

# Menstrual Hygiene Management Practices among Women Workers in Informal Sector: A Systematic Review of the Literature

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## ABSTRACT

Women form a large share of India's informal workforce, yet their menstrual health needs remain poorly addressed within labour policy and workplace practices. This study examines prior research on menstrual hygiene management practices among women workers in the informal sector in India. A systematic literature review approach was adopted. Studies published between 2000 and 2025 were identified from Scopus and Google Scholar. After applying inclusion and exclusion criteria, 38 studies were identified and included for review, of which 28 were analysed using a thematic approach. The reviewed literature was categorised into six broad themes, including informal sector dynamics, gender dimensions of informal work, legal and policy exclusion, menstrual health as a labour issue, workplace sanitation and occupational health, and the dominant focus on adolescents. The review findings indicate that the majority of studies concentrate on school-based menstrual hygiene and adolescent girls, while limited attention is given to adult women working in informal occupations. Inadequate sanitation facilities, lack of workplace support, and weak policy coverage continue to affect women's health, dignity, and work participation. The study points to the need for greater research and

policy attention to menstrual hygiene management as an integral part of occupational health in the informal sector.

**Keywords:** Menstrual hygiene management; Informal sector; Women workers; Workplace sanitation; Occupational health; Gender and labour policy

## 1. INTRODUCTION

Women account for a substantial proportion of India's informal workforce. Nearly 94 percent of female workers are engaged in this sector, and almost half contribute as main income earners within their households (Geetika et al., 2011). Despite this contribution, women in informal employment continue to face limited recognition and weak workplace protection. Their labour often remains undervalued, while gender-specific needs, particularly access to menstrual hygiene facilities, receive limited attention from both policymakers and society.

Differences in education, income, and labour market conditions contribute to uneven legislative protection across Indian states (Sen & Sengupta, 2016). In addition, the personalised and informal nature of recruitment practices constrains the scope for uniform regulation within this sector (Rustagi, 2016). Much of existing research on gender discrimination in informal work

has concentrated on wage inequality, sexual harassment, and inadequate childcare support (Atiq & Batool, 2022; Dhawan, 2021; Gammage et al., 2019; Sumalatha & Roy, 2024). By contrast, studies examining menstrual hygiene management have largely focused on adolescent girls and on government initiatives such as the Rashtriya Kishor Swasthya Karyakram, the Menstrual Hygiene Scheme, and the Swachh Vidyalaya Campaign (Press Information Bureau, Government of India, 2025; Sharma et al., 2020).

For women employed in the informal sector, menstrual health involves persistent challenges. Basic workplace amenities, including clean toilets, reliable water supply, and safe disposal systems for menstrual products, are often absent (Hennegan et al., 2019; Malik et al., 2023). As a result, many women manage menstruation in conditions that are unhygienic and undignified. Such practices increase the risk of infection and adversely affect both physical and mental well-being. Women living with conditions such as polycystic ovarian disease (PCOD) and polycystic ovary syndrome (PCOS) frequently experience severe menstrual pain and may require medical attention. These challenges are further intensified for informal workers who depend on daily wages and have restricted access to healthcare services (Chatterjee et al., 2024). These concerns can be understood within the framework of the Sustainable Development Goals (SDGs). SDG 3 focuses on access to healthcare, including menstrual hygiene management, which is particularly relevant for women working in settings characterised by inadequate sanitation. SDG 5 addresses gender equality through efforts to challenge menstrual stigma and improve access to menstrual products. SDG 6 emphasises the importance of water, sanitation, and hygiene (WASH) infrastructure, which is essential for safe menstrual practices at workplaces. SDG 8 highlights the importance of decent working conditions, including access to sanitation

facilities, in supporting productivity and workplace dignity. Taken together, these goals draw attention to the need to improve menstrual health outcomes, reduce absenteeism, and protect the dignity of women employed in the informal sector.

Attention to menstrual health is therefore critical for safeguarding women's well-being, particularly within the unorganised sector where basic rights are frequently overlooked. Although menstrual leave policies exist in countries such as Japan and Indonesia, India does not at present have a nationwide provision (Global Woman Leader, 2023). Some states, including Bihar and Kerala, along with private companies such as Zomato and Swiggy, have taken limited but progressive initiatives in this direction (BBC News, 2025; Bhati, 2022). Nevertheless, effective implementation and the reduction of menstrual stigma require sustained and coordinated action by governments, employers, and society.

During its G20 Presidency, India reframed the idea of a "gender-sensitive lens" by shifting emphasis from "women's development" to "women-led development." This shift positioned women's empowerment as a central driver of the 2030 Agenda for Sustainable Development and highlighted its wider socio-economic implications. India committed to strengthening women's social and economic participation, reducing gender pay gaps, addressing unpaid care work, narrowing the digital gender divide, eliminating gender-based violence, and promoting gender-inclusive climate action. Investment in the care sector was identified as an important strategy for increasing women's labour force participation, with the potential to create 475 million jobs globally by 2030 (Press Information Bureau, Government of India, 2024).

The government bears primary responsibility for ensuring access to essential facilities for women working in the informal sector. Employers, even within informal workplaces, can support women by providing rest breaks, hygiene resources,

and appropriate disposal systems. Educational campaigns also play a significant role in reducing stigma and improving knowledge related to menstrual health. By prioritising menstrual hygiene, policymakers and employers can contribute to healthier and more equitable work environments consistent with India's commitment to women-led development. This study adopts a systematic literature review approach to examine existing research on menstrual hygiene management among women workers in the informal sector.

## **2. SIGNIFICANCE OF THE STUDY**

Menstrual health represents an important but often overlooked aspect of women's well-being, particularly within India's informal sector, where a large proportion of women work under insecure and unregulated conditions. Women engaged as agricultural labourers, street vendors, domestic workers, and daily-wage earners frequently lack access to adequate menstrual hygiene facilities, reliable information, and supportive workplace arrangements. These limitations have direct consequences for their health, work performance, and personal dignity (Chatterjee et al., 2024). According to data from the ILO and the Institute for Human Development (2024), approximately 86 percent of employed women in India are engaged in the informal economy. Processes such as economic growth and urban migration have further expanded the informal sector as a major source of livelihood. This pattern is consistent with Lewis's dual-sector framework and its later interpretations in the Indian labour market context (Elgin & Oyvat, 2013; Sahu & Behera, 2025). Despite this expansion, informal workers continue to face employment insecurity, limited access to healthcare, and inadequate workplace amenities. The absence of clean restrooms, safe menstrual products, and sufficient rest periods often forces women to manage menstruation under unhygienic conditions. These challenges are particularly

severe for women experiencing polycystic ovarian disease (PCOD) and polycystic ovary syndrome (PCOS). Social stigma surrounding menstruation further discourages open discussion and reinforces unsafe hygiene practices.

While several countries, including Japan, Indonesia, and South Korea, have introduced menstrual leave policies, India lacks a comprehensive national framework in this regard. Only a limited number of states, such as Bihar and Kerala, along with a few private organisations including Zomato, Swiggy, and Byju's, have implemented menstrual leave provisions (Chatterjee et al., 2024). Within the informal sector, where daily earnings are essential for subsistence, such forms of support remain largely absent. Financial constraints further restrict access to quality menstrual products, highlighting the need for targeted involvement by governments and employers.

Improving menstrual health outcomes among women working in the informal sector therefore requires coordinated and sustained action. Governments play an important role in ensuring access to sanitation facilities, menstrual leave provisions, and affordable menstrual products. Employers can contribute by providing rest breaks, hygiene facilities, and safe disposal systems. Awareness initiatives are equally important in reducing stigma and improving understanding of menstrual health.

As this study is based on a systematic literature review, it brings together existing research to identify recurring challenges, policy gaps, and emerging evidence related to menstrual hygiene management in the informal sector. By synthesising findings across studies, the review supports the development of informed, context-sensitive, and policy-relevant responses.

## **3. RESEARCH GAP**

Research on menstrual hygiene management among women workers in India's unorganised sector remains limited.

Although scholarly attention to menstrual health has increased in recent years, most studies continue to focus on adolescent girls in school settings. This literature primarily addresses awareness, hygiene education, and access to sanitary products within formal institutional environments. In contrast, women employed in informal occupations such as construction work, domestic service, street vending, factory work, and sales are exposed to conditions that are substantially different from those experienced by school-going girls.

Women working in the informal sector often perform long hours of physically demanding labour and commonly lack reliable access to toilets, privacy, or menstrual products at the workplace. As a result, existing research frequently fails to address the health risks associated with poor menstrual hygiene, reduced work productivity, and the longer-term socio-economic consequences faced by adult women workers. This gap in the literature contributes to policy approaches that do not adequately reflect the everyday realities of informal employment.

Another significant gap relates to the perspectives of employers in the informal sector regarding menstrual hygiene needs. Small business owners, household employers, and site supervisors may lack awareness or may not perceive menstrual hygiene as part of their responsibility. Very few studies examine their willingness to provide facilities or the constraints they face, including financial, cultural, and logistical barriers.

#### **4. RESEARCH QUESTIONS AND OBJECTIVES**

This study is guided by the following research questions:

- What themes and patterns emerge from existing studies on menstrual hygiene management among women workers in the informal sector?
- What key findings have been reported in earlier studies addressing menstrual hygiene management in the informal sector?

Based on these research questions, the objective of the study is to identify and synthesise the major themes and patterns reported across existing research on menstrual hygiene management among women workers in the informal sector.

#### **MATERIALS & METHODS**

The methodology adopted for this study is outlined below.

**5.1 Nature of the Study:** The study adopts a review-based research design.

**5.2 Sources of Data:** Data for the study were obtained from Scopus and Google Scholar. Google Scholar is used as a supplementary search platform to identify peer-reviewed and Scopus-indexed studies and to access full-text versions of relevant publications.

#### **5.3 Inclusion and Exclusion Criteria**

The inclusion and exclusion criteria were applied to ensure the relevance, quality, and consistency of studies selected for the review and are outlined below.

##### **Inclusion Criteria:**

Studies were included in the review if they met the following criteria:

- Publication between the calendar years 2000 and 2025.
- Written in the English language.
- Peer-reviewed journal articles, conference proceedings, or research papers indexed in Scopus.
- Full-text availability.

##### **Exclusion Criteria:**

Studies were excluded from the review if they:

- Were published before 2000 or after 2025.
- Were non-academic in nature, including newspaper articles, magazine articles, blogs, editorials, and opinion pieces.

## 5.4 Selection of Sample Papers

An initial set of 71 research papers and articles was identified through Scopus and Google Scholar. After applying the inclusion and exclusion criteria, 38 studies were selected as the most relevant to the research topic for the review. Of these, 28 papers were used for the thematic analysis.

## 6. RESULT

Thematic Framework of Reviewed Literature:

### 6.1 Major Theme: Informal Sector and Urbanisation:

Key Focus areas:

- **Contribution to GDP and employment:** According to estimates derived from the National Accounts Statistics, the informal sector contributed approximately 45 percent of India's GDP in 2022–23 (Ministry of Statistics and Programme Implementation, 2025). Furthermore, the International Labour Organization (ILO) & Institute of Human Development (IHD) Report, 2024 reported that around 45 percent of India's labour force participate in informal employment.
- **Contribution to urbanisation:** The expansion of the informal sector in India has been influenced by multiple structural factors, including rapid urbanisation, shifting demands in the labour market, and the persistent challenges of accessing formal employment opportunities (Kumari & Dutta, 2023). Elgin and Oyvat (2013) discovered an inverted U-shaped relationship between urbanisation and the scale of the informal sector. Their research highlighted that, with urbanisation, there is high growth of share of informal sector in the economy due to some pull and push factors. In the later stages of urbanisation, the share of the informal sector tends to decline. This change occurs as formal employment expands and regulatory mechanisms become more effective.

### 6.2. Major Theme: Gender Dimension of the Informal Sector

The major focus areas within this theme include the feminisation of informal work, and women's over-representation.

#### **Feminisation of the Informal Sector and Women's Over-representation:**

Informal employment in India shows a clear gender imbalance. About 86 percent of working women are employed in the informal sector, compared to 82 percent of men. In addition, nearly 91 percent of all women engaged in paid employment work under informal conditions. These figures indicate the persistence of informality in India's labour market and underline its strong gender dimension (ILO & IHD, 2024). Neetha and Palriwala (2011) observed that the expansion of the middle class, the shift towards nuclear families, and the gradual increase in middle-class women's participation in the labour force have contributed to a growing demand for domestic workers.

### 6.3. Major Theme: Legal, Policy, and Regulatory Exclusion

The key focus areas within this theme include the lack of labour protection, exclusion from minimum wage coverage, and the regulation of domestic work. Sen and Sengupta (2016) noted that domestic work continues to be excluded from the provisions of the Minimum Wage Act of 1948, as it is viewed as a personalised service performed within private households. Although policy efforts aimed at formalising segments of the informal economy are ongoing, a large share of workers continues to remain unregulated and vulnerable, indicating the need for focused policy interventions (ILO & IHD, 2024). Comparative evidence from other contexts suggests that legal frameworks for informal and low-wage workers often remain partial and uneven in their coverage, even where regulatory reforms have been implemented (Yeoh, Goh, & Wee, 2020). However, Parreñas (2011) argued that

despite formal protections, informal workers continue to experience subtle forms of discrimination and exploitation, which she describes as “soft violence”.

#### **6.4. Major Theme: Menstrual Health Management System in the Informal Sector**

The primary focus within this theme includes menstrual health management at the international level and menstrual health as a neglected labour issue.

##### **Menstrual Health as a Neglected Labour Issue**

For women working in the informal sector, menstrual health is shaped by persistent infrastructural and institutional gaps (Malik et al., 2023). In the lack of such facilities, women are compelled to manage menstruation in conditions that are neither hygienic nor dignified. These circumstances increase vulnerability to infection and place additional strain on both physical as well as mental well-being. Menstrual experiences become more complex for women affected by conditions including polycystic ovarian disease (PCOD) and polycystic ovary syndrome (PCOS), which may involve severe pain and, in some cases, require medical intervention. For informal workers who rely on daily wages and have limited access to healthcare services, responding to these challenges becomes especially difficult (Chatterjee et al., 2024).

Evidence from empirical studies reinforces these concerns. Manimekalai (2021) examined the relationship between sanitation, menstrual hygiene, and gender among women workers in India’s unorganised sector. The study documented routine neglect of sanitation and menstrual health needs among women employed in construction, domestic service, street vending, and retail. Limited access to toilets and menstrual hygiene products was found to have direct consequences for women’s health, safety, and productivity. Based on field evidence from Tiruchirapalli, Tamil Nadu, the study showed that many women either continued to work in unsafe

conditions or avoided using available toilets, thereby increasing the risk of infection and related health problems. The findings underscore the importance of integrating menstrual health management into workplace sanitation initiatives, not only as a health concern but also as an issue linked to gender justice and labour productivity.

#### **6.5. Major Theme: Inadequate Workplace Sanitation and Occupational Health**

- **Inadequate Health Management in the Informal Sector in India:** Despite recognition of menstrual health as a fundamental women’s right under both the Universal Declaration of Human Rights and the Indian Constitution, it remains insufficiently addressed within India’s informal sector. In some instances, women in informal employment are reported to adopt extreme measures, including hysterectomies, in order to avoid menstrual-related difficulties at work. Such responses point to deep structural failures in workplace health management and underline the need for improved menstrual health education, better sanitation facilities, and supportive policies such as menstrual leave. These measures are essential for safeguarding women’s health, dignity, and labour rights (Chatterjee et al., 2024).
- **Occupational Health:** Menstrual health constitutes a critical yet often neglected component of occupational health, particularly within India’s informal economy, where a large proportion of women work in insecure and unregulated conditions. Menstruation influences women’s ability to participate in education, employment, and everyday activities, with impacts that are especially pronounced in developing contexts such as India. Women engaged in agricultural labour, street vending, domestic work, and other forms of informal employment frequently lack

access to menstrual hygiene facilities, reliable information, and supportive workplace arrangements (Chatterjee et al., 2024). These workers typically experience limited job security, minimal health benefits, and poor access to basic amenities. The absence of clean toilets, safe menstrual products, and opportunities for rest often forces women to continue working while in pain or discomfort, which undermines both health and productivity. For women living with PCOD and PCOS, menstrual challenges can be debilitating, yet access to appropriate healthcare remains restricted.

### **6.6. Major Theme: Existing Research Focus on Adolescents Rather Than Working Women**

A consistent pattern in the existing literature is the strong concentration of research on menstrual health among adolescent girls, particularly those attending school. In contrast, comparatively limited attention has been given to menstrual hygiene management and related challenges among women employed in India's informal sector. Several studies have examined the factors influencing menstrual hygiene practices among adolescents in India. Bhattacharyya et al., (2015) identified early school dropout, child marriage, and weak policy implementation as major constraints on menstrual health awareness. Arora (2017) further noted that deeply rooted religious and cultural norms continue to shape menstrual taboos among Indian women. Analyses based on national-level survey evidence indicate that a substantial proportion of adolescent girls do not use hygienic menstrual methods, reflecting persistent challenges related to affordability and access to sanitation facilities (UNFPA India, 2022).

Qualitative evidence from Assam further demonstrates how cultural practices and rituals surrounding menarche influence menstrual experiences, hygiene behaviours,

and perceptions among adolescent girls (Dutta et al., 2023).

International evidence reinforces these concerns. UNESCO (2014) highlighted that inadequate menstrual hygiene support is closely associated with school absenteeism and reduced educational participation among adolescent girls in low-resource settings. Empirical studies from different country contexts support this relationship. A study from Ghana reported that poor menstrual hygiene management contributed to school absenteeism among adolescent girls (Mohammed et al., 2020). Similar findings were observed in Indonesia, where a large proportion of school-going adolescents demonstrated poor menstrual hygiene practices, particularly in rural areas and among students with lower levels of menstrual health knowledge (Davis et al., 2018). Evidence from The Gambia further showed that menstrual bleeding, menstrual pain, and inadequate washing facilities adversely affected adolescent girls' health and school attendance (Nabwera et al., 2021; Shah et al., 2022).

Intervention-based studies suggest that school-centred approaches can improve menstrual health outcomes among adolescents. Research from Bangladesh demonstrated that school-based menstrual health education programmes led to improvements in menstrual knowledge, hygiene practices, and restrictions experienced during menstruation (Haque et al., 2014). More recent evidence from Saudi Arabia also showed that structured educational interventions implemented within school settings improved menstrual hygiene awareness and practices among adolescent girls (Alsalami et al., 2025).

In the Indian context, a report by Dasra (2014) estimated that a substantial number of girls discontinue schooling around the onset of menstruation due to inadequate menstrual hygiene facilities and support systems. UNICEF (2022) similarly reported continued gaps in awareness, access to safe menstrual products, and appropriate sanitation facilities across several Indian

states. While this body of research has significantly advanced understanding of adolescent menstrual health, relatively few studies have examined menstrual hygiene management among women working in informal occupations (Omidvar & Begum, 2010). This imbalance highlights the need

for further empirical research and targeted policy attention to address the menstrual health needs of women in India's informal workforce.

### 6.7 Patterns of the existing studies: Thematic Pattern of Existing Papers

Name of the Themes	No of Studies	Percentage (%)
Informal Sector and Urbanisation	4	14.28
Gender Dimension of the Informal Sector	2	7.14
Legal, Policy, and Regulatory Exclusion	4	14.28
Menstrual Health Management System in the Informal Sector	3	10.71
Inadequate Workplace Sanitation and Occupational Health	2	7.14
Existing Research Focus on Adolescents Rather Than Working Women	13	46.43
Total	28	100

Source: Compiled from the literature review

From the above table, it can be observed that a significant number of the studies (46.43%) focuses on Adolescents, school-based MHM, and awareness studies followed by the informal sector and

urbanisation and legal, policy, and regulation (14.28%) respectively.

The pattern observed of the paper reviewed for this study is given in the following flow chart:

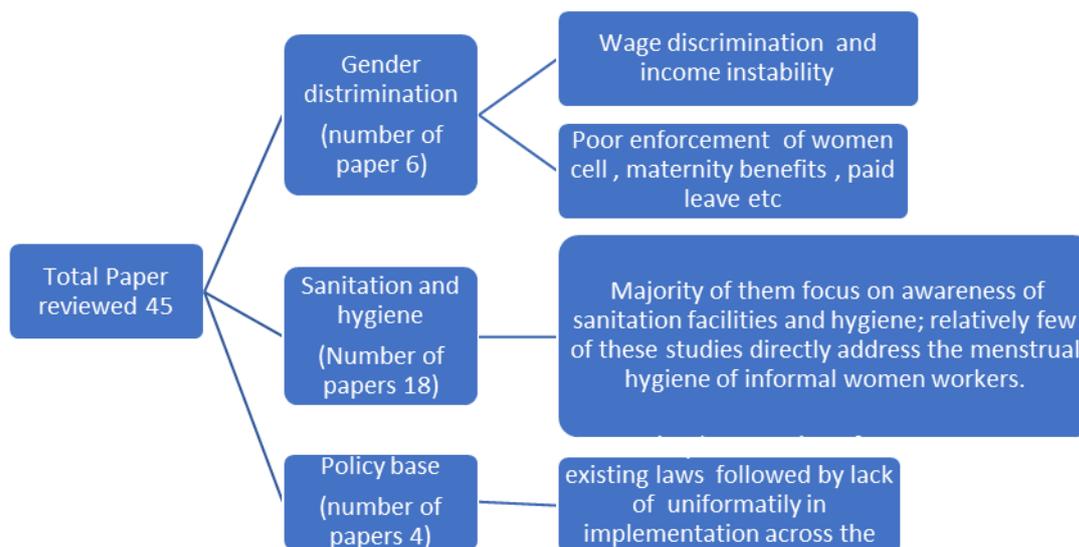


Figure: Pattern observed in the reviewed paper

On the basis of the table and flow chart, it can be observed that a large proportion of the reviewed studies relate to sanitation and hygiene, accounting for 18 out of 28 papers. However, the majority of this work focuses on adolescents' awareness of sanitation facilities and school-based menstrual hygiene management, with 13 papers addressing this area. Only a small number of studies directly examine menstrual hygiene

among women engaged in the informal sector. 6 of the 28 papers included in this review focus on the informal sector and mainly discuss gender discrimination related to wage levels, employment security, and income stability. The remaining 4 papers evaluate existing laws and policies concerning informal workers.

## **DISCUSSION**

The reviewed literature indicates that India's informal sector is not simply the result of labour market imperfections. Instead, it is closely linked to wider processes such as urbanisation, gendered labour segmentation, regulatory exclusion, and neglected aspects of occupational health, particularly menstrual health management (MHM). Together, these dimensions show that structural transformation has increased employment opportunities for women while continuing to reproduce vulnerability, exclusion, and health-related risks.

Urbanisation influences both the scale and structure of informal employment. Elgin and Oyvat (2013) observed that improvements in regulatory mechanisms along with the expansion of formal employment are often associated with a decline in informality. In India, however, the continued dominance of informal work suggests that urban expansion has not been matched by sufficient regulatory coverage. This shortfall is most evident among low-skilled workers and women, who remain concentrated in insecure forms of employment.

Across the reviewed studies, the gendered character of informal employment appears consistently. According to the International Labour Organization (ILO & IHD, 2024), more than 86 percent of working women in India are engaged in informal work. This pattern reflects entrenched social norms, unequal distribution of care responsibilities, and persistent labour market segmentation. Neetha and Palriwala (2011) noted that women's over-representation in informal employment operates both as a strategy for survival and as a structural outcome of gendered divisions of labour. These dynamics contribute to low wages, limited visibility, and weak bargaining power.

Regulatory exclusion further deepens these vulnerabilities. Sen and Sengupta (2016) and Parreñas (2011) highlighted that domestic work and other informal occupations remain outside major labour protections, including minimum wage

legislation and social security provisions. In the Indian context, policy efforts to formalise segments of the informal economy have achieved limited reach. As a result, large numbers of women workers continue to remain outside the scope of effective legal protection. Weak enforcement at the grassroots level and the absence of organised representation among women informal workers reinforce this exclusion.

Women employed in construction, domestic service, street vending, and retail frequently lack access to essential facilities such as clean toilets, running water, and safe disposal systems. This infrastructural deficit compels many women to manage menstruation under unsafe and undignified conditions. Existing studies associate such neglect with higher risks of infection, psychological stress, and work absenteeism. Across the literature, menstrual health management is framed not only as a matter of public health but also as a concern related to dignity, productivity, and gender justice (Malik et al., 2023; Chatterjee et al., 2024). Nevertheless, many legal provisions addressing these concerns remain largely restricted to policy documents, with limited evidence of effective implementation.

Menstruation therefore needs to be understood as a workplace issue rather than treated solely as a private biological matter. It has direct implications for women's productivity, safety, and long-term health. Despite this, labour policy frameworks in India continue to give limited recognition to menstrual health as part of occupational health and workers' rights. In addition, a large part of the existing research on menstrual health in India concentrates on adolescents and school-going girls, while comparatively little attention is given to adult women working in informal occupations.

## **CONCLUSION**

The findings of this review highlight the continued marginalisation of menstrual health within India's informal labour sector.

Although women's participation in informal employment has increased, structural vulnerabilities, weak regulatory coverage, and inadequate workplace facilities continue to undermine women's health, dignity, and work participation. Menstrual health management remains insufficiently recognised as a component of occupational health, particularly for women engaged in informal occupations.

Future research is likely to benefit from an approach that more fully includes both women workers in the informal sector and their employers. Greater attention is required to minimum sanitation standards, workplace flexibility, and support mechanisms for female employees. Such an approach can inform the design of more context-sensitive and effective policies. Addressing menstrual health in informal workplaces is therefore not merely a public health concern but also a necessary step towards advancing gender equity, dignity at work, and inclusive urban development in India.

#### **Declaration by Authors**

**Ethical Approval:** Not applicable

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