GHANA WOMEN FRIENDLY WORKPLACES REPORT

2025 EDITION

Konfidants
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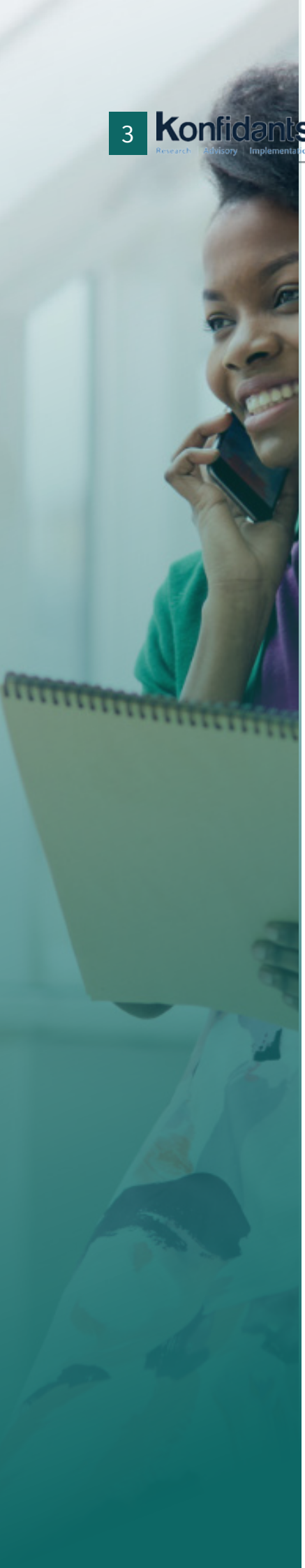

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ACKNOWLEDGEMENT

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Research Team: The Research team comprised Roselyn Adadzewa Otoo, Naomi Baffour Gyau, Bismark Addo, Michael Kottoh, and Josephine Boateng.

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01

EXECUTIVE SUMMARY

The Silent Burden on Ghana's Workforce

Supporting the well-being of the workforce is essential to unlocking the full productivity potential of Ghana's economy. This report explores how Ghanaian workplaces are responding to the diverse reproductive health (RH) needs of women, from menstruation and fertility challenges to pregnancy and miscarriage. Drawing on data from a cross-sectional survey of 2,085 working women across the country, our findings indicate that while progress has been made in implementing statutory entitlements like paid maternity leave, many human resource practices still fall short when it comes to broader, gender-sensitive RH policies. These gaps create barriers to women's productivity, impact organisational performance, and limit progress toward national development goals.

The Numbers That Matter: Key Findings at a Glance

Widespread Need:

- **79%** of women experienced at least one reproductive health challenge during their employment.

Critical Support Gaps:

- **80%** of workplaces offer NO specific support for menstrual health.
- **89%** of workplaces offer NO support for women trying to conceive.

Direct Career Impact:

- **40%** of women have been forced to make a significant career-altering decision (e.g., resigning, delaying promotion) due to their RH needs.

Workplace Discrimination:

- **1 in 5 women (18%)** reported experiencing direct discrimination at work related to their reproductive health needs.

Beyond the Numbers: The Human and Business Cost

The data reveals a stark reality: for many women, the workplace itself becomes a source of stress and exclusion. While paid maternity leave is a well-established right (received by **92%** of mothers), the journey does not end there. Support for returning mothers is often inadequate, and policies for other common life events are ambiguous or nonexistent. Nearly half of all women surveyed (**48%**) do not know if their workplace provides leave for miscarriage, leaving them without clarity or support during an already difficult time. This lack of a comprehensive support system contributes to lower morale, increased absenteeism, and a significant loss of experienced, capable talent for Ghanaian businesses.

Beyond policy gaps, many women faced day-to-day challenges at work—from inadequate facilities to stigma and, in some cases, direct discrimination (reported by **18%** of respondents). As a result, **40%** of women made career-altering decisions due to RH-related concerns. Pregnancy was the leading factor (**46%**), but significant numbers also cited dysmenorrhea (**18%**), miscarriage (**12%**), and fertility challenges (**12%**) as reasons for changing their career paths. These decisions often mean losing

experienced and capable women from the workforce.

Encouraging signs

While maternity leave remains the most widespread support, some private sector employers are taking further steps, offering menstrual hygiene supplies and flexible work options. These innovations, though not yet widespread, show what's possible. Paternity leave, though less common, also emerged as a key source of support. Among women whose partners had access to it, 85% reported it had a positive impact, underscoring the value of inclusive family policies. However, across both public and private sectors, many women described their workplace RH support as neutral or ineffective. This suggests that while some promising practices exist, overall provision still falls short of delivering meaningful change at scale.

Implications & Business Case

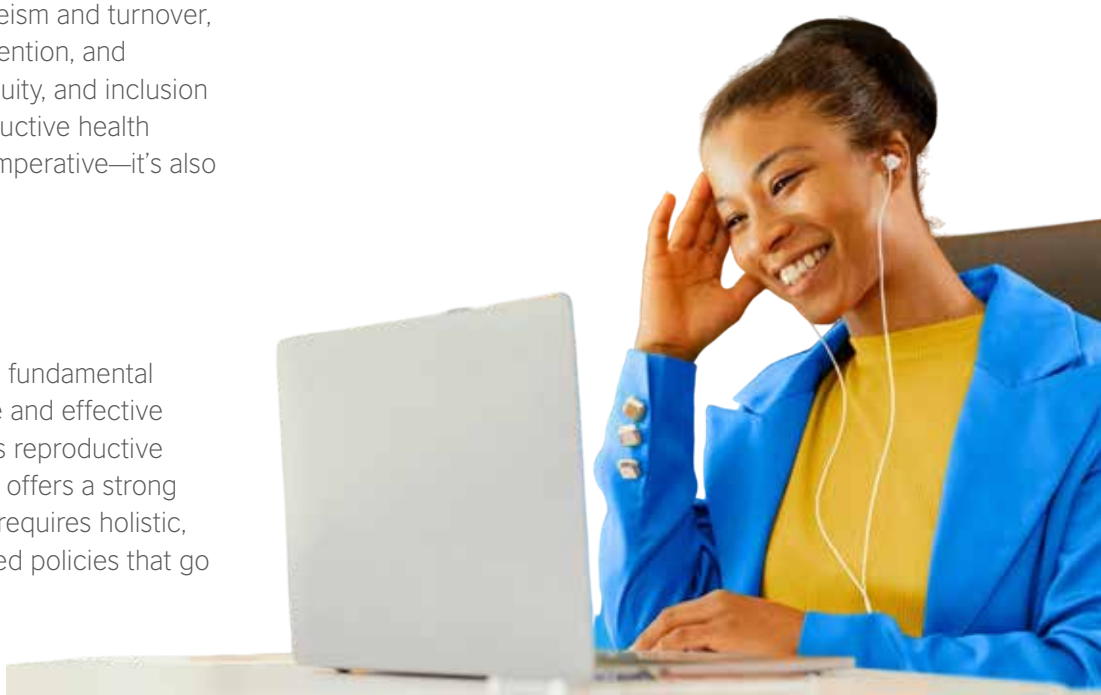
Failing to support women's reproductive health needs limits progress toward gender equity—and carries real costs. Productivity losses, increased absenteeism, and the departure of experienced employees all affect the bottom line. At the same time, this report highlights a compelling business case for investing in RH support. Strengthening existing provisions like maternity leave and adopting innovations seen in the private sector, such as flexible work and menstrual health support, can deliver clear returns. These include improved employee well-being, reduced absenteeism and turnover, stronger recruitment and retention, and progress toward diversity, equity, and inclusion (DE&I) goals. In short, reproductive health support is not only a social imperative—it's also smart business.

Conclusion & Key Recommendations

Ghanaian workplaces need a fundamental shift toward more responsive and effective support systems for women's reproductive health. While maternity leave offers a strong starting point, true progress requires holistic, consistent, and communicated policies that go beyond legal minimums. This transformation will require collaboration across sectors. The study recommends the following actions:

- Policy Enhancement & Enforcement: Strengthen enforcement of existing protections (Labour Act 651, Affirmative Action principles), close policy gaps on issues like menstruation, miscarriage and fertility challenges, and explore employer incentives for proactive RH support.
- Employer Action (Public & Private): Develop and implement internal RH policies. Learn from private sector examples, including flexible work options, on-site facilities like nurseries, lactation rooms and hygiene supplies. Promote supportive workplace cultures through staff training and transparent communication, and address support gaps in the public sector urgently.
- Advocacy & Research: Continue driving change through advocacy, employee education, cross-sector partnerships, and focused research on what truly works in the Ghanaian context.

Supporting the full spectrum of RH needs is not just a moral imperative, but also a pathway to thriving employees, resilient organisations, and national progress.



02

INTRODUCTION

2.1 Background

Women's participation in the workforce has steadily increased across the globe—including in Ghana, where women are entering diverse sectors and roles, some of which were historically dominated by men. Yet, this progress has not been matched by workplace structures that address the specific needs of women—particularly those related to reproductive health (RH).

Reproductive health includes a range of experiences such as menstruation, fertility, pregnancy, childbirth, and menopause. These are not only personal health concerns but also critical workplace matters. They shape productivity[1], gender equity, and employee well-being, and connect directly to national development goals including SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), and SDG 8 (Decent Work and Economic Growth).

Although Ghana's Labour Act (2003) and Affirmative Action provisions establish key protections, many workplaces still fall short in supporting women's RH needs. This lack of responsiveness affects not only individual health and career outcomes, but also household income, child development, and long-term demographic trends.

Some countries have begun to address these links—implementing RH-friendly workplace policies to improve workforce retention or reverse declining birth rates. In Ghana, the growing number of educated and working women presents a timely opportunity to create work environments that match the realities of their lives.

This report asks a central question: How can Ghanaian workplaces better support women's reproductive health—allowing them to contribute fully to the workplace and society without compromising their health and well-being?

2.2 Research Questions

This study was guided by the following questions:

- What reproductive health challenges do women face in the workplace?
- What policies or forms of support currently exist to address these challenges?
- How do women experience and perceive the support (or lack thereof) provided at work?

2.3 Research Objectives

The objectives of this study are to:

- Document the key reproductive health issues women encounter in their workplaces
- Identify and evaluate existing workplace policies and forms of support related to RH
- Understand how women experience and perceive RH-related support in practice
- Offer clear, evidence-based recommendations for improving workplace RH support

2.4 Overview of Sections

This report is structured into seven key sections. Section 1 provides an executive summary. Section 2 sets the background and introduces the objectives. Section 3 outlines the research methodology. Section 4 presents findings from the survey. Section 5 offers analysis, and discussion. Section 6 provides recommendations, and Section 7 concludes with final reflections and key takeaways.

1 Danna Karen https://www.researchgate.net/publication/247569840_Health_and_Well-Being_in_the_Workplace_A_Review_and_Synthesis_of_the_Literature#:~:text=The%20core%20constructs%20of%20health,forth)%2C%20and%20general%20health.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METHODOLOGY

This section describes how the study was conducted to investigate workplace support for women's reproductive health in Ghana.

3.1 Research Design and Approach

We used a quantitative cross-sectional survey to collect data. This approach helped us capture trends in women's experiences, perceptions, and needs related to reproductive health support in the workplace. It also allowed us to reach a large and diverse sample, helping us identify common patterns.

3.2 Data Collection and Sampling

The survey ran for three weeks and was distributed online through various digital communities. These included social media groups like 'Tellitmoms' on Facebook and professional/alumni association networks such as 'Old Girls Association' WhatsApp groups.

We used snowball sampling to reach participants. Initial respondents were invited to share the survey with others in their relevant networks. This approach was effective for reaching working women across different sectors, especially given the strong word-of-mouth culture in many of these online spaces. Our target sample size was 2,000. By the end of the collection period, we received 2,085 valid responses, exceeding our goal.

3.3 Data Analysis

After data collection, responses were compiled and cleaned. The quantitative data from the online survey were analysed using IBM SPSS Statistics (version 29). We used descriptive statistics—mainly frequency distributions and percentages— to summarise participant characteristics and highlight patterns in their experiences and perceptions of reproductive health support at work.

3.4 Ethical Considerations

Ethical standards were maintained throughout the study. All participants gave informed consent, with survey's introduction clearly explaining the purpose of the study, the voluntary nature of participation, and how the data would be used. Participants' anonymity and confidentiality were protected. No personally identifiable information—such as names or workplace details—was collected, ensuring that individual responses could not be traced. All data were securely stored and used solely for this research.

04

FINDINGS

Workplace Realities for Women's Reproductive Health in Ghana

4.1 Profile of Respondents

This section provides an overview of the survey sample, including key characteristics such as respondents' age, sector of employment, role within their organisations and the industries in which they work.

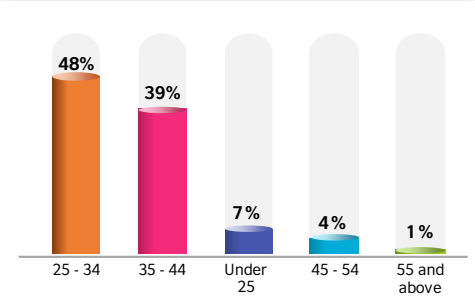


Figure 1a: Ages of Respondents

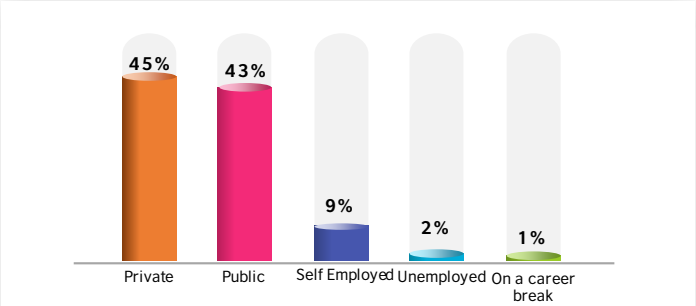


Figure 1b: Sector of Employment

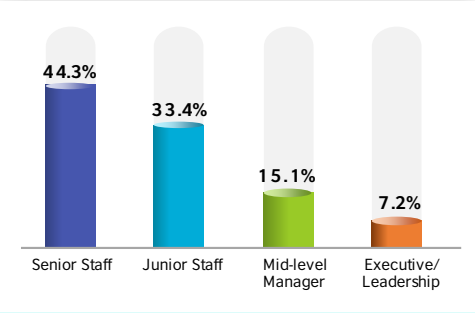


Figure 1c: Level/Status in Organisation

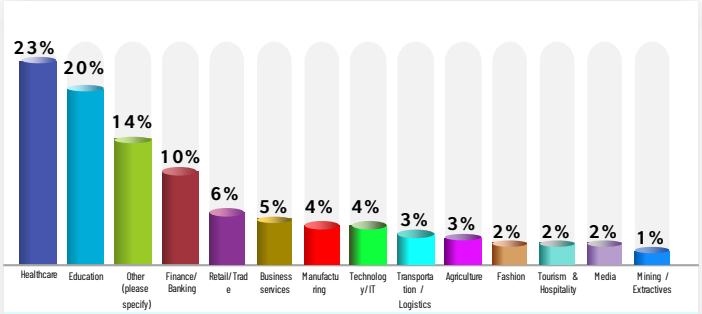


Figure 1d: Industry of Work

Konfidants Women-Friendly Workplaces Survey, February 2025

The majority of respondents (48.2%) were in the 25-34 age group, followed by those aged 35-44 age (39.1%). Smaller proportions were reported for ages 45-54 (7.0%), under 25 (4.5%), and 55 and above (1.2%). This indicates a strong concentration of respondents in the younger to mid-career working-age bracket (see Figure 1a).

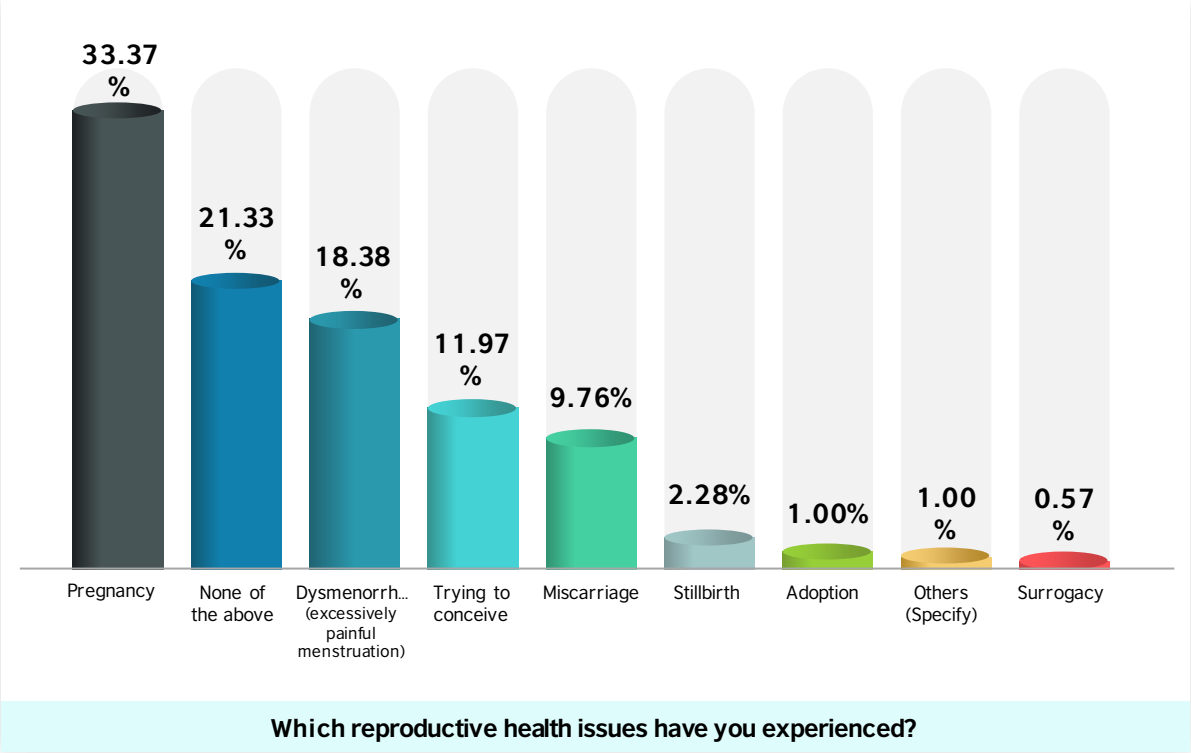
In terms of employment type, most respondents worked in the private sector (45%) or the public sector (43%). A smaller share reported being self-employed (9%), unemployed (2%), or on a career break (1%) (see Figure 1b).

Regarding respondents' roles within their organisations, (44.3%) identified as senior staff, followed by junior staff (33.4%), mid-level staff (15.1%), and executive or management-level staff (7.2%) (see Figure 1c).

Respondents came from a wide range of industries (see Figure 1d). The most common sectors represented were health (23%), education (20%), and finance (14%). Other industries—including technology/telecom, transport, agriculture, fashion, tourism, media, and mining, though each accounted for 10% or less of the sample.

4.2 What are the key reproductive health issues women face?

Figure 2: Prevalence and Types of Reproductive Health Issues Experienced

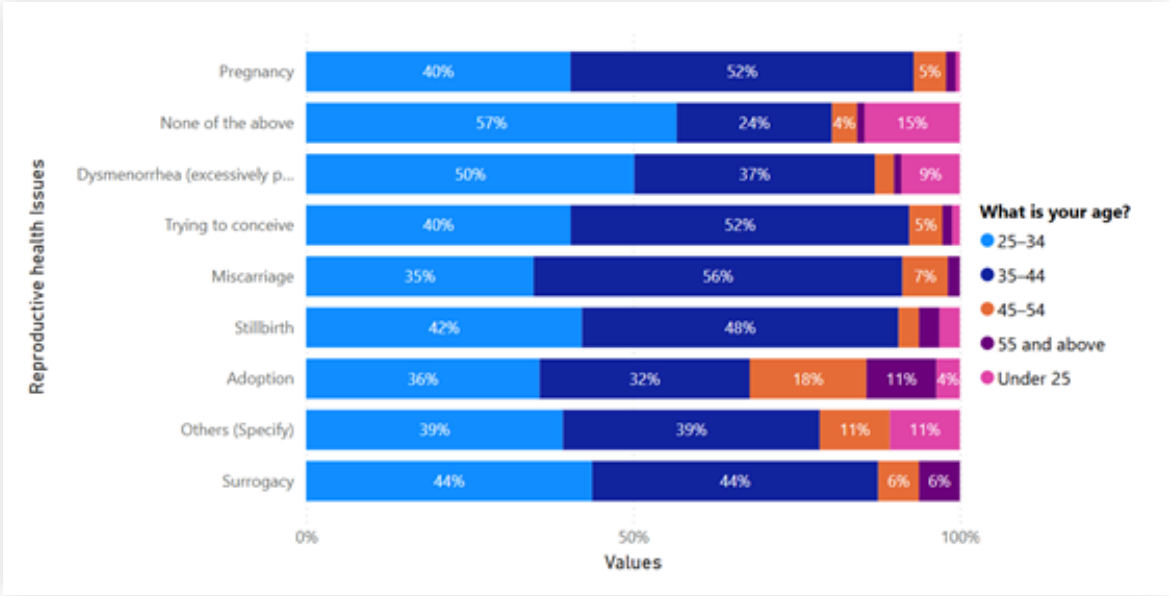


Konfidants Women-Friendly Workplaces Survey, February 2025

The survey identified eight common reproductive health issues and invited respondents to select all that applied to their experience (see Figure 2). In total, 79% of respondents reported experiencing at least one of these issues—or another RH-related concern they described in their own words. The two most frequently cited issues were pregnancy (33.3%) and excessively painful menstruation (dysmenorrhea) (18.4%). Additional RH concerns shared through open-ended responses included: preterm birth, fibroids, bleeding at work due to placenta previa, children with special needs, pre-eclampsia, ovarian cyst, and even challenges forming a relationship due to the demands of certain job locations or industries. These findings reflect the wide range of reproductive health experiences that shape women's lives in the workplace—some widely recognized, others less often discussed but equally impactful.

4.2.1 Mapping Women's Reproductive Health by Age

Figure 3: Mapping Women's Reproductive Health by Age



Konfidants Women-Friendly Workplaces Survey, February 2025

To better understand how reproductive health experiences vary, the survey disaggregated responses by age groups (see Figure 3). The findings reveal that certain RH issues are more prevalent at specific life stages, reflecting the diverse needs women face across their working lives.

Pregnancy was most frequently reported by women aged 35-44 (52%) and 25-34 (40%). Similarly, TTC followed the same pattern—52% of TTC-related responses came from the 35-44 group, and 40% from those 25-34. Miscarriage was also most reported by the 35-44 age group (56%), with the 25-34 group contributing 35% of these responses.

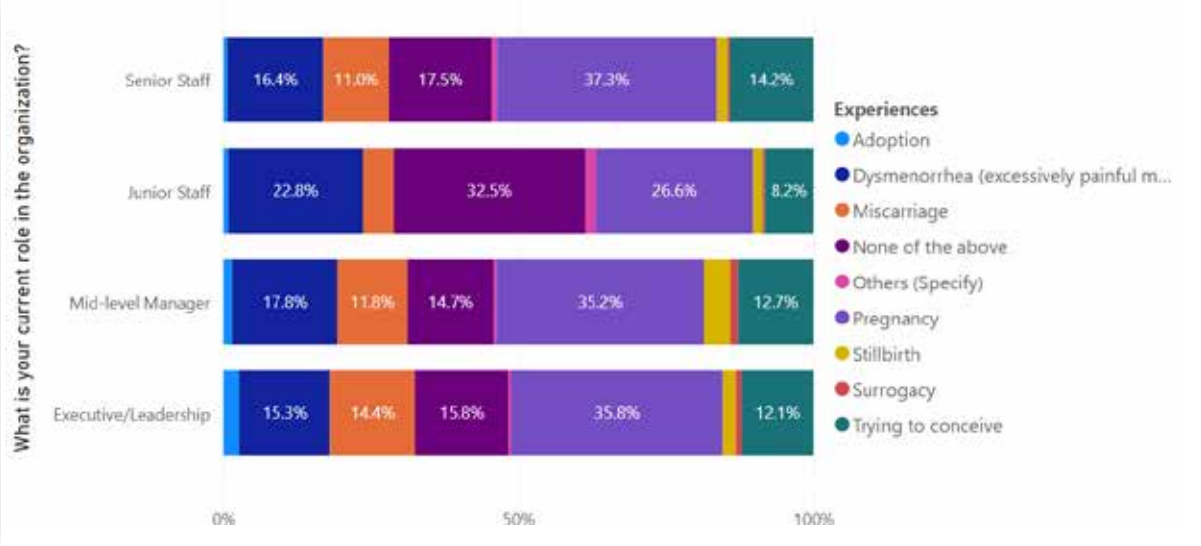
Stillbirth followed a similar trend: 48% of respondents who experienced stillbirth were aged 35-44, while 42% were 25-34. Dysmenorrhea (painful menstruation) was more prominent among younger respondents. Half of those who reported this issue were in the 25-34 group, followed by 37% in the 35-44 bracket.

Adoption was reported across a broader range of age groups, with responses coming from the 25-34 (36%), 35-44 (32%), and 45-54 (18%). Surrogacy was reported evenly between the 25-34 and 35-44 age groups, each contributing 44%. Notably, those who selected 'None of the above' were mostly within the 25-34 age group (57%), with an additional 15% from respondents under 25— possibly reflecting earlier career stages or limited RH engagement at the time of the survey.

These patterns underscore the importance of a life-course approach to RH support in the workplace, recognizing that women's needs change with age, role, and life stage.

4.2.2 Mapping Women's Reproductive Health by Level/status within organisation

Figure 4: Mapping Women's Reproductive Health by Level/Status within Organisation



Source: Women-Friendly Workplaces Survey, February 2025

Figure 4 examine how RH experiences vary across workplace roles. Respondents were grouped into four categories: Junior Staff, Senior Staff, Mid-level Manager, and Executive/ Leadership.

Across all role categories, a significant proportion of respondents selected "None of the above," indicating no experience with the listed RH issues (adoption, dysmenorrhea, miscarriage, other, pregnancy, stillbirth, surrogacy, trying to conceive). This category accounted for 32.5% of Junior Staff, 37.3% of Senior Staff, 35.2% of Mid-level Managers, and 35.2% of Executives/Leaders, suggesting that many employees may not have encountered—or may not disclose—specific RH events during the surveyed period.

Dysmenorrhea (excessively painful periods) was frequently reported, particularly among Junior Staff (22.8%), followed by Mid-level Managers (17.8%), Senior Staff (16.4%), and Executive/ Leadership (15.3%).

The experience of "trying to conceive" showed a different pattern. Senior Staff had the highest reporting rate at 14.2%, followed by Mid-level Managers (12.7%) and Executive/Leadership (12.1%). Junior Staff reported TTC at a lower rate (8.2%), possibly reflecting age, career stage, or disclosure comfort.

Pregnancy was most frequently reported by Junior Staff (26.6%), considerably higher than among other groups, where it represented a much smaller share of responses.

Miscarriage experiences were relatively consistent across roles, with slightly higher reporting among Executive/Leadership (14.4%), Mid-level Managers (11.8%), and Senior Staff (11.0%). Junior Staff appeared to report similar rates, estimated at around 10-11% based on the visual data.

Other RH experiences—adoption, stillbirth, surrogacy, and write-in responses—were reported infrequently across all roles, each representing a small percentage of responses.

In summary, the data reveal distinct patterns across organisational levels:

- Junior Staff report higher rates of pregnancy and menstrual health concerns
- Senior and mid-level staff are more likely to report fertility-related challenges

- A significant portion of employees at all levels report no events during the survey period

These trends highlight the importance of tailoring workplace RH support to different stages of career and life, recognizing that needs may shift with role, age, and responsibility.

4.3 What are the existing workplace policies / support for women's reproductive health?

4.3.1 Support/Policies for Menstruation

Figure 5a: AVAILABILITY OF WORKPLACE SUPPORT FOR MENSTRUATION

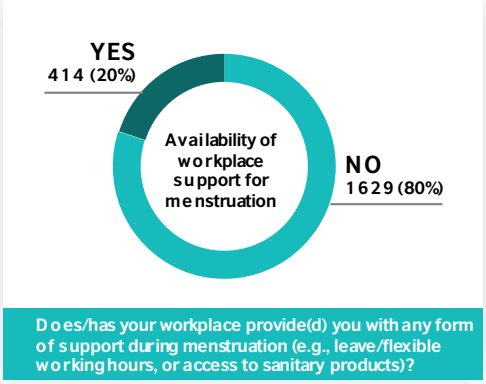
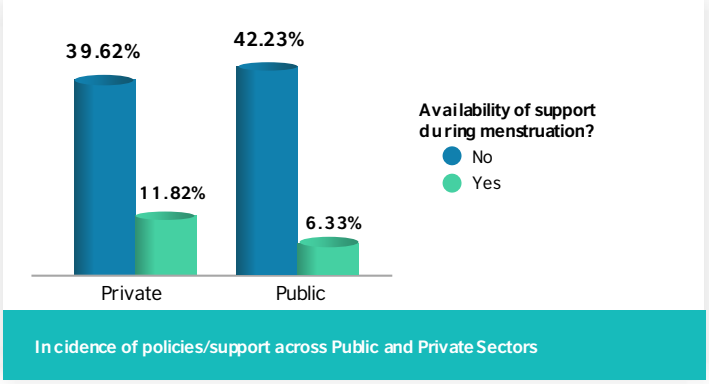


Figure 5b: INCIDENCE OF POLICIES ACROSS PUBLIC AND PRIVATE SECTORS

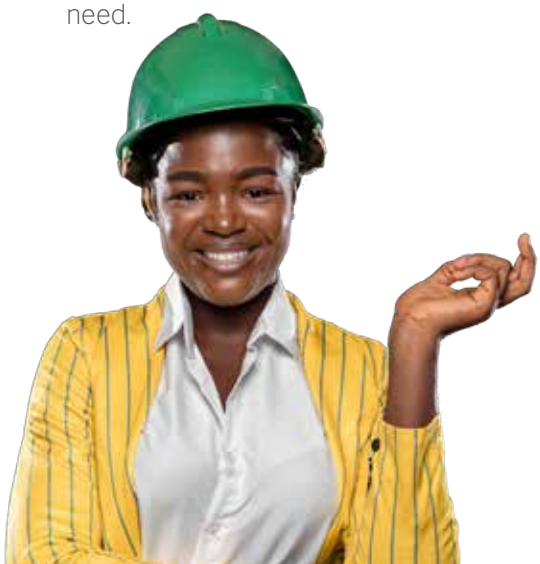


Konfidants Women-Friendly Workplaces Survey, February 2025

The survey asked respondents about the availability of workplace support for managing menstruation (excluding dysmenorrhea). This includes measures such as leave, flexible working hours, or access to sanitary products. The findings indicate that menstrual health support remains uncommon in most workplaces. As illustrated in Figure 5a, 80% of respondents reported that their workplace does not offer any specific form of support, while only 20% indicated receiving some type of accommodation.

When comparing responses by sector (Figure 5b), modest differences emerged. Although support remains limited overall, it was slightly more common in the private sector, where 11.8% of respondents reported receiving some form of menstruation-related support. This contrasts with the public sector, where only 6.3% reported the same. Conversely, 39.6% of private sector respondents and 42.2% of public sector respondents indicated that no support was available at their workplace.

These findings suggest that while there are isolated examples of workplace support for menstruation—particularly in the private sector—most Ghanaian workplaces have yet to integrate basic accommodations for a widely experienced and recurring reproductive health need.



4.3.2 Types of Workplace Support for Menstruation

Figure 6a: Forms of Workplace Support for Menstruation

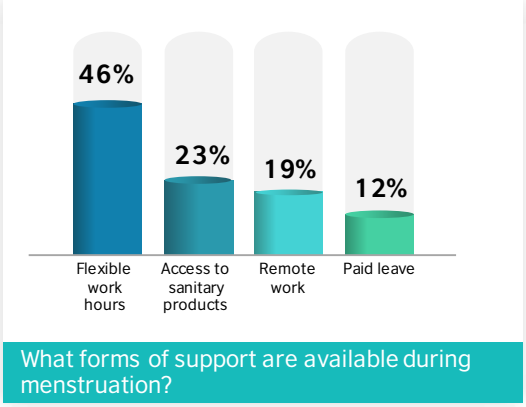
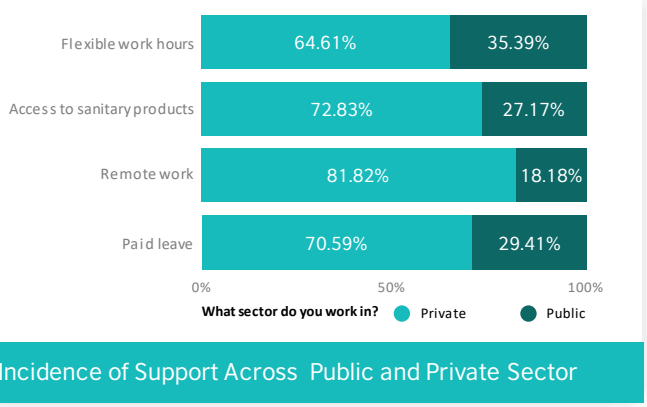


Figure 6b: Incidence of Menstrual Support Across Public and Private Sectors



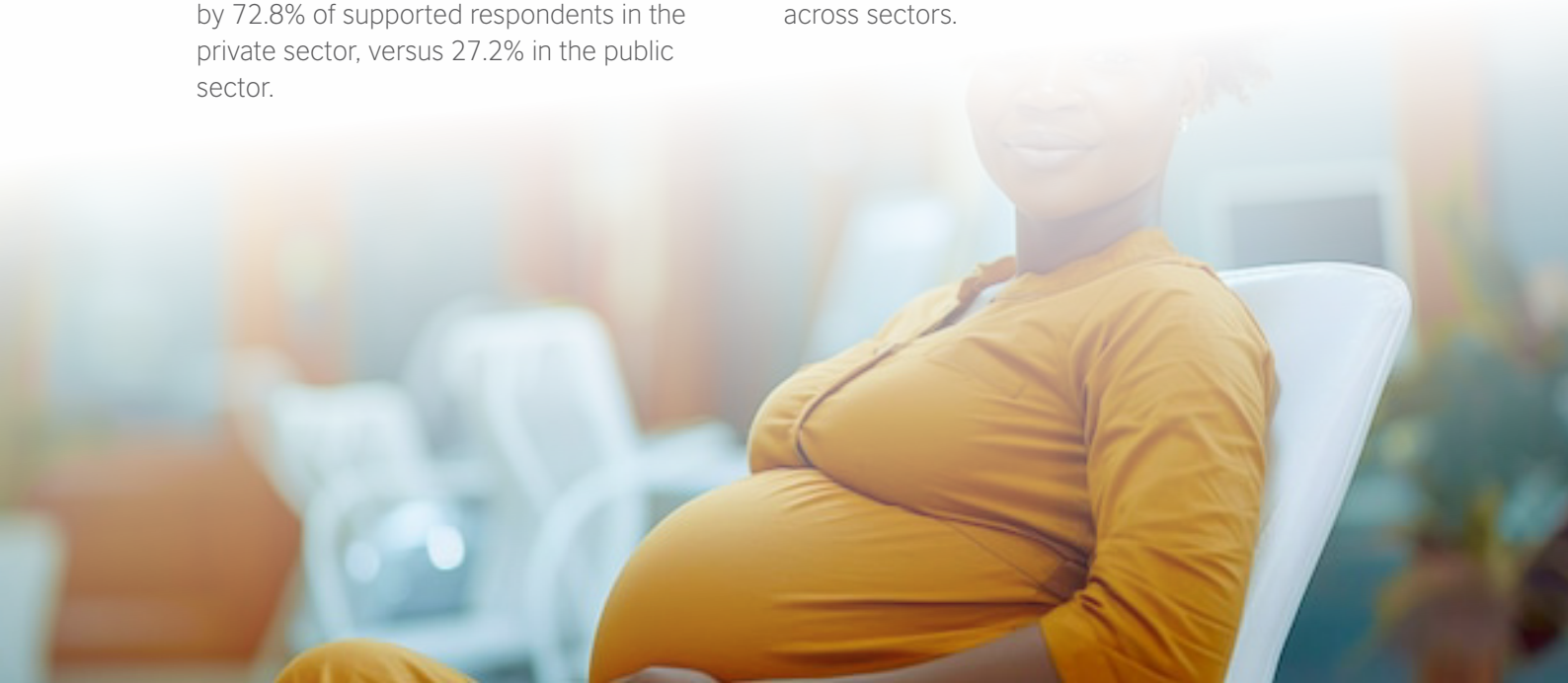
Konfidants Women-Friendly Workplaces Survey, February 2025

Among respondents who reported receiving workplace support for menstruation, flexible work hours emerged as the most common accommodation, cited by 46%. Other forms of support included access to sanitary products (23%), the option to work remotely (19%), and specific paid menstrual leave (12%) (see Figure 6a).

When disaggregated by sector (Figure 6b) the private sector consistently offered higher levels of support across all four categories. Notably:

- Flexible work hours were reported by 64.6% of supported private sector employees, compared to (35.4% in the public sector.
- Access to sanitary products was reported by 72.8% of supported respondents in the private sector, versus 27.2% in the public sector.
- Remote work options were mentioned by 81.8% of supported private sector employees, compared to just 18.2% in the public sector (18.2%).
- Paid menstrual leave was reported by 70.6% in the private sector and 29.4% in the public sector.

These findings suggest that while menstrual support remains limited overall, where it does exist, private sector organisations are significantly more likely to offer practical and flexible interventions. The data points to both a gap and an opportunity: policies that support menstrual health are not only possible but already in place in segments of the workforce—and could be expanded or adapted more widely across sectors.



4.3.3 Support/Policies for Trying to Conceive

Figure 7a: Availability of Workplace Support for TTC

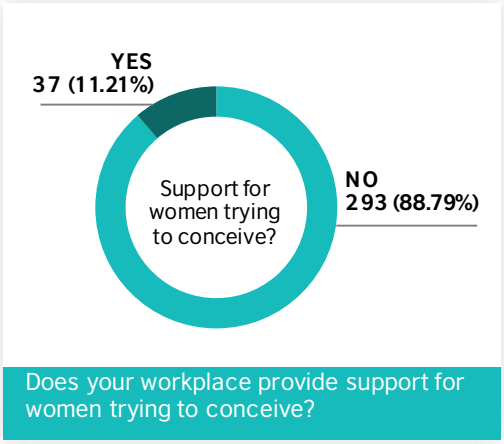
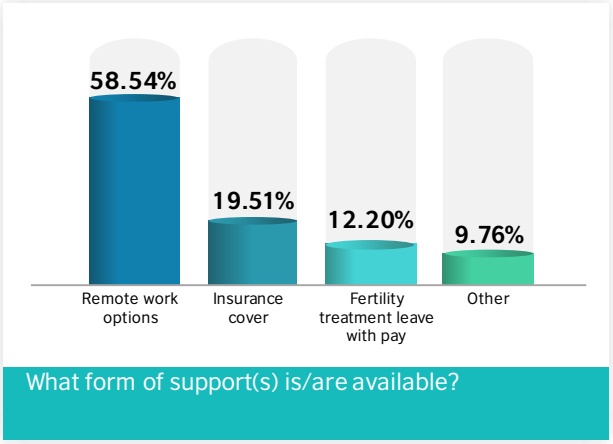


Figure 7b: Forms of TTC Support



Konfidants Women-Friendly Workplaces Survey, February 2025

In this study, "trying to conceive" is defined as actively attempting to become pregnant, either through natural means or medically assisted means. The survey revealed that workplace support specifically aimed at women trying to conceive is uncommon. A vast majority of respondents (88.8%) of the sample for this question indicated that their workplace does not provide such support. Thirty-seven respondents (11.2%) affirmed that their workplace does offer some form of support for women trying to conceive. Among this small group, the most reported support was flexible work arrangements, such as remote working options. Other forms of assistance, including fertility-related insurance coverage or direct support for treatments, were much less frequently mentioned.

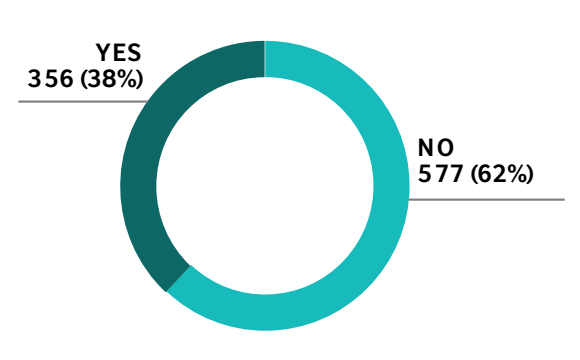
These findings highlight that dedicated workplace support for trying to conceive remains rare. Even where support exists, it tends to focus on logistical flexibility rather than direct reproductive health services—indicating both a gap in provision and a potential opportunity for more comprehensive, targeted interventions.

4.3.4 Support/policies Available for pre- and postnatal

This section discusses the workplace support available to women during pregnancy and after childbirth. To highlight the importance of such support, it begins with an overview of common pregnancy-related challenges that often affect women's ability to remain in work and stay productive. These challenges include, but are not limited to, high-risk pregnancy and hyperemesis gravidarum (excessive vomiting), which can significantly impact daily functioning. Recognising and addressing these realities is essential to building supportive, equitable work environments.

4.3.5 Pregnancy-Related Challenges

Figure 8: Pregnancy-Related Challenges

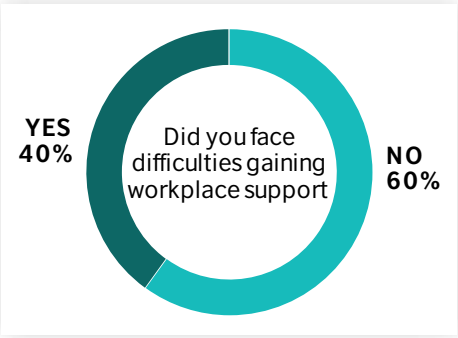


Konfidants Women-Friendly Workplaces Survey, February 2025

The data presented addresses the question of whether respondents who reported having been pregnant before experienced a pregnancy-related challenge. Out of the total respondents who selected pregnancy as a reproductive health issue they had experienced (933 individuals), a majority did not report facing a pregnancy-related challenge. Specifically, 577 respondents, accounting for 62% of the sample, answered "No". However, a significant minority indicated that they did encounter a pregnancy-related challenge. This group comprises 356 respondents, representing 38% of the total surveyed participants. Thus, while most respondents indicated no pregnancy-related challenges, over one-third (38%) affirmed experiencing such challenges.

4.3.6 Support/Policies for Pregnancy-Related Challenge

Figure 9: Difficulties Gaining Workplace Support for Pregnancy-Related Challenges



Konfidants Women-Friendly Workplaces Survey, February 2025

The survey data reveals that a significant proportion of respondents have experienced difficulties in securing adequate support in their workplaces. As shown in Figure 9, 40% of respondents reported facing challenges in gaining workplace support, while 60% indicated that they did not encounter such difficulties. These findings highlight that a significant minority of the women surveyed experienced lack of sufficient support systems or face obstacles when seeking assistance within their professional environments. This lack of support can manifest in various ways, including limited access to resources, unsupportive colleagues or supervisors, or a general lack of institutional support for employee needs and concerns.

Figure 10a. Forms of Workplace Pre and Postnatal Supports

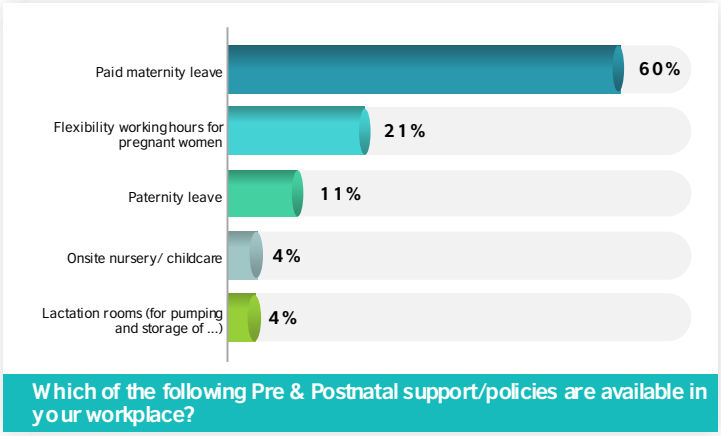
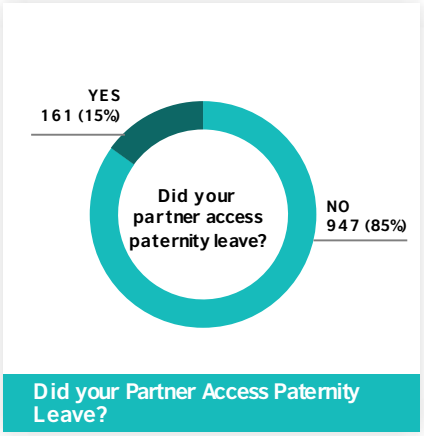


Figure 10b: Access to Paternity Leave



Konfidants Women-Friendly Workplaces Survey, February 2025

Pre & postnatal support here refers to workplace police or structures designed to support women during pregnancy and after childbirth.

The survey identified several forms of prenatal and postnatal support, including flexible working hours for pregnant women, paid maternity leave, paternity leave, onsite nursery/childcare facilities, and lactation rooms. However, it is essential to note that the question regarding workplace support for women's pre- and postnatal needs was posed to all respondents, regardless of their personal experience with the issue. As a result, their level of awareness about the existence of these support policies may have influenced the findings.

The following are the key emerging issues on available support for pre & postnatal needs:

- Paid maternity leave (60%) is the most common pre/postnatal support.
- Flexible working hours for pregnant women (21%), paternity leave (11%), and onsite childcare/lactation rooms (4%) are significantly less prevalent.
- For women who have given birth, 15% had their spouses accessing paternity leave.

4.3.7 Paid maternity leave support/policies

Figure 11a: Access to Paid Maternity Leave

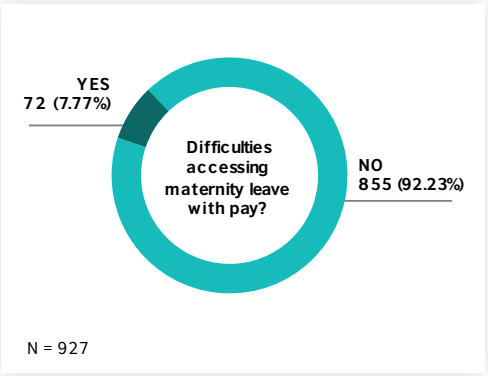
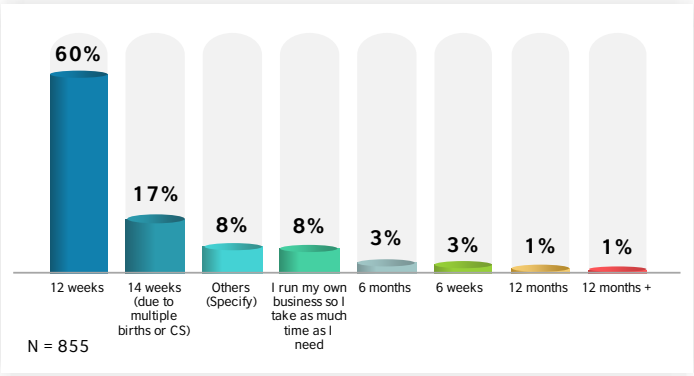


Figure 11b: Duration of Maternity Leave



Konfidants Women-Friendly Workplaces Survey, February 2025

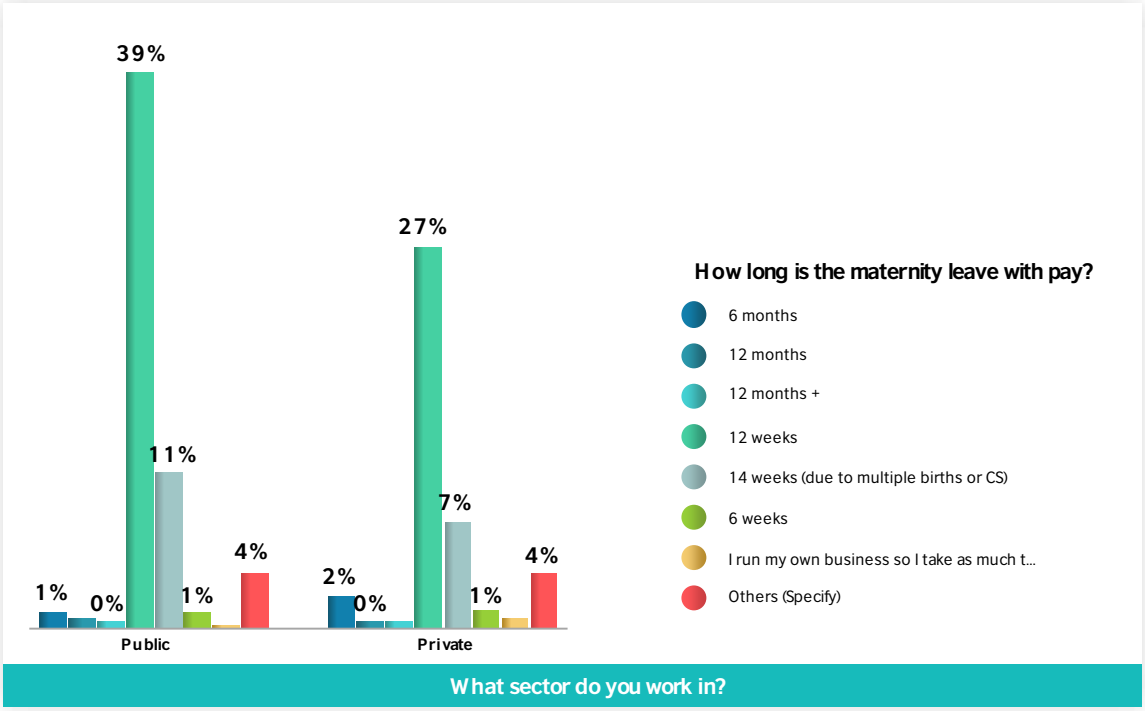
Among respondents who had given birth (n = 927), access to paid maternity leave is widely reported, with 92% confirming they received it (see Figure 11a). Most respondents indicated receiving the standard three-month leave, reflecting broad compliance with Ghana's 12-

week statutory requirement (see Figure 11b). However, a small but significant portion faced obstacles in accessing this entitlement.

A noticeable minority (17%) reported receiving slightly extended leave—typically due to medical circumstances such as caesarean sections or multiple births. In addition, some respondents noted alternative durations that were not included in the survey options. These included: 16 weeks; 12 weeks paid leave followed by up to one year of remote work; 4 months; 12 weeks plus an additional 6 weeks for caesarean recovery; 90 days inclusive of weekends (i.e., 12 weeks and 6 days); and 18 weeks.

4.3.8 Prevalence of Paid Maternity Leave in Public and Private Sectors

Figure 12: Prevalence of Paid Maternity Leave in Public and Private Sectors

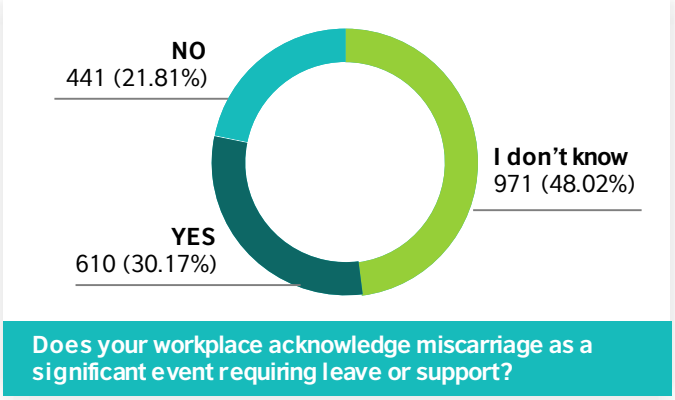


Konfidants Women-Friendly Workplaces Survey, February 2025

The most common duration of paid maternity leave reported by respondents is 12 weeks. A notable percentage (39% public, 27% private) receive 12 weeks of paid maternity leave. Very few respondents reported receiving 12 months or more of paid maternity leave (see Figure 12). The data indicates that the majority of respondents receive between 6 and 12 weeks of paid maternity leave.

4.3.9 Miscarriage Support/Policies

Figure 13: Availability of Miscarriage Support/Policies

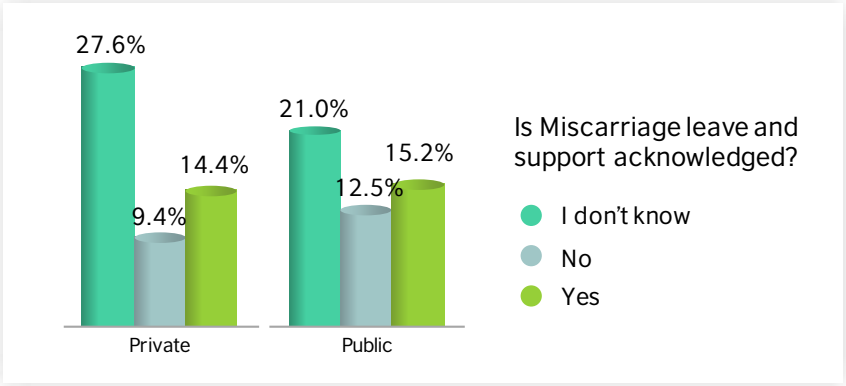


Konfidants Women-Friendly Workplaces Survey, February 2025

Though 10% of total respondents reported having experienced miscarriage, the results of the survey revealed that nearly half (48%) of the respondents do not know if paid leave for miscarriage exists in their workplace, compared to the 30% who confirmed its availability (see Figure 13).

4.3.10 Recognition and Availability of Miscarriage Leave in the Public vs. Private Sector

Figure 14: Recognition and Availability of Miscarriage Leave in the Public vs. Private Sector

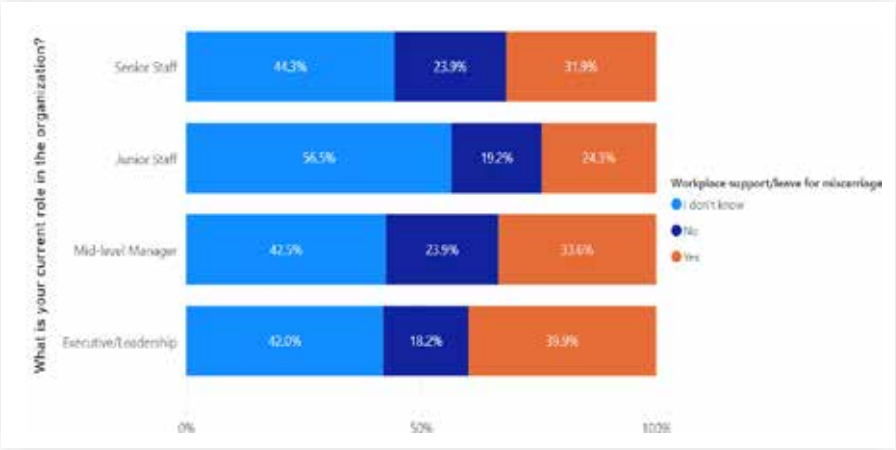


Konfidants Women-Friendly Workplaces Survey, February 2025

Across the public and private sectors, the majority of respondents (27.6% for the private and 21.0% for the public sector) do not know whether miscarriage leave exists or not (See Figure 14). This suggests the need for improved awareness of available policies.

4.3.11 Recognition and Availability of Miscarriage Leave among respondents' Level/status within an organisation

Figure 15: Recognition and Availability of Miscarriage Leave among Respondents' Level/Status within their Organisation



Konfidants Women-Friendly Workplaces Survey, February 2025

A substantial portion of respondents across all organisational levels reported that they did not know whether their workplace provides support for miscarriage. This uncertainty was most pronounced among Junior Staff (56.5%) but remained high even among Senior Staff (44.3%), Mid-level Managers (42.5%), and Executive/ Leadership (42.0%). Awareness of existing support ("Yes") was highest among Executive/ Leadership (39.9%) and Mid-level Managers (33.6%), but notably lower among Senior Staff (31.9%) and Junior Staff (24.3%). The proportion of respondents who believed no support existed ("No") was relatively consistent, ranging between 18–24% across roles (see Figure 15).

These findings underscore a critical issue: widespread ambiguity and low awareness of miscarriage-related workplace policies. The fact that so many employees—including those in leadership—are unsure about the existence of such support points to serious communication gaps within organisations. Even when policies may be in place, they are often not effectively conveyed to employees at all levels, leaving many without clarity during an already difficult time.

4.3.12 Support/Policies for Alternative Pathways to Parenthood

Figure 16a: Availability of Paid Adoption Leave

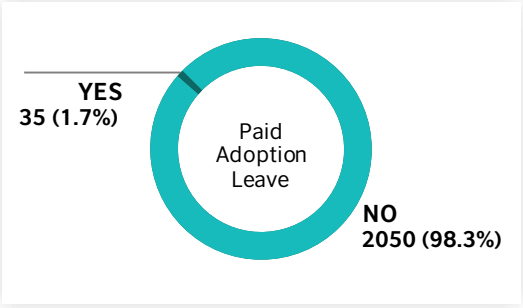
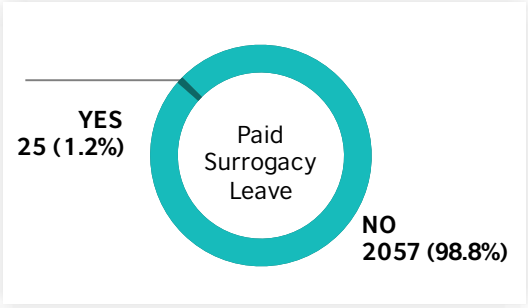


Figure 16b: Availability of Paid Surrogacy Leave



Konfidants Women-Friendly Workplaces Survey, February 2025

Adoption and surrogacy are the two alternative paths to parenthood discussed in this edition of the women-friendly workplaces report.

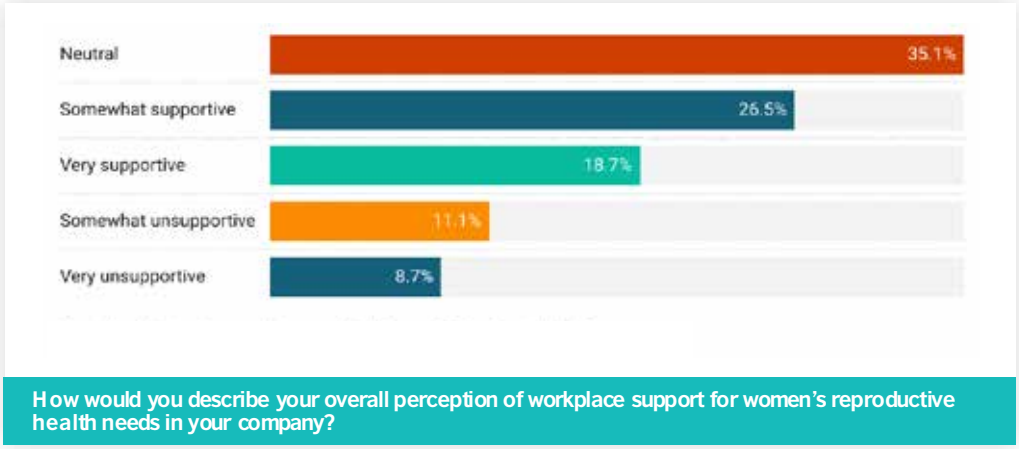
The survey revealed that there is very minimal support for these alternative pathways to parenthood (1.5% support available for adoption and 1.2% support) See Figure 16. While these non-biological forms of parenthood exist, they appear nascent in the Ghanaian context, and so do the policies and support for them at the workplace.

4.4 What are the experiences and perceptions of women on the workplace support for their reproductive health needs?

This section addresses the third research question by exploring women's experiences and perceptions of workplace support for their RH needs. It begins with respondents' general views on the availability and effectiveness of RH-related support, then delves into specific types of support to assess their real-world impact. The goal is to understand not just whether policies exist, but how they affect women's ability to remain productive, healthy, and engaged at work.

4.4.1 General Perception of Workplace Support

Figure 17: Overall Perception of workplace support for women's Reproductive Health Needs at their Workplaces.



Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 17 summarises how respondents perceive their workplace's overall support for women's reproductive health (RH) needs. The most selected response was "Neutral" (35.1%), suggesting that more than a third of participants neither strongly endorsed nor rejected the level of support provided.

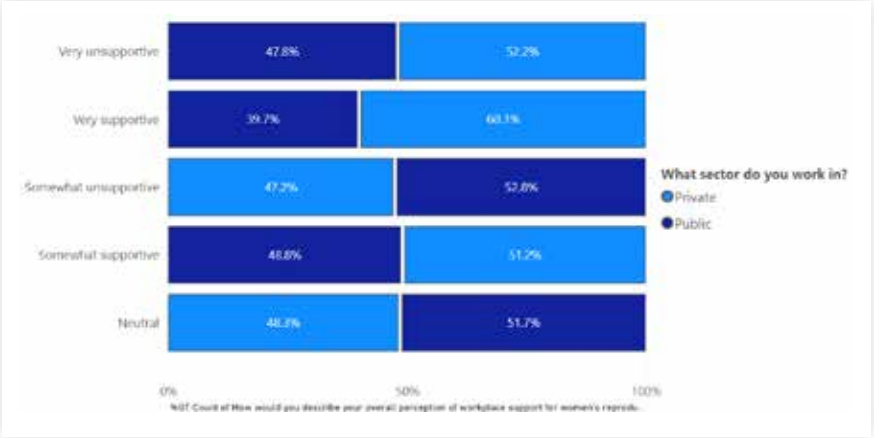
Encouragingly, 45.2% of respondents viewed workplace RH support positively—either as "Somewhat supportive" (26.5%) or "Very supportive" (18.7%). This indicates that nearly half of respondents recognised at least some level of effort or responsiveness to their RH needs.

However, 19.8% of respondents perceived the support as lacking, selecting "Somewhat unsupportive" (11.1%) or "Very unsupportive" (8.7%).

In summary, although neutrality was the most frequent individual response, the overall trend leans toward a more positive perception of RH-related support than negative. Still, the substantial number of neutral and unsupportive responses highlights the need for more consistent and clearly communicated workplace interventions.

4.4.2 Perception on Workplace Support: Private Vs Public Sector

Figure 18: Workplace RH Support Perceptions: A Breakdown by Public and Private Sectors



Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 17 also explores how perceptions of workplace support differ between public and private sector employees. Across most categories—"Neutral," "Somewhat supportive," "Somewhat unsupportive," and "Very unsupportive" – the distribution between sectors is relatively balanced, with a slight majority of responses coming from public sector employees. Specifically:

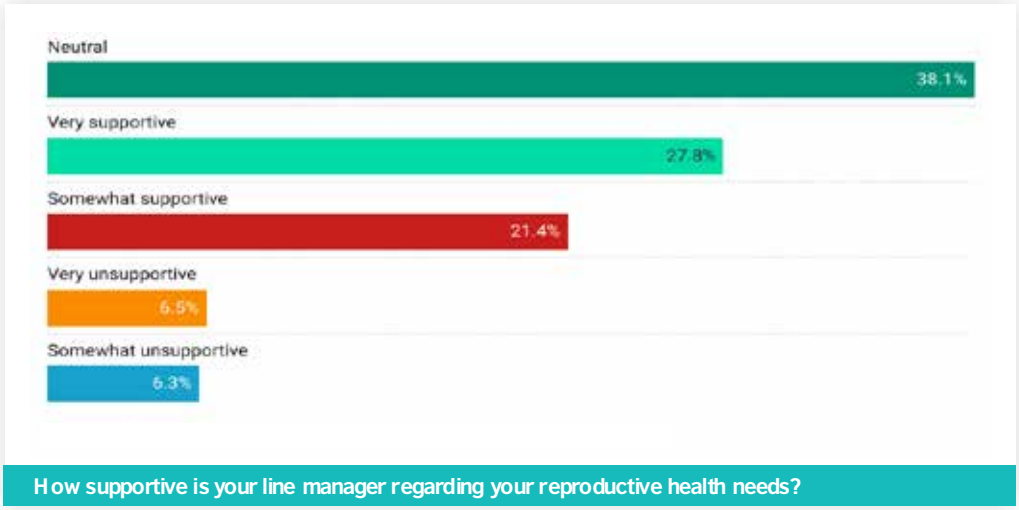
- Neutral: 51.7% Public / 48.3% Private
- Somewhat supportive: 51.2% Public / 48.8% Private
- Somewhat unsupportive: 52.8% Public / 47.2% Private
- Very unsupportive: 52.2% Public / 47.8% Private

The one notable exception is among those who described their workplace as "Very supportive." In this group, public sector employees made up 60.3%, compared to 39.7% from the private sector.

In summary, while perceptions are broadly similar across sectors—with Public sector respondents slightly more represented in each category—the strongest positive perceptions of RH support are more concentrated among Public sector employees. This may point to certain strengths in specific public institutions that merit further exploration or replication elsewhere.

4.4.3 Perceptions by Women on Support from Line Managers

Figure 19: Perceptions by Women on Support from Line Managers



Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 19 presents findings on how employees perceive the supportiveness of their direct line manager in relation to their reproductive health needs.

Similar to the overall workplace perception, the most frequent response regarding line manager support was "Neutral," selected by 38.1% of participants. This suggests a large group feels their manager's support is neither distinctly positive nor negative in this context.

A combined 49.2% of respondents view their line manager's support positively, with 27.8% describing their manager as "Very supportive" and 21.4% as "Somewhat supportive." This suggests that nearly half of the employees feel their direct supervisor offers some level of support regarding their reproductive health needs. In contrast, negative perceptions were less common: 12.8% of respondents described their manager as "Somewhat unsupportive" (6.3%) and "Very unsupportive" (6.5%).

While "Neutral" remained the most frequent single response (38.1%), employees overall

were significantly more likely to view their managers as supportive rather than unsupportive. Compared to perceptions of the overall workplace RH support, line managers appear to be viewed slightly more favourably.

4.4.4 Perceptions on Policies/Support with Menstrual-related Challenges?

Figure 20: Perceptions on Policies/Support for Menstruation-related Challenges

Konfidants Women-Friendly Workplaces Survey, February 2025

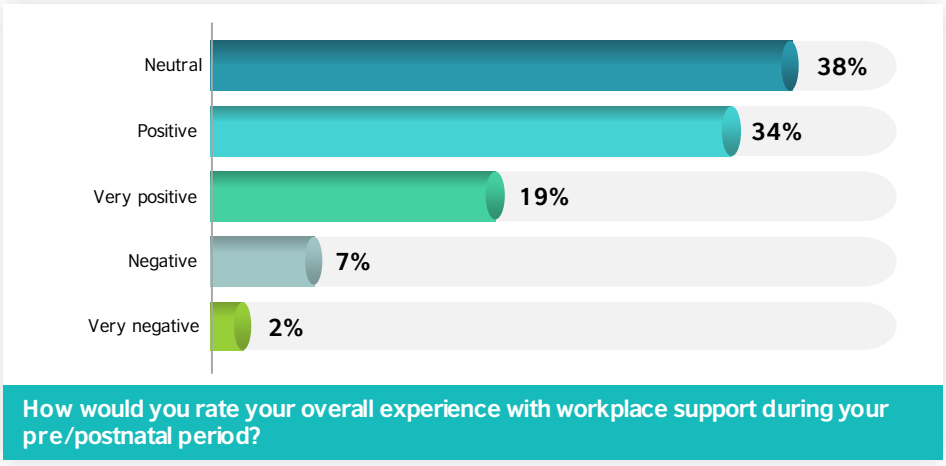
Figure 20 details findings on how employees rate the effectiveness of their workplace's support specifically for menstruation-related challenges.

The majority of respondents view the workplace support for menstruation-related challenges positively. That is, a combined 62.0% rated the support as either "Effective" (38.2%) or "Very effective" (23.8%). Also, the rating "Effective" was the most common single response overall. However, a notable portion of respondents remained neutral about the effectiveness of the support. Nearly one-third (31.9%) rated the support as "Neutral". Very few employees perceived the support as ineffective. Only a small minority, combining to 6.2%, rated the support negatively as either "Ineffective" (3.7%) or "Very ineffective" (2.5%).

The findings indicate that workplace support for menstruation-related challenges is generally perceived positively by employees. A substantial majority (62.0%) find it effective to some degree, while very few (6.2%) find it ineffective. A significant group (31.9%) holds a neutral view on its effectiveness.

4.4.5 Perceptions on Overall Pre & Postnatal Support

Figure 21: Perceptions on Pre and Postnatal Support



Konfidants Women-Friendly Workplaces Survey, February 2025

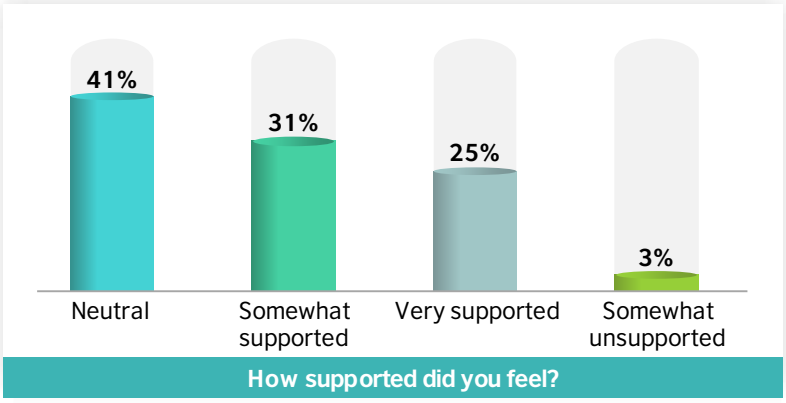
Figure 21 details how employees rated their overall experience with workplace support, specifically during their pre-/postnatal period.

The single most frequent rating given was "Neutral," reported by 38% of respondents. This indicates a significant portion of employees did not perceive their experience with pre/postnatal support as distinctly positive or negative. More than half of the respondents reported a positive experience with the support received. That is, a combined 53% rated their experience as either "Positive" (34%) or "Very positive" (19%). Negative experiences with pre/postnatal support were relatively uncommon. Only 9% of respondents rated their experience negatively, comprising those who rated it "Negative" (7%) and "Very negative" (2%).

Thus, when it comes to workplace support during the pre/postnatal period, 38% of respondents expressed a neutral stance—the most common individual response. However, a clear majority (53%) reported a positive overall experience, while only a small minority (9%) described their experience as negative.

4.4.6 Perceptions on Policies/Support with Trying to Conceive

Figure 22: Perceptions on Policies/Support with Trying to Conceive



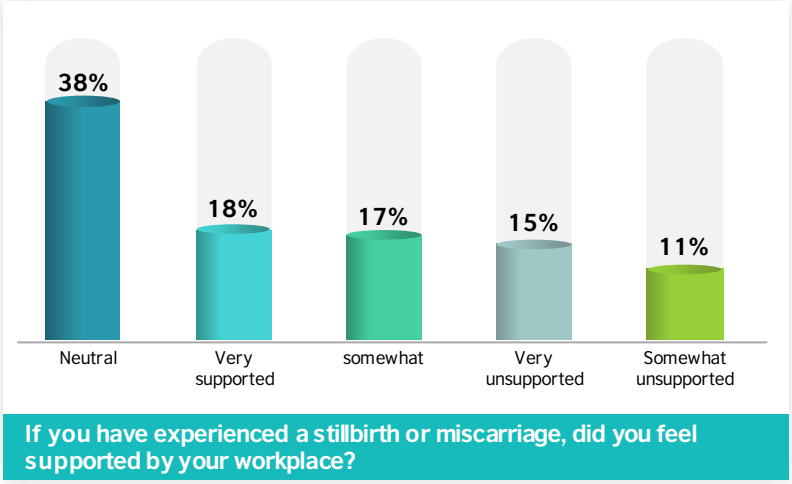
Konfidants Women-Friendly Workplaces Survey, February 2025

According to Figure 22, among respondents who experienced challenges while trying to conceive, the most frequent response regarding how supported they felt was "Neutral" (41%). A combined 56% indicated feeling either "Somewhat supported" (31%) or "Very supported" (25%). However, feelings of being unsupported were very rare within this specific group. Only 3% reported feeling "Somewhat unsupportive." Notably, no respondents in this group reported feeling "Very unsupportive" (0%).

Among employees who specifically encountered challenges while trying to conceive, majority reported either a neutral experience (41%) or some level of support (56%). Only a small proportion (3%) felt unsupported, suggesting limited—but generally positive or neutral—engagement from workplaces in this area.

4.4.7 Perception on Policies/Support on Miscarriage or Stillbirth

Figure 23: Perception on Policies/Support on Miscarriage or Stillbirth



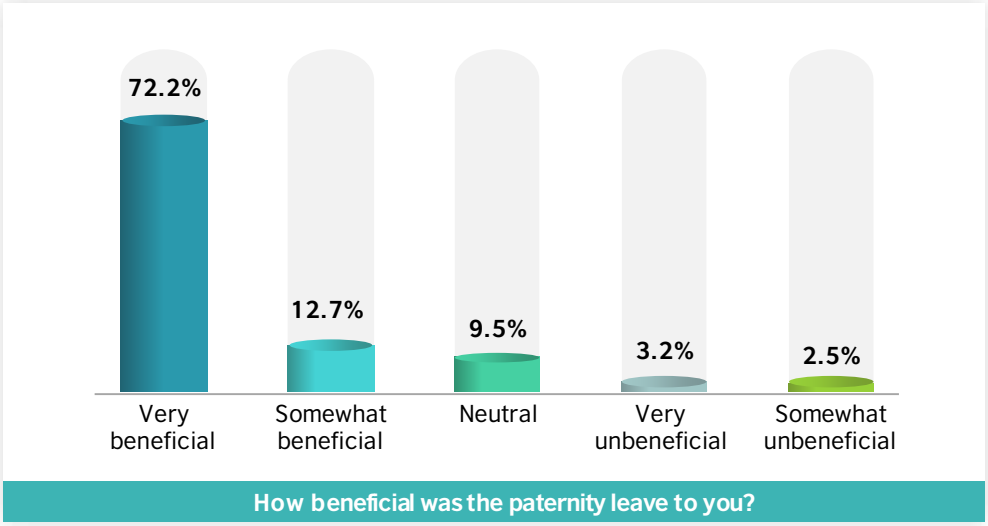
Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 23 presents the perceptions of support among employees who reported experiencing a stillbirth or miscarriage. The most common response was "Neutral" (38%), followed by a combined 35% who felt supported—18% "Very supported" and 17% "Somewhat supported." Conversely, 26% of respondents felt unsupported, with 15% describing their experience as "Very unsupportive" and 11% as "Somewhat unsupportive."

These findings suggest a mixed experience: while slightly more employees felt supported than unsupported, over a quarter of this group reported inadequate support during a particularly vulnerable period, underscoring the need for more consistent and compassionate workplace responses.

4.4.8 Perceptions of Women of the impact of Paternity leave by their spouses

Figure 24: Perception of Respondents on Paternity Leave



Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 24 illustrates respondents' perceptions of paternity leave among those whose partners accessed it. The feedback is overwhelmingly positive: 72.2% rated the leave as "Very beneficial," with an additional 12.7% finding it "Somewhat beneficial"—bringing total positive perceptions to 84.9%. Only 9.5% described the leave as "Neutral," while a combined 5.7% viewed it as unbeneficial (2.5% "Somewhat unbeneficial," 3.2% "Very unbeneficial").

These findings underscore the strong value placed on paternity leave by respondents, with a vast majority affirming its benefits and very few expressing neutral or negative views.

4.4.9 Frequency of Career-Related Decisions Reported

Figure 25a: Frequency of Career-Related Decisions Due to RH needs

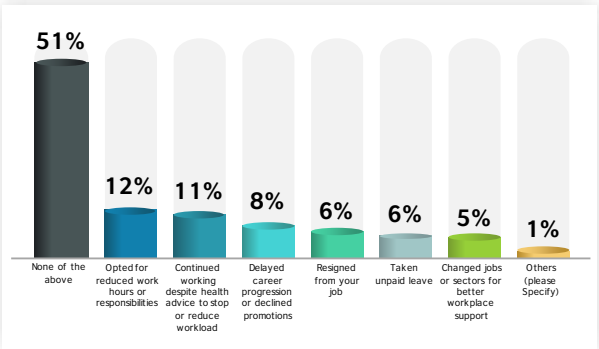
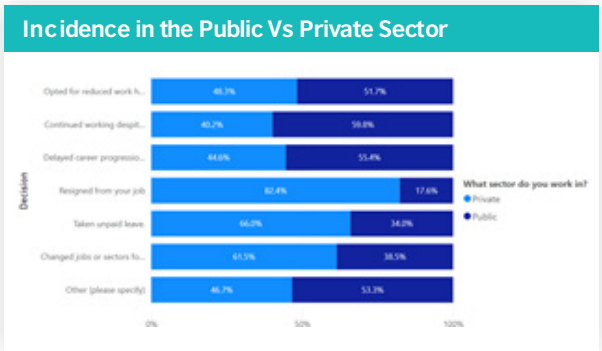


Figure 25b: Incidence of Decisions in Private and Public Sectors



Konfidants Women-Friendly Workplaces Survey, February 2025

When asked whether they had made any significant career-related decisions due to reproductive health needs, 51% of respondents selected "None of the above", indicating that they had not taken any of the specific listed actions (see Figure 25a).

Among the remaining respondents who did report taking action, the most reported decisions were:

- Opted for reduced work hours or responsibilities (12%)
- Continued working despite serious RH-related challenges (11%)
- Delayed promotion or other forms of career progression (8%)
- Resigned from their job (6%)
- Taken unpaid leave (6%)
- Changed jobs or sectors (5%)
- Other (1%)

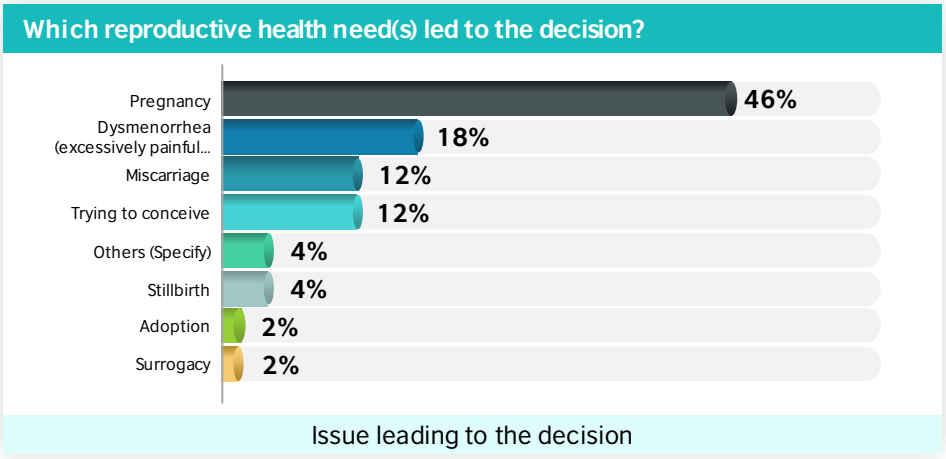
When examining these decisions by sector (Figure 25b), clear differences emerged:

- Those who resigned, took unpaid leave, or changed jobs or sectors were predominantly from the private sector:
    - Resignation: 82.4% Private / 17.6% Public
    - Unpaid leave: 66.0% Private / 34.0% Public
    - Sector/job change: 61.5% Private / 38.5% Public
- The decision to delay career progression was more evenly distributed, with a slight majority from the public sector (55.4% Public / 44.6% Private).

These findings suggest that while the majority of respondents have not made career-altering decisions related to reproductive health, a significant minority have—and that private sector employees appear more likely to take direct employment actions, such as resignation or unpaid leave. Public sector employees, by contrast, were more likely to report slower career movement, potentially reflecting different organisational cultures or policy flexibility.

4.4.10 Reproductive health issues influencing career-impacting decisions

Figure 26: Reproductive Health Issues leading to Career-impacting Decisions



Konfidants Women-Friendly Workplaces Survey, February 2025

Among respondents who reported making significant career-related decisions due to RH needs, pregnancy emerged as the most commonly reason, accounting for 46% of cases (see Figure 26). Other RH issues also played important roles. Dysmenorrhea (excessively painful periods) was the second most frequently reported cause, cited by 18% of respondents. Miscarriage and TTC each accounted for 12%, indicating that fertility-related challenges have a substantial impact on women's work lives.

Less commonly reported, but still meaningful, were stillbirth and a category of "Others" (including abortion, prolonged bleeding due to PCOS, postnatal health complications such as postpartum depression), each cited by 4% of respondents. Adoption and surrogacy were mentioned by 2% of respondents, highlighting the need for more inclusive support systems that recognise diverse reproductive journeys.

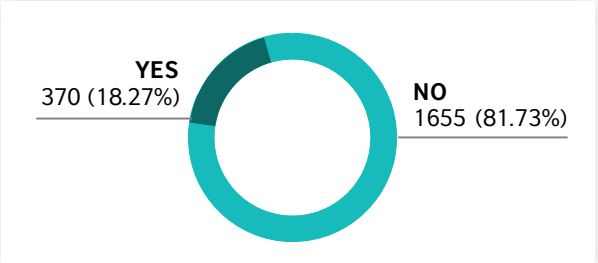
These findings reinforce the idea that while pregnancy is often the most visible RH issue in workplace policy, a wider range of concerns—some less commonly addressed—can significantly influence women's professional choices. Comprehensive support systems must take this full spectrum into account.

One respondent described the emotional and professional toll of returning to work after childbirth:

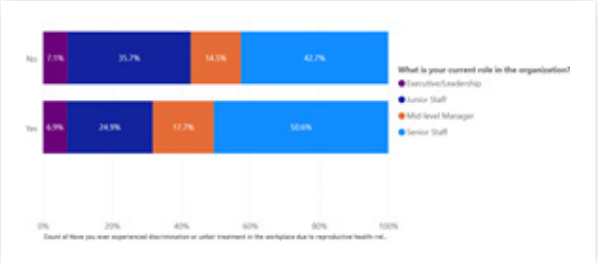
> *"After childbirth, any excuse I sent received negative feedback, making it seem as if I am lying to be unwell or lying about my children being sick. I was met with insensitive comments from my boss"*

4.4.11 Discrimination as a result of reproductive health needs

Figure 27: Discrimination as a Result of Reproductive Health Needs



Have you ever experienced discrimination or unfair treatment in the workplace due to reproductive health-related needs?



Comparison across the different hierarchies in the organization.

Konfidants Women-Friendly Workplaces Survey, February 2025

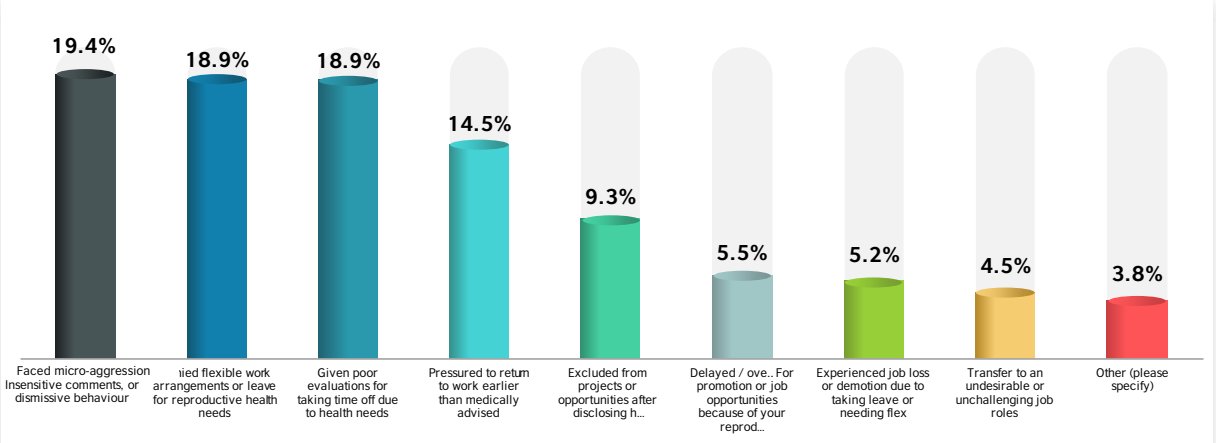
Out of 2,025 respondents, 18.2% (370 individuals) reported experiencing discrimination at work related to their reproductive health needs, while 81.8% (1,655 individuals) said they had not. The experience of RH-related discrimination varied significantly by workplace role.

Mid-level managers reported the highest rate of discrimination, with 24.3% indicating they faced such treatment. This was followed by Executive/ Leadership roles, where 18.6% reported discrimination—slightly above the overall average (18.2%). By contrast, Junior Staff and Senior Staff reported lower rates at 16.0% and 15.3%, respectively.

While most respondents did not report experiencing RH-related discrimination, nearly one in five did. These experiences appear to be more common among women in mid-level (24.3%) and executive roles, suggesting that reproductive health discrimination is not equally distributed across workplace hierarchies and may carry different risks for women in positions of increased responsibility.

4.4.12 Forms of Discrimination

Figure 28: Forms of Discrimination Reported by Respondents



What forms of discrimination or unfair treatment have you experienced in the workplace due to your reproductive health needs/status?

Konfidants Women-Friendly Workplaces Survey, February 2025

Figure 28 presents the forms of discrimination or unfair treatment reported by the 18.2% of respondents who experienced negative treatment in the workplace related to their reproductive health needs or status. These experiences spanned a range of severity and visibility. The most frequently reported forms included:

- Micro-aggression and dismissive attitudes (19.4%)
- Denial of flexible work or leave for RH needs (18.9%)
- Negative evaluations linked to time off for health reasons (18.9%)
- Other common experiences involved:
- Pressure to return to work earlier than medically advised (14.5%)
- Exclusion from projects or opportunities after disclosing a health condition (9.3%)
- While less frequent, more direct career impacts were also reported:
- Delayed or denied promotion (5.5%)
- Demotion or job loss linked to leave or health status (5.2%)
- Unwanted transfers to unchallenging roles (4.5%).

Respondents also shared additional examples of unfair treatment, such as receiving tasks while on maternity leave, mockery from colleagues and the withholding of salary entitlements. One respondent reported:

> *"I was not paid maternity leave salary for the whole three months I was home."*

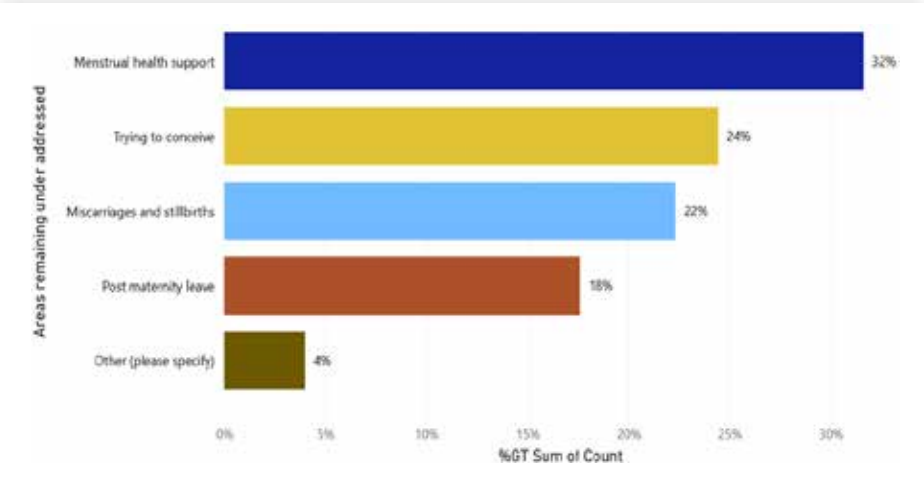
Another shared:

> "I was to be upgraded in 2014 after my degree program but was never done till 2024."

These findings illustrate the wide spectrum of RH-related discrimination—from subtle bias to measurable career setbacks. They point to a persistent gap between stated workplace policies and the actual experiences of employees, reinforcing the need for both clear anti-discrimination enforcement and ongoing cultural change.

4.4.13 Reproductive Health needs which remain under-addressed in the workplace from the Perspective of Respondents

Figure 29: Reproductive Health Issues Which Remain Under addressed



Konfidants Women-Friendly Workplaces Survey, February 2025

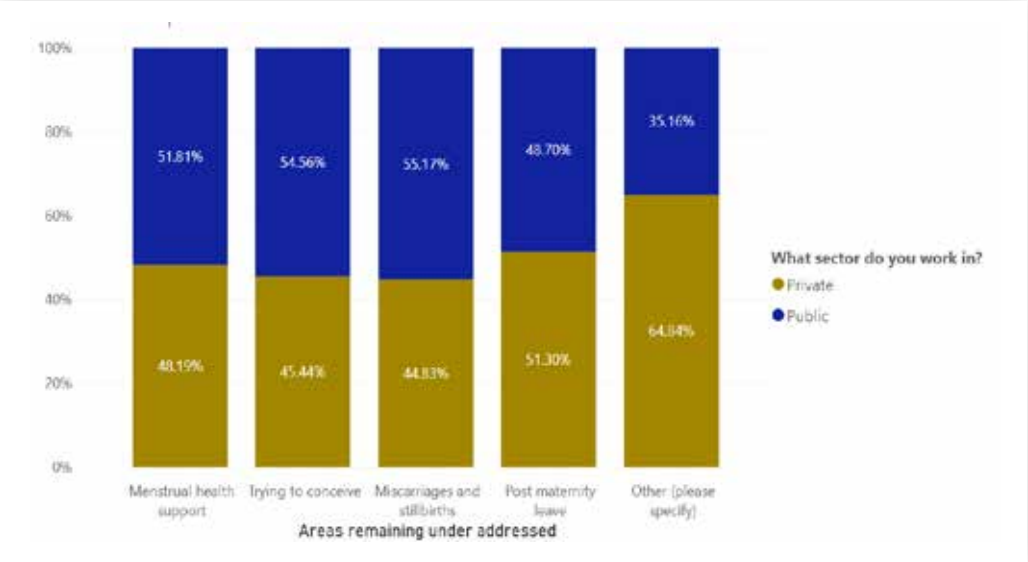
When asked which reproductive health needs remain under-addressed in their workplace, respondents identified several key gaps:

- Menstrual health support was the most frequently cited, with 32% of respondents reporting that their workplace did not offer adequate accommodations for menstrual-related needs.
- Support for trying to conceive (TTC) was cited by 24% of respondents, who noted the absence of workplace adjustments such as flexible scheduling or coverage for fertility-related care.
- Miscarriage and stillbirth support was reported as inadequate by 22% of respondents, reflecting both the emotional and logical gaps faced after pregnancy loss.
- Post-maternity leave support was also flagged, with 18% of respondents indicating that returning mothers receive insufficient assistance in reintegrating into the workplace.

These findings point to a broad recognition among employees that support often ends at maternity leave—and that many other RH needs remain overlooked or inconsistently addressed (see Figure 29).

4.4.14 Incidence of Reproductive Health needs which remain under-addressed in the workplace by Public and Private

Figure 30: Prevalence of Under-Addressed Reproductive Health Issues in Public and Private Sectors



Konfidants Women-Friendly Workplaces Survey, February 2025

Respondents across both public and private sectors identified key reproductive health (RH) areas, particularly menstrual health support, trying to conceive (TTC), and miscarriage or stillbirth, as persistently under-addressed. In these categories, perceptions of inadequate support were shared relatively evenly across sectors, with slightly higher reports within the public sector (52-55%) compared to the private sector (45-48%).

Percentages refer to the proportion of respondents within each sector who perceived these RH needs as under-addressed, rather than being comparative across the total sample. This distinction is important to understand that these figures reflect sector-specific perceptions, not overall prevalence across the entire workforce.

Interestingly, while earlier findings suggested stronger provision of certain RH supports, such as menstrual supplies and flexible work in the private sector, this data shows that overall perception of unmet RH needs remains high across both domains. Post-maternity leave support was the only area where the private sector reported marginally higher dissatisfaction (51% private vs. 49% public)..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ANALYSIS AND DISCUSSION

5.1 Prevalence and Practical Challenges of Reproductive Health Issues at the Workplace

This study confirms that reproductive health is a significant and ongoing factor in the lives of working women in Ghana. Nearly 80% of surveyed respondents reported experiencing RH-related challenges during their careers. These included pregnancy, painful menstruation (dysmenorrhea), trying to conceive, miscarriage, stillbirth, and more rarely discussed paths to parenthood like surrogacy and adoption. While pregnancy and dysmenorrhea were the most reported concerns, respondents also identified a wider range of experiences—including fibroids, preterm births, and even work-related barriers that affect the ability to plan for conception. These findings suggest that reproductive health intersects with work in many ways that are not always visible or accounted for in existing workplace policies. While pregnancy and dysmenorrhea (painful menstruation) were the most commonly reported concern, respondents also identified a wider range of experiences—including preterm birth, fibroids, and even work-related barriers to forming relationships or having regular consensual periods with one's partner in anticipation of conception. These findings suggests that RH intersect with work in many ways that are not always visible or accounted for in existing workplace polices.

Notably, the data also shows variations by age and career stage. Younger respondents often reported menstrual health challenges, while those aged 34–44 described navigating pregnancy complications, fertility treatments, or adoption. This pattern underscores the need for a life-course approach—one that goes beyond singular event-based policies[2] (like maternity leave) towards flexible and adaptable systems that that reflect women's evolving needs over time.

The emergence of alternative paths to parenthood further reveals important gaps. While maternity leave is relatively well-established[3] (though inconsistently implemented), support for adoption, surrogacy, fertility treatments, or pregnancy loss remains limited or absent. Recognising these realities is crucial for creating workplace environments that are genuinely inclusive, responsive, and supportive of the diverse ways employees experience reproductive health.

5.2 Scope of Reproductive Health Support available at the Workplace

While the findings highlight clear gaps in comprehensive reproductive health (RH) support, it is important to acknowledge areas where progress is being made and where foundations for improvement exist.

The study confirms that access to paid maternity leave—as mandated by Ghana's Labour Act (Act 651)—is widespread. Among women who had given birth, 92% reported receiving this benefit. This high level of compliance across both public and private sectors provides a strong baseline for workplace RH support during the postpartum period.

2 Gawu A. Delali and Koblavie M. Bakhita (2024) https://www.researchgate.net/publication/381965197_A_BARGAIN_WITHIN_THE_BARGAIN_-AN_EMPIRICAL_EXAMINATION_OF_THE_LABOUR_ACT_2003_ACT_651_IN_THE_CONTEXT_OF_MATERNITY_PROTECTION_IN_GHANA

3 ibid

Beyond legal entitlements, signs of innovation are emerging, particularly within the private sector. Regarding menstrual health, private employers were more likely to provide practical support:

- Flexible work hours were available to 64.6% of private sector respondents, compared to 35.4% in the public sector.
- Access to menstrual hygiene supplies was reported by 72.8% of private sector respondents, versus 27.2% in the public sector.

This willingness to adopt non-mandated, employee-cantered measures suggests that some employers see RH support not only as a social responsibility but also as a way to improve workplace well-being and performance.

However, significant limitations remain. Despite the high prevalence of dysmenorrhea, 80% of respondents said they received no specific support for it. Similarly, 89% of those trying to conceive reported no support from their workplace. Where support for TTC was available, it was usually in the form of remote work options. Support for pregnancy complications also appeared limited. Of those who experienced such complications, 40% reported difficulty accessing the accommodations or assistance they needed.

One of the most concerning findings relates to miscarriage. While 9.8% of respondents reported experiencing one, nearly half of all surveyed women were unsure whether their workplace even offered miscarriage leave. This lack of awareness was consistent across sectors and career levels. It may not reflect the absence of policy in every case, but rather a lack of clear communication about what support is available and when.

In sum, while there are encouraging examples of RH innovation—especially within the private sector—current workplace support remains narrow in scope and unevenly applied. Common challenges like menstruation and fertility are still under-addressed, and even when policies exist, poor communication often prevents women from accessing the support they need. Strengthening both policy implementation and internal communication will be key to making Ghanaian workplaces more responsive, equitable, and supportive for all women navigating RH challenges during their careers.

5.3 Impact of RH issues on women at the workplace

This study reveals that RH challenges impact women in the workplace in both direct and subtle ways. A significant observation was the prevalence of neutral responses regarding workplace RH support—particularly around menstruation, trying to conceive (TTC), and pre/postnatal care. Even in the private sector, where menstrual support is more common, many women still described the support as neither helpful nor harmful. These neutral perceptions are significant. They suggest that while some policies or services may exist, they are not having a meaningful positive effect—perhaps due to limited implementation, poor communication, or inaccessibility. In short, support that exists on paper may not translate into actual benefit for employees.

More direct forms of negative impact also emerged. Eighteen percent of respondents reported experiencing discrimination related to their RH needs. These included stigma, microaggressions, career setbacks, and gaps in policy—all of which were reported across job levels and sectors. Such experiences show that, in some cases, the workplace itself becomes a source of stress or exclusion.

The most profound effect was seen in women's career decisions. Four in ten respondents (40%) reported making career-altering choices due to RH-related concerns. While pregnancy was the most frequently cited reason (46%), dysmenorrhea (18%), miscarriage (12%), and TTC challenges (12%) also played a significant role. This shows that RH issues beyond pregnancy also shape professional trajectories in ways that are often overlooked.

More direct and damaging are the impacts These findings align with broader research showing that offering a policy or benefit is not enough—impact depends on how well that support is communicated, implemented, and embedded in workplace culture[4]. Similarly, the reported discrimination echoes global evidence on gender bias and pregnancy-related stigma at work[5].

Looking ahead, there is a clear need to move employee experiences from neutral or negative to genuinely positive. Future research could explore interventions that improve retention and well-being and evaluate the long-term financial or professional consequences of RH-related career changes. There is also scope to examine how anti-discrimination policies specific to RH are applied and experienced in the Ghanaian context.

The study affirms that reproductive health issues shape women's work lives in multiple ways—from subtle forms of disengagement to major professional sacrifices. Addressing these impacts requires more than compliance—it calls for intentional, inclusive, and well-communicated workplace practices that support women throughout their careers.

4 Psico-smart Editorial Team (2024) The Role of Employee Engagement in Driving Organizational Performance https://psico-smart.com/en/blogs/blog-the-role-of-employee-engagement-in-driving-organizational-performance-161241#:~:text=In%20conclusion%2C%20employee%20engagement%20plays,to%20improved%20efficiency%20and%20innovation.

5 Kachi, Y., Fujiwara, T., Inoue, A. et al. The effects of pregnancy discrimination on postpartum depressive symptoms: a follow-up study. BMC Pregnancy Childbirth 22, 825 (2022). https://doi.org/10.1186/s12884-022-05148-2.

06

RECOMMENDATIONS

Beyond the current labour law provisions, this research highlights key opportunities for employers, policymakers, civil society, and development partners to improve workplace responsiveness to women's RH needs. These range from low-cost, high-impact interventions—such as flexible work arrangements and lactation rooms—to broader policy reforms. The following recommendations are organised by stakeholder groups.

6.1 For Policymakers

The study underscores the need for a more holistic, integrated, and equitable approach to reproductive health support in the workplace. We recommend the following:

1. Review and update the Labour Act (2003, Act 651) to include wider RH needs such as menstruation, miscarriage, stillbirth, fertility challenges, menopause, and alternative pathways to parenthood (e.g., adoption, surrogacy). Introduce statutory paternity leave and consider parental leave policies for adoption and surrogacy cases.
2. Introduce policy incentives to encourage employers to implement RH-supportive interventions. These incentives could help offset potential costs and reduce the perception that women are "expensive to employ."
3. Lead public education campaigns to raise awareness. For employees, this means increasing knowledge of existing RH entitlements and avenues for redress. For employers, campaigns should promote workplace gender equity and the benefits of RH support.
4. Promote public-private collaboration by facilitating partnerships across ministries, agencies, and business sectors. One actionable example is the development of day care centres in key workplace hubs—such as markets, industrial zones, campuses, hospitals, and office complexes.

6.2 For Employers (Public and Private Sector)

This study shows that supporting women's RH at work is not just the right thing to do—it's also good for business[6]. Respondents linked RH-responsive workplaces with lower absenteeism and turnover, enhanced talent attraction, increased productivity, and improved job satisfaction[7]. Based on these insights, we recommend the following actions for employers:

1. Review HR Policies for Responsiveness: Re-examine your current human resource policies and practices to assess how well they support the reproductive health needs of women. Identify key gaps and consider introducing practical, relevant interventions that reflect the lived realities of your female workforce.
2. Cultivate a Supportive Culture: Make visible leadership commitments to equity. Encourage open communication, establish clear policies that prohibit discrimination and harassment, and create a work culture where RH concerns are treated with understanding—not stigma.
3. Build Awareness Through Training: Offer regular training for both management and staff. Focus on raising awareness about common RH challenges, explaining available support, and equipping teams with skills for empathetic communication and inclusive problem-solving.

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6 https://ghana.generation.org/news/supporting-womens-mental-health-in-the-work place/#:~:text=The%20Importance%20of%20Women's%20Mental%20Health%20at,increased%20absenteeism%2C%20and%20a%20higher%20turnover%20rate.

7 Why Workplace Support For Reproductive Health Is So Important - Fertifa, accessed April 14, 2025, https://www.fertifa.com/post/reproductive-health-benefits-for-employees

4. Provide Practical Infrastructure and Flexibility: Improve physical work environments by ensuring access to clean, private WASH facilities with menstrual supplies. Where possible, offer l lactation rooms, nursery support, and flexible work options—whether in hours, location, tasks—to accommodate RH needs without compromising performance.

5. Monitor and Evaluate: Regularly assess the effectiveness of policies and initiatives using metrics related to employee well-being, retention, absenteeism, presenteeism (where measurable), and anonymous employee feedback to drive continuous improvement.

6.3 For Civil Society Organizations, Unions, and Advocacy Groups

Civil society groups are central to making workplaces more inclusive. They raise awareness, mobilise policy change, and ensure the voices of working women—especially in vulnerable sectors—are heard and respected. Recommended actions include:

1. Sustain Advocacy for Policy Reform: Continue pushing for key legislative reforms, including a review of the Labour Act and implementation of the Affirmative Action Act (2024). Encourage alignment between RH policies and gender equity standards.

2. Expand Worker Education: Share clear and accessible information about reproductive health rights. Focus especially on women in informal work, low-income sectors, or areas with limited access to information.

3. Partner on Training: Collaborate with employers, unions and government agencies to deliver workplace training that addresses stigma, outlines rights and responsibilities, and strengthens RH-supportive practices.

4. Build Employer Support Networks: Create spaces for HR professionals and business leaders to learn from one another. These peer-to-peer networks can accelerate adoption of RH policies and help troubleshoot challenges.

5. Deepen Context-Specific Research: Conduct further research within the Ghanaian context to better understand the specific needs of diverse groups of working women—such as those in the informal sector, across regions, and in various industries). Use this evidence to assess which interventions are most effective, culturally appropriate, and scalable, and to inform future advocacy and implementation efforts.

6.4 For Donor & Development Partners

Donors and development partners play an important role in helping scale workplace practices that support women's reproductive health. Their involvement can support research, shift mindsets, and ensure that progress is shared across sectors. Recommended actions include:

1. Support Research and Advocacy: Invest in evidence-building efforts that inform policy reform and strengthen accountability. This includes funding research, monitoring and evaluation, and advocacy campaigns focused on workplace RH.

2. Promote Awareness and Reduce Stigma: Partner with national and community-level organisations to support campaigns that make RH a normal and accepted part of workplace conversations. Reducing stigma is key to meaningful support.

3. Set Clear Benchmarks: Encourage the adoption of minimum RH-responsive standards for workplaces—similar to existing benchmarks for decent work or fair trade. These can guide both government and employer efforts.

4. Facilitate Knowledge Sharing: Create opportunities for learning across regions and sectors by supporting platforms that highlight best practices, case studies, and lessons learned. When organisations learn from one another, effective strategies are more likely to spread.

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CONCLUSION

This study reveals a significant gap between the widespread reproductive health challenges faced by women in Ghana's workforce and the support systems currently in place. While statutory maternity leave offers a valuable starting point, our findings indicate that broader RH support remains out of reach for most women.

The consequences of this gap are serious. Many women are forced to make difficult professional sacrifices due to a lack of workplace support—leading to lost productivity, missed opportunities, and unrealized potential. In turn, organisation lose valuable talent and risk undermining their commitments to diversity, equity, and inclusion.

Addressing this issue requires action on multiple fronts. Policymakers must strengthen and enforce existing protections while closing critical gaps in the legal framework. Employers—across both public and private sectors—must create comprehensive RH policies, provide supportive infrastructure, offer flexible work arrangements, and build cultures free from stigma and discrimination. This shift will require intentional leadership, stronger awareness, and a shared recognition that RH support is not only a women's issue, but a strategic business and economic priority.

By tackling these challenges, Ghana has the opportunity to build workplaces where all employees can thrive—professionally and personally. This transformation stands to benefit not only women and their employers, but the broader national goal of gender equity, human capital development, and sustainable economic growth.

08

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