



“A Study on the Effect of Menstruation in the Rate of Labour Absenteeism”

NIYA EDDIN

ABSTRACT

Absenteeism refers to the habitual non-presence of an employee at their job. Habitual non-presence extends beyond what is deemed to be within an acceptable realm of days away from the office for legitimate causes such as scheduled vacations, occasional illness, and family emergencies. Possible causes of over-absenteeism include job dissatisfaction, ongoing personal issues, and chronic medical problems.

Women in developing countries face challenges in terms of managing their menstrual hygiene. They often do not possess the appropriate means, materials, or have access to suitable facilities. Using a newly released dataset for Burkina Faso and propensity score matching, we provide for the first time evidence of the impact of advanced menstrual hygiene management on work attendance. We show that the use of disposable sanitary pads rather than old cloth reduces work absenteeism of women by approximately 24% points. We report the robustness of the results with respect to alternative specifications of the propensity score model and investigate the results for samples stratified by education, wealth, marital status, and religion.

Not feeling comfortable to discuss menstruation and believing that women are expected to stay home during menstruation was also associated with absenteeism. The level of pain was associated with absenteeism in bivariate comparisons, but due to high collinearity with reporting pain and 0-inflation we used the experience of pain as the predictor variable in the multivariable model. Use of improvised materials was not associated with the desire to miss work. Pain remained associated, but social support was no longer statistically significant. Agreeing that women should avoid work during menstruation for hygiene was associated with preferring not to work during menstruation, along with the norm that women are expected to stay home. The attitude and norm that menstruation should be kept secret were associated with discomfort in bivariate comparisons but not in the final multivariable model.

Received 15 Apr., 2024; Revised 25 Apr., 2024; Accepted 27 Apr., 2024 © The author(s) 2024.

Published with open access at www.questjournals.org

I. INTRODUCTION

Women's participation in decent work is essential for sustainable development, reducing poverty, and improving the health of women and their families. The many hours spent at work also makes workplaces important sites which can support, or undermine, health. The average female menstruates 65 days of the year, yet women's menstrual health needs in the workplace are frequently overlooked.

Menstrual health has been recognised as an essential part of sexual and reproductive health, and a core consideration for gender sensitive water, sanitation, and hygiene (WASH) service provision. However, research to understand menstrual experiences and develop policy and practice responses in low- and middle-income countries (LMICs) has focused almost exclusively on adolescent girls. While adolescence represents a window of opportunity to safeguard menstrual health, menstrual health needs continue into adulthood. Calls for greater attention to menstruation over the life-course have emphasised the need for research to understand women's experiences at work and identify levers for improvement.

Nationally representative surveys have found that many women report missing work or other daily activities due to menstruation. Performance Monitoring for Action surveys in Burkina Faso and Nigeria found 19% and 17% respectively, and almost one in four women in the lowest wealth tertile in both countries, missed work due to their period. Multiple Indicator Cluster Surveys across countries have found up to 35% of women missed participating in school, work or other social events while menstruating. While this nationally representative data highlights the importance of menstruation for women's work, the surveys did not assess the reasons for absenteeism to inform policy and practice responses.

THE EFFECTS OF ABSENTEEISM ON THE WORKPLACE

• IMPACT OF PRODUCTIVITY

1. *Impact on Individual Productivity*

It goes without saying that when a worker is absent, they are not being productive. So first off, the amount of time that an employee is absent directly impacts their gross productivity for the year. Not only that, but it's likely that the employee is engaging in absenteeism due to other issues such as burnout or disengagement. This is a key example of how the effects of absenteeism in the workplace are often deeper than they seem.

2. *Impact on Team Productivity*

As absenteeism rates increase, so do the overall effects of it on the team. According to SHRM, co-workers are 29.5% less productive when covering for absent employees. Let's look at a long-term care facility as an example. If a caregiver is absent, other caregivers have to pick up extra patients. As you can imagine, more patients in the same amount of time likely results in poorer care provision, and a lack of time to perform other job duties outside of patient care. Over time, the effects of absenteeism on the workplace in terms of team productivity accumulate, and things get out of hand. In this example, admin work can take a hit when there are fewer carers available to manage patients.

• IMPACT ON EMPLOYEE SAFETY

In certain industries such as security or manufacturing, the effects of absenteeism on the workplace include increased accidents. If an employee is absent, it can force underqualified employees to undertake tasks that put them at risk. Absenteeism also often leads to employees being overworked or burnt out, creating other workplace safety issues. Again, let's look at healthcare. If a caregiver/nurse is frequently covering for a colleague, it should come as no shock that it could result in poor judgment and mistakes. Essentially, when employees are forced to deal with increased labor, it impacts the entire organization.

• IMPACT ON PROFITABILITY

Absenteeism generally affects profits in two ways.

1. *Costs increase*

Absenteeism is not cheap, in any way shape, or form, as it drives up costs. The main way that absenteeism affects costs is through overtime pay. While some companies/industries can simply make do with being an employee down, others cannot. Security companies need to have guards at client sites regardless of absent workers. Manufacturing companies have to produce their quotas regardless of who is present or not. Patients need care, regardless of who is absent or not. More often than not, in order to deal with absenteeism without disrupting operations, employers will have to use overtime. Pretty much every employer understands how much overtime contributes to their labor costs.

2. *Reduced Output*

It goes without saying that profits decrease when output decreases. If you struggle with high absenteeism rates, it's likely that you also struggle to maintain production/service levels. Taking manufacturing, for example, the less time a worker spends in the factory, the less output they can contribute. If this is ongoing, or you have multiple employees engaging in absenteeism, your output will be greatly affected.

The effects of absenteeism is felt by individuals, teams, and the organization as a whole. As a result, pressure is added to both productivity, profitability and safety, which often creates a vicious circle, causing more absenteeism.

IMPACT OF MENSTRUATION IN LABOUR ABSENTEEISM

1. **Physical Symptoms:** Menstruation can bring various physical symptoms such as cramps, fatigue, headaches, and nausea, which can interfere with an individual's ability to work efficiently or even attend work at all.

2. **Psychological Impact:** Some individuals experience mood swings, irritability, or emotional sensitivity during menstruation, which can affect their productivity and attendance at work.

3. **Stigma and Culture:** Cultural attitudes towards menstruation may contribute to absenteeism. In some cultures, menstruation is stigmatized, which can lead to shame or embarrassment and result in absenteeism from work.

4. **Workplace Policies:** The availability of supportive workplace policies can influence absenteeism. Policies such as flexible working hours, remote work options, or paid menstrual leave can help reduce absenteeism by allowing individuals to manage their symptoms more effectively.

5. **Health Conditions:** For some individuals, menstruation may exacerbate underlying health conditions such as endometriosis or polycystic ovary syndrome (PCOS), leading to increased absenteeism.

6. **Access to Menstrual Products:** Lack of access to menstrual products in the workplace can also impact absenteeism. If individuals do not have access to necessary hygiene products, they may feel uncomfortable attending work during menstruation.

OBJECTIVES OF THE STUDY

1. To understand the knowledge, attitude and practices of menstruation and menstrual hygiene among women engaged in various organisations
2. To identify issues and challenges (including health) faced by the women workers due to their menstruation.
3. To understand the impact of menstruation in labour absenteeism
4. Do companies offer support for female employees during their menstruation to reduce absenteeism

II. RESEARCH METHODOLOGY

Research approach & Design:

The current work focused on two approaches; one is called as Qualitative and other is called as Quantitative. Qualitative research used exploratory research design with the help of various grounded theories, pictures, descriptions, narratives, and words to identify exploration of new things. Qualitative research is useful when less knowledge available about the problem or development of new scales.

The present study has identified clear research questions, structure of research process, predefined hypothesis based on literature review, and also examining relationship between variables with the quantitative data analysis methods. This leads that the study follows conclusive research design. Thus, it is concluded that the existing research work will use descriptive method and quantitative approach.

Both primary and secondary methods of data collection were used in the present research for collection of information and data. The questionnaire method was used to collect the primary data from the beneficiaries and the officer while interview technique was used to review the opinion of the managerial personnel.

Focus Group:

The target population for the present study includes workingwomen aged 20 to 45 years living in the Ernakulam region of Kerala.

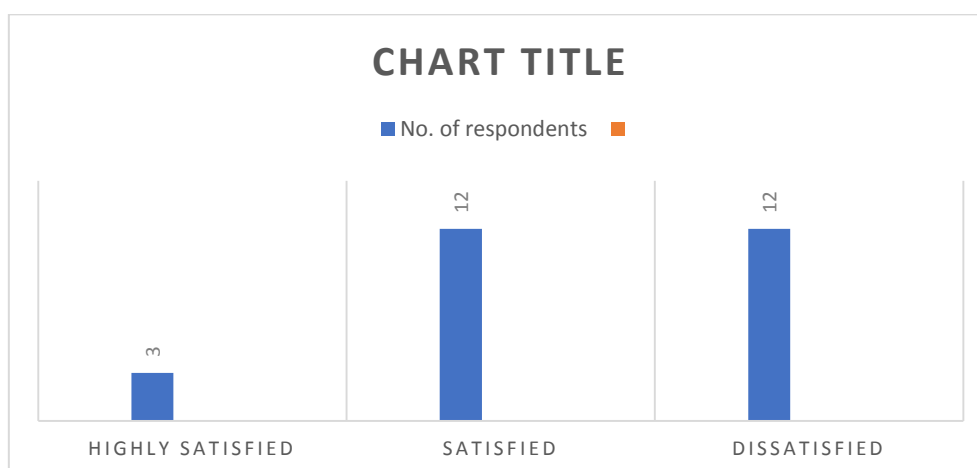
1. Type of Research: Descriptive and explanatory
2. Data collection sources:
 - (a) Primary Data Collection sources: (i) Beneficiaries of logistics (ii) Officers (iii) Consumers (b) Secondary Data Collection sources: Websites, magazines, Books, Reports, Surveys, Journals
3. Research Instruments: Questionnaires.

III. DATA ANALYSIS AND INTERPRETATIONS

1. Awareness on menstrual hygiene among working women

Table 1: Awareness on menstrual hygiene among working women

Particulars	No. of respondents	Percentage
Highly aware	24	80%
Partially aware	6	20%
Unaware	0	0%
Total	30	100%



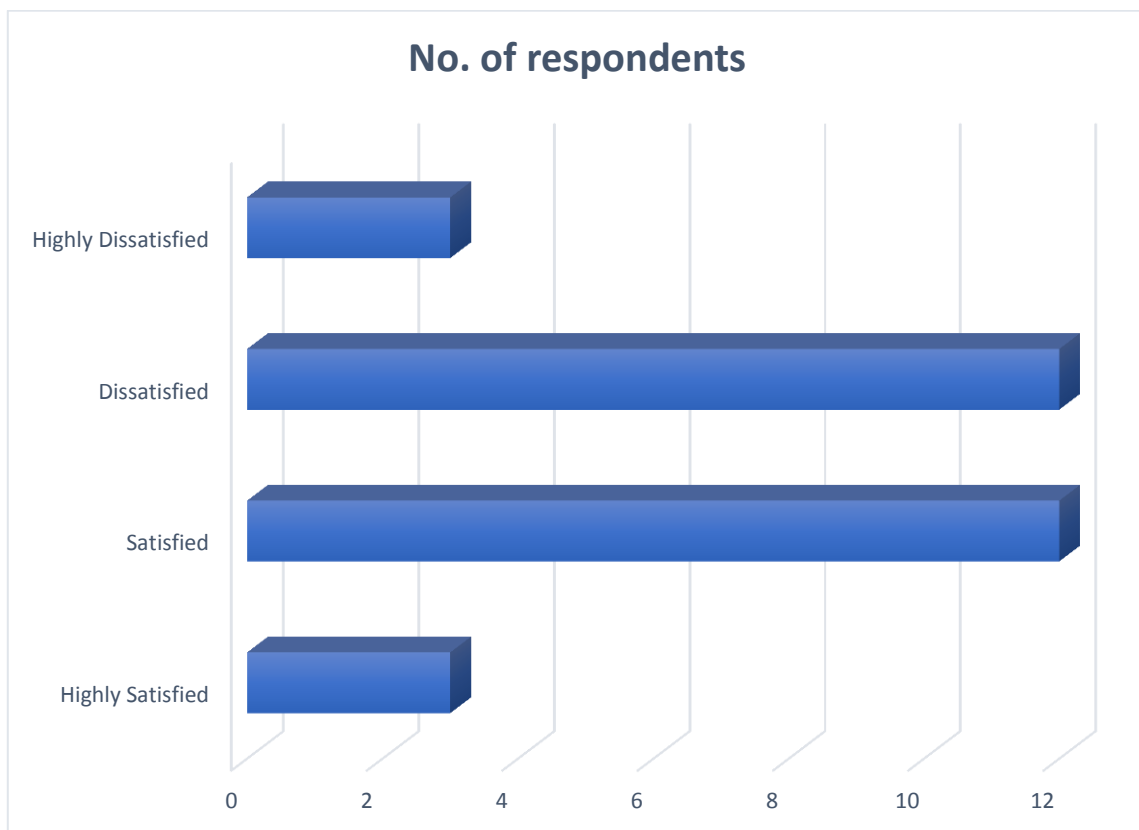
Interpretation

80% of women are aware about the attitude and practices of menstruation and menstruation hygiene during working hours and 20% of women are partially aware about menstruation hygiene due to several backgrounds and situations.

2. Satisfaction of working hours during menstruation.

Table 2: Satisfaction of working hours during menstruation

Particulars	No. of respondents	Percentage
Highly Satisfied	3	10%
Satisfied	12	40%
Dissatisfied	12	40%
Highly Dissatisfied	3	10%
Total	30	100%



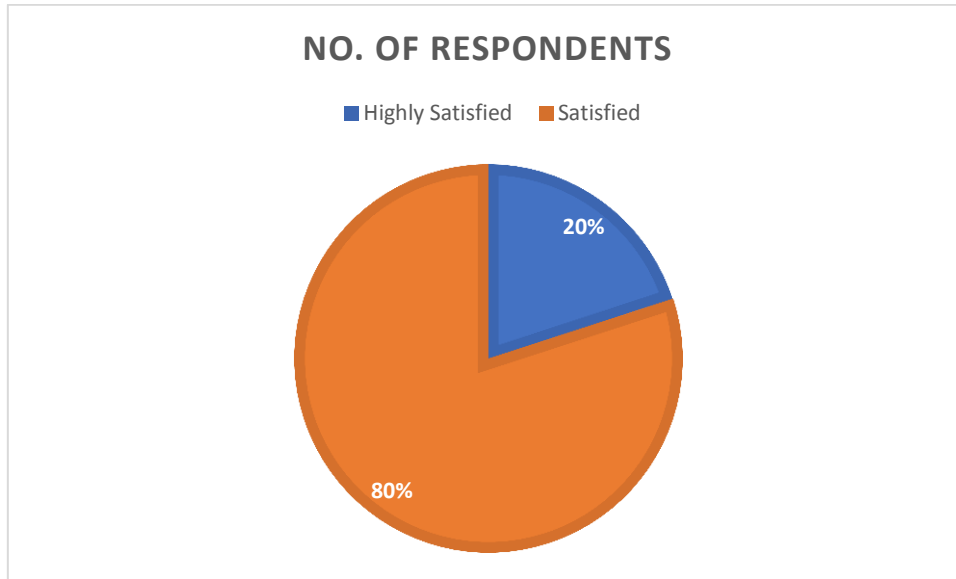
Interpretation

10% of women are highly satisfied with the working hours during menstruation, 40% of women are satisfied with the working hours during menstruation, and 40% of women are dissatisfied with the working hours during menstruation and 10% of women are highly dissatisfied with the working hours during menstruation

3. challenges faced by the women workers due to their menstruation.

Table 3: challenges faced by the women workers due to their menstruation.

Particulars	No. of respondents	Percentage
YES	27	90%
NO	3	10%
TOTAL	30	100%



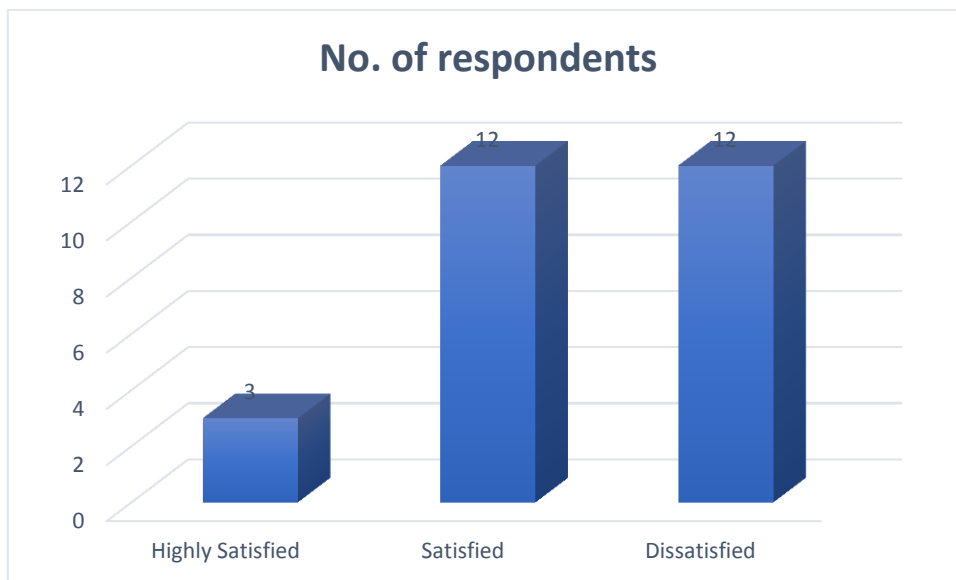
Interpretation

90% of women are facing various issues and challenges during menstrual period in working organisations and 10% of women does not face any kind of issues and challenges during menstrual period in the working organisations

4. Impact of menstruation in labour absenteeism

Table 4: Impact of menstruation in labour absenteeism

Particulars	No. of respondents	Percentage
High Impact	9	30%
Partial Impact	15	50%
No Impact	6	20%
Total	30	100%



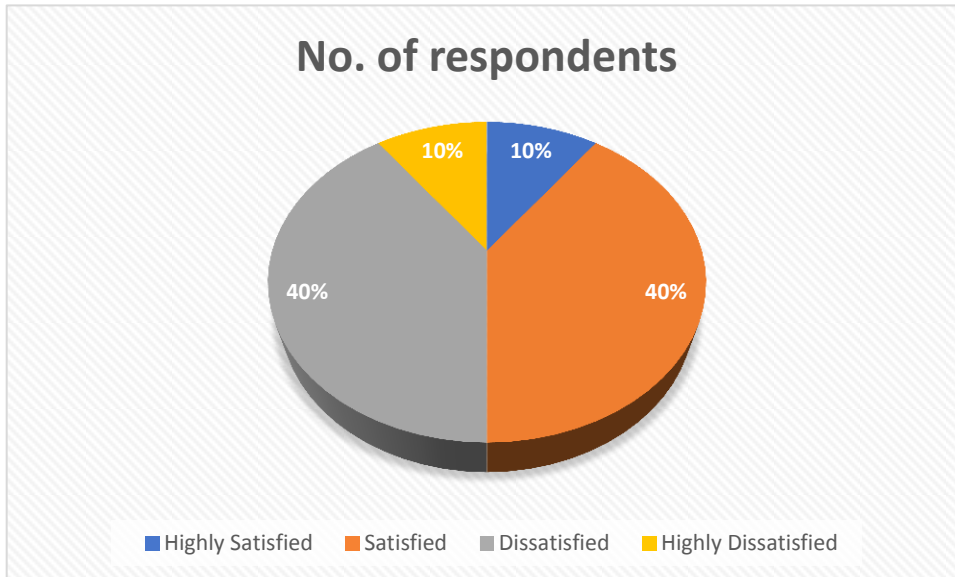
Interpretation

30% respondents have high impact for menstruation on labour absenteeism and 50% shows partial impact and 20% shows no impact for menstruation on labour absenteeism

5. Companies support for female employees during their menstruation

Table 5: Companies support for female employees during their menstruation

Particulars	No. of respondents	Percentage
Highly supportive	3	10%
Supportive	6	20%
Somewhat supportive	6	20%
Not supportive	15	50%
Total	30	100



Interpretation

10% of respondents says companies offer high support for female employees during their menstruation to reduce absenteeism, 40% respondents say companies neutrally offer support for female employees during their menstruation to reduce absenteeism and 50% respondents says there is no support for female employees during their menstruation to reduce absenteeism.

IV. FINDINGS

This study advances evidence on the impacts of unmet menstrual health needs by exploring consequences for discomfort and wellbeing, not only absenteeism. Many women in our study reported desiring to miss work, indicating discomfort. Having unmet menstrual management needs was an important predictor in binary and multivariable comparisons.

- Nearly 50% of women are satisfied with the working hours during menstruation and 50% of women are dissatisfied with the working hours during menstruation Here the working hours during menstrual period is neutral.
- Most of the women employees ie, 90% facing issues and challenges in the work place during menstruation period and it effect the productivity in the organisation.
- Above half of the women employees agrees that menstruation have impact on labour absenteeism. And 50% of companies offer support for female employees during menstruation to reduce absenteeism

V. CONCLUSION

Our findings demonstrate the importance of taking a holistic approach to menstrual health which acknowledges the contribution of self-care challenges, pain, social support, attitudes, and norms. This range of drivers must be considered when designing programs to support women. We also found that different menstrual health needs may be more influential for some consequences. Comprehensive outcome assessment should be used in intervention trials and program evaluations to ensure the many consequences of menstruation for women’s lives are considered. Women spend many of their waking hours at work. In our sample, most worked six or seven days per week and between nine and 12 hours each day. Achieving sustainable development goals of decent work for all means ensuring work in safe environments, with equal opportunities for women. Our findings highlight that menstruation is an important contributor to women’s lives at work and must be considered in infrastructure provision and workplace policies After adjustment for age and poverty, we found that unmet menstrual management needs, pain, and social support were all negatively associated with wellbeing

in individual and multivariable comparisons. In contrast, reporting an attitude that menstruation should be kept secret, and that women should avoid work during menstruation for workplace hygiene were associated with better wellbeing in the full sample. While these findings may seem surprising when these attitudes were associated with absenteeism and a desire to avoid work, they are consistent with the findings from the qualitative interviews. In our qualitative analysis we found that women expressed pride in successfully enacting social expectations to keep menstruation secret and to keep clean. It is plausible that for those endorsing and adhering to these expectations, this had a positive effect on wellbeing.

REFERENCES

- [1]. Brinda EM, Rajkumar AP, Enemark U. Association between gender inequality index and child mortality rates: a cross-national study of 138 countries. *BMC public health*. 2015;15(1):1–6. doi: 10.1186/s12889-015-1449-3
- [2]. Moyo T, Dhliwayo R. Achieving Gender Equality and Women’s Empowerment in Sub-Saharan Africa: Lessons from the Experience of Selected Countries. *Journal of Developing Societies*. 2019;35(2):256–81
- [3]. United Nations Development Programme (UNDP). *Gender Equality Strategy 2018–2021*. New York, USA: United Nations Development Programme, 2018.
- [4]. Sommer M, Torondel B, Hennegan J, Phillips-Howard PA, Mahon T, Motivans A, et al. How addressing menstrual health and hygiene may enable progress across the Sustainable Development Goals. *Global Health Action*. 2021;14(1):1920315. doi: 10.1080/16549716.2021.
- [5]. Asselberg K, Stecher-Rasmussen S. How can social protection systems, interlinked with the access to public services and sustainable infrastructure, contribute to achieve gender equality and the empowerment of women and girls? 2018.
- [6]. Sommer M, Chandraratna S, Cavill S, Mahon T, Phillips-Howard PA. Managing menstruation in the workplace: an overlooked issue in low- and middle income countries. *International Journal for Equity in Health*. 2016;15:86. doi: 10.1186/s12939-016-0379-8
- [7]. 11. Schmitt M, Clatworthy D, Ogello T, Sommer M. Making the Case for a Female-Friendly Toilet. *Water*. 2018;10(9):1193.