



# FLO CALLS FOR ACTION MENSTRUAL HYGIENE MANAGEMENT (With special reference to Delhi)

13<sup>th</sup> December, 2019



**ARVIND KEJRIWAL**  
CHIEF MINISTER



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**MESSAGE**

I am glad to learn that FICCI-FLO engaged in spreading awareness about 'Menstrual Hygiene' is calling for action : 'Menstrual Hygiene Management' an effective tool for highlighting the issue of menstrual health in India and providing critical points where the intervention of the Government and the private players are necessary. To make the initiative successful booklet is also being brought out.

I am happy that the FICCI-FLO would be keen to become the partner with Delhi Government to strengthen the capacities of Women entrepreneurs in all possible ways. I hope that the booklet will contribute relevant information with regard to highlighting the issue of menstrual health in India.

I extend my best wishes for the initiative.

(ARVIND KEJRIWAL)



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# FOREWORD

Dear Friends,

Menstrual hygiene is one of the most critical factors for empowerment of women and holistic well-being of women. It is not just about the awareness about menstruation or using sanitary pads or having access to proper sanitation facilities. It is the entire social and economic framework in which a woman is ensured her rights to menstrual hygiene management.

According to a feature by World Bank, Globally, over 500 million women and girls lack adequate facilities for menstrual hygiene management. In India, there are approximately 355 million menstruating women and girls who face multi-layered barriers to effective Menstrual Hygiene Management due to various social and economic factors.

According to the latest data collated by the ministry of health, only 12% of women and girls have access to sanitary napkins in India while a majority of them relies on outdated, unhygienic methods during menstruation.

FLO is the oldest business chamber for women in South Asia, with 16 Chapters pan- India and an illustrious history of 36 successful years of women empowerment initiatives.

Our vision is to be the thought leader for working women of India, their voice for policy change and a guardian of their interests.

Since the inception, FLO has been working towards empowering and enabling women entrepreneurs and professionals of India and towards economic self-reliance.

In our continuous engagement with women in our initiatives, we have come across a very pertinent issue which deters women empowerment is the lack of proper sanitation and poor menstrual hygiene, especially in the grassroots and the urban poor sections.

Stigmatisation has produced an immense gap in knowledge about menstruation and hygienic practices among women and girls, leading to increased health risks, absence from school and work, and loss of dignity.

Being one of the most recognised business organisation catering to women empowerment, it is pertinent that FLO plays a critical role in bridging this gap.

We have been working in this direction and now, we have collated a study that gives us key entry points on the issue of menstrual health in India and critical points where the intervention of the government and the private players are necessary.

The study has been collected with the sample size of 1000 women from Delhi NCR from various age groups and majority of whom belonged into the income groups below 30000 rupees.

It aims to describe the experiences and perceptions of women and adolescent girls on menstrual hygiene management, the lacunae and the way forward to make things better for women.

There was a general lack of awareness about the Government subsidised sanitary pads as well. With many private players coming into sanitary pads production, these need to be regulated.

A key recommendation in this aspect is to include it under the item category of necessary drugs and medical equipments.

We would like to take this opportunity to submit these recommendations to you for interventions from the Government.

At the same time, I would also like to invite the private sector to join hands with the government to help women convert into self-help groups and manufacture sanitary pads.

FLO is willing to lead the way with support from the government to create a model for helping women in this process and we are hopeful that such a positive PPP model would improve the state of affairs for menstrual health in India.

I would take this opportunity to thank Neel Lohit Pandey, Economics graduate from SRCC and Riah Rath from Cluster Innovation Centre for undertaking the survey and collating the entire study for us. I am also thankful to Rashmi Sarita, Executive Director, FLO and Ankurita Pathak, Joint Director FLO for overseeing this initiative.

Best regards,





**Harjinder Kaur Talwar**  
President, FLO





# ABOUT FICCI LADIES ORGANISATION

Vision	Mission	Objective
<p>To be the thought leader for working women of India, their voice for policy change and a guard-ian of their interests.</p> 	<p>To become the dominant voice for women of India in business and profession.</p> 	<p>To make women economically empowered</p>

FICCI Ladies Organization (FLO) is the women's wing of Federation of Indian Chambers of Commerce and Industry (FICCI) with headquarters in New Delhi and 16 chapters pan India representing over 8000 women entrepreneurs.

FLO encourages and promotes entrepreneurship and professional excellence in women across all sectors and levels of economic activity.

## **FLO works at 3 levels:**

**Grassroots** - Empowering Women in Agriculture & skill enhancement programmes to make them employable

**Middle Level**- Empowering Women Entrepreneurs & professionals with the right information and tools.

**Senior level** – Empowering Women in leadership roles and make them more effective in board positions.

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# CALL FOR ACTION

## 1. Classification of sanitary pads

The issue that has never been discussed during the talk on menstrual health is the product categorisation of sanitary pads. Sanitary pads have been categorised under the list of "miscellaneous items"- the same category in which towels and stationery items are also placed. A course correction needs to be done on this front. The sanitary pads, while being an essential commodity and hygiene product should be categorised the National List of Essential Medicines (NLEM), 2015.

The classification of sanitary pads on the NLEM has multiple uses:

- A. Guide safe and effective implementation of menstrual hygiene conditions of the female population
- B. Promote the rational use of sanitary pads and Monitor the Quality Standard.
- C. While optimising the available menstrual health resources, it can further guide the state governments for procurement and supply of such resources, especially the sanitary pads.

Delhi should lead the way in this domain by including sanitary pads under its state list of essential medicines.

## 2. Have a dialogue and campaign around Menstruation to put an end to taboos related to it

The government needs to expand and upscale the awareness and advocacy campaigns on menstruation. Distinct and clear government leadership inclusive of ministerial responsibility will be essential for ensuring an improved menstrual health for females.

The government must lead the promotion of awareness on government policies, strategies and plans that incorporate menstruation related information. Besides, the promotion of awareness, advocacy for the effective implementation of these policies must be done on a regular basis.

There is a lack of such campaigns in general which has left out the urban poor from the loop of such awareness campaigns. In order to ensure efficiency of such programmes, these need to be complimented with capacity building of adolescent girls and women, school teachers, community leaders along with members of healthcare services.

## 3. Involvement of schools in curbing down school absenteeism due to menstruation

There has to be a socio-ecological framework for creating a conducive environment for better menstrual hygiene built upon:

- A. Societal Factors: Policy, tradition, cultural belief
- B. Environmental Factors: Water, sanitation and resource availability
- C. Interpersonal Factors: Relationships with family, teachers & peers
- D. Personal Factors: Knowledge, skills, beliefs



There has to be a convergence of all these factors which can further enable the girls to not skip schools during menstruation. Though school absenteeism has been most prevalent in urban rural clusters, such a framework would improve the menstrual health all around.

The societal factors have to cover the traditions and beliefs built around menstruation which must be targeted through scientifically accurate information based on facts about menstruation and evidence related to menstrual health and related topics. Since the primary audience for knowledge will be girls, they will be better enabled with the set of facts and resources to support a safe and dignified menstruation.

The environmental factors have to incorporate the WASH (Water, Sanitation and Hygiene) standards along with the availability of resources like sanitary pads. Along with the availability of sanitary pads, there should be private places for changing sanitary pads along with proper waste disposal facilities. Also, disability-inclusive and gender-responsive WASH facilities in schools need to be enabled on an urgent basis.

The next priority should be the interpersonal factor which covers the relationships of females with their family members, teachers and peers. The target here should be to develop capacity and institutional support within the education systems to develop menstrual hygiene information to females. In many places, teachers may lack accurate information about menstruation themselves or may perceive resistance while engaging with children around topics related to menstrual health. Another possibility is that teachers are also influenced by the culture around them and might impart non-factual beliefs about menstruation.

#### **4. Awareness about infections due to poor menstrual hygiene**

Despite the irrational taboos associated with menstruation, it is still a natural physiological process that a healthy woman undergoes. However, the problem is that even though menstruation is a regular phenomenon for females, not all of them are well informed about the need to ensure hygiene. Menstruating women need to pay specific attention to personal hygiene because during this time a woman's body is vulnerable towards multiple ailments.

Poor hygiene practices during menstruation can lead to urinary tract infections, disturbance in the balance of pH balance of vaginal secretions, bacterial vaginosis. One of the most visible consequence is that poor menstrual hygiene increases the susceptibility of women to cervical cancer due to reproductive tract infection. This causality has also been highlighted by researchers from Tata Memorial Center and India's National Institute for Research in Reproductive Health.

The awareness campaign on menstruation should be inclusive of information on such infections related to poor menstrual hygiene. The campaign should include demonstrations of hygienic practices along with information of how often to change the sanitary pads and based upon what factors shall they be changed.

#### **5. Exploring the sustainability and viability of biodegradable pads**

While discussing about menstrual hygiene we also encounter the issue of environmental degradation through waste generation. The Menstrual Hygiene Alliance of India worked alongside with a wide range of stakeholders and came up with the number that India would face the challenge of disposing off 12.3 billion sanitary napkins every year, out of which the majority are non-biodegradable/compostable.

Another issue in this regard is the classification done by the Solid Waste Management Rules, 2016 under which the categorisation of used sanitary pads under bio-medical waste is unclear. To add to this, there is a lack of organised segregation, collection and transportation of menstrual and other sanitary waste on a large scale.

These issues have to be solved by a two way policy:

- A. Proper waste management techniques need to be implemented in Delhi with the sanitary pads being classified under bio-medical waste and accordingly treated
- B. Both the government and the private sector must invest into the R&D of biodegradable sanitary pads which won't harm the environment and solve the crisis of waste generation

There are already examples of such organisation which have been working on biodegradable sanitary pads with their pads having a proper market base.

## **6. Implementing PPP model for sanitary pads manufacturing**

The issue of menstrual hygiene can be effectively targeted through the active participation of both the public and the private sector. This can be done through a public private partnership model which should be mandated by:

1. The need to identify women Self Help Groups (SHGs) and enable them to procure and manufacture sanitary pads.
2. In case there are no SHGs in the area, SHGs should be created which in turn should be enabled to procure and manufacture sanitary pads
3. Investment done on exploring a biodegradable substitute for the existing non-biodegradable pads

The PPP model would have the Government playing the role of regulator while it monitors the quality of the sanitary pads and at the same time, it shall provide the females the necessary set of vocational skills required for the procurement and manufacturing of sanitary pads. The private sector could take up the cost of establishing SHGs and providing them with the resources for the manufacturing of sanitary pads. Also, both the private and the public sector would explore the option of biodegradable pads to substitute the existing non-biodegradable sanitary pads.

Even though the government recently launched its subsidised biodegradable pads Suvidha, the survey didn't find people using it as none of them were aware of it. This is why research and development for environmentally sustainable products needs to be catalysed by both the government and the private sector. The product adoption needs to be facilitated at a large scale through the dialogue between market leaders, innovators and consumers.

## **7. Creating the right “nudges”**

Nudge marketing would allow the sanitary pads manufacturing units to influence the customer's decision indirectly, through suggestion and reinforcement. Environmental cues can alter the “Choice Architecture” of individuals, pushing them towards particular decisions. In this case, pushing them towards improved menstrual hygiene. The most important aspect will be that the architecture being shaped here by the Self Help Groups will simply be the consumer's purchase decision of buying sanitary pads.

The urban rural clusters in Delhi suffered from the “*status quo bias*” wherein the females were averse to the idea of change and wanted to pursue the usage of cloth pads either due to their personal preference or the lack of awareness of an alternate product. We have to use the nudges to create a conformity bias which brings them to the situation of “*following the herd*”, i.e. using sanitary pads and following hygienic menstrual practices. This can be done through these nudges:

- A. **Framing**: Through the framing nudge, the women in the SHG units would be made aware about the benefits of using sanitary pads. In order to do this the women will be presented and oriented with the ideas of the benefits of using sanitary pads and following proper hygiene practices.
- B. **Availability**: In order to create a conformity bias towards using sanitary pads, they have to be made available in areas close to their consumers. This is where the SHG units would be important as they would use this nudge to make the females arrive at the decision of using sanitary pads
- C. **Anchoring & Adjusting**: Finally, the comparatively higher prices of the sanitary pads in the market will be used as anchors while the price of sanitary pads produced by the SHGs will be adjusted. This would reinforce the consumers idea that buying and using these sanitary pads will be a better bargain for them

Since, the PPP model will be targeting the urban rural clusters, these nudges would bring about a behavioural change in the attitude of the females in these areas. With the government closely monitoring this partnership, it will keep a check on nudge not becoming a coercion.

# INTRODUCTION

## MENSTRUAL HYGIENE

Menstruation is the vaginal discharge of blood and tissue debris due to shedding of the uterus lining. It occurs in approximately monthly cycles throughout a woman's reproductive life, except during pregnancy. Menstruation starts during puberty (at menarche) and stops permanently at menopause.

Menstrual Health Management (MHM) is an integral part of every girl's life and yet it remains selectively accessible to them. A significant majority of the girls lack access to proper resources to manage their menstrual health in safe, hygienic ways. India has 120 million adolescent girls which accounts to nearly 10 percent of the country's population. When looking at the number of menstruating women in India, it accounts to 355 million which is roughly 30 percent of the country's population.

## CURRENT STATUS

The Nation Family Health Survey (NHFS-4) 2015-16 states that nearly 58% of the females in the 15-24 age group use hygienic products<sup>1</sup> during menstruation. The NHFS-4 further highlights the linkages between the use of hygiene products wealth and years of schooling. According to the NHFS-4, the females with 12 or more years of schooling were four times more likely to use hygienic products as compared to those with no schooling (81% vs 20%). The same was true for females in the highest quintile wealth group (89% vs 21%). The females lack access to accurate and pragmatic information which is essentially a prerequisite to proper menstrual hygiene management. This problem of accessibility is often a result of poor educational background and income of the females. Often, the females don't get a say in their health decisions as well as stated by the NFHS-4, less than two-thirds (63%) of married women have any say in their own health care or other household decisions.

In India, even the mere mention of the topic has been a taboo in the past and even to this date the cultural and social influences appear to be a hurdle for advancement of knowledge on the subject.<sup>2</sup> Many girls and women are subject to restrictions in their lives simply because they are menstruating. Not entering the "Puja" room is the major restriction amongst the girls in both urban and rural girls with the latter also facing other restrictions like living in isolation, not entering the kitchen, etc. The underlying basis for this myth has the cultural belief of impurity associated with menstruation. Such taboos about menstruation present in many societies impact on girls' and women's emotional state, mentality and lifestyle and most importantly, health. Women are not only victims of the myths but also perpetrators. Adult women often shy away from discussing menstruation with their daughters, as a result of which, the younger generation ends up following their footsteps. The first and foremost strategy in this regard is raising the awareness among adolescent girls as well as the adult females related to menstrual health and hygiene. Community based health education campaigns could prove worthwhile in achieving this task. There is also need to spread awareness among the school teachers regarding menstruation. Due to lack of adequate menstrual

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<sup>1</sup> Women who use locally prepared napkins, sanitary napkins, or tampons during their menstrual period. (as used by NHFS-4)

<sup>2</sup> Sarah House., Thérèse Mahon, and Sue Cavill (2012). *Menstrual hygiene matters: a resource for improving menstrual hygiene around the world*

protection alternatives and/or clean, safe and private sanitation facilities, large numbers of girls drop out of school. This is a result of poor waste disposal facilities for sanitary pads in schools and also the insensitivity of people towards menstruating female. A 2014 report by the NGO Dasra titled Spot On! found that nearly 23 million girls drop out of school annually due to lack of proper menstrual hygiene management facilities, which include availability of sanitary napkins and logical awareness of menstruation. The report also came up with some startling numbers. 70 percent of mothers with menstruating daughters considered menstruation as dirty and 71 percent adolescent girls remained unaware of menstruation until menarche. A 2014 UNICEF report pointed out that in Tamil Nadu, 79% girls and women were unaware of menstrual hygiene practices. The percentage was 66% in Uttar Pradesh, 56% in Rajasthan and 51% in West Bengal.

## GOVERNMENT SCHEMES AND PROGRAMMES

Menstrual Hygiene Management is a part policy debate but is generally looked over because of the various social stigmas related to it and hence investment and action is not striking. However, there has been a lot of talk around menstruation and menstrual hygiene lately owing to the poor status of the latter in the majority of Indian states.

In response to it the Government introduced schemes and programmes like the Menstrual Hygiene scheme, Sabla Programme of Ministry of Women and Child Development and also issued Menstrual Hygiene guidelines under the Swachh Bharat Mission.

The ministry of drinking water and sanitation issued Menstrual Hygiene Management National Guidelines in December 2015. The guidelines cover the aspects of providing adolescent girls with menstrual hygiene management choices and menstruation hygiene management infrastructure in schools and the safe disposal of menstrual waste.

With the objective to improve the nutritional and health status of adolescent girls in the age group of 11-18 years and empower them by providing education in life-skills, health and nutrition, The Government of India introduced the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls – SABLA in November, 2010. The aim was to improve nutritional and health status of adolescent girls in the age group of 11-18 years, to equip them to improve and upgrade their home based and vocational skills, and to promote their overall development, including awareness about their health and personal hygiene.

To address the need of menstrual hygiene among adolescent girls residing primarily in rural areas, Government of India is supporting the Menstrual Hygiene Scheme, under which, funds are provided to States/UTs through National Health Mission for decentralized procurement of sanitary napkins packs for provision primarily to rural adolescent girls at subsidized rates as per proposals received from the States and UTs in their Programme Implementation Plans. The scheme was initially implemented in 2011 in 107 selected districts in 17 States wherein a pack of six sanitary napkins called “Freedays” was provided to rural adolescent girls for Rs. 6. From 2014 onwards, funds are now being provided to States/UTs under National Health Mission for decentralized procurement of sanitary napkins packs for provision to rural adolescent girls at a subsidized rate of Rs 6 for a pack of 6 napkins. The ASHA will continue to be responsible for distribution, receiving an incentive @ Rs 1 per pack sold and a free pack of napkins every month for her own personal use. She will convene monthly meetings at the Anganwadi Centres or other such platforms for adolescent girls to focus on issue of menstrual hygiene and also serve as a platform to discuss other relevant Sexual and reproductive health issues. However, despite such ambitious schemes, the situation is still abysmal.

Despite such ambitious schemes in place the situation in India is abysmal. This is suggested in a 2016 study by the Indian Council of Medical Research (ICMR) according to which the majority of adolescent girls (84%) and mothers of adolescent girls (92.9%) in the national capital were using cloth during menstruation, which they were reusing, after washing it.

The failure of Menstrual Hygiene Scheme can be linked to irregular supply of sanitary pads under the Centre-State supply model and low profit margins through distribution of subsidized sanitary pads for ASHA workers. The irregularity is the reason behind the absence in change in attitude towards the use of sanitary pads. The lack of profit margin coupled with irregular supply of pads has further caused irregularity and in some instances absence of monthly meetings at Anganwadi Centres. This absence of dialogue about menstrual hygiene brings all the schemes and efforts back to square one.

In 2011, the Delhi government implemented a scheme of providing free sanitary napkins to female students. However, in 2016, the scheme came to a halt when the original tender to provide sanitary napkins ended. It was resumed in 2017 when a new tender was floated and work was issued to a company.

## OTHER STAKEHOLDERS

1. **Goonj** is an Indian based non profit organization which aims to address basic but neglected issues of the poor by involving them in evolving their own solutions with dignity and using materials that are in surplus in urban areas. In order to address the menstrual hygiene issues in India, it first identifies the poorest communities/areas/villages where women face one or more of the Triple A issues- Access, Awareness and Affordability. It engages in a dialogue with the women to understand the ground realities and extent of the problems. It has also developed a Menstrual Dignity Pack including My-Pad(10 Cloth Sanitary Pads), an undergarment and one waterproof pouch. It encourages contribution of cloth from urban areas which have it in surplus.
2. **Deepalaya** is an NGO which aims to identify and work for the economically and socially deprived so that they become educated, skilled and aware. Its goal is to enable them to be self-reliant and enjoy a healthy, dignified and sustainable quality of life. Owing to the grim scenario suggested by the survey it conducted in slum areas to find out the reason behind women not using sanitary pads, Deepalaya and Amway collaborated to tackle the issue. They promoted women entrepreneurs and helped them in manufacturing cheap and easy to use sanitary pads. They established their unit at a slum area in JJ Colony, Sector 3, Dwarka and started the "Sanitary Pad Project". An SHG of women named Deepalaya Umang SHG was created to run the project. The sanitary napkins are available in the market in the name of "Sangini".
3. **Aakar** is a hybrid social enterprise comprised of Aakar Innovations and Aakar Social Ventures that enables women to produce and distribute affordable, high-quality, ~100% compostable sanitary napkins within their communities while simultaneously raising awareness and sensitization of menstrual hygiene management. It has come up with Anandi pad which is India's first Govt. of India Lab certified 100% compostable, high quality sanitary napkin available in the low-cost market which provides women and girls in rural villages and urban slums a more environmentally sustainable solution. Each Anandi pad is manufactured in a woman-supervised and woman-employed mini-factory. There are over 30 units spread across 12 states in India.
4. **Sacchi Saheli** is a Delhi-based NGO that conducts sessions on menstrual awareness in various slums in the city. Through their Break the Bloody Taboo campaign, they are aiming to break the common myths



amongst girls about menstruation. These sessions have been conducted in the slums of Kondi, Laxmi Nagar, Krishna Nagar, Patparganj, Trilokpuri, Madanpur Khadar, Wazirpur, and Shakur Basti. One of the goals is to implement these 'period talks' in around 70 government-run schools in the city of Delhi.

## SURVEY COVERAGE

A survey of 1002 females was conducted. The survey consisted of both online and offline questionnaires. The survey was conducted across the MCD regions of Delhi: North Delhi, South Delhi and East Delhi. The sampling was done keeping in mind the need to have equal representation from different age groups, and an equal representation from all the regions of the Delhi. The sample had a representation of all the areas under these divisions and included females who of menstruating age. The decisions about the overall sample size were guided by several considerations, paramount among which was the need to produce indicators for different parameters. The survey covered the socio-demographic profile of the respondents and had questions related to 7 broad themes which were:

1. Awareness about Menstruation
2. Hygiene Practices
3. Awareness about Menstrual Products
4. Accessibility
5. Disposal
6. Accessibility to Healthcare Facilities
7. Social

The survey sought information on a wide range aspects under these broad things including the first source of information related to menstruation, awareness about menstrual products, the hygiene practices, disposal techniques used as well as social issues related to menstruation that they had to face. The survey also had some open ended questionnaire to gauge the different practices and settings related to menstruation that may be prevalent in Delhi.

# Review of Literature

1. **(Nair , Grover, & Kannan, 2005) in Awareness and Practices of Menstruation and Pubertal Changes Amongst Unmarried Female Adolescents in a Rural Area of East Delhi**, a community-based cross-sectional study was conducted in the village of Gazipur in East Delhi from April 1998 to November 1998. Unmarried girls between the ages of 10-19 years comprised the study group. Only girls from the local permanent population who had resided in the village for at least five years before the inception of the study were included. There were 500 adolescent girls in the study area out of which 251 formed the study group. The 251 girls were interviewed through a door-to-door survey, using a precoded, pretested, and close-ended questionnaire. The main limitation was that whereas the inclusion criteria specified only unmarried, adolescent girls as eligible for the study, the average age at marriage in the study area was low and older adolescent girls were already married. Out of the 251 girls, 127 had attained menarche. Of the 251 girls, 71 (28.2%) were in the age-group of 10-11 years, 60 (23.9%) were in the age-group of 12-13 years, 52 (20.7%) were in the age group of 14-15 years, 35 (14%) were in the age-group of 16-17 years, and 33 (13.2%) were in the age-group of 18-19 years.
2. **(Van , et al., 2016) in Menstrual Hygiene Management Among Adolescent Girls in India: A Systematic Review and Meta-Analysis** data from 138 studies involving 193 subpopulations and 97,070 girls were extracted. In 88 studies, half of the girls reported being informed prior to menarche (PP 48%, 95% CI 43% to 53%, I(2) 98.6%). Commercial pad use was more common among urban (PP 67%, 57% to 76%, I(2) 99.3%, n=38) than rural girls (PP 32%, 25% to 38%, I(2) 98.6%, n=56, p<0.0001), with use increasing over time (p<0.0001). Inappropriate disposal was common (PP 23%, 16% to 31%, I(2) 99.0%, n=34). Menstruating girls experienced many restrictions, especially for religious activities (PP 0.77, 0.71 to 0.83, I(2) 99.1%, n=67). A quarter (PP 24%, 19% to 30%, I(2) 98.5%, n=64) reported missing school during periods. A lower prevalence of absenteeism was associated with higher commercial pad use in univariate (p=0.023) but not in multivariate analysis when adjusted for region (p=0.232, n=53). Approximately a third of girls changed their absorbents in school facilities (PP 37%, 29% to 46%, I(2) 97.8%, n=17). Half of the girls' homes had a toilet (PP 51%, 36% to 67%, I(2) 99.4%, n=21). The quality of studies imposed limitations on analyses and the interpretation of results (mean score 3 on a scale of 0-7).
3. **(Soumya & Leena) in A Descriptive Study of Cultural Practices About Menarche and Menstruation** a descriptive study to identify the cultural practices of menarche and menstruation among women and compare the difference in the cultural practices in different religions was done. Survey was used and subjects were above 18 years of age. Questionnaire contained question the demographics and menstruation and menarche. 37 % celebrate Menarche and 13 % offered special offerings after the 7th day of menarche, 83% do not offer pooja or namaz during menstruation or visit the temples. The study concluded that majority of Hindu's believe menstruation is unclean and they follow different practices to keep those beliefs relevant like not attending religious functions like marriage ceremonies and visiting temples and not applying kumkum which was offered to gods.
4. **( House, Mahon, & Cavill, 2012) created Menstruation Hygiene Matters** a resource material for improving menstrual hygiene around the world. It starts by pointing out that how menstrual hygiene has been largely neglected by the water and sanitation hygiene management (WASH). As a result of which millions of women and girls continue to be denied their rights to WASH, health, education, dignity and gender equity. The paper beautifully explains how a "cycle of neglect" flourishes to hinder an

environment where Menstruation Hygiene Management has become an absolute reality. This cycle of neglect includes:

- Lack of involvement of women in decision making
- Lack of information and awareness
- Lack of access to products and facilities
- Lack of social support
- Impact on education
- Impact on Health
- Impact on sustainability
- Additional Challenges for girls and women in vulnerable, marginalised or special circumstances

The points in this "vicious" cycle, not only help in planning an intervention plan to improve Menstruation Hygiene Management. The paper has various modules as well which have allowed us to explore the various aspects related to menstruation ranging from the basics of menstruation to the social myths and taboos related to menstruation.

5. **(Millington & Bolton, 2015) in Improving Access to Menstrual Hygiene Products** explore the market of menstruation products. They explore the possibility of free or subsidised products and its authors remain very positive about the same. However, it points out how the sustainability and continuity of the supply can be a challenge. The paper explores the utility of various reusable and disposable menstrual products by briefly exploring existing products like,

Reusable Menstrual Products:

- Flo
- The Cup
- BeGirl
- AFRIPads
- Lunapads, Pads4Girls
- Days for Girls
- Ruby Cup
- Project Mwezi

Disposable Menstrual Products:

- Proctor and Gamble (P&G) (Brand name: Always)
- Johnson & Johnson (J&J) (brand name: Stayfree)
- Grace and Green

To increase the utility of these products in a locality, cultural acceptability of the product needs to be assessed. In addition to that, availability of the product and affordability of the resources available to the woman or girl has to be assessed. Also, various parameters to get the pads medically need to be improved. It is also pointed out that to ensure the success of any menstrual product, a constant formal evaluation of the programmes supporting access to menstrual hygiene products needs to be done.

6. (Garg & Anand, 2015) wrote **Menstruation Related Myths in India: Strategies for Combating it** which deals with the myths and taboos surrounding menstruation. In addition to the prevalent myths; their origin, impact and strategies to combat the myths have also been covered in the research paper.

### Myths

- Menstruation is dirty and impure

Origin: According to the Rig Veda, Indra had murdered Vritras (a brahmana). It is this guilt that appears every month as menstrual flow since women had taken upon themselves part of his guilt.

Reality: It is a biological process. If the ovum is not fertilized (missed chance of pregnancy) then the uterine wall breaks and is released in the form of blood and mucous.

- Not entering the "puja" room is the major restriction among urban girls whereas, not entering the kitchen is the main restriction among the rural girls during menstruation. The underlying basis for this myth is also the cultural beliefs of impurity associated with menstruation.

According to study by Kumar and Srivastava in 2011, participating women also reported that during menstruation the body emits some specific smell or ray, which turns preserved food bad. And, therefore, they are not allowed to touch sour foods like pickles.

However, no scientific test has shown menstruation as the reason for spoilage of any food in making.

- Many adolescent girls believe that doing exercise/physical activity during menses aggravate the dysmenorrhea while in real exercise can help relieve the menstruating women with symptoms of premenstrual syndrome and dysmenorrhea and relieve bloating. Exercise also causes a release of serotonin, making one feel much happier.

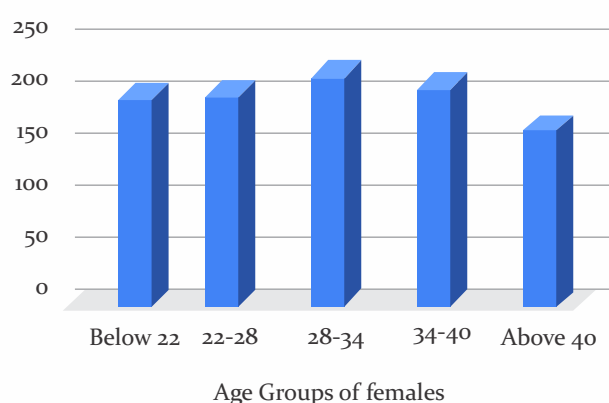
Menstruating women are not allowed to take a bath especially for the first few days.

Origin: Bodily excretions are believed to be polluting, as are the bodies when producing them. Water is considered to be the most common medium of purification. The protection of water sources from such pollution, which is the physical manifestation of Hindu deities, is, therefore, a key concern.

# DATA ANALYSIS

## SOCIO-DEMOGRAPHIC PROFILE

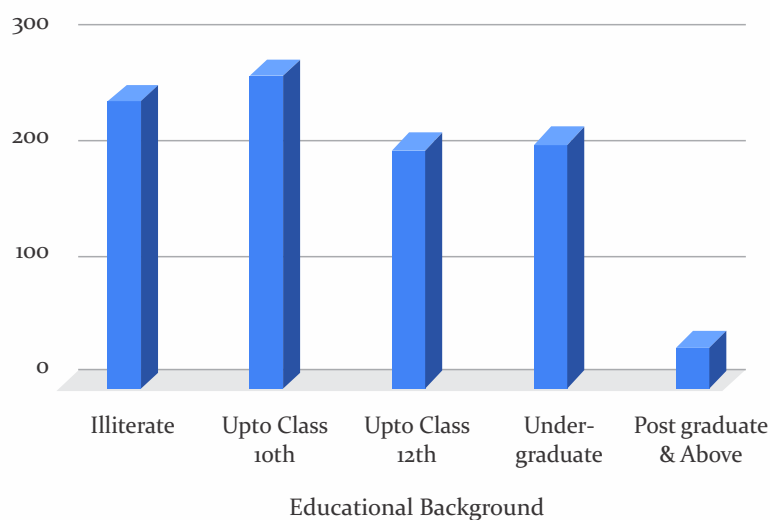
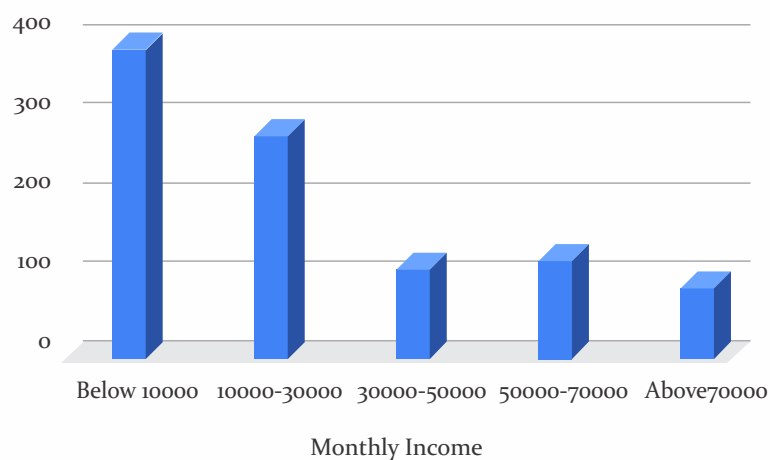
The age group quantiles were divided into five groups. This was done to get two distinct quantiles, firstly, the lowest quantile of below 22 which would give us a number of females who would possibly have finished their education (usually a female finishes her under graduation by the age of 22) and the highest age quantile of above 40 to capture the females who haven't yet reached their menopause. The lowest quantile division was also done in line with previous studies which highlighted that the hygienic practices during menstruation were more likely to be followed if the number of schooling exceeded 12 years. The data gathered covered nearly equal number of females from all age group quantiles. Only the highest quantile of "above 40" had a relatively lower number of females, which was 170 but this was also due to the fact that the average age of menopause in India is 46 years.<sup>3</sup>



There were 5 income group quantiles which were chosen for this study. Income plays an important role in the hygiene practices that a woman takes up during menstruation. Adequate menstrual hygiene involves access to clean sanitary materials that can be changed in private as often as necessary, access to soap and water for washing, and access to a place for the hygienic disposal of used sanitary materials or washing, if reusable pads are used.<sup>4</sup> The majority of the participants belonged to the income groups below 10000 and 10000-30000. While 392 females belonged to the former, 282 belonged to the latter. This shows that the majority of the females belonged to the middle income group. This is in line with the educational background of respondents as can be seen by comparing the number of respondents in 'illiterate' category (317) and class 10th category (229) with those in 'below 10000' (392) and '10000-30000' (282) category.

<sup>3</sup> Ahuja, Maninder. (2016). Age of menopause and determinants of menopause age: A PAN India survey by IMS. *Journal of Mid-life Health*. 7. 126. 10.4103/0976-7800.191012.

<sup>4</sup> Sommer, M, Kjellén, M, Pensulo, C. Girls' and women's unmet needs for menstrual hygiene management (MHM): the interactions between MHM and sanitation systems in low-income countries. *J Water Sanitation Hygiene Development* 2013;3:283-97.

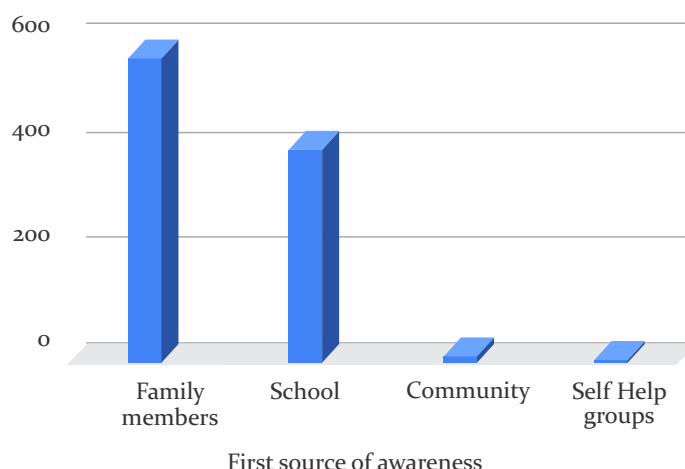


## AWARENESS ABOUT MENSTRUATION

The respondents' first source of information regarding menstruation has majorly been family members and school. 575 of the total respondents received information about menstruation for the first time from their family members (mostly their mothers and sisters) while 402 of the total respondents received it from school. Looking at family members being the first source of information in isolation, the problem with a very high number of respondents receiving their information from family members is that they have been subject to the same social conditioning and are likely to pass on the practice of the taboos already in place. According to a report by Dasra titled *Spot On!: Improving Menstrual Health and Hygiene in India*, 70% of mothers consider menstruation 'dirty', perpetuating a culture of shame and ignorance.<sup>5</sup>

<sup>5</sup> Dasra, USAID, Kiawah Trust. *Spot On!: Improving Menstrual Health and Hygiene in India*

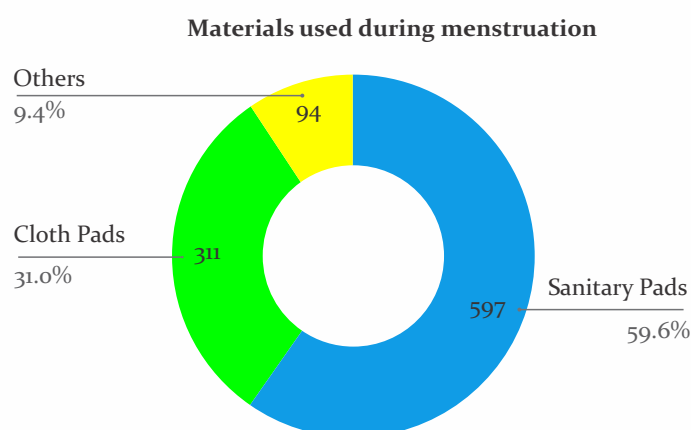




**Possible recommendation:** To lower this probability, a possible solution is to increase the participation of SHGs and their interaction with the community about the correct practices regarding menstruation, busting taboos etc. A regular dialogue with members of families, both males and females, can break the years of social conditioning. This will also target members across age groups which is difficult through schools.

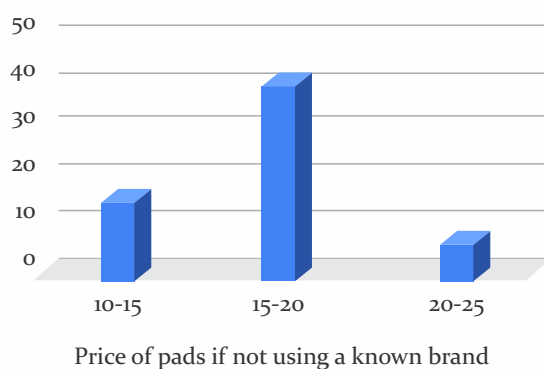
## AWARENESS ABOUT MENSTRUAL PRODUCTS

Despite, Delhi being one of the seven states/union territories which does well in terms of menstrual hygiene, there were still 405 females who didn't use sanitary pads. This was around 40% of the entire sample. Out of these 405 females, 94 didn't use either sanitary pads or cloth pads. These females used rags, ashes, paper, cow dung, mitti. 597 females used sanitary pads, this was around 60%. This result was better than the national average of 42% in India. Another significant linkage related to this data is the fact that all 405 females who didn't use sanitary pads belonged to the income group below 10000 and 10000-30000. 297 females belonged to the income group below 10000. This highlights the fact that the choice of the menstrual products depends on the income. Also, the females who didn't use sanitary pads were found in urban rural clusters.

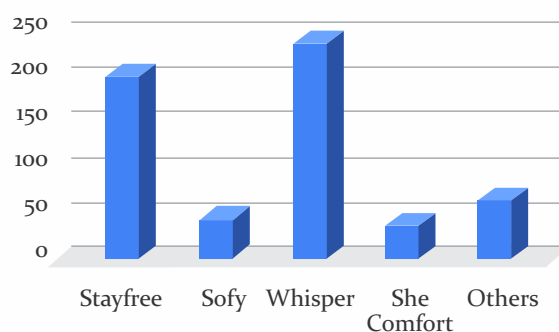


An interesting finding was the fact that the school going children in the above mentioned income groups received sanitary pads supplies from the school while their own mothers used cloth pads. This shows that schools have only been able to target the school going females for menstrual hygiene awareness.

Only 67 females using sanitary pads, used sanitary pads of an unknown brand. The price of these pads ranged between 10 and 25. The majority of these females used sanitary pads which were priced in the range of rupees 15 and 20.

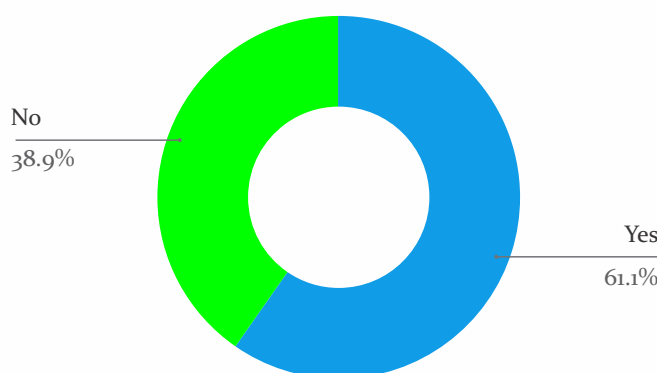


Whisper and stayfree were the most popular brands amongst the females using sanitary pads. Quality was the main reason for the choice of the brands. Brand loyalty also affected the choice of 280 females. Pricing was the least important factor for the choice of the brand of the sanitary pads.

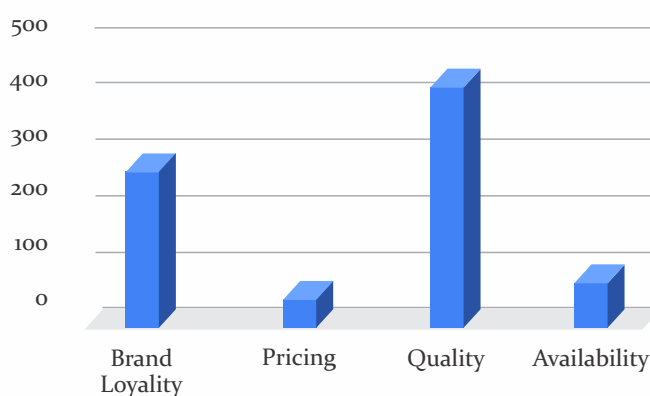


Of the 311 females using cloth pads, 190 used cloth pads despite being aware about the sanitary pads. The number of females who were unaware about sanitary pads was 215 (121 females who used cloth pads and 94 females who neither used sanitary pads or cloth pads). This is a negative result as 21% of the total sample that was surveyed wasn't even aware of the alternative so using cloth pads was less of a choice and more of a compulsion.

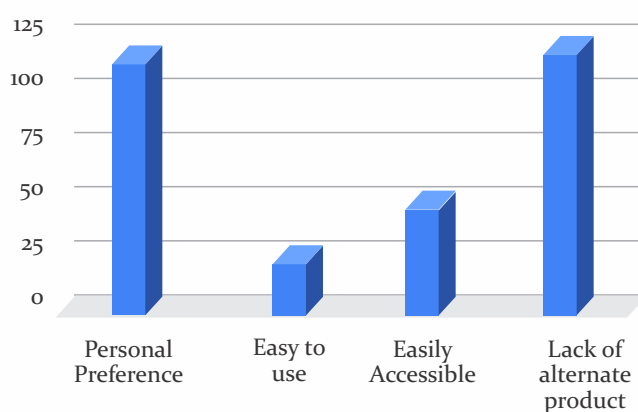
#### Awareness about sanitary pads (if using cloth pads)



While the choice of the brand of the sanitary pads was majorly influenced by quality and brand loyalty. The choice of using cloth pads was due to two main reasons: personal preference and the lack of an alternate product. Out of the 311 females using the cloth pads, 117 of the respondents using cloth pads use it out of personal preference. 121 of them use it due to lack of alternate product. The personal preference is determined by the traditional use of the cloth pad, economically viable option and easy to procure. The females who said that they used it due to the lack of an alternate product were also unaware about the sanitary pads (this, therefore accounts to 214 females being unaware about sanitary pads)



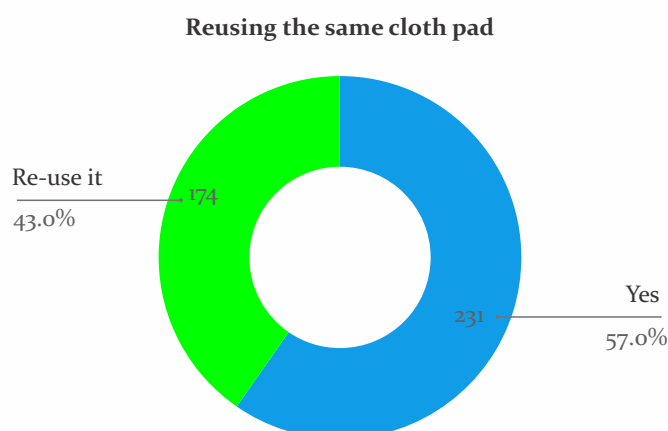
#### Factors affecting the choice of the brand of sanitary pads



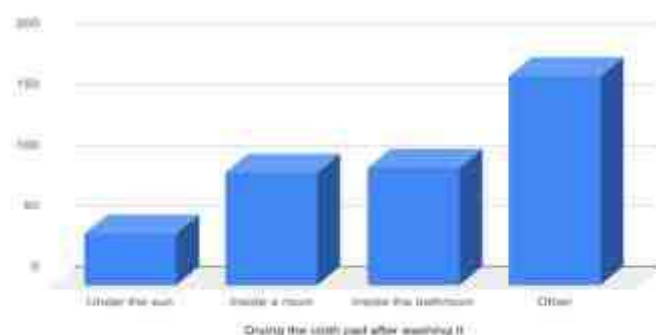
#### Reasons for using cloth pads

## HYGIENE PRACTICES CLOTH PADS

Of the people not using the sanitary pads, 174 females (43%) re-use the same material.

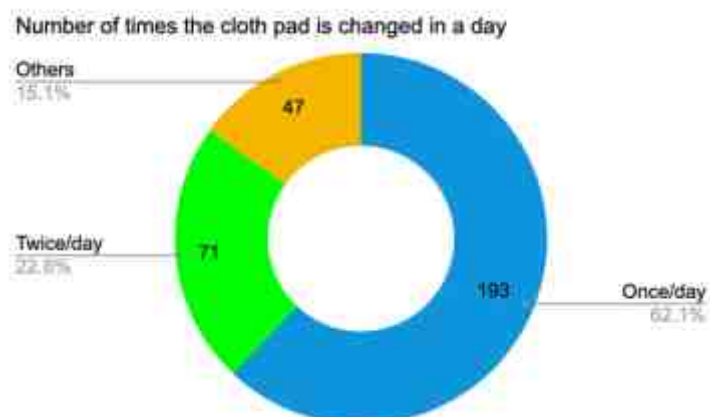


Further less than 25 respondents out of those using cloth pad dry it under the sun fearing embarrassment that might be caused by others seeing it. Thus the right method of drying the washed cloth or washing the cloth isn't being used due to embarrassment associated with menstruation. As a result, the cloth stays damp and this can give rise to skin infections. 62% of the respondents change their cloth pads just once a day whereas it should be changed 3-4 times during the day, in case of a heavy menstrual flow.<sup>6</sup> Wearing the same pad for the entire day or for long duration (when soggy) can cause localised allergic reactions leading to irritation, itching and uneasiness. With respect to reproductive health of women, poor Menstrual Hygiene Management has been associated with an increased risk of reproductive tract infections<sup>7</sup>

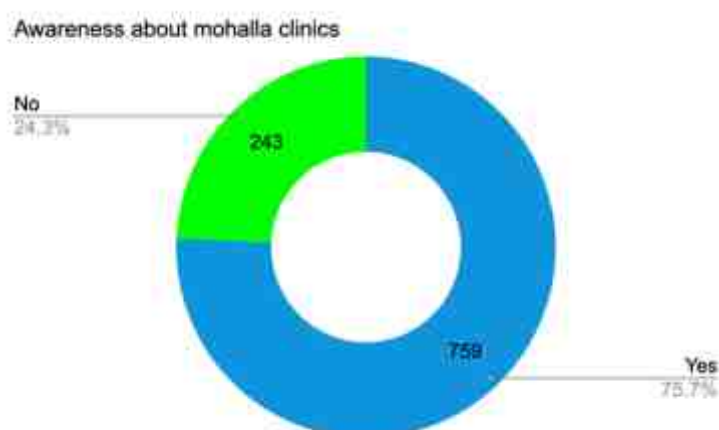


<sup>6</sup> Menstrual Hygiene Reading Material for ASHA under National Rural Health Mission

<sup>7</sup> Das et al., 2015; House et al, 2012; Ramaswamy, 2011



759 of the total respondents were aware about Mohalla Clinics while 58% of those aware made use of the clinics' services.

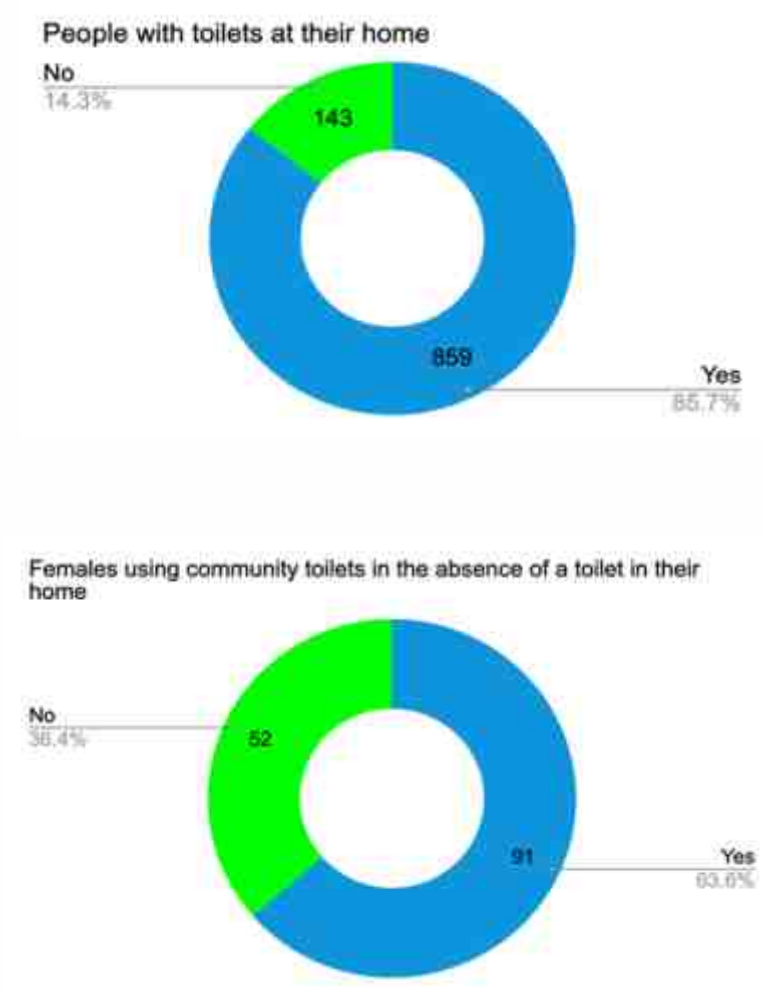


*A useful suggestion that comes out of this result is that 'JANAUSHADHI SUVIDHA', the Oxo-biodegradable Sanitary Napkin, that was introduced by the government can be made available in Mohalla Clinics in addition to Janaushadhi Kendras. This will ensure that people have both awareness about this pad and have access to it.*

When asked about the recently launched Oxo-biodegradable sanitary napkin, none of the respondents were aware about such a product. This was a negative result as these sanitary napkins are being produced by the Government of India and are being sold at a subsidised rate of 2.5 rupees/pad

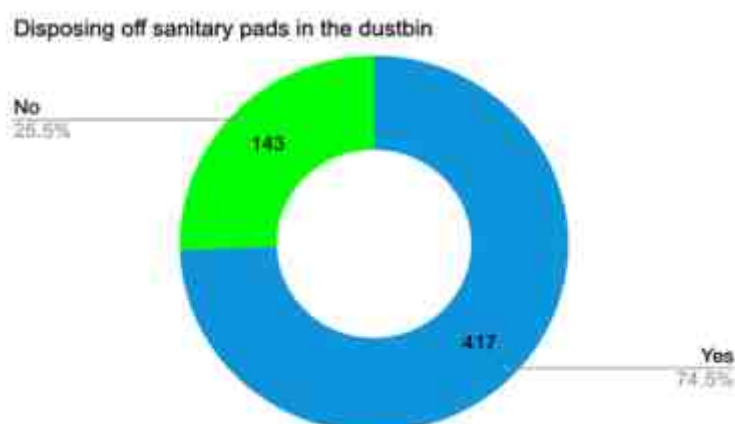
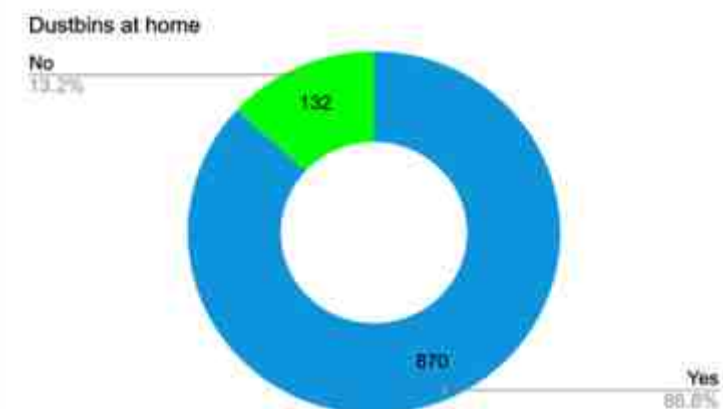
## ACCESSIBILITY AND DISPOSAL

859 out of total respondents had toilets at home. 91 out of the 143 respondents who did not have toilets at home used Community/Public toilets.

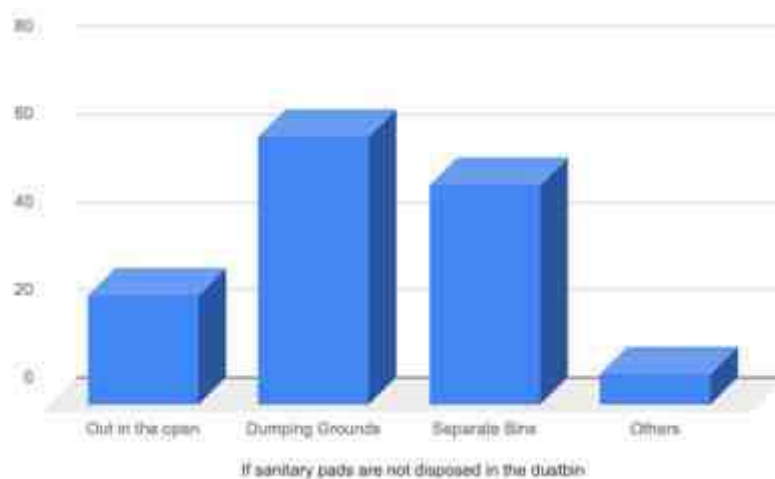


870 out of the total respondents had dustbins at home while 75% of those who had dustbins, disposed sanitary pads in the dustbin.

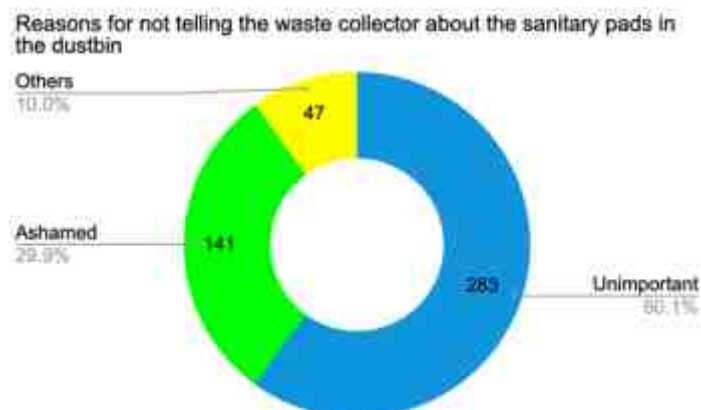
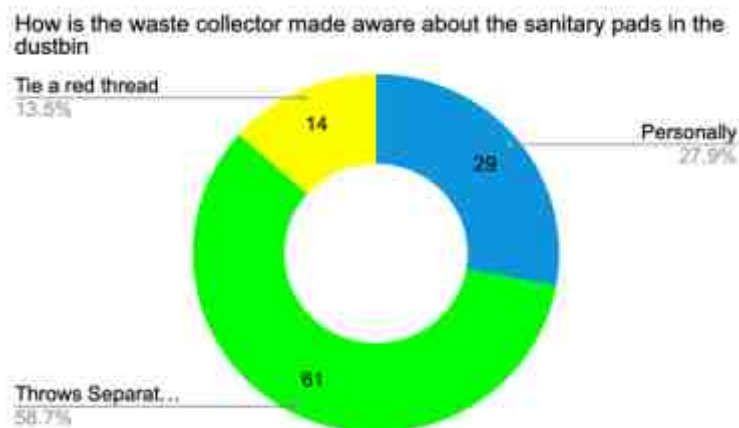
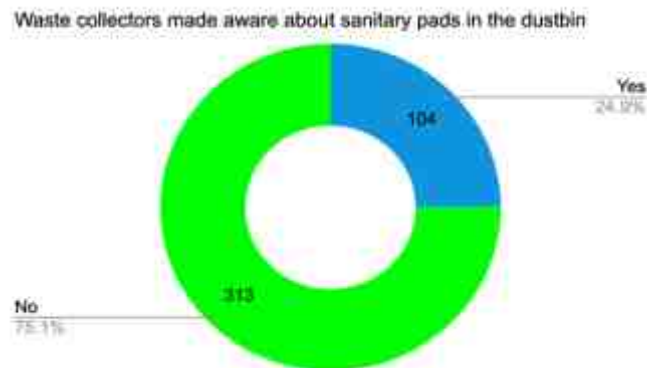




50 out of the 143 respondents who did not dispose of sanitary pads in the dustbin, threw it in separate bins. This indicates that the majority of the sample had access to space and privacy to change and dispose of menstrual products.



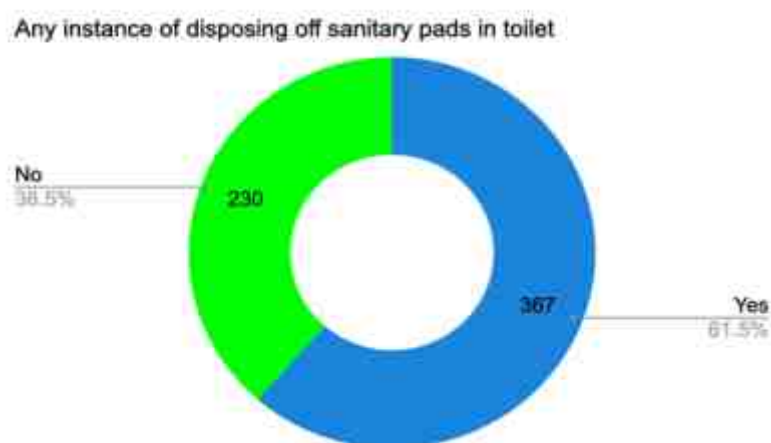
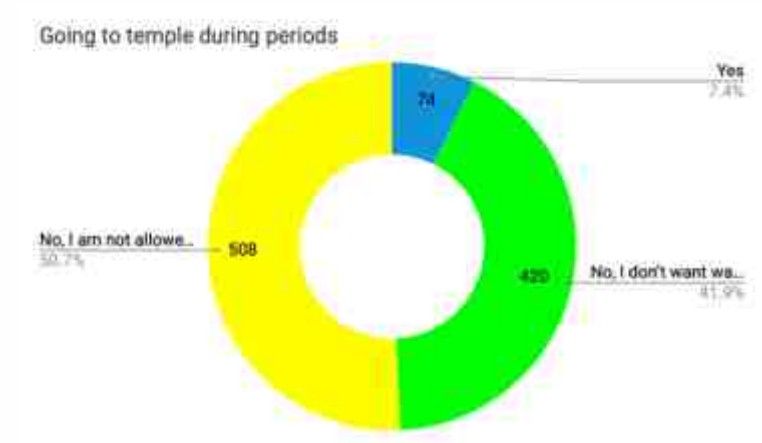
Out of the 417 respondents who disposed of day to day waste in waste drives(municipal or private, 313 respondents did not inform the waste collectors that sanitary pads are being disposed off. 59% of the respondents who informed did so by throwing separately, 28% informed personally while 13% tied a red thread to signify sanitary pads as separate waste. Those who did not inform associated reasons like considering the piece of information unimportant, ashamed of sharing etc.



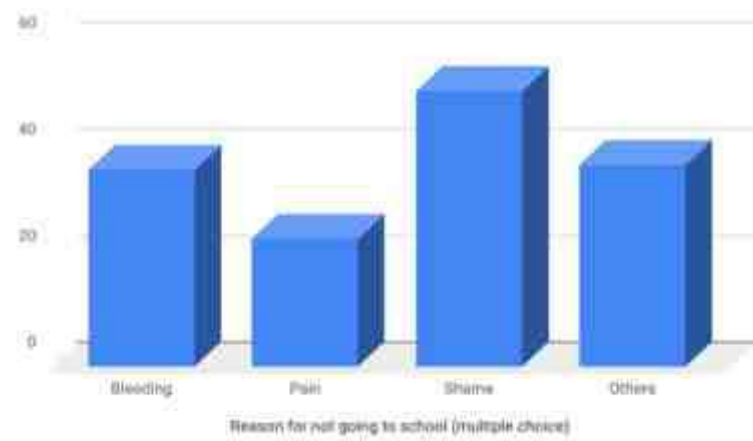
However, 61% of the respondents using sanitary pads claimed to have disposed sanitary pads in toilets in some instances.

## SOCIAL RESPONSE TO MENSTRUATION

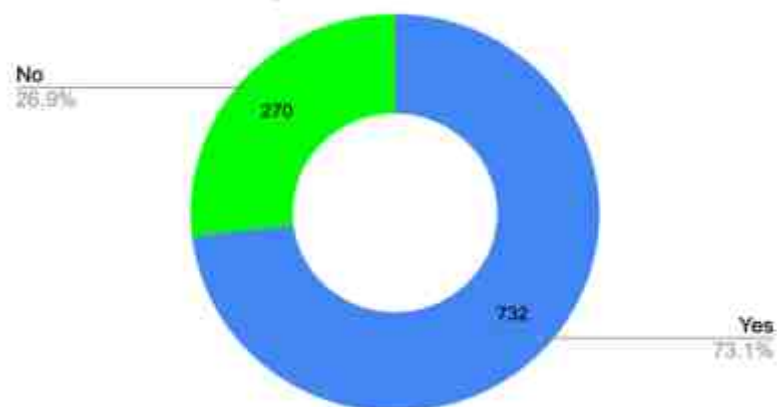
Menstruation is not just On the list of social taboos: practices like not going to the temple, school absenteeism, living in isolation, not touching the male members of the family were found to be prevalent. The conflicting facts were that 93% of the females didn't go to places of worship (51% of those were not allowed while 42% didn't want to go). Out of the 164 school going girls, 65 of them didn't go to school during their periods (these 65 females belonged to the lower income groups), the most common reason cited by them was “shame” which received 52 responses while other reasons included, lack of waste disposal facilities for pads, pain and bleeding which made school absenteeism a preferred choice during menstruation.



School Absenteeism due to menstruation



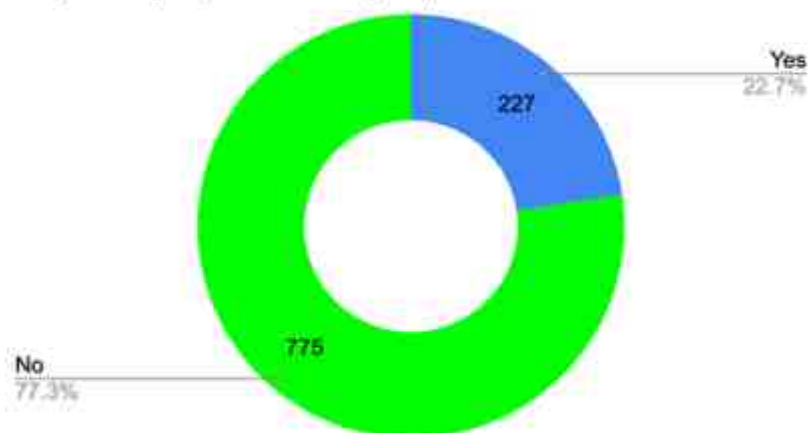
Treated differently during menstruation



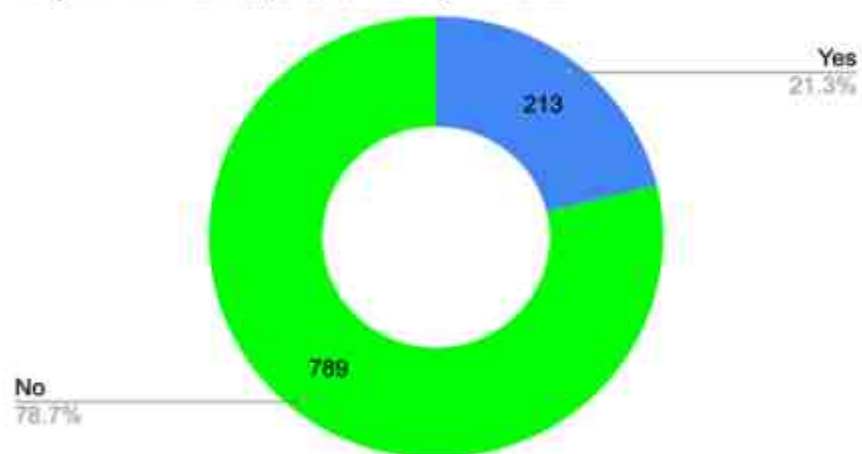
People averse to your presence during menstruation



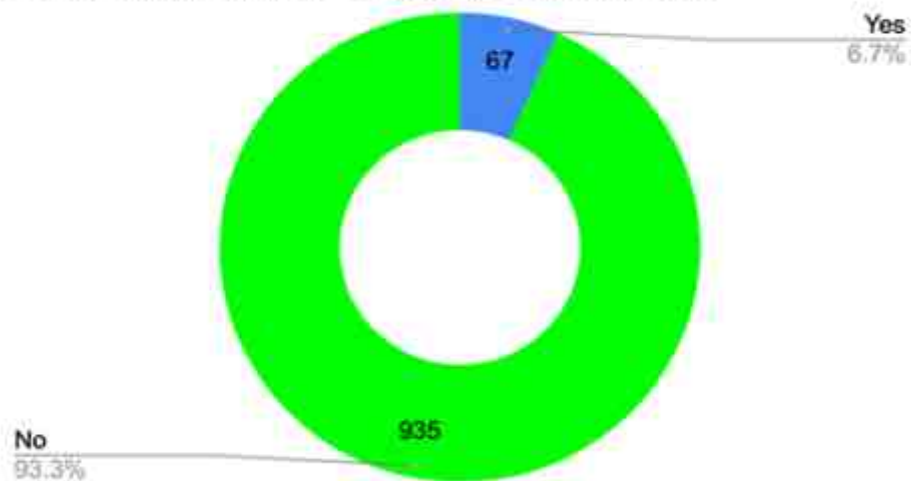
Do you feel guilty to shamed of your periods?



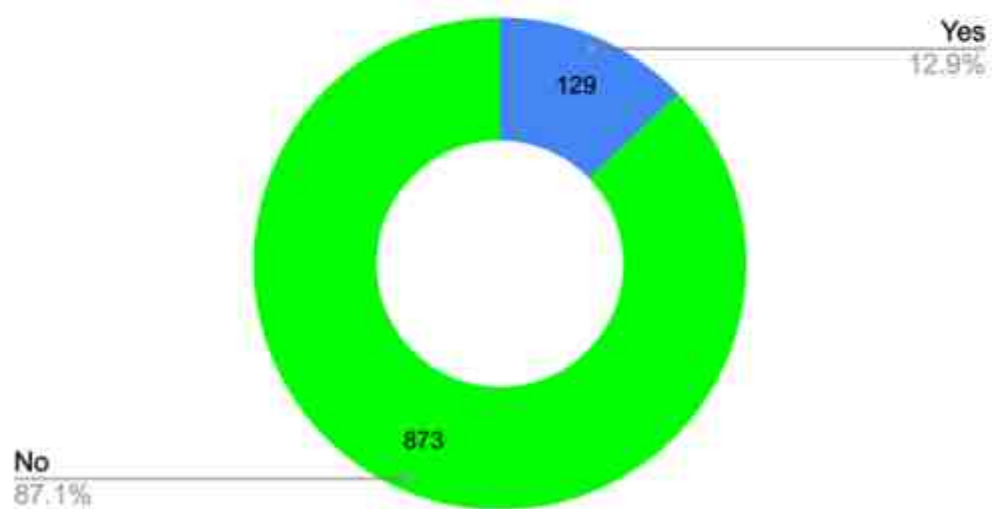
Do you think that the periods make you weaker?



Do you think having periods makes you inferior to men?



Do you think that women are accursed of God, hence they have their periods?





# ANNEXURE

## DEMOGRAPHICS

**Name:**

**Age:**

**Gender:**

**Education:**

**Religion:**

**Caste:**

**Marital Status:** A) Married B) Unmarried C) Divorced

**Number of Family Members:**

**Number of males:**      **Number of females:**

**Monthly expenditure on health**

### SECTION A: AWARENESS ABOUT MENSTRUATION

**1) Are you aware about menstruation?**

A) Yes B) No

**2) For how long do periods occur?**

A) 1-3 Days B) 3-7 Days C) 7-10 Days

**3) How did you become aware about menstruation?**

A) Family Members B) School C) Community Members D) Self Help Groups E) Others, please specify

**4) Are you aware about any community group or mohalla clinics operating in your area?**

A) Yes B) No

**If yes, then are you a part of it?**

A) Yes B) No

### SECTION B: HYGIENE PRACTICES

**5) Are there toilets in your home?**

A) Yes B) No

**If no, then do you use community toilets?**

A) Yes B) No

## SECTION C: AWARENESS ABOUT MENSTRUAL PRODUCTS

**6) What kind of material do you use during periods?**

A) Cloth B) Sanitary Pads C) Other, please specify

*(SKIP TO C<sub>1</sub> IF ANSWERED CLOTH PADS AND C<sub>2</sub> IF ANSWERED SANITARY PADS)*

### **C.1: Cloth pads**

**If using cloth, are you aware about sanitary pads?**

A) Yes B) No

**What kind of a cloth do you use?**

A) Cotton B) Other, please specify

**Why do you use the cloth pad?**

A) Because of personal preference B) It is easy to use C) It is easily accessible D) Unaware about any alternate product

**How often do you change it?**

A) Once/day B) Twice/day C) Depends on the amount of blood flow

**Do you change the cloth after using it?**

A) Yes B) Re-use it

**How do you clean it?**

Where do you dry the washed cloth?

A) Outside under the sun B) Inside the room C) Inside the bathroom D) Others, please specify

### **C.2: Sanitary pads**

**What brand of sanitary pads do you use?**

A) Whisper B) Sofy C) Stayfree D) She comfort E) Others, please specify

**What determines the choice of the sanitary pads that you use?**

A) Brand Loyalty B) Price of the product C) Quality of the product D) Availability

**Can you name the different types of pads?**

A) Yes B) No

**If yes, then please name a few**

**Are you aware about the Government subsidised sanitary pads?**

A) Yes B) No

**If yes, have you used it?**

A) Yes B) No

#### **SECTION D: ACCESSIBILITY**

**If previously answered cloth pads:**

**Where do you get the cloth pad from?**

A) General store 2) Medical Store 3) Make it at home 4) Self help group

*(if not answered 3)*

**What is the price of the cloth pad you use?**

**How far do you have to travel to get the cloth pad?**

**Are there varieties of cloth pads available?**

A) Yes B) No

**If yes, please mention the different kinds available in terms of type of cloth pads used?**

**If previously answered sanitary pads:**

**If you use sanitary pads, from where do you buy it?**

A) Medical Store B) General Store

**Is it convenient in terms of distance travelled to buy sanitary pads from medical/general store?**

A) Yes B) No

**What is the price of sanitary pad you use?**

#### **SECTION E: DISPOSAL**

**E.1) Do you use dustbin in your home?**

A) Yes B) No

**E.2) What kind of a dustbin do you use?**

A) Covered Bin B) Uncovered Bin C) Polythene Bag

**E.3) If you use a dustbin, do you dispose off the sanitary pads in that dustbin?**

A) Yes. B) No

**If yes, then do you follow any specific procedure of disposing off the sanitary pads?**

**If no, then where do you dispose off the used sanitary pads?**

A) Out in the open B) In the community dumping ground C) In a separate waste bin

D) If others, please specify

**E.4) If you don't use a dustbin then where do you dispose off your day to day waste?**

- |                             |                                      |
|-----------------------------|--------------------------------------|
| A) Community dumping ground | B) Out in the open                   |
| C) Municipal Waste Bins     | D) Municipal Waste Collection Drives |
| E) Private waste pickers    |                                      |

**If collected by waste collectors, do you tell them about the used sanitary pad disposed off in your daily waste?**

A) Yes B) No

**If yes, then how do you tell it to them?**

A) Tell them personally B) Throw it separately C) Tie a red thread around it

**If no, then why is that you don't share that information with them?**

A) You don't find it important B) You are ashamed to share details about the sanitary pads

C) Others, please specify

**E.5) Have you ever disposed off the used sanitary pads in a toilet?**

A) Yes B) No

## **SECTION F: ACCESSIBILITY TO HEALTHCARE FACILITIES**

**F.1: Do you have healthcare facilities available within a 5 km radius?**

A) Yes B) No

**If yes then what is the primary healthcare centre that caters to your need of health services?**

- A) Government Hospital B) Aam Aadmi Mohalla Clinics C) Private Clinics  
D) Others, please specify

**How often in a month do you visit it for menstruation related issues?**

- A) 1-2 times/month
- B) 2-3 times/month
- C) 3-4 times/month
- D) 4-5 times/month
- E) More than 5 times/month
- F) Not even once

**Are the doctors available there?**

- A) Yes, always
- B) Yes, sometimes
- C) No

**Are female doctors, clinicians available in the healthcare facility that you go to?**

- A) Yes, always
- B) Yes, sometimes
- C) No

**If no, then where do you go for consultation?**

**How far is the above mentioned facility?**

## SECTION G: SOCIAL

**G.1) Do you go to places of worship during your periods?**

- A) Yes
- B) No, I don't want to go
- C) No, I am not allowed to go

**Why aren't you allowed to go?**

**G.2) Do you go to a school?**

- A) Yes
- B) No

**If yes, then do you go to school during periods?**

- A) Yes
- B) No

**If no, why don't you go to school due to periods?**

- A) Bleeding
- B) Pain
- C) Shame
- D) Other, please specify

**G.3) Are you treated differently during menstruation?**

- A) Yes
- B) No

**If yes, then how are you treated differently from the usual days?**

**G.4) Are there any other day to day activities that you are not allowed to do during your periods?**

**G.5) Are people averse to your presence during menstruation?**

A) Yes                      B) No

**G.6) Do you feel guilty or ashamed of your periods?**

A) Yes                      B) No

**If yes, then why?**

**G.7) Do you think having periods makes you weaker?**

A) Yes                      B) No

**G.8) Do you think having periods makes you inferior to men?**

A) Yes                      B) No

**G.9) Do you have to hide that you are having your periods from your family members or friends?**

A) Yes                      B) No

**If yes, then why?**

**G.10) Do you believe that women are accursed of God, hence they have their periods?**

A) Yes                      B) No

**If yes, then why do you think so?**

**G.11) What are some activities that you believe that you would be able to do if you didn't have your periods?**





