

THE MENOPAUSE: A TRADE UNION AND A WORKPLACE ISSUE



Based on the [action program for equality](#), the IUF has been working to make women visible in occupational safety and health (OSH).¹ Moreover, in 2023, the 28th IUF Congress adopted a resolution on the necessity of making menopause a workplace and trade union issue. (see [Annex 1 - page 11](#))

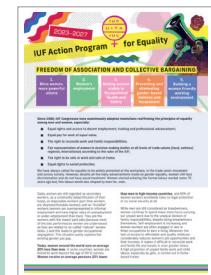
The IUF Women’s Conference approved a 2023-2027 action program for equality based on 5 pillars.

FREEDOM OF ASSOCIATION AND COLLECTIVE BARGAINING



This paper aims to provide IUF affiliates with guidance for how to implement the resolution and supports the third pillar of the IUF action program for equality on the specific issue of menopause.

This document is built on affiliates’ and other trade unions’ resources.



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MENOPAUSE IS NOT AN ILLNESS; IT IS PART OF THE NATURAL AGEING PROCESS FOR WOMEN, AND IT HAPPENS TO 51% OF THE POPULATION!

¹ Our reference document is [Making women visible in Occupational Health and Safety](#).

Menopause will not always cause major health issues, but it is commonly reported that around 8 in every 10 women will experience noticeable symptoms and of these, 45% will find their symptoms difficult to deal with.²

But menopause is still seen as a private matter, a taboo or “a women’s issue”. It is one of the aspects of women’s occupational safety and health that has historically been ignored or disregarded. Consequently, menopause is often not considered in the design of workplaces and working practices, and this can make menopause symptoms worse.³ According to the Wales Trades Union Congress (TUC) Cymru survey of 4000 women in 2016:

- almost 9 out of 10 felt that menopause had an effect on their working life;
- 1 in 3 hide symptoms at work, fearing for their jobs.

More recently in 2023, IUF affiliate **Unite the union** surveyed 11,000 women union members and found out that 83% of menopausal women have zero access to support at work. Unite the union wrote:

“Numerous women stated that they are not even allowed necessities and simple adjustments, such as fans for the office or leave of absence, meaning they must work in uncomfortable conditions during debilitating experiences like hot flushes.”

As many women are unable to access the adjustments they need, around 17% (1 out of 6) have considered leaving work due to a lack of support in relation to their menopause symptoms, and a further 6% have left work, according to a survey of over 2,000 women in the United Kingdom.⁴ Unite the union also revealed that a worker had been forced to take early retirement due to lack of help with menopausal symptoms.



Anonymous women workers from the food, drink and agriculture sector said:

“... my workplace does not understand working with the menopause, they do not provide air conditioning in the summer months when the heat is unbearable, instead they turn a blind eye.”



“Although we have toilet facilities some are a long way from where we work and also from where we enter the site (i.e. long walk from car park to nearest toilet). If a woman is in a hurry (as I have been with very heavy blood loss) it can be too far for them to get there in time to avoid an accident. This happened to me on many occasions whilst I am menopausal.”



“I’m currently going through the menopause and there is no work policy in place. I work in a kitchen so with hot flushes it’s extremely hot, can’t have air con on or have the door open.”



2023 Unite the union survey, testimonies

This needs to change, and unions have a key role to play.

2 Wales TUC Cymru “The menopause in the workplace. A toolkit for trade unionists” <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>, p. 4

3 See BSI Standards Publication, “Menstruation, menstrual health and menopause in the workplace – Guide”, https://www.bsigroup.com/siteassets/pdf/en/insights-and-media/insights/brochures/bs_30416.pdf, p. 10.

4 Survey carried out by the Chartered Institute of Personnel and Development in 2023.

1. What is menopause?

1.1. The different “phases” of menopause

The menopause has different “phases”:

- **Premature menopause** is menopause that occurs earlier because of, for example, medical interventions such as surgery to remove the ovaries (oophorectomy) or the uterus (hysterectomy), cancer treatments, chemotherapy, or a genetic reason. These types of menopause can be medically complicated.⁵ Sometimes the reason for early menopause is unknown. Employers should consider this when supporting their staff. According to the [National Health Service](#), 1 out of 100 women in the United Kingdom experience menopause when they are under 40.
- **Perimenopause** is when women have symptoms of the menopause before their periods have stopped. It lasts on average 4 to 5 years but can last longer. It leads up to the menopause.
- **Menopause** is when a woman’s periods stop due to lower hormone levels. On average, it happens between the ages of 45 and 55. Menopause and perimenopause symptoms are similar (*see below*).
- **Post-menopause** is when women reach menopause, which is defined as when they have not had a period for 12 months.

To make this document easy to read, the term “menopause” will be used to cover all the stages of the transition, unlike the medical definition.

MENOPAUSE: THE NEED TO BE INCLUSIVE

Menopause is a natural stage in life which affects women. It also affects people who have a menstrual cycle, including people who identify as non-binary or trans people, as well as intersex persons. Negative and discriminatory attitudes can make it more difficult, even impossible, for non-binary or trans people, or intersex persons to disclose what they are going through and ask for advice and support. In some cases, they can be affected by menopausal symptoms due to the natural menopause process, treatments or surgeries. This situation is even more sensitive for those who may not want to disclose their status.

Moreover, it is important to acknowledge and recognize that experiences and perception of menopause can differ according to disability, religion, age and origin.

This is why it is important **to fight against any kind of discrimination at the workplace** and promote equality for all! Fighting for equality in the workplace and for a gender-responsive and transformative occupational safety and health improves working conditions **for the whole workforce**. The more we acknowledge our differences, the better we can accurately assess the risks and implement mitigating measures, the more all workers are protected!



⁵ ACAS, “Menopause at work”, <https://www.acas.org.uk/guide-download/956?1725359275>. See as well USDAW, “Early menopause. An Advice Guide for Members”, <https://dtp.usdaw.org.uk/456/>

1.2. Symptoms

Symptoms of menopause can have physical and mental effects and will vary in duration, severity or impact. And everyone will experience the menopause differently.

The most common are:

- Hot flashes affecting the face and neck
- Night sweats (also during the day)
- Heavier and more irregular periods
- Insomnia
- Headaches
- Weight gain
- Vaginal dryness, itching and discomfort
- General irritability
- Mood swings

Women also complain of other problems such as nausea, the need to urinate frequently and urinary problems (such as cystitis), aches and pains, dry skin and eyes, dizziness, tiredness and lack of energy. Psychological symptoms can include short-term memory loss, anxiety, panic attacks, loss of confidence and brain fog.⁶

These symptoms can have a major impact on women's lives, including their personal relationships and work. Furthermore, the average age as well as the reporting of the most significant symptoms of menopause can also vary among women of different ethnic backgrounds. The causes of these differences are still unclear.⁷

Symptoms can be interconnected and can aggravate each other.

For instance, night sweats can aggravate sleep disturbances. And the lack of sleep can lead to lack of concentration or irritability.⁸

During post-menopause, women can be at an increased risk of developing osteoporosis ('brittle bones'), strokes and heart disease.

As symptoms differ between individuals, women are often incorrectly diagnosed by doctors, potentially leading to the wrong treatment.

STILL SOME IGNORANCE AMONGST MEDICAL PRACTITIONERS

On top of worldwide neglect and lack of medical research on women's health issues, including in occupational health and safety, the UK newspaper The Observer notes in its [editorial](#): "Too few primary care doctors have enough knowledge about the menopause; 4 in 10 medical schools do not even include menopause as part of their mandatory curriculum."

In 2022, in the UK House of Commons [Women and Equalities Committee report on Menopause and the workplace](#), a general practitioner and specialist in women's health and family planning described there being "misogyny within medicine when it comes to women's health", which led to the "normalisation" of women's pain and menopause symptoms.⁹



6 See <https://www.unitetheunion.org/media/1480/womens-health-safety-well-being-at-work-unite-guide.pdf>, p. 50 and <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>, p. 6.

7 <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>, p. 15.

8 Idem, p. 7.

9 House of Commons, Women and Equalities Committee, "Menopause and the workplace", First report of Session 2022-2023, p. 7, <https://committees.parliament.uk/publications/23281/documents/169819/default/>

In addition, there is a lack of medical research about the interaction between the menopause and other illnesses or conditions.



As Wales TUC Cymru notes,

*“Many women report that the menopause seems to make existing health conditions worse, triggering or coinciding with a flare-up of symptoms. Some women report that the menopause seems to trigger or coincides with the onset of a new condition”.*¹⁰

And women having treatment for other conditions, such as endometriosis, may suffer menopause symptoms.¹¹

So, it is a complex picture! And it is made more so by social attitudes: because menopause is still a taboo, many women workers are reluctant to raise it at work. This may violate their privacy as well as potentially put their jobs at risk.

Insecure employment is also a major factor. Women employed on casual contracts may feel reluctant to mention their menopausal symptoms because they are afraid that this will have a negative impact on their job security.

Women in informal working conditions are in an even more difficult situation as they do not have many options enabling them to access support. Rural women workers in informal jobs are often already denied the right to food security, education, housing, health systems, credit, and social security.

60% of women workers worldwide have no legal protection or no social security at all.

2. Acting: what can trade unions do – and pay attention to?

Women are increasingly working well into their 60s, so most are working through their menopause and beyond. Some women will not need support. But others may experience symptoms that affect their health and need adjustments or changes to continue performing their best at work.

Employers have a duty to provide a safe and healthy working environment for workers. This means making all necessary adjustments to make sure all workers are safe and healthy. Employers must also prevent workplace discrimination.

Unions support their members and fight against discrimination at work and for equality for all. Unions must consider the menopause at the workplace with an intersectional perspective. Indeed, one person may face more than one type of discrimination. For instance, a Black woman faces the double discrimination of sexism and racism. In addition, class, disability, sexual orientation and gender identity and other individual characteristics have combined effects, that “intersect” and overlap. Hence the need for intersectional viewpoints!

2.1. An equality issue

- **Educate.** It is essential to raise awareness and develop an open and informed workplace culture around the menopause. It is necessary to train not only shop stewards and trade union OSH representatives, but also the whole workforce. As a result, women may understand better why they are having symptoms. This lifts the barrier to their accessing proper and adequate support. Men colleagues also need to be educated so they feel able to support women.

10 <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>, p. 15.

11 See <https://thebms.org.uk/wp-content/uploads/2020/04/10-BMS-TfC-Induced-Menopause-in-women-with-endometriosis-APR2020.pdf>

Educational activities for workers can include lunchtime awareness sessions and workshops, distributing flyers and displaying posters at the workplace.

- **Map.** Mapping (which includes surveys) is a good way of collecting information from members in confidence, particularly on issues that some members may not feel comfortable talking about openly in the workplace. The results should form a good basis for discussions about menopause with the management. *(See Annex 2 - page 13)*
- **Don't joke.** Menopause cannot be treated as a joke at the workplace. It is key to fostering a workplace environment based on equality, dignity and respect.

2.2. A topic for negotiation: non-discriminatory workplace policies

Wales TUC Cymru raises the issue that several women had reported being penalized for their symptoms due to performance management and sickness/absence policies. Sickness policies should be reviewed jointly with management to ensure that they do not discriminate against people going through menopause, for example by recording menopause-related absence **separately**.

Suggested further actions are:

- Negotiate the **review of violence and harassment and anti-discrimination policies** to include the menopause and ensure it is made clear that the company will not discriminate against nor allow discrimination against any worker who discloses that they are menopausal. Moreover, menopause absence should not be included in any performance process or assessment.
- Negotiate a **workplace policy on menopause** which must be enforced in the workplace, monitored and reviewed regularly. *(See Annex 3 - page 17)*

- Define the **right of workers to disclose, or not**, their menopausal status. Make sure that all information provided will be treated confidentially and provide workers with references for medical consultations when possible.
- Establish, when possible, **trained people** who act as a point of contact for support and help on the menopause within the workplace and/or signpost and facilitate access to menopause support groups and actively encourage workers to seek support.
- While recognizing menopause is a very personal experience, negotiate different levels and types of **support and workplace adjustments** *(see below 2.4. - page 8)* and set a reasonable timeframe to achieve this.
- Negotiate **decent jobs with decent working conditions**. Fighting against casualization and precarious work redresses women's situation of vulnerability at work and in society,¹² as getting passed legislation banning zero hours contracts.¹³
- For women in **informal working conditions**, the priority remains to organize workers to make workers' voices heard, so they can build collective bargaining power, they can be directly involved in decision making, they campaign and access social security benefits and universal health coverage, and lobby with the government for employment regulation policies and with those who control OSH institutions in each country.

2.3. An OSH issue

As an OSH issue historically ignored or disregarded, we need now to:

- Train more women as trade union OSH representatives.

12 See for instance IUF "All for one = One for All. A Gender Equality Guide for Trade Unionists in IUF Sectors (2nd edition)", <https://www.iuf.org/wp-content/uploads/2022/03/2022-All-for-One-One-for-All-A-Gender-Equality-Guide-for-Trade-Unionists-in-IUF-Sectors.pdf>, pp. 19-22.

13 See for instance "Unite women call for all-out ban on zero-hours contracts at Labour's Women's Conference", <https://unitelive.org/unite-women-labour-ban-zero-hours-contracts/>

MEDICAL CERTIFICATION

“SIPTU will accept medical certification by an employee’s doctor. The Union may refer an employee for medical assessment. All information provided will be treated confidentially and in accordance with the Data Protection Policy. A Risk Assessment may be conducted to determine appropriate supports and accommodations.”

SIPTU Menopause and the workplace policy 2024



- Press employers to review workplace risk assessments and OSH policies jointly with trade unions to include the specific needs of menopausal women in risk assessments and ensure the working environment does not worsen their symptoms. *(See Annex 4 - page 20)*
- Negotiate paid time off for workers who are required to attend medical appointments due to menopause symptoms, so that they can attend without having to use annual leave and/or sick leave.
- Routinely include menopause in OSH related discussions and training.
- When appropriate and possible in the workplace, ensure that the employer, in consultation with workers, provides rest rooms or “well-being” rooms equipped with effective ventilation, cold drinks, coffee/tea-making facilities, comfortable seats, and so on.



Alison from the hospitality sector, and Monique from the food, drinks and agriculture sector said:

2023 Unite the union survey, testimony

“I have been suffering with menopausal symptoms and have had absolutely no help from my employer in managing this at work. I work for a major hotel chain but had to go searching for any policy and certainly my manager wasn’t aware of it. When I brought it to his attention, he just brushed me off even though there was a provision in the policy for extra breaks as at times, I was dripping with sweat. The real disappointment is that we have a good progressive policy but no one is told about it. Managers need to be aware and have training.”

“My members have really benefited from us having a good agreement with the company on Menopause awareness. Requests for reasonable adjustments are dealt with consistently rather than at the whim of an individual manager. Regularly promoting the policy, especially around menopause awareness day, ensures that this is a policy that doesn’t just sit on a shelf, but is put into action. I am still fighting for absences due to menopause being ringfenced and not included in any absence procedure.”



Beyond negotiating with trade union representatives on the topics mentioned above, employers should also provide regular and mandatory training to management, supervisors and Human Resources staff to ensure they recognize menopause as an OSH and equality issue. More broadly, employers should develop **awareness raising campaigns** for their staff. All workers should be entitled to paid time off to undertake training including training organized by their trade union.

ARLA (DAIRY COMPANY) UK MENOPAUSE POLICY 2024

“Arla are committed to building and engaging in an inclusive workforce where menopause is accepted as a normal cycle of life, and others know how to respond in such situations. It is the responsibility of the business to signpost relevant support so that our colleagues know where to turn if they need to. Arla will also provide training and guidance to our managers on how to best support their teams in relation to menopause.”

2.4. Adjusting the workplace, what does it look like?

Based on the experience of IUF affiliates, most requests for adjustments are not costly or difficult to implement yet can make a significant difference to the well-being of the workers experiencing menopause.

ADJUSTING THE WORKPLACE. NOT A BIG DEAL!

“Both the Union and the Staff Representative Council recognize that many employees develop coping strategies and that not all employees experiencing menopause symptoms will require adjustments. The signatories further recognize that employees may require adjustments for a limited period of time (e.g., prior to commencing hormone replacement therapy) while symptoms that impact on their work last.”

SIPTU Menopause and the workplace policy 2024

“Remember everyone is different so it is important for Managers to ensure any adjustments are discussed and agreed with employees on an individual basis.”

Nestlé UK Menopause guidance 2021

“The purpose of this policy is to raise awareness of menopause, its impact on individuals in the workplace and the adjustments that can be made to support colleagues before, during and after menopause, with the aim to build and maintain a stigma-free environment.”

Arla UK menopause policy 2024



2.5. Some examples of simple adjustments¹⁴

- **Temperature:** A woman’s body temperature may rise by up to 5 degrees during a hot flash so working in the kitchen or in a laundry can be very problematic. It can be even more dangerous in the climate crisis context (heat stress). It must be taken into consideration that women’s and men’s bodies react differently to hot conditions. *(See box on page 9)*
 - Examples of steps that can be taken to tackle high workplace temperatures include providing effective localized ventilation (including making additional fans available on request) and ensuring easy access to cold drinking water and shower and toilet facilities.
 - Work clothing or uniforms may be uncomfortable and increase sweating if worn for long periods, especially if it is close fitting and/or created from synthetic fibers. Dress codes should be flexible so that loose fitting clothing is permitted and workwear such as aprons made from natural fabric (as cotton or bamboo) should be prioritized, as well as dark colors.
 - Personal protective equipment (PPE), still frequently designed by men for men, must be designed to fit women comfortably and not aggravate menopause symptoms.
- **Working hours:** Irregular shift patterns can aggravate sleeping difficulties and increase depression or anxiety. A possible adjustment could be to agree on temporary changes to more regular hours with adequate rest between shifts, working from home or starting work later in the day to support someone who is having sleepless nights. Long shifts can make menopause symptoms worse, and a possible temporary adjustment could be to agree on shorter shifts.

¹⁴ Extracted and adapted from USDAW “Women’s Health. The Menopause and Perimenopause. An Advice Guide for Usdaw Members” <https://dtp.usdaw.org.uk/WH06-Menopause/>

WATCH OUT! WOMEN'S AND MEN'S BODIES REACT DIFFERENTLY TO HOT CONDITIONS

The ILO has written in 2024:

"On average, women have a higher percentage of body fat and lower aerobic fitness than men, both of which increase their risk of having higher core body temperature during physical work in hot conditions (...). In addition, women tend to sweat less than men and therefore have a lower capacity to dissipate heat to the environment, increasing the risk of having higher core body temperature (...) and, potentially, heat-related illnesses. Evidence has shown that women are 3.7 times more likely to be heat intolerant than men during physical work."

- **Heavy or irregular menstruation or the need to go frequently to the bathroom** can be mitigated by improving access to toilets, allowing workers to take toilet breaks when needed, flexible break times, providing showers for workers' use and providing free of charge sanitary products.
- **Dry eyes and skin, as well as headaches** can be aggravated by working at computers and screens, low humidity and excessive air conditioning. Having regular breaks away from screens can help, as well as providing humidifiers.

Other examples of adjustments can be found on pp. 28-33 of the Wales TUC Cymru ["The menopause in the workplace. A toolkit for trade unionists"](#).

Pre-existing medical conditions. If a woman has an existing condition that is worsened by the menopause, she

may need more time off for medical appointments or treatment for that condition and there may need to be a review and possibly changes to any reasonable adjustments that were previously in place.¹⁵

Women past menopause. OSH risk assessments should include the increased risks of developing osteoporosis for instance for women who are past menopause and provide mitigation measures.

3. Last but not least...

Any workplace policy or guidance for employers on menopause are to be welcomed, but unions should make sure this will not lead to discrimination when hiring or promoting women. It must also not perpetuate the assumption that women are unfit for the workplace or foster any other gender-based stereotypes such as "women are fragile and less productive."

Eventually, as the [Observer editorial](#) notes:

"... without a broader campaign to change attitudes towards older women, there is a risk it could play into harmful societal stereotypes about women in the workplace. (...) Some campaigners are justifiably worried that emphasizing the potentially debilitating symptoms of menopause without being clear that they are often treatable, and do not affect anything close to all women, may reinforce the negative perceptions society has of women as they age. (...) There remains a huge amount of stigma around menopause, and around female ageing more broadly, which is the product of sexism, pure and simple. So educating employers about the rights of menopausal women in the workplace cannot happen in isolation from a wider conversation about addressing, once and for all, the deep-seated and depressingly common prejudice that a woman past her childbearing years is somehow a lesser person."

¹⁵ Wales TUC Cymru "The menopause in the workplace. A toolkit for trade unionists", p. 15, <https://www.tuc.org.uk/sites/default/files/Menopause%20toolkit%20Eng%20FINAL.pdf>

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Annex 1

IUF resolution adopted by the IUF 28th Congress, June 13-16, 2023

Composite resolution B: Menopause, a workplace and trade union issue

Menopause is a natural process that every woman will experience, usually between the ages of 45 and 55 although menopause can arrive earlier for some women. Although the experience is varied and individual, seven out of ten women experience problems associated with the menopause, such as sweating, hot flushes, mood swings, difficulty sleeping and brain fog. Sometimes these symptoms can be misdiagnosed, exacerbating issues for women in the workplace.

Women often experience menopause in mid-career when they are taking on new challenges and more responsibility at work which may be in addition to caring responsibilities at home.

Knowledge and preparedness in the workplace, in the work life and in health care is important for women to be able to fulfil their potential and work as freely as possible until retirement. The importance of this issue should be seen from a gender equality perspective as well as from a socio-economic perspective. Ensuring that HR departments and supervisors are aware of the menopause, and that healthcare providers ask the right questions and make the right diagnoses, is crucial to reducing sick leave.

IUF affiliates can help raise awareness of menopause in the same way that they work to raise awareness of menstruation as a trade union issue.

IUF affiliates can influence workplace conditions for menopausal women and influence policy decisions to strengthen menopausal competence in the health sector. Similarly, trans+ workers need a culture which encourages confidence that issues will be dealt with sympathetically.

It is recognized that women in precarious employment are most at risk of discrimination of all kinds including discrimination and disadvantage in employment which may arise while a woman is experiencing menopausal symptoms. Workplace policies must not discriminate against women in insecure work arrangements.

Employers through discussion with trade unions should adopt a workplace menopause policy to be integrated into the wellness, health and safety framework which commits to:

- Providing information and support for all workers experiencing menopause and menopausal symptoms
- Eliminating the stigma and taboo around menopause
- Undertaking Risk assessments which take into account individual needs
- Undertake training and awareness raising for all staff
- Develop contact persons for women to approach in confidence.
- Encourage workers to seek advice, guidance and representation from their union as appropriate.

Annex 1. IUF resolution adopted by the IUF 28th Congress, June 13-16, 2023

This 28th Congress therefore resolves to:

Highlight menopause as an issue that affects working women;

And calls on affiliates to:

- Actively promote awareness of menopause in the workplace during the next Congress period.
- Actively work during the next Congress period to prevent exclusion from work, study or society due to menopause.
- Call for menopause awareness in health care to avoid misdiagnosis and the need for sick leave.
- Develop menopause awareness training for union representatives.
- Ensure that menopause is seen as a collective workplace health and safety trade union issue;
- Negotiate workplace policies with employers through collective bargaining;
- Promote this work across union networks to ensure that materials are available to all union members;
- Review any progress regarding the introduction of policies via sector updates.

Annex 2

Mapping activities

Why use mapping?

Unions around the world are using mapping techniques to help workers identify health and safety hazards at work. This collective approach helps protect individual workers who are afraid to speak up about their concerns.

Mapping techniques provide a way for workers to use their own experiences to document workplace health and safety problems. This practical and collective approach not only helps identify issues and raise awareness but is also the key to recruitment or organising campaigns.

These techniques are participatory methods by which workers gather and analyse their own knowledge and experiences. With the information gained, workers and unions can develop strategies to eliminate or reduce workplace hazards and to improve health and safety on the job.

Mapping can also be used to show how workers are affected by what they did years ago at work (for example exposure to asbestos or chemicals).

Mapping method

Start by mapping what problems workers are having (body mapping), and then look at the causes (hazard/workplace mapping). This is a way of involving all your members. It can often be done during a work break and, once people begin to do it, they often find it to be empowering as they realise that they are not alone.

1. Body mapping

Body mapping is participatory – and fun. It can be used effectively where workers speak different languages or don't read well and is a quick way to make sense of complex situations. Maps can show the different experiences of workers by age, seniority, job or gender.

Body maps can show the patterns of symptoms and the long-term effects of hazards; workplace maps give an overview that individuals do not have. You can use the two types of maps together to see the workplace in a new light.

The first step is to find common problems – then the detective work to find the hazards behind the symptoms begins.

Steps to take

1. Make a front and back outline of a body on a large sheet of paper.
2. Decide what your questions are. Are you looking for aches and pains? All the symptoms workers have now? Long-term effects, such as cancer, chronic pain or stress? Do you want to see the effects by gender, age, job or seniority?
3. Organise the participants into groups. If you want information by age, for example, divide them into groups based on that category.
4. Give each group coloured pens or pencils, or sticky dots, to mark their symptoms. One method uses red = aches and pains, green = where you feel stress, blue = other symptoms that may be work-related. To get the overall picture, get them to place their mark on the large body map.

2. Hazards mapping

You can also use workplace mapping to identify the hazards behind the symptoms that show up on the body map. This technique can be used to identify a wide range of hazards, including those which may worsen menopausal symptoms.

Before making any kind of map, get the group of workers to discuss the following:

1. How is the work organised (e.g., number of workers, shifts, hours worked and breaks)?
2. What is the work process (how work is done, the tasks, the machines & tools used)?
3. What are the hazards (using the categories below)?
4. What complaints or symptoms show up in conversations?
5. What measures are being taken to prevent or reduce the hazards?
6. What else could or should be done?

Groups of workers then draw the layout of their workplace or work area. Be sure to include doors, windows, offices, washrooms, desks, machinery and equipment. The larger the map, the more detail you can have. Try to include the questionnaire information on the map without making it too cluttered.

Hazards are often divided into six categories:

1. Safety (immediate causes of injuries)
2. Physical (energy sources such as radiation, temperature, noise)
3. Chemical (dusts, liquids, gases)
4. Biological or communicable (infection, needlesticks, mould)
5. Ergonomic (force, repetition, posture, design of control panels)
6. Work organisation/psychosocial risks (things that cause stress such as long or odd work schedules, no discussion about the job, workload, work/life balance).

Draw a different large, coloured circle or shape to show each category of hazard. The number of workers who may be exposed to the hazard can be marked inside the circle, using sticky dots or some other format to show where individual people work.

3. Thermal mapping

Check if your national legislation places a legal obligation on employers to provide a “reasonable” temperature in the workplace or if there is any minimum temperature policy at the workplace. See for instance the 2024 ILO report [“Heat at work: Implications for safety and health”](#) pp. 46-47.

Unfortunately, generally there is no legal provision for a maximum limit for workplace temperature. **This is a key negotiating issue for change not only around the menopause but also when unions are negotiating mitigation measures relating to the climate crisis.**

If the temperature does become uncomfortable for longer periods, risk assessments should be carried out, and this would include a thermal mapping exercise. The UK Health and Safety Executive (HSE) has developed guidance on what thermal comfort is and the six factors that employers and safety reps should look out for. The six factors affecting thermal comfort are both environmental and personal. These factors may be independent of each other, but together contribute to a worker’s thermal comfort.

Annex 2. Mapping activities

Environmental factors:

- Air temperature
- Radiant temperature
- Air velocity
- Humidity

Personal factors:

- Clothing insulation
- Metabolic heat

Thermal mapping in practice¹⁶

First identify where issues are arising by using simple questionnaires (see for instance the one recommended by the [HSE](#))

Thermostats should be placed in various locations of the room at workstation height to identify hot or cold spots. Temperature readings should be taken at various times of the day. Take note of any environmental factors which may have an effect in these areas. Issues of thermal comfort should be dealt under the normal hierarchy of risk management:

- Elimination
- Substitution
- Engineering controls
- Administrative controls
- Personal protective clothes and equipment

Outdoors working

The [UK Health and Safety Executive \(HSE\) body](#) recommends the following when working in outdoors hot environments. This is relevant to adapt in menopause policies:

- Reschedule work to cooler times of the day
- Provide more frequent rest breaks and introduce shading to rest areas
- Provide free access to cool drinking water
- Introduce shading in areas where people are working
- Encourage workers to remove personal protective equipment when resting to help encourage heat loss
- Make sure workers can recognise the early symptoms of heat stress

16 NOTE for UK trade unions: Health and safety reps should use the Safety Representatives and Safety Committee (SRSC) Regulations (1977) to carry out regular inspections to obtain readings over a longer period of time. They can use these rights to request that the employer provide multiple thermostats as facilities necessary to undertake an investigation. A copy of the SRSC regulations can be found at: <http://www.hse.gov.uk/pUbns/priced/l146.pdf>

Further information on thermal comfort can be found at: <http://www.hse.gov.uk/temperature/thermal/index.htm>

4. Surveys

Surveys can be a helpful way of collecting information from members in confidence, particularly on issues that some members may not feel comfortable talking about openly in the workplace. They can also be useful for establishing and measuring what the issues are and what action is needed and can help to make the case for action.

Surveys can be carried out online or paper-based surveys can be used¹⁷.

Surveys can be done anonymously but it is important to make sure that any information that is sensitive or could identify individuals is treated in confidence and stored securely.

Trade unions representatives might want to include measures as part of survey as:

- the types of symptoms experienced
- how people feel the menopause affects working life
- how the workplace affects their symptoms or creates difficulties
- whether people are comfortable raising the subject or discussing with managers
- negative or discriminatory treatment or comments about the menopause
- what support, changes or adjustments people feel would help
- any examples of good practice
- establish support for a policy/union action on the issue
- information about the respondent – age, gender, any other characteristics (for instance disability)
- information about the respondent's work area, department, type of job – this may help identify particular 'problem' areas in the workplace

Go on Google and search for “Menopause talking toolkit” by USDAW.

¹⁷ See for instance the online USDAW Menopause survey: <https://www.smartsurvey.co.uk/s/MeWorkandtheMenopause/>

Annex 3

Menopause model agreement

This is an example of how a workplace menopause policy might look.¹⁸ It is provided to outline key areas for negotiating improved rights for women going through the menopause in the workplace. It should be adapted as needed to fit the workplace's realities and comply with the existing national legislation. It should be used as a starting point.

1. Policy statement

The employer and the union recognise that the menopause is a key issue for women in the workplace particularly with regard to:

- Enhancing the equal opportunities of women at work.
- Ensuring women's health, safety and welfare whilst at work.
- Recognising the talent and contribution of all sections of its workforce.
- Ensuring that the employer recruits and retains skilled workers.

2. Scope

This agreement will apply to all employees who are peri-menopausal, menopausal or post menopause irrespective of grade, status, sex, race, nationality, disability, sexual orientation, age, caring responsibilities, gender identity, hours worked and length of service.

The employer and the union recognise that health, safety and welfare, sex discrimination, disability discrimination and equal pay for work of equal value are subject to provisions laid down in legislation.

The employer and union undertake to monitor and review this agreement on a regular basis to ensure that, as a minimum, it meets the requirements of the law [IF APPLICABLE].

The employer and the union agree that individual grievances shall be subject to the existing grievance procedure.

3. Equal opportunities

The employer opposes all forms of discrimination directly or indirectly related to the menopause, including on the grounds of age, sex, race, disability, sexual orientation and gender identity and including discrimination in training, promotion and job security.

The employer will remove any additional barriers faced by women of different ethnic backgrounds, disabled women, and Lesbian, Bisexual women and Trans+ employees experiencing the menopause.

The employer and the union will work in partnership to promote a positive attitude towards employees throughout the menopause and endeavour to create a working environment where work and the health effects of the menopause on women workers can be combined.

¹⁸ It is based on [Unite the union model agreement](#) and has been adapted with other existing policies negotiated by IUF affiliates.

Annex 3. Menopause model agreement

The employer will work proactively to make adjustments where necessary to support women experiencing the menopause and to ensure the workplace does not make the symptoms worse. [Examples of specific adjustments for different symptoms could be added here or put into a separate guidance document]

The employer offers flexible working as default for all existing and future positions.

The employer undertakes to ensure that appropriate training is given to all employees with supervisory and personnel responsibilities to ensure the effective implementation of this equal opportunities commitment.

The role of trade union representatives will be supported through paid release and training.

4. Health, safety and welfare

The employer recognises that the menopause is not an illness

The employer also recognises that the menopause is a workplace health, safety and welfare issue for women in particular but safe and healthy working affects all employees.

In accordance with the national legislation [TO BE COMPLETED IF APPLICABLE], the employer is committed to ensuring that the jobs, the work environment (including the provision of clean, safe and accessible sanitary and welfare facilities and maintaining a comfortable workplace temperature) are designed to be safe for all workers, including menopausal women workers.

The employer undertakes to carry out appropriate risk assessments including individual assessments and comply with any other regulations that may apply to a particular work situation – as to offer health assessments to night workers.

The employer undertakes to consult and involve the union safety representative(s) in all health and safety matters and decisions.

It is recognised that some work may be more hazardous for, or endanger the health of, menopausal women and that job adjustments may need to be made to ensure the health, safety and welfare of all the employees. The woman's right to transfer her duties in these circumstances, including transferring from night shift duties, without loss of pay or status, is recognised.

Any other reasonable requests for adjustments as for instance to workstation, working hours, will be dealt with as they arise

The employer recognises their duty when providing personal protective equipment to take account of the health of those who may wear it and undertakes to provide uniforms and personal protective equipment and clothing which are suitably designed for menopausal women.

The employer undertakes to ensure that a flexible approach is adopted towards rotas, shifts and the provision of toilet and rest breaks.

The employer recognises that experiences of the menopause may differ greatly for each employee particularly for trans+ employees.

Annex 3. Menopause model agreement

The employer appoints a named suitably trained person for confidential support and advice regarding any issues related to menopause.

The employer recognises that providing information and training about the menopause is essential for all managers and supervisors to ensure that menopause issues are handled sensitively and appropriately in the workplace.

The employer also recognises that providing information, training and support for all workers is essential, including general health awareness.

5. Medical treatment

Menopausal women employees will be entitled to take time off in paid work time to attend medical appointments and screening.

6. Sickness absence

The employer recognises that the menopause is not an illness and that sickness absence, capability, disciplinary and performance policies will not penalise women who have to take time off from work because of symptoms related to the menopause.

Employees experiencing menopause-related sickness, with psychological or physical symptoms will be eligible for up to [XX] days additional paid leave

Absence for reasons associated with the menopause will be recorded separately and where appropriate as an ongoing, fluctuating health issue.

The employer ensures return to work interviews consider that absence could be related to the menopause and train managers to have a supportive and sympathetic approach.

Annex 4

Menopause risk assessment¹⁹

1. Health and safety management

Is there a workplace menopause agreement/policy?	
Have managers and supervisors been trained in issues relating to health, safety and welfare and the menopause?	
Have all employees been made aware around menopause?	
Have managers and supervisors been trained in issues relating to women's health, safety and welfare?	
Does the risk assessment include consideration of the menopause and other gender issues?	
Does the risk assessment include consideration of the menopause for trans+ employees?	
Is an individual risk assessment related to the menopause carried out?	
Do workers have access to information on the menopause?	
What occupational health arrangements have been made in relation to the menopause?	
Does the sickness absence policy recognize the menopause as a health, safety and welfare issue?	
Is there flexibility with regard to working hours and practices including temporary or permanent adjustment of shift patterns or hours, home working, alternative tasks and duties?	
Are there arrangements for lone workers and travelling to and from work at unsocial hours?	
Is an environment of openness and transparency encouraged where members can talk about the menopause?	
Can women report menopause related sickness to a woman manager?	
What arrangements are in place to deal with related issues such as stress management?	

¹⁹ Risk assessment check list adapted from [Unite the union's material](#).

Annex 4. Menopause risk assessment

2. Sanitary and health issues – frequent urination, heavy periods, irregular periods, nausea and vomiting

Are workstations easily accessible to safe, clean sanitary facilities and rest facilities?	
Are there private washing and changing facilities which are separate for women and men?	
Is there access to free sanitary products?	
Do rotations, shifts and schedules ensure that workers have easy access to safe, clean sanitary and washing facilities including for mobile workers and those on off-site or temporary locations?	

3. Temperature – hot flushes and perspiration

Is there a policy on workplace maximum (and minimum) temperature and is it implemented?	
How is it implemented?	
Is ventilation available and is it regularly maintained?	
Is additional ventilation e.g. portable fans provided if necessary?	
Do uniforms and PPE reflect the needs of menopausal women?	
Is loose clothing provided?	
Is it made of natural fibers?	
Is there access to cold drinking water including for mobile workers and those on off-site or temporary locations?	

Annex 4. Menopause risk assessment

4. Aches and pains, dizziness, lack of energy, headaches

Have workstation risk assessments been reviewed to take the menopause into account?	
Are there opportunities to switch to lighter or different duties?	
Do manual handling assessments take these issues into account?	
Do sickness absence policies exclude menopause symptoms or do they record menopause related absence separately?	
Are there flexible working arrangements in place in relation to breaks?	
Do working hours in general take account of these health issues?	
Is there access to natural light?	
Are there regular and flexible breaks?	
Are work processes considered?	

5. Mood swings, irritability, loss of concentration, insomnia

Is there flexible working time?	
Are there flexible breaks?	
Is there access to natural light?	

6. Workstations and work environment: skin and eyes

Has workstation design been assessed and reviewed?	
Where visual display units are used are there regular breaks?	
Are ventilation systems functioning?	
Are humidifier systems functioning?	

Annex 4. Menopause risk assessment

7. Are there any other conditions in your workplace which may be relevant to menopausal women?

A large rectangular box containing 20 horizontal lines for writing.



IN 2023, IUF AFFILIATE UNITE THE UNION SURVEYED 11,000 WOMEN UNION MEMBERS AND FOUND OUT THAT 83% OF MENOPAUSAL WOMEN HAVE ZERO ACCESS TO SUPPORT AT WORK.

THIS NEEDS TO CHANGE, AND UNIONS HAVE A KEY ROLE TO PLAY.

It is important to fight against any kind of discrimination at the workplace and promote equality for all!

This document aims to support IUF affiliates in making the menopause a trade union and workplace issue.

It is built on affiliates' and other trade unions' resources.

THE MENOPAUSE: A TRADE UNION AND A WORKPLACE ISSUE



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International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)

Rampe du Pont Rouge, 8
1213 Petit Lancy
Switzerland

iuf@iuf.org

www.iuf.org