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MENSTRUAL ACTIVISM: WORKPLACE PRESSURES LEADING TO FORCED HYSTERECTOMIES AMONG WOMEN IN INDIA

Dr. Bhavana Dhoundiyal
Assistant Professor, IILM University Greater Noida Campus
Orcid: 0000-0003-4107-7701
Email: dr.bhavanadhoundiyal@gmail.com

ABSTRACT
Menstruation is a taboo in India. A women bleeding is considered weak, unfit to work and mentally trained to restrain from temple duties. This paper creates a critical intersection of workplace policies, menstrual health and gender rights in India. The research tends to argue the absence of formal paid menstrual leave policies which has severe consequences. Where countries like Japan, Spain and Zambia have started implementing menstrual leave policies, we are yet to corner this concept for a discussion. India lacks the wide-eye view to frame a uniform national law on this issue. Legislative lacunae, cultural stigma and hesitation followed by harsh economic pressures, breeds an environment where women especially daily-wage labourers are coerced due to poverty prioritize work over health, money over "womb". The paper brings the burning reality of Beed district in Maharashtra where women are forced to undergo hysterectomies to avoid absence from work and prevent wage loss. Merely removing uterus is not the end to this evolving problem, it adds to the already critical health of women with short and long-term medical complications. It has become a major human rights issue which requires immediate solution. The research concludes that absence of major protective policies exacerbates the deeply-rooted gender inequality and legislative lethargy to frame strong labour laws. Absence of laws forces women to remain stagnant in this irreversible clock of exploitation, misery and ill health advocating for urgency legislative policy interventions, timely corporate accountability and social transformation to improve and protect women's health and remunerative dignity.

Keywords: Menstruation, India, Labour, Women Health, Human Rights, Gender

INTRODUCTION

Women across the world have witnessed centuries of silence, exclusion and stigma about menstruation, to answer this suppression today Menstrual activism is a new social revolution. History was stained with "period" steeped in a taboo, commonly described as a shameful and impure thing for a woman. It was struggle of close-knit women group, not open discussion which left menstrual needs unheard, absent health policy and sanitary requirements, educational awareness and labour rights. Late 20th Century era ignited feminist health movements- reproductive rights granted women autonomy over her body and womb. It challenged male supremacy and called for better policies, accurate-stigma free environment and "*menstrual*" education to all (Mahala, 2022).

In 1970's-80's, small groups on North America and parts of Europe questioned the system bringing several issues related to menstruation on the table. From safety of menstrual products, especially after toxic shock syndrome outbreaks, to sanitation conditions pubic debates were held raising concerns about product regulation and consumer rights. Over a period of time, focus grew to broader issues like affordability, accessibility, and dignity. In the early 2000s, menstrual health was recognized as a public health and human rights issue, human rights bodies and NGOs like Days for Girls, WaterAid, and Goonj started addressing issues of period poverty in low-resource areas.

The year 2010 staged unprecedented global visibility to menstrual activism. Women march and campaigns were made to protest against "tampon tax" spread worldwide, Canada, Kenya and Scotland introduced tax-free menstrual products. Social Media voices amplified the movement's voice, with hashtags like #PeriodPositive, #MenstruationMatters, and #FreeThePeriod, introducing an era of open discussion, raised platform on radio, newspapers, e-circulation- patriarchs from several communities participated and helped in breaking silence. This energized new generation efforts to break the taboo and shun the oppression. At present, menstrual activism is an intersectional movement—addressing environmental sustainability, gender equality, and the needs of marginalized groups—pushing fto recognize menstrual health as a basic human right ("Introduction", 2022).

Menstruation: Story of Naturally born "Womb"

Menstruation is a natural process in the body of a women, something she is born with as a "*female*" gender. It is the cyclical shedding of the endometrium-uterine lining through the vaginal opening, regular in process due to hormonal changes particularly affect by the fluctuations of estrogen and progesterone. This phenomenon is the process of beginning and preparing in the body for potential pregnancy every month. Duration of an average cycle lasts around 28 days but it may vary depending upon the lifestyle and hormonal pitch between 21 to 35 days, with normal bleeding that lasts 3 to even 7 days.

Phases of Menstrual Cycle: Menstruation is the most noticeable aspect of the female anatomy of reproductive system or as commonly known, cyclic vaginal bleeding that occurs with hormonal shifts. This phenomenon is also known as menarche, as it begins which starts at the age of puberty between 12-15 years. The episodes of menstrual cycles cease at an average age of 51 which is known as menopause (Dhanlakshmi 2025). The evolutionary significance and origins of menstruation are based on two theories: First, the ability to eliminate infectious agents which penetrates into the uterus with intercourse releasing spermatozoa. Second, the conservation of energy with menstruation in absence of spermatozoa. Anatomically, menstruation constitutes complex reciprocal inflammation and vascular process to balance the endometrium and allow a controlled shedding of endometrial tissues and blood (Jarrell 2018).

The menstrual phase from day 1-5, is the beginning or shedding of the uterine wall, takes place when pregnancy is absent. This shedding consists of blood, tissues and mucus from the uterine lining (McLaughlin 2025). Female human body goes through the most scientific hormonal changes, with low estrogen and progesterone levels identifying the

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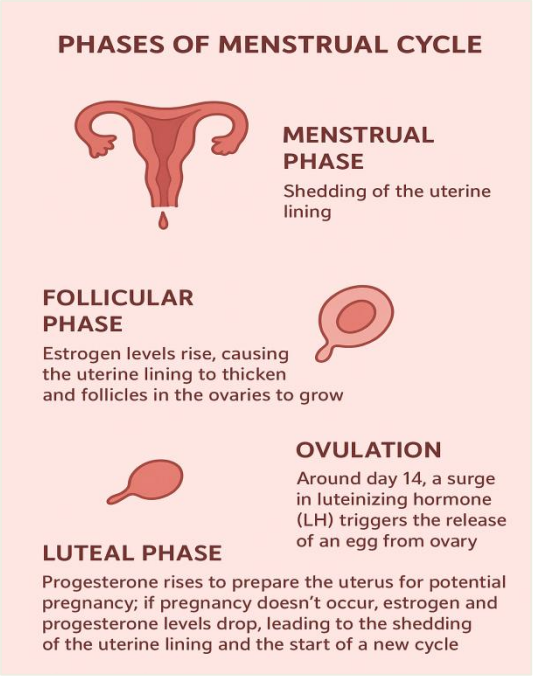

universal process of creativity in the womb. This segment of shedding lasts 3-7 days, however, this is subject to change among individuals depending upon their lifestyle and way of living. Menstruation is followed by common symptoms of heavy bleeding, bloating, mood swings, fatigue and abdominal cramps (Esan 2024). In the follicular phase, the estrogen levels rise, this causes the uterine lining to thicken making way for the follicles in the ovaries to grow. This is an overlapping phase with menstrual phase which lasts roughly between 1-14 days. It begins on the first day of menstruation, as above and continues until ovulation. Here, the brain releases Follicle-Stimulating Hormone (FSH), this results in ovaries producing follicles filled with fluid sacs containing unfertilized eggs. One among all these follicles become dominant and grows into an egg prepared for fertilization/Ovulation. This results in reconstruction and condensing of the uterine lining, purposely to create environment suitable for fertilization and conception. This phase lasts around 13-14 days, but varies from 10-22 days depending on the hormonal fluctuations or late fertilization, as the human female body advances. An increase in estrogen also triggers the active decrease in FSH hormone and increased activeness, improved mood and urge. In the ovulation which usually takes place around day 14, an egg from the ovary is released due to surge in LH hormone (Luteinizing Hormone). It is the mid-cycle, which is 14th day in a 28-day cycle. This is the shortest phase which lasts around 16 to 32 hours, a surge in LH hormone generates dominating follicle which ruptures to release a mature egg/ ovum into the salpinges. This phase marks hormonal fluctuations and medically fit period for procreation and human activity. The estrogen levels drop soon after ovulation. Process of ovulation occurs 14 days prior to the inception of next menstrual cycle, irrespective of the cycle length. Usual symptoms include fluctuations in body temperature, cervical mucus (egg white discharges), mittelschmerz, bloating, mastalgia and increased libido. The Luteal Phase which last typically 14 days, is when the progesterone increases preparing uterus for potential pregnancy, when the pregnancy does not occur, the estrogen and progesterone levels drop gradually, resulting in shedding of uterine lining and the beginning of a new cycle. The ruptured follicle transmutes into corpus luteum and the ephemeral glands producing progesterone and estrogen and helps in thickening of uterine lining, making the uterus fit and receptive to a fertilized egg to be implanted in the uterine wall. Luteal Phase peaks around days 20 of the 28-day cycle, although progesterone is the dominating hormone, estrogen levels remain high but comparatively lower before the ovulation occurs. Normal symptoms of this phase are associated with Premenstrual Syndrome (PMS) resulting in mood swings, anxiety, bloating, irritability, etc (Reed 2018).

India: Hindu Society and Menstruation

History has witnessed where nature and human together have worshipped goddess of creation. Ancient Vedic scriptures bring a diverse frame of reference on menstruation, conjointly with spiritual, physiological and divine social dimensions. Menstruation is considered as a period of ritual impurity (*Ashaucha*) in *Smritis* and *Dharamshastras (Manu Smriti (2.6))* (Chodavarapu 2024). During the cycle, which is observed for three consecutive days across India, women are advised to refrained from religious activities like puja, homam (fire rituals) and even temple visits. This is often associated with the idea of a "*Rajasic*" state or Rajas asserted by *Vishnu Smriti (22.72)*, which is one of the three fundamental qualities that govern all aspects of human existence. Menstruation in Sanskri is identified as 'Rajasraava', which means '*flow of Raja'*. *'Raja'* here is identified as translation for *'blood', also referred as "Rajas Guna".* Also, where a woman's body needs rest due to emotional, physical and mental state. It is observed as a period of austerity and self-purification, beyond ritual restrictions. Ancient texts outline restrains to religious activities and following specific guidelines, Rajas, one of the three Gunas (fundamental qualities) that govern all aspects of existence. It is a Sanskrit term for a menstruating woman, that reflects the heightened Rajasic state during this period. This concept is associated with hope for conception, subsequent expulsion of excess rajasic energy which includes the process of non-fertilization and shedding of uterine tissue, when pregnancy does not occur (Shaw 2023).

Ayurveda says, menstruation results in activation of Apana Vayu, which is a downward-moving subtle energy supporting the shedding of the uterine lining and elimination of body toxins (Tanwar 2024). An increase in Rajas levels during menstruation creates imbalance in the give vital airs (Pancha pranas), this leads to emotional and mental fluctuations. The concept of austerity and self-purification in the state of rajas not only restraints a woman from religious activities, there are certain essential guidelines- as to consumption of certain food and even bathing rituals, etc. The key aspect of this process is to support mental and physical cleansing, support detachment and promote spiritual growth. During menstruation, the female human body goes through physical weakness and discomfort, often requiring rest and avoiding abdominal tasks. In Vedic period *Yajurveda Taittiriya Samhita (2.5.1)* advised, women even cooking was restricted to provide women with some break from usual chores and to regain back the energy.

Menstruation: Expression of Feminine Energy

Ganguly and Satpati explained in the review (2021) that in Hindu tradition, female body is a divine access to creation, she is identified as *"Shakti",* the entire process is seen as a sensitive, powerful and sacred presentation of heavenly

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Vol. 35 Issue 2, 2025, Pages: 2258-2265

feminine energy and conception. In many Indian communities, *Menarche* is celebrated as a festival, followed by rituals and ceremonial feasts to honour the young woman's transition into womanhood. This instils a positive understanding of her reproductive capabilities and aura to create mankind. To this, there is another story holding great significance to the devotees of Assam towards Goddess Kamakhya, when in the month of June, the devi is believe to be in her annual menstrual cycle and is celebrated in the Ambubachi Mela, to acknowledge the season of earth's symbolic fertility cycle (Rabha 2024).

Ayurvedic: Traditional Indian system of medicine

Deshmukh and Others agreed (2021) that the traditional Indian system of medicine, follows the Vedic acumen where Ayurveda recognizes menstruation as a biologically natural process driven by three doshas of human body (Vata, Pitta and Kapha). Imbalances in these dosha lead to menstrual distress and irregular cycles, therefore, healthy menstruation ensures dietary and lifestyle regulations to promote well-being of both the woman and the offspring. Although Assam may be one such state to celebrate menarche, menstrual recognition varies across different sects among Hindu traditions depending upon their locations, origination and communities. They have their own belief, interpretation and regulatory practices with respect to feminine hygiene and Hindu religious virtues. However, some scholars argue that restrictions concerning menstruation is particularly found in *Dharmashastra* (manusmriti) that reflect various interpretations, societal norms and influences that have shaped the idea and reasoning of such restrictions during menstruation rather than original scientific Vedic texts. Critics of societal influences have identified that such restrictions have only scaled exclusions and discrimination against menstruating women, which is contrary to the very idea of Vedic texts and scriptures. Universal Vedic Knowledge on menstruation fences a heterogeneous interpretation apprehension including ritual purity and restrictions on one side, along with concept of conservation of body energies, self-purification, rest and sacred celebration. "The ideas and lore surrounding menstruation, the fecundity of women and childbirth that are disseminated by a civilization speak volumes about the worldview of the society and culture they emerge from" (Chodavarapu 2024).

Menstrual leave: A Global Debate with Alarming Consequences

Menstruation is part of a reproductive process; the issue is feminine but the concern is humane. It will be inappropriate to boast about feminism and feminine rights related to menstruation as the issue is certainly not about simple feminist thought on menstruation but a bigger human rights perspective on feminine physiological concern. Today, menstrual leave has wrangled a global argument, different countries have started implementing divergent policies opening platform for unusual criticisms and dissent (UNFPA 2022)**.** Nations professing women centric policies have recognised the concept of menstrual leave, raising concern over potential impact the period lays on women health. Western countries have adopted this phenomenon, others like India lack the societal sentiment and nerve to formally adopt the provisions on menstrual leave, creating to a difficult environment for women employed at big MNC's and corporate houses demanding a strict work culture.

1. **Global Comparison**

Japan, which is said to live in 2050, has pioneers concept of menstrual leave in their labour policies since 1947, known as *Seiri Kyuka* (literally meaning "physiological leave" or "menstrual leave") that allows women to request for menstrual leave thereby recognizing menstrual health issues in workplace. However, local stigma against the same has shown huge reluctance among women to disclose their needs to avail menstrual leave reported Green Network (Madina 2024). After 1920s struggle and advocacy by Japanese Labour Unions, *Japan's labour Standard Law* under Article 68 stipulates that female employees cannot be compelled to work during menstrual cycle experiencing difficulty and may requests leave. Even though Japan grants menstrual leave, the same is not mandatory, instead, it requires the employers to grant leave only on request, leaving the discretion to avail the offer pending in the hands of the employer or individual companies and firms. On that note, in 2020, a labour ministry survey conducted in Japan identified that only 30 % companies provided full or partial pay for menstrual leave to women. Low utilization of menstrual leave, remain a main issue to continue with this long-standing policy on menstrual health. Work comforts are not sufficient enough to eradicate social stigmas from society, this has shown women reluctance towards disclosing their menstrual status or to avail a leave request. Hence, there has been a cultural mandate to abstain from availing this policy. Long working hours in Japan have discourage women employees from availing leave benefits, be it male or female. Inefficient dissemination of information regarding menstrual leave in employee orientation programmes is seen as a sign of discouragement by their employers. Modern societies, have always conceived the idea of a woman as strong and restrictive, taking a menstrual leave can portray a sign of women, leading to discrimination in promotion, hiring, appraisal, etc. with high chances to undermine a women's advancing career growth. Such policies, have raised new concerns and stereotypes that woken need such leaves because they are weak and incapable than men (Skye Baker 2021).

In 2023, Spain introduced a broader reproductive reform by becoming the first European country to implement national paid menstrual leave policy, for leave upto five-days per month for women undergoing several pain or endometrioses with prior certification by state medical system. This policy was introduced to normalize natural phenomenon of menstruation and humanize it is normal work places; however, discriminatory work culture practices and privacy remain the same. Menstrual leave policy is part of a wider reproductive rights reform which also includes access to abortion services for unwanted pregnancies in public hospitals, free menstrual hygiene products and extension of paid maternity leaves. Like Japan, Spain has also reported low utilization of this policy, data revealed that between June 1, 2023 to April 24, 2024, menstrual leave was availed 1559 times that amounts to 4.75 average employees per day in a normal work industry of over 21 million then in Spain. On issue of discrimination, it is said to leave a lesser impact than in Japan, still low utilization remains an unearthed mole.

MSW MANAGEMENT -Multidisciplinary, Scientific Work and Management Journal
ISSN: 1053-7899
Vol. 35 Issue 2, 2025, Pages: 2258-2265

Zambia implemented a "Mother's Day Policy" in 2025 in Employment Code Act, that grants one day paid day leave to women each month without the mandate requiring medical certificate. It has been reported as a more progressive approach to acknowledge the physical challenges women face during menstruation and to break gender stereotypes and stigma on menstruation. The flexibility of this policy is women can take off any day during their cycle, without any requirement or strict compliance of explanation or medical certification for absence from work as in case of Japan and Spain, fostering a system based on reliance, cooperation, trust and equity **(**Banerjee 2025).

The intention behind support for menstrual health is based on the natural fact that menstruation can be extremely pain, cause varying intensity of discomfort masked by other symptoms that affect a woman's ability to channel and work. Besides, biological factors, promoting gender equality is one such aims to acknowledge and accommodate the biologically unique needs of women to cultivate more inclusive and compassionate working environment. Zambia's efforts mark a higher concentration towards normalizing menstruation and to provide a platform for open discussion around women's health in both society and corporate ground.

Apart from Japan, Spain and Zambia, countries like Indonesia, South Korea and Taiwan have also introduced menstrual policy-based laws. According to an analytical study Indonesia introduced Labour Act No. 13 in 2003 wherein, it allowed women to avail two-days paid menstrual leave per month, rational behind the policy has, like others been progressive but inconsistent enforcement has been reported. In a country where FGM is highly prevalent, despite a ban and prohibiting law, employees have reported denied menstrual leave, to granting none at all (Dwivedi and Kumar 2024).

South Korea, which has strict laws, has implemented menstrual leave policy to acknowledge unique health needs of menstruating women at workplace. The Labour Standards Law under Article 71, grants a female employee one day menstrual leave per month. This policy differs from Zambia, Spain and Japan in one aspect, it is an unpaid leave. However, it grants an additional pay in case the leave has not been availed by the female employee. There is also a severe penalty for employers refusing to pay menstrual leave according to South Korean Government norms. Like Japan, this policy has also faced implementation challenges. Social stigma and social barrier remain silent barriers in discouraging women from observing their menstrual leave right (S Kim 2023). Gender sensitivity towards female biological issues, has been identified as a main reason besides workplace burden where women have shown reluctance from taking menstrual leave. Employer pressure for instance pressuring employee women not to avail menstrual leave to even demanding a proof for painful menstruation, has been identified as infringement upon basic natural rights and privacy decisioned by South Korean Courts. Also, Taiwan, introduced menstrual leave in 2013 through Taiwan's Act of gender Equality in Employment Grants, where women employees can avail three days menstrual leave annually apart from regular leaves and compensation up to 50%. This amounts to integration of 33 days of health leaves per year, however, it is limited to one day per month.

2. Corporate Policies: Absence of National Legislation

Apart from country specific menstrual policies, several corporate bodies have taken initiative to incorporate menstrual policies towards their commitment to ensure employee well-being, inclusion and diversified culture. It is motivated to fill the legislative gap due to absence of national laws on menstruation leave.

A Bristol community-based interest firm, "Co-exist", introduced a "period policy" in an effort to break down menstruation taboo, to give women more flexibility and ensure health work environment. Co-exist became the only company in United Kingdom to implement women-centric menstrual policy (K. Lewis 2016).

Nike- a branded company, is believed to follow local labour polices wherever it operates, it is said to widely support menstrual leave policies. Even, Australina giants like Future Super and *Modibodi* and US-based astro-tech app Chani, and global soft-tech company *Nuvento*, has also taken such measures to ensure healthy environment to provide productive and progressive environment for women (King S, 2021).

This giant shift by corporate entities reflects a transference from rigid work environment to prioritizing employee benefit and creating inclusive work spaces. It culturally aims to reduce female absence form work place, improve and promote gender equality and enhance higher recruitment and employee retention. Even though corporate giants have taken menstrual leave seriously, potential challenges exists but larger introduction of menstrual policies support women workforce with proactive measures (Bansal, 2025).

Menstruation Leave in India: "Hysterectomised" Reality

India, has been identified as replica of recognising women as "*Goddess*", worship across the country. As of today, it lacks national law or a uniform policy to grant menstrual leave, in response to this some states have implemented regional level policies like Bihar and Kerala. For example, Bihar since 1992 has been availing a menstrual leave of two days per month for government employees. The criteria have been due to the impact of menstrual discomfort that severely affect women's health and productivity. According to Observer Research Foundation, it was reported that the Fourth National Family Health Survey conducted between 2015-2016 first unit-level data revealed hysterectomy cases in India. It was estimated that 22,000 women aged between 15 to 49 years of age had undergone hysterectomy out of 700,000 women surveyed. The highest rate of such cases was reported in Andhra Pradesh (8.9 %) and the lowest in Assam (0.9). Rural areas in India a comparatively higher rate of surgeries as compared to urban areas, where most of the operations were performed in private hospitals. For women aged above 45 years, study conducted between 2017-2018 showed 11 % of them has already undergone hysterectomy operations. Punjab recorded 23.1% and 21.2% respectively, this signifies those one out of every 5 elderly women had undergone the procedure. However, this surgery was recorded the lowest among women above 45 years of age in North-Eastern states of India (S. Ashok, 2022).

Absence of national policies force women population to work ensuring severe abdominal pain, vomiting and excessive

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ISSN: 1053-7899
Vol. 35 Issue 2, 2025, Pages: 2258-2265

nauseating headache, that make them sensitive toward the work environment impacting their physical and mental health and productivity (Aggarwal, 2024). Women in workforce has been identified as an active machine to work throughout the day, menstrual leave has never been a point of discussion for centuries it is a giant "taboo", non-inclusion of this leave in the normal employee leave policy can exacerbate the gender-gap by hindering women's involvement and growth in work sphere. Promotion of leave policies will destabilize stigma and encourage women productivity with good health.

Womb, has a sacrificial nature, but economic deprivation and poverty has forced women to disregard the very gift of nature. Recently Beed district located in Maharashtra reported a shocking news with high number of female sugarcane workers undergone hysterectomies at a very young age, it was not due to a medical or health issue, but a desperate measure taken to avoid losing work and menial wages due to menstruation. The practical reason for hysterectomies is the fear of losing income, women work in hazardous conditions for long durations, poverty-stricken labourers cannot afford to skip a day off which will amount to wage deductions making them vulnerable to live in perilous financial conditions. This leaves them with the last resort to go through the surgery and continue working without any interruption.

Medical Consequences of Hysterectomies

Hysterectomies is a procedure which involves partial or complete surgical removal of uterus (cervix and surrounding tissues). After C-section, hysterectomy is the second most commonly performed surgery globally among women. Unlike India, many countries have shown a rapid decreased in hysterectomy surgeries, this research paper warrants an analysis for the prevailing causes and outcome of the surgery.

Hysterectomy is a coercive step for a woman; the surgery has potential health risks:

1. **Short- Term Complications:** As it is the second most commonly preferred surgery by women, it carries with itself major inherent risks like- bleeding, infections and by large risk of causing damage to nearby organs like the ureters, bladder and the bowel. Post surgical recoveries take 4-6 weeks; this potentially leads a great impact on their health making it difficult to resume laborious work again. Urinary incontinence, menopausal issues (hot flashes, vaginal dryness, mood swings and night sweats) are common possible complications.
2. **Long-term complications:** Any surgical alterations with bodily function leads to premature issues in body, menopause comes early to these women. Hysterectomy, without removal of ovarian ducts affects ovarian functions and cause menopausal issues earlier than in the normal cycle of menstruation in a female body. In case the ovaries are removed, the menopausal setback is immediate and severe in many cases.

Women are also reported to suffer from Osteoporosis, cardiovascular disease before reaching 40's, they become prone to increase risk of coronary disease. Since the natural phenomenon is altered research shows women suffer from early oophorectomy and high risk to lose cognitive abilities this includes dementia and Parkinson's disease as well. However, a possible solution of estrogen therapy may mitigate the risk of these health risks, still remains a debatable issue. If the procedure is coerced, women are likely to suffer from psychological issues like anxiety and depression. This is followed by altered body image, feeling of loss, sexual inactivity and sexual dysfunctions further leads to emotional distress and personal damage. All the above health issues in women indicate that when natural body is altered, quality of life of a woman is impacted affecting her overall well-being, marriage-family life and social-economic activities as per a systematic review (Laveaux and Elsharoud (2021).

Economic Implications:

Hysterectomy is an economically coerced decision made by a poverty-stricken women or family under debt bondage and victim of exploitation, who cannot afford skipping a day's wage and therefore seek resort in going for the surgery. Also, when loans are taken from contractor's, escaping debt bondage becomes difficult, this economically frustrates women and their families into exploitative work environment. Manual labourers in Sugarcane farming are often pushed towards hysterectomies due to economic necessities. Common reasons for this coerced economic deprivation were: firstly, to avoid wage loss, most women work on daily wages in physically demanding jobs without any provision for sick leaves. In these circumstances physical challenges like pregnancy, menstruation or gynaecological issues may cause them to lose their pay, they are fined by contractors for absence from work or missing their work days. To avoid loss of any penny or heavy fines, women find hysterectomy as a "permanent solution". Secondly, *mukadams* aka labour contractors encourage and often pressurize women to undergo hysterectomies to avoid wage loss and work without any physical lapses. During seasonal work, contractors tend to manipulate workers by paying advance and under this loan, they are coerced to *"pay off"* the same through strenuous labour.

The controversy over hysterectomies have become so disgusting that doctors in private clinics have prioritized profit over patient well-being by compromising health of the women recommending unnecessary surgeries. Many are left uninformed and stranded after surgeries, without being prescribed an alternative. Rural area women often face poor sanitation facilities, and lack of good quality access to public health care where conditions like infections, UTI and menstrual bleedings often go untreated and are forced to take the quick fix surgeries as the last resort.

Immediate economic consequences

Hysterectomy is not a necessity, but the only resort to save every penny. The sudden onset of this surgery brings severe fallout for families. It leads to financial debt, where the cost of surgery ranges from Rs. 10,000 to Rs. 50,000- that is actually a hefty amount for a menial daily-wage earner. Thus, families rely on contractors to finance the surgery on high-interest loans becoming entrapped in a vicious cycle of debt. Although, government health insurance scheme provides sufficient coverage for such surgeries but recent studied have shown otherwise. There are serious reports which so a pattern of misuse of schemes by providers for mere profit show. Extra cost on insurance, lack of awareness and additional unwarranted tax on these women lead to exploitation of the daily wage women workers.

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Vol. 35 Issue 2, 2025, Pages: 2258-2265

Long-term economic consequences

Long term creates a new set of vulnerabilities for daily wagers and their domestic chores. Post-surgical health issues lead to reduced productivity in women labour force due to depression, anxiety and physical ailments like backpain, joint pain, etc. It reduces their ability to work physically and also, affect life expectancy, thereby leading a harmful impact on their earning capacity making it difficult to survive with the bare minimum. Seeing, that a member of their family has reduced productivity, also affect family income which forces family members and old debt to sell family assets opening the doors of deeper poverty.

Hysterectomy at a young age damages the reproductive potential of the women, it affects their capacity to participate in daily workforce and diminishes their potential to earn throughout the working scale, especially where manual labour work requires physical agility.

The Policy Vacuum

India, Vedic era established "Rajasic" status during menstruation, but the working and unorganised sectors, do not recognize this moral and anatomical principle in the work culture. According to a comprehensive survey data in the Annual Periodic Labour Force (2022-2023), Female Labour Force Participation Rate is estimated to be 37.0% for women under the age of 15-39 years. It means 37 out of every 100 workers are either actively employed or seeking work. Looking at the Female Worker Population Ration, total population percentage of employed women in 2022-23 was 35.9 % (age range remaining the same). So conclusively, this percentage gives us an estimated female population in the age group between 15-29 years which is over 200 million women workers in India's Labour force. For this vast majority, there is no national legislation on menstrual leave or any paid policies for the same. It still remains a topic of active debate, disturbing the point of intersection between gender rights, public health and workplace productivity. According to International Labour Organisation Database (World Bank, 2025), the total estimated rate of female workforce 33% of active female labour force participation has been recorded until January, 2025.

With regard to the informal sector, a few private giants and Bihar, have introduced "informal" policies, but no female of India's labour workforce enjoy any protection or care for reproductive health. This ignorance, has resulted in consequences, such severe, it gets unnoticed, Firstly, the issue of presenteeism where women feel compelled to resume work even after experiencing dysmenorrhea, menorrhagia and enervating symptoms of reproductive health issues like endometriosis and PCOS. Secondly, the economic precarity for informal workers, as a major workforce of women labourers in India work in informal economic sectors of India example, agriculture, construction-real estate, domestic-household workers, for them taking a day off from their contractor would amount to losing a basic wage of the day as well, instead of taking a day off, they agree on coercively working through pain, resulting in long-term health complications. Thirdly, the stigma and silence that follows due to lack of any formal policy, rules or regulations which perpetuates the mentally attached cultural "stigma on menstruation". It becomes a reason of secrecy behind absence, forcing women to use other forms of leave, give unwarranted excuses, refraining them from an open conversation on the universally celebrated biological process in the women's body. It has been concluded (King, 2021) that it is preferable to concentrate on the rights and working circumstances of all employees, as well as their access to high-quality reproductive health information and medical care, if necessary, in order to promote and enhance menstrual health and gender equality in the workplace. It was **reported by Kiawah Trust (2015)** wherein a strong request for more strategy and greater funding is made in the report's conclusion. The "undervalued stock" of menstrual hygiene, which provides a "triple return on investment" in terms of health, education, and environmental consequences, is urged to be invested in by donors. Among the recommendations are: establishing success measures that go beyond pad distribution, putting money into observation and assessment to find what works, establishing open-source resource-sharing platforms to prevent duplication, assisting social entrepreneurs and non-profits to provide a complete solution, mainstreaming MHH inside current programs in adjacent sectors like health and education to reach scalability.

As detailed in a comprehensive **investigation by SATHI-CEHAT (2023)**, this is not an isolated issue. The primary driver is economic, as contractors (*Mukadams*) explicitly prefer workers who will not miss work, viewing menstruation and pregnancy as direct threats to productivity and income.

The Vicious Cycle of Exploitation

This exploitation follows a predictable and devastating pattern:

1. Economic Coercion and Misinformation: Contractors and even their own families put pressure on women, who are usually in their 20s and 30s, to get the procedure. According to **SATHI-CEHAT (2023)**, these women are routinely misinformed into thinking the surgery is easy, safe, and will increase their earning potential by permanently ending menstruation.
2. Medical Malpractice and Insurance Fraud: The practice is sustained by an unethical relationship between private hospitals and middlemen. A 2017 investigation by India's Comptroller and Auditor General (CAG) revealed widespread abuse of government health insurance programs, with hospitals performing "unnecessary hysterectomies" since they are profitable, fixed-payment procedures. Due to this financial incentive, young, healthy women who have no medical reason for the surgery end up having it done.
3. Devastating Health and Financial Repercussions: The procedure has serious and protracted aftereffects. According to The Wire (2019), women have severe health problems such as depression, early-onset osteoporosis, and hormonal irregularities. Additionally, they are forced into a life of exploitative labour since the contractor advances the cost of the surgery and then deducts it from their future pay, trapping them in a never-ending cycle of debt.

While the crisis is starkly visible in Beed, it is part of a broader national problem. An official investigation by the National Human Rights Commission (NHRC, 2018) confirmed an "alarming, nationwide pattern of unnecessary

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hysterectomies," highlighting the specific vulnerability of poor, less-educated women in several Indian states.

Towards a Legislative and Policy Framework

The very first initiative should be towards amending the Factories Act, 1948 and connected labour codes. The existing laws are old and show a colonial outlook on labour intensive economic conditions, where working conditions are laid but these conditions now need to improve with passage of time and modern ideology. The legislative argument is proposed to provide a solution for all one-size-fits menstrual leave law through a holistic approach to protect women from exploitation.

It is suggested:

1. **Existing Legal Framework on Labour policies:**

The labour laws in India, do not comply with the idea of menstrual leave for women workers. The issue has been tabling debatable discussions through state-level initiatives and company policies instead of adapting a uniform central legislation. India's labour laws have provisions for other types of leave, but none specifically for menstruation.

A. **The Factories Act, 1948:** This act has strict working hours, creche facilities and mandates health and safety standards for factory workers but does not include provisions for menstrual leave.
B. T**he Maternity Benefit Act, 1961:** This is a crucial piece of legislation providing paid leave for pregnancy and childbirth. However, it does not cover menstruation**.**
C. **The Equal Remuneration Act, 1976:** This act prohibits gender-based wage discrimination and mandates equal pay for equal work. It ensures that no employer can discriminate against women in recruitment, promotion, or training. It has no policy on menstrual leave.
D. **Code on Social Security, 2020:** This code extends social security benefits to all workers (male or female), including platform and gig economy workers in the unorganized sector, ensuring female workers also have access to social security rights.
E. **State-Specific Shops and Establishment Acts:** These laws regulate working conditions in shops and commercial establishments within a state. While they cover aspects like working hours and leave, they do not have specific clauses for menstrual leave.

The debate revolves around a primary question as to whether menstrual leave be a standalone policy or integrated into the existing wellness and health provision for women workers in India.

Measures that Can be Introduced:

1. **Mandate Paid Health Leave:** Guarantee a minimum number of paid sick days for all workers (formal and informal), eliminating the need for a specific "menstrual" label that can be stigmatizing.
2. **Prohibit Coercive Medical Procedures:** Explicitly make it illegal for an employer or contractor to directly or indirectly coerce an employee into undergoing a non-medically necessary procedure like a hysterectomy. Attach severe penalties.
3. **Strengthen Maternity Benefits:** Ensure the Maternity Benefit Act, 1961 is strictly enforced, as fear of pregnancy is a key driver of hysterectomies.
4. **Regulate Health Insurance Schemes:** Advocate for mandatory, independent pre-authorization for elective hysterectomies for women below a certain age (e.g., 40) under government insurance schemes. A second medical opinion should be required to curb profit-driven malpractice. Introduce stricter auditing and "blacklisting" of hospitals with abnormally high rates of such surgeries.
5. **A "Right to Rest" for Informal Workers:** Propose a social security model where women in the unorganized sector can access a certain number of paid leave days without losing their entitlement to state benefits, funded through a welfare fund.
6. **Corporate Accountability Mandate:** Argue for a mandate in the Corporate Social Responsibility (CSR) Law that encourages or requires companies to invest in:
    A. Women's health clinics in industrial and agricultural belts.
    B. Awareness programs about reproductive health and workers' rights.
    C. Sanitation facilities and rest areas at work sites.

Conclusion

Case of women workers in Beed is a clear example that a social change is required than just a menstrual leave policy; it demands a fundamental re-evaluation of how we value women's health and labour in the informal economy. The path forward must be paved with stringent legal protections that punish exploitation, robust public health safeguards that prioritize care over profit, and a profound social transformation that dismantles the stigma surrounding menstruation. To do anything less is to be complicit in a system that commodifies women's bodies and denies them their basic dignity and human rights. The time for protective, empathetic, and enforceable legislation is now.

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