



Menstrual leave in India: A socio-legal analysis of constitutional guarantees, labour rights, and reproductive dignity

Dr. Devakumar Jacob*, Advocate Ankita Bharti, Advocate Kumar Shubham

Faculty, School of Law, TISS, Mumbai, Maharashtra, India

DOI: <https://doi.org/10.66856/ijl.2026.12.2.12181>

Abstract

Despite being a natural biological process, menstruation is intrinsically connected to women's reproductive and physical health, which continues to remain stigmatised within Indian society and inadequately addressed within constitutional and labour frameworks. The absence of comprehensive menstrual leave policies in India, therefore, reflects broader structural inequalities relating to workplace accommodation, reproductive dignity, public health, and gender equality. Significant developments have transformed menstrual health from a matter of welfare discourse into an issue of constitutional and socio-legal importance in recent years. The Karnataka Government's decision to give paid menstrual leave across both public and private sectors, along with the Supreme Court's judgement of menstrual health as a facet of the right to life and personal liberty under Article 21 of the Constitution of India in *Dr. Jaya Thakur v. Union of India*, marks an important shift in the legal understanding of menstrual justice. This paper demonstrates a socio-legal analysis of menstrual leave in India by examining the intersection between constitutional frameworks, labour rights, workplace justice, public health, and cultural perceptions regarding menstruation. This article also analyses international frameworks, which include reports and standards developed by the International Labour Organisation (ILO), World Health Organisation (WHO), and international human rights instruments, and also compares menstrual leave models adopted in countries like Japan, Spain, Indonesia, South Korea, Zambia, and Taiwan. The paper further examines the Indian constitutional framework under Articles 14, 15(3), 21, and 42 of the Constitution, with emphasis on equality, dignity jurisprudence, reproductive autonomy, and workplace accommodation. The paper also engages with recent socio-economic realities, which include the Beed uterus-removal crisis involving female sugarcane workers in Maharashtra, to show how the absence of menstrual accommodation and exploitative labour practices burden women, especially those employed within the informal sector. Eventually, the paper revisits cultural traditions of India, like the Ambubachi Mela, to establish that menstruation was historically recognised within certain indigenous and spiritual traditions as a natural and dignified aspect of womanhood, which exposes the contradiction between cultural symbolism and present-day social stigma. While acknowledging concerns of workplace discrimination, privacy, and gender stereotyping, the paper eventually argues that menstrual leave should not merely be viewed as a form of preferential treatment, but as a constitutionally protected mechanism for ensuring equality, dignified working conditions, and gender-sensitive labour governance. The paper then concludes by advocating for a comprehensive national framework that incorporates paid menstrual leave, flexible work arrangements, menstrual health infrastructure, awareness programmes, and inclusive workplace policies that aim at advancing women's health, equality, and workplace participation in India.

Keywords: Reproductive health, menstrual leave, labour policy, maternity, and dignity

Introduction

Menstruation is an intrinsic biological process that is experienced by nearly half of the global population during a significant period of their lives. Even if it has a direct connection with reproductive health, bodily autonomy, and human dignity, menstruation, even today, continues to remain surrounded by silence, stigma, and institutional neglect across many societies, especially within developing nations such as India. Historically engaged in the private sphere, menstrual health has often been kept away from mainstream constitutional, labour, and public health discourse. Resulting in inadequate workplace accommodation and limited access to menstrual hygiene facilities, and also persistent gender-based inequalities.

The question of menstrual leave has emerged globally as one of the important issues, which is situated at the intersection of labour rights, reproductive justice, workplace equality, and public health governance. Menstrual leave policy eventually seeks to acknowledge the physical and psychological difficulties that are experienced by many menstruating women, including dysmenorrhea, fatigue,

migraines, hormonal fluctuations, and mental distress, all of which may adversely affect workplace productivity and well-being.

In India, there is a debate ongoing regarding menstrual leave, which gained attention following broader discussions concerning hyper-productivity culture and the absence of gender-sensitive workplace policies within the labour ecosystem of India. The expectation of uniform productivity standards, ignoring the biological differences, hence reflects an inappropriate understanding of equality that fails to account for the lived realities of women in workplaces. In this context, menstrual leave actually emerges not as a matter of preferential treatment, but as a tool for advancing equality and dignified labour conditions.

Most importantly, Karnataka became the first Indian state to extend paid menstrual leave across both public and private sectors through the Karnataka Menstrual Leave Policy, 2025. Formally recognising menstrual health as an important workplace equality concern. The Supreme Court's recognition of menstrual health as a facet of the right to life and personal liberty under Article 21 of the Constitution of India in *Dr. Jaya Thakur v. Union of India* (2026) represents

a transformative development in Indian feminist jurisprudence.

The socio-economic realities of women workers in India demonstrate the urgency of adopting gender-sensitive labour policies. The uterus-removal crisis reported among female sugarcane workers in the Beed district of Maharashtra reveals the extreme consequences of exploitative labour arrangements operating in the absence of adequate menstrual and reproductive health protections. Reports also indicate that many women underwent hysterectomies due to wage insecurity and coercive labour conditions that penalised workers for absenteeism during menstruation.

At the same time, the recent stigmatisation of menstruation also presents a contradiction within the Indian cultural context. Historically, several indigenous traditions and spiritual practices have acknowledged menstruation as a natural and sacred process associated with fertility, regeneration, and feminine power. The Ambubachi Mela, which is celebrated at the Kamakhya Temple in Assam, represents one of such examples, where menstruation is symbolically revered through ritualistic recognition of the divine feminine.

Understanding Menstrual Health, Menstrual Leave, and the Biological Dimension of Workplace Justice

Menstruation is a natural physiological process that is connected with the reproductive health and the biological functioning of the female body. A significant number of women experience symptoms like abdominal cramps, lower back pain, nausea, fatigue, headaches, dizziness, hormonal imbalance, anxiety, irritability, and emotional distress during their menstrual cycle phase. Studies which are conducted by international organisations, like the World Health Organisation (WHO) and UNICEF, have repeatedly emphasised that inadequate menstrual health management affects education, workplace participation, mental health, and overall quality of life.

The absence of workplace accommodation contributes to presenteeism, wherein employees continue to work even though they are facing severe physical discomfort or illness. Menstruation and presenteeism adversely affect both productivity and long-term health outcomes for women who are experiencing conditions like dysmenorrhea, endometriosis, polycystic ovarian syndrome (PCOS), and chronic menstrual pain. Medical studies also indicate that normalisation of an uninterrupted productivity instead of severe menstrual distress also aggravates physical and psychological exhaustion while discouraging women from seeking proper healthcare support. Menstrual accommodation policies, therefore, cannot be viewed only as a welfare-oriented concession, but it also functions as a preventive health measure that is capable of protecting reproductive well-being and workplace dignity.

Menstrual leave refers to a workplace or institutional policy that grants employees leave during menstruation phase in order to address physical discomfort, reproductive health concerns, and psychological distress which is associated with the menstrual phase. Depending upon the legal framework of the country or organisations, menstrual leave may be paid, partially paid, unpaid, or inserted within the broader health-related leave structures. The main objective behind the menstrual leave policy is to create a gender-sensitive work environment which gives acknowledgement to the biological realities without punishing women

professionally for the experiences associated with reproductive health.

At the same time, menstrual leave also remains one of the most debated aspects of gender sensitive labour policy. Critics also argue that special leave provisions based on menstruation can reinforce stereotypes portraying women as biologically weaker and also less capable than men, which can affect hiring decisions, promotions, and professional opportunities. It is also further contended that menstrual leave may institutionalise biological essentialism by reducing the identity of women to mere reproductive functions.

The constitutional principle of equality becomes important in this context. Biological differences cannot be ignored altogether, only in the name of neutrality, when such differences create unequal burdens in social and professional life. Menstruation is a recurring biological process that is experienced by women over a substantial period of their lives, and therefore, it demands a nuanced workplace response rather than the conventional sick leave mechanism.

Global and International Framework on Menstrual Health and Menstrual Leave

International recognition of menstrual health as a public health and human rights concern has been shaped by organisations, the World Health Organisation (WHO), United Nations Children's Fund (UNICEF), United Nations Women (UN Women), and the International Labour Organization (ILO). The WHO defines health as a state of complete physical, mental, and social well-being. Within this framework, menstrual health also forms an essential component of reproductive health.

International human rights instruments reinforce the recognition of menstrual health within the framework of dignity, equality, and health rights. The Universal Declaration of Human Rights (UDHR) recognize the inherent dignity and equal rights of all the individuals and also affirms the right to health and well-being. Similarly, the International Covenant on Economic, Social and Cultural Rights (ICESCR) guarantees the right to the highest attainable standard of physical and mental health, including the conditions necessary for dignified living and well-being. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) imposes an obligation upon states to eliminate discrimination occurring against women in healthcare, employment, education, and social life. The Sustainable Development Goals (SDGs), especially goals 3, 5, 6, and 8, relate to health, gender equality, sanitation, and decent work, and indirectly reinforce the obligation of states to address menstrual health barriers through inclusive public policy and institutional reforms.

One of the earliest attempts to recognise menstrual leave emerged in post-Revolutionary Russia during the early twentieth century. The modern history of menstrual leave is closely linked with Japan, where labour unions in the 1920s began demanding menstrual leave for female workers who were employed in physically demanding industrial sectors. Japan introduced menstrual leave under Article 68 of the Labour Standards Law of 1947, making it one of the first countries to legally recognise menstruation within the labour policy.

After Japan, several other countries incorporated menstrual leave within their labour policy. South Korea provides for menstrual leave under its Labour Standards Act. Indonesia also provides menstrual leave under its labour laws. Taiwan's Act of Gender Equality in Employment also grant menstrual leave separately from ordinary sick leave. Spain became the first European country to formally introduce paid menstrual leave through state legislation in recent years. Zambia has also adopted "Mother's Day," an approach permitting women employees to take menstrual leave without requiring prior medical certification.

Constitutional Framework: Menstrual Health, Dignity, and Substantive Equality in India

The constitutional vision mentioned within the Preamble forms the foundation for menstrual justice in India. The Preamble guarantees justice in the form of social, economic, and political justice alongside equality of status and opportunity and preservation of individual dignity.

The principle of equality under Article 14 is one of the important constitutional foundations which supports gender sensitive workplace accommodation. Contemporary constitutional jurisprudence recognises that the identical treatment in unequal circumstances perpetuate structural disadvantage. The constitutional legitimacy of this accommodation is also reinforced through Article 15(3), which empowers the States to enact special provisions for women and children.

The constitutional importance of menstrual health has acquired a greater position by expanding the interpretation of Article 21 of the Constitution of India. The Supreme Court has repeatedly emphasised that the right to life does not merely signify existence like animals but also includes conditions which are necessary for living with dignity, self-respect, and physical and mental well-being.

The constitutional guarantee of health under Article 21 of the Constitution of India strengthens the normative basis for menstrual accommodation in workplaces. The Indian constitution has repeatedly recognised that the right to life includes the right to health, reproductive well-being, and conditions necessary for preserving physical and mental dignity. Menstrual health forms an important part of reproductive health because the absence of adequate workplace accommodation compels women to continue to work despite severe physical discomfort, fatigue, or menstrual disorders.

This constitutional interpretation became significant in *Dr. Jaya Thakur v. Union of India* (2026), where the Supreme Court recognised that menstrual health is an intrinsic part of the right to life and dignity under Article 21 of the Constitution of India. The Court also observed that denial of menstrual hygiene facilities, privacy, and reproductive health support affects dignity, education, equality, and meaningful participation in public life. The Court also linked menstrual health with bodily integrity and decisional privacy, observing that menstruation is an intimate biological process that requires the conditions of dignity, safety, hygiene, and privacy.

The constitutional relationship between menstrual health and privacy also deserves attention. The right to privacy is a fundamental right recognised under Article 21 of the Constitution in *K.S. Puttaswamy v. Union of India* (2017), which provides an important protection against institutional

practices that compromise with the integrity of the body and reproductive autonomy.

The constitutional framework also derives its support from the Directive Principles of State Policy, under Article 42, which directs the State to ensure just and humane conditions of work and maternity relief. Even though it is non-justiciable, Directive Principles still remain an important aspect of constitutional governance and guide the interpretation of fundamental rights and labour policy.

Judicial Developments and the Evolution of Feminist Constitutional Jurisprudence in India

One of the earliest constitutional interventions addressing gender discrimination in employment structure emerged in *C.B. Muthamma v. Union of India* (1979), where the Supreme Court of India examined the discriminatory service conditions imposed on women in public employment. The Court also criticised institutional practices rooted in patriarchal assumptions and emphasised that constitutional equality could not coexist with workplace structures treating women as secondary participants within professional life.

Similarly, in *Air India v. Nergesh Meerza* (1981), the Supreme Court of India struck down the discriminatory services regulation imposing termination upon air hostesses on grounds of pregnancy and marriage. The Court emphasised that the pregnancy constitutes a natural biological process, therefore it is not a legitimate ground for professional exclusion.

The recognition of privacy as a fundamental right in *K.S. Puttaswamy v. Union of India* (2017) strengthened the constitutional protection of bodily autonomy and decisional privacy which is directly linked to menstrual health governance.

A major constitutional development emerged in *Dr. Jaya Thakur v. Union of India* (2026), where the Supreme Court of India explicitly recognised menstrual health as an intrinsic part of the right to life and personal liberty under Article 21 of the Constitution. This judgment hence marks a revolutionary moment because it elevated the menstrual health concern from the sphere of welfare policy into the domain of enforceable constitutional rights.

Judicial developments related to labour dignity and bodily autonomy reinforce the constitutional trajectory. In *State of Jharkhand v. Shailendra Kumar Rai* (2022), the Supreme Court of India rejected invasive and patriarchal practices like the two-finger test, reflecting the increasing commitment of the judiciary towards recognising bodily dignity and gender sensitive constitutional interpretation.

Statutory Framework, State Policies, and Corporate Initiatives on Menstrual Leave in India

India lacks a comprehensive national legislation to govern menstrual leave and workplace menstrual accommodation. The existing statutory framework governing the reproductive rights of women within employment has been mentioned in the Maternity Benefit Act, 1961, and the Occupational Safety, Health and Working Conditions Code, 2020, and both the legislations do not specifically recognise menstruation related concern as part of workplace health accommodation.

In India, Bihar was the first state where the State Government introduced menstrual leave for women employees on 2 January 1992, granting two consecutive days of special casual leave per month to all women government employees. Although the Bihar model received

limited national attention for many years, it still remains historically significant because it represents one of the earliest governmental recognitions of menstruation as a legitimate workplace concern in India.

Recently, in a landmark decision on 9 October 2025, the Karnataka Cabinet approved the Karnataka Menstrual Leave Policy, 2025, making it first Indian state to mandate paid menstrual leave in both public and private sectors. The Karnataka High Court, in *Chandravva Hanamant Gokavi v. State of Karnataka and Ors* (2026), directed strict and faithful implementation of the Policy, confirming its constitutional validity under Articles 15(3), 39(e), and 42 of the Constitution.

Other Indian states have also initiated measures recognising menstrual health concerns. Kerala introduced menstrual leave for female students in higher educational institutions. The Supreme Court of India, in *Shailendra Mani Tripathi v. Union of India* (2024), had earlier described mandatory menstrual leave as a policy matter, refraining from issuing binding directions. But the trajectory changed decisively with the judgment of *Dr. Jaya Thakur v. Union of India* in 2026.

The private corporate sector has increasingly emerged as an important site for menstrual leave experimentation in India. Zomato introduced paid menstrual leave for women and transgender employees in August 2020, which allows up to 10 days of paid period leave per year. Other organisations i.e, BYJU'S and Swiggy, likewise adopted menstrual leave policy, reflecting the increasing recognition that employee productivity and organisational efficiency are closely interconnected with workplace dignity and institutional inclusivity.

Menstrual Health, Informal Labour, and Structural Exploitation: The Beed Uterus-Removal Crisis

One of the most disturbing examples of structural exploitation emerging through the uterus-removal crisis in female sugarcane workers in Beed district of Maharashtra. Reports and investigations revealed that a significant number of women labourers underwent hysterectomies in young age under coercive socio-economic conditions, which is linked to exploitative labour practices prevailing within the sugarcane industry.

A government-commissioned inquiry in 2019, which was chaired by Dr Neelam Gorhe, Deputy Chairperson of the Maharashtra Legislative Council, reported that out of 82,309 women sugarcane workers surveyed in Beed, around 13,861 had undergone hysterectomies, at a rate of 36 per cent compared with a national average of approximately 3 per cent. A 2024 health department report revealed that 843 women from Beed allegedly underwent hysterectomies before migrating for seasonal agricultural work, with 477 of these women aged between 30 and 35, which is an unusual age for such a procedure.

The crisis exposed the brutal consequences of labour systems that prioritise productivity and ignore the reproductive health realities of women. Many women underwent uterus-removal surgery because the absence due to menstruation affected their ability to satisfy the rigid labour expectations imposed by contractors. Researchers have also estimated that approximately 4,605 women in Beed were forced for hysterectomy between 2016 and 2019. From a constitutional perspective, the Beed uterus-removal crisis raises serious concerns with dignity, bodily integrity,

reproductive autonomy, and humane working conditions under Articles 14, 21, and 42 of the Constitution. Reproductive autonomy loses its meaning as economic vulnerability forces women into medical decisions due to labour exploitation rather than an informed and voluntary choice.

Cultural Perspectives, Menstrual Stigma, and the Politics of Social Perception

Historically, several indigenous traditions and spiritual practices in the Indian subcontinent recognised menstruation as a natural and sacred part of fertility, regeneration, and feminine power. The Ambubachi Mela, which is celebrated annually at Kamakhya Temple in Guwahati, Assam. It is associated with the symbolic menstruation of Goddess Kamakhya and is widely called the celebration of feminine energy, fertility, and reproductive power. During the festival, the temple remains closed for several days to signify the menstrual phase of the deity, after which the devotees participate in rituals recognising the regenerative and sacred aspects of womanhood.

The existence of such a tradition reveals a significant socio-cultural contradiction in contemporary India. While menstruation occupies a sacred space in certain religious and cultural narratives, menstruating women in social life continue to face exclusionary practices and institutional neglect. Young girls frequently experience shame, embarrassment, and confusion relating to menstruation due to inadequate awareness and the absence of open discussion within families, schools, and public institutions.

The contemporary stigma related to menstruation reflects broader patriarchal and colonial influences that transformed the bodies of women into the sites of social regulation and control. The constitutional significance of menstrual stigma, therefore, extends beyond the question of cultural practice and enters the domain of dignity, equality, and democratic participation, as social stigma restricts women's ability to participate equally within educational institutions, workplaces, and public life.

Critiques, Concerns, and the Debate between Formal Equality and Substantive Accommodation

One of the most important criticisms given against the menstrual leave policy is regarding the possibility of reinforcing gender stereotypes. Critics argue that providing leave based on menstruation may strengthen patriarchal assumptions, which can portray women as biologically weaker, emotionally unstable, or professionally less productive than men. Such perceptions may indirectly contribute to the discriminatory hiring practices, wage disparities, and reduced professional opportunities for women within the competitive private-sector employment environments.

However, the argument that the menstrual leave reinforces stereotypes must itself be critically evaluated in the framework of substantive equality. Constitutional equality does not deny the biological reality just to preserve a neutral environment. The constitutional principle of substantive equality also establishes that differential treatment is sometimes necessary to remedy a structural disadvantage and ensure meaningful participation. Similar constitutional logic already underlies maternity protections, workplace safety measures, disability accommodations, and other forms of health-sensitive labour regulation.

Privacy concerns also form an important aspect of the menstrual leave debate. Menstruation constitutes an intimate biological process that is closely connected with bodily autonomy and personal dignity, protected under Article 21 of the Constitution. Critics also call that the formal menstrual leave system may require women to disclose sensitive reproductive information to employers, supervisors, or institutions to justify leave entitlements, potentially compromising privacy and exposing women to workplace bias.

The debate surrounding menstrual leave reflects a deeper constitutional and socio-legal question as to how society should respond to biological differences within frameworks committed to equality and non-discrimination. Formal equality approaches emphasise identical treatment irrespective of any difference, whereas substantive equality frameworks recognise that the neutrality may itself perpetuate structural exclusion where social institutions fail to account for unequal realities.

Towards A Comprehensive Menstrual Justice Framework: Recommendations and Conclusion

The evolving discourse surrounding menstrual health in India demonstrates significant constitutional and socio-legal transformation in gender justice, workplace equality, reproductive dignity, and labour rights. International developments also reveal a growing global recognition of menstrual health as an issue involving human rights, public health, workplace dignity, and gender sensitive governance. Comparative experiences from countries such as Japan, Spain, Indonesia, South Korea, Zambia, and Taiwan explain that menstrual accommodation policies are neither unprecedented nor incompatible with modern labour systems.

In India, the constitutional framework increasingly supports the recognition of menstrual health as part of substantive equality and dignified existence under Articles 14, 15(3), 21, and 42 of the Constitution.

At the same time, the socio-economic reality of women workers in India demonstrates that menstrual justice cannot remain limited to formal workplaces or urban corporate policies alone. The Beed uterus-removal crisis involving female sugarcane workers exposed the devastating consequences of labour systems operating without reproductive accommodation, healthcare support, or workplace dignity.

India requires a comprehensive and uniform menstrual justice framework capable of integrating constitutional values with practical institutional reform. The present fragmented system is dependent upon isolated state initiatives by Bihar's 1992 policy and Karnataka's landmark 2025 Policy, judicial developments, and voluntary corporate policies, which create inconsistent protection and unequal access to reproductive accommodation.

The tension between historical cultural reverence, reflected in traditions such as the Ambubachi Mela and contemporary social stigma surrounding menstruation reflects a larger challenge in Indian society and the need to reconcile with the symbolic recognition of feminine power with the lived constitutional reality of dignity, equality, and bodily autonomy for women.

Ultimately, menstrual justice should not be understood merely as a question of leave entitlement or welfare policy; rather, it also represents a constitutional and socio-legal commitment towards dignity, bodily autonomy,

reproductive justice, humane labour conditions, and inclusive citizenship. A truly transformative constitutional order must ensure that women are not compelled to choose between professional participation, physical well-being, and the constitution

References

1. *Air India Etc v Nergesh Meerza & Ors* (1981) 4 SCC 335; AIR 1981 SC 1829 (Supreme Court of India, 28 August 1981) (per Fazal Ali J, striking down regulation mandating termination of air hostesses upon first pregnancy as unconstitutional under arts 14, 15, and 16).
2. Ambubachi Mela, Kamakhya Temple, Guwahati, Assam (n 69); Sentinel Assam (n 69).
3. Arundati Roy, Kaveri Haritas and others, 'Menstrual Health and Hygiene in India: Policy Landscape and Gaps' (UNICEF India 2020); Dasra, 'Spot On! Improving Access to Menstrual Health and Hygiene in India' (Dasra 2014) 7–11
4. BehanBox, 'Why Women Sugarcane Cutters of Maharashtra Seek Needless Hysterectomies' (November 2023)
5. Bihar Government Order (n 55); Onmanorama (n 59).
6. Bihar Government Order dated 2 January 1992 (granting two consecutive days of special casual leave per month to women regular government employees). See Feminism in India, 'Paid Menstrual Leaves: Why Upper-Caste Leaders Ignore Lalu Prasad Yadav's 1992 Policy' (30 May 2022)
7. British Safety Council India (n 13); More to Her Story (n 89); BehanBox, 'Why Women Sugarcane Cutters of Maharashtra Seek Needless Hysterectomies' (November 2023)
8. *C B Muthamma v Union of India* (1979) 4 SCC 260; AIR 1979 SC 1868 (Supreme Court of India, 17 September 1979) (per Krishna Iyer J, condemning sex prejudice embedded in service rules as incompatible with arts 14 and 16 of the Constitution).
9. CEDAW (n 5) arts 11, 12.
10. CEDAW (n 5); ICESCR (n 27); SDGs (n 29).
11. *Chandravva Hanamant Gokavi v State of Karnataka and Ors* (Karnataka High Court, 2026).
12. DLA Piper GENIE, 'Karnataka High Court Mandates Strict Enforcement of Menstrual Leave Policy' (2026)
13. DLA Piper GENIE, 'Karnataka Introduces Menstrual Leave Policy 2025 for All Sectors' (24 October 2025)
14. DLA Piper GENIE, 'Karnataka Introduces Menstrual Leave Policy 2025 for All Sectors' (24 October 2025)
15. *Dr Jaya Thakur v Union of India* (n 2). See LiveLaw, 'Menstrual Health Fundamental Right Under Article 21' (30 January 2026)
16. *Dr Jaya Thakur v Union of India*, 2026 INSC 97 (n 2). *Dr Jaya Thakur v Union of India* (n 2). Supreme Court Observer, 'Menstrual Health as a Facet of Right to Life' (30 January 2026)
17. *Dr Jaya Thakur v Union of India*, 2026 INSC 97 (n 2); *Chandravva Hanamant Gokavi v State of Karnataka*, 2026 SCC OnLine Kar 2479 (n 58).
18. Dr Neelam Gorhe Committee Report (Maharashtra Legislative Council, 2019) (n 18); BehanBox (n 63).
19. *EP Royappa v State of Tamil Nadu* (1974) 4 SCC 3.
20. Europe-Asia Studies 1409; Izumi Nakayama, 'Periodic Struggles: Menstruation Leave in Modern Japan' (PhD thesis, Harvard University 2007).

21. ILO Convention No 111 (Discrimination (Employment and Occupation) Convention, 1958); ILO, 'Decent Work and the Sustainable Development Agenda' (ILO 2016).
22. India Today NE, 'A Divine Menstruation: Inside the Sacred Ritual of Ambubachi Mela in Kamakhya Temple' (17 June 2024)
23. Indonesian Law No 13 of 2003 (Manpower Law), art 81 (n 8).
24. Indonesian Law No 13 of 2003 (Manpower Law), art 81 (providing two days of menstrual leave per month for female workers experiencing menstrual pain on the first and second days of menstruation). See *The Modern Hypatia* (n 8).
25. International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3, art 12.
26. International Labour Organisation, *Care at Work: Investing in Care Leave and Services for a More Gender Equal World of Work* (ILO, Geneva, 2022)
27. Japan Labour Standards Act (n 6), art 68.
28. Japan Labour Standards Act (n 6), art 68.
29. Japan Labour Standards Act (n 6); Korean Labour Standards Act (n 9); Spain Organic Law 1/2023 (n 7); Indonesia Law No 13 of 2003 (n 8); Taiwan Act of Gender Equality in Employment (n 11); Zambia Employment Code Act 2019 (n 10).
30. *K S Puttaswamy (Retd) v Union of India* (2017) 10 SCC 1 (nine-judge bench recognising privacy as a fundamental right under art 21).
31. Karnataka Menstrual Leave Policy (n 1).
32. Karnataka Menstrual Leave Policy (n 1); Sarthak Law, 'ESG Update: The Karnataka Menstrual Leave Policy 2025' (24 November 2025)
33. Karnataka Menstrual Leave Policy, 2025, Government Order dated 20 November 2025, Department of Labour and Employment, Government of Karnataka (Cabinet approval 9 October 2025, Government Order notified 20 November 2025, extended to government employees 2 December 2025).
34. Korean Labour Standards Act, art 73 (as amended) (providing one day of menstrual leave per month; the leave is technically unpaid unless otherwise agreed by the employer). See *Global Woman Leader* (n 9).
35. Korean Labour Standards Act, art 73 (n 9); *Global Woman Leader* (n 9).
36. *Maneka Gandhi v Union of India* AIR 1978 SC 597 (expanding art 21 to include procedural fairness and dignity).
37. Maternity Benefit Act 1961 (India).
38. Melanie Ilic, 'Soviet Women Workers and Menstruation: A Research Note on Labour Protection in the 1920s and 1930s' (1994) 46(8)
39. Occupational Safety, Health and Working Conditions Code 2020 (India).
40. Sentinel Assam (n 14); India Today NE (n 20). See also Kamakhya Temple Trust publications on the Ambubachi Mela, Guwahati, Assam (widely documented by state and temple authorities as an annual celebration of the goddess Kamakhya's menstruation cycle).
41. Sentinel Assam, 'Ambubachi Mela: Celebrating the Divine Feminine and Assam's Rich Cultural Legacy' (26 December 2024)
42. *Shailendra Mani Tripathi v Union of India*, WP(C) No 327/2024 (Supreme Court of India, 2024) (the Court described menstrual leave as a 'policy matter' and declined to issue mandatory directions).
43. Spain Organic Law 1/2023 (n 7); *Lockton Global Benefits* (n 7).
44. Spain Organic Law 1/2023 of 28 February 2023, amending Organic Law 2/2010 on Sexual and Reproductive Health, in force from 1 June 2023 (recognising 'secondary incapacitating menstruation' as grounds for state-funded temporary sick leave, requiring medical certification). See *Lockton Global Benefits* (n 7).
45. *State of West Bengal v Anwar Ali Sarkar* AIR 1952 SC 75;
46. Storyboard18, 'From Free Pads to Paid Leave: India's Most Period-Friendly Workplaces' (10 October 2025)
47. Taiwan Act of Gender Equality in Employment, art 14 (granting female employees three days of menstrual leave per year, separate from ordinary sick leave, with half-pay entitlement). See *Global Woman Leader* (n 9).
48. Taiwan Act of Gender Equality in Employment, art 14 (n 11).
49. The Constitution of India, art 14 (Right to Equality).
50. The Constitution of India, art 15(3) (Special provisions for women and children).
51. The Constitution of India, art 21 (Protection of Life and Personal Liberty).
52. The Constitution of India, art 42 (Directive Principles of State Policy: just and humane conditions of work and maternity relief).
53. The Constitution of India, articles 14, 15(3), 21, 42; *Dr Jaya Thakur v Union of India* (n 2).
54. The constitutional validity of maternity protections as accommodations recognising biological difference was upheld in *Municipal Corporation of Delhi v Female Workers (Muster Roll) (2000) 3 SCC 224* (Supreme Court of India).
55. *The State of Jharkhand v Shailendra Kumar Rai @ Pandav Rai* (2022) 14 SCC 299; 2022 SCC Online SC 1494 (Supreme Court of India, 31 October 2022)
56. UN General Assembly, *Transforming Our World: The 2030 Agenda for Sustainable Development* (adopted 25 September 2015) UNGA Res 70/1, Goals 3, 5, 6, 8.
57. UN Women, 'Facts and Figures: Economic Empowerment' (UN Women 2023); UNICEF, 'Guidance on Menstrual Health and Hygiene' (UNICEF 2019).
58. Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217A(III), arts 1, 3, 25.
59. World Health Organisation, 'Constitution' (WHO 1946); UNICEF, 'Menstrual Hygiene Management in Schools' (UNICEF 2019) 3–5.
60. World Health Organisation, 'Menstrual Hygiene' (WHO Fact Sheet, updated 2023)
61. Zambia Employment Code Act 2019, s 54(2) (commonly referred to as 'Mother's Day', permitting women employees to take one day of menstrual leave per month without prior medical certification or disclosure of reasons). See *The Modern Hypatia* (n 8).
62. Zambia Employment Code Act 2019, s 54(2) (n 10).
63. Zomato period leave policy (August 2020): allowing up to 10 days of paid period leave per year to women and transgender employees. See Al Jazeera, 'Zomato's Period Leave Policy Triggers Debate Among Indian Women' (12 August 2020)