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Critically Analysing the Menstrual Hygiene Scheme in India, 2011

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Abstract

Menstruation is still subjected to a slew of societal, cultural, and religious constraints, which pose a significant impediment to proper menstrual hygiene management. Girls particularly in rural areas, are unprepared and unaware of menstruation, leading to several problems at home, in schools, and in an office. Adolescent girls are a particularly vulnerable population, especially in India, where the needs of female children have a history of ignorance. Women's voices are ignored in households, communities, and development programmes due to discriminating rights towards women of our country.

Keywords: Menstruation; Sanitation; Hygiene; Adolescent.

INTRODUCTION

Menstruating females are not permitted to utilize freshwater or hygienic facilities, and in certain cases are even expelled from their households, due to cultural traditions and stigmatization associated with menstruation.[7] Although menstruation is a natural occurrence, it is associated with several myths and practices that can lead to negative health outcomes.[3] Women's hygiene behaviours during menstruation are extremely important, as they hurt their health by increasing their exposure to infections in the reproductive area. Complications due to ignoring their menstruation hygiene affect millions of women today, and the infection is frequently passed down to the mother's offspring.[8] Gender inequality is one of the key points because menstruation is a stigmatized subject and menstrual hygiene is considered to be unhygienic and taboo.

Menstruation emphasizes the significance of access to clean water, hygiene, and cleanliness for women. In such cases, access to good water, nutrition, and healthcare might be the difference between life and death.[1] In a single year, illnesses caused by a lack of water, basic sanitation, and hygiene killed an estimated 800,000 women worldwide, making it the 5th major cause of mortality in the female after cardiovascular diseases, and other chronic diseases.

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AIM

- To raise menstrual hygiene awareness among adolescent girls.
- To improve the access to sanitary products at subsidized prices in regions where it isn't easily accessed like villages, suburbs, etc.
- To ensure that sanitary napkins are properly disposed of in an environmentally appropriate manner and have efficient waste management.

The Main Issues Concerning Menstrual Health are as follows

1. Although India has nearly 400 million menstruation women and girls, millions of women face major impediments to a safe and dignified menstrual experience.
1. Puberty and menstrual health education are not always available to girls.
2. Around 70% of females in India according to various reports said they had no idea what menstruation was before their first period.
3. Girls frequently seek knowledge and support from their moms, however, the majority of mothers regard menstruation as a taboo subject. They're maintaining taboos by themselves.
4. Girls don't always have access to high-quality MHM goods that they prefer. In India, most ladies make their alternatives out of old cloth, rags, hay, sand, or ash.
5. According to qualitative surveys and market research, premium commercial products are either prohibitively expensive or inaccessible to women and girls in low-income areas.
6. Women lack access to quality cleanliness. Approximately 65 million teenage females live in households without toilets.
7. Regardless of government attempts to improve cleanliness, young girls and women lack the infrastructure, resources, and local and community support they need to manage their menstruation quietly and safely.

In India, the following Activities have taken Place to Promote the Elimination of the Stigma

1. ***"The Right of Children to Free and Compulsory Education Act (RTE) (2009)"***: specifies guidelines for drinking water and sanitary facilities in schools that are gender-separated.

2. ***"SABLA programme of Ministry of Women and Child Development":*** Nutrition, health, cleanliness, and reproductive and sexual health are all addressed which are linked to rural mother and child care centers.

3. ***"National Rural Livelihood Mission of the Ministry of Rural Development":*** Promotes and supports the cause as well as the production of hygiene sanitary napkins with the help of self-help groups and small producers.

LITERATURE REVIEW

Sharma S, Mehra D, Brusselaers N, Mehra S (2020)[1] highlighted the government's efforts to improve the MHM situation in India. They used Meta-analysis to estimate the pooled prevalence of MHM practices in schools and concluded that less than half of the girls were aware of menstruation before they begin menstruating themselves. Teachers were a less common number to know. Separate toilets for girls were present in around half of the schools. It suggested that MHM in schools should be strengthened with convergence between various departments for explicit implementation of guidelines and better implementation.

In Bhattacharya, Sudip & Singh, Amarjeet evaluation study from North India (2016)[2] conducted in 2015. It was discovered that 80% of women were aware of the existence of sanitary napkins. The percentage of people that were motivated was 79 percent. Only 30% of the people used it. They believed that using a sanitary napkin was advantageous to them. Due to lower profit margins and erratic supply, ASHA employees were dissatisfied. The community's other stakeholders were not actively involved in the scheme's execution. They identified that the programme will require active participation from a variety of partners, as well as a consistent supply of napkins.

In A community based study Misra P, Upadhyay RP, Sharma V, Anand K, Gupta V (2013)[3] conducted cross-sectional research in villages. Women between the ages of 15 and 45 took part in the study. A total of nine villages were chosen at random. Nine hundred and ninety five women were interviewed. It was found that most of them (62 percent) had no idea about menstruation. Only a few women (1.5%) received information about menstruation from a health worker, indicating that the health sector played a little role in giving this information. Other than religious activities, the majority of women's daily routines were unaffected by menstruation.

Nair MK, Chacko DS, Ranjith Darwin M, Padma K, George B, P S R (2012)[4] in their study of 10 Higher Secondary Schools in the Thiruvananthapuram City and screened with a pretested self evaluation questionnaire. Menstrual problems were mentioned by 21.1 percent of the participants. Dysmenorrhoea was the most commonly reported condition during menstruation (72.4 percent), followed by oligo menorrhoea (11.3 percent). Only 11.5 percent of females with menstruation problems sought help, and the majority of them went to a gynaecologist. This proved a high penetration of the scheme in this area.

Thérèse Mahon & Maria Fernandes (2010)[5] studied the Systematic coordination between government agencies involved in MHM programming, monitoring to track success, and effective budget allocations and usage to facilitate cross-sectoral action and convergence are all areas that require coordinated attention. They also studied the effect of Menstrual Hygiene Day, Water Aid's #No Shame In Menstruation campaign, Menstrupedia comic, and the Touch the Pickle sanitary protection campaign, the innovative use of multimedia and social media to combat myths and stigma around menstruation.

A Dasgupta, M Sarkar (2008)[6] identified that there are no clear processes in place at the state or district level to oversee and supervise this MHS. The reporting formats, which are provided at all levels, are the only way to validate the scheme's functionality. In the MHS implementing districts, medical officers at the PHC level were trained under the Training of Trainers mode about a year and a half ago. The quality of napkins is the most significant difficulty that the ASHAs encounter. ASHAs said that selling the napkins will be challenging unless the quality improves.

Chauhan S, Kumar P, Marbaniang SP, Srivastava S, Patel R, Dhillon P (2021)[7] revealed that sanitary napkin usage varies greatly depending on socioeconomic and demographic characteristics. When compared to those who had no formal education, the usage of sanitary napkins was considerably higher among girls with 53.2%and 10 or more was 75.4% years of schooling. The use of sanitary napkins was higher among adolescent girls who did not work for a living 54.7% than among those who did 40.8 percent. Adolescent girls who had regular media exposure were from the richest wealth quintile and had moms with 10 or more years of schooling were more likely to use sanitary napkins than their peers. This report called for the greater involvement of mothers for the MHM program to be successful.

Related Work

In 2011, "The Ministry of Health and Family Welfare of India" started a project in rural areas of selected districts to promote menstruation hygiene among adolescent females 10-19 years. Initially, the scheme was launched in 112 selected districts across 17 states, with adolescent girls in rural regions receiving a pack of 6 sanitary napkins under the NHM's Freedays brand.[8] The Accredited Social Health Activist in the community sold the napkins to the adolescent females for Rs. 6 for each pack of six napkins. According to a 2012 MSG decision, the plan was to be expanded to all districts by including a provision in the State PIP through the NHM money. Only a few states submitted budgets for decentralised sanitary napkin purchase in 2014-15 and 2015-16. States have been asked to implement the scheme in all districts starting in 2016-17 and to propose a budget for it in their State Programme Implementation Plan. In the first phase, states may cover 25% of rural adolescent girls across all districts. The State may explore increasing the beneficiary population in following years based on the uptake of sanitary napkins.[9] From 2014 onwards, the Rashtriya Kishore Swasthya Karyakram scheme was extended to all districts to promote Menstrual health understanding, improve hygiene habits, supply subsidised sanitary absorbents, and raise awareness in schools.

This scheme is yet to promote Menstrual practices in schools, and lacks enough financial means to carry out the necessary measures to cover the vulnerable group. There are a lot of challenges this scheme still has to overcome including feelings of fear and humiliation among adolescent. Persistent societal norms still existing. Additionally, uninformed and unempathetic instructors. A lack of clean water, sanitary, safe disposal. All these have prevented this scheme from meeting the desired results and it's important to analyse this scheme at a local level to understand this issue.

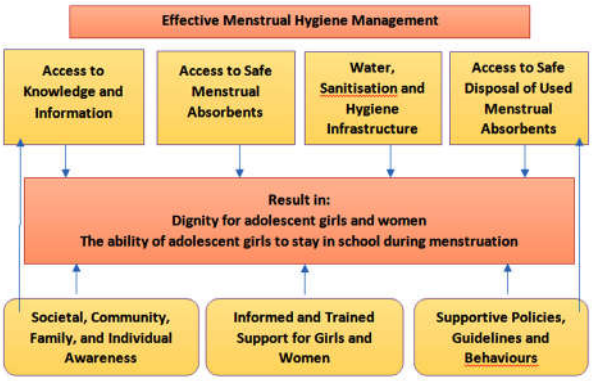

Fig. 1: The framework of menstrual hygiene mangament.

Figure 1 explains the various practices important for menstrual hygirne scheme effective implementation. Explains hoe access to information, safe menstrual material, following WASH practices, will help in increase dignity amongst girls and make sure the droput rates are less.

A. Funding Pattern under NHM

The maximum amount that NHM funding may be used to assist sanitary napkin procurement would

be Rs. 12 for a pack of six napkins, including all taxes and shipping costs. Any costs beyond Rs. 12 for a pack of six napkins will have to be covered by government money. The NHM financing through State PIP will stay unchanged at Rs. 8 per pack for a pack of 6 napkins in states where the scheme is already in place, and the remaining amount of Rs. 4/- per pack will be used from monies recouped thus far and already available in the State Health Society Account. States that propose a fund requirement for sanitary napkin procurement for the first time in their PIP will be supported with Rs. 12 per pack of six napkins for the first year of the proposal only, after which the State will be allocated Rs. 8 per pack of six napkins, with funds recouped from previous years' sale proceeds used to fill in the gap of Rs. 4 per pack.

B. Challenges of this Scheme

1. Ministries are urged to converge and collaborate in accordance with the MHM Recommendations; nevertheless, ministries are currently working to put the guidelines into practise.
2. These programmes' impact is usually judged solely in terms of outputs. The guidelines given by MHM indicate that successful MHM will eventually enhance the capacity of teenage girls to continue in school, there is little to no research to support this assertion.
3. While MHM programmes primarily use ASHAs and teachers to offer MHM instruction, their comfort level in handling difficult subjects, particularly with men, differs, as does the effectiveness of their programmes.
4. Only a few national MHM programmes advocate comprehensive solutions, and solutions are frequently isolated in reality.

C. Issue with Sanitary Waste Management

Sanitation systems are designed to handle faecal matter; they cannot handle menstrual absorption elements. These substances block sewer pipelines and create system backflow since they are unable to move through them. Tampons, other materials that are organic-based are used for period management, with the exception of the plastic linings that are there in sanitary pads available commercially, may dissolve in pit latrines/landfills. Sanitary napkins, with the exception of the plastic liner used in on-site sanitation, may disintegrate in roughly a year. Sanitary products drenched in an infected woman's blood may include virus such as HIV and AIDs, which can stay in the surroundings for up to 6 months and remain infectious.[10] Without appropriate protection or equipment, conservancy personnel must physically remove and clean the blocked drains containing napkins with their bare hands. As a result, workers are exposed to hazardous chemicals and bacteria. Although incineration is a better way to dispose of menstruation waste, burning pads generates poisonous fumes that are harmful to both one's health and the environment. When inorganic material is burned at a low temperature, cancer causing carcinogens are produced that is very harmful for nature and the surroundings.

D. Socio-economic Challenges

1. Limited access to working bathrooms continues to be a barrier, affecting menstruation girls and women disproportionately. Even when toilets are available, cultural customs, hygiene habits, and community attitudes about menstruation limits others to use the same washroom.
2. The availability of disposal infrastructure, as well as community attitudes and views regarding menstruation, influence how women and girls should eliminate their waste.
3. How women and girls dispose of their menstrual waste is influenced by the availability of disposal infrastructure as well as community attitudes and perspectives on menstruation. It also disregards the dignity and well-being of waste management employees.

METHODOLOGY

The survey was conducted with the help of local NGOs Rural Uthaan Mission and sky trust foundation in 9 rural villages of districts Baramulla and Bandipora in Jammu and Kashmir. 158 menstruating women were surveyed. The objective of the survey was to do assessment of knowledge and practice of menstrual hygiene among rural women and to understand the critical areas or challenges and find out possible areas of information. Village volunteers conducted the door-to-door survey in their native villages. The process followed to collect

data was via a pre designed questionnaire followed by a Door-to-door survey in person survey.

Data Analysis

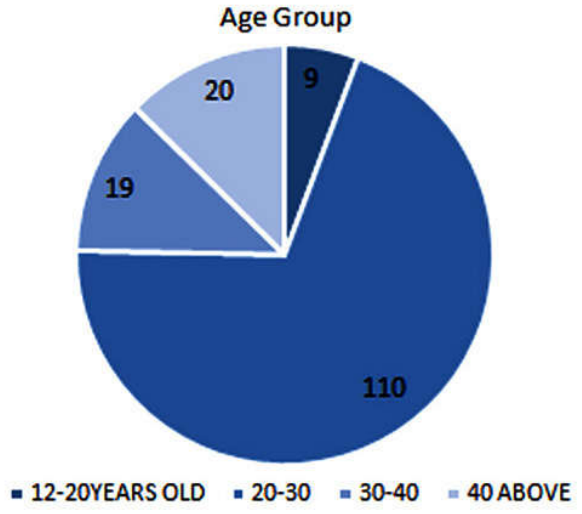

Fig. 2: Showcases the age group of the survey.

Figure 2 gives us insight into the age group of women. It is observed that most of the people who took the survey on menstrual hygiene have been mainly from the age group 20-30 years old. This population comprises approximately about 70% of the total age group. The next age group that is prominent is between the age gap of 40 years and above comprising 13% followed by the age group 20-30 that comprise about 12% of the survey population. Women under the age of 20 participates less in the survey.

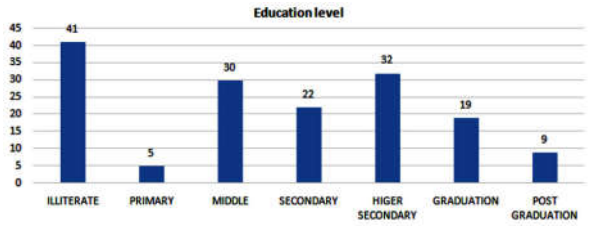

Fig. 3: Insights of education level.

Figure 3 gives us the insight of the education level across the survey. It is seen that a majority of the women are illiterate and the causes of high illiteracy still exists in women. The causes for this have been analysed further. The rate of literacy being low can be due to the lack of schools, colleges, vocational institutes etc. Moreover, no government action has been taken to solve this issue since the past decade.

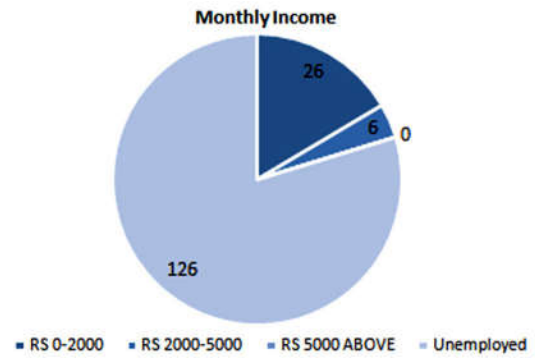

Fig. 4: Occupation demographic of the population size.

Figure 4 translates the result of the previous figure. Due to the high illiteracy rates amongst women, most of the women are unemployed that constitutes about nearly 41% of the data. Other have low paying jobs that provide only a sustained amount of income. Due to the corona virus pandemic, the pay have decreased even further affecting the families of these women. Most families are therefore poverty stricken due to the lack of income and large number of members in their family. The lack of opportunities and awareness is another reason.

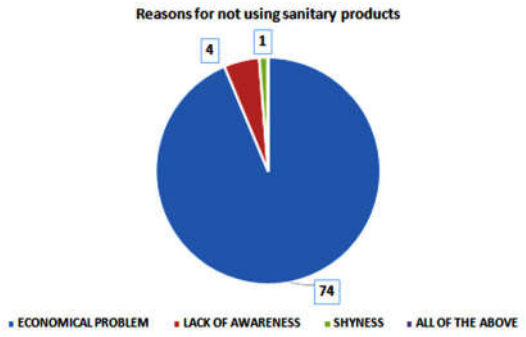

Fig. 5: Reasons for not using sanitary products.

Figure 5 states the reasons of not using sanitary products. Most replied due to the high prices and quality and financial problems, most women find it difficult to purchase sanitary products. Around 5% are still unaware of the entire hygiene requirement and hence don't use sanitary products. However, there are a few people who are still shy to come out of this stigma, mainly because of various societal and family issues.

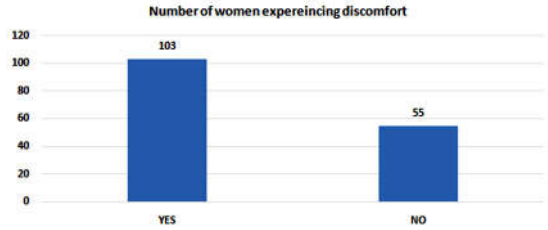

Fig. 6: Number of women experiencing discomfort.

In Figure 6, the amount of people that were surveyed, most of them have experience pain and discomfort during menstruation. As per data collected, most women find it difficult to cope with such intense pain. Most household chores are done by the women and so, coping with the additional pain is difficult and tiring.

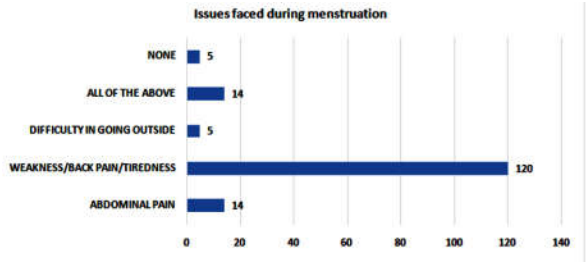

Fig. 7: Issues faced during menstruation.

Figure 7 shows that most women going through menstruation face back pain, tiredness and other body weakness. Some have even abdominal pain. About 14% of the women have faced all the problems listed below and about 5% have had difficulties to go outside during periods. Moreover, there are other issues like soci et al, family issues due to which most of these women can be prone to have mental health issues.

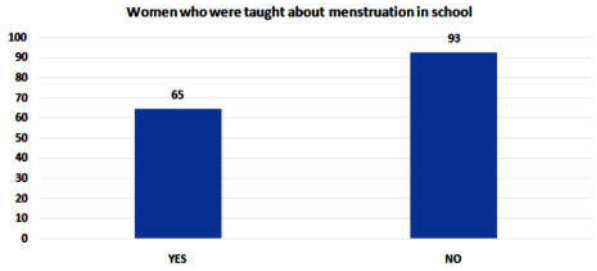

Fig. 8: Women who.

Figure 8 shows that about 95 women have answered 'no', and this reflects the population that are unaware of menstruation. Education system still perceives it as a taboo. The first step to change should be awareness and women should be comfortable to talk about menstruation. Policies must change and inculcation on menstruation should be taught to both men and women. were taught about menstruation in school.

Demographic table

Contents	Options	No. of Women	Contents	Options	No. of Women
Age	12-20	09	**Monthly Income**		
	20-30	110		0-2000	26
	30-40	19		RS.2000-5000	06
	40 Above	40 above		RS.5000 Above	0
Religion			**Marital Status**		
	Muslims	158		Married	47
Education				Un-Married	107
	Illiterate	41		Widow	02
	Up to high school level	89		Divorced	02
	Graduate	19	**Occupation**		
	Post-graduate	9		Hand embroidery	20
Area				House wife	52
	Rural	158		Student	66
Occupation				Employee	05
	Hand embroidery	20		other	15
	House wife	52	**Type of family**		
	Student	66		Joint family	41
	Employee	5		Nuclear family	109
	other	15		Extended family	08

RECOMMENDATIONS

Some recommendations are as follows

1. Conduct consumer research to gain a deeper understanding of different sorts of users and tailor programmes to meet their specific requirements. The goal of research should be to figure out: Define adolescent segments to guide MHM. Determine who their major

influencers are and how much they impact the girl. Define the menstrual cycle's intensity and girl's access to health knowledge, products, or sanitation.

2. Since enormous changes occur in a girl's life with menarche, there is a chance to use this scheme to overturn discriminatory decade old practices, and play a catalyst role in growth of life of our female population.
3. More intent is required from government in order to greater allocate resources for the success of this program
4. People should have access to menstrual information so that awareness is created amongst women in India. Women Volunteers can help to educate others on the importance and needs.
5. Such topics shouldn't remain a taboo and should be inculcated in textbooks. Education is the way of awareness. The stigma must be eradicated with the help of our education system. Moreover, every institution shall have the basic amenities for girls. Child peer groups that be formed in various places to learn my peer learning and. Establishment of clubs that should be accessible to all.
6. Awareness among rural women about hygiene practices and importance of hygiene practices is most important.
7. Female village volunteers to take initiatives at village level to identify and mitigate the period related issues among women. Hygiene kits will also help to promote hygiene practices among rural women.
8. Rural women if linked with govt. or private departments where they get to know more about the periods and related problems can help.
9. A lot of Asha workers still don't have sanitary napkins to distribute, making sure based on the demographic they are present if they are able to get more products will help in better implementation.
10. Partnering with NGOs will also help in greater awareness generation around this topic.

CONCLUSION

The menstrual hygiene scheme has led to creation of creative low-cost small-scale entrepreneurs who target low-income users and have contributed to the momentum menstrual health has acquired in India over the last decade. NGOs and funders in the WASH sector have been working together. Policymakers continue to work in isolation and are not always held accountable for their actions. Menstrual health programmes currently do not emphasize vulnerable groups of females living in rural sector. The scheme has generated much on demand side as the target consumers are just vaguely aware of it.

Programs that raise product usage knowledge and promote period health habits are on the rise, but they haven't succeeded in breaking down menstrual taboos. Psychosocial assistance is lacking, and there is a scarcity of resources. Facilitator skills are low, being detrimental to this opportunity to boost females' self-esteem and alter discriminatory societal norms that determine the role of a female in Indian society. India's enormous cultural and socioeconomic diversity presents an overall need, to better understand the end stakeholder and carefully choose the methods to extend this for girls with different backgrounds and diverse needs.

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