The Impact of Hormonal Health on Canadians at Work

and how employers can make a difference

Reya™

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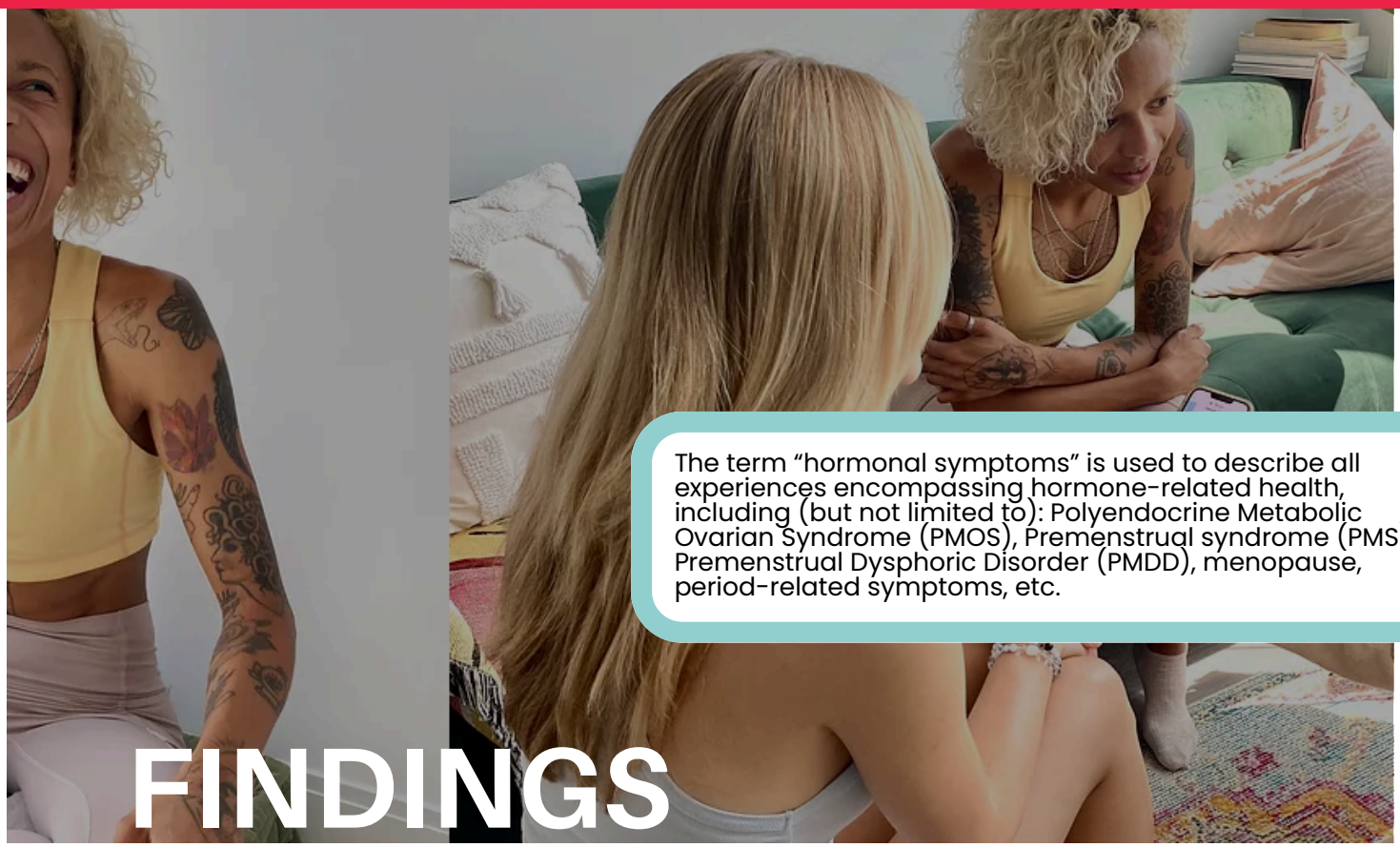
Introduction

When employers prioritize hormonal and reproductive health, it gets noticed. As women make up 47.4% of the Canadian workforce,[2] understanding the impact and outcomes of hormonal health stigma and support in the workplace might be the differentiator for employers, and the life-changer for menstruating employees. This report seeks to help Canadian employers understand the impact of hormonal health in the workplace, and address the inequalities, stigma, and challenges faced by Canadian workers as it relates to hormonal health.

The findings of this report reflect the increasing need for Canadian employers to prioritize hormonal and menstrual health support in order to retain talent and create equitable workplaces. As hormonal and reproductive health become a mainstream Canadian workforce issue, with broader access policies such as British Columbia's 2023 free contraception policy[1] and the 2024 Federal Pharmacare Act,[3] reproductive health is moving up the national agenda, and workplace policy needs to catch up.



The term “hormonal symptoms” is used to describe all experiences encompassing hormone-related health, including (but not limited to): Polyendocrine Metabolic Ovarian Syndrome (PMOS), Premenstrual syndrome (PMS), Premenstrual Dysphoric Disorder (PMDD), menopause, period-related symptoms, etc.

FINDINGS SUMMARY

STIGMA & DISCLOSURE

49% say that they have never disclosed hormonal or menstrual health symptoms to their manager

62% strongly agree that they feel stigma around discussing period or hormonal issues at work

HORMONAL SYMPTOMS AT WORK

94% say that hormonal symptoms cause them to work at a reduced capacity even when present

24% miss 1-4 days of work per month caused by hormonal symtpoms

Over 100 women between the ages of 18-55 who currently or have previously menstruated were surveyed to learn how hormonal health symptoms are affecting Canadians in the workplace.

The Impact on Work

The individual impact

Results uncovered clear inequities experienced by people dealing with hormonal symptoms in the workplace. The burden of symptoms on women's careers goes beyond a struggle to focus or a sick day used for hormonal health symptoms. This problem impacts the individual's overall health and often causes long-term career consequences when not adequately supported by employers.

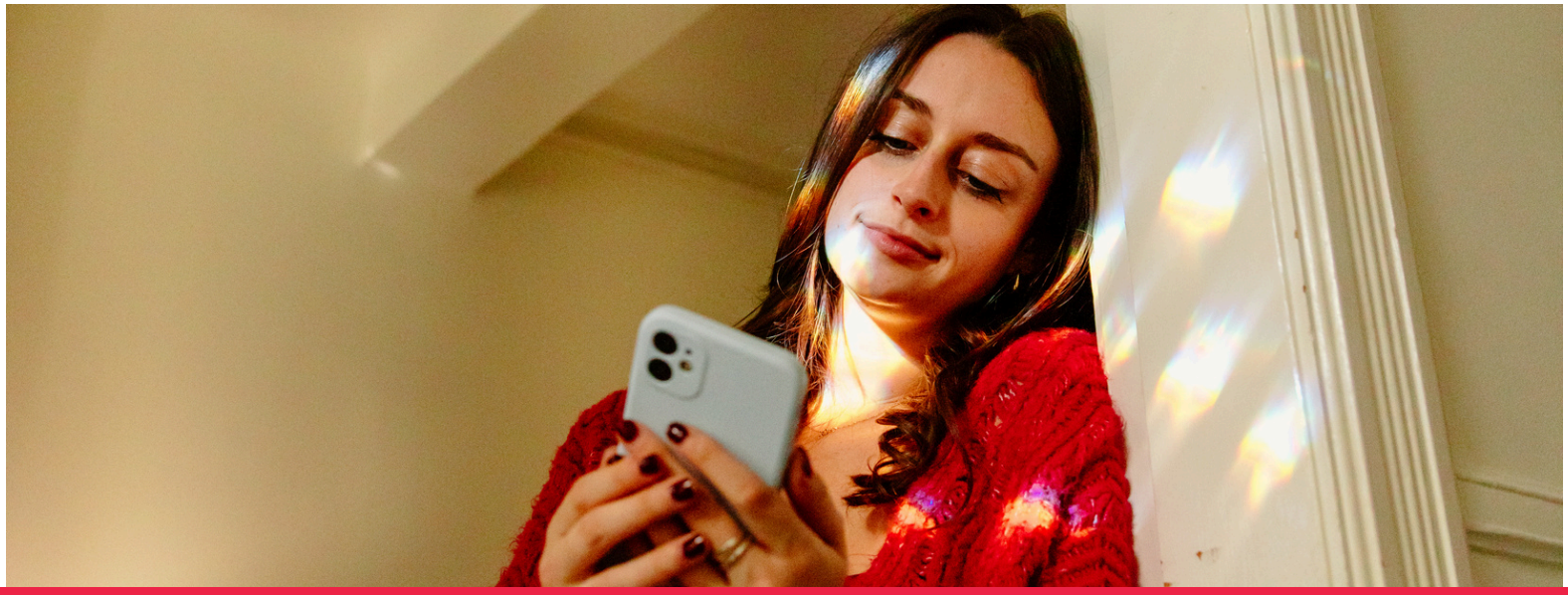
61.5% of respondents say that managing hormonal symptoms has shaped their career decision

It doesn't just impact careers, it also impacts individual health and wellness. **26%** of respondents surveyed state that they have **delayed medical treatment for their hormonal symptoms** due to work pressure.

This problem is only amplified by workplace benefits that neglect the diversity of experiences that employees can face, as **52.6%** of respondents shared that they have **used paid sick leave primarily for hormonal or menstrual symptoms**, something non-menstruating employees don't have to face.

In practice

In practice, these symptoms influence individual careers in silent, stigmatised ways: **5%** of respondents have left a job due to lack of support. **22%** chose an employer based on their flexibility and benefits that reflected hormonal symptom support, and when surveyed about the management of hormonal symptoms affecting their career decisions, **5%** admitted to having turned down a promotion in relation to their hormonal health.



The Employer Impact

These findings highlight a larger financial and output impact on employers and the businesses they manage. The data shows both absence and performance-related impact when employees are not properly supported in their hormonal and menstrual health.

24.4%

miss at least 1 full day of work per month due to hormonal health symptoms

10%

miss more than 2 days of work per month due to hormonal health symptoms

Presenteeism

Even while present, respondents shared that their hormonal symptoms still cause reduced capacity at work. With **93.6% of respondents being net affected** (rarely, occasionally, or frequently), this isn't just an edge case of infrequent partial capacity days, but a majority of women employees experiencing reduced presenteeism.

Tasks most affected by reduced capacity due to hormonal health symptoms at work:

83.3%. Concentrating or focusing on tasks

42.3% Physical tasks or movement

28.2% Attending meetings or being present

26.9% Creative or strategic thinking

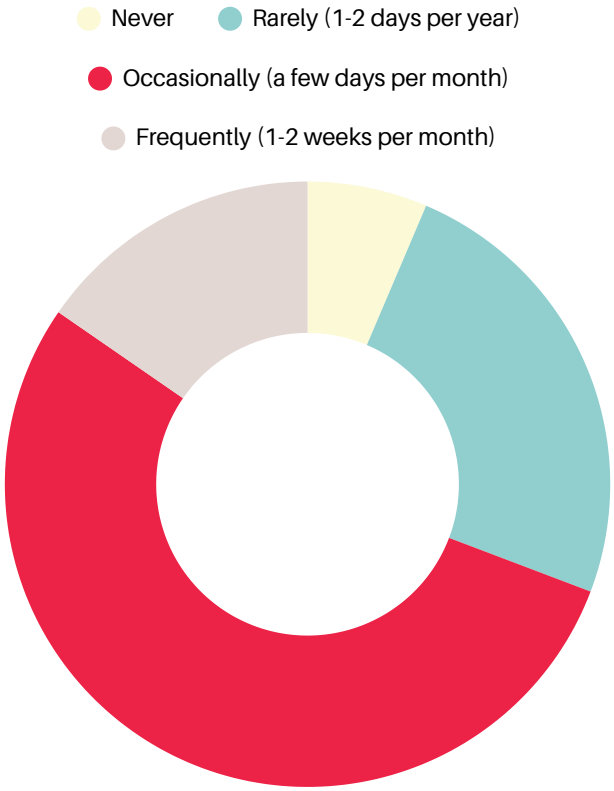
26.9% Communicating with colleagues

21.8% Making decisions under pressure

21.8% Presenting or speaking in front of others

19.2% Hitting deadlings or managing workload

How often do hormonal health symptoms cause you to work at reduced capacity even when present?



Disclosure, Stigma, and Trust

What employees say would help

This survey data helped put an experience many women have in the workplace into statistics that support what we already know about stigma. It draws attention to things like comfort and trust, and how an employers' first step in supporting hormonal health at work is to signal strong values of care to create more comfortable workplaces.

Hormonal health is still something many employees navigate alone at work, not because they don't need support, but because they don't trust it will be there. The numbers suggest that disclosure of hormonal health symptoms at work is sparse, primarily for fear of lack of support. Only **25%** of respondents who have disclosed hormonal symptoms to a manager **say they felt supported afterward**. Nearly half (49%) have never disclosed at all, citing discomfort or a belief that speaking up simply wouldn't change anything. On average, employees rate their comfort discussing hormonal health with a manager at just 4 out of 10.

This amplifies the gap in trust that Canadian women are facing at work. Only 41% of respondents feel they can be honest with their manager about health-related absences, and 61.5% report feeling stigma when discussing periods or hormonal issues at work. One in four respondents (**25%**) **don't believe their employer takes women's health seriously at all.**

Taken together, this data points to a clear starting point for employers: before any benefit, app, or policy can be effective, employees need to believe their workplace genuinely values their health. Signaling that care through leadership language, manager training, and visible commitment is the precondition for everything else. Without it, even generous benefits may go unused.

55% say better hormonal health support would somewhat or significantly improve their work

73% say they would stay longer with an employer who offered hormonal health support

90% of respondents agree that hormonal health support should be a standard workplace benefit

Employees aren't asking for more than what already exists elsewhere in other health benefits, they're instead suggesting hormonal health to be treated with the same care. Right now, support is thin and inconsistent: 36% of respondents say their employer offers no support they're aware of, and where support does exist, it skews toward general access Employee Assistance Programs (31%) and contraceptive coverage (36%) rather than flexibility (26%) or dedicated reproductive health resources (5%).

The upside for employers who close this gap is substantial to productivity, retention, and overall employee satisfaction. **55%** of respondents say **better hormonal health support would somewhat or significantly improve their work**. More strikingly, 73% say they would stay longer with an employer who offered it. This shows a direct, quantifiable retention argument in a labour market where replacing talent is already expensive.

The appetite for employer support is clear.

Employers who move first stand to gain measurable advantages in retention and engagement, while those who wait may risk losing productivity, and more importantly, employee trust.

> *I cannot think of one woman in my life who hasn't been impacted at work by hormonal issues (taking time off, being in severe pain). Paid time off, access to health benefits, and free menstrual products would be ideal.*
>
> • **anonymous survey respondent**

> *Paid menstrual leave is at the top of my list because if I had that, I wouldn't feel guilty about using sick time regularly and worry about how it looks to others that I'm "often sick". Also, people without a uterus need sensitivity training on how to react when their employees approach them about hormonal health.*
>
> • **anonymous survey respondent**

Conclusion

The data in this report tells two stories at once, and the distance between them is the opportunity for employers and employees to both benefit. On one side, **the drive for change is nearly unanimous amongst survey respondents,** with 90% agreeing that hormonal health support should be a standard workplace benefit. Employees aren't asking to reinvent the wheel, so much as asking for hormonal health to be an extension of existing workplace wellbeing, and for employers to make it known to their teams that their health (including hormonal health) will be supported and destigmatized from every corner of a company.

On the other side, trust remains largely unbuilt. **61.5%** of respondents **feel stigma discussing periods or hormonal issues at work**, and only 25% of those who have disclosed symptoms to a manager say they felt supported afterward. Nearly half never disclose their hormonal symptoms at all, and it isn't from a lack of need, but from a fear that doing so wouldn't help. A workforce that overwhelmingly needs support is, at the same time, overwhelmingly stigmatized to ask for it.

This is not a contradiction so much as a sequencing problem. Benefits, policies, and resources cannot do their job if employees don't yet trust the environment enough to use them. The data suggests the gap between demand and disclosure isn't a matter of employee reluctance, but instead a matter of employers not yet having signaled, clearly and consistently, that hormonal health is safe to discuss and that support will be provided when it's needed.

For Canadian employers, this represents an opportunity to do better by your employees and your business productivity. The demand is already there. What's missing is the first, foundational step of visible and structural signals that encourage trust before asking employees to disclose. Employers who move on this now aren't taking a risk on an emerging issue, but instead responding to a workforce that has already told them what it needs.

Before asking employees for feedback, taking initiative to encourage a safer and more comfortable workplace sets a more trusting tone for employees to feel safe and unstigmatized.

References

1. Government of British Columbia. (n.d.). *Free contraceptives - Province of British Columbia*. Gov.bc.ca. Retrieved August 17, 2026, from https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents/what-we-cover/prescription-contraceptives

2. Government of Canada. (n.d.). *Facts, stats, and impact: Gender equality*. Canada.ca. Retrieved August 17, 2026, from https://www.canada.ca/en/women-gender-equality/gender-equality/facts-stats-impact.html

3. Government of Canada. (2024, October 10). *Government of Canada Passes Legislation for a First Phase of National Universal Pharmacare*. Canada.ca. https://www.canada.ca/en/health-canada/news/2024/10/government-of-canada-passes-legislation-for-a-first-phase-of-national-universal-pharmacare

Methodology

Reya Health was the administrator of the Hormonal Health at Work Survey. This report is compiled using the data collected from the Hormonal Health at Work Survey. The Hormonal Health at Work Survey was conducted from June 20, 2026 to August 2, 2026 and received 106 responses, 78 of which were eligible via the below criteria. This survey was completely anonymous with no identifying information collected and was completely voluntary to submit.

Eligibility criteria: Anyone who has or has had a uterus, regardless of current reproductive status, gender identity, or hormone use. Respondents must also be eligible to work in Canada.

The respondents all identify as women who currently menstruate or have menstruated in the past, and range between the ages of 18-55.

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