



Policy Report

Managing Menstrual Health in India

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ABOUT THE ORGANISATION:

LexQuest Foundation (LQF) is an independent, non-profit, research and action organisation, established in 2014, in New Delhi. We are striving to create, advocate and implement effective solutions for a diverse range of development issues.

To endorse participative governance, we engage with a broad spectrum of stakeholders, from various sections of the society, to ensure that policy-making remains a democratic process. We utilize pragmatic and futuristic research to disseminate actionable knowledge to decision-makers, experts and the general public.

Our key activities include capacity and skill-building workshops, policy advisory programs, public outreach, and stakeholder consultations. We collaborate with the government, other organizations and individuals for impactful policy formulation and execution.

By employing sustainable and equitable solutions through our multidisciplinary, intersectional initiatives and programs, we are constantly working towards creating empowered communities.



WHY IS MENSTRUAL HEALTH A POLICY ISSUE?

India is home to over 355 million menstruating women and girls. Most of them face significant barriers to a comfortable and dignified experience with menstrual hygiene management. Girls are at par with boys up to adolescence, but with the onset of puberty, they begin to face increasing restrictions to their mobility and agency. When it comes to menstruation, women and girls face a wide variety of challenges which are often to do with the following components:

The Problem of Access

Research suggests that **70% of Indian women's families cannot afford to buy sanitary pads**, which is why **Reproductive Tract Infection (RTI) and Urinary Tract Infection (UTI) remain a point of concern**. Moreover, most **government schools lack common toilets or functional separate toilets** equipped with period friendly facilities for girls because of which 23% of girls are known to drop out of schools. At least **one in five girls drops out of school when periods begin** and those who persist typically miss **five days of school each month** due to inadequate menstrual protection, yet there are 63 million adolescent girls who live in homes without toilets and around 132 million households in the country lack functional toilets.

The Problem of Knowledge

While taboos attached to women's monthly period induce a hostile environment for them to voice their problems, the apathy attached to the potential physiological, logistical and economical issues that accompany a female's menstrual cycle renders this space so hopeless that women are compelled to feel hesitant, embarrassed and at times, even apologetic about something as obvious as their monthly period. In a survey of schoolgirls, it was concluded that **shock, fear, anxiety, guilt and frustration were their prominent feelings when asked about menstruation**.



71% of girls in India **know nothing about menstruation before their first period**. A survey conducted by the UN across the country suggests that adolescent girls know too little about menstruation mostly because their mothers, teachers and peers are as unaware and embarrassed about the subject of menstruation as them. Moreover, young girls often tend to turn to their mothers for information and support, but **70% of mothers consider menstruation “dirty”** which further perpetuates taboos.

Lack of knowledge on the issue is also because of the **poor levels of awareness and education on puberty in general and menstruation in particular**. This is partly because such education is **not mandated in India’s schools**, so even when certain schools attempt to address the problem, teachers find the topic **embarrassing to discuss in a classroom, as they are rarely trained to effectively deal with the subject**.

The Problem of Discrimination

The ability of women and girls to manage their menstruation is **largely hindered by gender inequities and discriminatory social norms prevalent across the country**. Menstruating girls are often **asked to stay away from religious spaces, kept in isolation, not allowed to play outside or go to school**. This means that even as their bodies go through a monthly cycle which determines their sexual and reproductive well being, they do not know how and why to heed to their menstrual health.



WHAT IS MENSTRUAL HYGIENE MANAGEMENT?

As per the Joint Monitoring Programme (JMP) of the WHO and UNICEF, Menstrual Hygiene Management (MHM) is the **ability of women and adolescent girls to manage menstruation hygienically and with dignity**. It thus includes the following:

- Using **clean menstrual management material to absorb or collect menstrual blood**, that can be changed in privacy as often as necessary for the duration of a menstrual period.
- Using **soap and water for washing the body** as required.
- Having **access to safe and convenient facilities to dispose off** used menstrual management material.

WHAT WILL MHM MEAN FOR WOMEN IN INDIA?

- Access to **accurate and pragmatic information (for females and males)** about menstruation and menstrual hygiene.
- Access to **menstrual hygiene material to absorb or collect** menstrual blood.
- Access to **facilities that provide privacy** for changing material and for washing the body with **soap and water**.
- Access to water and soap within a place that provides an adequate level of **privacy for washing stains from clothes and drying reusable menstrual material**.
- Access to **disposal facilities for used menstrual material** (from collection point to final disposal).



WHAT IS THE PROBLEM OF MHM IN THE INDIAN CONTEXT?

To better understand why an effective mechanism for Menstrual Hygiene Management has been a failure in India, it is important to consider **factors that impede menstrual health** in India. These can be categorised as follows:

- Logistical & Infrastructural Gaps
- Socio-Cultural & Psychosocial Barriers
- Environmental Hazards & the Dilemma of Period Poverty

To be able to devise methods, mechanisms and policies that can address them comprehensively, it is imperative to analyse each of the aforementioned factors, in order to acknowledge the complexity of the challenge at hand.



Logistical & Infrastructural Gaps:

Menstrual resources essential for a safe, hygienic and healthy menstrual cycle comprise the logistics of menstruation. Such resources will thus include sanitary pads, tampons, menstrual cups and sanitized cloths for ensuring that period blood can be soaked hygienically.

In India period poverty is a cause as well as an effect of inadequate menstrual hygiene management. A packet of sanitary napkins with eight pads costs between Rs 30 and Rs 80 across the country. For girls whose families have to sustain on a monthly budget of Rs 5,000-Rs 10,000, this is a financial burden they can't afford. So even with the GST withdrawn, sanitary pads remain a luxury for some in this country. In the past few years with the increased emphasis on MHM, a handful of state governments have tried to tackle this challenge by distributing free sanitary pad packets in government schools, however owing to budgetary constraints, schemes intending to facilitate a basic monthly necessity remain a seasonal affair.

The infrastructure of menstruation is an even bigger cause of concern, as is evident from the high dropout rates of girls due to lack of separate functional toilets in schools. Additionally, as millions of Indians still defecate in the open, with no access to closed and private spaces as washrooms or toilets at home, it is not difficult to understand the plight of millions of menstruating women and the state of their MHM. We are also aware of the concept of public toilets but the maintenance of public toilets and ensuring that these are period friendly spaces remains a challenge.

Moreover, though effective menstrual waste disposal and management is a crucial factor of MHM, it remains a massive issue due to our unregulated Solid Waste Management policies.

Majority of the sanitary napkins used are not biodegradable/compostable in nature and the plastic used in such sanitary pads leads to severe health and environmental hazards.



Not only do these products take **hundreds of years to decompose**, but also absorb and retain 30 or more times their weight in fluid. This often leads to **clogging of toilets, sewerage systems and drains, and when burned, release of toxic fumes like dioxins and furans is harmful for users as well as the environment.**

It is equally necessary to understand that **scarcity of water for washing and cleaning during menstrual cycle and lack of access to disposal options prompts women and girls to use otherwise hygienic products in an unhygienic manner.** Using a sanitary pad for longer than it should be, not being able to change soiled menstrual products when necessary, and not being able to maintain the requisite level of personal hygiene which can lead to critical sexual and reproductive health issues are all part of the troubling reality of poor menstrual health management in India.



Socio-Cultural & Psychosocial Barriers:

It is estimated that over **98% of girls in India do not know that uterus is the source of menstrual blood** and most girls or women are **not aware of the causes, consequences and significance of a healthy menstrual cycle**. However, what's also noteworthy is that factors contravening effective menstrual hygiene management are **widely prevalent throughout the social and economic spectrum of India with little to no exceptions**.

The role of **religion, family and community based rituals, social bindings, customary practices and culturally perpetrated beliefs** have rendered MHM a hopeless landscape in India.

The impact of the aforementioned is apparent from the fact that certain religions still observe the rule of **keeping menstruating women and young girls away from religious places of the community and the household**. Similarly, for some communities, period is an impure affair, which is why menstruating women and girls are expected to **stay away from the kitchen, are prohibited from touching anything around the house and are not allowed to eat and sleep with the rest of the family**.

In an ideal world where effective MHM is a reality and the logistical and infrastructural gaps do not exist, the aforementioned practices would have been a mere reflection of discrimination against menstruating women and a problem of taboos and orthodoxy, with no major consequences for the menstrual health of the female population.

However, considering the prevalent state of MHM in India, these age old **discriminatory practices accentuate the risks of poor menstrual health, as women avoid heeding to their menstrual health, which in turn adversely affects their psychosocial well being too**. Some consequences of such barriers can be understood as follows:



- ❖ It is a largely acknowledged fact that women and girls who resort to **using cloth** for soaking period blood, **do not get a suitable environment to hygienically clean or maintain the menstrual cloth**. Due to the **shame associated with it, the menstrual cloth is often not dried openly in the Sun**, which is essential to get rid of the bacterial growth therein. As a result of **reusing such damp cloth which is also inflicted with bacteria**, many women and girls **undergo skin infections and allergies**. Women and girls are also known to use the **same cloth throughout their cycle due to the inaccessibility of water and the hesitation to demand cleaner menstrual hygiene products or facilities owing to the notions of shame and impurity attached to menstruation**.
- ❖ In cases where women and girls resort to using sanitary pads, the **lack of suitable means of disposal coupled with the shame associated with menstrual waste** discourages them to dispose off a soiled sanitary pad properly. This means that **even if they have a point of collection for waste at home or have access to a community dustbin, they are either not allowed to or they choose not to use these**, for disposing off menstrual waste. So, menstrual waste is **either dumped in the toilet or thrown outside through bathroom windows, at distant rooftops, sewage passages, in fields, etc.** All of such environmentally hazardous, unhygienic and improper mechanisms are the order of the day because the fact of **menstruation is believed necessary to be concealed**.
- ❖ Research suggests that women and girls who are made to maintain distance from all points of significance in the house during their menstruation, are also **prompted to avoid using toilets or any place with flowing water, even when they are available**. This is an outcome of the “impurity” aspect associated with period blood because of which they **fear leaving blood stains in the toilets, also because lack of access to sufficient water for washing the period blood** is a major issue roadblocking effective MHM in India.



- ❖ Due to the **superstitions associated with period blood**, women in several parts of the country **choose to wash soiled sanitary napkins before disposal, hide their menstrual waste till the end of their cycle and then collectively burn or bury it**. All of these methods cause unhygienic conditions that can lead to severe health risks while also harming the environment.



Environmental Hazards & the Dilemma of Period Poverty:

Period Poverty was not acknowledged as a concern for far too long which made menstrual products inaccessible for a large percentage of women. After decades of silence on the issue, now that the problem has finally been recognised, the question of easing the access and availability of menstrual products for everyone has emerged as the new challenge.

The most obvious way to address period poverty is to extend menstrual products to women irrespective of their economic status. This has been attempted by **removing the GST** on menstrual products so that they can be made **affordable for a larger percentage of women**. However, with the **increased access of menstrual products, especially the most common product**, i.e., disposable sanitary napkins, the **adverse environmental consequences of it are also on the rise**, as a foolproof mechanism for disposing of single use sanitary napkins is not in place.

In this regard, some stakeholders point out the urgency of switching to organic sanitary napkins, cloth pads and menstrual cups. However, the fact is that the **production and supply chain of organic sanitary pads is still limited** in India compared to those of commercial non biodegradable pads. Hence **organic pads are not economically viable for the majority of female population**. Cloth pads and menstrual cups are both eco-friendly and economically viable, but these require sufficient amounts of water to wash and clean, before they can be reused. The **scarcity and unavailability of water in an underprivileged Indian household means that switching to these options for better menstrual health and hygiene is not a pragmatic solution**.

Until **policies actively promote organic pads' production units at a large scale, single use disposable sanitary pads will remain the most accessible and hence preferred option against period poverty** and even if we try to make the disadvantaged women and girls switch to eco-friendly alternatives, we **can not provide them with the means to sustain such choices** with the prevalent



problem of water scarcity, though the environmental costs of such accessible solutions is far from acceptable or agreeable.



CONCLUDING REMARKS:

As per the United Nations Special Rapporteur on the human right to safe drinking water and sanitation, **menstruation is an integral and normal part of human life**, indeed of human existence. Menstrual hygiene is **fundamental to the dignity and wellbeing of women and girls** and an important part of the basic hygiene, sanitation and reproductive health services **to which every woman and girl has a right**.

Effective MHM has also been **recognised as a part of Sustainable Development Goal 6 (SDG 6) which prioritises adequate and equitable access to Water, Sanitation and Hygiene (WASH) infrastructure and services**, noting the particular needs of women and girls. Additionally, menstrual health and well being are also a part **SDG 3 (Good Health and Well Being)** and a defining feature of **SDG 5 (Gender Equality)**. Yet in India, MHM has not been comprehensively included in WASH policies or practice, though research has generated enough evidence to **advocate for increased policy and programmatic attention to MHM**.

However, in India, **menstrual shame and the complexities of menstrual health and hygiene management are perceived as an inevitable part of the social order** and it is presumed to be the sole responsibility of women and girls to manage their menstrual health without disrupting the harmony of silence around the issue. It has thus been identified that **MHM is a high stress activity for women in India and has been ranked as the most stressful among women in rural and traditional tribal areas**. Poor MHM increases the chances of Urogenital Infection such as Bacterial Vaginosis (BV) or Urinary Tract Infection (UTI).

An increased focus on **acknowledging and advocating provisions for puberty guidance, menstrual products, water and sanitation facilities for girls in schools** is an important component of addressing this concern. Interventions that ensure women have **access to private sanitation facilities with adequate**



water supply, and education about safer, low-cost MHM materials could reduce the sexual and reproductive health risks of poor MHM. We also need to figure out ways to **integrate menstrual health with sexual and reproductive well being for recognising the sexual and reproductive rights of women and girls.**

A convergence of schemes **recognising the right to menstrual health, advocating equitable period policies, addressing the challenge of period poverty and facilitating MHM training and education** will help the MHM mechanism in India. In order for good menstrual health to become a reality, in addition to women and girls, it is also **important to educate men and adolescent boys about the socio-cultural and psychosocial factors that determine the menstrual health** of girls and women in their families. As India's rural and traditional societies **put men in charge of the economy and traditions of the family, if they can be sensitized to change the status quo of menstruation, it will aid and improve the condition of MHM at least at the community level.**



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