
| RESEARCH ARTICLE

Menstrual Leave in Zambia: Any lessons for Ghana?

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| ABSTRACT

This paper examines the potential for Ghana to adopt menstrual leave policies by drawing lessons from Zambia's pioneering "Mother's Day" policy, introduced in 2015. Despite Ghana's progressive steps toward gender equity, including the 2024 Gender Equity Act and free sanitary pad initiatives, its labour laws lack explicit provisions for menstrual health, leaving working women without mainstreamed support for menstruation-related challenges. The study highlights how menstrual pain and stigma undermine women's productivity and workplace participation, as evidenced by the Ghana Women-Friendly Workplaces Report (2025) and research showing 96% of women report reduced stress with menstrual leave (Bhavsar, 2023). Analyzing Zambia's policy, which grants one day of paid leave monthly without medical justification, the paper argues for Ghana to integrate similar measures into its Labour Act, aligning with SDG 5 on gender equality. Critics caution against potential discrimination, but the paper emphasizes safeguards to prevent bias, citing Olsen's (2024) human rights framework and Ghosh's (2024) call for holistic menstrual health policies. By addressing legal gaps, combating stigma, and leveraging Ghana's youthful demographic dividend, menstrual leave could enhance workplace inclusivity and economic productivity. The paper concludes with actionable recommendations for legislative reform, positioning Ghana to lead in gender-responsive labour policies in Africa.

| KEYWORDS

Menstrual leave, women's health, women's employment, Ghana, Zambia

| ARTICLE INFORMATION

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1. Introduction

The Ghana Women-Friendly Workplaces Report (2025)¹ reports that pregnancy-related complications and severe menstrual pain are the most pertinent reproductive challenges faced by women in the workplace. The report also revealed that 80% of women reported no workplace support for menstrual health. In Ghana's national 2025 budget, a staggering GH¢292.4 million has been allocated for the distribution of free sanitary pads to female students in primary and secondary schools for the first time (Ministry of Finance, 2025). This allocation aims to end period poverty and improve menstrual health. In a moment like this, where Ghana has just elected its first female Vice President, there is great expectation and hope for gender-inclusive policies considering our role at the table. However, within professional settings, significant gender gaps require attention. Alor et al (2022) report that a significant minority of women are unable to meet academic, economic, or social activities during menstruation; therefore, a need to reduce menstruation-related absenteeism. Menstrual leave has emerged as a progressive solution in several countries, including Zambia, to address the sexual and reproductive health needs of working women (Chirwa, 2019). The increasing global discourse on gender inclusivity has sparked legal, social, and economic debates, as well as deeper examinations of women's lived experiences (Johnston-Robledo & Chrisler, 2020). Despite the growing recognition of menstruation as a workplace and human rights issue, only a few countries have fully or partially implemented menstrual leave policies. Zambia is the first and only African country to introduce such a policy in 2015, allowing women to take one day off per

¹ <https://citinewsroom.com/2025/04/unfpa-applauds-konfidants-for-research-on-womens-health-at-work/>

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month without medical justification (Worley, 2017). This paper argues that Ghana should adopt a menstrual leave policy as part of its broader commitments to achieving gender equality and the Sustainable Development Goals (United Nations, 2015), particularly Goal 5 on gender equality and women's empowerment.

2. The Menstrual Cycle

Menstruation is a biological process that takes place in the female reproductive system, typically during reproductive age. This process may happen over 28 days, with four main phases: menstrual phase, follicular phase, ovulation, and luteal phase, which tend to alter women's daily routine (Hammer, 2023). During these periods, women may experience symptoms such as tender breasts, back pain, cramps, headaches, and fatigue. Every phase is accompanied by significant hormonal and physiological changes, which can be influenced by external factors such as stress (Farage et al, 2009). These times present excruciating pain that may affect productivity and work delivery. It is on this pedestal that several calls have been made to introduce a system for women workers to report their discomfort and be released without consequences to their job security and safety. To solve the biological inequality, several firms and countries have developed and adopted the concept of menstrual leave to ensure an inclusive society.

3. Menstrual Health as a Workplace Issue

Although acknowledged as a natural phenomenon, women continue to experience stigmatization. According to Becknuss (2022), menstruation has long been a source of stigma that has negatively shaped women's social experiences and public identities. In *The Female Stigma: Menstruation Attitudes in the Women's Liberation Movement*, she argues that cultural and historical narratives have portrayed menstruation as a source of shame, secrecy, and impurity. This has contributed to the marginalization of women, especially in professional and political spaces, where bodily functions are expected to remain invisible. Abanyie et al. (2019) observe that in Ghana's formal work settings, there are no established company policies or codes specifically addressing menstruation. Although many women experience abdominal pain, fatigue, and general weakness during their menstrual periods, there are currently no structured workplace measures to support them through these challenges. In response, women often rely on personal coping strategies such as taking medication, listening to music, or resting when possible. This gap highlights a critical need for formal workplace policies. Introducing menstrual leave could offer a comprehensive and supportive solution, ensuring that female workers can manage their health without compromising their job performance or security.

Examining the debate surrounding menstrual leave policies in workplace structures, Levitt and Barnack-Tavlaris (2020) argue that while menstrual leave could potentially support women's health and well-being, it also raises questions about gender equality, stigma and workplace dynamics. It acknowledges the physiological realities of menstruation and promote inclusivity by validating women's experiences in professional spaces. Levitt and Barnack-Tavlaris (2020) however caution that without careful implementation, menstrual leave could unintentionally reinforce stereotypes about women being less capable, potentially affecting their career progression and reinforcing gender-based discrimination. King (2020) also adds that the policy risks perpetuating biases that frame women as less reliable workers, potentially discouraging employers from hiring or promoting them.

4. Menstrual Leave Explained

The menstrual leave policy in Zambia, known as "Mother's Day," is a unique labour law that allows women to take one day of paid leave per month for menstrual-related issues without requiring a medical certificate (Worley, 2017). Introduced in 2015 under the Employment Code Act, this policy acknowledges the physical and emotional challenges women may face during menstruation, such as pain, fatigue, or discomfort. Within our societies and institutions, policies play a major role in shaping acceptable and unacceptable behaviours. The menstrual leave concept is a policy that allows individuals to take paid or unpaid leave from work due to symptoms related to the menstrual cycle. It recognizes female workers' inability to work because of menstrual-related health issues. Depending on the country and employer, a worker may be given a minimum of one day's leave off to a maximum of five days per month. Often based on trust and/or certification, a member of staff may be excused for the period. In Zambia, for example, menstrual leave is based on trust, with one day per month.

Menstrual leave policies vary across non-African countries, reflecting differing cultural, legal, and workplace attitudes toward menstruation. In Japan, for instance, menstrual leave has been legally available since 1947 under the Labour Standards Law, allowing women to take time off if their menstrual symptoms make it difficult to work, though few women use it due to stigma and workplace pressure (King, 2020). Similarly, South Korea offers one day of unpaid menstrual leave per month, though its usage is also limited for similar social reasons (Asyinth, 2023). In contrast, Spain made headlines in 2023 by becoming the first European country to pass a law granting paid menstrual leave, aiming to normalize menstruation and reduce the stigma surrounding it (Leon-Lirious et al, 2024). These examples highlight a growing global recognition of the need for menstrual health accommodations, though actual implementation and societal acceptance remain inconsistent.

5. So, what can Ghana learn from Zambia's Policy?

Introduced in 2015, popularly known as the "Mother's Day" Policy, Zambia is the pioneer African country to legalize the menstrual leave policy formally. This includes obliging employers' compliance with the application of reinforcement laws. It further does not require medical documentation, making it flexible for all women, including those in the urban and rural areas. This legislation realized the amendment of its employment laws. Despite divergent views on the policy, such as reduced job opportunities, workload redistribution, unintended consequences, administrative challenges, such as employee equity, integration with existing policies, among many others, the policy is acknowledged as a step into achieving gender equality in the workplace Bhaghamma, 2023).

This practice has been noted in about 20 countries, including Scotland, New Zealand, South Korea, Japan, and Taiwan, among others. Through legislation, the countries have ensured the creation of a safe environment for women and girls. In the case of Ghana, there is yet to be a legal framework. Taking cues from others remains critical in achieving sustainable development and leaving no one behind. The thought from the 17th Goal of the UN SDGs lends credence to exploring opportunities from neighbouring countries, adopting procedures and systems that suit Ghana's aspirations. Notably, gender equality continues to take centre stage on Ghana's radar to ensure an inclusive society. In addition, the passing of the Affirmative Action Bill known as the Gender Equity Act (2024) communicates intentional steps to remove barriers between the sexes. As such, this political commitment opens the door to more innovative interventions. In this case, barriers take the form of legal, economic, biological, and social.

6. What does the Laws in Ghana say?

Ghana's current legal framework does not explicitly address menstrual leave, creating a significant gap in workplace policies for women's reproductive health. However, existing labour laws offer some provisions that indirectly relate to health and well-being, although none specifically cater to menstrual-related needs. The Labour Act, 2003 (Act 651) includes provisions for maternity leave, granting female employees in the private sector twelve (12) weeks of paid leave and public sector employees fourteen (14) weeks. While this acknowledges pregnancy-related health issues, it does not extend to menstrual health. Similarly, the Act entitles all employees to fifteen (15) working days of paid annual leave after twelve months of continuous service, but this is a general provision not tailored to menstrual needs. Moreover, Ghana's legal system lacks specific measures to support women experiencing severe menstrual symptoms, such as pain, fatigue, or other debilitating conditions. This contrasts with Zambia's "Mother's Day" leave, which explicitly allows women one day of paid menstrual leave monthly without medical justification.

By adopting the menstrual leave policy, menstrual health can be refocused to meet not only menstrual hygiene but also menstrual health complications. Ghosh (2024) and Olsen (2024) advocate for the acknowledgement of menstrual health as a fundamental right requiring legal recognition. Both scholars critique the reduction of menstruation to hygiene management, arguing instead for policies that address health, workplace equity and social stigma. The implementation of menstrual health policies according to Babbar et al (2022) will foster a workplace culture that values diversity, inclusivity and gender equality as well as contribute to creating an environment where employees are equally supported. In the long run, Zhang (2024) posits that menstrual leave policies may positively improve understanding of women and enable policies that suit their needs. Bhavsar's (2023) research provides compelling evidence for mainstreaming menstrual leave policies. The study found that an overwhelming 96% of female employees reported reduced stress levels when granted menstrual leave, while 65% noted measurable improvements in their productivity. These findings provide evidence for our reflection that menstrual leave will boost the productivity of women, considering Ghana's youthful population, which has more women than men. The purpose of institutionalizing menstrual health policies in Ghana is to eliminate all barriers, including biological barriers, that hinder women from accessing equal opportunities for professional and personal development without restrictions.

While Ghana's labour laws offer some protections for women's health, they fall short of addressing menstrual-specific challenges. A dedicated menstrual leave policy would align with the country's gender equality goals, bridge existing gaps and foster inclusive workplaces. Legislative action is needed to transform informal coping strategies (e.g., self-medication or unpaid leave) into structured, rights-based support. Olsen's (2024) human rights lens provides a framework for Ghana to adapt, ensuring legal reforms (e.g., Labour Act amendments) are inclusive and enforceable.

7. Challenges and Strategies to Surmount Menstrual Leave Implementation in Ghana

The introduction of a menstrual leave policy in Ghana, though timely and essential, faces multiple challenges ranging from legal gaps to deep-rooted cultural stigmas. One of the foremost hurdles is the absence of explicit legal provisions in Ghana's Labour Act (2003), which currently offers protections for maternity but not for menstrual-related health concerns. This legislative vacuum leaves employers with no obligation to accommodate menstruation-specific needs. Additionally, as noted by Becknuss (2022) and Levitt & Barnack-Tavlaris (2020), entrenched societal stigma around menstruation continues to silence open discussions, particularly in professional settings. These stigmas often frame menstruation as a private issue, perpetuating the notion that menstrual pain should be endured silently, thereby hindering policy reforms. There are also fears of reinforcing gender biases.

Scholars such as King (2020) caution that menstrual leave could unintentionally fuel stereotypes of women as less capable or reliable, potentially impacting hiring and promotion decisions. Moreover, from an administrative perspective, questions around fairness, verification of symptoms, and the potential abuse of the policy further complicate implementation.

To overcome these barriers, Ghana can take a multi-pronged approach. First, legislative reform is critical. Drawing from Zambia's "Mother's Day" model, Ghana could amend its Labour Act to include menstrual leave provisions, explicitly recognizing menstrual health as part of workplace rights. This should be backed by anti-discrimination clauses to prevent misuse or gender-based bias. Second, education and awareness campaigns must be launched to destigmatize menstruation, both at community and workplace levels. This can be integrated into broader gender equity programs under the Gender Equity Act (2024). Third, piloting menstrual leave in selected sectors—especially in education, healthcare, and the public sector—can provide data on its feasibility and outcomes, reducing employer resistance. Lastly, clear implementation guidelines and optional medical certification (only where necessary) can help manage concerns around accountability without compromising employee dignity. By tackling legal, cultural, and operational challenges holistically, Ghana can create a menstrual leave policy that empowers women, improves workplace productivity, and aligns with its national and international gender equality commitments.

8. Conclusion

In conclusion, Ghana stands at a pivotal moment to advance gender equity by institutionalizing menstrual leave policies, drawing critical lessons from Zambia's "Mother's Day" initiative. There is evidence to suggest that menstrual health significantly impacts workforce productivity. To translate this into action, Ghana must amend the Labour Act to mandate paid menstrual leave with robust anti-discrimination safeguards launch nationwide workplace education programs to destigmatize menstruation. These steps would align with Ghana's Gender Equity Act (2024) and SDG commitments while addressing the biological and systemic barriers women face. By adopting these measures, Ghana can transform workplaces into inclusive environments that recognize menstrual health as a right, not a privilege, setting a precedent for gender-responsive labour policies in Africa. The time for decisive action is now.

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