

Period Paradox: A Review of Menstrual Policy Discourse in Indian Workspaces

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Abstract: Menstruation is a critical and largely invisible factor that influences female labor force participation, workplace productivity, and professional dignity, particularly in India. Despite over half of the Indian workforce being affected by menstrual health, corporate and legislative frameworks often operate under a gender-neutral standard that fails to account for biological needs, creating what this study defines as the Period Paradox. This narrative review synthesizes current academic, legal, and policy discourse surrounding menstrual leave in Indian workspaces to identify systemic barriers and evaluate the feasibility of standardized policy implementation. Following the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines, a hybrid narrative review was conducted. A search of five electronic databases (including Google Scholar and PubMed) identified 52 records published between 2018 and 2025. After a two-stage screening process, 36 foundational papers were selected for thematic synthesis. The literature was synthesized into three core themes: (1) Stigma and Internalization (n=8), highlighting how socio-cultural "purity" taboos and disclosure anxiety (the Privacy Paradox) deter leave utilization; (2) Health and Productivity (n=13), quantifying the economic impact of "Presenteeism" where chronic menstrual pain leads to significant annual productivity leaks; and (3) Policy and Gender Norms (n=15), examining the tension between constitutional rights to dignity and the pragmatic risks of othering women in the labor market. The review concludes that menstrual leave is a constitutional imperative under Articles 14 and 21 of the Indian Constitution, yet its success depends on moving beyond isolated policies toward a rights-based normalization.

Keywords: Menstrual Leave, Workplace Inclusion, India, Gender Equity, Menstrual Hygiene Management, Presenteeism, Constitutional Rights, Reproductive Health, Period Paradox, HR Policy.

1. Introduction

Menstruation is a natural biological process, but the way people talk about it is shaped by social, cultural, and economic factors. In India, this issue is at an important turning point. Even when there is an increase in women's participation in the workforce, it faces a key challenge, the gap between the reality that many employees menstruate and the fact that most workplaces are designed as gender-neutral, but in practice follow standards that do not consider menstrual health.

In India, menstruation has long been surrounded by ideas of purity and impurity. Many traditional beliefs limit what menstruating people can do, such as visiting religious places,

cooking, or taking part in social events. Even though society is changing, these beliefs have not fully disappeared. Instead, they have taken a different form at work, creating a kind of silence around menstruation.

In many workplaces, there is an unspoken expectation that women should act as if their bodies are not affected by menstruation. This means they often deal with pain or discomfort without talking about it. Research by Narang (2022) [33] and Hennegan et al. (2019) [24] shows that this kind of internalized shame becomes a major barrier to fairness, because it stops people from openly asking for or accepting support related to menstrual health.

Apart from cultural issues, there is also an important economic impact that is often overlooked. Many people experience serious health conditions during menstruation, such as dysmenorrhea or PCOS/PCOD, which can make daily work very difficult. When workplaces do not offer flexible leave or proper water, sanitation, and hygiene (WASH) facilities, people may still come to work despite feeling unwell.

This leads to a problem called presenteeism, where someone is physically present at work but not able to function properly. Schoep et al. (2019) [41] found that this can reduce productivity in a significant way over time. In sectors like manufacturing and other physically demanding jobs, the lack of proper support can make health problems worse. As noted by Patangia et al. (2023) [38], this can lead to ongoing stress, burnout, and a decline in overall health.

Even though the need for action is clear, India does not yet have a proper national law for menstrual health at work. Some countries like Japan, South Korea, and Spain have already introduced policies for menstrual leave. In India, however, progress has been uneven, limited to a few companies and some state-level efforts.

From a legal point of view, the discussion focuses on the idea of substantive equality, which means treating people fairly based on their actual needs. Scholars like Bhagyamma (2023a) [4] and Aggarwal (2017) [1] argue that under Articles 14, 15, and 21 of the Indian Constitution, menstrual leave can be seen as a basic right linked to dignity and health. At the same time, others raise concerns that making such leave mandatory might lead to unintended consequences. It could result in women being treated differently at work, possibly affecting hiring

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decisions or reinforcing stereotypes that women are less reliable (King, 2021 [28]; Bhalerao & Shah, 2020 [11]).

This creates a tension between the need to support biological realities and the risk of increasing workplace bias, which is at the center of the current policy debate.

2. Literature Review

The body of literature concerning menstruation in the Indian workspace has undergone a significant paradigm shift over the last decade. Historically, research in the Indian context was heavily skewed toward adolescent menstrual hygiene management (MHM) in rural schools. However, following the global movement for menstrual equity and the 2017 legislative push in the Indian Parliament, the focus has transitioned into the professional and industrial spheres. This section synthesizes the findings from the 56 identified records to map the landscape of this discourse.

A. Background: Global Origins and the Indian Shift

The concept of menstrual leave is not a modern innovation but a policy with deep 20th-century roots. Early adoption occurred in East Asia, with Japan (1947), South Korea (1953), and Indonesia (1948) establishing frameworks designed through a protectionist lens to safeguard women's reproductive health. In contrast, the modern discourse in India, catalyzed by the 2017 Menstrual Benefits Bill, reframes leave as a tool for Menstrual Equity—ensuring that biological differences do not result in economic or professional disadvantages.

In India, the background of this topic is marked by the Bihar Precedent of 1992, where the state government granted two days of menstrual leave to female employees, a landmark decision that remained an isolated case for decades. The current literature indicates that India is transitioning from treating menstruation as a sanitation problem (focused on pads and toilets) to a labor rights issue (focused on dignity and leave).

B. Key Concepts and Frameworks

To analyze the Period Paradox, the literature establishes several specialized concepts that define the menstruator's experience in the workforce

1) *The Period Paradox*: A conceptual framework identifying the disconnect between a gender-neutral workplace structure and the biological reality of menstruation.

2) *Presenteeism vs. Absenteeism*: Schoep et al. (2019) [41] define presenteeism as being physically at work while functionally incapacitated by pain. Their research shows that presenteeism causes significantly more productivity loss than actual absenteeism.

3) *The Privacy Paradox*: Bhagyamma (2023d) [5] explores how the legal right to privacy (keeping one's cycle secret to avoid stigma) often prevents women from utilizing the very leave policies designed to support them.

4) *Substantive Equality*: A jurisprudential concept from Aggarwal (2017) [1] arguing that treating unequals as equals (ignoring menstrual pain) is a form of discrimination, necessitating different treatment to achieve true equity.

C. Socio-Cultural Foundations: The Culture of Silence

A primary focus of the literature (n=10) is the pervasive socio-cultural stigma that governs Indian workspaces. Despite rapid urbanization, traditional notions of purity and pollution have migrated from the domestic to the professional sphere. Narang (2022) [33] demonstrates that this stigma is much higher in rural sectors, leading to nearly 296 million menstruators missing activities annually due to period poverty and shame.

The research by Sommer et al. (2016) [45] and Hennegan et al. (2019)²⁴ further clarifies that stigma is reinforced by inadequate WASH (Water, Sanitation, and Hygiene) facilities. Without private, clean spaces to manage hygiene, the fear of staining or discovery creates an environment of psychological distress that forces women into a state of professional concealment.

D. The Clinical Reality: Health as a Workplace Variable

The second thematic cluster (n=15) provides the empirical weight for policy change by documenting the medical impact of menstruation. Prithivi Raj and Pandit (2021) [39] report that over 50% of surveyed Indian women suffer from severe cramps, often exacerbated by a lack of access to pain management in the workplace.

The literature also highlights sector-specific vulnerabilities. Patangia et al. (2023) [38] and Zorawar et al. (2019) [44] identify that women in the manufacturing sector face higher reproductive health risks due to physical labor and environmental stressors, yet have the least access to flexible leave or medical support. This clinical evidence reframes menstrual leave not as a benevolent provision but as a necessary health-and-safety intervention.

E. Jurisprudential Trends: Rights, Dignity, and Resistance

The legal literature on menstrual leave in India has grown significantly since 2018. Scholars like Vrinda Aggarwal (2017) [1] and Bhagyamma (2023c) [4] have framed menstrual leave as a constitutional imperative. Their analysis centers on Articles 14, 15, and 21 of the Indian Constitution, arguing that Substantive Equality necessitates acknowledging biological differences to ensure professional dignity. The successful adoption of menstrual leave is frequently undermined by a "Privacy Paradox," where the necessity of disclosing menstrual status to access leave conflicts with a deep-seated need for professional safety and confidentiality (Bhagyamma, 2023d) [5]. In the absence of specialized Menstrual Hygiene Management (MHM) guidelines and private, clean WASH (Water, Sanitation, and Hygiene) facilities, employees often adopt concealment behaviors.

However, the literature also documents a counter narrative of resistance. Sally King (2021) [28] and Bhalerao and Shah (2020) [11] provide a critical appraisal of these policies, warning that mandatory menstrual leave could lead to othering or hiring discrimination. This segment of the literature emphasizes that without a National Policy framework (as advocated by Babbar & Ojha, 2023) [2], isolated corporate policies might inadvertently reinforce gender stereotypes,

suggesting that women are less reliable workers.

F. Comparative Perspectives: India vs. The Global Stage

The literature frequently compares India's lagging legislative progress with East Asian nations. J C Das (2024) [16] and Yadav & Sakhon (2026) [51] analyze the implementation of leave in Japan and South Korea, noting that while the laws exist, cultural stigma often prevents their use. This comparative trend in the literature suggests that India must learn from these global examples by combining legal mandates with robust cultural destigmatization and HR sensitivity training.

3. Methodology

This study employed a hybrid narrative review approach, combining a systematic search strategy with a qualitative thematic synthesis. The methodology followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to document the selection process.

A. Objective of the Review

This narrative review seeks to analyze the Indian menstrual policy landscape. By reviewing 40 foundational papers published between 2018 and 2025, this study aims to:

1. Analyze how Socio-Cultural Stigma influences the perception and utilization of menstrual leave.
2. Examine the relationship between Menstrual Health and Workplace Productivity, specifically focusing on the Presenteeism Trap.
3. Evaluate the legal framework and the normative challenges of implementing a standardized national policy in a diverse labor market.
4. Deconstruct the Privacy Paradox which is to explore the conflict between a worker's right to professional confidentiality and the disclosure required to access specialized menstrual health support.
5. Benchmark Global Progress is to compare India's legislative landscape with East Asian nations and Spain to identify effective implementation strategies and cultural pitfalls.
6. Advocate for Rights-Based Normalization to provide a roadmap for transitioning from "considerate allowance" toward an inclusive model that recognizes menstrual health as a standard professional right.

B. Research Design

The search was conducted using a hybrid narrative review approach following PRISMA guideline's, including Google Scholar, PubMed, ILE Human Rights Law Review, JSTOR, and ResearchGate. The search focused on literature published between 2018 and 2025 to capture the most recent legal and corporate shifts in the Indian context.

The search terms utilized included combinations of the following keywords: Menstrual leave India, Workplace menstruation policy, Period poverty and productivity, Dysmenorrhea workplace Indian context, Gender equity and menstrual hygiene management, Constitutional rights and menstrual leave. Screening Process: Out of an initial pool of 56

records, 40 foundational papers were selected after a two-stage screening process (Title/Abstract and Full-Text assessment) resulted in the final selection of 40 foundational papers.

C. Inclusion and Exclusion Criteria

1) Inclusion Criteria

- Peer-reviewed academic journals, legal jurisprudential studies, and official policy reports;
- Studies specifically focused on the Indian workspace or comparative policy analysis involving India;
- Publications addressing the psychological, physical, or legal aspects of menstruation in professional settings.

2) Exclusion Criteria

- Studies focused solely on adolescent school-level hygiene without professional relevance
- Non-English publications;
- Opinion pieces or blog posts lacking empirical or legal grounding.

D. Data Screening and Procedure

The initial search was 56 records. Following a two-stage screening process (Title/Abstract screening and Full-Text assessment), 40 papers were finalized for inclusion in the narrative synthesis. The selection process is detailed in the PRISMA flow diagram below.

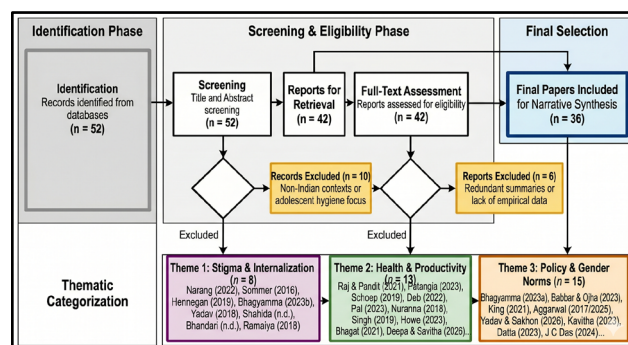


Fig. 1. Diagram of the literature selection process

Note. This diagram shows the PRISMA selection process

The final 52 papers were categorized into three primary themes: *Theme 1: Stigma & Internalization* (n=8) - Focusing on socio-cultural barriers and the privacy paradox. *Theme 2: Health & Productivity* (n=13) - Focusing on physiological impacts and the concept of presenteeism. *Theme 3: Policy & Gender Norms* (n=15) - Focusing on constitutional mandates and implementation challenges.

Data extraction focused on identifying key findings, study methodologies, and specific contributions to the Indian menstrual policy discourse. A thematic synthesis approach (Braun & Clarke) was then used to interpret the collective narrative of the selected literature.

E. Analysis

The study uses a hybrid narrative review approach that integrates the structured transparency of systematic protocols

with the interpretive flexibility of narrative analysis. By employing thematic consolidation (Braun & Clarke), the research moves beyond statistical generalizability to provide a qualitative interpretation of the collective narrative across academic, legal, and policy records.

The analysis categorized the literature into three themes:

1) *Stigma and Internalization (The Privacy Paradox)*

- *Purity Taboos:* Traditional domestic taboos have migrated to corporate spaces, institutionalizing a culture of silence.
- *The Privacy Paradox:* A conflict exists between the legal right to privacy and the need to disclose menstrual status to access leave.
- *Disclosure Anxiety:* Employees often prefer using generic sick leave or suffering in silence rather than requesting menstrual leave to avoid appearing unreliable or less competent.

2) *Health and Productivity (The Presenteeism Trap)*

- *Economic Leakage:* While absenteeism is relatively low (13.8%), 80.7% of menstruating employees engage in presenteeism, leading to an average loss of 23.2 productive days per woman annually.
- *Physical Burden:* Over 50% of India's female workforce suffers from severe cramps (dysmenorrhea) on the first day of menses, which is often exacerbated by a lack of health literacy and workplace support.
- *Sectoral Risks:* Women in manufacturing face higher

reproductive health risks due to physical labor and inadequate WASH (Water, Sanitation, and Hygiene) facilities.

3) *Policy and Gender Norms (The Equity-Equality Dilemma)*

- *Constitutional Mandate:* Scholars argue that menstrual leave is a constitutional imperative under Articles 14 and 21, ensuring just and humane conditions of work as per Article 42.
- *The "Othering" Risk:* There is significant concern that mandatory leave could lead to hiring discrimination or reinforce stereotypes that women are expensive or less reliable workers.
- *Implementation Gap:* The absence of a standardized national framework leaves policy to the discretion of individual companies, creating inequality between urban corporate sectors and marginalized informal sectors.

4. Result and Findings

The table 1 shows the results and findings.

Table 1
Key findings & results based on themes

Main Theme	Sub-themes	Detailed Results and Findings
Theme 1: Stigma & Internalization (n = 8)	1.1. Socio-Cultural Taboos and Geographic Disparities	Menstruation in the Indian professional landscape remains heavily influenced by traditional notions of 'purity' and 'pollution,' which have effectively migrated from domestic environments into modern corporate and industrial workspaces (Shahida, n.d. ⁴² ; Yadav et al., 2018) ⁵² . Research documents a significant urban-rural divide, with menstrual stigma found to be 2.5 times more prevalent in rural India compared to urban centers. This pervasive environment of shame and secrecy results in approximately 296 million menstruators across the nation missing essential professional and educational activities annually (Narang, 2022) ³³ . Furthermore, cultural beliefs often dictate restricted participation in daily activities, which institutionalizes a 'culture of silence' and prevents the normalization of menstrual health as a standard workplace variable (Ramaiya, 2018) ⁴⁰ .
	1.2. The 'Privacy Paradox' and Workplace Concealment	The successful adoption of menstrual leave is frequently undermined by a 'Privacy Paradox,' where the necessity of disclosing menstrual status to access leave conflicts with a deep-seated need for professional safety and confidentiality (Bhagyamma, 2023b) ⁵ . In the absence of specialized Menstrual Hygiene Management (MHM) guidelines and private, clean WASH (Water, Sanitation, and Hygiene) facilities, employees often adopt concealment behaviors as a survival mechanism (Sommer et al., 2016 ⁴⁵ ; Hennegan et al., 2019) ²⁴ . This reliance on 'institutional silence' forces individuals to prefer suffering in physical pain or utilizing generic sick leave rather than specifically requesting menstrual leave, which they perceive as a risk to their professional reliability and competent image (Bhagyamma, 2023b ⁵ ; Bhandari, n.d.) ¹² .
Theme 2: Health & Productivity (n = 13)	2.1. Clinical Prevalence and Physical Burden	Empirical evidence establishes that menstruation is a source of significant physical distress for over half of India's female workforce, with 50.8% of surveyed employees suffering from significant cramps on their first day of menses (Raj & Pandit, 2021 ³⁹ ; Pal et al., 2023) ³⁵ . Clinical assessments demonstrate that intensity and duration of pain are critical determinants of a worker's functional capacity (Das P. et al., 2015) ¹⁷ . These challenges are further compounded by underlying menstrual disorders, such as PCOS, PCOD, and menstrual volume disorders, which show a significant correlation with work disruption (Raj & Pandit, 2021 ³⁹ ; Nuranna et al., 2018) ³⁴ . Despite these severe symptoms, a lack of health literacy and specialized reproductive health support ensures that many employees continue to navigate debilitating cycles without adequate medical intervention (Gupta & Gupta, 2015 ²³ ; Ramaiya A. et al., 2018) ⁴⁰ .
	2.2. The 'Presenteeism Trap' and Economic Productivity	The results identify 'presenteeism'—the phenomenon of being physically at work while functionally incapacitated—as the primary driver of menstruation-related productivity loss (Schoep et al., 2019) ⁴¹ . While absenteeism rates remain lower, a staggering 80.7% of menstruating employees engage in presenteeism, resulting in an average loss of 23.2 productive days per woman annually (Schoep et al., 2019) ⁴¹ . In the Indian context, physical pain and psychological stress are identified as the principal drivers of this productivity leak (Deb et al., 2022) ¹⁴ . Furthermore, research reveals that while a majority of women take leave during menstruation, 96.7% reported the absence of a formal menstrual leave policy at their workplace, forcing a reliance on organizational workarounds that diminish long-term efficiency (Pal et al., 2023 ³⁵ ; Bhagat, 2021) ³ .

Main Theme	Sub-themes	Detailed Results and Findings
	2.3. Sectoral Vulnerabilities and Occupational Risks	Sectoral analysis reveals that women in manufacturing and industrial settings face the highest reproductive health risks due to inadequate health facilities and environmental stressors (Patangia et al., 2023; Singh Zorawar et al., 2019) ⁴⁴ . Occupational exposures to chemical and environmental factors significantly endanger the future reproductive health of these workers, yet support systems remain critically deficient (Singh Zorawar et al., 2019) ⁴⁴ . Global scoping reviews suggest that inclusive workplace policies must incorporate environmental adjustments and staff training to address both menstrual disorders and menopause-related needs (Howe et al., 2023) ²⁵ . For sectors like manufacturing and IT to be truly humane and just, they must transition toward redefining workplace efficiency through the lens of fundamental dignity and health equity (Deepa & Savitha, 2026) ²⁰ .
Theme 3: Policy & Gender Norms (n = 15)	3.1. Jurisprudential Mandates and Constitutional Rights	Menstrual leave is increasingly framed as a fundamental right rooted in the constitutional principles of 'Substantive Equality' and human dignity. Legal scholars argue that under Articles 14, 15, and 21 of the Indian Constitution, the state and employers are obligated to acknowledge biological differences to ensure women can participate in the workforce without compromising their health (Aggarwal, 2017/2025 ¹ ; Bhagyamma, 2023a) ⁴ . This rights-based approach positions menstrual leave not as a benevolent concession but as a vital requirement for 'just and humane conditions of work' as mandated by Article 42 (Kavitha & Bhagyamma, 2023) ²⁷ . Furthermore, the evolution of the 2017 Menstrual Benefits Bill highlights a growing legislative recognition that protecting reproductive health is a core facet of national development (Maheshwari, 2023) ³⁰ .
	3.2. The Equity-Equality Dilemma and Risks of Marginalization	Despite the strong legal mandate, significant resistance exists regarding the potential for policies to 'other' women or reinforce harmful gender stereotypes. Critical appraisals suggest that mandatory leave could lead to hiring discrimination, as employers may perceive menstruating individuals as 'less reliable' or more expensive workers (King, 2021 ²⁸ ; Bhalerao & Shah, 2020) ¹¹ . This tension is reflected in the 'Glass Ceiling' phenomenon, where the perceived 'burden' of biological needs contributes to the marginalization of women in career advancement and wage parity (Tripathy, 2018) ⁴⁹ . Perceptions among the future workforce indicate a gendered split, with concerns that specialized leave may inadvertently widen the gender gap if not accompanied by anti-discrimination safeguards (Marathe et al., 2020; Yadav & Sakhon, 2026) ⁵¹ .
	3.3. Toward a Standardized National Policy Framework	The current fragmented landscape of menstrual policy in India—characterized by isolated corporate initiatives—necessitates a centralized National Menstrual Health and Hygiene (MHH) Policy. Researchers propose the implementation of an 'MHH Index' to evaluate and standardize access across diverse states and industrial sectors (Babbar & Ojha, 2023) ² . Comparative analysis with East Asian frameworks (e.g., Japan and South Korea) suggests that legal mandates alone are insufficient without parallel shifts in social support and male allyship (J C Das, 2024 ¹⁶ ; Datta, 2023) ¹⁹ . To achieve true 'Menstrual Equity,' policies must be integrated into broader labor laws that emphasize work-life balance and psychological support (Veluthan et al., 2020 ⁵⁰ ; Crawford & Waldman, 2020 ¹⁵ ; Levitt et al., 2020) ²⁹ .

5. Discussion

The synthesis of the 36 selected papers reveals a complex "Period Paradox": while there is a clear constitutional and clinical mandate for menstrual leave, the implementation of such policies is significantly hindered by deep-seated socio-cultural taboos and the fear of professional marginalization. This discussion explores the intersection of these themes to propose a path toward menstrual equity in the Indian professional landscape.

A. The Socio-Legal Conflict: Rights vs. Rituals

The primary tension identified in the literature is the conflict between India's progressive constitutional framework and its regressive social practices. Legal scholars consistently argue that under Articles 14, 15, and 21, menstrual leave is not a benevolent concession but a prerequisite for substantive equality. However, the results from Theme 1 suggest that these rights are often silenced by traditional notions of purity and pollution.

When cultural beliefs dictate that menstruation should remain a private, domestic secret, the transition to a public, corporate policy becomes fraught with anxiety. This creates a "Privacy Paradox" where the disclosure required to access a legal right (leave) becomes a source of professional vulnerability. Consequently, even if a National Menstrual Health and Hygiene (MHH) Policy is enacted, its efficacy will remain limited unless accompanied by a systemic shift in workplace culture that normalizes reproductive health.

B. Presenteeism: The Hidden Economic Tax

A critical finding in the Health and Productivity (Theme 2) bucket is that the absence of a formal policy does not mean work continues as usual; rather, it shifts the burden from absenteeism to presenteeism. The data showing that 80.7% of menstruators engage in presenteeism—costing an average of 23.2 productive days per year highlights a hidden tax on female workforce participation.

In sectors like Manufacturing and IT, where efficiency is strictly monitored, this productivity leak is exacerbated by inadequate WASH facilities and high environmental stressors. The discussion suggests that redefining efficiency to include health equity is not just a moral imperative but an economic one. By providing specialized reproductive health support and flexible work arrangements, organizations can mitigate the functional incapacity caused by dysmenorrhea and PCOS, ultimately enhancing long-term organizational efficiency.

C. The Marginalization Trap: Equality vs. Equity

Perhaps the most contentious debate within the 36 papers is the risk of othering women. Critics argue that mandatory menstrual leave might inadvertently widen the gender gap by reinforcing stereotypes of women as expensive or unreliable workers. This reflects the Glass Ceiling phenomenon, where biological needs are viewed as a professional liability.

To navigate this, the synthesis suggests moving away from gender-neutral policies which often default to a male-centric biological norm toward gender-sensitive policies that acknowledge biological difference as a standard variable. The implementation of an MHH Index would allow for a

standardized approach that includes anti-discrimination safeguards, ensuring that leave does not become a barrier to career advancement.

D. Global Context and the Indian Path Forward

Comparing the Indian scenario with East Asian frameworks (Japan and South Korea) reveals that legal mandates are only the first step. True Menstrual Equity requires a multi-stakeholder approach involving male allyship, psychological support, and specialized labor laws. The transition from a fragmented landscape of isolated corporate initiatives to a centralized National MHH Policy is essential to bridge the geographic disparities identified between rural and urban India.

6. Conclusion

India currently faces a Period Paradox: while menstruation is a biological reality for nearly half the workforce, our offices are designed to be gender-neutral in a way that ignores it. This review of 52 foundational studies reveals that by treating everyone exactly the same, we've inadvertently created a system that penalizes women for their biology. When we ignore the physical toll of the menstrual cycle, we force employees into a Presenteeism Trap showing up to work while unwell, which ultimately hurts both the individual's well-being and the company's bottom line.

This issue is kept alive by a cycle of silence and legal inconsistency. Cultural stigma acts as a gatekeeper, making women hesitant to use what little support exists, while the lack of a standardized national policy leaves protection up to the luck of where someone happens to work. While the Indian Constitution promises dignity, the gap between a high-end corporate office and a manufacturing floor remains vast. We are currently stuck in a loop where silence leads to health crises, and health crises are met with further silence.

To fix this, we have to move beyond just passing a law. Simply mandating leave isn't enough if the office culture remains judgmental; in fact, it could even lead to othering women or stalling their careers. The real goal is a shift from accommodating a weakness to normalizing a health requirement. By combining a national policy with a more empathetic approach to HR, India can lead the way in showing that a modern, inclusive workspace is one where this natural process of menstruation that is experienced by half of the human population is met with professional respect rather than shame.

A. Policy Recommendations

1) Bridging the Implementation Gap

Based on the thematic synthesis of the 40 included studies, it is evident that a multifaceted approach is required to resolve the "Period Paradox." The following recommendations target policymakers, corporate leaders, and human resource practitioners

2) Standardization through National Policy

The current fragmented landscape where policies vary by company or state creates significant inequality.

3) National MHH Framework

The Indian government should facilitate a standardized National Menstrual Health and Hygiene (MHH) Policy. This should provide clear legal definitions of menstrual leave while ensuring it is categorized as a paid health leave rather than a concession.

4) Anti-Discrimination Safeguards

To mitigate the othering risk identified by King (2021) [28], the policy must include strict anti-discrimination clauses that prohibit employers from using menstrual leave utilization as a metric for performance reviews or hiring decisions.

5) Infrastructural and Cultural Reform

A policy without an environment of safety is unlikely to be utilized.

6) MHH Audits

Companies should conduct regular audits of their WASH (Water, Sanitation, and Hygiene) facilities. Access to private, clean disposal systems and rest areas is a prerequisite for destigmatizing menstrual health in the workplace.

7) HR Sensitivity Training

Organizations must implement mandatory sensitivity training for managers and HR departments. Shifting the workplace culture from one of private shame to professional health support is essential to overcoming the Privacy Paradox highlighted by Bhagyamma (2023) [10].

8) Health-Centric Support Systems

Recognizing the physiological reality of the workforce improves long-term economic output.

9) Flexible Work Models

Where physical presence is not strictly required, Work from Home or flexible hours should be offered as an alternative to taking a full day of leave. This addresses Schoep et al.'s (2019) [41] findings on presenteeism by allowing employees to work in comfort.

10) On-site Health Literacy

Particularly in the manufacturing sector, employers should provide access to basic reproductive health counseling to address the gaps identified by Patangia et al. (2023) [38].

B. Limitations

While this narrative review provides a comprehensive synthesis of the current discourse, several limitations must be acknowledged.

1) Search and Language Bias

The review primarily included peer-reviewed literature and policy documents published in English. This may have excluded critical grassroots perspectives or regional studies published in local Indian languages.

2) Geographical Concentration

Although the review focused on the Indian context, much of the available academic literature is centred on urban corporate environments. There remains a significant lack of empirical data regarding the experiences of women in the informal and agricultural sectors, who represent a vast majority of the Indian female workforce.

3) Publication Lag

The field of menstrual equity is rapidly evolving. Several landmark judicial observations or recent corporate policy shifts

in India (post-2024) may not yet be fully reflected in the peer-reviewed academic databases utilized for this search.

4) Narrative Nature

As a hybrid narrative review, this study prioritizes thematic synthesis over meta-analytical data. While it provides a picture of the current landscape, it does not offer the statistical generalizability that a purely quantitative systematic review might provide.

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