



Menstrual Equity in the Workplace: Policy Models for Paid Menstrual Leave

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Abstract

Despite growing recognition of menstruation as a valid workplace health concern, few organizations have formalized paid menstrual leave policies. This concept paper examines the rationale for menstrual equity at work, critiques existing national and corporate models of paid menstrual leave, and proposes an integrated policy framework designed to balance employee well-being with organizational performance. Drawing on a socio-ecological model, gender equity theory, and global case studies, it explores barriers (stigma, gender essentialism, operational logistics) and enablers (leadership buy-in, legal mandates, monitoring systems) of policy adoption. Recommendations include tiered leave entitlements based on symptom severity, education and stigma-reduction initiatives, alignment with occupational health and safety standards, and metrics for evaluation. This comprehensive model aims to inform policymakers, human-resource professionals, and advocates seeking to advance menstrual justice in diverse workplace contexts.

Keywords: Menstrual equity, menstrual leave, workplace policy, gender equity, socio-ecological model, paid leave, organizational health.

I. Introduction

Menstrual equity is increasingly recognized as a vital component of inclusive workplace policy, advocating for the fair treatment of individuals affected by menstruation. Despite menstruation being a routine biological process experienced by a significant portion of the workforce, its implications are often neglected in organizational frameworks, leading to systemic disparities in health, productivity, and gender representation (Conley, 2024). Paid menstrual leave is a progressive policy initiative aimed at acknowledging the physiological challenges associated with menstruation—such as dysmenorrhea, fatigue, and hormonal fluctuations—and offering structured support through paid time

off. Countries like Japan, South Korea, Indonesia, and Spain have adopted menstrual leave policies, demonstrating that such measures can coexist with robust female workforce participation (CrazeHQ, 2025; Vision IAS, 2024). In India, while isolated efforts exist—such as Bihar’s government leave provision and Kerala’s student-focused policy—there is no national legislation mandating menstrual leave. The absence of a unified framework has resulted in inconsistent practices across sectors, with private companies like Zomato and Swiggy pioneering internal policies (Kumar, 2025). The discourse surrounding menstrual leave is complex. Supporters argue it promotes gender-sensitive work environments and improves employee well-being, while critics caution against reinforcing gender stereotypes or creating hiring biases (Agrawal, 2023). Nonetheless, research underscores that ignoring menstrual health in workplace policy contributes to presenteeism and long-term burnout.

This concept paper posits that formal paid menstrual leave can redress these inequities by recognizing menstruation as a legitimate health issue, reducing presenteeism, and fostering inclusive cultures. Drawing on gender equity theory and the socio-ecological model, the paper reviews global policy precedents, analyses strengths and weaknesses of existing models, and aims to propose a comprehensive policy framework adaptable to various organizational and cultural environments.

Background and Rationale

1 The Case for Menstrual Leave

Clinical research underscores that up to 90% of menstruators experience dysmenorrhea, and approximately 10% suffer from chronic conditions such as endometriosis that can incapacitate for one to three days each cycle (Howe et al., 2023). Economically, untreated menstrual pain correlates with annual productivity losses estimated at US\$9 billion in the United Kingdom alone (Howe et al., 2023). Despite these data, legal protections rarely extend to menstrual health, reflecting a broader



pattern of “gendered invisibility” in occupational health policies (Iversen & Brotto, 2022).

2 Global Policy Precedents

Paid menstrual leave has historical roots in early 20th-century Japan and Soviet Russia, introduced as pronatalist measures but later repealed due to concerns over gender discrimination (Howe et al., 2023). In recent decades, East Asian countries—South Korea, Indonesia, Japan, and Taiwan—have reinstated various forms of menstrual leave, with provisions ranging from one to three days per cycle. Western corporate pioneers such as Culture Machine (India) and Zomato (India) have piloted internal policies granting up to ten paid leave days annually, triggering widespread public debate over efficacy and unintended consequences (Agrawal, 2024; Belliappa, 2019).

3 Equity and Organizational Performance

Policy analysis indicates that well-designed menstrual leave can reduce unplanned absenteeism, improve employee retention, and signal organizational commitment to gender equity—benefits that outweigh the modest direct costs of leave pay (Agrawal, 2024). Conversely, critics argue that separate menstrual leave risks entrenching biological essentialism and job discrimination against women, potentially disincentivizing hiring (Iversen & Brotto, 2022). This debate underscores the need for a nuanced policy model that balances individual health needs with organizational equity and legal safeguards.

Objectives

1. Critically review global menstrual leave models and associated outcomes.
2. Identify sociocultural, legal, and operational barriers to policy adoption.
3. Develop an evidence-informed conceptual framework for paid menstrual leave.
4. Propose implementation strategies, monitoring indicators, and evaluation mechanisms.
5. Offer policy recommendations adaptable to diverse workplace and legal contexts.

Theoretical and Conceptual Framework

1. Socio-Ecological Model (SEM) The Socio-Ecological Model offers a layered approach to understanding how menstrual leave policies are shaped and influenced across multiple domains. It recognizes that individual behavior and institutional change are interconnected, requiring multi-level interventions:

- **Individual Level:** This layer focuses on personal experiences and knowledge. Factors such as the intensity of menstrual symptoms, awareness of menstrual health, and internalized stigma directly affect whether individuals seek or benefit from menstrual leave provisions (McCammon et al., 2020).

- **Interpersonal Level:** Social relationships play a pivotal role. Support from supervisors, colleagues, and family members can either normalize or discourage the use of menstrual leave. Peer attitudes and managerial empathy are critical in shaping workplace norms (Sedekia et al., 2025).

- **Organizational Level:** Institutional structures—such as HR policies, leave tracking systems, and workplace culture—determine how menstrual leave is operationalized. Inclusive policies and gender-sensitive environments foster better uptake and reduce stigma (Spencer, 2022).

- **Policy/Environmental Level:** Broader societal and legal frameworks, including labor laws, national health mandates, and public discourse, influence the legitimacy and scalability of menstrual leave. Advocacy and legislative support are essential for mainstreaming such policies (Palamattom, 2023).

2. Gender Equity Theory Rooted in liberal feminist principles, Gender Equity Theory emphasizes the need for fairness over sameness. Rather than treating all employees identically, it advocates for differentiated support mechanisms—like menstrual leave—to address unequal starting points and lived realities (Sen & Batliwala, 2000).

This framework underscores intersectionality, recognizing that gender intersects with other identities such as caste, disability, and socio-economic status. Effective menstrual leave policies must be inclusive, ensuring they do not inadvertently exclude marginalized groups. For instance, transgender and non-binary individuals may also experience menstruation and require tailored accommodations.

By applying Gender Equity Theory, the concept paper positions menstrual leave not as a privilege, but as a corrective measure to achieve substantive equality in the workplace.

Critically Review

1. National and Corporate Models Menstrual leave policies vary widely across geographies and sectors, reflecting cultural norms, labor frameworks, and organizational priorities:

- **South Korea** offers up to three days of menstrual leave per month, but uptake remains low.



Despite legal entitlement under Article 71 of the Labour Standards Act, many women avoid using it due to social stigma, fear of being perceived as weak, and managerial resistance in male-dominated workplaces.

- **India's Culture Machine** pioneered a one-day-per-cycle leave in 2017, sparking national debate. While the policy encouraged voluntary disclosure of menstrual health issues and was seen as progressive, it also raised concerns about biological essentialism—reinforcing stereotypes that menstruation impairs productivity (Belliappa, 2019).

- **In Europe**, menstrual leave remains largely absent from statutory frameworks. Spain is the only country with a national paid menstrual leave law, but uptake has been minimal—averaging fewer than five users per day in a workforce of 21 million. Some NGOs and private firms offer paid leave, but empirical data on impact is limited, and broader adoption is hindered by legal ambiguity and cultural hesitation.

2. Barriers to Adoption Despite growing advocacy, several structural and cultural challenges impede the implementation of menstrual leave policies:

- **Stigma and Disclosure:** Menstruation is still considered taboo in many workplaces. Employees fear being labelled as less capable, which discourages them from requesting leave—even when legally entitled. Disclosure of menstrual health issues may also expose individuals to privacy risks or workplace bias.

- **Operational Concerns:** Employers cite logistical challenges such as scheduling disruptions, leave tracking, and equity management. Differentiated leave entitlements may complicate HR systems and raise concerns about fairness among non-menstruating employees.

- **Legal Uncertainty:** Without clear legislative backing, menstrual leave policies risk being challenged as discriminatory or patronizing. Employers worry about potential litigation if policies are perceived to reinforce gender stereotypes or exclude transgender and non-binary individuals.

3. Enabling Factors Successful adoption of menstrual leave policies hinges on strategic, inclusive, and evidence-based interventions:

- **Leadership Endorsement:** When CEOs and HR leaders publicly support menstrual leave, it helps normalize the discourse and legitimize policy use. Organizational champions can shift internal culture and reduce resistance.

- **Education Campaigns:** Interactive workshops and awareness drives—especially those

involving frontline workers, male colleagues, and community leaders—can reframe menstruation as a health management issue rather than a productivity liability. Initiatives like the *Menstrual Health Express* in India have shown measurable reductions in stigma.

- **Integrated Health Benefits:** Embedding menstrual leave within broader occupational health services—such as wellness programs, telehealth consultations, and menstrual hygiene support—enhances policy acceptability. This holistic approach aligns with global best practices in menstrual health and hygiene (UNICEF, 2019).

Mapping Sociocultural, Legal, and Operational Barriers to Menstrual Leave Adoption

The implementation of paid menstrual leave policies is often obstructed by a complex interplay of sociocultural norms, legal uncertainties, and operational constraints. This objective seeks to critically examine these barriers to understand their impact on policy feasibility and employee uptake.

Sociocultural Barriers Menstruation continues to be enveloped in stigma across many societies, including India, where it is frequently perceived as impure or shameful. Cultural taboos discourage open dialogue, leading to silence and misinformation around menstrual health. In workplaces, this manifests as discomfort in disclosing menstrual symptoms or requesting leave, especially in male-dominated environments. Employees may fear being perceived as weak, unreliable, or less competent, which deters them from utilizing menstrual leave even when available (Åkerman et al., 2024; Patel, 2024). The normalization of menstrual pain as a routine inconvenience further contributes to presenteeism, where individuals work through discomfort, compromising both health and productivity.

Legal Ambiguities The absence of a national statutory framework for menstrual leave in India creates significant legal uncertainty. While isolated initiatives exist—such as Bihar's government leave provision and Kerala's student-focused policy—there is no uniform mandate across sectors. This legal vacuum leads to inconsistent adoption, with private companies either voluntarily implementing policies or avoiding them altogether due to fear of litigation or backlash (Kundu, 2023; Sabana & Jaleel, 2025). Moreover, concerns persist about whether menstrual leave violates Article 14 of the



Indian Constitution by reinforcing gender-based differentiation. Critics argue that such policies may inadvertently perpetuate stereotypes or result in hiring biases against menstruating individuals. Without clear legislative safeguards and anti-discrimination clauses, employers remain hesitant to institutionalize menstrual leave.

Operational Challenges From an organizational standpoint, menstrual leave introduces logistical complexities. HR departments must navigate scheduling disruptions, track differential entitlements, and ensure fairness across diverse employee groups. In the absence of robust leave management systems, tracking menstrual leave separately from sick or casual leave can be administratively burdensome (Colavita, 2024; Menendez, 2025). Managers may struggle to balance workloads when multiple employees request leave simultaneously, especially in small teams or high-demand roles. Additionally, equity concerns arise when non-menstruating employees perceive menstrual leave as preferential treatment, potentially affecting team dynamics and morale.

The lack of standardized implementation protocols—such as verification mechanisms, confidentiality safeguards, and integration with occupational health services—further complicates policy rollout. Employers may also worry about misuse or ambiguity in defining eligibility, particularly for individuals with chronic menstrual disorders or irregular cycles.

1. Tiered Leave Entitlements

A differentiated leave structure acknowledges the varied intensity of menstrual symptoms among employees.

- **Category A (Mild Symptoms)** allows up to half a day of paid leave per cycle, based solely on self-declaration. This empowers individuals to manage discomfort without bureaucratic hurdles.
- **Category B (Moderate Symptoms)** permits up to two full days per cycle, with the option to submit a health certificate. This tier balances flexibility with optional clinical validation.
- **Category C (Severe or Chronic Conditions)** supports up to three days of leave, contingent on medical documentation. Employees under this category may also roll over unused sick leave, ensuring continuity of care for conditions like endometriosis or PCOS.

2. Eligibility and Verification

To ensure inclusivity, the policy extends automatic eligibility to all menstruators, including transgender

men and nonbinary individuals who experience menstruation.

Medical documentation requirements are minimized to protect privacy, with clear protocols for confidential handling of sensitive health information. Verification processes are designed to be non-intrusive, relying on trust and discretion.

3. Integration with Leave Management Systems

Operational efficiency is achieved by embedding menstrual leave into existing HR infrastructure

- Monthly leave credits are displayed alongside other entitlements like sick and personal leave, ensuring transparency.
- A self-service digital portal enables employees to apply for menstrual leave confidentially, with requests routed directly to HR and shielded from managerial oversight unless necessary.

This integration reduces administrative burden and safeguards employee dignity.

4. Education and Stigma Reduction

To normalize menstruation in the workplace, the policy includes a robust educational component:

- A mandatory onboarding module, titled *Menstrual Health 101*, introduces new hires to menstrual health basics and policy usage.
- Quarterly workshops, led by medical professionals, address menstrual disorders, workplace accommodations, and self-care strategies.
- Peer support networks and “Menstrual Allies” training for managers foster empathy, reduce stigma, and encourage open dialogue.

These initiatives cultivate a culture of awareness and respect, dismantling taboos that hinder policy uptake.

5. Legal Safeguards

To protect employees from discrimination or backlash:

- Anti-retaliation clauses prohibit adverse actions—such as denial of promotions or performance penalties—based on menstrual leave usage.
- Periodic audits assess policy implementation, flagging patterns of disparate treatment or unintended bias across departments or roles.

These safeguards align with constitutional guarantees of equality and dignity, reinforcing menstrual leave as a legitimate workplace right.



Implementation Strategy

1 Stakeholder Engagement

- **Executive Leadership:** Secure executive sponsorship and budget approval.
- **HR and Legal Teams:** Draft policy language consistent with labour laws.
- **Employee Resource Groups (ERGs):** Co-design communication and training materials.

2 Pilot and Scale

- **Phase 1 (Pilot):** Implement in a single department or location; collect qualitative feedback.
- **Phase 2 (Evaluation):** Analyse leave utilization, productivity metrics, employee surveys.
- **Phase 3 (Rollout):** Refine policy based on pilot data; launch company-wide.

3 Communication Plan

- Prelaunch webinars, FAQ documents, intranet announcements.
- Anonymous suggestion channels to capture ongoing concerns.

Monitoring and Evaluation

1 Key Performance Indicators

- **Utilization Rate:** Percentage of eligible employees using menstrual leave.
- **Employee Satisfaction:** Survey items on policy clarity, stigma reduction.
- **Operational Impact:** Analysis of leave patterns, overtime costs, project delays.

2. Data Governance

- Strict anonymization of leave data to protect individual privacy.
- Annual reports to executive committee and ERGs.

Discussion

This policy model addresses core critiques of menstrual leave by embedding equity safeguards, minimizing medical bureaucracy, and integrating stigma-reduction measures. By tiering leave entitlements, it tailors support to individual health needs, aligning with intersectional gender equity principles. The socio-ecological approach ensures sustained cultural shifts through multi-level education and structural integration.

Challenges include balancing managerial discretion with uniform rights, avoiding tokenism, and securing legislative backing in jurisdictions without explicit menstrual health protections. Future research should longitudinally assess policy impacts on health outcomes, retention rates, and organizational culture.

Recommendations

1. **Legislative Advocacy:** Collaborate with policymakers to enshrine menstrual leave in employment law, with minimum national standards.

2. **Global Knowledge Exchange:** Establish cross-industry consortiums to share best practices and data.

3. **Inclusive Health Benefits:** Integrate menstrual leave with telehealth and on-site clinics offering gynaecological support.

4. **Public Awareness Campaigns:** Partner with NGOs to destigmatize menstruation beyond the workplace.

5. **Continuous Policy Review:** Periodically revise entitlements based on emerging clinical guidelines and employee feedback.

II. Conclusion

Menstrual equity in professional settings is not merely a health-related concern—it is a foundational element of gender-responsive governance and workplace justice. Recognizing menstruation as a legitimate factor influencing employee well-being allows organizations to move beyond token inclusivity toward substantive equity. Paid menstrual leave, when crafted with sensitivity and foresight, serves as a strategic intervention that addresses both physiological needs and systemic gender disparities. Such policies can significantly reduce productivity losses linked to menstrual discomfort, absenteeism, and presenteeism. By offering structured support, employers demonstrate a commitment to employee welfare, which in turn fosters loyalty, morale, and long-term retention. Moreover, menstrual leave signals a progressive organizational culture that values diversity and acknowledges the lived experiences of menstruators—including women, transgender men, and non-binary individuals.

The framework proposed in this concept paper advocates for adaptable policy models that accommodate varied legal systems, employment structures, and cultural attitudes. It emphasizes the importance of integrating menstrual health into broader labor and human rights agendas, aligning with constitutional principles of dignity, equality, and non-discrimination. Ultimately, menstrual leave is not just a workplace reform—it is a transformative step toward dismantling menstrual stigma and institutionalizing gender justice.

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