



**Fashionable Flow:
Menstrual Hygiene Of Women In Garment Factories In India**

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Introduction

One of the first ways to deal with menstrual blood was ‘cloth bandages’. Eventually, the mainstreaming of period products meant women could take more control of their autonomy, allowing them to go to work. But even today, despite having plenty of product alternatives, majority of women in India are stuck with this ‘cloth’ and menstrual stigma, due to lack of access, education & policies. For instance, in some places women are not allowed to enter the temple or kitchen, and are kept away from other family members because they are considered “impure” (Sharma, 2019). This is because the phenomenon of menstruation has been heavily shadowed by myths and taboos over the years. These unscientific attitudes and misconceptions that women are “contaminated” lead to poor awareness of their reproductive system, adversely affecting their health and social lives (Sharma, 2019). A study conducted by Nielsen on behalf of UNICEF in 2013 in Jharkhand, India found that 70% of girls felt completely unprepared for their first menstruation and 51% felt scared at menarche. Moreover, 80% of adolescent girls were unaware of the health implications that could occur due to poor menstrual hygiene. Only 25% of the girls and their mothers could identify the uterus as a source of menstrual bleeding on a body map of the female reproductive system. The ovum was discovered in 1827 and a definite connection between menstruation and ovary became scientific knowledge only about 150 years ago (Fluhmann, 1956; Montgomery, 1974). Before that, what existed was a collection of farfetched unscientific guesses, creating a nebulous understanding of menstruation and what could possibly be going on every month within the female body (Yagnik, 2015). Even today, there isn’t enough communication of the right information across the country. Menstruation is a normal female physiological phenomenon. Globally, women make up half the world’s population (49.58%, 3.7 billion, World Bank, 2019); and therefore the normalization of the subject of menstruation even more necessary and important.

The global fashion industry is one that relies on a complex supply chain which includes a large amount of human capital at its beginning, largely consisting of women in third world countries. In India, the ready-made garment sector directly employs 12.9 million individuals in formal factory settings, and it indirectly employs millions more individuals in informal, home-based settings. Approximately 80% of these garment workers are women ((Dhanabhakyam, 2007)). India's textile and garment industry contributes 2% of Indian GDP, 10% of total manufacturing processes, and 14% of all industrial production. Apparel is produced by about 77,000 small-scale units classified as domestic manufacturers, manufacturer exporters, and fabricators (subcontractors) (Dhanabhakyam, 2007). Despite being the world's second largest manufacturer of textiles and garments after China, the country struggles to provide for and deal with the health issues of the industry's driving workforce. Available research exhibits that women and girls are interested in taking care of their health and learning more about menstruation. There is also additional research that proves that having the privilege to be in good health affects women's overall productivity, increases their access to opportunities and creates a sense of well-being. However, often health is not at the forefront of their worries as so many of them belong to lower socio-economic classes where the basic need of food and money looms largely over their head. They are often paid as less as 15 cents an hour as they toil their days away in harsh conditions to make ends meet. A UNICEF study cited that while doctors are helping to get the message for healthy menstrual habits out, most women report not using sanitary napkins due to the high cost (80%). This was followed by lack of awareness (19%). Therefore, their health and sanitation can't be left completely to them, nor is it completely in their hands. Additionally, there are laws and policies in place for factories with respect to basic sanitation facilities, but often there is little to no auditing done to check compliances.

The primary destinations of India's garment exports are the United States and the European Union, which receive almost half (47%) of the country's total apparel exports (Dhanabhakyam, 2007). The

rise of global consumption of fast fashion with 52 seasons a year has led to a massive amount of increase in new garments every year. With demand going up in the western world, the product price goes drastically low and puts all the pressure on cheap labour in third world countries for better prices. Alas, these clothes are disposable and imply that they are not meant to be valued - just like the cheap labour working on these clothes. When consumers buy these garments, they often aren't aware of the unfair labor practices that take place on the other side of the world. For example, let's say a customer bought a top for \$5; It is difficult for her to imagine that a woman with menstrual cramps or no access to a toilet worked for 10 hours straight to make 25 more of those. The customers aren't aware that improper menstrual hygiene practices put the health and well-being of so many women at risk in India. Distance and abstraction often work to brands' advantage in pushing these topics under the cover. Every year, global brands spend billions of dollars on Corporate Social Responsibility (CSR), which prove to be an asset for them. In the past, many CSR campaigns have involved and impacted women worker's health and women worker's rights across the supply chain. However, the massive umbrella of worker's health can be a hit-or-miss as it often doesn't pin down challenging issues such as that of menstrual hygiene in garment factories.

Women make up a large chunk of the fashion industry today - be it the women who go to fashion school, the women who work in the industry, the women in different parts of the supply chain or the women garment factory workers. But even though the fashion industry is female dominant - it is largely run by men. An article in The New York Times states that only about 14% of major brands in the American Fashion Industry are run by women (Friedman, 2018). Existing research suggests that globally, a majority of men are uncomfortable with the topic of menstruation and do not like to talk about it. In the Netflix documentary titled 'Periods. End of sentence', a boy says "periods are a kind of disease", when asked about them. For an industry that is women dominant but male run, it becomes

difficult to unpack such topics in a boardroom - let alone in the factory. A new study conducted in the U.K. has found that a third of male workers think it's 'inappropriate' to discuss anything to do with menstruation in the office. In fact, 32 per cent of men said they thought it was 'unprofessional' of women to talk about periods at work (Thomson, 2019). It is 2020, and women from different socio-economic classes across the globe still continue to be ashamed and uncomfortable about a biological process of the body -which caused us all to be here. Therefore, it is important to include men since their knowledge of, and attitudes towards menstruation and menstrual hygiene have a potential to bring about significant changes in this area (Yagnik, 2015).

There is a strong intersection between menstruation, women and fashion's complex supply chain. Realizing this led to an opportunity of exploring the key issues related to the menstrual hygiene of women garment factory workers in India in the context of the global fashion industry. It starts with asking "What are the three key areas that need to be analyzed to tackle the issue of menstrual hygiene in garment factories in India?" This paper is based on the thesis that the three key factors to tackle the issue of menstrual hygiene of women working for fashion factories in India are:

1. Facilitating access
2. Destigmatization of menstruation through education
3. Having rigid operational structures in the workplace

To break it down further, facilitating access does not just mean providing sanitary products at the ground level. It means providing financial access. It means providing access to clean toilets, running water and other sanitation facilities. Similarly, education involves destigmatization of menstruation; not just for women but even for men. It involves education of the science of menstruation as well as the biological consequences of improper menstrual hygiene. Finally, putting operational work structures in place involve understanding leave policies in place, work hours, factory settings, and how they comply to existing laws and policies in the country.

Methodology

Individually, there has been plenty of research around the topics of women worker's health, menstruation and fashion's supply chain issues. However, this thesis analyses the above mentioned topics with India as the common context. Below is a summary of the methodology used in this 10 week study of issues that surround menstrual hygiene of women in garment factories in India.

1. Primary Research (Qualitative & Quantitative) :

- Qualitative Interviews:
 - Indian fashion factory owners
 - Unit heads at Indian fashion factories
 - Female garment workers
 - Individuals from Indian non-governmental and non-profit organisations that aim to improve menstrual awareness and hygiene for women & girls across India.
 - Western Production leads & industry professionals
 - Western non-profit organisations / fashion activists
- Surveys conducted on the topics of:
 - Education & awareness about menstruation.
 - Global consumer shopping habits in co-relation to their awareness of the issue of menstrual hygiene in fashion factories.
- Phraseology to analyse constant words/terms that surround the topic

2. Secondary Research (Qualitative & Quantitative) :

- Review garment worker diaries across different cities/factories in the country.
- Collect existing data on the above mentioned topics to analyse in the Indian context.

- Reviewing local & international studies, research papers, and articles related to the topic written by health professionals, UNICEF and fashion industry professionals.
- Case studies & analogies of disproportionate representation of women that has an underlying relation to menstruation & childbirth - to understand what importance does education & access play in this.
- Quantify the various health and hygiene problems faced by women in factories.
- Existing operational work structures and how they pertain specifically to the fashion industry.

Factor #1: Education of Menstrual Hygiene

“Knowledge”, “Information” and “Communication” were the 3 words that were most commonly used when phraseology was analysed across multiple studies related to menstruation (*see Appendix Item 2*). An author for the Irish Times writes, “The existence of stigma around menstruation existed long before the world of consumerism was born, and it's still present in countries throughout the world, due to lack of education in the right manner. The western world has come a long way from menstrual huts (which, sadly, still exist in some cultures, India included), designed to separate women who are menstruating from the rest of the community, and from taboos that prohibit preparation and serving of food: "If a woman have issue, and her issue in her flesh be blood, she shall be put apart seven days: and whosoever toucheth her shall be unclean until the even (Leviticus, 15:19)".(Hyland, 2017) In a 1999 journal titled ‘Sex Roles’, a scholar explains that “Much of the fear associated with menses comes from the lack of input from parents. Scholars have suggested that mothers often react after the fact, rather than preparing their daughters for the event, resulting in uncertainty and even trauma - an experience that reinforces the fundamental nature of taboo - bleeding, pain, fear, and the unknown (Merskin, 1999). Because of this fundamental nature of taboo, the right information about periods isn’t passed on from generation to generation. Instead, what passes on subconsciously is the myth and stigma associated with it. Advertising and the role of

consumerism often lead to blocking a change in perspective. Through advertisements, women are told to "feel fresh", to "be liberated", and "to get on with their lives". But what's the real message here? It seems to suggest that the very act of menstruation is offensive to decency and needs to be suppressed. They sell a problem, followed by a solution (Hyland, 2017)

Mr. Mangaldeep from Aakar Innovation which is a menstrual hygiene solution provider in Mumbai elaborates on the importance of education and awareness as the key factor. He explains that he does so in a culturally relevant way. He says "They (women & men in villages & even in cities) are not really aware of the science of menstrual hygiene. Even in cities, but in villages, it is almost negligible. So, we let people know what happens during cycles, why it is important, what the hygienic factors are, what the gynecological factors are, and how it is connected to their daily lives. In rural areas, we often clarify this very simple thing that if a woman is not following hygienic menstrual practices, they may have challenges and trouble while having babies. They may get infections and have trouble giving birth. Once we connect the dots that if you follow hygienic practices, it will lead to a healthy life for them, and a healthy baby, it becomes very simple for a man to support the cause." Whether it is an Indian village or a city, or any other place across the globe, the mentality that menstruation is anything but a biological process can only be changed through disseminating correct information and creating awareness across the world in culturally relevant ways. Often unit heads and factory leads that employ women garment workers are men. This adds a layer of complexity as both the men & women aren't educated enough and thus conversations about the cycle are shushed by bearing inconvenience. (Mangaldeep, 2020)

Under the broader term of education, there are three sub-topics, that are explored to further break-down this complex topic:

1. Stigma, Taboo & Embarrassment that surrounds menstruation in a public place

2. Scientific explanation of menstruation
3. Consequences of improper menstrual hygiene

Stigma, taboo & embarrassment

What is a taboo?

A taboo is by definition is prohibition or restriction - A forbidden discussion of a particular practice or association with a particular person, place, or thing. The taboo presents menstruating women as “filthy, sick, unbalanced, and ritually impure”. Nearly every religious and cultural tradition stigmatises menstruating women (Merskin, 1999).

Why is it a taboo?

Menstruation has been a bodily process long before science found it’s actual cause. This led to every culture creating their own myths about menstruation. In premodern times it was believed that a menstruating woman could cause “meat to go bad, wine to turn & bread dough to fall”. Mothers, aunts, storytellers passed down these myths from one generation to the next. Today, too many women continue to believe that they will lose their virginity by inserting a tampon (Merskin, 1999). Culturally, in India, women are taught to hide and protect the sanctity of their bodies. A lot of women belonging to lower socio-economic classes in India do not have access to extensive education that can help them break free of the prevalent ideologies. Ideology has to do with the tools of a social system (language, imagery, institutions) that influence thought and serve to stabilise beliefs among the masses and reinforce their subordinate place in the social system. Moreover, they are weighed down by their socio-economic status and society. As a social construction, femininity involves the cultivation of a body that does not leak (Merskin, 1999)

It is easy to claim that menstrual taboos and its consequences on health and hygiene are a thing of the past and are mainly prevalent in developing countries. Here's an example of a modern day taboo: Miki Agrawal, former CEO of underwear brand Thinx, recalled at the time how the refusal to run the Thinx ad, which read "Underwear for women with periods", coincided with subway advertisements promoting breast augmentations, products to help achieve "beach bodies" and a promotion for the latest instalment of the 50 Shades of Grey film franchise. That last ad depicted a woman being choked with a necktie. The MTA's refusal to run the underwear ad was due to "the nature of the language used". Consider that for a moment: cosmopolitan New York said no to running an advertisement selling female underwear designed specifically for periods because the ad contained the words "Underwear for women with periods". (Hyland, 2017)

Effects of taboo

In his career, Mr. Mangaldeep has come across various effects of taboos on the education process. He says, "In our program, we do a training of trainers. If someone from our team goes to the village, be it a girl, the women will not openly discuss the problems they face. The topic of menstruation is very sensitive and has a lot of myths and taboos surrounding it. So, they might listen, but they won't fully understand and there will be a barrier." (Mangaldeep, 2020) Girls from lower socio-economic classes grow up with this persistent sense of shame combined with barriers to education about periods and how to take care of their bodies. Even today in larger cities in India, sanitary pads are handed over by the shopkeeper wrapped in a black plastic bag. As if this is something all women must hide.

However, some women are lucky to go through and grow through those taboos through education. An executive from a leading western brand says that, "as a young girl when all of a sudden you're sitting down and you have this blood rushing down from you, you don't know what to do. It was

embarrassing. You don't even know how to talk to that, you don't even know what to say. My mother really didn't tell me about this. I learned it from my schoolmates, or I learned it from class or a teacher that has taught me Because it was taboo. But with time, I learnt that It's natural. It's what, who we are. We're women. We were given a gift to be here, able to give birth to children. And part of that process comes through this.” (Anonymous A, 2020)

A majority of non-governmental organisation in India work towards breaking this stigma through education and awareness programmes. STAMP is one such Indian NGO that provides subsidised sanitary products to women and girls in rural areas along with menstrual hygiene education. It also teaches them the right ways to dispose their sanitary napkins. STAMP is an abbreviation for the Hindi word “*Swacch Tan Man Paryavaran*” which means “A clean body, a clean mind and a clean environment”. Hinal & Vrisha, who are co-founders of STAMP believe that a clean body can be obtained through proper menstrual hygiene practices, a clean mind can be obtained through education and awareness and a clean environment can be obtained by disposing waste in the right way.

The various situations surrounding menstruation that have been highlighted above are so normalised that any actions that don't align with these ideologies seem abnormal or are considered wrong. To sum it up with an example, it was discovered in an interview with a garment worker that she would rather lie about her health issue or work the long hours when on her period - than to tell her male supervisor about her menstrual cramps. Upon questioning of why she couldn't share her real condition with her supervisor, there was a reaction of disbelief and suspicion for a short second. Upon being guaranteed that this was just an open discussion between two women, she confided that it was uncomfortable to discuss this topic with a male and that he wouldn't understand or allow her to go home. (Anonymous B, 2020) It was also noted that in an interview with an Indian male

factory owner, there was a similar kind of inhibition in discussing the topic of menstruation with a woman. He referred to menstruation as “this kind of a ladies problem” and explained how women in the factory were given leaves for ‘this problem’ as well as any other health related issues.

(Anonymous C, 2020)

The science behind menstruation

The menstrual cycle helps a woman’s body prepare for pregnancy every month. It also causes the woman to have a period if she’s not pregnant. The menstrual cycle and period are controlled by hormones like estrogen and progesterone. The woman’s body has two ovaries and each one holds a bunch of eggs. During the menstrual cycle, hormones make the eggs in your ovaries mature — when an egg is mature, that means it’s ready to be fertilized by a sperm cell. These hormones also make the lining of the uterus thick and spongy. So if the egg does get fertilized, it has a nice cushy place to land and start a pregnancy. This lining is made of tissue and blood, like almost everything else inside our bodies. It has lots of nutrients to help a pregnancy grow. Once the egg leaves the ovary, it travels through one of the fallopian tubes toward the uterus. If pregnancy doesn’t happen, the body doesn’t need the thick lining in your uterus. The lining breaks down, and the blood, nutrients, and tissue flow out of the body through the vagina. Voilà, it’s your period! Periods, though not always, are often combined with nausea, cramps, body ache, moodiness, headaches, etc. Today, women on average menstruate 400 times through their entire lives. (Marathe & Raj, 2020)

However, in India, menstruation can be conceptualized as a stigmatized condition that both reflects and reinforces women’s perceived lower status in relation to men. Feminist scholars extend this theory to explain negative attitudes towards women's bodily functions. Such stigmatization occurs when menstrual blood is viewed as one of the "abominations" of the body and reflects a gendered identity among women, which leads to consequences for women's psychological and sexual well-

being (Ingrid, 2012). The HERproject scoping study showed that the women lack fundamental knowledge about menstruation. Only 21 percent of the women interviewed said that they knew why women menstruate. Beyond low knowledge levels, there is cultural reluctance to talk about menstruation (Yost, 2020).

A brief survey of 10 questions titled “Menstruating at the workplace” was conducted to understand the levels of awareness around menstruation and its effects on the woman’s body. The survey was taken by factory owners, garment unit heads and promoters of menstrual hygiene. 30% of the respondents believe that menstrual cramps are only real if you pay attention them. 66% believe that men have a real advantage in not having the monthly interruption of a menstrual period. However, 100% of respondents agreed that the recurrent flow of menstruation is an external indication of general good health and is a biological reaffirmation of womanhood (*see Appendix Item 1*)

Question	Factory Owner (Male)	Unit Head (Female)	Educator (female)
Menstruation is a recurring biological affirmation of womanhood	Yes	Yes	Yes
Cramps are bothersome only if one pays attention to them	Yes	Yes	No
Women who complain of menstrual distress are just using that as an excuse	No	No	No
Having access to sanitation in garment factories is a perk for the workers	No	Yes	Yes
Men have a real advantage in not having the monthly interruption of a menstrual period	No	No	Yes
Women feel as fit during menstruation as they do during other any other time of the month	No	No	No

Educating women and girls about the scientific and health reasons of using the right menstrual products to deal with periods is also equally important. You can explain to a woman why she gets her period - but that education is incomplete till she can learn what to do about it. Mr. Mangaldeep explains what happened when the NGO Aakar Innovation supplied free sanitary pads as part of a

government scheme in a village in Maharashtra, India. He says, “Now they don't understand what a sanitary pad is, so what they did is that, they used it as duster. Another level of negligence was when they got pads, they sold it back to the shopkeeper so that they can get some money out of it.

Another group of women got hold of our pad and they used it and they tried to wash it. So this is something that I keep on saying, that the super important part is education. And unless you do that, nothing else will work.” (Mangaldeep, 2020)

Case study: (BSR) Business for Social Responsibility's HERhealth Programme

BSR's HERproject™ is a collaborative initiative that strives to empower low-income women working in global supply chains. Bringing together global brands, their suppliers, and local NGOs, HERproject™ drives impact for women and businesses via workplace-based interventions. As part of the HERhealth program, in addition to worker trainings, factory management representatives participate in health system strengthening training and activities.

Although the focus of training is women's health, men participate as peer educators to learn how they can be advocates for women's health. Management is engaged throughout the program as well to build their understanding of the importance of women's health for their workers. Male workers and supervisors have taken an active interest in the project, which has helped to reduce taboos around menstruation and open conversations around women's reproductive health. This interest from male workers and supervisors has in turn helped to engage factory managers in considering how to tackle poor menstrual health by creating and supporting an enabling environment (Yost, 2020).

Menstrual Hygiene Management

Menstrual Hygiene Management is defined by United Nations as the use of clean menstrual management products to soak menstrual discharge by women that are changeable in privacy as

required, with proper access to water, soap and disposal methods. Menstrual hygiene management is important to every single girl and woman. It not only involves having access to sanitary products and toilets but also having a dignified environment that helps them manage their menstruation. Menstruating women need to pay particular attention to personal hygiene as during this time, a woman's vulnerability towards potentially life-threatening ailments increases.

Common repercussions of improper menstrual hygiene are:

- Irritation of the skin causes discomfort and can possibly result in dermatitis – a medical condition in which the skin swells, turns red, and at times becomes sore with blisters.
- Introduction of bacteria into the urethra may cause urinary tract infections (UTIs). It can be fatal as it can even damage the kidneys if left untreated.
- Growth of harmful bacteria may cause an infection when in contact with the genital tract. This could damage the vagina
- Alteration in the pH balance of vaginal secretions can occur. A high pH level can provide an ideal environment for unhealthy bacteria to breed. It can cause bacterial vaginosis (BV). This tends to impact women the most when they're pregnant or trying to get pregnant.
- Susceptibility to cervical cancer is increased due to reproductive tract infections and UTIs.
- Cervical cancer is the cancer of the cervix ('mouth' of the uterus) and is caused by the human papillomavirus (HPV).
- Unhygienic practices also make women prone to becoming infertile.

The truth is that a major chunk of men and women across the country, as well as the world are unaware of these health repercussions. According to BBC Magazine, around 70% of the reproductive infections in Indian women are caused by poor menstrual hygiene. Even today, only roughly 36% of the 336 million menstruating women in India are using sanitary napkins, locally or

commercially produced. The rest often resort to used rags, cloth, twigs, ashes, etc. Another important finding from the A. C. Neilson report (Sinha, 2011) was that in India, 23% of girls (81 million) give up education because of issues pertaining to menstruation. Some of them are a link between menstruation and the ability to become pregnant, lack of toilets in school, lack of privacy in schools, lack of knowledge about menstruation, taboo practices, shame, and stigma related to menstruation (Yagnik, 2015). The loss of education combined with improper Menstrual Hygiene Management further embosses period poverty in their lives.

Case study: Shahi Exports

Even though Menstrual Hygiene Management is core to women's health, self-confidence and ability to work, it is a taboo topic that is not talked about openly as a real health issue in India. The case of Shahi Exports is slightly different. Every factory is legally mandated to have a dispensary stocked with sanitary pads. Upon implementation, a study found that in a factory with over 3000 women, only 200 pads were being used each month on average. The analysts at Shahi Exports found that most women are aware of and did use the sanitary napkins. However, at the same time, there is rampant usage of scrap or waste fabric from the factory during menstruation. Certain reasons identified include lack of awareness about the availability of pads, ease of access to waste cloth in the production line, opportunity cost of going to the dispensary (loss of productive time), and embarrassment in telling their supervisor (usually male). This is deeply concerning because studies have revealed non-use of hygienic methods during menstruation to be a contributing factor for reproductive health morbidity among women besides genital and reproductive tract infections. The insights from the FGDs, baseline survey, and secondary studies on menstrual hygiene indicated two clear problems to solve:

1. There is a stigma around menstruation leading to misconceptions, misinformation and lack of knowledge about the physiological process

2. Women use unhygienic methods during menstruation which is bad for their health

Shahi Exports' project 'Pravah' has an objective to create a comfortable and supportive work environment for women. They do this by providing menstrual health and hygiene training and awareness to all stakeholders, as well as easy access to low-cost, high-quality sanitary products to all women. Within one month of launching 353 women have availed the facility in one factory with around 550 women. That's a utilization rate of 65%. Results from knowledge tests – before (pre) and after (post) training show a drastic change in how women perceive menstruation. Before the training, 81% of women said that menstrual blood is dirty or impure; after the training, this number came down to 12%. While this shows that there is still room for improvement, they can see that women's mindsets are changing (Sharma, 2019).

The case study of Shahi Exports elaborates rightly that Menstrual Hygiene Management is not and should not only be a woman's business. This stands true in global supply chains where brands benefit out of cheap labour as well. What retailers don't realise is that improper menstrual hygiene comes with invisible added costs of workers and workplaces. This can happen due to absenteeism, loss of productivity, lower participation, lack of focus, etc. A woman garment worker says, "When my period comes unexpectedly, I cover the blood stain with my jacket and stay for the rest of the day because I don't want to miss work." This scenario, for example, makes it difficult for her to move around in the factory to do her work in the right manner.

Conclusion

Summing up the three topics above, it can be established that education and awareness about menstruation can be disseminated by:

1. Understanding the cultural taboos associated with it,

2. Creating culturally sound awareness programmes around the scientific process of menstruation and the need for menstrual hygiene
3. Delivering the consequences of improper menstrual hygiene management

These need to be put in place through educational initiatives led by women who can be looked up to. A western lady executive believes that, “ We need to be able to respect the cultural differences and we need to be able to put educational programs together accordingly. We need to be able to put formal hygiene, in workplaces you know, and seminars where women are able to speak to one another about it.” (Anonymous A, 2020) Such programmes would give them the much needed courage to go and buy sanitary napkins or start practicing safe and hygienic methods to manage their menstruation.

With respect to garment factories, this education and awareness becomes even more important. Available research shows that providing the right programmes that include education can lead to reducing business costs over a longer period of time. In India garment workers have a few health care options such as Employee State Insurance Corporation (ESIC), public health system, and a government insurance scheme. However, these are often inaccessible to the workers as they do not cover primary care or have additional fees. This also works in combination with low knowledge of these provisions and a wage cut due to missed work. All the above makes the health expenditure very large for garment workers who often struggles to take care of their families.

As a result of this poor access to health care, women garment workers in India often do not receive health services leading to undiagnosed, high-impact, high-burden health conditions which in turn lead to increased absenteeism and attrition, lower efficiency and lower productivity. This is where non-governmental organizations with deep expertise in health and

gender can play a role in partnering with companies to improve worker health and well-being, thereby generating business returns (Yost, 2020). It can also be proved that unhealthy employees take more leaves on an average than healthy employees and that the cost of being unproductive at work can exceed the cost of being absent.

In the words of Nelson Mandela, “Education is the most powerful weapon which you can use to change the world.” Therefore, it needs to be clarified, to both customers and retailers, that the age-old ways of running the fashion industry work no more and only education can change them.

Factor #2: Access to Menstrual Hygiene

“Lack”, “access” and “availability” were 3 words that popped up across various studies 240, 95, and 55 times respectively (*see Appendix Item 2*). This led to analysing the definition of what access means with respect to menstruation and menstrual hygiene, why it needs to be provided and how can it be provided. A first step in providing access is promoting positive menstrual attitudes that happen through education and awareness, covered in the previous section. The next step is to provide access to physical product as education alone won’t work. If physical product is provided, it needs to be financially accessible every month for purchase by women across different socio-economic classes. If it is financially viable, there needs to be access to WASH (Water, and Sanitation, Hygiene) facilities present in an environment to successfully manage menstrual hygiene.

Currently, in times of crisis like COVID-19, only 15% of all the girls in the country of India have access to sanitary pads during the lockdown (Feminism India, 2020). This is because so many girls get their sanitary supplies at school, which were closed during the lockdown. The same is the case for the women who get menstrual product supplies at their workplace or through non-governmental organisations. Without access to these suppliers or facilitators of hygiene products, women and girls

face serious issues with regards to menstrual hygiene management. However, the larger picture is that even in 2020, India remains to be a country with a period poverty crisis, with or without lockdown.

Under the broader term of access, there are three sub-topics, that are explored to further break-down this complex topic:

1. Access to physical product
2. Access to sanitation (WASH)
3. Financial accessibility

Access to physical product

The femcare industry, the commercial arm of menstruation, has come a long way in the western world. Industrial sounding "belts", "pins" and "menstrual rags" have been replaced with tampons, sanitary napkins, and moon-cups. The first commercially available, disposable menstrual product in the US was Lister's Towels, produced by Johnson & Johnson in 1896 (*see Appendix Item 3*). These companies, operating within a growing consumerist society, devised a new way to sell this product; by reimagining, repurposing, repackaging and selling it to women for the purpose of managing their menstrual needs (Hyland, 2017). However, in India, the use of modern sanitary products only started in the late 19th century, due to western influence brought upon by colonialism and a growing consumerist society. An archive in the Times of India Newspaper reveals how menstrual product ads targeted audiences that belonged to an upper socio-economic class. Before 1947, the ads were primarily directed at the European and Anglo-Indian population. By 1954, an advertisement showed Kotex seeking to create a value of association with other "modern Indian women" too (Chattopadhyay, 2016)

In 2010, A. C Neilson conducted research where it surveyed 1033 women and 151 gynecologists about their sanitary hygiene condition and practices. As per the report, only 12% women from a total of 355 million women of menstruating age use sanitary pads. In 10 years, this number of sanitary pad using women has increased to only 36%, which reinforces the dismal condition in India. Available research proves that lack of access to sanitary hygiene products does in fact have a direct influence on women's health. There have been cases of severe infection and complications during pregnancy due to the use of unsanitary techniques during menstruation (Hyland, 2017). There was a case in India where a young girl used a rag during her period. This rag has been used by a lizard as a nest for laying its eggs. The unhygienic rag led to an infection that resulted in the girl having to remove her uterus surgically. Due to the lack of access to a sanitary product, a young girl lost her ability to reproduce naturally, which in itself is a bigger stigma (George, 2012). In another related case a rusted hook on a discarded blouse (used as a cloth during menstruation) caused infection, and the woman had to part with her cervix. The risk of cervical cancer has increased due to the use of unsanitary techniques (Maree & Wright, 2007). Surprisingly, the number of Indian women that use sanitary products are in strong contrast with other Asian countries. For example, 100% women in Japan use sanitary products, 88% Indonesian women, and 64% Chinese women use sanitary products (Hyland, 2017).

Mr. Mangaldeep explains how the lack of access to physical product in smaller regions in India is not only because of local ignorance. He says, "I think in 2010, the access to the product in the villages was almost 2-3%. Maybe now it has grown to be 10% or so. But still it has been a challenge. This is because reaching out to the villages is a very difficult task for the multinationals. If you talk about the sanitary pad particularly, it is a bulky product. It doesn't go in terms of weight, it goes in volume. So, it takes a lot of a cost logistically to reach out to the small places where the retail price of the product is not very high. And then obviously, because the awareness is low is, a

multinational believes that if they go sell in the small places, they may not have enough of profits and their margins will go down. In fact, their major margin comes out from the products which are sold at higher price. So it doesn't make sense for them to go to the villages for a variety of reasons. So definitely, access to the product is a huge challenge in India.” (Mangaldeep, 2020)

In another interview with a garment factory owner, it was also found that in large cities like Mumbai, the provision of menstrual hygiene products and sanitation facilities is a ‘perk’ for the workers. He explains, “It is a highly competitive market and western companies want good(low) prices. We need to match to those prices and therefore have strict budgets. In Mumbai, paying rent, salaries and other operational costs are major challenges in itself. We do not have the bandwidth to accommodate other costs such as the ones of the ladies problem” (Anonymous C, 2020) In contrast, there are factories such as the Silver Spark Apparel Ltd. which belong to the local suiting manufacturer giant The Raymond Group. When speaking to a merchandiser who works for Raymond, she pointed out that in the women garment workers there are recognised as extremely efficient tailors and therefore are provided with good sanitary help. She explains, “There is a small pad manufacturing unit inside the factory where pads are made. These are then given for free to the women workers in order to help them maintain good hygiene.” (Anonymous D, 2020) A garment worker in Mumbai states that she feels glad that her home is located close to her workplace. It is due to the proximity that she feels comfortable going to work on her periods. She elaborates, “If I get my periods during work, I can go home during lunch to change and freshen up. However, my friend isn’t able to do the same. She lives 2 hours away and therefore she has to contact the unit head or the lady at the reception to get a free pad from the factory’s supply.” (Anonymous C, 2020)

As mentioned above, there are various prongs of issues that affect the availability of sanitary products in India. Provision of access is part of the responsibility the factory owners need to take

up. Retailers and factories definitely need to think about this as women garment workers spend hours and sometimes even days, drowning in physical and mental labour, away from their homes in the cities. The rights as workers, their rights as women, and their rights as humans are equally and even more important than the clothes we wear.

Access to WASH

What is WASH?

WASH is the collective term for Water, Sanitation and Hygiene. Due to their interdependent nature, these three core issues are grouped together to represent a growing sector. While each a separate field of work, each is dependent on the presence of the other. For example, without toilets, water sources become contaminated; without clean water, basic hygiene practices are not possible.

All three areas in WASH support and strengthen one another. If one is missing, the others cannot progress (UNICEF). Universal, affordable and sustainable access to WASH is a key public health issue within international development and is the focus of United Nations Sustainable Development Goal No. 6.

Why is WASH important in India's context?

Sanitation was recognized as a human right within the International Covenant on Economic, Social and Cultural Rights in 2010. For women and girls in India, the lack of sanitation is commonly associated with improper menstrual hygiene that has severe health consequences, as mentioned above in the paper. According to UNICEF India, poor sanitation can also have a ripple effect when it hinders national development because workers are suffering from illnesses and living shorter lives, thereby producing and earning less, and unable to afford education and stable futures for their children.

Case study: Access to sanitation for low income workers in Bangalore, India (Rajaraman, Travasso, Heymann, 2013)

Semi-structured interviews were conducted with 48 women working in low-income jobs in Bangalore. Access to sanitation varied by occupation group, with construction workers and domestic workers being the worst affected, and garment factory workers and street vendors better off. Consequences of inadequate access to sanitation included shame and fear related to urination and defecation in open areas, walking significant distances during working hours to use a latrine, inability to maintain adequate menstrual hygiene at work, loss of pay as a result of missing work during menstruation and resentment towards employers who did not provide access to latrines. The findings reveal significant shortcomings in access to sanitation at the workplace for poor urban women.

Most factory workers reported that they had access to employer-provided latrines with water and soap that were in an acceptable condition. Only two factory workers said that they were not consistently allowed to use the toilet during working hours. A major challenge for women who did not have access to a latrine at their worksite was maintaining menstrual hygiene. They were constrained in their ability to change sanitary pads or cloths, clean themselves, wash their menstrual cloths, and dispose of used sanitary pads and menstrual cloths. While some women spoke of the discomfort of not being able to change their pads/cloths all day, others would walk up to 4 km to go home during the day to change their pads/cloth, or even skip work (with loss of pay) on days of heavy menstrual flow. Underlying determinants of access to sanitation at the workplace were employer practices (construction workers, domestic workers and factory workers), location of the workplace (construction workers and domestic workers), and availability of water (factory workers).

The above case study reflects a situation that is prevalent across many other major cities in India. A factory owner in Mumbai explains, “It is so difficult to find factories in Mumbai that even have separate toilet facilities for men and women. Factory owners can't afford giving such perks to the workers. Especially in cities, like Mumbai, where overheads are sky rocketing every time, so it is not their fault either. We consider ourselves to be in the good category of factories where we provide separate washrooms for men and women with running water. Otherwise, if you see factories in Mumbai, I mean, the conditions are really pathetic. People are working from slums. But we do not prefer all these things. So we have our own factory with proper premises where 25% of our workers are women” Consider that for a minute. In the western world, in 2020, the above spoken words almost seems unreal. To cite another example, there exists another factory in Mumbai, where just about 2 bathrooms are shared by 90 garment workers and 30 other staff members. These toilets often do not have running water or dustbins, nor are they clean enough to use regularly. The situations highlighted above are in complete violation of International Labour Organization Standards which state that for every 25 workers there should be one toilet. (Anonymous C, 2020)

Finally, the garment industry is a high growth industry employing mostly women, and is regulated by the Factories Act (Government of India 1948). While wages are considered low, the workers may be more likely to receive labour protection because of unionisation and export-imposed standards for labour. It is believed that there are stricter regulations imposed in factories that export garments. For example, a leading menswear brand's owner in India believes that, “Checking is really strict in factories where foreign brands produce - only then they can get orders again.” But that is debatable as multiple retailers aren't even aware where the garments are actually being manufactured in the supply chain - due to the presence of subcontractors. Therefore, there is a strong need for extending legislation and improving the implementation of current regulation to improve access to sanitation

at the workplace.(Rajaraman, Travasso, Heymann, 2013) This needs to be accompanied by greater advocacy for access to sanitation as part of the larger activism for women worker’s rights and health empowerment.

Financial Accessibility

While the price of a box of 10 sanitary pads in 1996 could be as low as Rs16.5, today the price of a pack of 7 sanitary pads could go up to Rs 110. This amount is



sometimes equal to what women workers earn for a full day of work in India. Sometimes, women face discrimination at their workplace due to menstruation. In one case, women working at a farm in rural Gujarat, India received \$2 per day to do their job; however, for the 4-6 days that they were menstruating, they received \$1. (Yagnik, 2015)

To add to that, the Government of India imposed a GST (Goods and services tax) of 12% on feminine hygiene products, putting them under the category of ‘luxury’ products. This is synonymous to the ‘tampon tax’ that was implemented in the western world. This issue became highly controversial as activists said that removing the tax on pads tackles one of the biggest barriers to education for girls, who are often forced to stay at home due to a lack of access to clean hygiene products, while also facing stigma and a lack of toilets in schools. (Banerji, 2018)

Furthermore, when they exit school, they instantly hinder their job prospects of the future. Within days, an online petition was started by a lawyer that demanded a reduction or removal of this tax.

She explained that this tax would reduce the financial accessibility of pads as a major chunk of Indian women wouldn’t be able to afford them. So, they would have to resort to using other

unhygienic methods of menstrual hygiene management, that increases health risks. The petition gained over 400,000 signatures. The tax was finally scrapped in July 2018.

Most women experience more than 30 years of menstruation. Results revealed the average woman surveyed spends \$13.25 a month on menstrual products – that's \$6,360 in an average woman's reproductive lifetime in USA(ages 12-52). Additionally 49% of women have faced financial inaccessibility to period products .(Sadlie, 2019) Imagine that if affordability and period poverty is experienced by women in high-income countries, how huge the challenge must be in developing countries. For example, although India declared tampons and sanitary napkins tax-free in 2018, most sanitary pads cost between 5 and 12 rupees (8-20 cents) per pad, and approximately 40 rupees per pack. For the nearly 276 million people who live on less than \$1.90 a day, this is still far too expensive (Yost, 2020). The 2010 A.C Neilson report also showed that 70% women could not use sanitary products because they were expensive (Sinha, 2011). A study conducted by Nielsen under UNICEF found that almost every girl they spoke to as part of the survey, used cloth as a menstrual absorbent for the obvious reasons of its ready availability at home, re-usability and cost-effectiveness. 80% of the respondents didn't use the sanitary napkin due it's high cost. To address this issue of unaffordability, the Indian government approved a budget of \$30 million to subsidize menstrual hygiene products and encourage safe menstrual practices (Yagnik, 2015). However, it still remains a challenge in the country.

However, an educator of menstrual hygiene thinks otherwise about financial accessibility. He explains, "I am not really a supporter of the term 'affordability'. In the Indian villages, besides maybe 10% of the population, everyone can afford a 30 or 40 rupee product. If you really dig deep, the local vendors sell products like Coca Cola, Thumbs Up, Lays, shampoo, etc. for a similar price. These products are more of an emotional need than a physical need. But when you talk about

hygiene, it is an unavoidable necessity. So if you're comparing the spending of about Rs 30-40 a month, it is actually affordable for 90% of the population. We have families in the villages where multiple women use the same cloth until they understand the need to switch. Once they have the information, they are able to make an informed choice. It also must be noted that the usage of pads also varies. A lot of women still use cloth when at home, and resort to sanitary napkins when they step out. Therefore, a packet of 7 suffices for the month. Therefore, I don't believe that at least in today's context, in India, women can't actually afford the most basic product that costs Rs. 30-40 a month - they obviously can't afford the high end products." (Mangaldeep, 2020)

Conclusion

The research above proves that the lack of access to products, lack of WASH facilities, and financial inaccessibility play a key role in hindering women's progress towards correct menstrual hygiene management. Moreover, this kind of access is often not provided at their place of work, where they spend maximum amount of their day. It is in such situations that you realise, a woman workers' health and hygiene practices are almost completely in the hands of their employers.

A lot of people belonging to higher socio-economic classes simply use the sanitary napkin, without questioning the fact that it is just a product born out of a century of innovative and aggressive advertising (Chattopadhyay, 2016). But, in actuality, the bigger picture is the one of women belonging to lower socio-economic classes, in the unorganised sector and rural areas.

A lot of global companies and Indian factories realise the importance of providing access to the different aspects of menstrual hygiene management. But realising is different from understanding, from being sensitive to it and making actual changes. Available research proves that a major chunk of factories are run by men. To elaborate this point, it means they not only manage operations and administration but also a lot of finances and budgeting. While they realise the issues that women

workers face, they do not pay it special attention and therefore it is neglected. Another issue is that those who want to change the situation on the management level, do not know how to address it. A representative from the non-profit organisation called Fashion Revolution states, “At the end of the day, it’s always about priorities” (Anonymous E, 2020)

Factor #3: Operational work structures in garment factories

The Garment Industry of India is a Rs 1 trillion industry. Almost 33 % of its knitwear production and about 20% of its woven-garment production, both by volume, enters export markets. Overall about 25 % of the volume of its garment production goes into export markets, leaving 75 % for domestic consumption. However, the USA, EU and Canada account for 70% of all exports (Dhanabhakym, 2007).

Within India’s context, the previous sections of the paper outlined why it is necessary for the women garment workers to have access to menstrual hygiene and sanitation at their workplace. It has also highlighted that these women workers spend majority of their day at work, thereby putting their health into the employer’s hands. This has been further amplified by fast fashion brands and retailers in the west that demand excessive amounts of production, under tight deadlines and with very low prices. This, in turn, puts pressure on garment factory owners and manufacturers, who will do what they need to meet those deadlines. Finally, it is the garment workers at the extreme end of this supply chain who have to bear the entire load of this pressure. A study done by Clean Clothes Campaign states that it is difficult to get a true picture of working conditions from inspections, but the testimonies of workers have revealed that in many factories, workers must work under tremendous pressure often with no time for breaks or to visit the toilet. Such working conditions can directly affect women’s capability to practice adequate menstrual hygiene management.

Under the broader term of operational work structures, there are three sub-topics, that are explored to further break-down this complex topic:

1. Intense work hours
2. Choosing between wages and health
3. Compliance to and enforcement of policies

Intense work hours

Under the Factories Act, as a general principle, employees cannot be required to work in any establishment for more than 9 hours a day or 48 hours a week, without attracting overtime payments. Activists, academics and doctors have voiced concerns that female workers' lives in garment factories are being tightly controlled, from toilet breaks to periods, to keep production lines running as India's garment sector faces ever greater demands from Western brands. Additionally, most brands focus on their tier 1 suppliers and manufacturers, but a lot of the work gets subcontracted out to tier 2 and tier 3 suppliers - without the knowledge of the brand. Factory managers get workers to work for approximately 10 hours a day, 6 days a week - and this is just a regular working week. Last minute orders or 'urgent' orders cause garment workers to go into overtime, sometimes they even work through the entire night. A factory owner in Mumbai states, "My garment workers work basically from 9.30 AM to 7.30 PM. We normally avoid overtimes and try to finish orders in our regular time. If the work is urgent, then anything above 10 hours is considered paid overtime. We usually also have Sundays off and strictly do not call workers on Sundays. But if there's an emergency delivery to be made, we have to. However, that happens only like five or six times in a year. But frankly, this is a garment unit and the thing is in India the garment industry is highly unorganized. That is the main problem." (Anonymous C, 2020)

Case study: Working conditions in a garment factory in Dhaka, Bangladesh

Bangladesh's clothing industry employs about 4 million workers, more than 70% of whom are women, but menstruation taboos mean they must skip work when they have their period. Yasmin, who started working as a seamstress when she was 18 years old, said she experienced many challenges in the workplace when she had her period. (Asia News Monitor, 2019) "Many times, I got my period when I was at work, and except the lunch break, I found no time to attend to my needs. Access to clean water in the factory is also not always available," she said adding that there were limited opportunities to dispose of used pads, for example. "I feel ashamed to inform my male supervisor that I need a break, so I take care of it during lunch," seamstress Yasmin said. The Dhaka-based NGO "Karmojibi Nari" (Working Women) said in a recent study that around 95% percent of workers got no break during the average 10-hour-long shift, except for lunch.

Indian factory working conditions aren't very different from the Bangladesh scenario. A qualitative interview with a garment worker in India revealed that she definitely has a problem going to work when on her periods. However, she understands that the work needs to be done and therefore she wouldn't be allowed to go home - especially because the work is urgent. She explains that it is her job and she needs to do it to make a living. She says, "Luckily *meri unit head ladki hai, isiliye comfortable lagta hai unko problem bataane mei - aur kabhi woh ghar jaane deti hai.*" She is glad that her unit head is a woman, and she can comfortably share her issues and therefore, is sometimes allowed to go home. (Anonymous B, 2020)

To understand and analyse the working conditions in factories and their effect on workers, a female unit head of a garment factory was spoken to. She believes that it is a general norm in the garment industry to overwork. She reveals, "Basically, what they're (factories) trying to do is get the maximum work in limited time, but in doing that, they don't give them breaks and they make them

work overtime and back to back for upto four days. If factories often find themselves in situations like these, it's but natural that they should take care of things like sanitization and hygiene, and at least to make sure that the factory has pads available and just a basic dustbin. When my workers complain about menstrual cramps, as a person responsible for handling the unit, I make sure that I call HR and give them the right medication or sanitary napkin, which the company stocks at the reception. I do my bit, but obviously they need the rest, because sometimes it's insanely overworked. But it's the best I can do given the situation. We are at this time in our life where cleanliness in general is so important. Sometimes the tailors' washrooms don't have soap, so really who is looking into that? Right. And the government also is responsible in making sure that these factories are following some sort of rules. There has to be a discipline in how a factory is run. These workers spend their entire day working for the factory, for it's business. The least we can help them with is provide basic hygienic products and sanitation at their place of work.” (Anonymous F, 2020)

Money or Health?

Available research proves that long and controlled working hours with no breaks lead to a variety of issues such as reduced productivity, lack of focus and frustration. Then are the monthly menstruation issues such as menstrual cramps, nausea, lethargy, headaches, body aches, etc. These combined with lack of access to sanitation at factories come together as a huge challenge for the mental and physical health and well-being of the garment factory workers. Worst case is women workers decide to take time off work and their wages get cut. Every day, they are made to chose between money and health. A garment worker in Mumbai expresses that when she gets her salary, she feels that she should have bore the pain instead of taking time off work. Below is a case study that elaborates on dismal events that took place in a garment factory in South India.

**Case study: A study done by Thomson Reuters in a garment factory in Tamil Nadu, India
(Nagaraj, 2019)**

The multi-million dollar garment industry in Tamil Nadu provides employment to lakhs of women, but unfair practices may be putting health of many at risk. In scores of these units, supervisors, called "time keepers", monitor workers' hours and bathroom breaks, often deny them leave and readily dole out pills to women when they complain of menstrual cramps. Sometimes the medicines are dished out to delay periods. The women who spoke to the Thomson Reuters Foundation - most of whom were aged 15 to 25 - said they were always told to swallow the pills in front of the overseer, never knowing the name of the drugs or being warned about possible side-effects. According to The Factories Act, 1948, medical dispensaries are required to be handled by a qualified nurse, clearly not the case here. Most of the pills are unlabelled, and seldom are women aware that popping painkillers frequently could affect their health. With production targets the only priority, labour laws take a back seat. For women, most of whom come from poor families, the fear of losing a day's wages - Rs 250 - and the full attendance monthly bonus of Rs 750 leads them to take whatever medicine is being offered. C Nambi, director of Centre for Social Research and Development, said that sometimes women workers voluntarily seek such pills and sometimes they are asked to take the pills when they request for leave. "This practice is common during supply season when orders are high or when deadlines are close," said Nambi. A worker also remembers being teased by her male supervisor when she complained of cramps. Instead of being given spare sanitary pads or allowed longer bathroom breaks, women were handed pills that stop their periods and were harassed for working slowly. Under Indian labor laws, factories must have one toilet for every 20 workers but - barring a few major export factories - most do not, auditors and factory inspectors said. Female workers said in many instances, dustbins were not cleared, lines were long, regularly making the toilets impossible to use. "The priority is always production," said Prithviraj Sinnathambi, director of CARE-T, which promotes labor rights for garment workers in factories.

“In many instances, the toilets are deliberately kept dirty so that the women will refrain from using them and thereby not take restroom breaks. The idea is to extract maximum work.”

This case study is alarming, but not surprising. In the past activists have also raised concerns over other issues surrounding exploitation of garment factory labour such as verbal abuse. A head of labor rights charity exclaims, “It is an issue no one talks about or acknowledges but everyone knows about. The prevalence is alarming.”

Compliance and enforcement of policies

India is at the forefront of garment exports and the industry largely contributes to the country’s GDP. However, a very less amount of that sector is organised and the rest remains unorganized. What this means is that in the organised sector, employment terms are fixed and regular, and the employees get assured work. Unorganised sector is one where the employment terms are not fixed and regular, as well as the enterprises, are not registered with the government. (Surbhi S, 2017) The Factories Act read with State specific rules thereunder has elaborate provisions regarding health and safety of workmen. These stipulations include maintaining cleanliness, disposal of wastes and effluents, provision of drinking water and toilets. It is pertinent to note that if the contractor does not provide these facilities, the onus would fall on the principal employer. (SOMO, 2009)

However, because of the existence of manufacturers, contractors and sub-contractors, spread out in tiny nooks and corners of the country, it becomes extremely difficult to monitor and control the day-to-day happenings of the factories. Additionally, often corruption becomes part of the process of setting up and running a factory, which makes it easy for the factory owners to skip compliances and be lenient in the enforcement of legal policies. New research from Cornell University’s School of Industrial and Labour Relations identified numerous flaws in the current system, and found that

on average audits are based on unreliable or falsified information more than 40 percent of the time. (Kent, 2020) A number of acts apply to an organised sector like Factories Act, Bonus Act, PF Act, Minimum Wages Act, etc. whereas the unorganised sector is not governed by any such act. (Surbhi S, 2017) A report titled 'Richer Bosses, Poorer Workers' was written by Indian civil society organization CIVIDEP and published by the Centre for Research on Multinational Corporations. The study examines working conditions in factories producing for Wal-Mart, Tesco and Marks & Spencer. Although all major brand companies have set up codes of conduct and audit mechanisms to ensure compliance with basic labour standards, the ground floor reality has not changed for the better and even seems to deteriorate as work pressure is rising due to growing demand. Some of its findings:

- No living wage. All interviewed workers stated that it is almost impossible to make ends meet with the salary they earn.
- Work pressure is very high due to rising orders. Hourly targets are set way higher than what a healthy worker of average skill can produce.
- Overtime is often not voluntary as workers are forced to stay longer to complete targets. The legally set double normal hourly wage for overtime is usually not paid.
- Workers experience great job insecurity. Workers feel the constant threat of being dismissed. Furthermore, more than half of the workers interviewed did not sign any kind of contract when they started working for a factory.
- Most workers are not aware of codes of conduct. They do know about audits taking place, but they state that workers are picked out and instructed as to what to say by the management.
- In most factories unions do not exist. If workers face any problem they have to turn to the management and reporting a problem almost always works out counterproductive for the worker. If workers are active for a union they are often harassed by supervisors and management (SOMO, 2009).

A unit head in a Mumbai factory very well words the actual problem on ground. She says, “ We all like to say that yes all our factories are compliant. They follow labor laws, but we also know that is not what happens here, you know, in India. I think that as a country, we fall short in taking these laws seriously. It makes me wonder who's responsible for how well oiled the entire circuit is from the retailer to the manufacturer - how the entire chain moves through. If you ask me who is responsible, I would say it's the factory management and the government. And there has to be some way to push legit ways of doing compliance checks. For example, even in lock down, we are operating way above the allowed capacity. It is easy to say that the owner should take responsibility, but in a huge firm like this, the responsibility should be shared by HR, administration, and the management team. It's not practical to blame only the owners because they don't interact individually with the 400 workers. I think it starts at the management level, as these are the people who look into daily operations.” (Anonymous F, 2020)

Amidst the worker's fight for time, money and toilets, menstrual hygiene management often takes a back seat. Worse yet, it doesn't even occur to employers or workers. Even if it does, it is put under the covers to avoid uncomfortable situations. With compliance being at such low levels and the existence of lack of enforcement of policies, it becomes unimaginable that women workers demand for paid menstrual leaves. A garment worker exclaims, “*Ye cheez humane liye obviously bahut acchi hogi. Hume ek din rest mil jaayega. Lekin hum chahe aisa hone lage toh kya hi baat hai.*” In translation, she explains that the concept of menstrual leaves will obviously be beneficial to her as she would get a day to rest. But she also understands that everything she wishes for cannot be granted. (Anonymous B, 2020)

Writing in the journal *Health Care for Women International*, Alice J. Dan, of the University of Illinois, explains that menstruation leave first emerged as an issue in the 1920s and 1930s when employed women were mostly young, and working conditions for them were difficult. “The lack of adequate sanitary facilities and materials made management of menstruation especially difficult for factory and transportation workers,” she said. As a result, it was bus conductors and textile workers who were among the first workers to request menstruation leave. (The New Vision, 2018) However, a lot of women in India are worried about reverse discrimination that they might face if granted menstrual leaves. The additional days off could be used to justify lower pay or increase hiring bias against women, critics say. Absences could push women out of decision-making roles and eliminate them from consideration for promotions. And these policies may play into a decades-old prejudice that menstruation makes women unfit for work. “It suggests women are uniquely handicapped in the workplace by the fact that they have periods,” said Emily Martin, vice president for workplace justice at the National Women’s Law Center. Women with severe period pain should be given time off, she added, but it does not need to be a blanket policy. (Pattani, 2017)

Conclusion

In summary, women garment workers suffer immensely due to the nature of the industry in India that normalizes various forms of exploitation without major repercussions. It is true that in the past, the garment industry can be credited for contributing to the country’s economic development. However, exports dropped 3.46 per cent to \$16.37 billion in 2018-19 from \$16.7147 billion in the year-ago period. Industry insiders say that the fall in exports was due to India’s textiles not being competitive enough, buyers insisting on several compliance norms for which a large part of industry was not prepared. (Narasimhan, 2019)

At the same time in the western countries, there is growing pressure on brands and retailers to source ethically and manufacture correctly, with fair labour practices that provide facilities to garment workers well within their rights. However, within larger corporations, it becomes easier for audits to be faked as the business model of fast fashion stirs the industry away from reform. The brands first go on to preach about fair trade practices and then demand quick deliveries from the manufacturers at reasonably low prices. A report published last year by labour organisation Clean Clothes Campaign identified fatal shortcomings in the existing auditing system, noting that accredited auditors deemed facilities in Bangladesh's Rana Plaza compliant shortly before the building collapsed in one of the deadliest disasters in the industry's history. That's why even as consumers demand better standards and brands make bigger and bolder commitments to ethical sourcing, workers continue to toil in poor conditions. (Kent, 2020)

Summing Up

Menstruation has historically been and is currently used as justification for preventing women from fully participating in society, justifying control over them and their sexuality in particular, all across the world (Merskin, 1999). Over centuries, the monthly bleeding has been viewed as a biological defect and this messaging aligns with the systemic exploitation women face where their behavior is tightly controlled. These messages not only has an effect on how women perceive themselves and the process of menstruation - as dirty, vulnerable, embarrassing. Moreover, it also has a strong effect on how the patriarchal society sees and treats us. These messages tell our dads and brothers to be embarrassed and they tell our colleagues that we are a professional liability (Hyland, 2017). For example, in 1982, during a UN debate, it was stated that Margaret Thatcher's actions had to be understood in the "context of the glandular system of women" (Merskin, 1999) However, we are moving towards reasoning and questioning our actions and beliefs. As a result, menstrual activism in India is slowly taking a front seat. To raise awareness to the stigma around menstruation and the

importance of menstrual hygiene management, a commercial Indian film titled 'Padman' was released. The movie is a biopic of a South Indian metal worker - Arunachalam Muruganantham, who created a low-cost device to produce napkins. He challenged patriarchal taboos with determination that many men all over the progressive world might shrink from even now.

The provision of menstrual hygiene facilities in the garment factories only begins at destigmatization through education and awareness. The larger challenge remains to break down the complexity of the global fashion supply chains that feed on the abysmal condition of the garment industry in India. The conditions of this industry have been brought out in this paper, however, progress of any kind is challenging without large scale participation from all the stakeholders. These stakeholders include the brands, retailers, manufacturers, governments, policymakers, suppliers, contractors, subcontractors, worker unions, managers, workers and also us - the customers. Luckily, there is growing pressure on companies to keep up. "If you are just saying on the one side you have a human rights audit system and on the other side you have buying, and you hop promiscuously through suppliers, the audit system will never be good enough," said Mike Barry, a consultant and former director of sustainable business at Marks & Spencer. Manufacturers and sourcing experts say brands still routinely switch supplier factories and even countries to get the best price, often shifting to geographies with fewer worker protections (Kent, 2020). You can put a price and number on conscious buying, fair labor practices and fair wages, but how do you quantify the biological issue of menstruation and the presence of period poverty in the garment industry? Do customers ever think that a woman probably didn't cater to her biological needs to make 44 pieces of the same \$5 top they purchased? If they do think, are they willing to pay the price for it? To understand a customer's basic thoughts while shopping, a survey was conducted with 40 respondents across different age groups in India and USA (*see Appendix Item 4*). Below is an analysis:

- 50% of respondents think 'sometimes' about who made their clothes

- 28/40 respondents are aware that their shopping habits affect the health of women's lives
- 25% respondents don't even research the brand before buying from them
- 100% of respondents think it is the brand's job to manufacture responsibly
- 80% of respondents have rarely thought about the issue of menstrual hygiene in factories
- Majority of respondents are willing to pay a moderate amount to enforce menstrual hygiene in factories.

Customers do actually believe that it becomes a brand's responsibility to be involved at each step of production while being transparent. "The audits should be posted for everyone to see, and even drafts should go to workers and their representatives," said Mark Anner, director of Pennsylvania State University's Centre for Global Workers' Rights. "We need fully transparent systems." And along with transparency comes accountability. In the past, it was easy to escape accountability if brands didn't own a factory. However, today we live in cancel culture and the slightest association of a brand to violation of human rights can trigger a chain reaction, sometimes leading to the brand's demise. All done and said, the very nature of a business runs on calculating profits, seizing opportunities and mitigating risks. Therefore, it is very important to exhibit to brands that placing priority on women worker's health empowerment as a business strategy has ample benefits in the long run. The supporting research in this paper explores the topic of 'Menstrual Hygiene in garment factories as a strategic business priority.'

Menstrual Hygiene in garment factories as a strategic business priority

Despite USD \$8 billion/INR 52,000 crores per year in estimated spending on corporate social responsibility initiatives, leading global activists remain dissatisfied with the progress made to protect the rights of millions of workers suffering from abusive conditions in global

supply chains. (UNF, 2020) As mentioned above, providing menstrual hygiene management facilities under the larger umbrella of women workers' health empowerment can prove to reap multiple benefits to fashion companies as well as garment factories in the long run - both socially and financially. The three key opportunities this investment can create are mitigating risks, better market positioning and competitive advantage and reduced costs. Experienced managers from global buyers and Indian suppliers in the apparel sector are aware that peers and competitors are developing WWHE programs. Available research suggests that opaque supply chains with workers in poor health increase the risk of harmed reputation or bad PR. This often leads to loss of revenue. The previous sections in this paper have mentioned that unhealthy workers are often absent or have lower rates of productivity which in turn leads to increased costs. Conversely, companies with exemplary health, safety and environmental programs have been shown to outperform others in their industry (Sharma, 2019). To explain this, below is existing research that has caused certain garment factories to implement WWHE (Women Workers' Health Empowerment) strategies into their business, the outcomes of which are also outlined.

Why Worker Health Is An Essential Business Concern (UNF, 2020):

- In India, women lose one to two months of productive time a year due to illness in their family, according to the 2017 Global Health Monitoring Report, and nearly 50%-60% live with some form of undiagnosed illness and die earlier than more economically secure counterparts.
- Female garment workers have reported that they can only work in the apparel industry for a maximum of five to ten years due to its extreme toll on their physical and mental health.

Women Make Up 60% of the Workforce & Have Unique Health Needs:

- Low-wage workers have limited access to worksite health services particularly in apparel supply chains in India.

- Women workers often lack access to basic health and well-being information and services, including reproductive health, needed to live healthy, productive lives

The Long-Term Industry Resilience Depends on a Healthy, Productive Workforce:

- A resilient supply chain is one that addresses women workers' need for access to workplace health services and to basic health and well-being information and services needed prevent infectious diseases and promote good health and productive lives. A productive, resilient workforce for the long term requires that business provide safe environments and supportive services

Case study: Gap Inc.

To better understand the water, sanitation, and hygiene (WASH) the global retailer Gap Inc. worked with Results for Development Institute (R4D) to identify some of the opportunities in the WASH sector in India. It then incorporated education about WASH into its P.A.C.E program, that provides women workers with professional and personal skills training. It also included providing women with proper education about Menstrual Hygiene Management which would help them feel physically and mentally fit, along with feeling more comfortable and confident. Over 38,000 female workers have completed this program and they have a target of reaching 54,000 women by 2024.

This was spurred in part by the results of a randomized controlled trial carried out by Good Business Lab (GBL), a labor innovation lab. Their independent study found that P.A.C.E. generated a net ROI of 258% after eight months of programming (Endres, 2016).

According to an article an article from 2019 published in Newswire, on June 5, In Vancouver, at the Women Deliver 2019 Conference, ten global companies that include Unilever, Nordstrom, Lindex, Shahi, Hela Clothing, Inditex, etc. took up the initiative to commit to WWHE strategies in their

supply chain in 14 countries. These strategies will equip women workers with health information and services such as maternal health, skill building, menstrual health, contraception, reproductive cancer screening, etc. This is a huge step that sets an example for other companies to understand the potential of this initiative and healthy women workers. Some of their commitments are detailed below:

1. **Nordstrom:** The retailer has partnered with BSR, to implement programs such as HERhealth (the program through which women workers are empowered through training and information on topics including family planning, reproductive health, nutrition programs, and more), HERfinance and HERrespect that will reach 75,000 workers. The company anticipates it will reach at least 40,000 workers with HERhealth programs alone. "Nordstrom takes great pride in the products we create, and we value the women and men in our global supply chain who make it possible. Women make up the majority of factory workers around the world, and we're committed to supporting them in developing the skills they need to thrive both at work and beyond, through increased access to things like health resources and education," said Jen Jackson Brown, President, Nordstrom Product Group.
2. **Inditex:** Parent company of well-known fast fashion brand Zara commits to reach 1 million female workers as part of an expansion to its Women Empowerment Strategy by 2022. It also commits to provide at least 70,000 women workers with healthcare services such as maternity and reproductive health care. "Women play a critical role in the global garment industry, which is why Inditex places them at the center of our supply chain strategy. We can only foster a sustainable supply chain by taking a gender perspective that allows us to understand the issues faced by women and ensure they have access to health and well-being services they need to thrive." Felix Poza, Chief Sustainability Officer, Inditex.
3. **Lindex:** This Swedish fashion chain states that by 2025, they seek to reach at least 20,000 workers across their global supply chain as part of collaborative programs such as WE Women

and HERhealth. "Our commitment is in line with our company vision – to empower and inspire women everywhere. Women are not only the ones who love to wear our garments – they populate every part of our value chain, from field to fitting room. Lindex is filled with and surrounded by women, and we feel a responsibility to every single one of them to ensure they are healthy and empowered," said Anna-Karin Dahlberg, Corporate Sustainability Manager, Lindex.

Finally, In 2015, the United Nations called out the fashion industry to join the UN on it's journey to achieve its Sustainable Development goals by 2030. To Arcadia Earth founder Valentino Vettori, who spent two decades in fashion, the many touch points between fashion and the UN's goals are loud and clear. "Should we talk about women's rights? It's obviously connected to that. Should we talk about slavery? It's obviously connected to that," he says. (Cernansky, 2020) The fashion industry has faced major upheaval as it now and again gets linked to dismal amounts of environmental and social issues. The goals have helped some fashion and related companies set their priorities. These conditions make it even more relevant for global brands to take care of it's women workers' health and hygiene. If done correctly, brands' actions would work towards achieving Goal No. 3 (Good health and well-being), Goal No. 5 (Gender Equality), Goal No. 6 (Clean Water and Sanitation), Goal No. 8 (Decent work and economic growth), Goal No. 12 (Responsible Consumption and Production). In doing so, brands will be not only benefit from a healthy and productive workforce but also genuinely contribute to quality CSR that in turn leads to good PR.

It can also be concluded that while these collaborations with organizations such as BSR are beneficial for the business, they also come with associated costs. A United Nations Foundations study (*see Appendix Item 5*) provides a detailed list of options that talk to how companies can

source, donate or collaborate to gather funding for a WWHE initiative. Another method to obtain this funding could be to market the messaging of ‘menstrual hygiene of women workers in garment factories’ that to the customers.

A case study conducted in the orange industry in Florida gathered that an increase in tax-per-box from 7 cents to 12 cents increased the state’s citrus marketing budget by \$3 million. Fashion brands in the western world are known to be change-makers that heavily influence the public. It would be interesting to see brands put forward strategies with correct messaging and language with regards to menstruation. Would it convince customers across the world to pay a similar extra 5-10 cents. We will have to find out.

In summary, the topic of ‘menstrual hygiene of women in garment factories in India’ isn’t just the fashion industry’s issue. It is a global issue. It is a health issue. It is an education issue. It is a gender issue. It is a cost issue. It is a class issue. In a leading lady executives’ words “I think that we women, as far as we have come around the world, we haven't come far enough. (Anonymous A)

And one thing we all need to do is be able to be there for those women workers and for one another.” The people in power across the globe have the opportunity, resources and responsibility to support the very women who suffer to build the foundation of the fashion industry. Their health and well-being is crucial to sustaining the industry’s future. Whereas for us consumers, we need to stop for a minute and look back to reflect on who is affected by the choices we are making. I truly believe in the power of change and it will happen only if we all come together.

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Appendix

Item 1: Survey

Topic: Menstrual Hygiene at the workplace

Respondents: 10

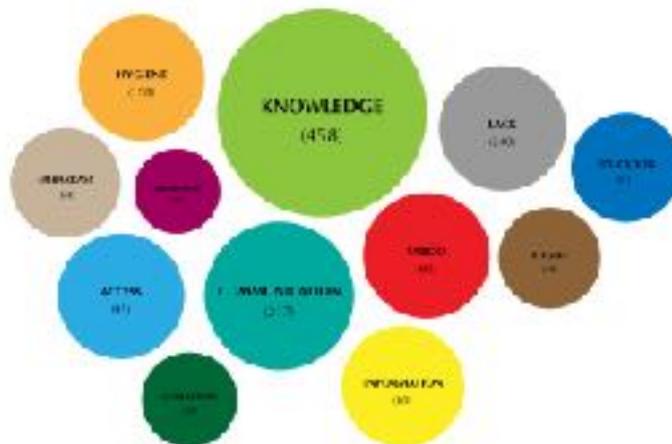
QUESTIONS	YES	NO
Women are more tired than usual when they are menstruating	10	0
Women feel as fit during menstruation as they do during other any other time of the month	1	8
Menstruation is a recurring biological affirmation of womanhood	9	0
The recurrent flow of menstruation is an external indication of general good health	9	0
Cramps are bothersome only if one pays attention to them	3	7
Women who complain of menstrual distress are just using that as an excuse	1	8
Men have a real advantage in not having the monthly interruption of a menstrual period	6	3
Men have more advantage of getting hired over women due to health reasons in garment factories	3	5
Having access to sanitation in garment factories is a perk for the workers	5	2

Item 2: Phraseology

Analysis Across Studies

Number of keywords

analyzed: 13



Keyword	Number of appearances
Communication	217
Education/educating	61
Knowledge	458
Awareness	33
Information	85
Access	95
(Easily) Available	55
Lack	240
Empower	8
Hygiene	158
Taboo	90
Embarrassment	64
Stigma	59

Item 3: Archival Images of Period Products (Before 21st Century)

1. The first disposable sanitary napkin (1800s)



2. Before self-adhesive pads, a woman would attach a pad to belt she wore underneath her clothes (1950s)



- 3. Pursettes came pre-lubed and were marketed to unmarried women (1950s)



"OF COURSE, UNMARRIED GIRLS CAN USE PURSETTES!"

Another wonderful girl in white, alone, is featured in our new Pursettes. She's a solution welcomed by thousands: a tiny new tampon called Pursettes®. The exclusive polyethylene tip of this tampon stimulates the need for a combined application - neither insertion nor medicated contact. No longer must a tampon Pursettes provide as much as 10% more absorbent than regular applicator-type tampons as a satisfactory laboratory test. That's why women - both married and unmarried - are switching to Pursettes. At drug and department stores - Pursettes.

FREE OFFER: For a free sample of Pursettes, simply send 10¢ for postage-handling to: **COMPASS, Box 100, 17 Birch, Illinois.**

Pursettes **Name** _____
 Address _____
 City _____ **State** _____

- 4. Stayfree pads came with an adhesive strip (1960s-1970s)

The Beltless Feminine Napkin



Now Stayfree gives you a feminine napkin that goes on with 2 simple adhesive strips. Goodbye, belts and pins and ties.

After using a pin, you can see the way you wear them. And it's a pain to get it off. Stayfree gives you a revolutionary napkin that goes on with two easy-to-use adhesive strips. All you do is take it out of the package and place it on your body. Goodbye, belts and pins and ties.

The Stayfree has soft, rounded edges for extra comfort. And its super absorbent core is long-lasting and gentle on your skin. It's a great idea. It's a great idea. It's a great idea.

As long as Stayfree is around, you'll never have to worry about your napkin. It's called Stayfree. And you'll love it.

Stayfree Mini Pads
 Stayfree Products

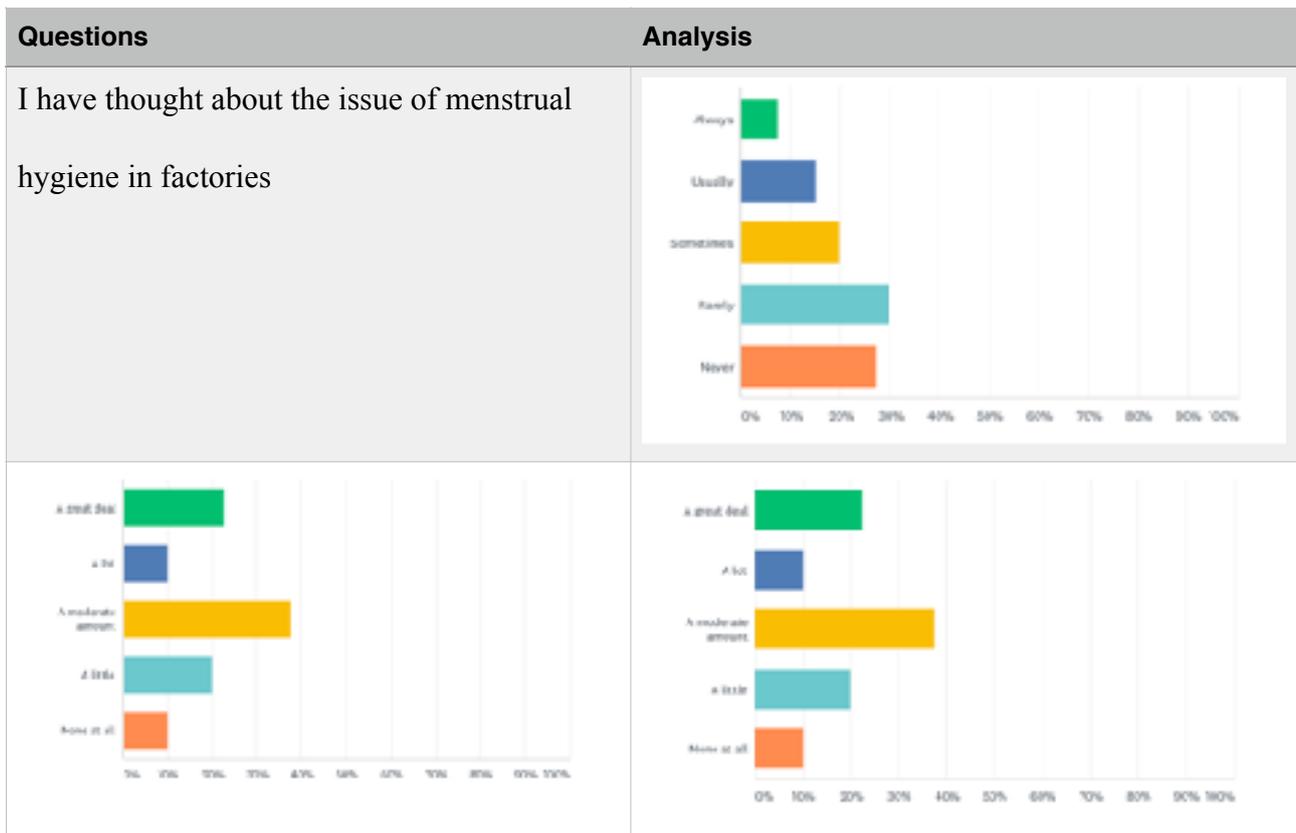
Item 4: Survey

Topic: Customer research

Number of Respondents: 40

Questions	Analysis												
Age	<table border="1"> <caption>Age Distribution Data</caption> <thead> <tr> <th>Age Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Under 18</td> <td>0%</td> </tr> <tr> <td>18-24</td> <td>~15%</td> </tr> <tr> <td>25-34</td> <td>~45%</td> </tr> <tr> <td>35-44</td> <td>~15%</td> </tr> <tr> <td>45-54</td> <td>~5%</td> </tr> </tbody> </table>	Age Group	Percentage	Under 18	0%	18-24	~15%	25-34	~45%	35-44	~15%	45-54	~5%
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18-24	~15%												
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45-54	~5%												
I think about who made my clothes and how while shopping	<table border="1"> <caption>Thinking about clothes while shopping Data</caption> <thead> <tr> <th>Frequency</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not at all</td> <td>~25%</td> </tr> <tr> <td>Sometimes</td> <td>~50%</td> </tr> <tr> <td>Often</td> <td>~20%</td> </tr> <tr> <td>Always</td> <td>~5%</td> </tr> </tbody> </table>	Frequency	Percentage	Not at all	~25%	Sometimes	~50%	Often	~20%	Always	~5%		
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I am shocked by low prices offered to me by certain brands	<table border="1"> <caption>Shocked by low prices Data</caption> <thead> <tr> <th>Frequency</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not at all</td> <td>~10%</td> </tr> <tr> <td>Sometimes</td> <td>~45%</td> </tr> <tr> <td>Often</td> <td>~25%</td> </tr> <tr> <td>Always</td> <td>~20%</td> </tr> </tbody> </table>	Frequency	Percentage	Not at all	~10%	Sometimes	~45%	Often	~25%	Always	~20%		
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Not at all	~10%												
Sometimes	~45%												
Often	~25%												
Always	~20%												

Questions	Analysis												
<p>I am aware my clothes and shopping habits affect the health of women's lives</p>	<table border="1"> <caption>Awareness of clothing and shopping habits affecting women's health</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not at all</td> <td>35%</td> </tr> <tr> <td>Sometimes</td> <td>45%</td> </tr> <tr> <td>Often</td> <td>25%</td> </tr> <tr> <td>Always</td> <td>5%</td> </tr> </tbody> </table>	Response	Percentage	Not at all	35%	Sometimes	45%	Often	25%	Always	5%		
Response	Percentage												
Not at all	35%												
Sometimes	45%												
Often	25%												
Always	5%												
<p>I research brands before buying from them</p>	<table border="1"> <caption>Brand research before buying</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not at all</td> <td>25%</td> </tr> <tr> <td>Sometimes</td> <td>35%</td> </tr> <tr> <td>Often</td> <td>25%</td> </tr> <tr> <td>Not at all</td> <td>5%</td> </tr> <tr> <td>Condition on Price</td> <td>15%</td> </tr> </tbody> </table>	Response	Percentage	Not at all	25%	Sometimes	35%	Often	25%	Not at all	5%	Condition on Price	15%
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Not at all	5%												
Condition on Price	15%												
<p>It is a brand's responsibility to manufacture responsibly</p>	<table border="1"> <caption>Brand responsibility for manufacturing</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>100%</td> </tr> <tr> <td>No</td> <td>0%</td> </tr> </tbody> </table>	Response	Percentage	Yes	100%	No	0%						
Response	Percentage												
Yes	100%												
No	0%												
<p>I am disconnected to the garment making process and mainly buy because of good prices</p>	<table border="1"> <caption>Disconnection from garment making process</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Strongly agree</td> <td>15%</td> </tr> <tr> <td>Agree</td> <td>35%</td> </tr> <tr> <td>Neither agree nor disagree</td> <td>35%</td> </tr> <tr> <td>Disagree</td> <td>10%</td> </tr> <tr> <td>Strongly disagree</td> <td>5%</td> </tr> </tbody> </table>	Response	Percentage	Strongly agree	15%	Agree	35%	Neither agree nor disagree	35%	Disagree	10%	Strongly disagree	5%
Response	Percentage												
Strongly agree	15%												
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Strongly disagree	5%												



Item 5: Suggested Funding Models for incorporating WWHE in garment factories. Paper published by Private Sector for Woman’s Health in association with United Nations Foundation

FUNDING MODELS	EXAMPLES
1. Buyer-led Buyers cover/wise cost of program	Tennings Tennings is covering the full cost of BSHCs M&M health and health and well-being services for 50,000 workers in Hanoi, Manila, and India.
2. Incentive Funding Buyers provide additional funds or long-term funds to suppliers in exchange for workplace programs	Levi Strauss & Co. To secure supplier buy-in for Worker Well-Being, LS & Co. covers 50% of program costs in year one, ramps down funding over a 3 – 5 year period and thereby allowing the vendor to take over the costs. Long-Term Purchase Commitments Suppliers are often willing to invest in workplace initiatives that go beyond compliance if buyers commit to buy from them for 2+ years, since their continued revenue they can invest and use to generate returns.
3. Incentive Financing	IFC’s Global Trade Supplier Finance Program Buyers work with IFC to offer suppliers implementing worker well-being programs improved credit rating and advance payments – \$ up to \$100,000 per savings borrower credit programs.
4. Shared Cost Buyers and suppliers share ongoing costs	BSR’s HERproject Buyers and suppliers share costs to implement BSR’s HERproject. Small Small is developing and pilot social welfare funds buying from the same suppliers in the same geographic area or industrial park/pool funds. With suppliers to reduce duplication and cover costs of programs implemented.
5. Supplier Funded Supplier assumes most or all of the costs from the start	Shakti Shakti Reports is covering the full cost of a program with FPW providing reproductive and maternal health to 10,000 people in India.
6. Worker Contribution	Vouchers IFPF has devised a voucher system for health spending from Sri Lanka, where employers provide vouchers to workers to cover a portion of the cost of services provided by IFPF up to an agreed annual monetary value for each worker. Insurance In Kenya, Marie Stopes and Family Health Option Kenya work with insurance and firms to sign workers up to government insurance.
7. Blended Financing Buyers, suppliers, governments, and multilaterals share costs	Adidas, PooChen Group, World Bank, EU, USAID, Grand Challenge Canada, LS&Co. These organizations jointly invested \$560,000 to work with Marie Stopes Vietnam to establish services within factory health clinics, build capacity for factory health staff, and conduct outreach to factory workers. PooChen now continues to resource service delivery within factory health clinic.

V. Appendix A: Selected Health Partners & Contacts for Getting Started

Please contact any of the individuals below with general, or detailed questions, or to get started.

Organization	Specialization	Contact	Email
Chicago National Foundation	Control companies, suppliers, and NGOs to prevent lead poisoning and exposure	David White	dwhite@chicofoundation.org
COG’s HR Project	Offers national based model to companies responding to returns and factories in partnership with COG’s HR operations.	Lisa Chang	lchang@cof.org
Family Health Association of India	Providing services through health camps, state procurement, and other returns.	Manish Kumar	manishk@familyhealth.org
Small	Network of independent health providers partners through the Small to Purchase (STP) model with a software health records of services and in-site leaders.	Janet Jones	jjones@small.org
IFP Vietnam Development (Singapore)	Provided direct health assistance for mothers and children in Vietnam.	Karimata Khatib (Bangkok) / Elan	karimata@ifp.org
Women Business LTD	Developing and implementing factory, supplier, and worker health and safety programs in factories.	Kavita Singh	kavita@womenbusiness.org

Item 6: Qualitative Interviews

Factory Owner/Unit Head - Mumbai

- Q1 Do you manufacture & export internationally?
- Q2 How many people work at your factory approximately?
- Q3 How many women work at your factory?
- Q4 Approximate no. of hours the women work in a day?
- Q5 How many leaves do the workers get per month? Specially 'in season'?
- Q6 Do you give Menstrual leave to women? If not, why?
- Q7 Are you aware of complaints from women / do they get any exceptions if you know they have their periods?
- Q8 Are they given enough time to change their pads/clean up?
- Q9 Is there access to clean water / toilets in the factory?
- Q10 If the factory supervisor is male, are females allowed to openly 'take a break'?
- Q11 If there is any provision for menstrual supplies - how have women reacted to it?
- Q12 Usual number of years women workers stick around
- Q13 Thoughts on the importance of Women Workers' Health

NGOs + Non-Profit

- Q1 What is your organization's main goal?
- Q2 What according to you, are the three main issues surrounding menstrual hygiene of women?
- Q3 Do you know / support any garment factory workers?
- Q4 What is menstrual education/awareness include, according to you?
- Q5 What are the three things that are important to increase menstrual hygiene in garment factories?
- Q6 Have you heard of issues pertaining to the garment factories? If so, what are the common ones?

Garment Factory Worker

Q1 How many hours do you work back to back?

Q2 How many sick leaves do you get in a month?

Q3 What do you feel about working on your periods?

Q4 How do you cope with pain/cramps at the factory?

Q5 What are the common issues you face when on your cycle at the factory?

Q6 What three changes do you consider important to help tackle menstrual hygiene in the factory?

Q7 Would having paid leaves help you? If so, how? If not, why?

Q8 How can factory owners/regulators + co-workers be made aware of the issue of menstrual hygiene?

Q9 Do you feel that if factories could provide sanitary pads/products, it would help you as an employee?

