MENOPAUSE@WORK AFRICA

Menopause at Work
A Manager’s First Conversation Guide

A short guide for responding respectfully, exploring immediate support and following up well

Made for
People managers, HR professionals and workplace leaders across African organisations

PRIVATE • PRACTICAL • WORKPLACE FOCUSED

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What this guide is for

When an employee says she is struggling, your first conversation does not need to solve menopause. It needs to help her feel heard, understand the work barrier and agree a sensible next step.

Your role in the first conversation

- Listen without diagnosing, doubting or comparing experiences.
- Focus on work impact and possible support.
- Explain what can remain private and what may need to be shared.
- Agree immediate actions, ownership and a review date.

What this guide does not provide

- Medical advice or a symptom assessment.
- Detailed employment-law advice.
- A complete menopause policy, training programme or case-management process.
- Authority to promise an adjustment before the right approval.

A capability-first principle

Menopause does not make women less capable. A symptom may interact with a particular shift, uniform, room, journey, deadline or communication pattern. Your task is to explore that barrier fairly and privately.

This guide uses ‘woman’ and ‘she’ because MAWA’s primary community is African professional women. Some transgender men and non-binary people also experience menopause and should receive the same respectful, individual support.

Before the conversation

Prepare the setting before you prepare your answers.

Check	What good preparation looks like
Privacy	Choose a place where the conversation cannot be overheard. For a virtual meeting, confirm that both people can speak privately.
Time	Allow enough time that the employee is not rushed. Reduce avoidable interruptions.
Your role	Know which adjustments you can agree and which require HR, occupational health or another decision-maker.
Policies	Check relevant health, flexible-working, absence, wellbeing and data-handling procedures. Do not pretend a menopause policy exists if it does not.
Alternative contact	Be ready to offer another appropriate person if she would be more comfortable speaking with someone else.
Mindset	Set aside assumptions about age, performance, family, culture, seniority or what menopause ‘should’ feel like.

If you noticed a change before she disclosed

Do not ask, ‘Is this menopause?’ Start with what you have observed and leave control of disclosure with the employee:

> ‘I wanted to check how you are. I have noticed that the early shift has been difficult recently. Is there anything work-related we should discuss or any support that may help?’

The first conversation in five moves

1. Thank her for speaking. ‘Thank you for trusting me with this. We can take the conversation at a pace that feels comfortable.’
2. Ask about work, not diagnosis. ‘Which parts of work are most difficult at the moment?’
3. Listen and clarify. ‘What would make the greatest practical difference over the next few weeks?’
4. Explore options without promising. ‘Let us look at what we can adjust now and what may need approval.’
5. Agree privacy and follow-up. ‘Before we finish, let us agree what will be recorded, who needs to know, and when we will review this.’

If you do not know what to say

It is better to be honest than to improvise medical or policy advice:

> ‘I do not have the answer yet, but I will find the right person or process and come back to you by [date]. I will not share more than is necessary without discussing it with you.’

If the employee becomes upset

- Pause and give her time.
- Ask whether she would like a break, water, to continue or to rearrange.
- Do not turn emotion into evidence that she cannot perform her role.
- If there is an immediate safety concern, follow your organisation’s emergency or safeguarding process.

Language that helps

Helpful language	Language or assumptions to avoid
‘What would you like me to understand about the impact on work?’	‘Are you sure this is menopause?’
‘What support would you like us to explore first?’	‘Everyone goes through it.’
‘Your experience may be different from someone else’s.’	‘My wife, sister or colleague managed without adjustments.’
‘You remain valued in this role.’	‘Perhaps this position is becoming too demanding for you.’
‘What are you comfortable with me recording or sharing?’	‘I need to tell the team so they understand.’
‘We can review the arrangement because needs may change.’	‘Once we agree this, the matter should be resolved.’

Avoid humour, euphemisms and public comments about age, moods, memory, periods, sweating or ‘women’s problems’. Do not praise disclosure in a way that makes the employee responsible for educating the whole team.

Respect cultural context without stereotyping

Some employees may use different language, prefer not to name menopause, or worry about stigma and career consequences. Ask what terminology and level of disclosure feel comfortable. Do not assume silence means there is no difficulty, or that openness is equally safe in every workplace.

Confidentiality and careful records

Treat menopause-related information as private health information. Explain confidentiality accurately; do not promise that information can never be shared.

During the conversation

- Ask what the employee is comfortable sharing and with whom.
- Explain if an adjustment requires HR or another person to approve it.
- Agree who will make that contact and what minimum information is necessary.
- Do not ask for detailed symptoms, test results, medication or medical records unless an authorised process genuinely requires information and the request is appropriate.

If a record is needed

- Record the work barrier, agreed action, owner and review date—not an unnecessary medical narrative.
- Use the organisation’s approved secure system rather than personal notes, messaging apps or email chains.
- Tell the employee what is being recorded, why, who can access it and how long it will be kept.

Limits to confidentiality

Where there is a serious and immediate safety concern or another legal obligation, information may need to be escalated. Follow applicable law and organisational procedure, share only what is necessary and, where safe and appropriate, tell the employee what you are doing.

This is introductory management guidance, not legal advice. Requirements differ across African jurisdictions; obtain local HR or legal advice where needed.

Immediate adjustments to explore

Ask before suggesting. The same adjustment will not suit every person, job or workplace.

Work barrier	Options to explore together
Heat, sweating or discomfort	Fan or ventilation, cooler seating, cold water, breathable uniform alternatives, access to washing facilities or permission to step out briefly
Sleep disruption or fatigue	Temporary changes to start time or shifts, planned breaks, remote work where feasible, reduced travel or scheduling demanding work later
Concentration or memory changes	Written follow-ups, clearer priorities, quieter focus time, fewer unnecessary interruptions or additional preparation time
Heavy or irregular bleeding	Reliable washroom access, more frequent breaks, sanitary supplies, change-of-clothing arrangements or flexibility on difficult days
Headache, joint discomfort or low energy	Workstation review, movement breaks, quiet space, task rotation or temporary duty adjustments
Anxiety or confidence concerns	Private check-ins, predictable expectations, preparation time, alternative contact or available employee-support services

Agree adjustments as a time-limited trial where appropriate. Record who will do what, the start date and when you will review whether the arrangement is helping.

Operational reality matters

In offices, field sites, factories, healthcare, retail and hybrid teams, the available options will differ. Where air-conditioning, power or private space is unreliable, consider low-cost alternatives such as seating, portable fans, water access, breathable clothing, shorter recovery breaks or adjusted timing.

When to involve HR

Involve HR or the appropriate people team when their authority or expertise is needed—not automatically because menopause has been mentioned.

HR may be helpful when

- An adjustment needs formal approval, funding or coordination across teams.
- A relevant policy, absence process or occupational-health route needs clarification.
- The employee wants another contact or the manager is not the appropriate decision-maker.
- There are concerns about unfair treatment, bullying, confidentiality or a formal workplace process.

Before contacting HR

1. Explain why HR involvement may help.
2. Ask for the employee’s knowledge and appropriate consent.
3. Agree what information is necessary and what should remain private.
4. Agree whether the employee, manager or both will contact HR.

If consent is not given

Do not disclose personal health information simply because involving HR would be convenient. Explain any limits to what you can approve alone. If an immediate safety issue or legal obligation changes the position, follow the appropriate process and communicate openly where possible.

Managers are not clinicians

You may encourage the employee to seek qualified healthcare support, but do not diagnose, recommend medicine, interpret tests or require her to defend her experience medically during an informal first conversation.

The follow-up

A respectful first conversation loses value if nothing happens afterwards. Before ending, complete this short checklist together.

Check	Agreed detail
The immediate action	What will change or be explored first?
Owner	Who will arrange or approve it?
Timing	When will it begin?
Privacy	What may be recorded or shared, with whom and why?
Alternative contact	Who else can the employee approach if needed?
Review date	When will you check whether the support is working?

At the review

- Ask whether the agreed action happened.
- Ask what difference it made to the work barrier.
- Check whether needs or work conditions have changed.
- Continue, adapt or end the trial by agreement and through the correct process.
- Do not ask the employee to prove that she is ‘better’.

Manager’s private reminder

Your goal is a workable, respectful arrangement—not a detailed understanding of the employee’s body or medical history.

About MAWA and further support

Menopause@Work Africa is a privacy-first, employer-sponsored platform designed for African workplaces. It supports women through confidential access to Ada, personal symptom tracking and insights, workplace tools and practical resources, while employers receive anonymised organisational insights rather than individual conversation content.

The MAWA Free Support Hub

- Offers a limited five-message introduction to Ada.
- Provides introductory resources for women and managers.
- Allows a woman to introduce MAWA to her employer without naming herself.

This guide is deliberately limited. It is not MAWA's complete manager toolkit, full training programme, policy template or organisational implementation plan.

Learn about employer-sponsored access at menopauseafrica.app

Information note

This guide provides general workplace education only. It is not medical advice or legal advice. Employers should apply relevant local law, organisational policy and professional advice.

Sources

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

2. Chartered Institute of Personnel and Development. Menopause at work guide for people managers. 6 April 2026. https://www.cipd.org/en/knowledge/guides/menopause-people-manager-guidance/

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

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