

## Reimagining Gender Justice at Workplace: The Case for Period Leave Policy in India

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### Abstract

Gender justice for working women calls for recognition and supportive mechanisms anchored in their menstrual health needs. However, there is a lack of policy initiatives to accommodate the diverse bodily needs of working women during menstruation, who strive to perform their obligations. This study aims to outline Indian employers' perspectives on menstrual health and period leave policy. The paper highlights a pertinent gender justice issue in the workplace which is not adequately addressed by the labour laws in India.

The study adopts a qualitative approach to understand organisational perspectives on period leave policies in India. This cross-sectional exploratory study was conducted with 102 sample units, and the research locale is India. Content analysis and descriptive statistics were used to summarise and draw generalisations from the data. Additionally, a chi-square test was performed using SPSS 20 to examine associations between categorical variables.

The findings reveal that while organisations acknowledge the psychological and physiological impacts of menstruation, negative societal attitudes continue to hinder the adequate integration of period leave into employee welfare approaches. Although period leave policies are seen as beneficial—enhancing women-friendly workplace, enabling women to manage menstrual discomfort, improving performance, and fostering workplace inclusivity—resistant views persist. These include concerns of potential misuse of leave and perceived imbalance to gender equality. The paper presents important implications for labour laws concerning the menstrual health of women employees.

**Keywords:** Period leave, Menstrual health, Gender equality at workplace, Breaking menstrual taboos

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## Introduction

Women have historically encountered significant challenges in their pursuit of equality in both personal and professional spheres. Their deference to male perspectives within social and economic contexts has consistently undermined their bargaining power in both private and public spheres. Women have traditionally been steered away from remunerative employment, in alignment with societal expectations of their roles as caregivers and homemakers, while remaining subordinate to men. This is evident from the reports on the female labour force participation rate (FLPR), which reveals that fewer women, in comparison to men, are participating in the labour force (Ali et al., 2023). In 2017, it was recorded at 23%, approximately one-third of men's participation. According to the Press and Information Bureau (PIB), this figure increased to 37% in 2024, indicating a modest improvement in FLPR (Ministry of Women and Child Development, 2023).

The Global Gender Gap Index reveals a concerning depiction of the global gender gap score, indicating only a slight improvement of 0.01% in 2023, reaching 68.5 in 2024 (Pal et al., 2024). The Gender Gap Index evaluates the progress of nations in bridging the gender gap across sectors such as employment, education, political empowerment, and economic participation. No country has yet achieved complete closure of the gender gap, raising significant questions for nations where women have been accorded equal civil rights for a prolonged period of time. India ranks 128th out of 146 countries, positioned fifth among its South Asian neighbours, following Bangladesh, Nepal, Sri Lanka, and Bhutan (Pal et al., 2024). Menstrual health is pivotal to women's empowerment and development and must be prioritised within specific policy areas, given its multi-sectoral implications.

### Global context of Period Leave Policies

Women in South Asia, the Middle East, and North Africa contribute to less than one-third of total work participation compared to their counterparts in Sub-Saharan Africa and East Asia. Indian women are primarily engaged in non-SNA (System of National Accounts) and extended SNA duties (Verick & Chaudhary, 2014) which is not accounted as having any economic worth. Achieving equal representation of women in labor force participation is feasible only when they can engage in decent work that aligns with their strengths and abilities. Women's participation in the labor market can potentially be improved by addressing challenges posed by various factors, such as the availability of suitable work, working conditions, wage parity, employment security, gender discrimination in the workplace, and recognising their menstrual health needs. It is apparent that employed women often neglect their own well-being in their efforts to address challenges, with the aim of maintaining their positions within the formal economy.

Countries such as Japan and Indonesia implemented menstrual leave policies as early as the 1940s, while South Korea, Taiwan, and Zambia adopted similar measures in 2001, 2013, and 2015, respectively (Agarwal, 2024). Asian countries are significantly ahead of their Western counterparts, where period leave policies were only introduced in 2024 in Spain, as a result of protests from various sectors, including labor organisations such as UGT (Unión General de Trabajadores), which expressed concerns that such policies might restrict employment opportunities for women (Feed, 2023). In India, Bihar is the first state which offered menstrual leave to working women in the government sector starting in 1992, the Orissa government announced similar leaves for women in both the government and private sectors in 2024 and the Kerala government extended menstrual leave to all females in universities and institutions as of 2023. These measures are significant initiatives which need to be replicated across the entire country. In light of these significant steps, this study aims to assess the

organisational environment through the following research questions-1. What do organisations in India understand about the menstrual health needs of women employees? 2. What initiatives are currently led by the organisation for improving the menstrual health of women employees? 3. What are the probable benefits and challenges that organisations anticipate in implementing period leave policy? The broader purpose of the research is to provide policymakers with insights into organisational preparedness for introducing this welfare measure, considering the perceived advantages and limitations. The results are expected to support the practical and effective implementation of period leave as an employee welfare initiative, rooted in a gender justice approach.

### **MHHM for gender justice for working women**

The onset of menstruation is accompanied by feelings of fear, confusion, and insecurity. Menstruation is fundamentally a biological process; the National Cancer Institute defines it as "the normal monthly shedding of blood and tissue from the lining of the uterus (womb) when pregnancy does not occur. During menstruation, menstrual blood and tissue flow from the uterus through the cervix and pass out of the body through the vagina. Menstruation usually occurs approximately every 28 days (except during pregnancy) and lasts 3 to 5 days, but this can vary from person to person. It normally starts during puberty and ends at menopause. Also called menses and menstrual period" (*NCI Dictionary of Cancer Terms*, n.d.). While this definition is significant from a physiological health perspective, it does not embrace the other two dimensions - psychological and social. Menstruation signifies the onset of puberty in females and indicates that the body is physiologically capable of childbearing. Menstrual health is defined as 'a state of complete physical, mental, and social well-being, not merely the absence of disease or infirmity, in relation to the menstrual cycle. This definition is applicable to all menstruators, including those with disabilities' (Hennegan et al., 2020).

Menstrual health and hygiene management (MHHM) encompasses the availability of hygienic menstrual tools, infrastructure such as washrooms with water and cleaning facilities, knowledge of healthy practices, and medical care for specific menstrual health needs. MHHM is vital for women of all age groups; however, a selective approach has been applied to it. Adolescent girls have been prioritised in MHHM through efforts to ensure their ongoing access to education, health, and hygiene. In contrast, the menstrual health of adult women receives insufficient attention from the state and development agencies, which prioritise sexual and reproductive health, as opposed to menstrual health. This fragmented application by policymakers and agencies further marginalises menstrual health issues of women, and ostracizes those that may not fall within these categories. According to UNFPA (2022), the discrimination and exclusion faced by women during menstruation constitutes a critical human rights concern, as it jeopardizes women's rights through exclusion, shame, stigma, and deprivation. The taboos and stigma associated with menstruation hinder women from fully enjoying universal human rights, compelling them to compromise their rights to life, health, dignity, work, and equality. The inalienable and interdependent nature of human rights implies that the violation of one right can adversely affect others. The act of overlooking the important aspects related to MHHM significantly impacts the quality of life for women across all age groups. Period poverty directly affects menstruating women's experiences, particularly in terms of pain and hygiene management (UNFPA, 2022). Additionally, menstrual hygiene practices are crucial in preventing menstrual and gynaecological morbidities (Parasuraman & Das, 2022). Menstrual health has a multi-sectorial impact on women, intersecting with sectors such as health, education, and employment.

## Menstrual Health and SDG

Sustainable Development Goals (SDGs) 3, 4, 5, 6, 8, 10, and 13 are directly relevant to menstruation. Promoting menstrual health to enhance women's overall health and well-being is central to SDG 3, while the issue of girls discontinuing education due to menstruation can be effectively addressed through SDG 4. Menstruation, as a gender issue, often leads to discrimination and inequality, contrary to the objectives of SDG 5; thus, societal taboos and discriminatory practices must be addressed to foster gender equality. Working women face impediments in exercising their right to health due to an unsupportive social environment, leading them to neglect their menstrual needs and endure pain and discomfort in order to meaningfully contribute to society. Additionally, menstrual health and hygiene are largely contingent upon the availability of water and sanitation facilities, making SDG 6 a crucial determinant of menstrual health. The availability of sanitary products and private spaces for their use is integral to menstrual health. Period poverty presents a significant barrier to accessing menstrual hygiene management materials, exacerbating health-related complications. Working women face substantial challenges during menstruation due to the lack of sanitation facilities, which undermines their right to health and decent work as outlined in SDG 8. SDG 13 should be applied in the context of menstruation to ensure the safe and sustainable disposal of menstrual waste materials. In India, approximately 1 billion sanitary pads are used by 64% of the 336 million menstruating women. These menstrual pads pose a hazard to the environment, as the super absorbent polymer may take 500-800 years to decompose (*Menstrual Hygiene*, n.d.). Therefore, SDG 13 must address the environmental threat posed by modern menstrual management techniques and failures. The SDGs aim for global development on equitable terms and should be examined from a gender perspective overall and menstrual justice in particular, as women's lives are significantly influenced by their menstrual health experiences.

## Menstrual Health of working women and policy gap

Existing labour laws are notably silent on the issue of menstrual health, reflecting a broader institutional neglect. Consequently, employed women are often compelled to disregard their physiological needs during menstruation, conceal their discomfort, and suppress any visible signs of menstrual distress in professional environments. This lack of recognition not only undermines their well-being but also perpetuates a culture of silence and stigma surrounding menstrual cycles in the place of work. Women's experiences are marred by taboo, secrecy, and injustice, rendering them disadvantaged in both personal and professional ecosystems.

Menstrual health selectively garnered the attention of policymakers, resulting in interventions targeted at adolescents within school and community settings. However, this focus has not extended to working women, whose menstrual health needs remain largely unaddressed (Anand et al., 2018). Empirical evidence underscores the urgency of this issue. In a study conducted in central Uganda, involving 435 menstruating women, it was reported that 19.3% routinely missed work due to menstruation, 15.1% missed work during their most recent menstrual cycle, and 40.6% indicated that they would not hesitate in scheduling work on days falling outside of their menstrual cycle, if given the choice. Pain and fatigue emerged as the most prevalent symptoms, while 43% of those who failed to attend work cited inadequate menstrual management facilities at the workplace as the primary barrier (Hennegan et al., 2022). These findings highlight the pressing need for workplace policies that integrate menstrual health considerations as a vital component of gender-inclusive employment practices. This framing compels women to internalise the belief that menstrual pain is a personal, low-priority concern

- one that must be endured silently and independently. Ironically, the feminist movement's foundational struggle for equality, autonomy, and rights did not anticipate that women would one day need to assert their physiological differences in order to demand equitable treatment. While certain reproductive functions of the female body—such as childbirth—have received recognition through provisions like paid maternity leave, yet menstrual health remains an unrecognised concern even in the policies concerning labour welfare. The World Bank Group (2022) commends paid maternity leave for enabling women to balance professional and familial responsibilities, it also acknowledges that similar institutional support for menstruation-related discomfort is conspicuously lacking (World Bank Group, 2022).

### **Menstrual Health and Workplace Impacts**

The physiological pain associated with menstruation is comparable in intensity to labour pain, as evidenced by empirical research. In a study conducted by Grandi et al. (2012) involving 408 women, the objective was to assess the extent to which menstrual pain interferes with social and academic activities. Using a visual analog scale (VAS), the study found that 67.4% of participants experienced pain onset after menarche, and 50.7% reported pain during menstrual flow. Pain duration varied, with 49.8% experiencing it for one day and 38.5% for two days. Additionally, 83.7% reported associated symptoms such as depression, headache, nausea, vomiting, acne, and loss of appetite. The impact on daily functioning was also significant - 47.8% reported diminished academic performance, 44.6% noted impaired social engagement, and 37.9% experienced absenteeism. Chalada (2025) advocates for the availability of menstrual products at the workplace and categorizes it as a workplace policy concern. In her study conducted across Australia, she noted that non-availability of menstrual products in the workplace creates a distressful experience when women do not have the menstrual hygiene material when they need it. Lack of menstrual products adds to their worries and lowers their concentration. The provision of menstrual health facilities is essential to ensuring that women can engage fully in their personal and economic roles, especially during menstruation. The absence of discourse surrounding menstrual health in the professional setting fundamentally contradicts the ethos of women's empowerment. When women are neither encouraged nor expected to articulate their physical and psychological challenges related to menstruation, their agency within the workplace is compromised. Organisational environments have largely failed to acknowledge the spectrum of discomfort experienced by menstruating employees - ranging from physical symptoms such as headaches, abdominal pain, nausea, and fatigue to psychological effects including mood fluctuations, depression, and anxiety.

Although existing literature frequently discusses the menstrual needs of working women, it offers limited insight into how labour policies reinforce gender essentialism. Such gaps perpetuate stereotypes about “women-specific” roles and can restrict women's participation in occupations that demand physical or mental strength, due to perceived inadequacy. It is equally important that menstrual leave policies are designed in ways that prevent the reinforcement of stigma against women. Without such safeguards, these policies may continue to label women negatively for their normal, biological processes, which counters the principles of gender justice in the workplace.

## Theoretical Framework

### Wollstonecraft's Dilemma

Wollstonecraft highlighted the dual hardship that working women encounter in the name of equality. She sees this situation as a dilemma balancing whether women should argue for their biological and social differences or ignore them to mitigate the risk of being stereotyped as weaker and less capable than men. This results in working women continuing to endure the pain and fatigue, while balancing the social and emotional setbacks to avoid the label of being 'unfit' and 'incapable' in professional settings. This aspect is ingrained in the patriarchal setup of the organisations which conveniently ignore the menstrual health needs of women employees (Maker, 2022). This is relegated as a tactic for providing undue benefits which can create discrimination against women in being considered for jobs. A gender justice framework resolves this dilemma by urging us to move beyond the binary of equality of women in the workplace and stereotyping women as weak owing to their distinct bodily functions.

### Feminist jurisprudence

Feminist jurisprudence examines the legal theories through a critical lens to assess gender biases ingrained in the law, acting against the ethos of gender justice. It questions the normative nature of patriarchy which has been inherited in the laws (Burchard, n.d.). A close look into employee welfare policies and existing employee welfare mechanisms only appears to validate the piecemeal approach to menstrual health of working women. This indicates that the patriarchal notion has permeated the workplace where women have consistently been disadvantaged due to a lack of gender-sensitive legal framework.

### Capability approach

As per Sen's capability approach (Sen, 1993), freedom, liberties, choice and agency are at the core of development. The absence of choice and freedom limits people's ability to benefit from the process of development. The attainments of people are determined by the twin constructs of development - functionality and capability. The former refers to activities that people perform in the direction of their well-being, whereas the latter is the ability that enables them to perform in the direction of their well-being, in personal and social situations. Thus, the functionality depends on capability (Pyles, 2008). The same concept is extended to women by Nussbaum (2000) who argues for their agency in development, as their capabilities are largely limited by the challenges they encounter due to marginalisation. The professional choices that women make in the workplace are influenced by their bodily functions. In situations when workplaces lack the sensitivity to validate the bodily needs of women during life events such as menstruation, pregnancy and childbirth, it leads to detrimental effects on the developmental outcomes for women. Workplace inequality may be exacerbated when the same measure is applied to the performance of men and women without giving regard to the bio-psycho-social aspect and potential disadvantages of women employees.

The theoretical underpinning clearly indicates that workplace and legal mechanisms are not devoid of patriarchal normativism. A critical lens is crucial to analyse gender inclusivity in the workplace alongside corresponding labour laws. Women still lack the agency to demand recognition for menstrual justice, a subset of gender justice, for fear of being labelled as incapable and incompetent; thus, Wollstonecraft's dilemma is impacting the freedom of women to voice their concerns. Women's functionality is dependent on their bodily functions and disregarding their specific needs severely

impacts their capability to perform in the workplace. Gender justice for working women essentially requires constructive efforts from all quarters - policy, legal mechanisms and execution.

### **Research Objectives**

This research is designed around the following key objectives:

1. To undertake exploration of the perspective of the organisations towards menstrual health of working women.
2. To learn about initiatives taken by organisations towards improving the menstrual health of women employees.
3. To understand the challenges and benefits in implementing period leave policy in organisations.

### **Subject and Methods**

#### **Research design**

The research design is cross-sectional and exploratory in nature. The data was collected from three different cohorts comprising representatives from organisations working in government, private and NGO sectors. This exploratory research aims to gain a deeper understanding of the organisational perspective and the practices undertaken by them to improve menstrual health of women employees, while acknowledging the benefits and challenges associated with period leave policy. It also lays the foundation for future meaningful research on the subject.

#### **Research Approach**

It is a qualitative study which is conducted with the members of the organisations, working in the capacity of employer or their representative (human resource management/head of department/section). The survey is undertaken using a web-based electronic survey tool designed through Google forms and distributed through online platforms such as email and WhatsApp. The tool was widely circulated to organisations working in India.

#### **Study population**

The study population comprises organisations working in India in government, private and NGO sectors. The study area is India.

#### **Sampling technique**

The non-probability convenience sampling technique is used in this study to collect data from the respondents who represent organisations working in India. This approach was appropriate for several reasons. First, the study required access to individuals who were directly involved in organisational operations, policy implementation, or HR practices - groups that are not easily accessible through probability techniques. Convenience sampling enabled the researcher to reach these respondents efficiently, particularly when formal sampling frames were unavailable or incomplete. A total of 102 responses were collected in the study. Since the study population consists of three cohorts, each cohort was allotted 34 sample units.

**Tool Pre-Testing:** The tool was pre-tested with a smaller population (10 respondents) to ensure that the questions are structured, unambiguous and clear.

### Data Collection Methods

The survey is undertaken using a web-based electronic survey designed through Google Forms and distributed through online platforms, particularly email and WhatsApp to those respondents who had access to digital platforms. The responses to open-ended questions were coded into categorical variables. The open-ended questions collected information related to the perspective of the respondents. The questionnaire has three sections, out of which demographic information of the respondent and organisations are sought in section one, and information regarding perspective and interventions towards menstrual and period leave policies is collected in section two. Section three recorded the perceived benefits and challenges associated with period leave policy. The validity of the instrument was conducted through respondent validation to ensure the findings are relatable to them. The study population was educated through clear instructions provided in the questionnaire. Coding of data was done through an inductive process of developing codes from the responses, developing a codebook for categorisation of data; the researchers developed the coding rules, and all the responses were coded likewise. The researchers also ensured inter-coder reliability by independently coding and refining through discussion.

### Data Analysis

The analysis of the questions pertaining to demographic profile was done using descriptive statistics in section one, through MS Excel. The analysis of sections two and three of the questionnaire was done using the content analysis method, in which the open-ended questions were first organised into themes to render the raw data appear more meaningful. The identified themes were quantified using frequency to gain a clearer insight from the data. The responses were also analysed using chi-square tests performed through IBM SPSS software (version 20). Since the data consisted of categorical variables derived from the coding scheme and the analysis relied on frequency counts, the chi-square test was appropriate. This allowed the study to assess whether observed variations in thematic patterns were statistically significant rather than due to random variation, thereby adding quantitative rigour to the content-analysis findings. For this, the open-ended questions were converted into categorical variables, and association between variables was analysed using chi square test with 95% confidence level and 1 degree of freedom. The results were interpreted by comparing the p-values with the critical value.

**Ethical consideration:** The study is about exploring the organisational perspective and initiatives towards menstrual health and period leave, primarily utilising information which is generic and available in the public domain. Hence, ethical clearance was not deemed necessary for this research.

## Results

### *Profile of research participants*

**Table 1** Profile of Research participants

	Frequency	Percentage
<i>Age of organisational representative</i>		
1. 20-30	28	27.5
2. 30-40	34	33.3

	Frequency	Percentage
3. 40-50	29	<b>28.4</b>
4. 50-60	10	9.8
5. 60-70	1	1.0
Total	102	100.0
<b><i>Sex of organisational representative</i></b>		
1. Female	70	<b>68.6</b>
2. Male	32	31.4
3. Others	0	0
Total	102	100.0
<b><i>Type of Organisation</i></b>		
1. Government sector	34	33.3
2. Corporate sector	34	33.3
3. Non-government Organisation	34	33.3
Total	102	100.0
<b><i>Designation of organisational representative</i></b>		
1. Employer or their representative	63	62
2. HR head/ manager/ executive	13	13
3. Head of department/section	26	25
Total	102	100

As per the data presented in Table 1, the majority of research participants (62%) were either employers or their representatives, followed by Head of department/section (25%) and HR head/manager/executive (13%). A majority of participants were female (68.6%) and belonged to the age category of 40-50 years (28.4%). A total sample of 102 organisations were included in the study, and they were clustered in 3 groups of equal size of 34 units per cohort- Government sector, private sector, and non-government organisation (33.3% each).

### **Organisational perspective regarding Physiological symptoms and Psychosocial impact of Menstruation**

The study answers the first research question what do organisations understand about menstrual health needs of women employees in India. The data reveals that the most prevalent psychosocial symptoms perceived to be associated with menstruation are mood swings (76%), irritability (73%), and

anxiety (48%), as reported by organisations across all three sectors. In terms of physiological symptoms, menstrual pains (79%), bodily pain and low energy levels (75% each), bodily discomfort (73%), heavy menstrual flow (62%), and pre-menstrual syndrome (44%) were reported.

A comparative analysis of the three sectors indicates that non-governmental organisations (NGOs) demonstrate a greater awareness of both the physiological and psychosocial impact of menstruation, compared to the organisations in corporate and government sectors. Conversely, government sector organisations exhibit a relative lack of understanding of the psychosocial and physiological effects of menstruation on the female body. Thus it can be inferred that the NGO sector is sensitive towards menstrual health needs, whereas policies in corporate and government sectors are rooted in feminist jurisprudence and are enforcing patriarchal normativism.

Notably, 11% of government sector organisations and 5.9% of corporate sector organisations denounce the presence of any physiological symptoms attributable to the menstrual cycle. The study also highlights the significant role of negative social attitudes in exacerbating menstrual – relate distress, which includes secrecy (56%), taboo (51%), stigma (42%), prejudice (30%), and notion of untouchability (17%). This finding supports the Wollstonecraft's dilemma that working women are not able to voice their physical discomfort during period days and practice normative behaviour due to the negative social attitude towards menstruation. Many women hesitate to advocate for menstrual accommodations out of fear that doing so may jeopardise their professional standing or reinforce perceptions of weakness. This internal conflict reflects a broader societal failure to reconcile women's physiological realities with the ideals of workplace empowerment. The feminist movement's emphasis on equality and autonomy must evolve to include recognition of difference—not as a liability, but as a basis for inclusive policy.

### **Association between psychosocial problems and societal attitudes**

An association between various psychosocial symptoms and the negative societal attitudes towards menstruation is observed in the study. This association is found to be significant and is reported with a 95% confidence level; the p-value is less than the significance level (.05). Hence, an association has been observed between shame and taboo ( $\chi^2 = 6.281$ ,  $p = 0.012$ ), mood swings and secrecy ( $\chi^2 = 5.953$ ,  $p=.015$ ), females being considered weak and stigma around menstruation ( $\chi^2 = 7.731$ ,  $p=.005$ ), embarrassment and taboo ( $\chi^2 = 5.524$ ,  $p=.019$ ) and embarrassment and secrecy ( $\chi^2 = 7.761$ ,  $p=.005$ ).

The association between psychosocial problems and societal attitudes indicates the presence of negative societal attitudes towards menstruation across organisations included in the study. This results in psychosocial symptoms and menstrual-related distress. Menstruation is considered a taboo, which leads to the feeling of shame and embarrassment. Stereotyping women by implying that they undergo mood swings during periods forces women to maintain secrecy, thereby causing them embarrassment. This significant association between psychosocial symptoms and societal attitudes calls for the need of addressing the same through education and awareness programmes aimed at promoting a more positive and supportive environment for individuals experiencing menstruation. Sen's and Nussbaum's capability approach also supports that negative societal attitudes towards menstruation should be regarded as an act detrimental to human development, and one that impacts women's functionality. Their real freedoms - to work, participate, decide, and be respected - are restricted by negative societal attitudes while diminishing the opportunities for women.

**Table 2** Initiatives for Promotion of Menstrual Health of female employees in Organisations

Initiatives for promotion of health of female employees	Type of Organisation							
	Government sector		Corporate sector		NGO sector		Total	
	N=27	%	N=13	%	N=26	%	N=66	%
Medical camp	9	40.9%	4	18.2%	9	40.9%	22	47
Medical consultation	4	28.6%	2	14.3%	8	57.1%	14	30
Awareness Sessions	17	44.7%	6	15.8%	15	39.5%	38	82
SN dispenser	14	41.2%	6	17.6%	14	41.2%	34	71
SN Incinerator	7	50.0%	2	14.3%	5	35.7%	14	26
Period leave	0	11.1%	0	11.1%	3	77.8%	3	3
Separate restrooms	5	27.8%	4	22.2%	9	50.0%	18	33
Flexible work hours	4	25.0%	4	25.0%	8	50.0%	16	33
Counselling	6	37.5%	3	18.8%	7	43.8%	16	33
Total responses	74		36		91			

The study examines the initiatives implemented by the organisations for promoting the menstrual health of women employees. It is noticed that only 79% of organisations in the government sector, 76% of organisations in the NGO sector and 38% of organisations in the corporate sector undertake various, intentional initiatives for the promotion of menstrual health of employees. A majority (82%) of organisations, across all sectors, conduct awareness campaigns which provide generalised information about health issues; installation of sanitary napkin dispensers is the second most prevalent initiative (71%), medical camps (47%) and other facilities such as separate restrooms, flexible work hours, and health counselling services (33% each) are also provided. Though health programmes offer generalised coverage, the provision of sanitary dispensers, incinerators, separate restrooms, flexible working hours help to manage menstrual health and hygiene. Sectorial variations are also depicted as the corporate sector (N=13) lags behind the NGO (N=27) and government sector (N=26) in promoting the health and menstrual health of women employees. Notably, period leave is not a priority area, with only 3% of NGOs providing this benefit. Neither the government nor the corporate sectors provide period leave, highlighting a significant gap in supporting the well-being of working women.

### **Organisational perspective towards benefits and challenges associated with menstrual health policy**

The implementation of a menstrual health policy is perceived to yield numerous benefits, outweighing the anticipated challenges, thus answering the research question about the probable benefits and challenges that organisations anticipate in implementing period leave policy. The benefits of such a policy include the creation of women-friendly workplace (67%), management of menstrual

discomfort (66%), improvement in work performance (47%), fostering of inclusive work environments (45%), reduction of stigma associated with menstruation (32%), and increased employment opportunities for women (31%). Conversely, the challenges associated with implementing a menstrual health policy include concerns regarding potential misuse of leave (34.9%), negative impact on job prospects (25.9%), reduced productivity (10.8%), financial losses to the organisation (10.8%), potential antagonism to gender equality (10.2%), and perceived discrimination against men (8.4%). The analysis reveals that organisations are aware of the potential benefits of period leave policy but at the same time, there are ongoing deterrents such as misuse of leave and potential negative consequences on the recruitment of women. These findings highlight an important concern for policy makers. There is a need for careful consideration of both the benefits and challenges; however, evidently, perceived benefits outnumber the perceived challenges of having a period leave policy at the organisational level. This finding indicates that the organisations are not averse to period leave policy but their apprehensions require valid solutions, through the medium structured organisational as well as government-led labour welfare policies.

### Discussion

The study provides valuable insight into the organisational perspective on menstrual health, highlighting the need for a more comprehensive approach to supporting the empowerment of women employees. The prevalence of psychological symptoms such as mood swings, irritability, and anxiety, as well as physiological symptoms such as menstrual pains and bodily discomfort, underscores the importance of promoting menstrual health in the workplace. The study establishes a significant association between psychological symptoms and negative societal attitudes and highlights the need for education and awareness programmes aimed at promoting a more positive and supportive environment for individuals experiencing menstruation. Societal attitudes, such as shame, taboo, and stigma are inherited by the organisations in India. They serve as barriers in recognising and addressing menstrual-related distress in the workplace. The study's examination of initiatives implemented by organisations to promote menstrual health reveals that while awareness camps and sanitary napkin dispensers are common, period leave is not considered a valid employee welfare measure. This finding is concerning, given the potential benefits of period leave in supporting women's health and well-being, as well as enhancing their productivity. The lack of period leave policies in most organisations highlights a lack of commitment to making the workplace inclusive by recognising the menstrual distress that working women have been concealing due to shame, taboo, embarrassment and secrecy.

The perceived benefits and challenges of implementing a menstrual health policy underscore the need for organisations to carefully consider the potential impact on the health of women employees and enhanced productivity. By prioritising menstrual health, organisations can facilitate an inclusive work environment that promotes the overall well-being and productivity of women employees. A strong association between 'menstrual leave policy and more women taking up employment' predicts that it will facilitate more women in taking up jobs due to the possibility of managing menstrual discomfort, which otherwise acts as barriers to employment. It is also opined that the period leave policy will improve the work performance of women, while also making the workplace more inclusive and dispelling stigma around menstruation.

The findings of this study carry significant implications for labour law reforms, organisational policy design, and ongoing debates surrounding gender-inclusive workplaces in India. The results demonstrate a statistically significant relationship between psychosocial challenges and negative

societal attitudes. Menstrual health must be recognised as a legitimate labour welfare concern. Policymakers may consider integrating menstrual health into occupational health and safety frameworks, similar to maternity benefits or health and wellness provisions. Policies should outline guidelines about the inclusion of menstrual health in gender-sensitisation mandates under labour codes to reduce stigma and foster supportive organisational cultures.

In summary, the findings of this study resonate with a long-standing tension in feminist theory - Wollstonecraft's dilemma—which highlights the challenge of advocating for women's rights without reinforcing the very gender differences that have historically been used to justify women's subordination. Complementing this, Sen's and Nussbaum's capability approach builds the normative foundation for treating menstrual health as a matter of *freedom, dignity, and human development*. The capability approach emphasises expanding women's real opportunities to function, such as work without distress, to participate without stigma, and to exercise agency over their bodies. Here, feminist jurisprudence provides a valuable analytical lens, arguing that formal equality is insufficient if it ignores the structural and embodied realities of women's lived experiences. Feminist legal theory thus supports policies that acknowledge gender-specific needs while guarding against paternalistic framing that may entrench stereotypes. The theoretical underpinnings support the findings that the distinct bodily needs of women should be recognized by inclusive policies, which will lead to the envisaged stage of women empowerment in the 21st century.

### Conclusion

Despite growing discourse on gender inclusivity, menstrual health and period leave policies remain marginal concerns within India's employment frameworks. While many organisations demonstrate a basic understanding of the physiological and psychosocial dimensions of menstruation, this awareness has not translated into actionable policies. The persistence of stigma surrounding menstruation continues to shape workplace culture, contributing to silence, discomfort, and exclusion, and the perpetuation of harmful stereotypes. This study contributes to the growing body of scholarship on gender, labour policy, and workplace inclusivity by offering empirical insight into organisational perspectives on menstrual health in India. The association between menstrual stigma and psychological distress is well-documented in this paper. Working women in India continue with societal expectations that menstruation needs to be concealed, due to concerns that it could invite shame, anxiety, embarrassment and isolation. In professional settings, this manifests as a reluctance to disclose menstrual discomfort or request accommodations, even when such needs are legitimate. By formally recognising menstrual health as a legitimate concern, menstrual policies can empower women to manage their discomfort without fear of stigma or professional repercussions. The perceived benefits extend beyond physical relief; they include enhanced psychological well-being, increased confidence, and a stronger sense of belonging in the workplace. Period leave can serve as a catalyst for broader cultural change, normalising conversations around menstruation and fostering empathy within organisational structures. Critics of period leave policies often cite concerns about potential misuse and the risk of reinforcing gender stereotypes. These concerns, while valid, must be addressed through thoughtful policy design and responsible implementation. Clear guidelines, transparent reporting mechanisms, and educational initiatives can mitigate the risk of misuse. Moreover, framing period leave not as a privilege but as a health-based right, aligns it with existing welfare measures such as sick leave or maternity leave. Rather than undermining gender equality, such policies affirm the principle of equity

- recognising that equal treatment sometimes requires differentiated support. The policy relevance of this research lies in its clear evidence that organisations acknowledge menstrual health challenges but have not been able to infuse this awareness into comprehensive and inclusive policy measures. The findings reveal not only challenges but also promising opportunities. Many organisations have already initiated steps - such as awareness sessions, and menstrual hygiene facilities - which reflect a shift towards their preparedness for more inclusive practices. These emerging initiatives demonstrate a growing organisational willingness to engage with menstrual health as a legitimate workplace concern. This readiness offers a constructive foundation for deeper, more comprehensive policy interventions, suggesting that organisations are not reluctant but are instead navigating how best to integrate menstrual health within existing operational structures. Achieving genuine workplace equity requires reformatory measures that acknowledge the specific physical and psychological needs of women. Period leave policies should be integrated into broader menstrual health management frameworks, including access to sanitation facilities, flexible work arrangements, and awareness campaigns. Institutions that prioritise menstrual health signal a commitment to holistic employee welfare and gender-responsive governance.

The implementation of period leave policies in India is not merely a welfare initiative - it is a structural imperative. By dismantling stigma, validating women's experiences, and fostering inclusive work environments, such policies represent a critical step toward realising the full promise of workplace equality. While the employment of women is often heralded as a cornerstone of empowerment, this narrative frequently overlooks the gender-specific health needs that accompany menstruation. The emphasis placed on menstrual health and hygiene management (MHHM) in promoting school attendance among adolescent girls must be extended to the workplace in India. A similar framework is essential to ensure that women can fulfil their economic roles with dignity, embracing their bodies and autonomy over their bodily functions, without having to obscure the distinctness in shame and embarrassment. Gender inclusiveness at the workplace must unapologetically encompass period leave provisions. Overall, the study demonstrates that advancing menstrual health in the workplace is integral to achieving gender justice, enhancing women's capabilities, and building inclusive organisational cultures. By grounding policy and practice in both empirical evidence and feminist theoretical insights, India can move toward labour policies that recognise women not as exceptions to standard norms but as equal participants with distinct needs deserving dignity, support, and structural accommodation.

#### **Limitation of the study**

The study is conducted using an electronic based questionnaire. An electronic survey in a qualitative study may lack the possibility of deeper probing and gaining insights from respondents. However, since the population was widely scattered and undefined, an online survey was realised to be the best possible method to reach the target population. The target population was employed and educated and hence the instructions mentioned in the questionnaire could be comprehended with ease.

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