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Research Article

Menstrual health and hygiene status of Leather industry Employees in Tirupattur district of Tamil Nadu

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Abstract:

Women all across the world struggle to manage their periods, particularly those who reside in areas that do not provide sufficient menstrual health and hygiene (MHH). These difficulties could have a significant impact on working women's health, wellbeing, and financial consequences (such as earnings). A policy study was carried out in two workplaces in Tamil Nadu's tirupattur district as part of a bigger program that sought to understand the connection between MHH and women's economic empowerment in order to suggest policy reforms that would better support menstruating employees' MHH needs. The results of the policy analysis were combined with pertinent initial research findings from the same study to produce policy suggestions for taking part companies.

The main findings exposed discrimination against menstruation employees in hiring and induction procedures, employee classification, representation and voice, restroom access, sick leave, and supervisor code of behavior. Updated supervisor conduct guidelines, more women on union committees, and improved employee induction procedures were among the recommendations. The leadership of the companies received information about priority policy change areas as well as technical support for implementation. The Tirupattur district of Tamil Nadu's two private workplaces provide insight into how to spot pertinent policy gaps and institutionalize policies and practices that support suitable workplace MHH in the interest of women's economic empowerment and enhanced business outcomes.

Keywords: menstruation; menstrual health and hygiene; menstrual hygiene management; workplace; private factories; women's economic empowerment; policy.

INTRODUCTION

Globally, women and girls have difficulties managing their periods, particularly those living and working in situations that do not promote menstrual health and cleanliness (MHH). These obstacles may have significant effects on the health and well-being of working women and economic outcomes such as job attendance, performance, and wages. Even the availability and quality of menstrual-friendly restrooms might aid in recruiting and retaining menstruating staff by boosting morale [1].

MHH-related workplace changes may benefit both menstrual workers and their employers.
MHH is described by the United States Agency for International Development (USAID) as the capacity of menstruating women, girls, and transgender and gender non-binary persons to manage their menstrual periods in a safe, dignified, healthy, and supportive way throughout their lives [2].

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Hennegan et al., seeing menstrual health as an emergent topic needing specific boundaries, defined menstrual health in 2021 as "a condition of total physical, mental, and social well-being, not only the absence of sickness or infirmity, in connection to the monthly cycle[3]."

The definition encompasses various criteria necessary for women, girls, and all menstruating persons to achieve menstrual health, including the following:
(1) access to accurate menstruation-related information;
(2) ability to care for bodies during menstruation, including access to quality and affordable menstrual products and services;
(3) access to quality health care for menstruation-related conditions;
(4) a supportive environment free of stigma and psychological stress; and
(5) ability to participate in "civil, cultural, economic, social, and political" spheres.

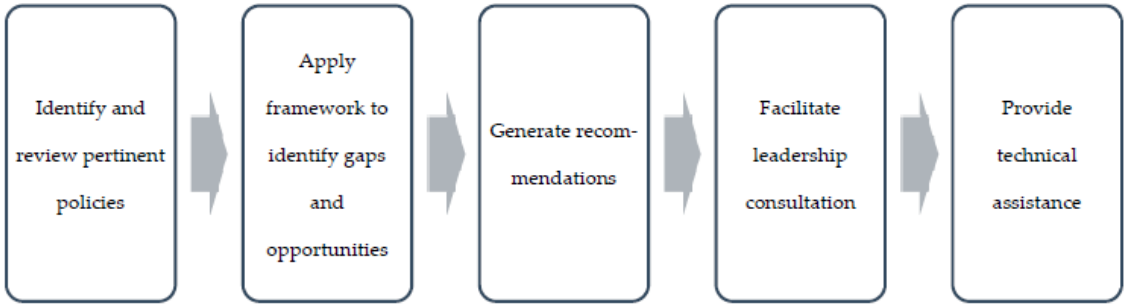
A systematic approach is advocated for MHH to be maintained in business contexts.
Workplace policies that are attentive to the requirements of menstruation workers (for example, those that promote equality, support employee needs, and take MHH-related investments into account) may enhance their MHH-related experiences at work by regulating the general workplace culture.
On the other hand, an unsupportive workplace culture may implicitly condone policies and behaviors that create an unnecessary strain on menstrual workers. Institutionalizing MHH-supportive workplace practices is a systematic and long-term strategy for addressing menstruation-related difficulties at work, enhancing menstrual workers' economic potential, and increasing corporate income sources.
Whereas most menstruation-related programming and research efforts concentrate on school- and community-based outcomes, the impacts of MHH on adult populations in workplace settings have been mainly neglected worldwide initiatives. They have gone unrecorded in the literature [4].

MHH in the Workplace Conceptual Framework.
The study team generated recommendations through an iterative and consultative method, meeting with HR managers and organizational specialists as well as evaluating the body of previous literature. The project's goal to improve MHH in the workplace depended in large part on the company's ability and willingness to implement recommendations derived from the analysis. Company context, including institutional capacity and maturity of established systems, factored into the recommendation development process.
Companies received recommendations individually during a leadership consultation conference. Every leadership consultation had the managing director or chief executive officer, the factory

manager, the HR manager, and the HR assistant in attendance. The research team presented the MHH policy analysis framework, the aim and methodology of the policy analysis, major findings of the analysis, with a notable focus on exemplary policies and practices at the time of the study, and recommendations during this conference. A debate to address concerns, viability, and next measures followed the consultation.

The study team gave organizations the requested follow-up technical help based on the findings from the leadership dialogues. In order to further develop suggested policies and procedures, technical support necessitated a review of the literature for globally transferrable best practice policies and implementation guidance notes.
Although the study team mostly used broad MHH guidelines because the current MHM Policy lacked workplace-specific advice, the national MHM Policy served as a reference in the recommendations made to the firm leadership.

The research team customized policies depending on company requirements by applying pertinent information from the literature to each organization's unique policy improvement tactics. Finally, the Do No Harm principle served as a foundational ethos in all technical assistance provided, specifically noting what and how to support in light of the company's capacity to implement recommendations and policies following the action research. Technical assistance was offered in full consultation with HR teams at both factories, with routine feedback and course correction to enhance the adoption and sustainability of new policies.



Workplace policy Analysis process
In a meeting with the company's leadership, the research team made the following recommendations to the HR manager, HR assistant, and factory manager based on the results of the policy study from

Workplace 1:
1. Intentionally assist women who are menstruation by giving them the supplies they require.
Menstrual products should be available, as should pain relievers for the first responder at all times, weekly waste collection to ensure menstrual waste removal is done in accordance with international hygienic standards, and break and rest facilities.
2. Promote a supportive and less strict work atmosphere and supervisory style.
Implement the current Supervisor's Code of Conduct, which states to "Exercise compassion when an employee is ill, has personal issues, and needs time to resolve these issues"; add MHH-supportive language to the Code of Conduct; sponsor a supervisor training session on workplace support for workers who menstruate; include MHH-friendly material in new supervisor orientation; and change the job description for supervisors to read: "Supervisors a.
3. When necessary, remove obstacles that restrict women from using the restroom.
Increase the number of restrooms available to women (25:1 women restroom ratio); Tile restroom walls and floors to speed up drying time after cleaning; Extend the hours that women can use restrooms.

4. Ensure that all company policies, particularly those pertaining to menstruation employees' rights and privileges, are completely understood by all new hires.
Prioritize in-person meetings with new hires (1:1 or small group setting) to thoroughly orient them to all employment policies. Clearly discuss MHH accommodations with new hires and invite questions (destigmatize the subject). Compile HR policies into a single employee handbook, including a signed acknowledgment of understanding by new hires.
5. Don't discipline staff members who experience regular menstrual-related health issues.
Allow paid time off if an employee is ill because of their period; consider undocumented leave for a maximum of one day; and train supervisors to know that many employees experience issues connected to their periods, promoting supportive supervision.

The management of the organization accepted these recommendations favorably. The corporation acknowledged a readiness to improve current policies and processes in accordance with the offered recommendations, with the exception of providing paid leave for menstruation-related days off. The study team was not asked to provide any technical support for the development or implementation of MHH policy. Workplace 1 has held meetings with supervisors to address MHH sensitivity since the leadership consultation, prepared an induction policy to list the topics to be covered throughout the induction process (including MHH), and developed a menstrual hygiene rights policy.

Unpaid sick leave; restricted HR policies that are documented and communicated to employees; a poor employee induction procedure; unequal employee classification; few women in management or supervisory roles; and limited women's voices.

At Workplace 2, employees were divided into three categories: management, permanent personnel, and contract workers. Management and permanent staff were entitled to a wider range of perks than contract staff. The majority of women workers, including those who had been with the factory longer than five years, were classified as contract staff.

Instead of the 30 days available to management and the 15 days provided to permanent employees, contract employees were only entitled to seven days of sick leave annually and were not permitted to join a union. The Labor Relations Act of India mandates that every worker shall have the freedom to join a trade union and that every member has the right to vote in union elections or run for office.

Women had no voice in trade union discussions regarding MHH at the time of the policy study in Workplace 2, among other concerns that affected them as female employees of the corporation. Company leadership stated that it adhered to the Labor Relations Act for such matters, which stipulated that all union members had to be long-term employees. In addition, the company lacked an internally generated policy on union or employee associations, including eligibility requirements for membership or standards for acting as a representative. This had a disproportionately negative impact on female employees, the majority of whom were categorized as contract workers.

Workplace 2's leave regulations made it difficult for women to use paid time off for problems relating to their periods. Upon completion of the three-month probationary term, all employees were subject to the CBA's leave policies; however, as previously mentioned, as contract employees, the majority of women were only entitled to seven paid sick days per year. The CBA also needed a doctor's note, similar to Workplace 1, which disadvantages menstruation employees who do not have the means or resources to visit a health center for menstrual concerns. Women admitted at the start of the study that they frequently took unpaid time off for MHH-related reasons.

Workplace 2 had little HR policies that supported employee (and employer) rights, which had a significant impact on employees who were menstruation. For instance, the business lacked

procedures for reporting grievances and complaints as well as policies addressing equal employment opportunities/non-discrimination, anti-harassment/bullying (including sexual harassment).
Despite following the Employment Act of India, the corporate leadership had no internal policies in place to deal with these problems. A supervisors' code of conduct or document outlining expectations for supervisors, as well as how the business gave guidelines for supervisors' engagement with direct reports, was also absent from Workplace 2. Relationships between employees and managers may have been impacted by this, and in fact, women workers initially stated that their managers appeared to be more concerned with the production of the company than with their personal welfare. Additionally, female employees reported being reluctant to bring up MHH-related issues with supervisors out of concern that those men would not take them seriously.

Study Limitations

The results of the policy analysis method described in this article may have been impacted by research limitations. Although both businesses gave the research team their full cooperation during the policy review process, there is a chance that observer bias (also known as the Hawthorne effect) had an impact on the data. Particularly, firm personnel might have purposefully or unintentionally changed written or verbal information offered based on their perception of the facts the research team was looking for.
Furthering the Hawthorne effect was the fact that the policy analysis team was the same group that carried out the workplace MHH intervention at both workplaces.

Research Directions for the Future

Further study in different nations and business situations is required to fully comprehend the effectiveness of MHH-sensitive policies. India offered a favorable setting for this study, as indicated by its newly announced MHM Policy, while the national policy landscape in other nations may have an impact on the possibility for advancements in MHH and current workplace norms in the private sector. Furthermore, Workplaces 1 and 2 were both manufacturing firms with a staff that was predominantly undereducated and paid poor wages. Additional investigation into other employee demographics and different industries would shed light on how to enhance and maintain MHH in the private sector as a whole.

Conclusions

Results of two workplaces in India's private sector's support for employees who are menstruation at work revealed both its strengths and its weaknesses. The identification of policy shortcomings served as the basis for developing particular, company-specific recommendations to enhance MHH in these workplaces. Recommendations for workplace policies informed by MHH that are in line with the governments overarching goals for MHH/MHM, as outlined in its 2020 MHM Policy to advance MHH/MHM nationally. Future policy assessments that support proper workplace MHH in pursuit of women's economic empowerment and enhanced business performance may be informed by the lessons learned from these two private sector workplaces in India.

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