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Menstrual Hygiene Management (MHM): A Scheme For Improving Women Welfare

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Abstract

The Ministry of Health and Family Welfare implements the Scheme for Promotion of Menstrual Hygiene among adolescent girls in the age group of 10-19 years since 2011. The scheme is supported by the National Health Mission through State Programme Implementation Plan (PIP) route based on the proposals received from the States / UTs. The major objectives of the scheme are to increase awareness among adolescent girls on menstrual hygiene; to increase access to and use of high-quality sanitary napkins by adolescent girls and to ensure safe disposal of sanitary napkins in an environment friendly manner. Under the scheme, a pack of sanitary napkins are provided to adolescent girls by the Accredited Social Health Activist (ASHA) at subsidized rate of Rs. 6 per pack.

In addition, Ministry of Drinking Water and Sanitation under Swachh Bharat Abhiyan has developed National Guidelines on Menstrual Hygiene Management (MHM) for creating awareness on Menstrual Hygiene Management (MHM) in rural areas as part of its overall interventions related to behaviour change on sanitation hygiene aspect. Further, to ensure access to sanitary napkins and good quality medicines at affordable price, Department of Pharmaceuticals under Ministry of Chemicals and Fertilizers implements the Pradhan Mantri Bharatiya Janausadhi Pariyojna (PMBJP), an important step in ensuring the health security for women. Under the project, over 8700 Janaushidhi Kendras have been set up across the country that provides Oxo-biodegradable sanitary napkins named Suvidha at Rs. 1/- per pad only.

Keywords: MHS, Sanitary napkins, Adolescent, Awareness and Affordability

Introduction

Menstrual hygiene management (MHM) is a concept that concerns girls' and women's access to the appropriate information and resources to manage menstruation. In December 2012, the Joint Monitoring Program, or JMP, was one of the first organizations to define MHM as a global development goal. Since then, other organizations like WaterAid and the United Nations have expanded MHM's definition to include menstrual education that is biologically accurate and free of taboo and stigma. Many women in low-income countries lack those necessities for MHM due to high prices of menstrual sanitary products, lack of access to clean water and sanitation facilities, and social stigma surrounding menstruation that prevents it from being talked about. However, as more organizations began to frame MHM as an issue of public concern rather than a woman's private problem, more researchers, organizations, and governmental bodies have begun to address issues at the root of inadequate MHM.



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Maintaining menstrual hygiene is importance for the young menstruating girls and women. To show how important menstrual hygiene is to the society, May 28 is celebrated as the World Menstrual Hygiene Management Day. 28% of the students in India do not go to school during their period, due to lack of facilities and materials (Unicef). For the absorption of menstrual blood, 89 % use cloth, 2%t cotton wool, 7 %sanitary pads and 2 %ash (WaterAid). 75% of the girls use cotton cloths during their period (Unicef MHM). According to a report published on TimeNow.com on 23 rd Jan 2018, more than 80% of women in Bihar still depend on cloths to manage their periods. According to the National Family Health Survey (NFHS) V, nearly 53 % of young girls between 15 and 24 years of age still use cloths. Only 16% of the girls use sanitary napkins (Unicef MHM). 60% of girls in India only change their menstrual cloths once a day (UKAID). High costs and unavailability of sanitary pads is the prime reason for women and girls in India not to use sanitary pads (WaterAid). In India, it is estimated that 200 million women have a poor understanding of menstrual hygiene practices. Moreover, only 12 per cent of Indian women and girls use commercial sanitary products. Educating the girls about menstrual hygiene management would help them increase their grades at school, wages at work and overall self-esteem.

The Cultural Perspective: Water, Sanitation and Hygiene (WASH)

The traditions that are still prevalent in our society include banishing the girls outside the house for five days to spend in isolation, not permitted to participate in the puja or to enter the temples or to touch the pickles or to enter the kitchen. These regressive traditions often cause harm to the girls and women subject to these traditions. Information related to menstrual hygiene management not only focuses girls but also boys in order to fill the knowledge gap, clear misconceptions and make an environment more conducive of the free movement of girls. Since male members are the one who usually provide for the family, it becomes imperative that they are aware of the situation of girls during period so that they can arrange or provide resources for the arrangement of the sanitary products for the girls of the family – daughter, sister, wife or even mother. Having proper knowledge about menstrual hygiene management helps the girls and women stay clean and healthy during the period. This is termed as WASH (Water, Sanitation and Hygiene). It helps the girls and the women save themselves from unnecessary infections, skin irritation, rashes and many a times cervical cancer. A data from the World Health Organization states that there are more than 30 % deaths related to cervical cancer in India. This rate is almost double the global average and poor menstrual hygiene management is partly to be blamed. The social implication of this research is that it aims to assess the condition of menstrual hygiene management and suggest changes to improve it.

Review of Literature

According to Joshi and Fawcett (2001) in a paper presented in the 27th Water, Engineering and Development Centre conference, change in the situation of women can take place once they start participating and being represented in decision making forums. They need to be aware of the health and hygiene management so that they can take care of their own health and hygiene. According to Patkar and Bhardwaj (2004), in a paper titled Menstrual Hygiene and Management in Developing Countries: Taking Stock, found out that very few professionals have been actively involved in the menstrual hygiene management programs. Absenteeism and drop-out rate have been correlated to menstruation; still fewer measures have been taken to resolve the issue. Efforts to maximize the use of low-cost napkins and other resources of maintaining periods have been minimal.



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According to Ahmad and Yesmin (2008), in a paper titled Menstrual hygiene: Breaking the silence, in Bangladesh 90% teenaged girls use rags during their periods and 95% of them reuse the rags. The cause of this was found to be unawareness and lack of menstrual hygiene management facilities. The paper also pointed at the reasons such as high cost of napkins, no separate toilets for girls and the shame that girls feel in sharing their health problems that negatively impact their reproductive health.

According to Dhingra et al. (2009), in a paper titled Knowledge and Practices Related to Menstruation among Tribal (Gujjar) Adolescent Girls, there is a lack of awareness among the adolescent girls of the gujjar tribe. Various other studies conducted by Bhattacharyya (1991), Singh et al. (1992), Shukla et al. (1994) and Vaidya et al. (1998) also found that the average age of menarche in rural, urban and tribal areas were 13 - 14 years.

Mahone and Fernandes (2010), in a paper titled Menstrual hygiene in South Asia: a neglected issue for WASH (water, sanitation and hygiene) programs, pointed out that lack of awareness about the menstrual problems and proper solutions prevents the topics of menstrual hygiene management becoming a priority. Dasgupta A et al (2008) conducted a cross-sectional and descriptive study at West Bengal to find out the status of menstrual hygiene amongst adolescent girls. They found that out of 160 respondents, only 18(11.25%) girls used sanitary pads during menstruation and 136 (85%) girls practiced different restrictions during menstruation. 12.67% girls do not attend the schools, (46.67%) girls were using cloth and only 15.67% were using sanitary napkins. Amongst those who used cloth, 65.70% were found to be suffering from genital infections

Major objectives of this scheme

- To increase awareness among adolescent girls on Menstrual Hygiene.
- > To increase access to and use of high-quality sanitary napkins to adolescent girls in rural areas.
- > To ensure safe disposal of Sanitary Napkins in an environmentally friendly manner.

Women Empowerment and MHM

Empowerment of women essentially mean improving the social, political and economic status of women, especially the traditional underprivileged one. It means creating an environment where women are free from any kind of physical, mental abuse, exploitation, and prejudice that they are the most vulnerable section in the society. Recognising the importance of women in the economic growth of the nation, the Government of India along with State Governments has been taking several efforts since post-independence period to uplift women from their conditions in general. The need for empowering women to participate in the economic activities is essential to build a stronger economy. Economic empowerment of women through participation in the economic activities has led to women's empowerment in aspects such as socio-economic opportunities, representation in the local and national politics, social equality, legal rights, and community development leading to the national development. Women's economic participation and empowerment are fundamental to strengthening women's rights and enabling women to have control over their lives and exert influence in society. Gender equality and empowered women are catalysts for multiplying development efforts. Economic empowerment is central to the overall empowerment of women, in recent years, Government has played a significant role in bringing about this transition. Right from recognizing the need to protect the girl child in the womb to protecting career women in their work place, several initiatives have been taken.



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Women have been given a special place in every religion which is working as a big curtain covering the eyes of people and help in the continuation of many ill practices (including physical and mental) against women as a norm since ages. In the ancient Indian society, there was a custom of sati pratha, nagarvadhu system, dowry system, sexual violence, domestic violence, female infanticide, pardapratha, wife burning, sexual harassment at work place, child marriage, child labour, devadashipratha, etc including other discriminatory practices. All such type of ill practices is because of male superiority complex and patriarchal system of the society. The most famous saying said by the Pandit Jawaharlal Nehru is "To awaken the people, it is the women who must be awakened. Once she is on the move, the family moves, the village moves, the nation moves." In India, to empower the women, first it needs to kill all the demons killing women's rights and values in the society.

MENSTRUAL HYGIENE MANAGEMENT- INDIAN PERSPECTIVE

As per the Census 2011, about 89 % of the population of our country lives in accommodations without proper toilets. This makes the taking care of their menstrual health with safety and dignity a daunting task for young girls and women as well. Girls have to mostly dropout of school once they reach puberty and the rate is one out of five, which is quite high for a developing super power like India.

According to a report by AC Nielsen and Plan India in 2010, only 12 %out of the 355 million reproductive age young girls and women in India had access to sanitary products and other resources of menstrual and personal hygiene. Women in rural and semi urban areas use old rags, ash, wood shaving, wool and other unhygienic resources to manage their period which often results in various infections that at times prove to be fatal also.

Another research conducted by Patkar and Bhardwaj (2004) reflects how far we are as a society from reaching the desired goal in menstrual hygiene management. Sowmyaa Bharadwaj and Archana Patkar's (2004) research paper stated the current scenario, practices, barriers and actions related to this issue. Total 85 water and sanitation workers worldwide were consulted.

The research found out that:

- Very few professionals were actively involved in disseminating the required knowledge and doing the needful.
- The literature regarding the menstrual hygiene management is silent on the adequate supply of water for sanitation and bathing and also on the availability of sanitary products.
- The major reason of dropout among young girls in schools is the non-availability of clean toilets and most of the times, no toilets. Still this issue is not given importance and the aspect of menstrual management in the construction and design of toilets is ignored altogether.
- •Menstrual hygiene information has started to be disseminated among young girls and women recently but not as vigorously as it should have been. Also, there are no efforts to include adolescent boys as well as men into the information circuit. Men also need to be sensitized towards this issue.
- There is minimal effort in the production and distribution of low-cost sanitary napkins and the poorest of poor are yet to avail the benefits of these products.
- The information related to the washing of used clothes and disposal of the sanitary napkins and clothes is not disseminated. The disposal of the human waste which includes menstrual blood is done out in the open most often which poses a threat to the environment. An average middle class girl or women used around 15000 sanitary pads in her lifetime (Bhardwaj and Patkar, 2004). More than 12 billion sanitary pads are disposed annually filling the already overburdened landfills. Also, the sanitary pads are flushed



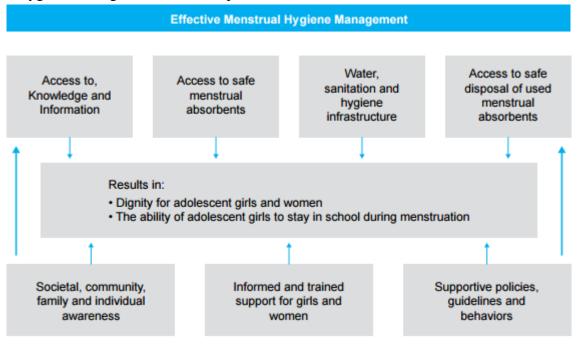
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down the toilets making them clogged. For these situations an effective disposal system needs to be implemented so that not only the use but also the disposal of the sanitary products becomes safe and dignified.

In association with the UNICEF, more than 350 Self-help Groups were trained in the task of napkin production. The sanitary products were now available to the girls at the cost as low as Rs 20 per packet. There are 1.5 lakh Self Help Groups and all of them have been roped in to make sanitary products so that they are readily available to the girls. The low-cost incinerators for safe disposal of pads have been designed by the UNICEF and cost not more than Rs 1500. The rural development department conducted workshops to disseminate the information on the low-cost incinerator technology for more than 15 Self Help Groups.

Efforts from the management

The Indian government in December 2015 has also laid the guidelines specifically for the menstrual Hygiene Management under its Swachh Bharat Mission Guidelines (SBM-G). These guidelines have been regulated by the Ministry of Drinking Water and Sanitation in order to help the 355 million menstruating girls and women. These guidelines outline the role of the participants at the State, District and School levels. The government has also come up with a framework as to how the process of menstrual hygiene management should be put forward.



The guidelines that are enumerated are as follows:

- Funds available under the Information Education and Communication (IEC) component may be used for IEC in this matter and to raise awareness and skills on Menstrual Hygiene Management in all places and specifically amongst adolescent girls in schools. IEC plans should include this component for raising awareness among all stakeholders. They should also include this component for raising awareness among all stakeholders.
- Issues relating to women's personal hygiene namely menstrual hygiene are to be focused under the SBM (G). Girls and women have hygiene and sanitation needs linked to their menstrual cycle. Women suffer in the absence of knowledge about safe practices on MHM.



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- There are several examples where Civil Society Organizations (CSOs) and Self- Help Groups (SHG) have worked with the community, informed them about menstrual hygiene practices and developed economic models to meet the demand for sanitary napkins. This is one area where CSOs and SHGs can play a key role.
- In addition to making sure that every household has a toilet, governments and all stakeholders must make sure that
- Every adolescent girl and woman, and their families, including men and adolescent boys, must have awareness, knowledge and information so that menstruation is understood and can be managed safely with confidence and dignity.
- Every adolescent girl and woman must have easy access to sufficient, affordable and hygienic menstrual absorbents during menstruation.
- Every adolescent school girl must have access to a separate toilet with private space for cleaning, washing. This includes access to adequate and sustained water supply and soap.
- Every adolescent girl must have access to infrastructure for disposal of used menstrual absorbent and should know how to use it.

Journey of MHM in India

The journey of menstrual hygiene management in India has been quite an eventful one as ours is a strictly patriarchal society where period is still a taboo and talking openly about it remains a distant dream. During the 1980s, there was an intense silence around the topic of menstruation. Women would not speak up unless and until they had major problems. Men of the family used to neglect any talk related to menstruation as they had conditioned themselves. In the hilly areas, ash was used whereas in desert areas like Rajasthan, sand was filled in a cloth and used as an absorbent. In rural areas, there was a rampant belief that if the male members of the family look at the menstruation cloth, they will go blind. As a result of which, the cloth used for managing period was usually hid in the dark corners, without being sterilized in sunlight, causing more harm to the user. Sanitary products were available only in the chemist shops and could be used only by the women who could afford them. Absence of private space or washrooms made the women change their soiled clothes only during dusk and dawn, risking them to endless infections and health problems. Also, illiteracy and lack of information and awareness made most of the women oblivious of the sanitary products, their access and use. Even though the government of India in 1992 started programs related to family planning and in 1997, the reproductive and child health program, the menstrual health aspect was not completely addressed. As far as non-government organizations are concerned, Child in Need Institute founded on 1974 and Chetna, founded in 1984 were some of the organizations that did commendable work in addressing the menstrual health of women. In 2000s, Goonj, a non-government organization started a campaign called 'Not Just Another Piece of Cloth' and started distributing clean cloth to the rural women to manage the menstruation. On the international front, Water Aid and UNICEF continued to gather the situation of the menstruating women the world over and providing them with the information and products that they needed to manage the period with dignity. From 2005 onwards, the work in the reproductive health area scaled up and many programs were implemented. The government implemented the National Rural Health Mission (NRHM) and the task of making the rural women aware of the menstrual hygiene management and overall reproductive health was included in the responsibilities of the Accredited Social Health Activist (ASHA) workers.



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Arunachalam Muruganthan, a now household name, thanks to Akshay Kumar who essayed his role in the recent famous movie 'Padman', designed and patented the low-cost sanitary pad making machine. These machines were used by many Self-Help Groups, thereby giving a major push to the production and distribution of low-cost sanitary pads. Also, the media played a major role in disseminating the information regarding menstrual health mainly through advertisements.

In 2012, the government of India, in collaborations with Water Supply & Sanitation Collaborative Council (WSSCC) started a sanitation program called Nirmal Bharat Yatra which included menstrual hygiene management also as an agenda. In 2014, a facebook page called Sustainable Menstruation in India (SMI) was launched to promote reusable cloth instead of the regular disposable pads.

Government Schemes for improving Women welfare

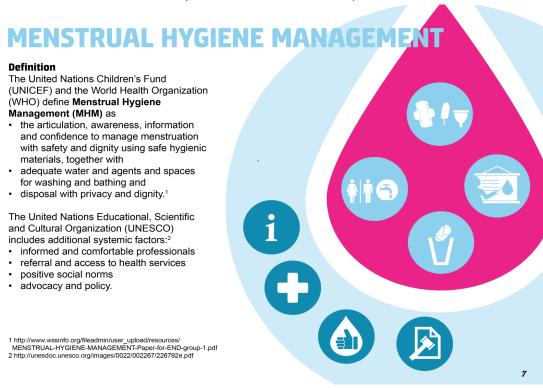
The government has rolled out guidelines for menstrual hygiene management under the Swachh Bharat Mission Guidelines (SBM-G). These guidelines aim at promoting the concept of menstrual hygiene management among the young girls and women. India has more than 135 million menstruating girls and women yet the situation related to the dignified management of the period has been a matter of grave concern. According to a recent survey, out of 14,724 government schools only 53 % had a separate and usable girl's toilet (National Sample Survey Office/Census (2012) Annual Status of Education Report (Rural), 2013). The guidelines have been issued by the Ministry of Drinking Water and Sanitation in order to help and support the young girls and women.

- Ministry of Women and Child Development looks after the training of the anganwadi supervisors
 and workers; production of sanitary pads on the village level by the self-help groups; supply of
 sanitary pads in the shelter homes and counselling of young menstruating girls on menstrual and
 personal hygiene management.
- Ministry of Human Resource Development looks after the training of the nodal teachers to provide information to the girls and boys on puberty related issues; makes available the absorbents or sanitary pads on the school level.
- Ministry of Drinking Water and Sanitation looks after the menstrual hygiene management activities; availability of disposal mechanisms and providing of funding for training if Information Education and Communication (IEC).
- Ministry of Health and Family Welfare is responsible for the Rashtriya Kishor SwasthyaKaryakram and adolescent reproductive sexual health; counseling of young boys and girls on puberty; educating young boys and girls under the Rashtriya BalSwasthyaKaryakram; weekly distribution of iron and folic acid tablets to girls who are no longer in school under the Integrated Child Development Services; distribution of sanitary pads and training of Accredited Social Health Activist (ASHA).
- 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 Tribal Development Department looks after the training of teachers in the ashram schools and madrassas; distribution of sanitary pads; disposal of used sanitary products and water, sanitation and hygiene related facilities in the tribal areas.



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The Rural Development Department is responsible for the availability of sanitary pads under the National Rural Livelihoods Mission; awareness for the menstrual hygiene management among women and mothers to be and promotion of water, sanitation and hygiene under the National Rural Livelihoods Mission. The Government is also implementing the Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG), also known as the 'Sabla' scheme. This scheme is centrally sponsored in more than 200 districts selected from the all the states and union territories. It aims at the empowerment of the young adolescent girls in the age group 11-18 years. Under this scheme, health care, nutrition and general life related education is imparted. The Under the Sabla scheme, a total amount of 61021.36 lakhs has been allotted to the governments of state and union territories in the year 2015-16and Rs 58498.58 lakhs was utilized (Press Information Bureau). In the year 2016- till date, a total amount of Rs 27486.79 lakhs has been allotted under the Sabla scheme and the utilization Rs 7844.49 lakhs(Press Information Bureau).



- To encourage discussion about health issues including menstruation among adolescents, a peer educator programme 'Saathiya' has been launched where two male and two female adolescents are selected per 1,000 population in 214 districts.
- Ministry of Drinking Water and Sanitation launched the Menstrual Hygiene Management Guidelines for schools and households to address specific sanitation and hygiene requirements of adolescent girls and women. The newly launched School Health Programme under Ayushman Bharat where teachers are supposed to act as health ambassadors to inform students about health and disease prevention through interesting activities, will also complement the government's efforts
- India has managed to challenge the status and focus on MHM in popular culture with the success of films such as Padman, Period. End of the Sentence (documentary) and First Period (short film), which have contributed to demystifying taboo. Given India's vast socio-economic diversity, we should start by understanding the different contexts and needs of girls in the country.



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Empowerment and Innovations in India

The hybrid social enterprise <u>Aakar</u>, comprising Aakar Innovations and Aakar Social Ventures, helps women produce and distribute affordable, high-quality sanitary napkins within their communities, while simultaneously raising awareness and sensitization of menstrual hygiene management. Aakar's sanitary pad, Anandi, is India's first and only Government of India lab certified (ISO-17088) nearly 100% compostable and biodegradable sanitary pad. At the company, women are at the center of production. Anandi pads are manufactured in 30 operational "mini-factories" across India, Nepal, and eight African countries. The factories are women-supervised and women-operated, facilitating jobs and the opportunity to learn entrepreneurial, marketing, and management skills.

According to **Jaydeep Mandal**, **founder of Aakar Innovations**, more than one million women and girls are consumers of Anandi pads and 400,000 have been reached through its education program. Anandi mini-factories employ more than 700 women earning US\$150 per month, and more than 500 women are engaged in selling pads within their villages, earning a seven to eight cent commission per package.

CONCLUSIONS

Period or menstruation is still a taboo in our society as it's a patriarchal society. Women can't even talk about their problems let alone discussing it freely. In a society where menstrual hygiene management is unheard of by more than 80 % of the 355 million menstruation young girls and women, the idea of every girl and woman to have access to MHM resources is a distant dream. However, the situation has started to change slowly but steadily. The governments both state and central have started schemes to make available the menstrual hygiene management resources. The heads of the family or the breadwinners do not give much thinking to such situations, considering them to be 'ladies problem.' But in urban areas the male members of the family are sensitized towards the menstrual needs of the females of the family. They think it's a social issue and contribute and assist the female members of the family as much as they can.

Social Implications

This paper brings to notice the current situation of menstrual hygiene management in our country and what role do media play in informing and educating public at large. Through the combination of methods like survey and content analysis, the researchers were able to reach to a conclusion that the situation of menstrual hygiene management has improved over the period of time and media have an important role to play in it. This paper also reached a conclusion that since media have an important role to play in informing and educating, it should be more extensively used. Also, this paper tells about the available government schemes related to MHM and how the topic of menstruation has reached a level where it can be talked about openly even in the rural areas.

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