

GENDERED PERSPECTIVES ON MENSTRUAL POLICIES IN THE WORKPLACE



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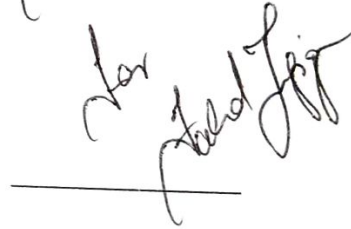
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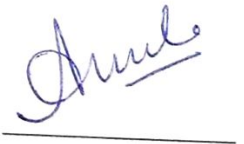
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At any time if my statement is found to be incorrect even after my Graduation the university has the right to withdraw my MPhil degree.

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Finally, to every woman who's ever powered through a meeting, a deadline, or a long day while quietly battling menstrual pain, this thesis is a small nod to your strength and the policies we deserve.

ABSTRACT

This thesis investigates the need for menstrual policies in Pakistan's corporate sector. Despite menstruation being a natural process that affects women, it is an issue that has largely been unaddressed in policy making within Pakistan's legal system. Not only this but menstruation remains absent from corporate sector policies at large. This study explores the issue of menstruation by examining the perspectives of both female and male employees towards menstruation and related workplace policies.

The study is guided by the theoretical framework of Feminist Standpoint Theory (FST), which places value on the lived experiences of marginalized women, particularly women, in shaping policies. By grounding the study in this framework, the study aims to elevate the voices of menstruating women in the workplace and identify their needs in regards to it.

Drawing on a sample of 15 participants and using qualitative method of enquiry, the research identifies several major themes such as the absence of designated menstrual leave, the physical and emotional toll of menstruation, and the stigma surrounding menstruation in male-dominated workplaces. The findings of the study reveal that female participants almost unanimously agree on the necessity of a menstrual policy. While male participants acknowledge the necessity of such a policy, some still object to it due to cultural stigma and perceived issues of inequity.

The study's main recommendations include implementing policies for menstrual leaves, offering flexible work arrangements, such as hybrid work options, allocating rest areas for women, and requiring sensitivity training for staff members in order to reduce the stigma associated with menstruation. In order for them to support these policies, the study also emphasizes the necessity of having more women in leadership positions in business decision-making.

Keywords: menstrual leaves, corporate sector, employee well-being, workplace policies, managerial support, gender inclusivity, organizational culture, employee challenges, leave policy, societal taboos

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LIST OF ABBREVIATIONS

| | |
|--------|---|
| FGD | Focus Group Discussion |
| FST | Food Safety Team (<i>please confirm for your context</i>) |
| HR | Human Resources |
| PCOS | Polycystic Ovarian Syndrome |
| PMDD | Premenstrual Dysphoric Disorder |
| SOP | Statement of Problem |
| UNFPA | United Nations Population Fund |
| UNICEF | United Nations International Children's Emergency Fund |
| WASH | Water, Sanitation, and Hygiene |

CHAPTER 1: INTRODUCTION

Every woman of reproductive age experiences the biological phenomenon known as menstruation. In Pakistan as well as in workplaces around the world, it is still stigmatized. Menstruation and reproductive health are not integrated into most, if not all, workplace policies, despite the fact that they are universal experiences for all women that impact their well-being, productivity, and health. This research seeks to understand the lived realities of women's experiences with menstruation and the associated demand for a separate menstrual policy in the corporate sector of Pakistan.

The biological process of menstruation occurs in all women of reproductive age but remains one of the most neglected and stigmatized issues in various working environments across the world including Pakistan. Workplace policies frequently ignore menstrual health despite its direct impact on women's health and productivity and overall well-being. This study aims to examine the necessity of menstrual policies in the corporate sector in Pakistan, which is an unexplored area of interest in the country in relation to the subject of employment.

The study considers the views of both female and male employees to understand perceptions of menstruation in the workplace. Using qualitative semi-structured interviews involving 14 participants, the study examines how societal taboos, gendered perceptions, and the physical and emotional impacts of menstruation affect women's performance at work and their ability to manage menstruation at the workplace. The study draws on the theoretical underpinnings of the Feminist Standpoint Theory (FST) to emphasize on the need to integrate the views of marginalized groups, in this particular case, menstruating women, in to the formulation of workplace policies.

This research addresses critical questions regarding the potential benefits of menstrual policies and the challenges involved in implementing such policies within a male-dominated corporate structure. It contributes to a growing body of literature on gender equity and workplace inclusivity, advocating for policies that not only support women's health but also promote a more equitable and productive work environment.

1.1. Research Problem and Objectives

1.1.1 Statement of the Problem (SoP)

Women face a myriad of challenges due to menstruation along the physical, social, and emotional domains (Hashimy, 2022). These include pain, exhaustion, emotional stress, and social pressures to hide their menstrual cycles (Hashimy, 2024). These impacts spillover into the workplace, especially due to the lack of supportive employment rules, restricted access to menstrual health resources, and the anxiety of being seen as less capable or professional (Yu, 2024).

Despite the growing global recognition of menstrual policies as a workplace accommodation, menstruation remains largely unaddressed in most Pakistani workplaces. While existing research in other countries suggests that workplace menstrual policies can enhance productivity, reduce absenteeism, and promote gender inclusivity, such research is limited in Pakistan (Hashimy, 2022). This gap in understanding both the need for workplace menstrual policies and acceptance of such policies presents a critical issue that requires further exploration. This research aims to address this gap by investigating the necessity of a menstrual policy in Pakistan's corporate sector, exploring the factors that drive this need, and examining opinions of such a policy.

However, the absence of formal menstrual policies cannot be examined in isolation from the socio-cultural and institutional context in which Pakistani workplaces operate. Menstruation

remains a stigmatized and privately managed experience, and organizational responses are shaped by cultural norms, gender dynamics, and perceptions of professionalism. Within such a context, it is not self-evident that formal policy intervention represents the only or most feasible response. Workplace awareness, informal accommodations, flexible practices, and broader shifts in organizational culture may also influence menstrual well-being and productivity. Accordingly, this research does not presume policy adoption as a predetermined solution; rather, it seeks to critically examine whether female employees express a demand for workplace menstrual policies and to understand the factors shaping their perceived necessity and acceptability within Pakistan's corporate sector.

1.1.2 Research Problem

Based on the narrative of SoP as stated in the preceding text, I am narrowing my research problem into “Gendered Perspectives on Menstrual Policies in the Workplace” and have operationalized my topic into following research questions and objectives.

1.1.3. Research Questions

1. Is there a demand for workplace menstrual policies among female employees in Pakistan's corporate sector?
2. What factors (physical, productivity, well-being, social stigma, etc.) shape the demand for workplace menstrual policies among female employees in Pakistan?
3. How do the views of male and female employees differ regarding workplace menstrual policies in Pakistan's corporate sector?

1.1.4. Objectives of the Research

1. To explore women's lived experiences with menstruation in the workplace.
2. To assess the demand for workplace menstrual policies in Pakistan.

3. To compare male and female opinions on workplace menstrual policies in Pakistan's corporate sector.

1.2. Key Concepts

Menstruation

- **Theoretical Definition:** Menstruation refers to the cyclical process in which women of reproductive age experience bleeding due to the shedding of the uterine lining (Critchley et al, 2020).
- **Operational Definition:** The main subject of this research is menstruation because it stands as a crucial element which impacts women's workplace wellbeing.

Workplace Menstrual Policy

- **Theoretical Definition:** Workplace menstrual policies represent formal organizational rules which establish practices to support menstruating employees according to Fry et al. (2022). The policies may include menstrual leave provisions together with menstrual management accommodations and workplace policies that support inclusive practices. The policies work to enhance employee health and productivity and gender equality through workplace recognition of menstruation as a valid work consideration.
- **Operational Definition:** The study defines Workplace Menstrual Policy as proposed corporate sector regulations for Pakistan. The policy includes both menstrual leave benefits and accommodations for symptom management through flexible work schedules and rest areas. The research investigates both the necessity of such a policy and employee reactions to its implementation.

Female Employees

- **Theoretical Definition:** Female employees are defined as women in the workforce.
- **Operational Definition:** Women in Pakistan's formal labor force and those employed in the corporate sector will be referred to as "female employees."

Well-Being

- **Theoretical Definition:** Theoretically, well-being considers a person's mental, emotional, and physical health in order to assess their overall health (de Oliveira et al., 2023; Top et al., 2015).
- **Operational Definition:** In this study, menstrual well-being will be used to define well-being, with an emphasis on the resources available to address the effects of menstruation on women.

Demand for Workplace Menstrual Policies

- **Theoretical Definition:** Workplace menstrual policy demand refers to workers' desire for specific relaxations or rules with regards to menstruation. These include provisions such as menstrual leaves and work flexibility and are influenced by experiences, organization culture, and broader social and cultural attitudes toward gender and health.
- **Operational Definition:** Within the context of this study, the demand for workplace menstrual policies will be understood as the degree to which women in Pakistan's corporate sector express the need for specific workplace accommodations associated with menstruation. The study will evaluate contributing factors for the demand such as physical discomfort, productivity issues, and inclusivity in the workplace.

Opinion on Workplace Menstrual Policies

- **Theoretical Definition:** Opinion on workplace menstrual policies refers to the individual or collective position or opinion of employees towards the significance, applicability, and efficacy of workplace menstrual policies. Opinions can differ depending on individual experiences, social attitudes, and workplace culture and affect the general acceptability or unacceptability of such gender-sensitive policies.
- **Operational Definition:** Within the context of the study, opinion will refer to the views held by male and female employees within the corporate sector of Pakistan toward the need to have menstrual policies in the workplace. This includes their thoughts on the practicality and benefits of such policies as well as their evaluations of how they affect workplace dynamics, productivity, and gender equality.

CHAPTER 2: LITERATURE REVIEW

2.1. Methodological Literature Review

Research methods involving studies on menstruation vary based on research purpose and include quantitative, mixed methods, and qualitative approaches. Quantitative research quantifies generalizations, while qualitative interpretation focuses on depth and context.

2.1.1 Overview of Research Approaches

2.1.1.1 Quantitative Research Methods

Quantitative research methods have been used to study menstruation across multiple domains such as public health, education, and the workplace. Quantitative research usually assumes the use of enormous-scale survey analysis, biomedical indicators, and statistical modelling to measure and evaluate phenomena on the population level. To illustrate, Kuhlmann et al. (2021) gathered data at the national level to examine the period poverty prevalence rates and access to menstrual products availability across social demographics using cross-sectional surveys. Sommer et al. (2015) and Das et al. (2015) also used the cross-sectional surveys in other studies to evaluate menstrual hygiene management and how it has an influence on the school attendance of adolescent girls in low-income set-ups.

Quantitative studies can be effectively used in the identification of overall trends and variations, which explains why they can become rather useful when it comes to policy-making and resource use (Hennegan et al., 2019). Among the strengths of quantitative researches, the possibility to generalize the results to the prevailing population is noted in the cases where the sample population is representative of a larger population, which allows measuring prevalence, risk factors and correlation data between menstrual health and other factors (Patton, 2015). In addition, measurement consistency across populations is also achievable because the findings

can be extrapolated easily as a result of the adoption of standardized tools (Creswell & Creswell, 2018).

Nevertheless, one of the main shortcomings of quantitative methods is that they tend to simplify complicated and lived experiences to numerical variables, which can be inaccurate in accurately representing the sociocultural meaning, taboos, and institutional silences that encompass menstruation (Mahon & Fernandes, 2010; Sommer et al., 2016). Such approaches typically, do not have the potential to document the nuanced manner in which culture, gender norms, and power relationships shape the lived experienced of complex phenomena such as menstruation (Hennegan & Montgomery, 2016). In addition, quantitative dependence on self-reports or biomedical measures can be influenced by stigma and underreporting particularly in a conservative setting where menstruation is still a topic of taboo (Crofts & Fisher, 2012). Therefore, although quantitative research can be highly effective when undertaken to estimate the extent and prevalence of any phenomena, it lacks the coverage of the lived experiences and institutional processes that qualitative research can illuminate upon (Winkler & Roaf, 2015).

2.1.1.2 Mixed Methods

Mixed methods research tries to close this gap by combining quantitative and qualitative methods in one study or research design. In such a way, this method adds the statistical scope of quantitative research to the narrative depth of qualitative research and allows for the understanding of complex phenomena more comprehensively (Creswell, 2014). As an example, Sommer et al. (2016) used a mixed-methods study design to explore adolescent menstrual health in low-and middle-income countries combining cross-sectional survey results and qualitative interviews. They used cross-sectional survey data with qualitative interviews in order to

triangulate their data and improve the validity and reliability of their research (Johnson & Onwuegbuzie, 2004).

When research questions require both statistical generalizability and contextual detail, mixed methods work best (Tashakkori & Teddlie, 2010). With this method, quantitative data can be informed by qualitative data and vice versa. Nevertheless, mixed methods research can be very time- and resource-intensive, necessitating that researcher have knowledge of a variety of research techniques (Creswell & Plano Clark, 2018). The integration of qualitative and quantitative elements is one of the most obvious challenges; in reality, qualitative data frequently plays a supporting role and is only used for explanatory or supplemental purposes, which limits its potential influence on the study's conclusions (Plano Clark & Ivankova, 2015). Additionally, when working with a sensitive population or subject, mixed methods studies may necessitate larger sample sizes and multiple data collection stages, which can present logistical challenges (Palinkas et al., 2011).

Despite these challenges, mixed methods are appropriate in research involving several levels of analysis, such as testing the magnitude of menstrual hygiene challenges and also examining the socio-cultural barriers and the institutional responses (Bowleg, 2012). This makes them especially useful in program evaluation or in policy research contexts (Ivankova et al., 2006).

2.1.1.3 Qualitative Research Methods

Qualitative research involves describing and interpreting social phenomena through detailed descriptions and interpretations. Some of the common qualitative research tools used by researchers include in-depth interviews, focus groups, ethnography, and document analysis (Denzin & Lincoln, 2011). Qualitative research is flexible in nature and allows researchers to

explore the meanings, experiences, and power relations which may shape complex experiences such as menstruation through the identification of new themes (Denzin & Lincoln, 2011).

One of the biggest advantages of qualitative research is that it allows researchers to study the lived experiences of participants in detail without any of the generalizations that are typically associated with quantitative research. As such, qualitative research methods can be effective in understanding how specific organizational and cultural contexts affect how menstruators manage menstruation by focusing on the deeper and sometime hidden meaning behind the collected data (Charmaz, 2014).

Nevertheless, the results obtained under qualitative research are usually narrow and not statistically signifiabile, and therefore fail to be applicable to larger populations (Maxwell, 2013). Also, qualitative research is a method that demands severe attention to researcher reflexivity and ethical concerns, considering the sensitivity of the topic (Berger, 2015). Data collection and analysis activities may prove to be both time-consuming and reliant upon the development of trust between the researcher and the participants and this is particularly important when exploring topics which are commonly subject to stigma (Oakley, 1981). Notwithstanding such limitations, qualitative approaches play a vital role in delving further into the socio-cultural, institutional aspects of menstruation and addressing the problem of gender and power critically (Hennegan et al., 2019).

Altogether, quantitative approaches have significant strengths in terms of the scale of assessing menstrual health problems, the focus on quantitative numbers limits researchers and practitioners in addressing the complexity of social phenomena (Hennegan & Montgomery, 2016). Mixed methods try to fill that gap, but sometimes end up treating qualitative data more like an afterthought, without fully engaging with people's lived experiences (Plano Clark & Ivankova,

2015). Menstrual experience research is therefore best served by qualitative approaches which allow for interpretive richness and sensitivity to context (Charmaz, 2014). This further renders qualitative research a suitable method to examine menstrual invisibility and management in workplaces, especially in contexts such as Pakistan, where the cultural practices and policy limitations produce a distinct challenging situation (Nasrullah et al., 2013; Malik et al., 2018). Therefore, these overlapping biological, cultural, and institutional factors underscore the need for a research methodology that can investigate the complex nature of menstruation and how it is influenced by intersecting gender and power systems

2.1.2. Overview of Qualitative Methodologies

Different research methodologies offer different ways to examine the menstrual experience in qualitative studies. They are the following:

- Phenomenology seeks to uncover the essence of lived experience. It is often used to understand subjective phenomena such as bodily discomfort, pain, or shame (Smith et al., 2009). While powerful in capturing deeply personal experiences, phenomenological studies may not always engage with the wider institutional or cultural discourses that shape those experiences.
- Ethnography emphasizes immersive observation and participation. It has been employed to study menstrual practices in schools, rural communities, and informal settlements (e.g., Gundi & Subramanyam, 2021). However, ethnographic research within professional workplace settings can be constrained by issues of access, confidentiality, and time, especially in private or formal sectors.
- Grounded Theory is focused on building theory inductively from data (Glaser & Strauss, 1967). While useful for theory generation, the iterative coding and constant comparison

model may be less suited to research aimed at interrogating institutional silence or critically engaging with pre-existing frameworks.

- Case study methodologies provide detailed, context-rich analyses of specific institutions, sectors, or events. They are often employed in organizational research and offer insight into specific environments (Yin, 2018). However, case studies may limit the breadth of participant voices and be less adaptable across varied professional sectors.
- Thematic Analysis, as developed by Braun and Clarke (2006), offers a systematic and flexible framework for identifying and interpreting patterns within qualitative data. It is not bound to a single epistemological tradition and can accommodate both realist and critical approaches, including feminist and post-structuralism perspectives. Thematic analysis has the ability to gather both explicit (semantic) and implicit (latent) meanings, and is particularly beneficial when applied to a sensitive issue such as menstruation, which is perceived as a cultural taboo and often accompanied by indirect communication. Further descriptions by Braun and Clarke (2013, 2021) have made its use clear, in different theoretical contexts, and focused on the role of reflexivity and researcher participation in data. Other social scientists like Terry et al. (2017) and Nowell et al. (2017) have emphasized the openness, availability, and flexibility of the method, specifically in its application in regards to research on health and gender. These attributes make it a useful tool in studying marginalized and poorly researched issues/stigmatized problems, as well as a valuable resource in institutional settings where social norms tend to silence lived experience

2.1.3. Methodologies Used in Existing Studies

Existing studies on menstruation have used several methodologies, which are explained as follows:

1. Mahon et al. conducted a qualitative study to explore menstrual hygiene challenges in Kenya (2015). They conducted focus group discussion with working women in Kenya to understand the challenges they faced. Thematic analysis of the collected data revealed themes of stigma, lack of sanitation infrastructure, and the absence of employer support for working women. Their work primarily focused on menstruation as a public health and WASH (Water, Sanitation and Hygiene) concern and focused little on organizational policies and structural power relations.
2. Hennegan et al. conducted a systematic review of measurement tools used for investigating and researching on menstrual health (2019). Their review showed that there was an over-reliance on quantitative methods of measurement, which included surveys and clinical evaluations. Investigations typically focused on hygiene routines, educational or work-based absenteeism, with limited qualitative assessment of lived experiences or workplace-level policy neglect.
3. Winkler and Roaf study utilized a human rights framework, combining legal reasoning with semi-structured interviews and document reviews, to critique global menstrual health policy (2015). Their approach largely focused on the legal aspect of menstruation and did not address the day-to-day workplace negotiations and cultural silences around menstruation.
4. Gatrell (2011) explored how the female body is regulated by focusing on pregnancy and workplace health policies. Her research used in-depth interviews and thematic analysis to

reveal how organizational norms shape the management of the female body through various forms of silence and managerial discomfort. In spite of the pregnancy specific focus, her insights can be used to draw useful parallels to menstruation as a form of embodied location of workplace concerns.

5. Gundi and Subramanyam (2021) used the mixed-methods sampling technique in the urban setting of India by using quantitative surveys based on survey measurements along with in-depth interviews to determine the level of menstrual literacy among adolescents. Although not workplace-centric, the structure of their study highlights how context-specific data can fill the existing gaps between awareness and practice, and which can be applied to institutional settings.
6. Sommer et al. (2016) also defined menstrual health as a public health problem by applying participatory action research to adolescent girls and women across several countries. Their approach, based on co-creation and local knowledge can be applied to workplace research.
7. Kuhlmann et al. (2021) organized a narrative synthesis of the worldwide research on management of menstrual hygiene of low-resource settings. They did not make methodological innovations in their research, but they pointed out that there was a dearth of longitudinal or ethnographic studies that could shed light on the lived experience of menstruation in structures such as the workplace.
8. Fatima et al. (2018) looked at menstrual knowledge, attitudes, and practices among university students in Pakistan using mixed methods research. Their study also pointed out the widespread misinformation and cultural taboos found in institutions and

educational systems. This suggests that better research using qualitative methods is needed in the workplace.

9. Soomro and Aziz (2020) interviewed women working in the informal sector in Karachi. Their study looked at the connection between gender, work, and health, with menstrual-related issues as part of the research. The results of their study showed that stigma exists and there are no accommodations in the workplace; however, their study did not focus on formal policies.
10. A qualitative case study was carried out by Nishar et al. (2022) to investigate Pakistani health policies that impact women's reproductive health. The lack of awareness about menstruation in institutions was the primary focus of their study. They also discussed Pakistan's healthcare system in general.
11. In research settings where men predominate, Oakley (1981) criticized conventional interviewing techniques. She favored feminist methods that emphasize empathy, self-awareness of the interviewer, and mutual understanding. In menstruation research, where power dynamics, individual experiences, and stigma interact in complex ways, her critique is still relevant.

2.1.4. Reflection on Qualitative Suitability

This study examines how menstruation is regulated, experienced, and negotiated in Pakistani workplaces using semi-structured interviews and thematic analysis. It discusses Pakistan's dearth of menstruation research. Because menstruation is a conservative topic, qualitative research is appropriate for studying it in these workplaces. Using structured surveys to capture sensitive or complex experiences can be difficult. Openness and sensitivity are provided by semi-structured interviews, which enable researchers to take into account silences and underlying meanings.

Existing qualitative methods do not view reality as totally fixed or measurable. Instead, they believe that context shapes, negotiates, and creates it. This perspective is essential for a topic like menstrual management, which is impacted by institutional policies, power, identity, and social norms. Marshall and Rossman (2016) state that one of the under-theorized or silenced issues that qualitative research excels at analyzing is menstruation in formal workplaces).

This approach is grounded in feminist research principles, which aim to challenge male-centered biases and highlight the experiences and voices of marginalized groups (Harding, 1987; Oakley, 1981). Research participants are people who should be regarded as experts in their own realities, not merely informants, according to feminist scholars. Qualitative approaches allow for a more critical, dialogic, and ethical engagement with such knowledge.

Numerous studies that address related topics have used qualitative tools to identify the ways in which institutional practices obscure particular experiences. Gatrell (2011), for example, shows how thematic tools can be used to uncover the politics of silence and policy neglect in relation to workplace bodily regulation. Although they call for a more comprehensive approach to lived experience, Winkler and Roaf (2015) show how interview-based research can be mobilized to challenge systematic models on the context of the larger system.

Qualitative methodologies offer flexibility and ethical sensitivity, especially important in contexts like Pakistan, where workplace menstruation is often stigmatized. They are well-suited to uncovering the disconnect between formal policies and informal practices

2.2. Empirical Literature Review

2.2.1. Understanding Menstruation and Its Multidimensional Impact

Menstruation is a physiological cycle that marks sexual maturity in individuals assigned female at birth. It is the periodic shedding of the endometrium, the lining of the uterus, that occurs every

21 to 35 days and is controlled and regulated through hormonal changes in the body containing estrogen and progesterone (American College of Obstetricians and Gynecologists [ACOG], 2015). Although menstruation is a normal biological process, it is hardly perceived and treated as such. Rather, it is embedded within layered social, emotional, psychological, and cultural frameworks that influence how menstruators navigate their lives during their monthly cycles (Chrisler & Johnston-Robledo, 2016; Hennegan et al., 2019).

2.2.1.1. Physiological Dimensions

The physical experience of menstruation varies widely across individuals, yet it is often marked by discomfort and pain. Dysmenorrhea, or menstrual cramping, affects over 70% of menstruating individuals, with 20–30% experiencing symptoms so severe that they hinder their daily activities (Iacovides et al., 2015; Ju et al., 2014). This pain may be accompanied by lower backache, leg soreness, nausea, vomiting, diarrhea, headaches, bloating, and breast tenderness (Latthe et al., 2006). Many menstruators also suffer from menorrhagia (heavy bleeding), which can lead to anemia and chronic fatigue (Fraser et al., 2015). In extreme cases, such as endometriosis or premenstrual dysphoric disorder (PMDD), menstruation can become a source of debilitating pain that remains underdiagnosed and undertreated due to systemic medical neglect of women's health issues (Seear, 2009; Arruda et al., 2021).

The physical burden of menstruation is often compounded by the lack of accommodations in schools, workplaces, and public spaces, where women are expected to function at full capacity despite experiencing acute physical discomfort. Access to rest, pain relief, or even clean washrooms is often limited or stigmatized, reinforcing a culture of silence and endurance (Foster, 2021; Sommer et al., 2015).

2.2.1.2. Emotional and Psychological Dimensions

In addition to physical symptoms, menstruation also has emotional and cognitive issues. Multiple menstruators testify to an increase in emotional sensitivity and quickly changing mood, irritability, anxiety, and depressive moods during the menstrual period (Yonkers & Simoni, 2018). Some of these symptoms have been medicalized using the term premenstrual syndrome (PMS) which has created a real risk of over-pathologizing the emotional experience of menstruators (Chrisler & Caplan, 2002; Ussher, 2006). Emotional volatility can be seen not as an illness, but as a physiological reaction to hormonal changes combined with environmental factors and social pressures.

Notably, the emotional burden of menstruation is not merely the outcome of hormonal change but it is greatly influenced by the social construction and management of menstruation (Johnston-Robledo & Chrisler, 2013). The anticipation to stay calm, discrete and capable of work even in the time of severe pain contributes to internalized guilt and constant self-monitoring, which leads to increased stress and burnout (Chrisler & Johnston-Robledo, 2016).

Its mental effects may be particularly strong in situations wherein menstruation is stigmatized, as the experience is not only physically discomforting but also makes one feel emotionally distressed (Hennegan et al., 2019; Mahon & Fernandes, 2010).

2.2.1.3. Social and Cultural Dimensions

Experience of menstruation in society is largely influenced by societal norms and taboos and gender power dynamics. Menstruation is surrounded by silence, secrecy and shame in most societies. Menstruators are taught to perceive their bodies as unclean or shameful during menstruation since childhood (Ali & Rizvi, 2010; Shah et al., 2021). This silence manifests in various forms such as through outright suppression via household restrictions on access to

relevant information, the exclusion of menstruation from conversations within the household due to self-prescribed religious associations and sanctions, and the complete omission of menstruation from social and institutional policies (Gittelsohn et al., 2022).

The implications of this stigma are tremendous. Most menstruators have no proper information about menstrual health and, as a result, have entered menarche with fear and misunderstanding (Sommer et al., 2015; Alam et al., 2022). From the onset of menstruation, women are expected to manage it discreetly, with minimal to no disruption to their daily activities. Leaking, staining, or publicly purchasing menstrual products becomes a source of deep anxiety. These everyday experiences reinforce feelings of bodily shame and contribute to a broader marginalization of menstrual needs (Hennegan et al., 2019; Caruso et al., 2020).

At work or school, the need to visibly appear unaffected by menstruation creates psychological strain. Women often suppress or downplay their symptoms to avoid being perceived as weak, emotional, or unprofessional. This pressure is compounded for menstruating individuals in male-dominated environments, where acknowledging menstruation can lead to ridicule, disbelief, or professional disadvantage (Johnston-Robledo & Chrisler, 2013; Foster, 2021).

2.2.1.4. Intersectionality and Uneven Burdens

While menstruation affects a broad demographic, its impact is not experienced equally. Factors such as class, caste, geographic location, disability status, and chronic illness shape the degree of difficulty individuals face in managing their menstrual periods. In low-income communities, lack of access to affordable menstrual products, clean water, and private toilets can make menstruation a source of humiliation and health risk (Sommer et al., 2015; UNICEF Pakistan, 2017; Alam et al., 2022). Women residing in rural settings may need to walk long distances to

access latrines or change sanitary materials, while urban slum dwellers often manage menstruation in overcrowded, unhygienic conditions (Caruso et al., 2020).

Some disabled menstruators encounter extra challenges. They might require help managing their menstrual periods but have to face social stigma that make those conversations impossible (Wilbur et al., 2019). Institutional and other public facilities seldom facilitate menstruators with restricted movement and sensory sensitivities leading to unnecessary distress and marginalization. In the same way, patients with chronic conditions such as endometriosis or PCOS are frequently left behind or incorrectly diagnosed, because societal structures have traditionally relegated menstruation and reproductive well-being to being taboo subjects which are meant to be concealed (Seear, 2009; Arruda et al., 2021).

Menstruation is a complex biological phenomenon involving negotiations, adaptation, and sometimes resistance to social norms. It often comes with physical pain and is often culturally silenced. Systems that fail to understand and adapt to this burden increase its physical, emotional, psychological, and social burden.

2.2.2. Menstrual Management in the Domestic and Public Spheres

To effectively deal with menstruation, several resources must be combined: availability of accessible and safe menstrual products (disposable or reusable pads, tampons, menstrual cups), proper sanitation and hygiene, pain management, privacy and emotional or informational assistance. Nevertheless, such access is not all fair, and may be particularly affected by the socio-economic status, regional contexts, facilities, and culture.

2.2.2.1. Domestic Sphere

Within the domestic sphere, menstruation is often managed privately, but under conditions that are not always hygienic or dignified, particularly in low-income households. Statistics shows that a good percentage of women in South Asia continue to use improvised materials like old clothes, rags, newspapers, or ashes as absorbents due to lack of money or availability in the market (Kuhlmann et al., 2017). The consequence of such practices is poor menstrual hygiene, which corresponds to an elevated risk of reproductive infections, urinary tract infections, and other gynecological problems (Das et al., 2015; Garg et al., 2012).

Lack of proper water supply and secluded place to clean up or change also adds more complexity to managing menstruation at home. Women living in big families or informal settlements may fail to access the toilets or relevant places to clean their bodies which leads to poor hygienic conditions and causes additional physical inconvenience. Additionally, secrecy and shame surrounding menstruation may be further reinforced by the need to hide used materials, or to dispose them discreetly, which adds another complexity to the already stressful and painful process (Sumpter & Torondel, 2013).

Menstruating women are often expected to take on additional household responsibilities, such as cooking, cleaning, and serving others, often without rest, recognition, or appreciation. This can leave them feeling constrained by traditional gender roles and expectations (Ten, 2007). Such constraints may seclude menstruators to their own residence and strengthen gendered power structures position female bodies as subordinate.

2.2.2.2. Public Sphere

Structural inadequacies and cultural stigma can also be found in the public sphere as many public buildings have no basic amenities for the management of menstruation such as the availability of menstrual products and toilets which are clean and accessible to women (Sommer et al., 2016).

Girls in particular are prone to many challenges during menstruation, especially school-going girls. Access to menstrual products, clean toilets, water and disposal systems in schools is a key cause of absenteeism and decreased attendance in classes, and in some cases, school dropout (Chandra-Mouli & Patel, 2017; Hennegan et al., 2019). Constant anxiety and avoidance behaviors, driven by fears of incontinence, staining clothes, or peer ridicule, can significantly hinder girls' educational achievement.

Poor sanitary conditions and the lack of available facilities to dispose menstrual waste is another factor that causes many women to avoid use of public toilets (Hennegan & Montgomery, 2016). In addition, menstrual pain is not recognized in organization cultures in most places of work and as such no flexible adjustments are available to women. Irrespective of their physical health, women are often asked to remain productive, and using sick leaves or requesting period-related comfort in the form of time offs or breaks is often dismissed or regarded as an act of unprofessionalism (Johnston-Robledo & Chrisler, 2013). The pressure to normalize pain or conceal symptoms in the workplace often leads to presenteeism, a phenomenon where employees work despite being unwell, which in turn results in reduced productivity and prolonged psychological stress.

Public transportation poses yet another challenge. Long commutes, lack of access to sanitary bathrooms, and the risk of menstrual leakage in public spaces, such as public transport, are significant sources of stress for menstruators, especially those from working-class backgrounds who rely on underdeveloped public transportation (Hennegan et al., 2021). For disabled

menstruators, these challenges are often magnified, as public facilities rarely offer accessibility features such as ramps, support bars, or sufficient space for caregivers to assist.

2.2.2.3. Emotional and Social Implications

Both in domestic and public settings, the stigma surrounding menstruation amplifies psychological distress. The societal and cultural expectation to remain discreet and composed in all spaces discourages menstruators from seeking help or voicing discomfort. This normalization of silence and endurance fosters internalized shame and discourages the development of supportive networks around menstruation (Chrisler et al., 2015). Menstruators learn to navigate public spaces in ways that mask their discomfort, such as carrying extra layers of clothing, avoiding long trips, or refraining from engaging in physical activity, not because menstruation inherently limits them, but because their social and physical environments fail to accommodate them.

2.2.2.4. Cultural Perceptions of Menstruation in Pakistan

In Pakistan, menstruation is stigmatized due to cultural, religious, and patriarchal taboos, which frames it as impure, secretive, and shameful. This silence, rooted in socio-religious norms, prevents it from being addressed as a health or human rights issue.

In a seminal study, Ali and Rizvi (2010) discovered that menstruating girls in Pakistan are regularly shut out of religious and family activities. Girls are prohibited from touching the Quran, visiting mosques, or attending religious functions during their menstrual period, fostering a strong belief that menstruation is tied to contamination in traditional households and social activities.

Such beliefs exist mostly in rural and low-income areas, although they are not rare in the city. Shah et al. (2021) have reported that, regardless of their level of education, several girls and women internalize cultural myths about the body and menstruation that include never touching any plants or animals, bathing, or engaging in physical activities. Unscientific myths about menstrual hygiene, such as touching water or cooking during menstruation, limit women's autonomy and foster feelings of impurity, impacting self-esteem and mental well-being.

The onset of menstruation is a secret that must be kept as well. When girls begin menstruating, they often state feeling fear, shame or confusion, especially due to the lack of information being shared with them earlier or open family discussions on the topic. A study by Agha et al. (2018) in Pakistan showed that more than 60% of the adolescent girls in their sample were ill-informed about menstruation during the pre-menarche period. Mothers and elder sisters often provide guidance on menstruation, but often face embarrassment or are ill-informed themselves. Due to the perceived unnecessaryness of sharing such information or ignorance from earlier generations, they could also choose to keep it a secret.

This culture of secrecy permeates into the education systems; practically there is no official teaching about menstruation. The general schooling curriculum in Pakistan does not even address issues involving reproductive health fully. Educators tend to experience discomfort talking about menstruation at school, especially in conservative or co-ed environments (Sommer et al., 2015). In the absence of institutional support, adolescent girls find themselves having to figure out menstrual health on their own, relying on non-institutionalized and frequently inaccurate sources. This not only exposes one to physical health problems (e.g., bad hygienic standards, and infections), but also strengthens the psychological distress and withdrawal.

Very few people talk about dysmenorrhea (menstrual cramps) or other associated symptoms like fatigue, headache, or nausea. Menstrual discomfort is perceived as a weakness or is altogether ignored in most households and places of work. Women are supposed to do their daily chores whether it is household work, taking care of children or working professionally, without any complaints. This stoicism is linked to more general gendered notions of self-sacrifice, steeliness, and endurance that still prevail in Pakistani social systems (Khan et al., 2022). This process of portraying menstrual pain as a tolerable experience instead of a condition to be addressed causes a delay in accessing medical support, and perpetuating internalized beliefs within women that they are expected to tolerate pain silently and with patience.

Menstruation is often overlooked in mainstream media, policy, and media, perpetuating taboos and limiting autonomy of the body. Advertisements regarding menstrual products often uses sanitized and euphemized images, reinforcing the idea that menstruation is a metaphor for power dynamics. For instance, till date advertisements for sanitary napkins depict menstrual discharge with blue liquid. To address menstrual stigma in Pakistan, it's crucial to change society's perception of menstruation through education, discussion, and law, not just infrastructural solutions.

2.2.3. Empirical Studies on Menstruation in Pakistan

Studies on menstruation in Pakistan have mostly taken on the form of empirical studies that focused on adolescent girls mainly in school settings. These studies revealed that many girls lack adequate knowledge about menstruation, which affects their ability to practice proper menstrual hygiene. They often lack access to sanitation facilities and menstrual hygiene products. Research by Ali and Rizvi in 2010 in Karachi was important. Their results showed that many adolescent girls did not have enough knowledge about menstruation before their first period. This lack of

knowledge led to fear, low confidence, and shame in girls when they experienced their first period, especially since menstruation is often viewed as a taboo topic.

Similarly, Agha et al. studied menstrual hygiene management among school girls in Karachi in 2018. They found that over 60 percent of the survey respondents used fabric or makeshift materials because they could not access commercial menstrual products. The report also indicated that students did not have clean and gender-specific bathrooms at school, which caused some to miss classes during their menstrual period. Alam et al. (2022) took this a step further and included the analysis of school infrastructure and revealed that even in schools located in cities, water, sanitation, and hygiene (WASH) systems were not sufficient or gender-friendly in most cases. Adolescent girls faced vulnerability associated with their menstrual health because of these infrastructural issues compounded by socio-cultural silencing.

The literature on adolescent menstrual health is growing, but adult women's experiences, particularly at work, are under-researched in Pakistan, highlighting a lack of recognition of menstruation as a public health issue in the labor sector.

One of the very few studies to examine gendered occupational stressors in Pakistan was conducted by Sattar and Yasin (2021) and was situated in the textile sector. Although menstruation was not the main focus of the study, it found that menstruating women faced significant indifference from institutions. Menstruating employees said they were ridiculed or even fired. The absence of official policies or systems to support them led to a culture of forced endurance and invisibility.

Qualitative reports from advocacy groups like Shirkat Gah (2018) shed light on the experiences of menstruating women in factories and informal work environments. These reports claim that women who asked for clean toilets and needed bathroom breaks were punished. Due to gender

bias, they were regularly accused of being lazy or of making excuses. The situation was exacerbated by inadequate waste disposal systems and a lack of sanitary products.

Due to a lack of adequate policies and support networks, menstruation is commonly ignored in Pakistani workplaces. In addition to ignoring women's health concerns, this disregard reinforces gender-based labor inequality. To solve this issue, policy changes as well as a shift in the stigma associated with menstruation are required. Future studies should look at a variety of work settings to gain a deeper understanding of the connection between gender equality and menstrual health in Pakistan.

2.2.4. Global Policy Responses to Menstrual Health and Leave

In recent years, menstruation has evolved from a purely private and hygienic matter to one that is directly related to public health, gender equality, and labor rights. People's perceptions of menstruation have changed globally, and this change is a reflection of that. It is no longer solely regarded as a biological occurrence. It is now acknowledged to have an impact on menstruators' interactions in social, educational, and professional settings. Several nations have put menstrual policies into place to address this. These policies help women manage the physical, emotional, and social effects that menstruation can have, particularly at work.

2.2.4.1. National-Level Menstrual Policies

Menstrual health is increasingly being considered as crucial for labour rights. This has led to the introduction of formal policies in Asia, Africa, and other regions. The following is a brief overview of the countries in which the policies have been implemented.

3. India

In South Asia and specifically India, debate around the need for dedicated policies has picked up pace in recent years. In 2018, the Menstruation Benefit Bill was introduced in India's parliament,

which proposed providing women in any establishment registered with the government three days of paid leave during menstruation (Dwivedi & Kumar, 2024). Subsequently, the Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022 was introduced which again sought to provide women with menstrual leaves and subsidized menstrual health products (Dwivedi & Kumar, 2024). Although both of these Bills were unsuccessful in being passed, the recent attempts to codify menstrual health into law points towards the growing recognition in India regarding menstrual health and associated issues. This is the reason that while menstrual policies have not been enacted at the national level in India, they have been enacted in the states of Kerala, Karnataka, Bihar and Odisha. The Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill was passed in Kerala in 2025 which grants women in both the public and private sector one menstrual leave per month (Das & Sucharita, 2025). In Karnataka, women from the ages of 18 to 52 working in the formal sector can take one day of menstrual leave every month (Qureshi, 2025). In Bihar and Odisha, two days of menstrual leave are given to government employees, although this does not extend to the formal sector (Qureshi, 2025).

4. Japan

Japan was among the first countries to introduce a menstrual leave policy through the country's Labor Standards Law of 1947. The policy stipulates that women are entitled to take one leave per month for the purpose of managing their menstruation period. However, the country has seen low adoption rates due to the stigma associated with menstruation, a deeply ingrained culture of presenteeism in the country, and the fear held by women that they may be regarded as less capable and productive than their male counterparts if they take a menstrual leave (Gul, 2020).

5. South Korea

Similar to Japan, South Korea allows one day of unpaid menstrual leave every month under Article 71 of the Labor Standards Act. Despite the country having a designated policy to accommodate menstruating employees, it has been reported that workplace discrimination, managerial doubt, and gendered expectations are barriers to the widespread use of this policy. Women are reluctant to take menstrual leave due to the fear of being judged or facing adverse consequences of doing so in their career (Lee, 2020).

6. Indonesia

Women in Indonesia are also granted two days of menstrual leave a month under Article 81 of the Manpower Act. However, the adoption of the policy has proved difficult due to raised objections and resistance by employers. In some organizations, availing menstrual leave comes with the pre requisite of providing medical evidence, which makes the policy practically redundant (Irianti & Prameswari, 2021).

7. Taiwan

In Taiwan, women are entitled to take one menstrual leave per month a total of three days per year in addition to their regular 30 annual sick leaves under the Act of Gender Equality in Employment. However, as with other countries, utilization of the leave by women has been subject to stigma and in many places, the accommodation to take menstrual leave is considered an additional benefit rather than a health right (Chang, 2017).

8. Zambia

In Zambia, women are entitled to one menstrual leave per month under the country's Employment Act. Women can avail the leave without providing any evidence. However, the leave is informally referred to as 'Mother's Day.' Critics claim that the policy promotes

essentialist gender roles by equating menstruation to motherhood rather than considering it a biological and normal process that all women experience (Winkler & Roaf, 2015).

2.2.4.2. Menstrual Health as a Human Rights and Development Issue

In addition to national governments, support and advocacy by international organizations that support menstruation health as a component of gender equality and human rights frameworks also influence the worldwide campaign for menstrual leave policy. Organizations like UNICEF, WaterAid, UNFPA, and the World Bank have made efforts to ensure that Menstrual Health Management (MHM) is included in the national development agenda, meaning that there should be safe, conspicuous, and inclusive environments to manage menstruation at work and schools (Sommer et al., 2015).

An especially important idea in this international conversation has been of menstrual equity, not just regarding access to menstrual products, but also the elimination of any limitation like stigma, the establishment of supportive workplaces, and the introduction of paid leave days. Menstrual equity approaches seek gender-responsive policy that allows full access to economic, academic and social life, with a sub-set pushing to make paid menstrual leave a constituent of workplace justice (Weiss-Wolf, 2019).

2.2.4.3. Policy Impacts and Lessons Learned

The majority of nations have not implemented menstrual leave laws, but those that have experienced success. These include improved mental health for employees, increased job satisfaction, and decreased absenteeism. Menstrual leave policies, for instance, have improved employee productivity and mental health in South Korea and Japan by reducing employees' anxiety about taking time off (Gurung et al., 2020). According to other studies, the full

advantages of enacting menstruation-related policies at work frequently rely on the local culture and level of social acceptance of the problem (Kuhlmann et al., 2017).

The significance of intersectionality in developing menstrual leave policies is another important lesson to be learnt from these international experiences. Differences in class, caste, ability, gender identity, and occupation must all be taken into account when developing policies that cater to various needs. Due to gaps in labor protections in different settings, transgender people who menstruate, domestic workers, and informal workers frequently do not benefit from formal menstrual leave policies (Van Eike et al., 2016). Therefore, inclusive policies that protect all workers, not just those in formal employment sectors, are necessary for menstrual policies to be truly effective.

2.2.4.4. Relevance for Pakistan

The examples of India, South Korea, Zambia, and Japan demonstrate how menstrual leave policies can enhance workplace equality and promote employee well-being, despite the fact that the majority of nations lack such laws.

Pakistan's situation necessitates a cautious approach due to the country's strong social and cultural views regarding menstruation. Since it is still a delicate subject, cultural values and sensitivities must be taken into account in any initiative to promote menstrual health.

However, merely having policies is insufficient; it's also critical to address the stigma associated with menstruation. This includes launching educational initiatives that encourage civil discussions about menstruation and increasing awareness in the workplace. For workers who menstruate, these steps can contribute to a more welcoming and encouraging workplace.

Other nations' experiences also demonstrate that menstrual health must be viewed as a component of larger labor and health policies, and that the effectiveness of such policies depends on the support of both male and female organizational leaders.

2.3. Theoretical and Conceptual Framework

Feminist Standpoint Theory (FST) will be used in this study to examine whether menstruation workplace policies are necessary in Pakistan, especially in the corporate sector.

2.3.1. Feminist Standpoint Theory

The foundation of this study will be Feminist Standpoint Theory (FST), which has its roots in feminist social theory and thought. According to FST, power relations and social situation are what results in knowledge creation (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020). Historically, knowledge has been deemed legitimate only when recognized by socially dominant groups, primarily men, resulting in the production and dissemination of knowledge being shaped by these power structures (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020).

In line with this, the central principle of the theory is that marginalized groups (women as an example) and their experiences, to a large part, have been neglected or overlooked in knowledge creation due to their marginalized positions in the social order (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020). It states that marginalized groups should view knowledge through the lens of their own lived experiences, particularly knowledge that impacts them (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020). The reason for this is that the lives of these groups are shaped by different realities in comparison to those who are in more superior positions in the society, and consequently they are more conscious of the inequalities existing in society that define their social realities (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020). To provide an example, women often have to face partiality or even rejection, which allows them to have a

unique perspective on the power structure and society (Swingonski, 1994; Crasnow, 2014; Gurung et al., 2020). These lived experiences, which are largely ignored, yield vital reflections on the social, political and economic processes of a society.

Therefore, the study will base its research on FST by focusing on the lived experiences of women in the corporate sector to gain their perspective on a potential menstrual policy. The research will be an attempt to critically examine some common discourses that disregard the physical, emotional, and social impacts of menstruation on women.

2.3.2. Conceptual Framework

2.3.2.1. Core Concepts

1. Menstruation

Menstruation is a biological cycle which all women of reproductive age go through.

- **FST:** Menstruation is a natural phenomenon; however patriarchal systems disregard it as an experience legitimate enough to be discussed openly and worthy of having knowledge created on. The knowledge of women concerning menstruation is marginalized because they are the ones who experience it and they themselves are marginalized in society and in the societal structure in which the knowledge is being created.

2. Lived Experience of Menstruation

This includes the physical, emotional, and social effects of menstruation such as pain, fatigue, mood swings, and other symptoms that women have to endure in the premenstrual period and that may interfere with their normal functioning.

- **FST:** The lived experiences of menstruation give women a unique perspective that is generally ignored within male dominated workplaces. This personal experience

influences their perceptions of how menstrual health issues should be taken into consideration in designing work-place policies

3. Menstruating Women in the Workforce

All women in the workforce experience menstruation, which is a shared, yet often unacknowledged experience.

- **FST:** Menstruating women's voices and experiences are vital to understanding the implications of menstruation on work. Women in the workforce, because of their direct experience, are the ones whose insights into this issue should be prioritized

4. Stigma Associated with Menstruation

The social, cultural, and religious stigma that surrounds menstruation in many societies, including Pakistan, which results in its treatment as a taboo subject.

- **FST:** Menstruation is often silenced in mainstream discourse due to the dominance of male perspectives. This silencing results in women's experiences being marginalized, which also limits the possibility of addressing menstrual health needs in the workplace.

5. Male Dominated Workplaces

Workplaces are dominated by men, who hold most of the decision-making power, making up the majority of the leadership and HR departments.

- **FST:** Workplaces with a predominantly male composition tend to neglect or underestimate the needs of menstruating women as they are largely dominated by men. Viewpoints held by men generally prevail and therefore the policies that are formulated and implemented are not representative of the experiences of women.

6. Menstruation in the Workplace

Gender bias, lack of awareness, and cultural stigma have led to the marginalization of or the misconceived perception towards menstruation in the workplace. Menstruation affects the performance of women in the workplace, such as decreased concentration, tiredness, and physical pain.

- **FST:** Menstruation is considered taboo in the workplace and neglecting it indicates systemic inequalities in which men make decisions that overlook the needs of women because men do not have the lived experience of menstruation.

7. Unrepresentative Corporate HR Policies

Corporate policies are not responsive to the menstrual health requirements of women because of the absence of female participation in HR-related choices and the general cultural invisibility around menstruation.

- **FST:** Policies that overlook female health needs exist because men are not part of the discourse on menstruation. The input of women plays a very vital role in designing any policy related to menstrual health at the work place.

8. Corporate Sector

The “corporate sector” in this study refers to formally structured, private sector organizations characterized by hierarchical management systems, standardized employment practices, and professional work environments. This includes companies operating in industries such as consulting, finance, telecommunications, development, and other office-based sectors. The study focuses on employees working in such formal organizational settings, where policies related to attendance, leave, and employee conduct are typically institutionalized. Informal employment, small-scale family businesses, and daily wage labor were excluded from this definition.

- **FST:** From an FST perspective, the corporate sector is not a neutral space but one shaped by existing power relations and dominant norms. These organizations often reflect male-centric structures of decision-making, where policies are designed without adequately incorporating women’s lived experiences. As a result, gender-specific needs, such as menstrual health, remain overlooked within formally institutionalized workplace frameworks.

9. Menstrual Policies

These involve policies which specifically target the needs of menstruating women in the work place which may include menstrual leave, flexibility in working hours or even accommodating menstrual health care.

- **FST:** Menstrual policies must be formulated by keeping the lived realities of women center-stage with regard to menstruation and the consequences it has on them in the workplace

2.3.2.2. Relationship between Core Concepts

The conceptual framework (*Figure 2.1*) shows how the lived social and physical experience of menstruation, interacts with workplace structures and eventually shapes the need for menstrual policies in corporate settings. It links women’s lived experiences with broader cultural and institutional barriers that influence the discourse around menstruation and associated policies.

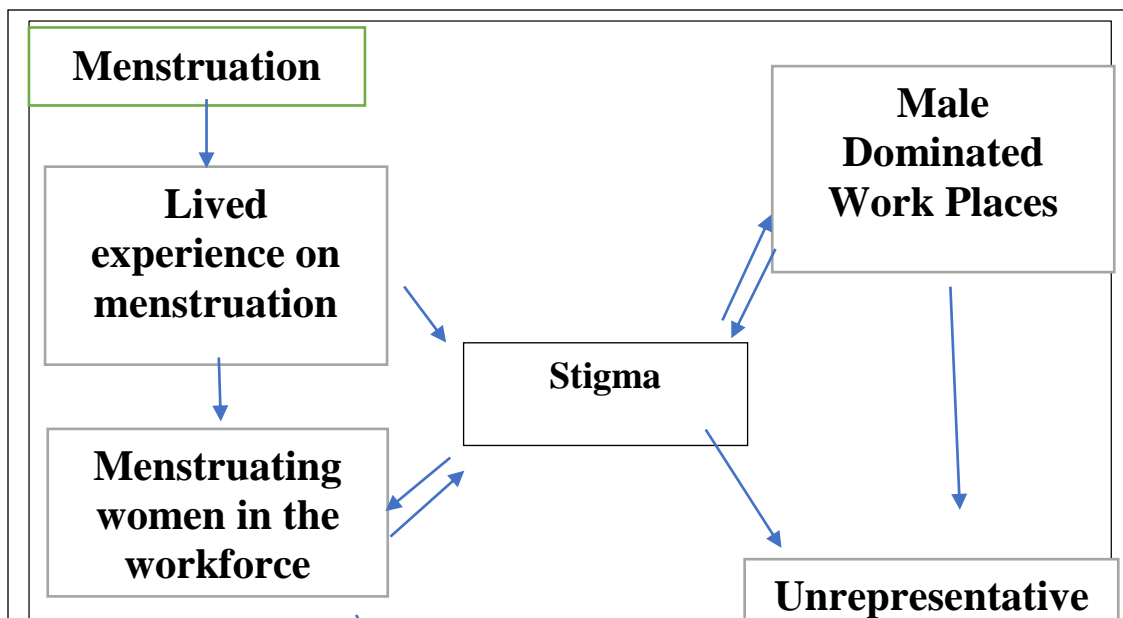


Figure 2.1: Conceptual Framework

The starting point of the framework is menstruation itself. Women experience their menstrual cycles along the physical and emotional axes, which shape their day-to-day realities. For women employed in the corporate sector,¹ their lived experience of menstruation is directly connected to how they participate in the workforce, the challenges they face, and the kind of support that they may require at their workplace.

Stigma is the central concept of the framework because it is shaped by multiple factors and is linked to multiple concepts in the framework. Women's personal experiences, their position within the workforce, and male-dominated workplaces all feed into the conversations around menstruation or the silence that surrounds it. All of these factors are shaped by stigma, which impacts how comfortable women feel at work and in influencing corporate HR policies that often fail to represent their needs.

The workplace environment also plays a major role in this dynamic. Male-dominated environments tend to reinforce stigma surrounding menstruation as women are largely

¹ Women employed in the informal sector also experience menstruation to the same if not a higher degree of difficulty. However, the focus of this study is on the corporate sector, therefore, the discussion is also focused on the corporate sector and in no way negates the lived experiences of women who are not part of the formal labor force.

uncomfortable discussing menstruation with or in front of their male colleagues and contribute to HR policies that overlook or minimize menstrual health altogether. When policies are not reflective of women's lived experiences, this shows up in everyday workplace challenges. In other words, the lack of institutional support becomes part of the problem.

All of these factors eventually link back to the outcome of the framework, which is menstrual policies. The way menstruation is experienced in the workplace, shaped by stigma, male dominance, and unrepresentative HR practices, determines how policies are drafted and whether they actually address women's needs. The framework suggests that meaningful policy formulation can only happen when workplaces acknowledge women's lived experiences and actively address the cultural and structural barriers that stand in the way.

CHAPTER 3: METHODOLOGY

3.1. Epistemological and Ontological Position

The epistemological stance adopted in this research is constructivist, which states that interpreting knowledge is created through social interaction and experience, and is not independent of the context in which it is being created. As such, it is based on the lived experiences of the researcher and the participants. Additionally, the study adopts a relativist ontological stance, which states that reality is subjective and constructed through individual perceptions. This research explores menstruation and workplace laws through the lived experiences of both male and female workers, situating these experiences within their cultural and professional contexts.

3.2. Research Strategy

The research used a descriptive qualitative approach in its methodology, using semi-structured interviews to understand the perceptions and experiences of the participants on about menstruation and workplace policies towards it. A cross-sectional design was used to record the data at a particular time period and to understand the views and attitudes of employees in Pakistan towards menstrual health in workplaces.

3.3. Research Design

A qualitative design was employed for the study using semi-structured interviews. This method was selected because it allows for the collection of rich data and provides flexibility to the participants to openly speak about their thoughts, experiences, and attitudes. Open-ended interviews were conducted, keeping in mind that the subject matter might be sensitive for the participants and to ensure that they did not feel inhibited by the interviewer.

3.4. Locale

This study was conducted in Lahore, Pakistan. As one of the country's main economic and cultural hubs, Lahore has a mix of multinational companies, local businesses, start-ups, and family-run enterprises. Each of these operates with its own set of rules when it comes to gender, management styles, and workplace culture.

That diversity is exactly why Lahore made sense as the research site. It provides a unique opportunity to see how menstruation plays out across very different kinds of organizations. The city also has a large and active female workforce, which makes it an appropriate location for exploring how women actually navigate menstruation at work.

Lahore's mix of conservative and progressive organizational environments adds another layer to the analysis. It helps expose the institutional and cultural barriers that shape attitudes toward menstrual health and support. By studying menstruation within this kind of urban setting, the research aims to offer a more grounded, context-specific understanding of how it becomes a workplace issue and where existing policies fall short. In doing so, it also points to ways future policies could be made more relevant and inclusive.

3.5. Data Collection

Interviews were conducted online through Google Meet to ensure accessibility and reach a diverse group. Professional networks, social media, and direct outreach was used to find participants. A total of 14 people were interviewed, including 6 men and 8 women. The principle of data saturation was used to determine the sample size, i.e., data collection ends when no newer themes emerge (Guest, Bunce, & Johnson, 2006). Data saturation was reached when no new themes or insights were emerging from the interviews. As data collection progressed, recurring patterns related to menstrual experiences, workplace challenges, and perceptions of policy needs

became evident. After conducting multiple interviews, responses began to converge, with participants expressing similar concerns regarding pain management, stigma, and the absence of supportive workplace policies. At this point, additional interviews did not yield substantially new information, indicating that thematic saturation had been achieved. A semi-structured interview guide (**Appendix A: Participant Information Sheet**) was used, which focused on participants' views regarding menstruation, its implications in the workplace, and menstrual policies.

3.6. Participant Selection

Participants were selected using purposive sampling, aiming to capture a range of perspectives on the topic of menstrual policies. The sample included both men and women to examine potential gender differences in attitudes toward menstrual policies. The sampling criteria for female participants were based on their relevance to the research objectives. Women selected for the study were required to (i) be currently employed in the corporate sector, (ii) have experience working in formal organizational settings with structured workplace policies, and (iii) have personal experience of managing menstruation within a professional environment. Participants were also selected to ensure variation in job roles and years of experience, allowing for a broader understanding of workplace dynamics across different organizational levels. However, recruiting male participants presented challenges, as many men initially agreed to participate but later withdrew upon learning the nature of the study. The final group of male respondents consisted only of those who were supportive of menstrual leave policies. This difficulty reflects the stigmatization and taboos around discussing menstruation in male-dominated environments.

3.7. Respondent Profile

The respondent profile is outlined in the table below (*Table 3.1*). Each participant is identified by an interview ID, and details on their job title, gender, and total years of experience are provided.

Table 3.1: Respondent Profile

| No. | Pseudonym | Job Title | Work Experience (years) |
|-----|-----------|-------------------------------|-------------------------|
| 1 | Asma | Talent and Culture Lead (HR) | 6 |
| 2 | Faiza | Marketing Manager | 7 |
| 3 | Fareeha | Assistant Sourcing Manager | 6 |
| 4 | Humaira | Associate | 2 |
| 5 | Mahnoor | Commercial & Strategy Manager | 7.5 |
| 6 | Navera | Lecturer | 3 |
| 7 | Rabail | Legal Counsel | 2.5 |
| 8 | Zarminay | Social Media Executive | 4 |
| 9 | Faizan | Specialist - Inbound Sales | 7 |
| 10 | Shehroze | Analytics Manager | 4 |
| 11 | Waheed | Associate Consultant | 6 |
| 12 | Wajid | Financial Research Analyst | 7 |
| 13 | Ahmed | Product Manager | 7 |
| 14 | Umair | Marketing Lead | 4 |

3.8. Data Analysis

Data from the interviews was analyzed through thematic analysis, which involves the identification of similar codes within the data (Braun & Clarke, 2006). The following steps were taken when analyzing the data:

- Interview transcripts were read several times with the objective of acquiring a sense of the data.
- Key words, phrases, and sentences pertaining to the research questions were marked down and coded.
- The codes were categorized into wider themes that encompassed similar concepts in the interviews.
- The first themes were corrected and revisited ensuring that they were accurate and representative of the data collected.

- Clear and logical themes were identified. They did not directly address the research questions and objectives.

3.9. Rigor and Reliability

In order to maximize the rigor and reliability of the study's findings, the following methods were adopted:

- **Researcher Reflexivity:** The researcher considered their part in the investigation. They understood that their interpretation of the data might be influenced by their personal experiences and presumptions. This understanding prevented researcher bias from affecting the analysis and allowed it to remain focused on the voices of the participants (Berger, 2015).
- **Triangulation:** The data was triangulated by comparing and contrasting answers of various participants and verifying the themes detected correspondence (Patton, 2015).

Through these strategies, the research aimed to make the results believable, valid, and meaningful based on the experiences of the participants.

3.10. Ethical Considerations

Research ethics were strictly adhered to. The participants were informed of the objectives of the study, the fact that the participants were not obliged to take part in the study, and that they were also free to leave the study at any time, without penalty. All participants were asked to give consent for participating in the study and anonymity was ensured in the analysis and reporting sections.

3.11. Researcher Reflexivity

As someone who works in the corporate sector and experiences difficult periods, I have firsthand experience of how challenging it can be to manage menstruation at work. These personal experiences have made me deeply aware of how important menstrual leave can be and how little empathy or understanding often exists among senior managers or male colleagues. That awareness is what initially drew me to this topic and helped shape the research questions for this study.

At the same time, I recognize that my perspective inevitably shaped how I approached the research. I came into the study with a strong belief that workplace menstrual policies are essential for supporting women's health. And while I tried to remain as neutral and open as possible during data collection and analysis, I know that my own struggles may have influenced how I interpreted what participants shared. Throughout the process, I made a conscious effort to keep my own voice in check and to truly listen to the participants, especially when participants spoke about things like stigma or silence around menstruation.

Being aware of my position helped me approach the research with honesty and reflexivity. It allowed me to stay transparent about where I was coming from and helped me look out for any personal biases that might creep in. More than anything, I wanted the findings to reflect the experiences and voices of the participants, not just my own.

CHAPTER 4: DATA ANALYSIS

This section presents the findings of the thematic analysis of the qualitative interviews conducted with female and male employees. Thematic analysis was employed to analyze the data, which involved identifying essential patterns, themes, and subthemes based on the interviews.

The findings are presented in two parts. The first covers the themes that emerged from interviews with female participants, while the second focuses on themes from male participants. Each section includes both main themes and related sub-themes, along with selected quotes from the interviews to support the analysis. To protect the privacy of participants, no names or identifying details have been included.

4.1. Analysis of Women's Interviews

The current section discusses the most significant themes and sub-themes that emerged in the interviews with female employees. These include the impact that menstruation has on their work life as well as their views on a potential workplace policy. The interviews reveal a complex interplay of personal struggles, cultural norms, and gaps in workplace policies that collectively shape how women experience menstruation.

Main Theme 1: The Need for Menstrual Leave and Workplace Policy

Across the interviews, a similar concerns were raised that menstruation is not formally recognized in workplaces as a legitimate factor of employee well-being. As a result, there were no dedicated provisions to accommodate menstruation in workplace HR policies in terms of menstrual leaves for female employees. This forced the interviewees to use their allocated sick or casual leaves to manage their menstruation period, which in most cases were inadequate in quantity to cater to the monthly menstrual cycle.

Sub-theme 1.1: Lack of Dedicated Menstrual Leave and Reliance on General Sick Leave

Most of the participants reported that their entitlement to general sick leaves was 6 to 10 days annually. These leaves had to be used in case of any illness according to the HR policies at their respective workplaces. However, the policies were silent on the kinds of illnesses that the entitlement may be applicable to. Since menstruation was not directly acknowledged as a health concern in their HR policies and there were no dedicated menstrual leaves, the participants were forced to utilize their sick - or in other cases casual - leaves while they were menstruating. Fareeha shared that she did not have dedicated menstrual leaves at her workplace. Instead, a lot of women ended up *“having to take sick leaves for menstrual pain, and those tend to fall short.”* Asma pointed out that she was entitled to eight sick leaves annually, *“which generally are enough”* for other illnesses, *“but for someone who needs time off every month for their period, they’d run out quickly. Then what happens if you actually fall sick later?”*

Not only this but most women who have regular menstrual cycles, menstruation occurs 12 times annually, which meant that not only were the annual sick leaves granted to them not enough to cover menstruation adequately, it also left them without sufficient leaves for any other health concerns. Rabail shared that she had to use her sick leaves for when she was on her period, however, the number of sick leaves that she was entitled to were *“not enough for the pain”* she had to experience while menstruating. She shared that the current leave structure, which did not acknowledge menstruation as a health concern separate from other illnesses was not sufficient for menstruation at all. *“You only get a few leaves a year, and some women need to take at least the first two days off every month. It doesn’t work...that’s already 24 days gone.”* The current

leave structure failed to account for the recurring nature of menstruation and was therefore inadequate and insufficient to cater to the needs of women in regards to menstruation.

Sub-theme 1.2: Need for a Menstrual Leave Policy to Address Women's Health Needs

Since there was no dedicated menstrual policy or menstrual leave in place, the participants shared that they were forced to power through work. The views on a dedicated menstrual leave were unanimous across the board, with participants voicing their opinion that a menstrual leave policy, which treated menstruation as a legitimate health issue, would provide them with much needed relief. Fareeha pointed out that a menstrual leave policy was “*a requirement*” since it is difficult for women to stay productive when they are menstruating much like how it is difficult for people to function at their optimal when they are suffering from an illness. She pointed out that “*Most corporate jobs require critical and strategic thinking... when you're on your period, your brain power lowers, your physical health drops, you feel weak, irritable, moody.*” Mahnoor also shared that “*It's (menstrual leave) a necessity for women*” as the physical experience of menstruation greatly impacts women's lives while menstruating.

The participants were of the opinion that not only was menstruation a legitimate health concern that required inclusion in corporate HR policies but a dedicated menstrual leave policy was also necessary for gender equity and inclusion of women in workplaces. Fareeha shared that “*for gender equity reasons, it (menstrual leave policy) should be in place in all corporations.*” Similarly, Mahnoor shared that “*if you want to encourage women in the workplace, you need policies (such as menstrual leave policies) to do that.*”

Rabail also shared that having dedicated menstrual policies in the workplace is also beneficial was organizations themselves as it shows employees that their employers are aware of the challenges faced by them. This creates a sense of trust between within the organization and

shows employees that they are not just another cog in the corporate machine. She shared that implementing policies that reflect the needs of employees in the workplace *“acts like a sensitivity check... you’re not just looking at employees as tools or machines, you’re looking at them as human beings who can have difficult days.”*

Some participants shared that they were reluctant in utilizing their sick leaves as they feared that this might affect how they were viewed by their management; too many sick leaves might give off the impression that they were slacking off or were not hard-working enough. As a result, they ended up not even taking the sick leaves while they were menstruating because they were not comfortable sharing the reason for why there were taking the leave due to the stigma that surrounds menstruation in Pakistan. Faiza was of the opinion that *“A menstrual leave policy would help normalize the issue and provide relief to those who really need it... just having the assurance that I can use it without judgment would make me feel safe.”*

Main Theme 2: Physical and Emotional Impact of Menstruation

Menstruation impacts each women differently. However, menstruation can impact women both physically and psychologically, which impacts how they show up in their respective workplaces. Participants shared how menstruation affected them physically and emotionally, and how this impacted their productivity, concentration, and general well-being at their workplaces.

Sub-theme 2.1: Physical Discomfort, Fatigue, and Cramps Affecting Productivity

All participants described physical symptoms, cramps, headaches, migraines, nausea, bloating, weakness, and fatigue, that interfered with their ability to perform at work. Fareeha shared that *“The cramping is so excruciating that I can’t concentrate on my work. Even simple tasks take longer, and I end up making more mistakes than usual.”* For many, these symptoms peak during

the first one or two days of their period, making it difficult to focus or work at their usual pace. Mahnoor shared that *“On the first day... physical pain, cramps, nausea. Sometimes it’s hard even to sip water. My heart rate also goes crazy for a few hours.”* Similarly, Zarminay shared that she got excruciating cramps while menstruating and that *“without medicating with constant Panadol, I can’t get through my first two days.”*

Sub-theme 2.2: Emotional Stress and Its Impact on Productivity

In addition to physical discomfort, participants described emotional and cognitive strain, irritability, mood changes, anxiety, and a general sense of exhaustion, that hindered workplace performance. Faiza shared that only is the menstrual cycle stressful due to its emotional and physical impact but *“Sometimes you even get pre-anxiety... that anticipation (of getting the menstrual cycle) is stressful, and when it happens, you’re tense the whole time.”*

Other participants shared how menstruation impacts their emotions and their ability to cope with their day to day tasks due to it. Asma shared that *“Things that are otherwise bearable are less bearable during those days... the emotional component is very real.”* Similarly, Zarminay pointed out how difficult it is to stay productive or actively engaged at work *“I feel emotionally drained... my motivation drops, and it’s hard to stay engaged with colleagues or projects.”* Fareeha noted that menstruation also impacts the ability of women to appear or stay professional at work as they are dealing with a myriad of emotions at the same time with the added pressure of having to stay productive at work: *“You feel weak, irritable, moody, and you can’t always be as professional... it’s not our fault, it’s biological.”*

Main Theme 3: Workplace Flexibility and Support

Participants shared that there was a lack of acknowledgement of menstruation as a health and well-being concern in their workplaces. This translated into a lack provision of arrangements and supportive infrastructure at work that would allow women to manage their symptoms without jeopardizing their work. Therefore, they were of the opinion that alongside dedicated menstrual leaves, workplaces should adopt holistic menstrual policies that contained provisions for hybrid work arrangements and dedicated rest spaces for women to manage their symptoms while menstruating.

Sub-theme 3.1: Hybrid Work Policies as an Informal Support System

Participants shared that having hybrid work or work-from home policies could be a major provision in a menstrual policy. When women are required to show up to work while menstruating, they end up having to hide their symptoms throughout the day. This creates an invisible triple burden on them where not only do they have to experience the physical and emotional impact of menstruation but they also have to appear and act “normal” in front of their colleagues along with managing their work productively. Having a work-from-home policy at least for the days that women are on their menstrual cycle would greatly relieve them from part of this burden as pointed out by Fareeha who shared that “*When we had work-from-home, it was better... I could rest and still devote full attention to my tasks instead of trying to hide my symptoms.*” Not only this but even the task of getting ready for work and commuting to and from work becomes an uphill task when one is already running low on energy as shared by Faiza who shared that “*Work-from-home would be a blessing... the energy it takes just to get ready, commute, and be in the office is exhausting during that time.*”

These opinions were corroborated by participants who were employed in workplaces where hybrid or work-from-home arrangements existed. These arrangements served as an informal coping mechanism for menstrual symptoms, often without requiring disclosure of the reason. Asma, who was entitled to a hybrid work arrangement shared that *“The hybrid helps a lot... I can choose my work-from-home days on my own... it’s more about understanding with your manager.”*

Sub-theme 3.2: Necessity of Dedicated Rest Spaces in the Office

Even with flexible work arrangements, dedicated rest spaces at work were seen as a form of support, especially for those who could not work from home. Faiza, who had a dedicated women-only rest space at her workplace, shared how it helped her to manage her symptoms during her menstrual cycle: *“That room is a godsend... you can just lie down, sit quietly, nap... nobody is looking at you or judging you.”* Similarly, Fareeha also shared that *“We have a women-only space with a couch where you can lie down... I use it sometimes, but managers notice my absence and ask where I was.”* This points to the fact that only hybrid or work-from-home provisions necessary for female employees but adopting holistic policies that cater to the impacts of menstruation as a whole can allow women to manage their cycles without necessarily having to opt for a menstrual leave.

Main Theme 4: Gendered Perspectives and Cultural Stigma

Menstruation is shrouded in stigma and secrecy in Pakistan. It results in women being unable to talk openly about their menstrual cycle and their experiences of it, especially with male family members, peers, or colleagues. Participants also shared similar experiences of how they navigate conversations about menstruation, especially with their male colleagues. Open discussions about

menstruation were difficult because of a general lack of understanding of male colleagues about the impact it has on women along with the cultural taboo associated with discussing menstruation openly.

Sub-theme 4.1: Gendered Perceptions and Lack of Understanding from Male Colleagues

Menstruation is a biological phenomenon only experienced by women, who have first-hand experience of its physical and psychological impact. Open conversation about its impacts with male family members, peers, or colleagues or also limited, making the knowledge that men have about menstruation limited. Participants shared that their male colleagues often lacked awareness of menstruation and in some cases were completely unaware of it. Rabail shared that *“For the most part, they’re (men) blissfully unaware, almost like the issue doesn’t exist.”* According to Mahnoor, *“Male colleagues often don’t understand the impact menstruation has on productivity.”* In cases where male colleagues were aware of the biological phenomenon of menstruation, they lacked the understanding or underestimated the impact that it has on women. As shared by Humaira, men are aware that menstruation exists *“but they don’t really understand how much it can affect someone’s ability to function if it’s bad.”* Due to this, the participants generally felt uncomfortable discussing menstruation with their male colleagues or having open conversations about it.

Sub-theme 4.2: Cultural Taboo and Discomfort Discussing Menstruation

Social norms in Pakistan dictate that menstruation has to be kept hidden. From having sanitary napkins wrapped up in brown paper bags to hide them from the public gaze to women pretending to fast in Ramadan while menstruating so that male family members do not find out about their cycles, women in Pakistan are forced to navigate menstruation in secrecy and shame. This social culture extends into the workplace, where women carry forward the shame and guilt associated

with menstruation and are reluctant to discuss it openly with their colleagues. As a result, participants shared that in the absence of a dedicated menstrual leave, they would be uncomfortable telling their male managers that they were taking a menstrual leave. Asma shared that: *“A lot of women reporting to male managers wouldn’t be comfortable taking menstrual leave... they’d rather take a sick leave.”* Similarly, Faiza shared that she wouldn’t be able to mention menstruation out loud *“even though my CEO is empathetic, something stops me from saying this is the reason I want to leave.”* Rabail also shared that *“If it’s a male manager, I wouldn’t want to go into that detail.”*

Main Theme 5: Resistance and Challenges in Policy Implementation

Female participants unanimously agreed upon the need for a menstrual policy. However, while they agreed on the necessity of it, they anticipated that menstrual leave policies could face resistance. Male colleagues could consider it preferential treatment or might see implementation of a menstrual leave policy that granted their female colleagues more leaves than them as unfair to them. From a management perspective, having to grant women extra leaves or flexible working arrangements might lead some employers to avoid hiring women altogether. Not only this but they were also of the view that any menstrual policy would have its own implementation challenges.

Sub-theme 5.1: Resistance to Menstrual Leave Policies

Participants agreed that any menstrual policy could potentially face resistance from their male counterparts and the management at their workplaces. Male colleagues could consider a specifically designated policy for women as preferential treatment or might see implementation of a menstrual leave policy that granted their female colleagues more leaves than them as unfair

towards themselves. Faiza shared that *“Menstrual leave would undoubtedly be opposed, particularly among male counterparts, who will consider it preferential treatment.”* From a management perspective, having to grant women extra leaves or flexible working arrangements might lead some employers to view women as less productive than male employees. This could push them towards hiring more men, which would ultimately have a detrimental impact on the female workforce. According to Mahnoor *“Some employers might avoid hiring women... one day per month is 12 days a year, they might use that as justification (to not hire women).”* Similarly, Fareeha shared that some employers in Pakistan are already hesitant to hire married women as they are seen as less productive than men due to their added responsibilities at home outside of work. The same biases might be associated with menstrual policies as well, which *“could push hiring preferences toward men... it’s a mindset problem.”*

Sub-theme 5.2: Challenges in Tracking and Implementing Menstrual Leave

Participants were also of the view that any menstrual policy would have its own implementation challenges. Several concerns were raised regarding any potential menstrual policy which included misuse, difficulty in tracking irregular cycles and privacy issues. According to Mahnoor *“Some people might misuse it (the policy), and HR can’t track every woman’s cycle as that would be invasive.”* Humaira shared that people like her who had PCOS have irregular cycles and therefore, *“Tracking would be tricky... for those with irregular cycles it (taking menstrual leave) could look random.”* To tackle this problem Rabail was of the view that *“You could just have a fixed number of leaves... tracking actual cycle dates isn’t necessary.”*

Main Theme 6: Work-Life Balance and Flexibility

All the participants unanimously emphasized on the need for any menstrual policy to contain provisions for menstrual leaves. However, all of them voiced similar opinions in stating that there was a need for flexible, health-conscious workplace policies that catered to the varying needs of employees. These could include provisions for flexible work hours, hybrid work arrangements, and health and well-being initiatives that included menstrual health as part of employee well-being.

Sub-theme 6.1: Flexibility in Work Hours and Hybrid Work Arrangements

Participants shared that any menstrual policy should contain provisions for flexible work schedules, shorter working hours, or hybrid arrangements during menstruation. This would allow them to maintain productivity and manage their symptoms while menstruating. Mahnoor shared that *“Having flexible working days on peak days of my period would really go a long way in easing my work.”* Similarly, Faiza shared that *“Work-from-home opportunities would enable me to work more conveniently on my period.”* Humaira also noted that *“Flexibility in hours would take the stress and pressure off when my productivity drops.”* Such provisions would not only improve employee well-being but also result in the acknowledgement of menstrual health as an important issue to be made a part of corporate policies.

Sub-theme 6.2: Wellness Programs and Policies for Employee Health

Participants voiced similar opinions in stating that there was a need for health and well-being initiatives that included menstrual health as part of employee well-being. They were of the view that the introduction of such initiatives could contribute significantly towards improving employee trust in their organizations. According to Navera, *“Wellness programs that focus on*

women's health would make a big difference in the workplace." Faiza also stated that "It would show thoughtfulness... even small allowances or comforts would help you make it through the day." Some participants also shared that organizations should not just focus on worker's productivity but should also take initiatives for their well-being as this would directly contribute towards their productivity. Mahnoor pointed out that *"There should be more emphasis on supporting women's health, not just their work output."*

4.2. Analysis of Men's Interviews

This section discusses the most significant themes and sub-themes that emerged in the interviews with male employees. It includes their perspectives on menstruation and associated menstrual health policies.

Main Theme 1: The Need for Menstrual Leave and Workplace Policy

There was a shared understanding among male participants that current workplace policies do not formally recognize menstrual health as a legitimate workplace concern. As a result, menstruation is not accommodated through dedicated policies or leave provisions, leaving women to rely on general sick or casual leave for recurring menstrual needs. In relation to that, the participants were of the view that there was a need for dedicated menstrual leave and workplace policy for female employees.

Sub-theme 1.1: Lack of Dedicated Menstrual Leave, Reliance on General Sick Leave

Participants were asked about the leave structure in their workplaces and whether there were any dedicated menstrual-related leaves allocated to women in their workplaces. Participants noted that sick leave is typically the only option available for menstruation-related absences, often between 5–10 days annually, which must also cover all other illnesses. According to Faizan,

“It’s a very generic, non-gender-based leave policy... mostly just basic sick leaves without any specification.” Similarly, Umer shared that he had *“14 annual leaves and 8 sick leaves. This applies to all employees, including female staff.”* Wajid also shared that *“There aren’t any special leaves for women... particularly for menstrual needs.”* As a result, this structure fails to acknowledge the recurring nature of menstruation and leaves little room for other health concerns. Waheed, who was entitled to only five sick leaves at his workplace shared that *“Five sick leaves are too few to accommodate any serious illness... then you have to utilize your casual leaves.”*

Sub-theme 1.2: Need for a Menstrual Leave Policy to Address Women’s Health Needs

Male participants supported the idea of a dedicated menstrual leave policy. Some participants were aware of the physical and emotional toll that menstruation has on women and how a menstrual leave would help women. Waheed was of the view that *“Especially on the first and second day (of the menstrual cycle), a day off would be helpful.”* They were asked about their opinion about their perception of the fairness of a menstrual leave policy and whether they would view it as preferential treatment. The participants shared that the reason that a menstrual leave policy was required was because of biological reasons and having a leave policy would be a matter of fairness and recognition of biological realities, rather than preferential treatment. Faizan shared that *“It’s not about more benefits, it’s about respecting basic biology... there should be leeway for that.”* Participants were also of the view that a menstrual leave policy would create more inclusivity in the workplaces as well. Shehroze was of the opinion that *“If there are people in the minority, you need to address their specific needs... even if it’s just 1% of employees.”* Wajid also shared that a dedicated menstrual leave policy would *“create inclusivity and openness for communication.”*

Main Theme 2: Physical and Emotional Impact of Menstruation

This theme reflects male participants' understanding, though to varying degrees, of how menstruation can affect women's physical comfort, mental well-being, and ability to perform at work.

Sub-theme 2.1: Physical Discomfort and Fatigue Affecting Productivity

Participants acknowledged that menstrual symptoms such as cramps, headaches, fatigue, and dizziness can hinder performance, especially in the initial days of the cycle. Ahmed shared that he had *"heard of dizziness, headaches, nausea, mood swings... different symptoms at different stages."* They also shared that menstruation could affect the ability of women to focus on work, which would also impact their productivity. Waheed shared that *"If anything is uncomfortable, they won't be able to focus... especially on the first and second day."* Participants also shared that since menstruation impacted women physically, policies were required which would accommodate women. Faizan shared that *"There are days when it's really hard... cycles vary from woman to woman, but there should be better policies for that."*

Sub-theme 2.2: Emotional and Cognitive Strain during Menstruation

Some participants connected physical discomfort to emotional strain, noting that pain and fatigue can influence mood, focus, and interpersonal interactions. Shehroze pointed out that *"If anything happens to your body, it becomes challenging... it can affect how you deal with people."* Some participants were also aware that people often fail to acknowledge how difficult menstruation can be for women. Waheed shared that he had *"worked with female colleagues who said people don't realize how stressful or painful that period can be."*

Main Theme 3: Workplace Flexibility and Support

Participants saw flexible work arrangements as a practical and often less contentious way to accommodate menstrual needs, reducing the need for formal disclosure. They also shared that having managers or teams who were cognizant of the impact menstruation has on women could greatly contribute to creating a supportive culture.

Sub-theme 3.1: Hybrid and Remote Work as Informal Support

Participants shared that hybrid or work-from-home options were would be valuable for allowing women to manage menstrual symptoms and would also allow them to work more productively. Wajid shared that *“If women could work from a comfortable environment at home during that time, they might feel better and still contribute effectively.”* Umer, who was in a managerial role himself, shared that it is possible to work around his female subordinates having to work from home. He shared that *“In most cases, especially in good companies, we can work around it.”*

Sub-theme 3.2: Managerial Understanding and Supportive Culture

Participants also shared that supportive managers and teams were essential for creating a supportive culture for women. Towards this end, it was necessary for manager-level sensitivity training along with training on how to handle the implementation of a potential menstrual policy. Shehroze shared that *“Manager-level training is important so that people are aware this can happen, and so work is structured to avoid dependency on one person.”* Waheed shared that *“Male leaders should make sure women feel comfortable... so they can discuss it (menstruation) openly if they need time off.”*

Main Theme 4: Gendered Perspectives and Cultural Stigma

This theme addresses the persistent discomfort around menstruation in workplace conversations, particularly in male-dominated environments where conversations about menstruation rarely happen.

Sub-theme 4.1: Limited Openness in Mixed-Gender Settings

Most participants agreed that menstruation is rarely discussed openly with male colleagues, due to cultural conditioning and workplace norms. Shehroze shared that *“I haven’t seen people actively talking about it... not even in my previous workplaces.”* Wajid also shared that there was reluctance associated with talking about menstruation: *“People hesitate a lot... those things are ingrained and take time to change.”*

Sub-theme 4.2: Cultural Norms Shaping Workplace Comfort Levels

Participants linked workplace silence to broader societal taboos, noting that reluctance often begins in the family setting. Ahmed shared that *“Growing up, we weren’t told it’s a natural process... I’ve never discussed it with my sister or female cousins.”* The silence around it could also be linked to people not being open-minded enough or not having enough knowledge on the subject. Waheed shared that *“There might be people who are not open-minded, not comfortable talking about it, or who don’t have enough knowledge.”*

Main Theme 5: Resistance and Challenges in Policy Implementation

Participants recognized potential pushback from both male colleagues and leadership, as well as logistical issues in implementing menstrual leave policies. These could stem from any potential menstrual leave policies being seen as unfair towards men or as giving preferential treatment to women.

Sub-theme 5.1: Perceived Unfairness or Preferential Treatment

Some feared that additional leave for women might be seen as women getting an advantage, especially in male-dominated industries. Faizan shared that *“We live in a misogynistic society, so yes, there would be pushback... from men and sometimes even from management.”* Wajid also shared that *“Giving additional leaves to some employees might cause male employees to feel women are getting an advantage.”* However, some participants were of the view that people who understood the challenges menstruation presented women would be able to understand that the policies were a necessity. Shehroze shared that *“There might be some reluctance from men... but rational people should understand.”*

Sub-theme 5.2: Practical and Privacy Concerns in Implementation

Although participants were supportive of a menstrual policy, they were of the opinion that there could be several issues with implementing such policies. Concerns included the potential for misuse, difficulty tracking cycles, and privacy violations. Ahmed was of the opinion that HR would face several challenges: *“It’s recurring and predictable... not everyone can be trusted, and that’s an HR challenge.”* To account for this Waheed shared that *“Work allocation should account for a female member not being available for one or two days.”*

Main Theme 6: The Role of Men in Reducing Stigma and Supporting Change

This theme focuses on male allyship and the potential role men can play in normalizing menstruation-related conversations and supporting policy adoption.

Sub-theme 6.1: Active Role in Creating Comfortable Work Environments

Participants stressed that male colleagues and leaders have a responsibility to foster openness and inclusivity. Men could make women more comfortable in regards to discussing menstruation, if they initiated open conversations regarding it. Faizan shared that *“Men play the biggest role in*

making female colleagues comfortable and safe enough to talk about it.” Shehroze shared that “If male colleagues initiate respectful, open conversations, women might feel more comfortable over time.” Participants also shared that it was also necessary for men to educate themselves on menstruation and how it can impact women. Waheed shared that men can make women more comfortable *“by being aware of this natural phenomenon... so women can discuss it openly if they need time off.”*

Sub-theme 6.2: Leading Policy and Cultural Change

Some suggested that men in leadership should take proactive steps to understand women’s needs and advocate for inclusive policies. Wajid shared that men in leadership *“need to be professional about it, more vocal, and lead from the front when making such policies.”* It was also necessary for men to normalize menstruation and the conversations around it. Ahmed was of the opinion that *“Normalizing conversations like this (the study) can help... I once got sanitary napkins for a colleague, and it was no different than getting Panadol for someone.”*

4.3. Cross-Gender Comparison of Thematic Findings

Table 4.1: Cross-Gender Comparison of Thematic Findings

| Main Theme | Female Participants | Male Participants | Comparison & Insights |
|--|--|---|--|
| The Need for Menstrual Leave and Workplace Policy | Reported no formal recognition of menstrual health in workplace policy. Women rely on limited sick/casual leave, often exhausting them before other health needs arise. Strong demand for dedicated menstrual leave framed as equity, not convenience. | Acknowledged lack of dedicated menstrual leave; women must use general sick/casual leave. Supported dedicated policies as a matter of fairness and biology, though some preferred expanding general sick leave instead. | Both groups recognize the absence of dedicated menstrual leave. Women emphasize <i>personal lived impact</i> ; men often frame it in <i>terms of policy fairness and inclusion</i> . |
| Physical and | Detailed accounts of | Recognized that | Women provide vivid, first- |

| Main Theme | Female Participants | Male Participants | Comparison & Insights |
|---|--|---|--|
| Emotional Impact of Menstruation | cramps, fatigue, headaches, nausea, and emotional strain that reduce productivity, especially in first 1–2 days. | symptoms can affect productivity and concentration, though descriptions were based on second-hand accounts rather than personal experience. | hand descriptions; men rely on observation or reported experiences, leading to a more general understanding. |
| Workplace Flexibility and Support | Hybrid work, flexible hours, and rest spaces seen as valuable coping mechanisms. Lack of rest spaces noted as a gap for those who can't work from home. | Supported flexible arrangements like remote work or adjusted hours as practical solutions. Emphasized the role of managers in making accommodations work smoothly. | Alignment in valuing flexibility. Women stress physical infrastructure (rest spaces), while men focus on managerial and operational adjustments. |
| Gendered Perspectives and Cultural Stigma | Reported discomfort discussing menstruation with male colleagues/managers due to stigma. Linked silence to fear of judgment or being seen as less capable. | Noted low openness in mixed-gender settings, tied to broader cultural norms. Some admitted never discussing menstruation with female family members, highlighting deep-rooted taboos. | Shared recognition of cultural stigma. Women describe its impact on disclosure; men reflect on their own limited exposure and societal conditioning. |
| Resistance and Challenges in Policy Implementation | Concern that menstrual leave may be seen as preferential treatment, leading to hiring bias. Worried about privacy in tracking cycles and potential misuse. | Echoed fears of pushback from male colleagues and management. Raised similar privacy and misuse concerns; some questioned feasibility in male-dominated industries. | Strong alignment on anticipated resistance and implementation challenges, though women more frequently link resistance to gender bias in hiring. |
| Work-Life Balance and Broader Wellness | Framed menstrual leave as part of larger need for health-conscious policies. Suggested flexible hours, hybrid work, and wellness programs focused on women's health. | Linked menstrual accommodations to overall productivity and employee well-being. Suggested flexibility and managerial training to normalize and integrate such policies. | Both groups see menstrual leave as part of wider workplace well-being. Women lean towards holistic wellness programs; men emphasize training and operational planning. |

| Main Theme | Female Participants | Male Participants | Comparison & Insights |
|---|---|---|--|
| The Role of Men in Reducing Stigma and Supporting Change | Women noted that lack of understanding from male colleagues is a barrier, but few spoke of men’s active role in change. | Men saw themselves as having a role in normalizing conversations, supporting colleagues, and leading cultural change. | Men explicitly recognize allyship potential, suggesting an opening for gender-sensitivity initiatives that actively engage male employees. |

CHAPTER 5: DISCUSSION

The research examines the necessity of menstrual policies in Pakistan's corporate environment, revealing challenges faced by women, lack of appropriate policies, and stigma associated with menstruation. The ensuing discussion relates the findings the data analysis to the theoretical framework of FST.

5.1. Menstrual Leave and Workplace Policy

A core need highlighted by the female respondents was the necessity of menstrual leave. They were unanimous in their feeling that the present sick leave policy fails to appropriately respond to the specific health needs they have during their menstrual periods. Lack of special menstrual leave makes women resort to using up their regular sick leave, which is ineffective and simply does not address the health issues of menstruation (Gurung et al., 2020). This observation affirms the theoretical underpinnings of FST which focuses on the lives of women as being marginalized and their viewpoints and needs being ignored policy formulation. This is particularly the case in areas where men dominate policy formulation and where menstruation is not fully accepted as a topic to be discussed openly (Swingonski, 1994).

Male participants support menstrual leave, but often fear resistance due to work productivity, cultural barriers, and questions regarding the fairness of women having separate accommodations as them. While some acknowledge the important of having a designated menstrual leave policy, others acknowledge that opposition may arise due to there being a lack of knowledge of how menstruation impacts women.

Furthermore, FST emphasizes the destructive nature of gendered perceptions of women health and bodies, which is more likely to lead to policies that do not completely accommodate the lives of women. The discomfort and reluctance to discuss menstruation openly in most workplaces

point to a deeper issue; the lack of gender-responsive strategies that recognize menstruation as a legitimate health concern rather than a personal inconvenience.

5.2. Physical and Emotional Impact of Menstruation

Both male and female participants described the major physical and emotional impact of menstruation on the productivity of women. Not only does the physical symptoms of severe cramps, fatigue, and nausea affect the level of concentration and productivity, but the emotional difficulties that can include mood swings and irritability, also negatively influence the motivation and productivity at work (Gurung et al., 2020). Women reported that menstrual-related pain often hindered their concentration, and this aspect is in line with the general body of literature on menstruation and its impacts on mental health and well-being of females (Chrisler et al., 2016).

Although male participants recognized that menstruation impacts women negatively and has an impact on their productivity, they were restricted in their understanding of what it actually entails. The effects of physical discomfort were understood by some male participants; however, the emotional impacts were less clear to some. This gap is an indication of the necessity of educating individuals about menstruation and the emotional and psychological burden it exerts on women. The FST focus is on giving menstruating women (those most affected by the policy) centre-stage. Thus, the absence of knowledge among men related to the overall effect of menstruation indicates that gender sensitivity training is essential to develop empathy and inclusivity at workplaces.

The research recommends improved workplace accommodations for women, including policies reducing physical effects of menstruation and additional support measures like rest places and

flexible working conditions. These accommodations aim to decrease stigma and promote a shift towards treating menstruation like other health issues.

5.3. Workplace Flexibility and Support

Work flexibility, especially having the option to work from home, was identified as an unofficial but an important accommodation to menstruating women. Female and male respondents deemed being able to work at home or alter the working hours during the period of menstruation to be necessary, enabling women to alleviate their premenstrual symptoms without necessarily having to recount this to others. The hybrid work models allowed women to manage their health without having to explain their situation to their supervisors (Gurung et al., 2020). The lack of designated rest areas in the workplace was another major finding. Women reported that the lack of designated spaces where they could rest or address their discomfort led to more stresses and anxiety, and contributed to the overall deterioration of their work performance.

The research suggests that both female employees should have designated rest areas for menstruation symptoms. Having secluded, quiet spaces would help employees recover and return to work feeling refreshed. However, policies often overlook this need, especially in male-dominated environments.

5.4. Gendered Perceptions and Cultural Stigma

Stigma around menstruation is by far one of the biggest issues preventing the normalization of menstrual policies. Both genders took note of the shame associated with menstruation, especially in male-dominated workforces where it is considered inappropriate to discuss menstruation openly. FST claims that this stigma is not merely an individual one but is structural in nature. Societal and cultural beliefs and practices are brought into places of employment, and thus women cannot speak openly about their health requirements. In organizations, the reluctance to

openly discuss menstruation further stigmatizes women's health issues and reinforces gendered power imbalances, where male voices are prioritized and policies are shaped to prioritize men.

The study found that younger colleagues showed more empathetic attitudes towards menstruation issues, while older colleagues had stronger barriers. This suggests a generational difference in attitudes towards menstruation, highlighting the need for long-term solutions.

5.5. Resistance and Challenges in Policy Implementation

The adoption of menstrual policies could potentially face opposition, especially among the male leadership and HR departments. Other reservations included menstrual policies, and especially menstrual policies as being unfair to men. Menstrual leave could be perceived as giving women an unfair advantage in the work place. This would be especially true in workplaces where employees are offered leave encashments at the end of the financial year for their remaining leaves. This would give an undue financial advantage to women who may be able to use encash their leaves.

This highlights the importance of giving importance to the lived experiences of women when formulating policies. Menstruation is an experience unique to women and women could point out that it is unfair that they have to work through it while men do not have an equivalent health concern that impacts their work. Organizations can create an enabling environment by paying attention to the lived realities of women and the ability to comprehend how menstruation can affect their productivity so that policies address the needs of employees in full.

Furthermore, difficulties based on logistical issues of monitoring menstrual leave were also noted, especially for women who may have irregular menstrual cycles due to other health conditions. Nonetheless, such policies could be efficiently enacted and supervised, eliminating the fears of being misused or creating an unfair advantage. FST refers to the significance of the

presence of women in leadership roles who can push for policies to address the needs of menstruating workers. The presence of women in HR departments or as managers is essential in the effective formulation of such policies.

This analysis and associated discussion have shown that it is necessary to introduce a systemic change in workplace policy to address health needs related to menstruation. FST is informative to the interpretation of these issues, and it is necessary to note that policy makers need to integrate the lived experience of women in the policy formulation. Menstrual policies face challenges in male-dominated workplaces due to cultural stigma, lack of female leadership, and lack of women-specific policies. Therefore, organizations should consider menstruating voices in workplace policies.

CHAPTER 6: Recommendations for a Menstrual Policy in Pakistan

In order to enable menstruators to manage the physical, emotional, and social effects of menstruation, this research suggests implementing an effective national level menstrual leave policy by taking into account global examples (*Chapter 2.2.4*) as well as the nation's cultural and social landscape. The following is a framework for the components that can be included in the policy:

- ***Paid Menstrual Leave:*** A paid menstrual leave policy should be initiated, where female employees of reproductive age can take time off due to the effects of menstruation, which, in turn, greatly affects their ability to perform their job. This should be granted in addition to the standard sick leave and must be formulated in such a manner that women are able to take it without having to provide evidence of justifications to their lines managers or supervisors.
- ***Flexibility and Workplace Accommodations:*** Along with menstrual leave, flexible working conditions should be introduced, which means providing an alternative to working at the office such as working from home or having flexible working hours during menstruation. That would enable employees to work while menstruating and remain productive and reduce opposition to menstrual leaves as well.
- ***Cultural Sensitivity and Education:*** Pakistan's cultural stigma surrounding menstruation necessitates sensitive policies on menstrual leave. Educational campaigns aimed at increasing awareness, reducing stigma, and fostering inclusivity should be introduced. Management and HR staff should also be educated on menstrual health benefits.

- ***Implementation and Legal Framework:*** The menstrual leave policy must be formalized within a clear legal framework, which outlines the number of leaves that employee are entitled to, the procedure for requesting leaves, and how the policy will interact with other leave policies. Moreover, both government labour laws and organizational policies should be used to enforce the policy in such a way that companies adhere to the legal framework.
- ***Female Leadership:*** A critical element in the success of any menstrual policy would be to incorporate the efforts of women in leadership positions, especially in HR and management. Women leaders are often better positioned to understand the challenges faced by menstruating employees and can play a key role in advocating for menstrual health policies. Promoting women into leadership roles should therefore be actively encouraged and supported within organizations, not just for representation, but to ensure more inclusive and responsive workplace policies.
- ***Monitoring and Evaluation:*** Regular evaluation of menstrual policies is crucial, involving employee absenteeism, job sufficiency, and productivity. Feedback from employees can identify areas for improvement and ensure equitable policy implementation.

The information provided by global experiences on menstrual policies is significant in offering helpful suggestions on how Pakistan can structure and establish its menstrual policy. Pakistan can embrace a flexible, culture-sensitive, and inclusive policy to promote the health and well-being of its menstruating employees, minimize the stigma surrounding menstruation, and increase workplace productivity. A rights-based approach, considering the diverse needs of

employees, will not only improve the working conditions of women but also promote broader gender equality in the workplace.

CHAPTER 7: CONCLUSION

This research examines the lack of workplace policies on menstruation and menstrual leave in the corporate sector in Pakistan. The research provides further justification for implementing a menstrual leave policy, increasing flexibility in the workplace, and fostering a cultural transformation to recognize and support menstruation as a valid medical concern. This enables the research to inform essential policies by utilizing Feminist Standpoint Theory, which advocates for incorporating the experiences of women into the policy-making process. Participants recommended menstrual leave policies not only because they are a necessity for their well-being but also as a step towards greater flexibility at work.

Support for menstrual policies is increasing in female-dominated organizations. However, to create a more accepting and understanding work environment, implementing menstrual leave may not be enough; managers also need to change the cultural attitude toward menstruation, make the work environment more adaptable, and ensure that women have a voice in organizational decisions. Finally, the corporate sector in Pakistan can be more inclusive and supportive towards all employees, with special reference to those who experience periods of difficulty, by adopting these recommendations.

7.1. Limitations of the Study

To situate these findings within a broader perspective, it is also important to acknowledge the limitations of the study. While this study has been conducted with careful attention and intent, it also acknowledges certain limitations in its scope and approach. These are as follows:

- **Sample Size and Composition:** 14 semi-structured interviews were conducted consisting of 6 men and 8 women. Though this number has yielded good qualitative information, it does not fully reflect the entire workforce, at least in respect to industry scope and geographical

representation. It might not be possible to generalize the results of different sectors in Pakistan due to the limited sample size.

- ***Ethnic/Socio-Economic Bias:*** The sample was drawn from urban workplaces in Lahore, which may differ significantly from those in rural areas or smaller cities. Additionally, the cultural and socioeconomic backgrounds of participants were not systematically accounted for, which could influence how their perspectives on menstrual health were shaped.

- ***Male Perspectives:*** Another limitation of the study lies in the representation of male perspectives. Since the study details were shared beforehand, only men who were supportive of or open to the idea of menstrual policies agreed to participate. While a few initially expressed interest, they later withdrew after learning more about the topic. As a result, the male voices included may not fully reflect the broader range of views within the corporate sector. In contrast, women participants were unanimous in expressing the need for menstrual leave. The limited diversity in male responses does not diminish this demand; rather, it points to the deeper institutional and societal barriers that often prevent open dialogue around menstrual health. These barriers must be acknowledged and addressed when formulating inclusive workplace policies.

- ***Triangulation:*** The study could not triangulate data through methods such as focus group discussions (FDGs). Very few men were willing to participate in interviews, and even fewer were open to joining FDGs. As for the women participants, their responses in the interviews were so consistent and aligned that a focus group was not deemed necessary. While this does not weaken the findings, it does limit the depth of interaction and group dynamics that FDGs might have offered, particularly in understanding how collective discussions shape or challenge individual views.

- ***Self-reported Data:*** The study includes self-reported data which is subject to biasness. There is a possibility that some participants down-played or exaggerated some parts of their experiences especially due to the sensitivity of menstruation. This is especially relevant in conservative or male-dominated industries where discussing menstruation is stigmatized. Additionally, since the interviews were conducted by a female researcher, it is possible that the responses from male participants were influenced by social desirability bias. Some men may have been less forthcoming or may have shaped their answers to appear more supportive or respectful, which could differ from how they might have responded to a male interviewer. This dynamic may have affected the authenticity or depth of insight into male perspectives on menstrual leave, and is important to consider when interpreting the data.
- ***Gendered Experiences:*** While the research sought to highlight both male and female perspectives, male participants' understanding of menstruation is inherently limited by their lack of direct experience. Although they provided valuable insights into their perceptions, their responses may not fully capture the depth of the challenges faced by menstruating employees.
- ***Researcher Bias:*** As a researcher, my personal experiences and views on the subject matter might have influenced how I interpreted and analyzed the data. A more neutral stance in analyzing responses could be important to ensure that biases related to my own stance on menstrual policies were minimized.
- ***Lack of Longitudinal Data:*** The study was cross-sectional, meaning it provides a snapshot of views at a single point in time. Longitudinal research would be beneficial to track changes in attitudes towards menstrual leave policies over time, particularly in response to potential policy implementation.

7.2. Implications for Future Research

Building on these limitations, several directions emerge for future research. Future studies could explore how cultural, geographical, and industry-specific differences influence attitudes toward and implementation of menstrual leave policies. Investigating workplaces in rural areas or in industries with predominantly female employees, such as education and healthcare, could provide a fuller picture. Long-term studies examining the actual outcomes of menstrual leave policies could also provide concrete data on how such policies affect productivity, employee satisfaction, and retention, helping organizations assess the practical implications of implementing such policies. Further research could investigate how factors like socioeconomic status, education, and ethnicity intersect with menstruation-related health challenges in the workplace, using an intersectional approach to shed light on how marginalized groups experience additional barriers. Future research may also benefit from larger and more diverse samples, particularly increased male participation, to broaden the range of gendered perspectives and deepen understanding of workplace attitudes toward menstrual policies.

Another important area involves exploring the role of men in advocating for menstrual leave policies. While male participants in this study expressed some awareness, deeper research could investigate how male allies in the workplace can contribute to reducing stigma and supporting policy implementation. Additionally, comparative research on menstrual leave policies in other South Asian countries such as India, Bangladesh, or Sri Lanka could highlight regional trends, similarities, and differences, offering a broader perspective on South Asian workplace culture.

Including institutional stakeholders such as HR policymakers, senior management, and labor authorities in future studies could further strengthen institutional and policy-level insights and support the development of contextually appropriate workplace interventions.

Lastly, the findings of this study also hold important policy implications. The research recommends introducing formal menstrual leave in workplaces. The fact that such policies have not been implemented yet makes women utilize sick leaves which are not sufficient to meet their specific health needs. The policy must be geared to enable women to take leave without shame or necessarily having to offer lengthy explanations and to foster an accommodative working environment. Workplaces require not only formal menstrual leave but also flexible working conditions that enable women to cope with their menstrual period without fear of judgment. Flexible schedules, work-from-home options, and adaptable hours can significantly reduce the impact of menstruation on women while allowing them to remain productive.

Menstrual health should also be a part of organizations' wellness and health initiatives. It is critical to spread knowledge, demonstrate empathy, and promote candid discussions on this subject to create more inclusive workplaces and lessen the cultural stigma associated with menstruation. Policies pertaining to employee health should prioritize workers' general well-being in addition to productivity. Employers should fund sensitivity training and awareness initiatives, particularly for male staff members, to promote supportive behavior at work and reduce stigma. Additionally, companies should consider establishing specific areas where female workers can take a break during their periods. According to the research, implementing menstrual policies requires strong leadership, and more women in senior leadership roles can promote equity and better address the needs of workers, particularly women.

In conclusion, this study highlights the urgent need to recognize menstruation as a legitimate workplace concern and to embed supportive measures within organizational policy. By centering women's lived experiences and acknowledging the structural barriers that shape them, the

research reinforces that menstrual leave is not merely a benefit but a step towards equity, dignity, and inclusion in Pakistan's corporate sector. Meaningful progress will depend on sustained commitment, cultural openness, and leadership that prioritizes the well-being of all employees.

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APPENDIX A: PARTICIPANT INFORMATION SHEET

Note: This participant sheet was shared with each participant prior to conducting to the interviews. This also contains the interview guides for both male and female participants.

Participant Information Sheet

Title of Study: Gendered Perspectives on Menstrual Policies in the Workplace

Researcher: Aamna Abid

Degree Program: MPhil in Development Studies, Pakistan Institute of Development Economics

Purpose of the Study

This study is part of an MPhil research and aims to explore whether there is a need for menstrual health-related policies in corporate workplaces in Pakistan. The research seeks to understand how menstruation may affect women's work experiences, well-being, and productivity, and to explore perceptions about the potential role of workplace policies in supporting female employees.

The study will also examine societal and institutional attitudes toward menstruation and the possible barriers to implementing such policies. Insights from these interviews will contribute to policy recommendations aimed at fostering inclusive and gender-responsive work environments.

What Participation Involves

You will be asked to take part in a semi-structured interview that will last approximately 30–45 minutes. These may be conducted in person or via phone/video call, based on your convenience and availability.

- Interviews will involve a one-on-one conversation with the researcher, allowing for a deeper discussion of your individual experiences and views.

With your consent, the sessions may be audio-recorded for transcription and analysis purposes. All recordings will be securely stored and anonymized during transcription.

Participation is entirely voluntary, and you are free to decline to answer any question or withdraw from the interview or at any time without any explanation or consequence.

Confidentiality and Anonymity

Your identity and any personal information will be kept strictly confidential. Data will be anonymized, and pseudonyms will be used in the final thesis and any related publications. Only the researcher and academic supervisor will have access to the full data set.

Voluntary Participation and Consent

Your participation is entirely voluntary. You may choose to withdraw at any time, without providing a reason, and without any consequences.

Use of Data

The information you provide will be used solely for academic research purposes. It may be included in the final MPhil thesis and may contribute to academic publications or presentations, all while maintaining confidentiality.

Contact Information

If you have any questions about the study or your rights as a participant, feel free to contact

Researcher: Aamna Abid

Email: aamna.22@pide.edu.pk

Supervisor: Dr. Fahd Zulfiqar

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Department of Social Sciences

Pakistan Institute of Development Economics, Islamabad

Interview Guides

Semi-Structured Interview Guide for Female Participants

1. How long have you been working at your current organization and what is your total work experience?
2. What is your current role or designation? Do you have any female employees reporting to you?
3. Can you describe the general workplace policies at your organization regarding employee well-being and health?
4. How many leaves are you currently entitled to in a year?
5. For what reasons do you usually take leaves?
6. What is your opinion on the current leave structure in your workplace? Is it sufficient to address women's health needs?
7. Can you share any challenges you face at work during menstruation? (e.g., physical discomfort, stigma, lack of facilities)
8. How does menstruation affect your ability to work (e.g., focus, fatigue, physical pain)?
9. How do you typically manage these challenges at work?
10. Do you feel supported by your workplace when managing menstruation-related issues?
11. Have you ever taken leave due to menstruation-related discomfort? If yes, how was it perceived by colleagues or management?
12. Are there any specific facilities or policies in your workplace to support women who menstruate?

13. Do you have any other health issues that affect your work, particularly during menstruation?
14. What kind of household activities or responsibilities do you have to perform while menstruating?
15. Are you aware of any workplace policies that address menstruation?
16. Have you heard about menstrual policies in other countries or organizations? What are your thoughts on them?
17. Do you feel there is a need for menstrual leave or related policies in your workplace? Why or why not?
18. What kind of policies or accommodations (e.g., flexible hours, breaks) would you suggest to better support menstruation-related challenges?
19. What potential advantages do you see in implementing a menstrual policy?
20. Are there any potential drawbacks or unintended consequences you anticipate?
21. Do you think having menstrual leave policies specifically for women would be fair, or should overall sick or casual leaves be increased instead? Why?
22. If given the option, would you prefer a designated menstrual leave policy or an increased number of general leaves to use as needed?
23. How inclusive do you think your workplace is toward addressing the specific needs of female employees?
24. How do you think male colleagues perceive menstruation and its impact on female employees?
25. Do you feel comfortable discussing menstruation-related challenges with your colleagues or supervisors? Why or why not?
26. What barriers do you think could prevent the adoption of menstrual leave or related policies in your workplace?
27. How do you think colleagues, both male and female, would react to such a policy?
28. What challenges do you think HR or management would face in implementing this policy?
29. Are there other ways your workplace could be more inclusive of female health needs?

Semi- Structured Interview Guide for Male Participants

1. How long have you been working at your current organization and what is your total work experience?
2. What is your current role or designation; is it a managerial role? If so, do you have any women reporting to you?
3. Are there any female employees in your workplace and do you frequently interact with them?
4. How many leaves are employees entitled to in your workplace and is there any bifurcation in the leaves – sick, casual, annual?
5. For what reasons do employees usually take leaves in your workplace?

6. Do you think the current leave structure is sufficient to address various health needs, including those of female employees?
7. Are there any policies or practices currently in place to support female employees' health and well-being?
8. How inclusive do you think your workplace is toward addressing the specific health needs of female employees?
9. Are you aware of menstruation? Do you know how it effects women physically, emotionally, etc.? Do you think it would affect their ability to work or their productivity in general?
10. Do you believe menstruation is a natural health process that should be discussed openly? Why or why not?
11. Do you think people hesitate to discuss menstruation in your workplace and if so, is it because of cultural or social stigma?
12. Have you observed female colleagues face challenges at work due to menstruation-related health issues?
13. How comfortable do you think women feel discussing menstruation-related challenges with male colleagues or supervisors?
14. Are you aware of any workplace policies that address menstrual health or provide support like menstrual leave – in Pakistan, or elsewhere?
15. Do you think such policies are necessary? Why or why not?
16. What benefits do you think menstrual leave policies or flexible work accommodations could offer? E.g., Inclusivity, more productivity, etc
17. What concerns or drawbacks, if any, do you foresee with implementing a menstrual leave policy?
18. Do you think menstrual leave policies would affect team dynamics or workplace culture? If yes, how?
19. What barriers might prevent the adoption of menstrual leave or similar supportive policies?
20. How do you think HR and leadership would respond to the introduction of menstrual health policies?
21. Would you prefer increasing general sick or casual leaves instead of introducing a separate menstrual leave policy? Why or why not?
22. What role can male employees, especially those in leadership, play in supporting menstrual health initiatives?
23. What prevents male leadership/male colleagues from engaging with menstruation-related topics?
24. How can men contribute to reducing menstrual stigma in the workplace?
25. What policies or accommodations would you suggest to make your workplace more inclusive for female employees?