

Menstrual Leave Debate: Opportunity to Address Inclusivity in Indian Organizations

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Menstrual leave raises a number of questions regarding women's health, workforce participation and gender equity at work. This paper addresses the issue in the context of urban women in the organized workforce. Their access to clean, safe toilets at work and at home puts them at a relative advantage compared to women in the unorganized sector. Menstrual leave policies, though well-intentioned, could have negative consequences for gender equity and need to be deployed with caution. The debate on the policy has raised important issues related to how workplaces can be more inclusive of women's bodies. It is suggested that discussions on gender inclusivity must take into account the intersection of gender with age, class and position in the organizational hierarchy.

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Introduction

While legislation in several countries across Asia (including Indonesia, Japan, Taiwan and South Korea) promotes paid menstrual leave for women¹, the issue arose only recently in India when Culture Machine, a media start-up in Mumbai introduced a policy of giving women leave on the First day of (their) Period (popularly called "FOP Leave") in July 2017 (Blush Originals, 2017). Soon after, the Kerala based Media company Mathrubhoomi followed suit and private (unaided) schools in Kerala instituted a similar policy for teachers (NDTV, 2017). Culture Machine also began an online petition asking the Ministries of Human Resource Development and Women and Child Development to make FOP leave the law. At the time of writing this article a private member's bill has been tabled in Parliament proposing two days leave every month for menstruating women.

¹ Research suggests that compliance with the legislation is patchy with some companies ignoring the law and others giving it only request. <http://workspace.unpan.org/sites/internet/Documents/UNPAN96599.pdf>

Media Debate

The media debate around FOP leave is the latest in a series of social and advertising campaigns that seek to address taboos around menstruation. In 2015 an online and offline campaign was launched, Happy to Bleed, which sought to break the secrecy and stigma against acknowledging one's period in public (Sanghani, 2015). It began in response to comments by a priest at the Sabrimalai temple reiterating the temple's policy of not allowing women of reproductive age to enter due to the concern that they might be having their period. Another campaign Pads Against Sexism initiated in Germany and taken up by students in Jamia Milia Islamia, New Delhi and other universities across the country attempted to break the secrecy around menstruation and address age old cultural taboos against discussing one's body in public (Sarfaraz, 2015).

The popular sanitary napkin brand Whisper recently ran an advertising campaign against taboos associated with menstruation (not playing sport, staying indoors) and questioning traditional superstitions such as banning a menstruating woman from touching pickles. The soon to be released Bollywood film Padman starring actor Akshay Kumar (a biopic of Arunachalam Muruganatham who created an award winning low cost sanitary pad for the Indian market) also addresses menstrual stigma. The film's marketing campaigns feature the producer and actors advocating open discussions about menstruation. Therefore, It is likely that men-

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Following Culture Machine's much publicized institution of FOP leave, there was intense debate in the media with some welcoming the move as an important step in supporting women who suffer from pain and discomfort during their periods while others decrying it as a regressive step that would limit women's hard-won right to equal treatment at work and inhibit their recruitment (as companies might view them as less productive than their male peers). Interestingly, both those for the legislation and those against claim that having one's monthly period is 'natural', and not a cause of embarrassment. Obviously, the arguments that they make following this claim are different.

Since the Maternity Benefits Act (2017) has recently been amended to increase maternity leave from 12 to 26 weeks, there is concern that giving women multiple types of paid leave will cause resentment amongst men. Rachel Chitra (2017) writing in the Times of India and Somya Abrol (2017) in India Today quote several women (and men) from the corporate sector who oppose the policy arguing that it would undermine the cause of gender equality. Mitsu Sahay (2017) makes a similar argument on the popular digital platform 'Feminism in India'.

Well-known journalist Barkha Dutt (2017) strongly opposed the policy describing it as ‘goofy’ and ‘paternalistic’. Claiming that she covered the 1999 Kargil war whilst having her period, she argued that the policy would prompt a backlash and undermine those women who are trying to enter professional roles to which they have been traditionally denied access: military combat for instance. Taking Dutt’s point further it could be argued from a feminist perspective that the policy reinforces biological essentialism² which has been used to socially and economically marginalize women.

In the American context, similar arguments have been made (Zillman, 2017; Waldman, 2017). When a UK based organization, Coexist, instituted it last year commentators voiced concerns that it would inhibit recruitment of women and negatively affect productivity and profitability of organizations to give a large number of workers paid leave for twelve days of the year. One male commentator, news presenter, Philip Schofield suggested that women might misuse the policy (ITV, 2016). While the possibility of misuse might equally apply to sick leave and any form of flexibility granted to employees, the concern that it might prejudice employers against female employees is supported by research on flexible work options for women as discussed later.

Culture Machine’s video promoting FOP leave shows its women employees citing severe cramps, nausea, headaches

²The belief is that men and women have certain sex specific essential qualities for biological reasons.

and emotions such as irritability and tearfulness associated with pre-menstrual syndrome (PMS) as some of the symptoms that interfere with their performance at work (Blush Originals, 2017). One employee claims, “I’m a dictator on the first day of my period.”; another states, “The worst thing someone can do [during my period] is talk.” While any workplace might have (both male and female) dictatorial managers, associating such behavior with PMS furthers stereotypes about women’s supposed emotionality, which have historically been used to limit their access to positions of responsibility and authority. Culture Machine’s video thus strengthens patriarchal biases by positioning menstruating women as hysterical and irrational.

Those in favor of period leave argue that it is a mark of an organization’s sensitivity to the needs of women employees. They cite chronic conditions such as endometriosis, adenomyosis and polycystic ovary syndrome (PCOS) which are associated with severe and unmanageable pain and symptoms like heavy bleeding, irritable bowels and nausea. These arguments are supported by public health research: endometriosis affects about 10% of women in the reproductive age group (Rogers et.al, 2009). The prevalence of polycystic ovarian syndrome is harder to pinpoint as different sources tend to suggest vastly different levels of prevalence in individual populations. For instance, in India different sources estimate it to range from 10% of the population to 20% (this divergence might be attributed to the existence of multiple types of criteria for diagnosis).

PCOS is also said to be on the rise due to lifestyle issues (Pathak, 2015).

Even women who do not have chronic conditions suffer significant discomfort which is managed by over-the-counter pain medications, rest and home remedies. Many symptoms can be alleviated with rest or by avoiding physically demanding tasks (the amount of rest required differs from one woman to another). It is noteworthy that women who do not suffer from chronic conditions do not necessarily have equally painful periods during every cycle. Some cycles could be more painful than the others for various reasons including stress, changes in hormonal levels and diet.

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Supporters of FOP argue that it addresses taboos around discussing menstruation. In India as in many other cultures there is a great deal of secrecy and shame associated with one's menstrual period. Girls often enter menarche without any knowledge of menstruation experiencing shame, anxiety and fear when they encounter their first period. Knowledge about menstruation and reproductive health continues to be limited well into adulthood. These factors are exacerbated by cultural taboos and practices associated with menstruation.

The media debate on FOP leave is framed around the concerns of upwardly

mobile urban women. Shrada TK Lama (2017) points out that it does not address the vast majority of Dalit and non-Dalit women employed as unskilled and semi-skilled workers who have limited access to menstrual hygiene products. Mitsu Sahay (2017) argues the debate does not include homemakers as workers in spite of their vital economic and non-economic contribution. Even though school teachers have received the benefit of FOP, the debate does not take students into account; adolescents have difficulty adjusting to their menstrual cycle and require special consideration. While acknowledging these significant gaps in the discussion, it may be argued that the media debate creates an opportunity to consider how organizations can be inclusive of women's bodies and bodily functions.

Traditional & Contemporary Perspectives

The FOP leave debate needs to recognize the structural inequalities and patriarchal culture that informs women's access to paid employment in India. A fairly widespread cultural taboo positions menstruation as ritually 'impure'. Many religions restrict women's access to sacred spaces and bar them from participation in rituals either during their periods or for the entire duration of their adult lives until they reach menopause. A well-known example of this is the restriction of women from Hindu temples during their reproductive years (Deepalakshmi, 2015). In many upper caste Hindu households it is not uncommon to segregate women and prevent them from entering the kitchen during menstruation.

These taboos create shame and secrecy around menstruation making it difficult for women and girls to talk about their periods and related conditions openly even within their families. For many women brought up with these taboos, discussing one's period at work would be unthinkable (although necessary to break taboos).

Another important cultural issue related to menstruation in India is the existence of taboos and stigmas which limit the possibility of open conversations about menstrual health. van Eijk et. al (2016) found that only 50% of Indian girls know about menstruation when they get their first period. Although sexuality education is gaining ground in India with the Ministry of Health launching the adolescent health resource kit and associated app to disseminate knowledge about puberty (Ministry of Health, 2017) and many private schools initiating conversations on the issue, it is still patchy and a vast majority of women still have poor access to knowledge about their own bodies and sexual health.

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The stigma and secrecy surrounding menstruation needs to be eradicated via advocacy, education and activism (such as the Happy to Bleed and Pads Against Sexism campaigns) but a leave policy for adult women in the workforce does not address this issue. Rather if hastily and poorly implemented it could strengthen misconceptions about menstruation.

Challenges

The World Economic Forum's Global Gender Gap Report (2017) reveals that India ranks 108th out of 144 countries; it fares even worse in the category of economic participation of women (ranked at 139). The report reveals that women account for only 11% of the board members of publicly traded companies and 15% of personnel working in research and development, suggesting that the glass ceiling remains strong and women have had limited success in breaking it.

Deepika Nath (2000) suggests that women need to contend with a number of obstacles to promotion including concern that they will not be committed to their careers after marriage and childbirth or that they will not be willing to travel extensively. She argues that "marital status was used to infer willingness to re-locate and commitment to the organization (2000, n.p). Although Nath's research is seventeen years old, her argument is relevant even today. Shruti Janardhan (2017) suggests that when it comes to jobs that require travel and field-work, men tend to be hired over women; the latter are often asked in job interviews when they plan to marry or have children.

This author's (2013) research amongst women employed in the IT industry found that many could not participate in informal networking which was required to increase their visibility and social capital in organizations: some of this networking happened in the evenings and over the weekends (when women

were engaged in domestic work and childcare) but over smoke-breaks and long lunches which men could engage in as their domestic responsibilities did not require them to rush home. Since they could not spend more than eight-nine hours at the workplace, women tended to work through the day with minimal breaks allowing little room for building informal relationships.

Based on research amongst men employed in Indian companies, Jain and Mukherjee (2010) argue that the continued existence of the glass ceiling can be attributed to entrenched patriarchal attitudes even though its existence is denied by their respondents. That their male respondents were unaware of their gender biases points to the enduring nature of patriarchy in Indian organizations. Their findings are supported by Budhwar, Saini and Bhatnagar (2005) who argue via a literature review of research on women in management that men's inability to take orders from senior women is a major source of workplace conflict and stress for women.

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The gender pay gap in India is another indicator of women's marginalization at work. Employing data gathered from www.paychek.in, the gender pay gap in India for 2013 was 24.81% (Varkkey & Korde, 2013). The data also suggest that the pay gap increases with

seniority, age and increase in qualifications (up to Master's level). Varkkey and Korde (2013) argue that this pay gap might be explained to a very large extent by discriminatory practices and attitudes of employers.

Indian women's labor force participating has declined over the 21st century from 32.7 per cent to 24.8 per cent in rural areas and from 16.6 per cent to 14.7 per cent in urban areas from 2004-05 to 2009-10 (Ministry of Statistics, 2016). While the cause of this decline has not been clearly identified; it might tentatively be explained by the U curve hypothesis which suggests that in the early stages of economic growth, women's labor force participation falls but rises as the service sector grows alongside economic advancement (Lechman & Kaur, 2015). Another explanation could be that urban educated women are pushed out of the labor force by some of the factors listed above: high pay gap and lower rates of promotion; childcare responsibilities and the unavailability of flexible work options. De-motivation could also result from experiences of sexism, harassment and hostile work environments. Even if the work environment is not overtly hostile, it could be non-conducive in other ways since organizations were traditionally constituted around the needs and lives of men.

The Way Forward

The research discussed above points to the need for gender inclusivity in the workplace. While such initiatives are in place in many organizations particularly

those operating within the knowledge economy, women's minority position in terms of numbers as well as access to positions of power suggest that much more can be done in this regard. Often employers are reluctant to invest resources and time on gender inclusivity and offer only lip service to the issue but research suggests that such investment has tangible benefits for organizations. In the context of USA Herring (2009) suggests that gender diversity is associated with increased sales revenue, more customers, and greater relative profits while Wayne and Casper (2012) find that a firm's reputation as inclusive and family friendly (as rated by the popular business magazine Fortune) is important for campus recruitment as students believe that such an organization will be supportive and foster job performance. Dezsó and Ross (2012) argue that there is a significant increase in economic value for firms which have even one woman in top management.

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In their study of over 300 call centre employees in Delhi Verma, Bhal and Vrat (2013) found that gender sensitive policies correspond with higher job satisfaction and reduced stress which in turn is associated with increased employee loyalty. Studying the experiences of women, religious minorities and sexual minorities across three companies in India, Rawat and Besergekar (2016) found that em-

ployees who perceive the organization to be supportive tend to score higher in performance appraisals (possibly due to higher levels of motivation).

The business case for inclusivity is underlined by an ongoing campaign by the Indian job portal dedicated to women, Sheroes, which encourages women to review their employers anonymously based on their gender inclusivity policies and currently has 10,000 reviews of over 350 companies (Sheroes Organization Section, n.d.). As organizations get reviewed formally and informally on mainstream and social media information about their policies enters the public domain making it necessary to engage in inclusive behaviors to hire and retain women.

The FOP leave debate offers an opportunity for discussing how organizations can be more gender inclusive with regard to women's bodies. Menstruation is an issue that affects all women and proactively yet due to the stigma and secrecy associated with it, mentioning one's period at work is difficult. Therefore even when menstrual leave options are available women do not always exercise them as we see in the case of Indonesia (Bennington & Habir, 2003). Unfortunately work culture in India (especially the corporate sector) values workaholism and presentism i.e. employees are rewarded for face time in the workplace and for sacrificing their personal and family lives to the demands of the workplace. Under the circumstances taking sick-leave itself causes anxiety about perceptions of malingering as Daniel Fernandes

(2017) argues in support period leave. However, he fails to recognize that period leave is beset by the same problem.

Whether organizations choose to offer period leave or not, they need to take concrete steps to be more inclusive of women's bodies. A number of initiatives are outlined below but given the hierarchical nature of Indian society and Indian workplaces, it is important to take an intersectional approach. Some initiatives can be applied across the hierarchy to all women employees but, due to the physically demanding nature of their work and their lack of disposable income, women in semi-skilled and unskilled roles need special consideration.

Toilets & Other Resources

The FOP debate does not address the issue in an intersectional manner, taking into account the differential access to toilets in terms of class and for different occupational groups. For instance, construction sites in India often lack toilet facilities. While female engineers might (with difficulty) manage the situation by leaving the site for extended breaks through the day, many women laborers suffer without toilet access.

The absence of sanitary public toilets is a major issue affecting women across India. Poor toilet access is still a major public health problem in India. According to Water Aid's 2016 report, about 10% of urban dwellers defecate in the open. Also about 41% of urban dwellers lack access to safe, private toilets (i.e. they use common toilets with insufficient

water and poor waste disposal). The lack of toilet facilities limits not only women's access to employment and education but also increases the possibility of physical and sexual assault.

Access to clean toilets, adequate water for washing and to soap and safe, absorbent menstrual hygiene products is a basic human right which has a direct impact on the physical health and psychological well-being of women. Many women do not drink enough water when toilet access is restricted and are thereby prone to dehydration, fatigue, gastritis, kidney damage and high blood pressure. Other health risks associated with unclean toilets include hookworms which cause diarrhoea, anaemia, weight loss and urinary tract infection.

Unlike women employed as blue-collar workers, janitors and cooks, women employed in the white-collar positions in the organized sector have better access to clean toilets and adequate water in their homes and workplaces. However, lack of access to clean public toilets would be a significant challenge while commuting which Paromita Vohra's film *Q to P* documents in the context of Mumbai. The problem is exacerbated during menstruation and affects women across class positions. Many young women workers in urban India use public transport (train, metro rail and buses). Travelling by public transport with standing room only for an hour or more and rushing to change trains or buses is difficult under any circumstances and likely to increase significantly the discomfort experienced due to menstrual cramps.

This difficulty tends to affect younger/junior women more than senior managers who might own cars. If organizations cannot provide reasonably comfortable transport for women (at least) during their periods, optional menstrual leave might be considered.

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One of the most essential priorities of inclusivity is to have more toilets for women in the workplace, which are clean, well ventilated and have a regular supply of running water. If space is at a premium, workplaces need to provide more toilets for women than men, given that women need to use the toilet more frequently especially during their menstrual periods or during pregnancy and also on reaching menopause. Women are also more prone to urinary tract infections than men. Organizations that require prolonged periods of fieldwork need to make access to clean toilets a priority in field sites especially for women.

An intersectional perspective on toilet access would need employers to consider if all women employees have access to clean toilets. Given traditional cultural practices around hierarchy, many workplaces have separate toilets for staff at different pay grades with managerial staff having a lower ratio of people to toilets than say, blue collar workers. However, given that the need for clean

toilets is universal, such distinctions are inequitable.

As Sahay (2017) argues, every workplace needs to stock sanitary products and pain medication for women to use in an emergency. Heat pads are also useful in pain management. In many cases menstruating women need only a semi-private, quiet space in which to take a short break from work. Since the Amendment to the Maternity Benefits Act (2017) requires establishments with more than fifty employees to provide a creche for children and nursing mothers, the same space can be used by menstruating women for rest.

Re-socialization & Dispelling Taboos

Given existing cultural taboos, women currently hesitate to mention chronic menstrual conditions in sick-leave applications. The problem is exacerbated when supervisors are male. De-stigmatizing menstruation requires re-socialization within the organization. For instance, employers can explicitly state in their leave policy that painful menstrual conditions are grounds for sick leave or, if the nature of the job accommodates flexibility, for working from home thus enabling women to openly discuss their struggles with menstrual discomfort. As menstruation is de-stigmatized in this way women will experience less embarrassment in requesting sick leave for chronic and painful menstrual conditions.

Another way to re-socialize employees is to enable informed discussions on

women's health as part employee welfare programs. Given the low priority accorded to sexuality education in India, not only girls but adult women too tend to be under-informed about their own bodies. Inviting gynaecologists, psychologists or public health workers to discuss not only menstruation but all forms of reproductive health in a frank, sensitive and non-threatening manner enables women employees to access vital information and also sends a message that the employer is concerned about this issue. For instance, anecdotal evidence suggests that women across class have a poor understanding of menopause. It is important that this condition is included in the conversations on women's health as a response to the needs of older women employees.

While some talks could address women enabling discussion of sensitive concerns in the privacy of an exclusively female group, it is important to periodically involve men by informing them about their women colleagues' experiences and the need for a supportive workplace. Conversations involving men should dispel menstruation myths such as the idea that PMS affects women's rationality and decision-making capacity and aim to pre-empt the possibility of a backlash against women.

Initial attempts at discussing gender inclusivity (particularly related to women's bodies) might meet suspicion or resistance but should not deter management from engaging employees gradually and systematically using sensitive and appropriate language. Hekman et.al (2017) found that

when women or other marginalized groups espouse the cause of diversity, they tend to be penalized in terms of negative performance ratings and stereotypes while men from powerful groups are not penalized for holding similar values. Their suggestion that inclusivity initiatives should be championed by a white male spokesperson who enjoys social prestige could be applied in India: when senior men indicate interest in creating an inclusive environment, others are likely to model the same sensitivity.

When such conversations involve women employees across pay-grades, it is likely to enable mutually supportive relationships and, importantly, to alert white-collared women to their own privileges. Upwardly mobile white-collar employees are usually unaware of the day-to-day experiences of blue collar workers, janitors, cooks and cleaners whose access to piped water and sanitation is severely restricted within their homes and at times, within the workplace.

Encouraging women to learn from each other's experiences across class, organizational role and position and age is important to building sorority within the workplace. Such exchanges will be meaningful only if they do not invalidate the experiences of individual women. For instance, those who do not suffer from painful periods or serious PMS (Pre-menstrual syndrome) symptoms might not be able to relate to the experience of those who do but it is important that the latter are heard with empathy and respect.

Alternative Leave Policies

As argued earlier, if women are dependent on overcrowded public transport to commute to work, optional FOP leave could be provided. However, a more viable alternative might be 'menstrual flexibility' proposed by Australian menstruation researcher, Lara Owen (2016). 'Menstrual flexibility' enables women to take time off during their period and make up the time on other days. Owens argues that the policy allows women to work according to the natural rhythms of their bodies. It is less likely to provoke resentment amongst men or inhibit recruitment of women.

An even more broadly inclusive option would be the provision of wellness leave to all employees. 'Wellness leave' recognizes that all employees might need leave at times when they do not qualify for sick leave. For instance, a woman might suffer from painful cramps or diarrhea during one of her menstrual cycles or a male employee might suffer from acute stress and related physical symptoms such as headaches, muscular pain or exhaustion.

Employees may undergo medical procedures which they might not wish to discuss with their co-workers or managers. For instance, female employees undergoing a medical termination of pregnancy or male employees undergoing a medical procedure of an intimate nature might not wish to disclose the same in sick-leave forms or doctor's certificates. By providing a fixed number of wellness leaves per year, employers can respect employ-

ees' privacy as well as their right to leave. Given that women have more reproductive issues than men, they can be given a small number of additional wellness leaves per annum than men.

By providing a fixed number of wellness leaves per year, employers can respect employees' privacy as well as their right to leave.

However, wellness leave cannot only be based on gender but on employee's role and nature of work. It could be argued that work that is physically demanding (blue collar labor or manual labor) requires more paid leave than white collar work which is undertaken in the relative comfort of an office. This raises questions on whether different roles in one organization require individualized leave policies which are not easy to answer but nevertheless important to address in future conversations on employee welfare.

Conclusion

In conclusion, workplaces need to be inclusive of women's bodies not only for ethical reasons but also to create a more engaged and productive workforce and the FOP debate provides a unique opportunity in this regard. However, a policy on menstruation needs to be created with careful thought and planning as part of an employer's commitment to diversity and inclusivity and not in isolation. While time for rest during menstruation might be a necessity, there are multiple ways of providing that: FOP leave is one op-

tion out of many that have been outlined above. As far as possible, leave policies should be based on trust and should be inclusive rather than exclusive in spirit while still taking into account some of the unique problems faced by women in a patriarchal society as well as class hierarchies that affect workers' differential access to water, sanitation and other resources. The discussion on inclusivity of women's bodies also needs to move beyond leave to other forms of support that the organization could provide for women as outlined above. Lastly, given women's minority status in the workplace, there is a possibility of backlash from male peers, requiring employers to take preventive measures by including men (as appropriate) in conversations about inclusivity.

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