
NATURAL PROCESS, UNNATURAL SILENCE: INDIA'S MENSTRUAL LEAVE DILEMMA

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ABSTRACT

Menstrual leave is a complex issue that affects women in different ways within India, where there are no pre-defined policies for this type of leave. This article discusses how there are many legal rights associated with menstrual leave as well as many social and cultural issues that contribute to the stigma of menstruation. Additionally, non-disclosure of menstruation can create fears of termination, thus inhibiting the right to speak out for themselves. The article includes court cases, international and labor laws, your work is to present a convincing argument that menstrual leave is not a personal benefit but should be considered an important part of reproductive health and gender equality in the workplace.

The following are ideas for potential legal changes that would protect the welfare of women and include them in the workplace without establishing new stereotypes about their worth as workers. Also, women's rights to a healthy menstrual cycle should be considered a human right because these rights relate to being treated with dignity, having equal opportunity in society, and being part of the future workforce in India.

Keywords

Menstrual Leave, Gender Equality, Workplace Rights, Bodily Autonomy, Menstrual Health and Hygiene, Constitutional Dignity.

1. Introduction: Menstruation, Silence, and the Emerging Policy Debate

Menstruation in India has remained steeped in silence, stigma, and ancient cultural misconceptions, to which everyday social interactions are deeply tied. These residually held views have a bearing on how menstrual health is interpreted at the family, institutional, and workplace levels and often results in environments that are either unsupportive or non-supportive altogether. While there is, of late, a growing public dialogue and awareness campaigns in recent years, widespread social discomfort still inhibits traditional norms from encouraging open discussions about menstrual experiences. This perpetual hesitation not only perpetuates misinformation but also maintains discriminatory behavior that marginalizes the

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menstruating individuals. This broader reluctance of society to normalize the approach towards menstruation undermines dignity, respect, and accessible care for those affected.

Within this socio-cultural context, the issue of menstrual leave has emerged as a highly significant and contentious issue of public and political discourse. Those who support menstrual leave contend that menstrual pain and fatigue, as well as medically recognized conditions such as dysmenorrhea and endometriosis, must be formally recognized within the organizational framework. Conversely, those who oppose menstrual leave contend that such policies are likely to inadvertently perpetuate stereotypes of women as being less capable or less able to contribute to the professional work environment within a competitive marketplace. Thus, the issue is complex and raises questions that extend beyond the individual to constitutional imperatives of equality, labor rights, non-discrimination, and the right to bodily autonomy. Moreover, the issue is also complex within the context of public health and requires a nuanced understanding of the role of menstrual health policies within the creation of an inclusive, equitable, and empathetic society.

2. Historical and Cultural Attitudes towards Menstruation in India

Traditional beliefs about menstruation in Indian society have roots in ancient religious texts and cultural mores, as stated predominantly in the Manusmriti and other Dharmashastra literature⁴. These sources framed menstruation through the lens of purity and pollution, portraying it as a state requiring ritual separation or temporary withdrawal from social and spiritual life. Women were historically barred from entry into temples, food preparation, ceremonies, or active participation in either family or social activities during their menstrual cycle. Although certain regional customs, like Odisha's Raja Parba or Tamil Nadu's Manjal Neerattu Vizha, celebrated menstruation as a marker of fertility, renewal, and feminine strength, these progressive interpretations remained highly circumscribed geographically and culturally by dominant ideas of impurity.

These long-held cultural ideas continue to influence both overtly and subtly modern Indian attitudes and institutional behavior. Girls in schools still face teasing, unsanitary facilities, and a lack of an environment that would permit them to discuss anything related to periods. Workplaces often do not take into account menstrual discomfort or display adequate support, partly because of inherited traditional beliefs that menstruation is a private matter, best kept hidden. Public spaces-from transportation to healthcare settings-also mirror this reluctance, further diminishing open conversation and reinforcing self-imposed silences. As these traditional perceptions persist throughout generations, it embodies a cycle of stigma that has a bearing on confidence, mental well-being, and the sense of dignity of menstruating individuals. In such a cultural landscape, menstruation remains something misunderstood, only ever normalized in secrecy, seldom taken up with the kind of openness and respect necessary for real social progress.

⁴ See WENDY DONIGER, THE LAWS OF MANU (1991); Patrick Olivelle, *Manu and the Arthaśāstra: A Study in Śāstric Intertextuality*, 32 J. INDIAN PHIL. 281 (2004).

3. Global Origins and Evolution of Menstrual Leave Policies

Menstrual leave policies first took formal shape in Japan in 1947, introduced as part of wider post-war labor reforms aimed at improving working conditions for women⁵. These provisions acknowledged that menstruation might result in severe physical distress and rest in those periods was vital for health and productivity. Several other nations-Indonesia, Taiwan, South Korea, and Zambia-have each adopted their own forms of menstrual leave in due course⁶. The model differs considerably: some allow paid days off, others unpaid rest days, and a few provide flexibility in lieu of fixed leave, reflecting different cultural, political, and economic priorities of each society.

These global experiences highlight a wide range of possibilities and challenges in integrating menstrual health into national labor frameworks. Where cultural acceptance and supportive workplace norms have prevailed, some jurisdictions have indeed encouraged women to claim their leaves without hesitation, showcasing the potential of such policies in advancing gender-sensitive employment practices. However, other regions report very low utilization due to fear of stigma, mockery, or professional repercussions-a fact that indicates clear limitations to legal reform without parallel social change. Collectively, these examples serve as important reference points for India, offering lessons on how to design policies that are inclusive, respectful, and responsive to both women's health needs and workplace dynamics.

4. Legal Landscape of India: Lack of a National Framework

Currently, India does not have a uniform, national framework governing menstrual leave; rather, the practice is fragmented among states, workplaces, and sectors. While some regional and institutional policies exist, they are neither comprehensive nor legally binding, and they leave significant gaps in protection for women employees. Among the few governmental initiatives, Bihar introduced two days of menstrual leave for women employees as far back as 1992⁷. This pioneering step was one of the first formal acknowledgments of menstrual health in India, which evidenced a progressive understanding of women's needs in the workplace. But the policy's influence has largely been isolated, with other states and central institutions reluctant to adopt similar measures, reflecting the broader social hesitation of addressing menstruation in formal labor regulations.

More recently, the private sector has initiated the implementation of a policy of voluntary menstrual leave, reflecting evolving corporate concern for gender-sensitive workplace policies. Companies like Zomato, Byju's, and a few media organizations have enacted organized policy provisions⁸, often framing them within broader commitments to employee wellness, inclusion, and mental health support. These policies usually offer flexibility in leave usage, confidentiality, and sometimes educational programs in normalizing conversations around

⁵ Labor Standards Act, Law No. 49 of 1947, art. 68 (Japan).

⁶ See Manpower Act (Chapter 91), art. 89(4) (Indon.); Act for Equal Employment and Support for Work-Family Reconciliation, art. 18 (S. Kor.); Employment Act, No. 3 of 2019, § 59 (Zamb.).

⁷ Bihar State Ministerial Services (Amended) Rules, 1992 (India).

⁸ See Dipti Jain, *Private Companies and Menstrual Leave in India: A Policy Analysis*, 12 INDIAN J. GENDER STUD. 245 (2020).

menstruation. While such corporate measures represent a positive trend toward the recognition of women's biological needs, their reach is comparatively limited, and access often is with formally employed and urban workers.

The Menstrual Leave Bill 2017's purpose was to develop a uniform legislative framework⁹ for menstrual leave for both the private and public sectors. Although the bill was drafted with good intentions, it was stalled in Parliament Committee because there were worries over misuse, how much burden there will be on government systems, costs associated (especially with labour-intensive industries), and previously held ideas about women and menstrual leave could push women into stereotypical roles and affect whether or not they were hired or promoted. The stagnation of this bill within the parliament illustrates how hard it is to balance achieving gender equality through laws that promote women's rights, provide employee protections, and challenge social views about menstruation. Though menstrual leave legislation may be required, there must also be an understanding of the need for public education and acceptance for menstrual leave to be equitable and effective rights for all women in India.

5. Constitutional Foundations: Equality, Health, and Dignity

Menstrual leave essentially falls within the ambit of the constitutional principles of *Articles 14, 15, and 21* of the Indian Constitution. Article 14 guarantees equality before the law and equal protection under it, while Article 15 explicitly prohibits discrimination on grounds of sex, ensuring that women cannot be denied opportunities solely because of their biological characteristics. Article 21 protects the right to life and personal liberty, which the courts have broadly interpreted to include the right to health, bodily integrity, and dignity. Non-recognition of menstrual health in workplaces effectively amounts to indirect gender discrimination, affecting only women who suffer from acute menstrual discomfort. This is a form of institutional disregard for the constitutional vision of equal participation and fair play within professional and social spheres; therefore, menstrual leave is not just about welfare but also about ensuring equality and human dignity.

Judicial interpretations have crystallized substantive equality to mean that treating everybody alike could perpetuate disadvantage. Courts have continually reiterated that true equality means taking into account real-life differences, structural obstacles, and specific health needs. For example, policies or workplace culture that do not take into account menstrual cycles may be facially neutral but actually create disadvantage for women compared to men, which violates the tenet of equal treatment. In this way, the Constitution mandates consideration of such physiological differences within the course of both State and private policies that address women's lived realities in order to ensure equal participation in productive work and social life.

Moreover, the protection of life with dignity under Article 21 extends to physical and mental well-being. Menstruation inherently relates to a woman's work capability and participation in productive and everyday activities, often accompanied by pain, fatigue, and other complications in health. Judicial recognition of the right to health, as in *State of Punjab v. Mohinder Singh Chawla* (1997), thus underlines the fact that policies dealing with menstrual

⁹ The Menstruation Benefit Bill, 2017, Bill No. 270 of 2017, Lok Sabha (India).

health are not benevolent acts but constitutional imperatives. Ensuring workplace accommodations for menstruation, therefore, aligns with India's broader constitutional vision: promoting dignity, fostering inclusion, protecting health, and creating equitable conditions that recognize the diverse biological realities of all citizens.

6. Judicial Expansion of Bodily Autonomy and Its Relevance

Judicial pronouncements in India have gradually expanded the scope of bodily autonomy, privacy, and human dignity to make them central constitutional guarantees under Article 21. It is in this background that the Supreme Court, while deciding *Suchita Srivastava v. Chandigarh Administration* (2009), held that choices related to reproduction are fundamental features of an individual's personal liberty and that every individual must be permitted to make decisions regarding their own body, free from coercion or undue influence by the State or other actors. The Court realized that individual autonomy over the person does not simply relate to the protection against non-consensual physical invasion but also extends to making free and informed choices concerning oneself that have a direct bearing on health, safety, and well-being.

The judgment in *K.S. Puttaswamy v. Union of India*(2017), also recognized privacy as a fundamental right and coupled it inseparably with dignity and, therefore, bodily integrity. The Court explained that personal liberty involves an individual's control over their body, including access to health care, and making choices independently that may affect life, work, and individual development. Taken together, these judgments lay down a constitutional scheme whereby the integrity of the person and self-determination are protected, and institutions must adapt themselves to meet individual needs and not pursue some idealized standard that forgets physiological fact.

What these principles applied to menstruation bring to light is a strong constitutional justification to regard menstrual leave as a valid accommodation in one's workplace and in social spaces. Menstruation can involve pain, fatigue, nausea, and a host of other debilitating symptoms, aside from being a natural biological process. The negation of any need for rest or flexible work hours during the menstruation period could affect the right to bodily integrity, dignity, and equal participation in public life.

In this light, menstrual leave is not a discretionary benefit but an extension of the constitutional mandate on health, comfort, and personal liberty. Institutional recognition of menstrual needs operates as a guarantee that workplaces and public institutions respect the bodily integrity of menstruating persons, therefore promoting equal employment and social opportunities. In this regard, asserting menstrual leave as continuation of judicially recognized rights asks that decision-makers and employers institute policies that do not violate these constitutional principles of inclusiveness and actually enable individuals to exercise autonomy, health, and dignity in all respects when experiencing menstruation.

7. Medical Realities: The Scientific Basis for Menstrual Leave

Medical science clearly establishes that menstruation involves significant physical, hormonal, and psychological changes that can seriously affect daily functioning. Common symptoms include abdominal cramps, back pain, headaches, nausea, fatigue, dizziness, mood swings, anxiety, and reduced concentration. In conditions such as dysmenorrhea, endometriosis, and polycystic ovarian syndrome, the pain and discomfort can be severe enough to disrupt routine activities and require rest or medical care. Importantly, menstrual experiences vary widely—while some individuals experience mild discomfort, many suffer debilitating pain that cannot be ignored. A 2021 Indian study indicating that over 70% of women experience moderate to severe menstrual pain¹⁰ highlights that menstruation is a genuine health concern rather than a minor inconvenience.

Ignoring these medical realities and adopting a uniform workplace approach amounts to indirect discrimination, as women are penalized for health-related absences arising from natural biological processes. Recognizing menstrual pain as a legitimate health condition aligns workplace practices with scientific evidence, promotes equality, and enhances productivity. Menstrual leave and related accommodations protect dignity and well-being, prevent harmful choices between health and employment, and foster a more inclusive and compassionate work environment where women can participate fully and confidently.

8. Feminist Debates: Between Empowerment and Essentialism

Feminist approaches to menstrual leave offer complex arguments, often illustrative of broader concerns about gender equality, empowerment, and the social construction of biological difference. Advocates raise that menstrual leave lends formal recognition to women's physiological realities and legitimates experiences long either ignored or invalidated. Such a policy affirms bodily autonomy by institutionalizing support for menstrual health and signals respect for the health needs of women. It helps break the culture of silence and stigma surrounding menstruation. This approach corresponds with the feminist idea that gender responsive policymaking needs to account for structural inequities and result in at least equal opportunities for participation in work places, education, and public life. Menstrual leave, therefore, is framed as a mechanism that may dismantle systemic barriers and validate experiences, allowing individuals to uphold their dignity and inclusion.

Nevertheless, some feminist scholars and critics stress that framing menstrual leave in terms of women's vulnerabilities carries pitfalls. Such considerations risk entrenching essentialist interpretations that depict women as weaker, more emotionally unstable, or less reliable employees. In labor markets subject to gender bias, these perceptions may worsen inequalities at the point of hiring, promotion, and professional evaluation¹¹. The unintended consequence could be a workplace culture where women are subtly penalized or pigeonholed, reinforcing patriarchal assumptions under the guise of protection.

This tension points to the importance of carefully designing menstrual leave policies that balance support with equality. Effective frameworks should frame leave as a health-based accommodation rather than a gendered concession, integrating it with flexible work

¹⁰ See Latika Gupta et al., *Menstrual Characteristics and Prevalence of Dysmenorrhea in College Going Girls*, 8 J. FAM. MED. & PRIMARY CARE 1439, 1441 (2019).

¹¹ See CATHARINE A. MACKINNON, *SEXUAL HARASSMENT OF WORKING WOMEN* 101-41 (1979); Joan C. Williams, *Deconstructing Gender*, 87 MICH. L. REV. 797, 836-42 (1989).

arrangements, wellness programs, and broader gender-neutral policies. Awareness campaigns and organizational training have to go alongside legal provisions to sensitize managers and employees to reduce stigma and prevent misuse. Structural reforms—including inclusive scheduling, access to menstrual hygiene resources, and nondiscriminatory evaluation metrics—are called for to ensure that any empowerment is real and does not inadvertently compromise women's professional standing.

Ultimately, the feminist debate underlines the idea that menstrual leave cannot stand in isolation; it has to be part of an integral approach targeted at physiological needs and social inequalities. When implemented thoughtfully, menstrual leave can promote gender justice by normalizing menstruation as a natural biological process and building respectful workplaces for the values of autonomy, health, and equality without perpetuating stereotypes.

9. Socioeconomic Realities: Impact on Informal Sector Women

Close to 90% of India's working women are employed in the informal sector¹², where access to structured leave policies, job security, and health benefits is extremely limited. Women engaged in domestic work, agriculture, construction, street vending, and daily wage labour face adverse physical conditions with little flexibility. Menstrual discomfort or other medical problems related to menstruation directly impact their earning capabilities because even a day's absence from work results in wage loss. Absence of supportive infrastructure—such as clean toilets, water facilities, or rest spaces—further adds to the challenges of menstruation and makes the experience far more physically and mentally exhausting.

A meaningful menstrual leave policy must, therefore, transcend the limits of formal employment and begin to address these structural inequalities. Inclusivity for all requires the integration of menstrual hygiene management, availability of affordable sanitary products, healthcare services related to conditions like dysmenorrhea and endometriosis, and social security measures that support women who cannot afford unpaid leave. For menstrual health to become a rights-based entitlement rather than a privilege of formal employees, community awareness programmes, workplace sensitization, and welfare schemes backed by the government are also much needed. It is only by extending the scope of protection to marginalized women that India can move toward genuine menstrual equity and social justice.

10. Legislative Efforts and Reluctance of Policy in India

The Menstruation Benefit Bill, 2017 marked a far-reaching attempt to address the lack of formal legal recognition of menstrual health within the Indian legal framework. It aimed at establishing a uniform national framework that gave women the right to menstrual leave in both the public and private sectors. It recognized menstrual pain and discomfort, together with connected health conditions, as sufficient reasons for temporary accommodation in the workplace. Its aim was to include menstrual needs into labor rights and adopt gender-sensitive

¹² INT'L LABOUR ORG., WOMEN AND MEN IN THE INFORMAL ECONOMY: A STATISTICAL PICTURE 47-52 (3d ed. 2018)

employment policies that would help in taking away the stigma surrounding menstruation and treating it no more as a private matter but part of a public health concern.

Despite its progressive aim, the Bill encountered substantial hurdles in gaining traction within Parliament. Lawmakers and industry representatives were concerned about the potential economic burden it would pose to small and medium enterprises, and labor-intensive industries felt that mandated menstrual leave could raise operational costs, involve additional administrative monitoring, or decrease workplace efficiency. Besides the economic arguments, a number of critics suggested such legislation could inadvertently reinforce the very gender stereotypes it purportedly sought to eliminate by portraying women as less capable or more fragile employees. This perception was at risk of influencing hiring and promotion decisions, with potential consequences that employers would be discouraged from recruiting women or investing in their professional growth in order to avoid perceived additional liabilities.

This stagnation reflects deep-seated societal and institutional reluctance to openly acknowledge menstruation as a legitimate workplace concern. Policymakers, by conceptualizing menstrual health through the lens of a private or personal issue rather than a public and legally relevant one, inadvertently perpetuated existing taboos and further contributed to the marginalization of women's health needs. This hesitation mirrors the broader persistence of patriarchal attitudes that prioritize economic efficiency over gender-sensitive reforms, often minimizing or dismissing challenges unique to women's biology.

Because of this, the lack of comprehensive legislation not only restricts formal protection but also contributes to inequality in the workplace and society as a whole. It underlines the pressing requirement for well-informed and empathetic policy practice that balances economic concerns with the constitutional and human rights of women. For India to advance toward gender-equitable labor frameworks, these cultural and institutional biases must be overcome, robust parliamentary debate engaged in, and legislation developed that respects women's physiological realities while encouraging their full participation in all spheres of work and public life.

11. Role of Employers and Corporate Initiatives

In the absence of comprehensive legislative guidance, several private employers have taken the lead by introducing voluntary menstrual leave policies, pointing to a shift toward more compassionate and inclusive workplace practices. Companies such as Zomato, Culture Machine, and a few start-ups have framed these policies within their commitment to employee wellbeing, gender sensitivity, and progressive organizational values. These initiatives seek to validate menstrual pain as a legitimate health concern and work toward normalizing conversations around menstrual needs in professional spaces. Integration of such policies into internal frameworks displays willingness on behalf of such employers to challenge the entrenched taboo and adopt a more humane approach toward workplace health.

Despite these positive developments, significant hurdles persist. The majority of employees are still very apprehensive about claiming menstrual leave due to fear of judgment, perceived lack of commitment, or subtle professional repercussions. Fears of workplace gossip, stereotyping,

or adverse performance reviews often make women refrain from availing themselves of the leave so provided. This suggests that policy change itself is insufficient to eradicate embedded stigma unless it is part of a broader cultural shift. In the absence of supportive laws, awareness, and institutional mechanisms, voluntary corporate policies could remain symbolic and non-transformational. Therefore, lasting success requires a combination of legal recognition, organizational sensitivity training, and societal acceptance so that menstrual leave becomes normalized and free of stigma at the workplace.

12. International Models: Policy Lessons for India

Japan, Taiwan, South Korea, Indonesia, and Zambia are countries that have tried various different models of menstrual leave shaped by different cultural attitudes toward menstruation, labor laws, and workplace cultures. When Japan enacted the law in 1947, it became one of the first countries to legally provide a day off each month for menstrual leave. The largely unpaid nature of this leave, with heavy social stigma attached to it, has meant very few workers actually take time off, and many workplaces still discourage employees from using it.

Taiwan and South Korea frame menstrual leave within broader women's health protection. Women in Taiwan can take one day of paid leave per month, often requiring medical proof, while one paid day per month is on offer in South Korea, with flexible scheduling. In both countries, actual usage is reduced by cultural and workplace pressures, despite legal entitlement. Indonesia provides two days of paid menstrual leave under certain conditions, mainly applicable to formal employees, while informal workers are largely excluded. Awareness about the policy remains limited in certain regions and sectors.

Zambia offers a more straightforward approach: one fully paid day per month, popularly referred to as "Mother's Day.¹³" Its simplicity and culturally sensitive framing have encouraged usage without stigma, making it one of the more effective models globally. These diverse frameworks reveal that menstrual leave can be structured in multiple ways depending on social expectations, economic capacities, and organizational culture.

These international experiences hold valuable lessons for India's policy debate.

First, legal recognition is not enough; implementation requires cultural acceptance, sensitivity training, and awareness campaigns at the workplace.

Second, policies framed to address privacy, flexibility, and employee-driven access have lower stigma and higher uptake.

Third, locating menstrual leave within larger wellness, health, and gender-neutral frameworks helps avoid perpetuating stereotypes or perceptions of women being less capable of doing particular kinds of jobs.

Lastly, India needs to think about how to include the informal sector, where a majority of its working women are employed. With a balanced and evidence-based approach that addresses

¹³ Employment Act, No. 3 of 2019, § 59 (Zamb.); see also Sara Kalm, *Menstrual Leave Policies in Sub-Saharan Africa: The Zambian Model*, 26 AFR. J. REPROD. HEALTH 112 (2022).

employee welfare, organizational efficiency, and social sensitivity, India can design a menstrual leave policy which empowers workers, secures dignity, and advances gender equality without reinforcing unintended discrimination.

13. Menstrual Leave and the Equality Paradigm

A central legal and social question pertaining to menstrual leave is whether such policies actually foster substantive equality or will create new disadvantages for women in the workplace. Equality in Indian jurisprudence is not confined to mere formalism; it mandates that laws and policies in the workplace destroy structural obstructions and do not reinforce stereotypes inadvertently. The Supreme Court in *Anuj Garg v. Hotel Association of India* (2008) explained that protective legislation should not present women as inherently weaker or less capable, for such portrayals entrench patriarchal norms. What this judgment brings into sharp focus is the delicate balance that needs to be drawn while framing menstrual leave policies-they need to accommodate the health concerns of women without framing them as exceptions to the standard model of the workplace.

Framing menstrual leave within the context of reasonable accommodation transforms it from a concession to a corrective that targets systemic inequalities. Most traditional structures in the workplace are based on male physiological standards as the benchmark, completely disregarding the special needs that women have concerning health. In such contexts, treating everyone the same does not amount to fairness but perpetuates inequality because biological realities are not put into consideration. By allowing menstrual leave, institutions acknowledge these differences and make policy adjustments so women are not penalized for natural physiological processes.

Substantive equality involves taking lived realities into consideration and working toward ensuring conditions that allow women to engage without any disadvantage. Menstrual leave affirms women's lives, declaring their health needs as valid and worthy of support from institutions. In this regard, it is also seen to promote professional equity by not allowing menstrual pain to become a stigma in absenteeism or a factor in career stagnation.

Importantly, menstrual leave policies framed this way change the way society looks at what women can or cannot do. Instead of being perceived as fragile or exceptional, menstrual leave policies normalize biological differences as integral components of inclusive labor practices. This approach will be consonant with and further larger constitutional principles-in particular, *Articles 14, 15, and 21*-since it furthers equal opportunity, avoids indirect sex-based discrimination, and protects dignity and autonomy. Menstrual leave is not a privilege; rather, it is an essential tool to realize true equality by allowing women to participate fully in the workforce on equal terms, consistent with their bodily integrity and health.

14. The Way Forward: A Work Culture Responsive to Gender

Effective menstrual leave cannot operate in a vacuum but has to be part of an ecosystem of gender-sensitive workplace reforms that respond to the peculiar needs of menstruating people. Legal frameworks should guarantee paid leave with confidentiality and discretion, so

employees do not face judgment, social stigma, or professional disadvantage. In addition, flexible systems should provide for women to use leave according to their unique health conditions. The policies must also address various working arrangements that span formal organizations, startups, public institutions, and informal labor sectors, making sure that the protection covers all women regardless of the type of employment.

Complementary measures, which are equally important for the meaningful implementation of menstrual leave, include decent sanitation facilities with privacy rooms, availability of clean running water, and safe disposal mechanisms to establish a hygienic and comfortable environment. Employers can do more by providing free or subsidized menstrual products and aligning workplace infrastructure with women's health needs. Management and staff training programs, sensitivity workshops, and awareness campaigns can play an active role in dismantling cultural taboos and creating a work culture that recognizes bodily autonomy and menstrual health as legitimate needs rather than private burdens.

Besides purely institutional interventions, societal engagement is necessary to make menstruation something normal in all spheres of life. Educational programs at schools, community discussions, and public campaigns help to dispel myths, break down stigmas, and build empathy among both men and women. As cultural attitudes begin to shift alongside legal and organizational reforms, menstrual leave becomes less of a tokenist provision and more of one of the recognized features of workplace equality.

Ultimately, it is robust legal safeguards combined with infrastructural improvement, awareness, and societal education over the long term that multiple strategies integrate into a gender-responsive work culture. This holistic approach makes menstrual leave not only accommodating to biological needs but also actively advancing dignity, empowerment, and inclusive participation. Embedding menstrual health within larger frameworks of wellness and equity allows workplaces to wield leave policies as meaningfully impactful instruments for gender justice and employee well-being, and societal change in general.

15. Public Health and Menstrual Hygiene Management

It cannot fully address the challenges faced by menstruating individuals unless a menstrual leave policy is accompanied by robust and sustained investment in menstrual hygiene management. Affordable or free access to sanitary products, clean and private restrooms, and proper disposal facilities remains uneven across workspaces, schools, and public areas, with significant infrastructure gaps in rural, semi-urban, and low-income areas. Lack of these basic amenities defeats the very purpose of menstrual leave, as individuals might continue to experience discomfort, embarrassment, and added risk of infections while trying to manage menstruation during work or school hours.

Comprehensive menstrual hygiene infrastructure not only guarantees physical health but also personal dignity. Clean restrooms with adequate running water, mechanisms for safe disposal, and sanitary products allow the menstruating individual to maintain hygiene, reducing vulnerability to infections of the reproductive tract and related complications. These also minimize absenteeism not only caused by pain but also, quite importantly, due to a lack of

facilities that allow for safe management, making clear the interlinked nature of health, productivity, and equity.

The integration of menstrual hygiene management into public policy parallels the very principles underlying menstrual leave. It acknowledges menstruation as a natural physiological process in need of practical and systemic support rather than being treated solely as a private concern. Investments in hygiene infrastructure demonstrate institutional commitment to gender-sensitive workplaces and educational environments, signaling respect for bodily autonomy and human dignity.

The holistic approach extends beyond workplaces to include schools, colleges, and public institutions, ensuring that girls and women have equal access to hygiene resources across all aspects of daily life. This integrated approach promotes social inclusion, reduces gender-based disparities in education and employment, and supports the development of public health policies with efforts toward preventing infection and improving well-being.

16. Economic Considerations and Workplace Productivity

Many critics of menstrual leave indicate that such provisions could lower productivity in the workplace or involve other financial and administrative burdens for employers. Concerns include exploitation of leave, uneven staffing, or the need for temporary replacements, which may result in disruption to workflow and impact short-term organizational efficiency. Other employers are concerned that the offering of menstrual leave will lead to bias in hiring, promotions, or perceptions in the workplace, reinforcing fears that women may be less committed or reliable employees.

Yet, these arguments often overlook the human resource and economic gains that may be accrued over the long run by proactively supporting women's health. Menstrual discomfort can manifest as presenteeism, wherein employees try to work while experiencing extraordinary pain, fatigue, or nausea. Presenteeism depresses concentration, increases errors, and lengthens recovery periods, ultimately at the cost of both individual performance and overall organizational results. In enabling their employees to rest as needed during menstruation, organizations avoid productivity losses and ensure that work is done safely, efficiently, and with superior quality.

Empirical research reveals that health-oriented workplace accommodations, including menstrual leave, are related to increased employee satisfaction, morale, and retention. Employees who feel their biological needs are recognized and accommodated are more likely to remain engaged, committed, and loyal to their employers. By reducing absenteeism due to unmanaged menstrual pain and improving general well-being, organizations can realize a net productivity gain and a more stable workforce.

17. Social Stigma and the Need for Awareness

Cultural taboos and deeply entrenched social norms around menstruation continue to hinder open dialogue, leaving many women feeling embarrassed, marginalized, or hesitant to express their needs in public or professional spaces. It is these very societal attitudes that perpetuate

misbeliefs, framing menstruation as unclean, shameful, or a private burden that must be silently borne. Even where progressive workplace policies exist, such as menstrual leave or access to hygiene facilities, stigma often discourages women from utilizing them fully. In some communities, discussions of menstruation remain taboo within the family, schools, and peer groups, reinforcing cycles of misinformation, secrecy, and internalized shame.

Awareness and sensitization campaigns in this regard play an important role in dispelling such ongoing stereotypes and help in culturally normalizing menstruation as a natural, healthy biological process. Educational initiatives at schools, workplaces, and public media can provide practical information on menstrual health, such as hygiene practices, physical and emotional aspects of menstruation, and common conditions like dysmenorrhea or endometriosis. Community-based programs involving men and boys challenge these gendered assumptions by helping build empathy, underscoring the fact that menstruation is a common social concern rather than a burden to be faced by women alone.

These efforts also contribute to the proper functioning of policies at the workplace, ensuring menstrual leave and other allied benefits are availed of without the fear of being judged. By placing menstruation in the context of a valid health issue rather than weakness, such awareness campaigns help women advocate for their needs and reinforce the broader goals of gender equality. Gradually, through continued education and discussion, stigma is reduced, cultural norms that are sensitive to this are set, and menstrual health becomes an integral part of public policy, workplace practices, and community attitudes. This is not only crucial for dignity and personal well-being but also pivotal for equality, inclusion, and recognition of women's rights in general.

18. Conclusion: Toward Dignity, Equality, and Recognition

India's debate over menstrual leave encapsulates the complex intersection of culture, law, and gender equality, showing how deeply entrenched societal norms continue to shape institutional responses to women's health. The resistance to formally acknowledging menstruation within labor laws reflects a broader discomfort in delving into biological realities that primarily affect women, perpetuating silence, stigma, and inequities in the workplace.

Thus, accepting menstrual health as a legitimate workplace concern is not only a welfare measure but also an essential step in upholding dignity, bodily autonomy, and equal opportunity—basic principles enshrined in the Constitution under Articles 14, 15, and 21. The meaningful, accessible, and stigma-free approach to menstrual leave requires a comprehensive, rights-based approach underpinned by scientific understanding, social awareness, and legal safeguards. This calls for integrating policies on menstrual hygiene management, health infrastructure, and educational initiatives that break myths and normalize menstruation.

In doing so, India will succeed in moving beyond tokenistic gestures to building a truly gender-just society that respects natural biological processes and empowers women to participate in social, economic, and public life without hindrance. Addressing menstrual health as a legitimate workplace and public concern affirms human dignity, promotes equality, and strengthens the larger agenda of gender justice across the country.

