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Bleeding in Silence and Humiliating Dignity: Need for Legal Recognition of Endometriosis and Menstrual Health Care in India

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Received 20 June 2025; Accepted 21 July 2025; Published 25 July 2025

The taboos of Indian society normalise period cramps, leaving many women in silence about their suffering. Although menstruation is a natural phenomenon, it is often considered a subject of shame. As a result, women across India lack knowledge of menstrual health and chronic conditions like endometriosis. The government of India has introduced some schemes to promote menstrual health; however, they are largely focused on the accessibility of sanitary pads rather than creating awareness on the subject. The study advocates for the creation of menstrual laws to challenge social taboos and address the policy gaps. Key recommendations include recognition of Endometriosis as a disability and Provision for paid menstrual holidays. The research recommends the inclusion of endometriosis and menstrual health in health insurance and sensitising menstrual health care to break the silence in Indian society. The paper further argues for workplace/educational institutions' accommodations to ensure dignity and inclusion through a legal lens.

Keywords: *silence bleeding, endometriosis, menstrual health care, social taboos, health insurance inclusions.*

INTRODUCTION

Menstruation is a natural biological process experienced by every woman. Around 355 million women menstruate every month in India, yet this continues to be concealed under deep-rooted silence. Menstruating women in India are often subjected to exclusion, discrimination and shame, and they have been labelled as impure and have been debarred from doing household activities and have been humiliated just for undergoing a natural cycle. They have been raised in a terrain where discussions on their natural phenomenon are regarded as ill-advised or indecent; As a result, many Indian women grow up by internalising these taboos.

One such vivid example is the normalisation of cramps from a very young age. Girls are told that cramps are normal, which embeds a belief that pain is something to be endured silently. Endometriosis is a chronic gynecologic disease characterised by the development and presence of histological elements like endometrial glands and stroma in anatomical positions and organs outside the uterine cavity.¹ The main clinical manifestations of the disease are chronic pelvic pain and impaired fertility.² India's population is more than 1.4 billion, accounting for 18% of the global population. Despite this, Indian women are more likely to under underrepresented in clinical and genomic databases on endometriosis, including both diagnosed and underdiagnosed.³

Even though, Indian government has its schemes on promoting menstrual hygiene, their impacts are less likely to aware people on menstrual health care; these schemes are focused on sanitation but not on health care. The underdiagnosis of endometriosis is largely due to the ignorance of menstrual health. To transcend these, there must be consistent effort to educate the public and implement policy that guarantees dignity. This chronic condition has widespread implications for families, workplaces and the economy, and this condition needs to be addressed. Indian society contributes significantly to its underdiagnosis; it is imperative to break the silence on menstrual health, particularly chronic conditions like endometriosis, into the mainstreams of legal, medical and policy discourse.

¹ Krina T Zondervan et al., 'Endometriosis' (2020) 382(13) The New England Journal of Medicine <<https://doi.org/10.1056/nejmra1810764>> accessed 05 June 2025

² *Ibid*

³ Rahul K Gajbhiye, 'Endometriosis and inflammatory immune responses: Indian experience' (2022) 89(2) American Journal of Reproductive Immunology <<https://doi.org/10.1111/aji.13590>> accessed 05 June 2025

CONTEMPORARY CHALLENGES IN MENSTRUAL HEALTH AND ENDOMETRIOSIS

Women's contribution towards society is endless; it is no longer below the borderline but rather equal to men. Women are in every field of study, their literacy rates are rising, and even their workforce has progressed. The foremost challenge is underdiagnosis of endometriosis, which is often referred to as missed disease. Menstrual pain is highly normalised because of the societal stigmas, and, ignorantly, the diagnosis of endometriosis is delayed. Many women may visit multiple doctors before they conclude endometriosis. One of the alarming causes is that it may lead to infertility, so when women can't conceive, they would become knowing of endometriosis. This also leads to societal judgments and mental trauma.⁴

The Lancet report highlights that even if women do seek help, their symptoms are widely mistreated or dismissed. Also, the report says that this chronic condition affects the quality of life and even affects mental well-being, with high levels of comorbid anxiety and depression.⁵ The United Nations' 1980 report highlights the profound women's contribution to the global workforce. Women constitute half of the population, and they contribute nearly two-thirds of the working population, yet receive only a fraction of global income and minimal property⁶. This disparity was echoed by the Supreme Court of India in the case of *Madhu Krishnan v the State of Bihar*.⁷ In today's world, women cover up significant portion of work workforce, which makes their role more crucial in the driving force of a country's economy. Endometriosis significantly reduces the productivity of women both in the home and the workplace, gradually decreasing their participation in social and economic activities.

A study⁸ says women with endometriosis across the globe lose an average of 6.3 work hours per week in both presenteeism and absenteeism due to the disease: 1.1 work hours.

⁴ Shourya Jha, 'Understanding Endometriosis : A Guide to Diagnosis and Treatment for Women in India' *Times Entertainment* (28 January 2025) <http://m.timesofindia.com/articleshow/117627562.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst> accessed 05 June 2025

⁵ *Ibid*

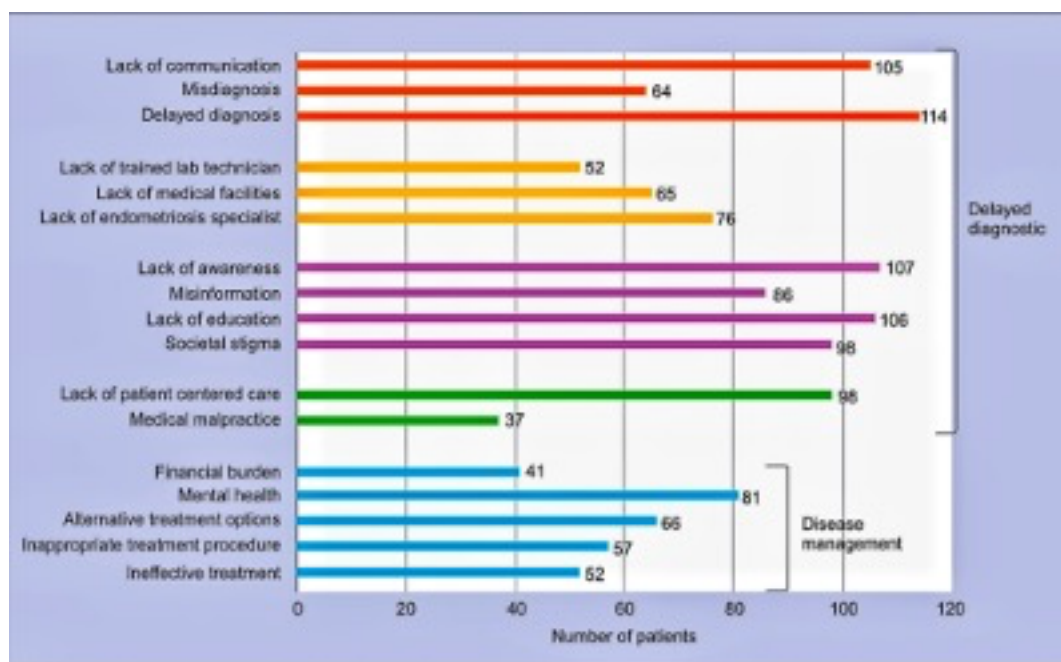
⁶ S.C.Tripathi and Vibha Arora, *Law Relating to Women and Children* (5th edn, Allahabad Central Law Publications 2012)

⁷ *Madhu Krishnan v State of Bihar* (1956) 5 SCC 148

⁸ Ahmed M Soliman et al., 'The Effect of Endometriosis Symptoms on Absenteeism and Presenteeism in the Workplace and at Home' (2017) 23(7) *Journal of Managed Care & Specialty Pharmacy* <<https://doi.org/10.18553/jmcp.2017.23.7.745>> accessed 05 June 2025

Figure 1: Barriers to timely diagnosis and appropriate disease management as noted by endometriosis patients⁹

Due to absenteeism and 5.3 work hours in a reduced capacity, this amounts to a 17 % loss in their weekly working hours. Nearly 83% of their productivity is lost while enduring cramps.



This shows that women often show up despite their suffering, but their ability to function is compromised. Women's household productivity is also greatly reduced, which amounts to nearly 4.8 hours lost in a week. A study observed that endometriosis is associated with substantial direct and indirect costs, including healthcare expenses, loss of productivity and psychosocial implications. Also, it affects them in the following ways, as shown in Figure 1

LEGAL PROVISIONS ON MENSTRUATION IN INDIA - GAPS AND LIMITATIONS

Menstrual Hygiene Scheme (MHS): The Ministry of Health and Family Welfare has introduced the Menstrual Hygiene Scheme (MHS) to promote menstrual hygiene among adolescent girls in rural areas within the age group of 10-19 years.¹⁰ The main objectives of the scheme include creating awareness on menstrual hygiene and promoting the usage of sanitary napkins in rural areas. The scheme further aims to educate rural girls on the usage of sanitary napkins and their proper disposal in an eco-friendly way.

⁹ *Ibid*

¹⁰ 'Adolescent Health' (Ministry of Health and Family Welfare)

<<https://nhm.gov.in/index1.php?lang=1&level=2&sublinkid=818&lid=221>> accessed 05 June 2025

Pradhan Mantri Bharatiya Janausadhi Pariyojna (PMBJP): Pradhan Mantri Bharatiya Janausadhi Pariyojna (PMBJP) is another scheme that ensures accessibility of sanitary napkins and secures the health of women. Under this scheme, over 8700 Janaushidhi Kendras have been set up across the country that provide Oxo-biodegradable sanitary napkins named Suvidha at Rs. 1/- per pad only.¹¹

The Rashtriya Kishor Swasthya Karyakram Program: The Rashtriya Kishor Swasthya Karyakram program (under the Reproductive, Maternal, Newborn, Child, and Adolescent Health Scheme). The project is focused on adolescent health care and has also created awareness on the usage and access of sanitary napkins.¹² However, the present study finds that these schemes are ineffective at addressing the societal stigmas and taboos on periods, and these schemes are focused on promoting menstrual hygiene rather than education on menstrual health care, as well as these schemes don't address any chronic conditions related to menstruation like endometriosis. In a report, Dr. Karla says that the Silence on endometriosis must be broken,¹³ educational programs may support improvement in this area, and also added that early diagnosis can be achieved only when women start to talk about their mental well-being.

GLOBAL APPROACHES TO ENDOMETRIOSIS AND MENSTRUAL HEALTH

Many countries have tackled endometriosis and menstrual health issues with efficient policy enforcement and laws; the study presents the predominant laws that have created an impact globally.

National Action Plan for Endometriosis (NAPE) by Australia: Australia pioneered the National Action Plan for Endometriosis (NAPE) in 2018; this makes it a model policy initiative on endometriosis in the global context.¹⁴ This plan was initiated after numerous consultations with patients, researchers, medical professionals, and policy makers. Also, it paved the way for the first National roadmap under the Commonwealth Health Portfolio dedicated solely to tackling endometriosis.

The plan focused on three objectives:

¹¹ *Ibid*

¹² Sanchali Das, 'Menstruation Policy In India' (*Jus Scriptum*, 19 January 2024)

<<https://www.juscriptumlaw.com/post/menstruation-policy-in-india>> accessed 05 June 2025

¹³ *Ibid*

¹⁴ Australian Government, *National Action Plan for Endometriosis* (2018)

- Awareness and education on endometriosis are therefore aimed at reducing societal stigmas.
- Clinical management and care for improving the treatment and health care services.
- Encouraging research on endometriosis to understand it better and improve the treatment.

To foster research purposes, the plan also introduced the National Endometriosis Clinical and Scientific Trials (NECST), which helps in enhancing research in this field.¹⁵

National Strategy for Endometriosis by France: France launched the National Strategy for Endometriosis in 2022 to create awareness of endometriosis and educate people to avoid delayed diagnosis and to foster research on endometriosis for improving better treatment of the disease.

Women's Health Action Plan by Scotland and Ireland: Ireland introduced the Women's Health Action Plan 2022–2023, which also includes two endometriosis hubs to produce focused care.¹⁶ Scotland's Women's Health Action Plan aims to reduce the delay in diagnosis from a global average of 8 years to 12 months. Also, it is the first country globally that have provided free menstrual supplies in all public buildings since 2020.¹⁷

CONCEPT OF PERIOD HOLIDAYS

Across the globe, several countries have implemented menstrual holidays that have had an impact on the evolving menstrual laws in India. The concept of period holidays provides a day off to women during their periods every month to ensure their productivity in the workplace and their health care. In Japan, Article 68 of the Labour Standards Act 1947¹⁸ allows women to take *seirikyukka*/Menstrual leave whenever menstruation affects their productivity significantly. It is one of their early acknowledgements of bodily autonomy in their labour laws.

¹⁵ 'Endometriosis Policy Brief' (European Institute of Women's Health, 08 November 2023) <<https://eurohealth.ie/wp-content/uploads/2023/11/Endometriosis-Policy-Brief.pdf>> accessed 05 June 2025

¹⁶ *Ibid*

¹⁷ *Ibid*

¹⁸ Somya Abrol, 'These countries are offering 'period leave' to women. Seriously. Should India follow suit?' *India Today* (07 March 2016) <<https://www.indiatoday.in/lifestyle/wellness/story/peiod-leave-uk-coexist-menstrual-leave-in-india-women-employees-311634-2016-03-03>> accessed 05 June 2025; Labour Standards Act 1947, art 68

Taiwan's 2013 Amendment to Gender Equality in employment mandated one day leave every month (up to 3 annually), including half pay benefits, without any deduction from general sick leave. It is a policy that protects women from being penalised for their broader health entitlements.

In China, several provinces provide menstrual leaves for about 1-2 days, subject to medical certifications.¹⁹ Indonesia provides paid leave every month as per the 2002 Amendment Act of labour laws.²⁰ South Korea's Labour Standards Act has allowed one day of unpaid leave since 2001²¹. Spain is the first European country to announce 3-5 days of paid leave every month.²²

The Indian government is hesitant to encourage period holidays because it may discourage the hiring of women employees in institutions. Indian Labour laws, such as the Indian Factories Act 1948, the Maternity Benefit Act 1961, provide women with benefits of equal remuneration, maternity leave, miscarriage leave and workplace facilities. However, menstrual leave and support remain overlooked, highlighting a gap in comprehensive workplace welfare. With Global incentives, in India, some states like Bihar, Odisha, and Kerala offer a day period leave. However, there are no unified laws on this aspect. To break taboos, recognition of specified laws is necessary. While the Right of Women to Menstrual Leave and Free Access to Menstrual Health Products Bill, 2022, proposes three days of paid leave for women and transwomen during menstruation, the bill has yet to be enacted.²³

RIGHT TO MENSTRUAL DIGNITY - A CONSTITUTIONAL VIEW

"There is nothing so unequal as the equal treatment of unequals."

Aristotle: Biologically, women are different from men, so that a demand for specific laws to ensure their equality and dignity. The Constitution of India guarantees the right to equality, life, personal liberty, work and dignity under Articles 14, 15, and 21. The Right to Menstrual Health Laws and Period Leave has its commencement within these articles.²⁴ Protective

¹⁹ *Ibid*

²⁰ Labour Act 2003, s 81(1)

²¹ Labour Standards Act 2001, art 73

²² Abrol (n 18)

²³ Ajay Nath, 'One-day menstrual leave: Odisha's Independence Day gift for women employees' *India Today* (15 August 2024) <<https://www.indiatoday.in/india/story/odisha-announces-paid-menstrual-leave-for-women-employees-2582656-2024-08-15>> accessed 05 June 2025

²⁴ Kavya Mittal and Naren Maran, 'Paid Menstrual Leaves: A Legal Enigma' (*RGNUL Student Research Review*, 11 February 2024) <<https://www.rsrr.in/post/paid-menstrual-leaves-a-legal-enigma>> accessed 05 June 2025

discrimination under Article 15(3) and 15(5) of the Constitution affirms action to support special provisions for burdened groups. But this doesn't imply that menstruating women are weak; these articles acknowledge their biological realities and give them equality.

The essence of Articles 14 and 15 lies in the equal treatment of people under similar conditions, as affirmed in the case of *Ram Krishna Dalmia v Justice Tendolkar*. However, with the existing biological differences, expecting specific laws for menstrual health is a way of restoring equality. In *Anjali Roy v State of West Bengal*²⁵, the court emphasised that treating people differently isn't always unfair if the difference in treatment is based on real, natural, or relevant differences between them.

The Broad nature of Article 21 guarantees not only the right to life and personal liberty but also the right to health and the right to dignity. Life isn't about survival; it is meaningful and dignified, not just about existing.²⁶ Societal stigmas pressure women's natural cycle as an object of shame, and this violates their dignity. So, the research finds that it is not a luxury to ask for to protect health and dignity. The demand for unified laws on menstrual health is not just a workplace policy but a fundamental right as an extension of Article 21.²⁷ The research argues that menstrual laws and accessibility to menstrual supplies are not a luxury, but they are essential for a healthy and dignified life.

PROPOSALS TO STRENGTHEN ENDOMETRIOSIS AWARENESS AND MENSTRUAL LAWS IN INDIA

While India introduced several schemes to promote menstrual hygiene, they often fall short in addressing chronic conditions like endometriosis and PCOS (menorrhagia) and breaking societal stigmas and fostering public talks. Here, the study recommends a set of rights-based proposals to overcome the problem of diagnostic delays in endometriosis, promotes menstrual dignity and breaks long-held taboos.

Legal Recognition of Endometriosis as a Disability: Recognition of endometriosis as a disability is essential to ensure rights to health care, workplace accommodation, and dignity. The paper argues for the inclusion of endometriosis in The Rights of Persons with Disabilities Act 2016 (RPwD Act),²⁸ which ensures that affected women are not subjected to

²⁵ *Ibid*

²⁶ *Kharak Singh v State of UP* (1962) 1 SCR 332

²⁷ Mittal (n 24)

²⁸ The Rights of Persons with Disabilities Act 2016

discrimination in employment, education and public services and provides legal protection; and it also ensures their eligibility for government schemes, funding and relaxations. In countries like the UK, it is recognised as a disability for workplace adaptations.²⁹ This strongly emphasises the extension of Article 15(3) and ensures Article 21.

Inclusion in Health Insurance Schemes: On considering the clinical expenses, it is also suggested to provide health insurance policies in cases of endometriosis and other chronic menstrual conditions like PCOS (menorrhagia); this would encourage early diagnosis and would break the societal stigmas.

Education on Menstrual Health and Awareness: Integrate menstrual health education into school curricula, mandatorily involving men to dismantle societal taboos and create awareness. This enables the young girls to be aware of chronic conditions like endometriosis.

Flexible Workplace Accommodations and Menstrual Leave: Creation of workplace policies like period holidays/work from home/ flexible hours, especially for employees with endometriosis and PCOS, that ensure these conditions wouldn't be a barrier to their productivity and profession. This protects women employees from losing jobs.

Dedicated Endometriosis Hubs and Multi-Disciplinary Clinics: Establishing dedicated endometriosis treatment hubs in every state, especially in government hospitals, to encourage early diagnosis and treatment. Also, it is suggested to create a multi-disciplinary team with gynaecologists, mental health counsellors, and nutritionists to ensure the efficiency of the treatment.

Government Funded Research and Data Collection: Encouraging government-funded research and data collection on menstrual health, and also on the causes of endometriosis, to understand the disease better and to take action efficiently.

Eco-Friendly Menstrual Supplies and Menstrual Dignity: Supplying eco-friendly menstrual products in all public buildings to ensure the dignity and hygiene of women. Expanding Kerala's She Pad scheme all over India might create a positive impact. These recommendations, if implemented effectively, would not only advance reproductive and menstrual rights but also transform public discourse. They represent more than policy

²⁹ Equality Act 2010, s 6

suggestions but a roadmap to empower menstruating women, uphold fundamental rights, and break the silence in society.

CONCLUSION

Menstruation and endometriosis are not merely biological events, but they are deeply intertwined with human rights, health equality and social justice. The study demonstrates the silence of Indian society on endometriosis and menstrual laws and their impacts on women's day-to-day life activities. The research analyses menstrual laws across the globe and also criticises the existing schemes in menstrual hygiene in India. The research recommends major proposals to improve the quality of menstrual laws and argues for legal recognition of endometriosis and granting menstrual holidays. Menstrual health must go beyond hygiene kits; it is a major human right and also extends the fundamental rights in menstrual laws, and it must reach the realm of policy suggestions, power, and protection.