needed to identify perimenopause or menopause, but decisions depend on age, symptoms and individual circumstances. Let the clinician guide this rather than requesting or interpreting tests yourself.[3]

Preparing for a workplace conversation

You are not required to tell your whole story. Focus on the part of the work that is difficult and the support you would like to explore. Check your organisation’s policy or speak with HR if you are unsure who the right person is.

A simple structure

1. Name the purpose. ‘I would like a private conversation about a health-related issue that is affecting me at work.’
2. Describe the work impact. ‘Poor sleep has made very early starts difficult’ or ‘The room temperature is making it hard to stay comfortable.’
3. Suggest a first step. ‘Could we try a later start for two weeks?’ or ‘Could I move nearer the ventilation and take short breaks when needed?’
4. Agree privacy and follow-up. ‘Please tell me what needs to be recorded or shared, and can we review this on [date]?’

You choose what to share

The work impact I am comfortable describing

_____
_____
_____

The first adjustment I would like to explore

_____
_____
_____

What I do not want shared without discussing it with me

_____
_____

Small workplace adjustments to explore

These are conversation starters, not automatic entitlements or universal solutions. What is possible will depend on the role, workplace, organisational policy and applicable law.

Work barrier	Possible adjustment to discuss
Heat or sweating	A fan, better ventilation, a cooler workstation, access to cold water, breathable uniform options or permission to step out briefly
Sleep disruption or fatigue	A temporary later start, shift swap, remote day where feasible, planned breaks or adjusted travel
Concentration or memory difficulty	Written instructions, meeting notes, quieter focus time, fewer interruptions or agreed priority lists
Heavy or irregular bleeding	Reliable washroom access, more frequent breaks, emergency supplies, a change of uniform or flexibility on difficult days
Headache, joint discomfort or low energy	A quieter space, posture or workstation review, task rotation, movement breaks or temporary duty changes
Anxiety or reduced confidence	Private check-ins, clearer expectations, preparation time, an alternative contact or access to available wellbeing support

Agree a trial period and review date. A helpful adjustment can change as symptoms or work demands change.

When to seek professional or urgent support

Do not assume that every new symptom is menopause. Contact a qualified healthcare professional if changes are persistent, worrying or affecting your wellbeing or daily life.

Arrange medical advice

- If you think you may be experiencing perimenopause or menopause and want to understand your options.
- If palpitations, bleeding changes or other symptoms concern you.
- If bleeding becomes heavier or otherwise changes unexpectedly.
- If you have any vaginal bleeding after 12 months without a period, even once or only a small amount.[2]

Get urgent help now

Ada and this guide are not emergency services. If symptoms are severe or sudden, you feel unsafe, or you may harm yourself or someone else, contact your local emergency service or go to the nearest emergency department now. There is no single emergency number for every African country.

You deserve care that takes you seriously

If you feel dismissed, you can ask what else has been considered, request a clearer explanation, seek another qualified opinion where available, or take a trusted person to an appointment. Menopause is a life stage, but distressing symptoms still deserve appropriate assessment and support.

Your next step

Choose one small action rather than trying to solve everything at once.

- Complete the seven-day snapshot.
- Book a healthcare appointment.
- Prepare one workplace request.
- Use the MAWA Free Support Hub for a limited conversation with Ada.

About Menopause@Work Africa

Menopause@Work Africa is a privacy-first, employer-sponsored platform designed for African workplaces. The full service provides confidential access to Ada, personal symptom tracking and insights, workplace tools and anonymised organisational insights. Employers do not receive individual Ada conversation content through MAWA.

The Free Support Hub is a controlled introduction. It does not include unlimited Ada conversations, long-term tracking, personalised trends, doctor-ready digital reports or the complete member library.

Visit menopauseafrica.app

Information note

This guide provides general education only. It is not medical, diagnostic, treatment or legal advice. Healthcare access and workplace rights vary by country and individual circumstances.

Sources

1. World Health Organization. Menopause fact sheet. 16 October 2024. https://www.who.int/news-room/fact-sheets/detail/menopause

2. NHS. Symptoms of menopause and perimenopause. Reviewed 19 May 2026. https://www.nhs.uk/conditions/menopause-and-perimenopause/symptoms/

3. National Institute for Health and Care Excellence. Menopause identification and management NG23. https://www.nice.org.uk/guidance/ng23

4. HR Expo Africa. Embracing Menopause Support at Work. 2024 whitepaper supplied to Menopause@Work Africa.