

India Menstrual Health Landscape Overview

Disclaimer: This Landscape Overview contains a summary of findings from a Literature Review, Formative Research Activity, and Stakeholder Analysis conducted specifically for the Kolkata, India context. For more detailed information, please refer to the full report (India Literature Review) provided in your reference material folder.

Women and girls in India continue to face a broad set of challenges that negatively influence their health, empowerment, and well-being. A critical barrier that schoolgirls face in achieving their full potential in India is inconsistent access to comprehensive and contextually relevant menstrual health solutions.

Menstrual Health Education

Education Policies

There are multiple existing policies related to gender equality and menstrual health in schools both at the national and state level in India. To lay the foundation, the Samagra Shiksha Program is an education sector program with the goal of improving school effectiveness measured in terms of equal opportunities for schooling and equitable learning outcomes for female and male students. In the context of Menstrual Health, Samagra Shiksha recognizes that gender norms and physiology often make privacy a greater priority for girls than boys, and that girls need adequate sanitary facilities at school to manage menstruation. In 2014, the Ministry of Human Resource Development launched the Swachh Bharat Swachh Vidyalaya initiative to ensure that all schools in India have access to functional gender segregated toilets. The initiative also emphasized promoting safe and appropriate hygiene practices in schools.

Levels of Knowledge

Through a qualitative assessment conducted by Splash it was found that a vast majority of girls only learned of menstruation after their own menarche. Girls seemed to be aware that it is a “natural process” and necessity to “give rise to the next generation”. Older girls who had studied menstruation in textbooks could only say that it was “caused by hormones.” They knew that they should maintain their personal hygiene, eat well, and use sanitary pads to absorb the blood during menstruation. However, girls lacked knowledge of reproductive anatomy and the reason for menstruation.

Source of Information

Through the Splash assessment it was found that students reported feeling comfortable discussing issues of menstrual health with female teachers¹. However, in another cross-sectional study conducted among 200 adolescent girl students of a Government school located in Behala West circle in Kolkata, 59% of the study subjects were not aware of menstruation before menarche. Among the 41% who were aware, 43.9% received information from their mother, while 13.66% received information from friends. The majority (90.5%) of the

students reported knowing that menstruation is a physiological process, but 76.5% did not know the source of blood during menstruation.ⁱⁱ

Menstrual Health Products: Access and Use

Sanitary Products

In a study of an urban school in Kolkata it was found that 82.3% of adolescent girls used sanitary pads and 15.7% used cloth absorbents. Out of cloth users, 69.5% had problems washing and drying the cloth due to lack of privacy. For this reason, they usually dried and stored the cloth in unhygienic places.ⁱⁱⁱ

The preference for disposable sanitary pads was also reported by girls in five Splash schools in Kolkata. Girls believed using disposable sanitary pads was the 'correct' way and those who use cloth dispose of them after one use rather than washing. Girls did not express inability to use disposable pads due to cost. Girls reported changing pads every 6, 8, or 12 hours and some also reported changing only when pad is full in order to conserve resources. Girls also reported that school washrooms are often dirty and crowded resulting in many preferring to change menstrual materials at home.^{iv}

Pain Management

Many schoolgirls interviewed in Kolkata reported not doing anything to reduce their menstrual pain. Pain medication is viewed as inappropriate for menstrual pain unless it is debilitating and requires advice from a doctor. The use of pain medication for menstrual cramps was thought to cause later reproductive problems among girls.^v

Supportive Environment

Clubs

There is currently no national level initiative for a gender or menstrual health focused club within schools. However, Kanyashree Prakalpa, a flagship project of West Bengal Government, is focused on improving the status and well-being of girls, specifically those from socio-economically disadvantaged families through community groups which can intersect with the school system. The program consists of conditional cash transfers to incentivize girls to study for a longer period. The program also works to enhance the social power and self-esteem of girls through a targeted behavior change communication strategy. The Kanyashree strategy includes adolescent-friendly sessions through Kanyashree Clubs covering issues such as menstrual hygiene. In West Bengal's Puruliavi district, there are 400 Kanyashree clubs in over 20 blocks comprising of 30 to 35 members. The girls, popularly known as the "Kanyashree Girls," are taught about menstrual hygiene and are expected to promote menstrual health awareness in their communities.

Sanitation Infrastructure

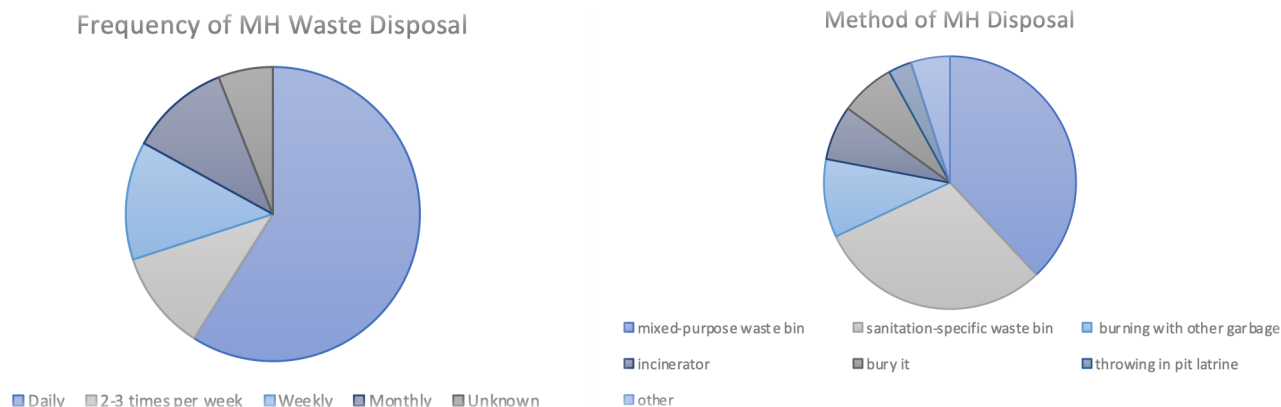
In the past six years, investments for building gender segregated toilets in schools improved when the Indian Prime Minister pledged to provide separate toilet facilities for girls and boys in every school in his first Independence Day address. NGOs and CSR funds have been mobilized to build separate toilets for girls in schools, including girl-friendly facilities with private space for changing and disposing of menstrual waste. In 2019, Rotary experimented with bio-toilets in three girls' schools in the outskirts of Kolkata in Budge Budge.^{vii}

In an assessment conducted by Splash in five government schools, it was found that all schools included had gender segregated toilets with access to water in each stall. Of the toilets observed, 75% had access to a menstrual hygiene disposal bin either in the stall or in the bathroom corridor. However, one fourth had overflowing menstrual hygiene bins and none of the toilet stalls had stall shelves or hooks.^{viii} Water access is

critical for safe personal hygiene practices during menstruation- 83% of schools surveyed in Kolkata reported having sufficient water continuously available^{ix}.

Direct Observation

In a recent survey conducted by Splash, 15% of sites report they have a method for disposing of MH waste. Of sites with a reported disposal method, the following disposal mechanisms and frequencies were reported^x:



Disposal and Solid Waste Management

Disposal Mechanism

The study in the five Splash school found disposal to be a challenge and that even when a waste bin was available. Often pads were thrown or hidden haphazardly. In schools where disposal bins are used, the Child Cabinet is responsible for notifying staff when disposal bins fill up. However, some students reported feeling too shy to report the problem. The schools faced challenges related to janitorial work as many “sweepers” require extra payment to take away menstrual waste.

Qualitative evidence suggests that when girls lack disposal facilities, they may use disposable pads for a longer duration than recommended or dispose of used pads in an unhygienic way, contributing to poor maintenance and cleanliness of school facilities.

Incinerators have been implemented inconsistently in recent years to address the issue of menstrual waste in schools. Most incinerator manufacturers in India are now opting for a voluntary certification from third party laboratories to be competitive in this emerging market. Splash has recently implemented an Incinerator Trial to assess the feasibility, acceptability, and sustainability of incineration as a menstrual waste solution.

Stigma and Normative Change

Parents, Peers, and Community

Many girls interview in a five school Splash assessment expressed the desire for more information regarding menstruation and how it relates to certain cultural restrictions for girls. Teachers agreed that more detailed education should be provided to students, but they also feared that providing too much information could be upsetting to conservative parents.^{xi}

In the school setting, boys are strictly excluded from menstrual health education sessions and discussions. There were also reported multiple incidents of boys going through girls’ bags and teasing them when finding sanitary products. In another study, it was observed that 86.25% of girls believed menstruation to be a physiological

process; 6.25% of girls believed it was a curse of God, 5% girls believed it was a disease and 2.5% girls believed it to be the result of some sin^{xii}.

Normative Change Initiatives

In the past few years, menstruation has entered the popular discourse through films, television, and the internet. The “Touch the Pickle” campaign led by Whisper and the movie Padman are efforts by non-traditional actors to mainstream discussions around menstruation.

Involving boys and men has been acknowledged as both a need and a challenge to bring about normative change in India. In a project implemented by WaterAid and Vatsalya , men and boys were involved through different, innovative approaches, including games and a film made with the communities to share their experiences and perceptions, to stimulate discussion. Other strategies included involving male members of school management committees through training and awareness-raising sessions to provide supportive environments for effective menstrual health management in schools and to inspire men to become change agents. The 2018 short film, “First Period” produced by Dasra is another notable effort to build empathy in men and boys around menstruation.

Restrictions

Many girls and women are subject to restrictions in their daily lives simply because they are menstruating. Not entering the “puja” room is the major restriction among urban girls. Menstruating girls and women are also restricted from offering prayers and touching holy books. The underlying basis for this myth is also the cultural beliefs of impurity associated with menstruation.^{xiii} In some parts of India, some strict dietary restrictions are also followed during menstruation. Sour food such as curd, tamarind, and pickles are usually avoided by menstruating girls. It is believed that such foods will disturb or stop the menstrual flow.^{xiv} In interactions in Splash schools, most of the girls spoke about following all or some of these restrictions.

At menarche girls get more information on social taboos and restrictions than on maintaining menstrual hygiene or the ill effects of bad menstrual hygiene. This culture of silence forces adolescent girls to seek information from their peers who know little about the subject, pointing to an urgent need to address this silence.^{xv}

Advocacy and Policy

Ever since its inception, the Menstrual Health Alliance India (MHAI) has been an effective platform for pushing forward menstrual advocacy and policy efforts in India. Some of the successes of the MHAI include advocating for revised standards sanitary napkins and working with the Ministry of Jal Shakti to publish a resource book on menstrual waste management.

Additionally, the internet has added a new dimension to active citizenship in India and has led to the development of new-age grassroots menstrual health advocacy platforms such as change.org and Youth Ki Awaaz. From menstrual health focused campaigns asking for mandatory menstrual health education in schools, to demanding sanitary napkin vending machines in girls’ and co-educational schools in pockets of Kolkata, the internet has democratized the advocacy landscape in India. A successful example of menstrual activism has been the removal of a “goods and service tax” (GST) on sanitary pads in India, which was triggered by a petition on change.org.

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- ⁱ Splash Formative Assessment. Unpublished. 2018
- ⁱⁱ Pal J, Mullick TH. Menstrual Hygiene-An Unsolved Issue: A School-Based Study Among Adolescent Girls In A Slum Area Of Kolkata. IOSR J Dent Med Sci. 2017. doi:10.9790/0853-1606051116
- ⁱⁱⁱ Splash Formative Assessment. Unpublished. 2018
- ^{iv} Splash Formative Assessment. Unpublished. 2018
- ^v Splash Formative Assessment. Unpublished. 2018
- ^{vi} Kanyashree empowers girls in rural Bengal - SAWM. <https://www.sawmsisters.com/kanyashree-empowers-girls-in-rural-bengal/>. Accessed September 14, 2019.
- ^{vii} Sanitary / Bio Toilet under Global Grant Project at Girl's School (Budge Budge, Rasapunja Maheshtala) – Rotary Club of Central Calcutta. <http://rccentralcal.org/2019/02/19/sanitary-bio-toilet-under-global-grant-project-at-girls-school-budge-budge-rasapunja-maheshtala/>. Accessed December 12, 2019.
- ^{viii} Splash Formative Assessment. Unpublished. 2018
- ^{ix} Splash City Wide Survey. Unpublished. 2018
- ^x Splash City Wide Survey. Unpublished. 2018
- ^{xi} Splash Formative Assessment. Unpublished. 2018
- ^{xii} Dasgupta A, Sarkar M. Menstrual hygiene: How hygienic is the adolescent girl? Indian J Community Med. 2009;33(2):77. doi:10.4103/0970-0218.40872
- ^{xiii} Garg S, Anand T. Family practice menstruation related myths in India: Strategies for combating it. :10-12. doi:10.4103/2249-4863.154627
- ^{xiv} Kumar A. Social Work in Public Health Cultural and Social Practices Regarding Menstruation among Adolescent Girls. 2014;(May). doi:10.1080/19371918.2010.525144
- ^{xv} Scoping Study on Menstrual Hygiene Management in Periyanaicken-Palayam and Narasimhanaicken-Palayam.; 2018. www.ihs.co.in. Accessed February 26, 2020.