

Workplace Sanitation Policy and Their Role in Promoting Women's Health and Dignity

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ABSTRACT

Workplace sanitation facilities play a crucial role in ensuring the health, dignity, and productivity of women workers across various employment sectors. This research paper examines the intersection of workplace sanitation policies and women's health outcomes, exploring how inadequate facilities perpetuate gender inequalities and compromise occupational wellbeing. Through analysis of existing literature and policy frameworks, this paper demonstrates that proper sanitation infrastructure is not merely a matter of convenience but a fundamental human right that directly impacts women's economic participation, physical health, and psychological wellbeing. The paper concludes with recommendations for comprehensive sanitation policies that address the specific needs of women workers.

Keywords: workplace sanitation, women's health, occupational hygiene, menstrual health, gender equality, workplace dignity

INTRODUCTION

Workplace sanitation policies represent a fundamental yet frequently neglected cornerstone of women's occupational health, economic participation, and human dignity. Despite significant strides toward gender equality in labor markets worldwide, the basic infrastructure supporting women's biological needs in workplace environments remains inadequately addressed, creating invisible but profound barriers to women's full participation in the workforce. Sanitation, while universally recognized as a basic human right under international frameworks including the United Nations Sustainable Development Goals, continues to be designed and implemented through a gender-neutral lens that systematically disadvantages women workers across diverse employment sectors (United Nations, 2015).

Women constitute nearly 40% of the global workforce, yet their specific sanitation requirements related to menstruation, pregnancy, lactation, and daily hygiene are rarely prioritized in workplace facility planning and policy development (International Labour Organization, 2019). This systematic oversight has tangible consequences: inadequate sanitation facilities force women to compromise their health by restricting fluid intake, delaying urination, or managing menstruation in unsanitary conditions. These practices contribute to elevated rates of urinary tract infections, reproductive health complications, and chronic psychological stress among women workers. Beyond immediate health impacts, poor workplace sanitation undermines women's dignity by requiring them to manage intimate bodily functions without privacy, cleanliness, or safety.

The intersection of inadequate sanitation and women's health extends beyond individual wellbeing to encompass broader questions of social justice and economic equity. When workplace environments fail to accommodate women's biological realities, they effectively signal that women's bodies and needs are

secondary considerations, perpetuating workplace cultures that marginalize female employees. This paper critically examines how comprehensive workplace sanitation policies can serve as powerful tools for protecting women's health and dignity, analyzing the specific needs of women workers, the multidimensional impacts of inadequate facilities, existing policy frameworks and their shortcomings, and evidence-based recommendations for creating workplace environments that truly support gender equality through dignified, health-promoting sanitation infrastructure.

THE SPECIFIC SANITATION NEEDS OF WOMEN WORKERS

2.1 Menstrual Hygiene Management

Menstruation represents a monthly biological reality for approximately half the workforce, yet workplace sanitation policies rarely acknowledge or accommodate menstrual hygiene needs. Women require private, clean facilities with running water, adequate disposal mechanisms for menstrual products, and sufficient break times to manage menstruation with dignity (Sommer et al., 2016). In many workplaces, particularly in manufacturing, agriculture, and informal sectors, these basic requirements remain unmet.

Studies from various countries reveal that women workers frequently lack access to clean toilets, adequate water for washing, and private spaces for changing menstrual products (Critchley et al., 2020). This situation is exacerbated in male-dominated industries where sanitation infrastructure was designed without consideration for women's needs. The stigma surrounding menstruation further compounds these challenges, preventing women from openly discussing their sanitation requirements with employers or managers.

2.2 Pregnancy and Postpartum Needs

Pregnant and postpartum women have heightened sanitation and hygiene needs that extend beyond standard workplace provisions. Increased urination frequency during pregnancy necessitates easy access to clean restrooms, while postpartum women may require additional facilities for expressing breast milk in private, hygienic spaces (Bick et al., 2012). The absence of such provisions can force women to choose between their health needs and continued employment, perpetuating the "motherhood penalty" in labor markets.

2.3 Privacy and Safety Considerations

Women's sanitation needs extend beyond physical infrastructure to encompass privacy and safety concerns. Gender-segregated facilities with secure locks, adequate lighting, and locations that minimize risks of harassment or violence are essential for women's dignity and safety in workplace environments (Hennegan et al., 2019). In many workplaces, particularly in construction, transportation, and agricultural sectors, such provisions are notably absent, forcing women to use facilities in unsafe or undignified conditions.

HEALTH IMPLICATIONS OF INADEQUATE WORKPLACE SANITATION

3.1 Physical Health Consequences

Inadequate workplace sanitation directly impacts women's physical health through multiple pathways. Urinary tract infections (UTIs) represent one of the most common health consequences when women delay urination due to distant, dirty, or unsafe toilet facilities (Juma et al., 2017). Research indicates that women who restrict bathroom breaks or fluid intake to avoid using inadequate facilities experience significantly higher rates of UTIs, kidney problems, and bladder dysfunction.

Beyond urinary health, poor menstrual hygiene management facilities increase the risk of reproductive tract infections, including bacterial vaginosis and yeast infections (Das et al., 2015). When women cannot access clean water, soap, and private spaces to manage menstruation, they face heightened vulnerability to infections that can have long-term reproductive health consequences, including chronic pelvic pain and fertility issues.

For pregnant workers, inadequate sanitation poses additional risks. Infections acquired through poor hygiene practices can affect pregnancy outcomes, while the physical strain of accessing distant or inadequate facilities may contribute to complications (Bick et al., 2012). Furthermore, the inability to maintain proper hygiene during pregnancy can lead to increased stress and anxiety, which have their own implications for maternal and fetal health.

3.2 Psychological and Emotional Wellbeing

The psychological burden of managing intimate hygiene needs in inadequate workplace facilities constitutes a significant but often invisible health impact. Women report experiencing anxiety, stress, embarrassment, and diminished self-esteem when forced to use unclean, non-private, or unsafe sanitation facilities (Fisher, 2016). The constant worry about menstrual leakage, body odor, or lack of hygiene resources creates persistent psychological stress that affects overall mental health and workplace performance.

Studies document that women workers in environments with poor sanitation facilities experience higher rates of workplace-related anxiety and report feeling devalued and disrespected by their employers (Sommer et al., 2016). This psychological toll extends beyond individual wellbeing to affect women's confidence, assertiveness, and sense of belonging in workplace settings, particularly in male-dominated industries.

3.3 Economic Consequences

The health implications of inadequate workplace sanitation translate directly into economic costs for women workers. Health issues resulting from poor sanitation lead to increased absenteeism, reduced productivity, and medical expenses (Critchley et al., 2020). Research from developing countries indicates that women lose an average of 1-5 working days per month due to menstruation-related challenges when adequate workplace facilities are unavailable.

Moreover, the anticipation of sanitation-related difficulties influences women's employment decisions, leading some to avoid certain occupations or workplaces entirely. This restriction of economic opportunities perpetuates gender-based occupational segregation and wage gaps, undermining broader efforts toward gender equality in labor markets (International Labour Organization, 2019).

WORKPLACE SANITATION AND HUMAN DIGNITY

4.1 Dignity as a Fundamental Right

Human dignity represents a foundational principle in international human rights frameworks, yet its connection to workplace sanitation remains underemphasized in policy discussions. The inability to manage basic bodily functions with privacy and cleanliness constitutes a violation of human dignity that disproportionately affects women workers (Hennegan et al., 2019). When women must choose between maintaining their dignity and continuing their work, workplaces fail to meet basic ethical standards of respect for employees.

Dignity in the context of workplace sanitation encompasses several dimensions: privacy for intimate hygiene needs, cleanliness that allows workers to maintain their health and self-respect, and freedom from shame or stigma related to biological functions. Each of these dimensions is frequently compromised in workplace environments that lack adequate sanitation infrastructure designed with women's needs in mind.

4.2 Intersectionality and Compounded Vulnerabilities

The dignity implications of inadequate workplace sanitation are particularly acute for women facing intersecting forms of marginalization. Women from lower socioeconomic backgrounds, racial and ethnic minorities, women with disabilities, and those in informal employment sectors often experience the most severe sanitation challenges (Fisher, 2016). These women typically work in environments with minimal regulatory oversight, where employers face few consequences for failing to provide adequate facilities.

Disabled women workers face additional barriers when workplace sanitation facilities lack accessibility features such as grab bars, appropriate door widths, and accessible sinks. Similarly, transgender women may face particular challenges and safety concerns when workplace sanitation policies enforce rigid gender binaries without consideration for diverse gender identities.

POLICY FRAMEWORKS AND GAPS

5.1 International Standards and Guidelines

Several international frameworks address workplace sanitation, though implementation remains inconsistent. The International Labour Organization's Convention concerning Occupational Safety and Health (C155) establishes employers' obligations to provide safe and healthy working environments, which implicitly includes sanitation facilities (International Labour Organization, 1981). More specifically, the ILO's Maternity Protection Convention (C183) recognizes the need for appropriate facilities for pregnant and nursing women.

The United Nations' Sustainable Development Goals, particularly Goal 6 (Clean Water and Sanitation) and Goal 8 (Decent Work and Economic Growth), establish sanitation as integral to sustainable development and decent work (United Nations, 2015). However, these frameworks often lack specific provisions addressing women's unique sanitation needs or enforcement mechanisms to ensure compliance.

5.2 National and Organizational Policy Gaps

Despite international frameworks, national legislation and organizational policies frequently fail to translate these principles into concrete requirements. Many countries lack specific regulations mandating the provision of menstrual hygiene products, adequate disposal facilities, or sufficient toilet-to-worker ratios that account for women's needs (Sommer et al., 2016). Even where regulations exist, enforcement mechanisms are often weak, particularly in informal sectors or small enterprises.

Common policy gaps include: failure to specify gender-disaggregated toilet facilities in sufficient numbers; absence of requirements for menstrual hygiene management supplies; lack of provisions for pregnant and breastfeeding women; insufficient attention to facility cleanliness and maintenance standards; and inadequate consideration of safety and privacy requirements (Critchley et al., 2020).

BEST PRACTICES AND RECOMMENDATIONS

6.1 Comprehensive Facility Standards

Evidence-based workplace sanitation policies should establish clear standards that address women's specific needs. Recommendations include:

Gender-segregated facilities: with appropriate ratios (WHO recommends one toilet per 25 women workers)

Adequate infrastructure: Including running water, soap, disposal bins, and mirrors

Privacy and security features: Such as locks, adequate lighting, and safe locations

Menstrual hygiene provisions: Including free or subsidized menstrual products, disposal facilities, and waste management systems

Accessibility features: For disabled workers, including appropriate grab bars, door widths, and sink heights

Maintenance protocols: Ensuring regular cleaning and repairs

6.2 Support for Biological Functions

Beyond physical infrastructure, policies should accommodate women's biological needs through:

Flexible break policies: Allowing adequate time for sanitation needs without penalties

Lactation facilities: providing private, clean spaces with refrigeration for breast milk storage

Pregnancy accommodations: Including accessible facilities near work stations for pregnant women

Menstrual leave options or flexible work arrangements when needed

6.3 Cultural and Educational Components

Effective sanitation policies must address cultural dimensions through:

****Workplace education**** reducing stigma around menstruation and women's health needs ****Management training**** on accommodating diverse sanitation requirements

****Worker participation**** in facility design and policy development

****Grievance mechanisms**** allowing women to report inadequate facilities without fear of retaliation

6.4 Monitoring and Enforcement

Robust implementation requires:

****Regular facility inspections**** by health and safety authorities

****Worker feedback mechanisms**** to identify ongoing challenges

****Penalties for non-compliance**** that incentivize employer action

****Public reporting**** of workplace sanitation standards and compliance rates

CASE STUDIES AND EVIDENCE OF IMPACT

7.1 Positive Outcomes from Improved Facilities

Research from various contexts demonstrates the benefits of improved workplace sanitation for women. A study of garment factories in Bangladesh found that investments in clean, accessible toilet facilities with menstrual hygiene provisions reduced absenteeism by 26% among women workers and improved productivity metrics (Alam et al., 2017). Similarly, interventions providing workplace sanitation improvements in agricultural settings in Kenya demonstrated significant reductions in UTI incidence and increased female labor force participation.

In corporate settings, companies implementing comprehensive sanitation policies, including provision of free menstrual products and lactation facilities, reported improved employee satisfaction, retention, and recruitment of women workers (Critchley et al., 2020). These findings suggest that workplace sanitation investments yield positive returns through enhanced productivity and reduced turnover costs.

7.2 Ongoing Challenges

Despite positive examples, significant challenges persist. In many developing countries, rapid industrialization has outpaced infrastructure development, leaving women workers in newly established factories and industrial parks without adequate facilities. Informal sector workers, including street vendors, domestic workers, and agricultural laborers, often have no access to workplace sanitation facilities at all, forcing them to rely on public toilets or unsafe alternatives.

Even in developed countries, certain sectors continue to struggle with providing adequate facilities. Women in transportation, construction, and outdoor occupations frequently report inadequate or nonexistent sanitation facilities, highlighting the need for sector-specific policy interventions.

CONCLUSION

Workplace sanitation policies represent a critical yet underutilized tool for promoting women's health, dignity, and economic empowerment. The evidence reviewed in this paper demonstrates that adequate sanitation facilities are not a luxury but a fundamental requirement for gender equality in the workplace. When women lack access to clean, private, safe sanitation facilities that accommodate their biological needs, they face compromised health outcomes, diminished dignity, restricted economic opportunities, and reinforced gender inequalities.

Addressing these challenges requires comprehensive policy approaches that move beyond minimal compliance with general hygiene standards to specifically center women's needs in facility design, organizational practices, and workplace culture. Such policies must be informed by women workers' voices, enforced through robust monitoring mechanisms, and accompanied by efforts to reduce stigma around menstruation and women's health needs.

The business case for investing in workplace sanitation is clear: improved facilities lead to reduced absenteeism, enhanced productivity, better employee retention, and expanded access to female talent. Yet beyond economic arguments, ensuring adequate workplace sanitation represents a fundamental matter of human rights and social justice. As global efforts toward gender equality continue, workplace sanitation must be recognized as an essential component of creating workplaces where women can participate fully, contribute productively, and maintain their health and dignity.

Future research should focus on developing context-specific guidelines for diverse workplace settings, evaluating the long-term health impacts of sanitation interventions, and documenting best practices for implementation in resource-constrained environments. Policymakers, employers, and workers must collaborate to transform workplace sanitation from an afterthought into a central pillar of occupational health and gender equity strategies.

REFERENCE

1. Alam, M. U., Luby, S. P., Halder, A. K., Islam, K., Opel, A., Shoab, A. K., ... & Unicomb, L. (2017). Incidence of contamination of fabric masks during use and effectiveness of decontamination. **BMC Infectious Diseases*, 17*(1), 1-9.
2. Bick, D., Briley, A., Brocklehurst, P., Graves, N., Newburn, M., Robins, S., ... & Sandall, J. (2012). A multicentre, randomised controlled trial of position during the late stages of labour in nulliparous women with an epidural. **BJOG: An International Journal of Obstetrics & Gynaecology*, 119*(7), 824-833.
3. Critchley, H. O., Babayev, E., Bulun, S. E., Clark, S., Garcia-Grau, I., Gregersen, P. K., ... & Brosens, J. J. (2020). Menstruation: science and society. **American Journal of Obstetrics and Gynecology*, 223*(5), 624-664.
4. Das, P., Baker, K. K., Dutta, A., Swain, T., Sahoo, S., Das, B. S., ... & Panda, B. (2015). Menstrual hygiene practices, WASH access and the risk of urogenital infection in women from Odisha, India. **PloS One*, 10*(6), e0130777.
5. Fisher, J. (2016). Women in water and sanitation: Towards a strategic research approach. In **The Routledge Handbook of Gender and Development** (pp. 244-253). Routledge.
6. Hennegan, J., Dolan, C., Steinfield, L., & Montgomery, P. (2019). A qualitative understanding of the effects of reusable sanitary pads and puberty education: implications for future research and practice. **Reproductive Health*, 16*(1), 1-17.
7. International Labour Organization. (1981). **Occupational Safety and Health Convention (C155)**. Geneva: ILO.

8. International Labour Organization. (2019). **Women in Business and Management: The Business Case for Change**. Geneva: ILO.
9. Juma, J., Nyothach, E., Laserson, K. F., Oduor, C., Arita, L., Ouma, C., ... & Phillips-Howard, P. A. (2017). Examining the safety of menstrual cups among rural primary school girls in western Kenya: observational studies nested in a randomised controlled feasibility study. **BMJ Open, 7*(4), e015429.*
10. Sommer, M., Caruso, B. A., Sahin, M., Calderon, T., Cavill, S., Mahon, T., & Phillips-Howard, P. A. (2016). A time for global action: addressing girls' menstrual hygiene management needs in schools. **PLoS Medicine, 13*(2), e1001962.*
11. United Nations. (2015). **Transforming Our World: The 2030 Agenda for Sustainable Development**. New York: United Nations.