Research **BRIEF**

LEAD LEVERAGING EVIDENCE FOR ACCESS AND DEVELOPMENT
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Menstrual Hygiene Management
Evidence from SHGs in Tamil Nadu

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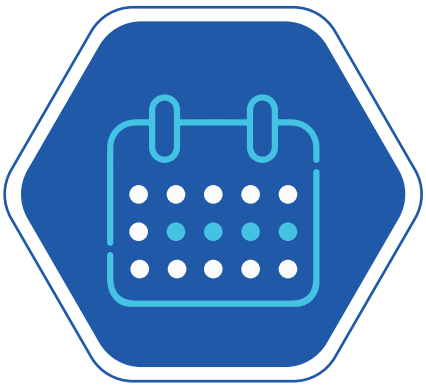
BACKGROUND



The adoption of the human right to water and sanitation by a resolution of the United Nations General Assembly in July 2010 urged the integration of a human rights perspective into the design and delivery of water, sanitation and hygiene programming. However, the right to sanitation has remained difficult to adopt, and in the regions where gaps are highest, access disparities and other inequities are severe and evidenced at the intra-household level, across urban and rural areas, and among communities. In an attempt to address these inequities, Goal 6.2 of the Sustainable Development Goals advocates explicitly for "access to adequate and equitable sanitation and hygiene for all, paying special attention to the needs of women and girls and those in vulnerable situations". This growing recognition of the importance of mainstreaming gender needs in the delivery of sanitation and hygiene should find resonance within national policies and practices to effectively reduce the inequalities experienced by women and girls in accessing sanitation and hygiene.

Menstrual hygiene is an essential dimension of the global development framework to eliminate gender inequities in sanitation and hygiene. In the last decade, formative research on social attitudes, norms and practices around menarche and menstruation has highlighted the existence of deep-seated cultural taboos, beliefs, myths and a general lack of knowledge associated with menstruation in certain developing regions and communities (Malhotra, 2013); George, 2013; Malhotra & et al., 2016; Thakur & et al., 2014). There is a growing understanding that these practices, which mainly stem from a lack of awareness around menstruation, can perpetuate stigma, discrimination and even violence against women and girls carry adverse impacts on their psychosocial and physical health, education and economic outcomes. This has urged development practitioners and policymakers to address these challenges through appropriate policies and programming. Efforts in this direction are primarily motivated to realise positive gender outcomes by "breaking the silence" and increasing the level of awareness and dialogue around menstruation and the need for its hygienic management.

In the Indian context, approximately 54.5 per cent of the female population is in the reproductive age of 15-49 years and requires access to safe menstrual hygiene practices (Census 2011).

Evidence from India suggests that knowledge and practices around menstrual hygiene are unsatisfactory and that restrictions are imposed on women and adolescent girls during menstruation (Kansal & et al., 2016; Paria & et al., 2014; Jogdand & et al., 2011; Mohite & et al., 2016). At the time of menstruation, adolescent girls are commonly restricted from attending school, excluded from participating in religious ceremonies, household work or even sports (Jogdand & et al., 2011). Restrictive social norms and practices around menstrual hygiene among households and communities in India adversely impact women and adolescent girls, underscoring the need for MHM-oriented programmes that focus on awareness generation and access to hygiene materials (van Eijk & et al., 2015; Hennegan & Montgomery, 2016).

Our study contributes to evidence around prevailing knowledge, practices and norms associated with menstrual hygiene in India. The study was conducted in Madurai district of Tamil Nadu, as NFHS-4 suggests that only 57.62 per cent of the women aged 15-24 years in the district used a hygienic method of menstrual protection, compared to a corresponding figure of 91 per cent for the state of Tamil Nadu.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STUDY SETTING AND DESIGN

The study was undertaken in partnership with the Tamil Nadu Corporation for Development of Women (TNCDW), a Government of Tamil Nadu Undertaking, among women's self-help group (SHG) members supported by the Corporation. TNCDW undertakes menstrual hygiene awareness programmes among its members and supports women's SHG-based collective enterprises focused on menstrual hygiene management. The study was conducted in rural parts of Madurai district, covering two blocks – Vadipatti and T. Kallupatti. From the two blocks, 11 villages were randomly selected for the study. The study gathered data from 557 women in the age group of 20-49 years, who are members of women's self-help groups. A structured survey instrument of approximately 30 minutes duration was administered to study participants. The survey instrument combined a household roster with four components:

1) A general module on individual-level socio-economic and demographic variables (age, education, occupation, and health history);

2) A priming module aimed at building rapport with the respondents to minimise any social desirability bias in subsequent reporting on sensitive behaviours—this module gathers information on respondent involvement in SHG activities and household decisions;

3) A main menstrual hygiene module focused on knowledge, attitudes and practices around this sensitive behaviour; and

4) A household-level module with variables on asset ownership, income, and access to water and sanitation.

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FINDINGS

Basic Individual Characteristics

The majority of respondents in the sample were in the age group of 30-39 years, and most respondents had received 1-8 or more years of education. A majority of respondents across the survey were engaged in agricultural and non-agricultural labour activities.

Table 1
Basic Individual Characteristics

Age	%
20-29 years	21.9%
30-39 years	40.9%
40-49 years	37.1%
Education	
No education	17.06%
1-8 years	73.79%
> 8 years	9.16%
Marital status	
Married	89.5%
Separated	1.8%
Widowed	5.6%
Never married	3.05%
Occupation	
Does not work	0.54%
Agriculture	4.49%
Animal husbandry	1.97%
Govt. job	1.08%
Agricultural labour	20.29%
Non-agricultural labour	31.06%
Independent/skilled work	2.69%
Own shop/business	1.62%
Salaried job	12.03%
Household work	23.16%
Student	0.54%

MODE OF MENSTRUAL HYGIENE MANAGEMENT

Consistent with existing evidence, the study found that 48.5 per cent of women reported using improved modes of menstrual hygiene management such as sanitary napkins, while 51.17 per cent of women reported using cloth. Respondent age and education were correlated with the reported mode of Menstrual Hygiene Management (MHM) - use of improved modes was considerably higher among the younger age cohort of 20-30 years (86.89 per cent) than among the older cohort of 40-50 years (18.84 per cent). Likewise, there was a higher prevalence of the improved modes of MHM among respondents who have 12 or more years of education. Over 88 percent of respondents reported not having visited doctors for urogenital infections, and the prevalence of doctor visits was higher among women who use traditional modes of MHM such as cloth (16.84 per cent) than among those who use improved modes such as sanitary napkins (5 per cent).

Table 2:
Mode of Menstrual Hygiene Management

	Cloth	Sanitary Napkins
Age	%	%
20-29 years	12.3%	86.89%
30-39 years	45.18%	54.82%
40-49 years	80.68%	18.84%
Education		
No education	83.16%	16.84%
1-12 years	48.4%	51.3%
> 12 years	13.7%	84.3%

Women's self-help groups are active in the study areas, where group meetings are held at least once in a month, 90 per cent of the respondents have cited that members attend meetings regularly. Therefore, the study also sought to examine if the reported mode of MHM was correlated with the empowerment of women participating in the study, as estimated by the following measures:

- Control over which items to cook
- Control over obtaining health care for self
- Control over purchasing jewellery or other major household items
- Visiting and staying with parents or siblings
- Own mobile
- Own property
- Hold a bank account

An empowerment index[1] was constructed based on the aggregate of the above empowerment items for each individual (Roy et al., 2017). Among the study sample, the average score on the empowerment index is 0.69, with more than 60 per cent of respondents scoring above 0.7. As illustrated in Table 3, results suggest a correlation between the empowerment score and mode of MHM used by women.

Table 3:
Empowerment Index of Women using Cloth and Sanitary Napkins for MHM

Empowerment Index	Cloth	Sanitary Napkins
0–0.3	72%	28%
0.3–0.6	52.17%	47.1%
0.6-1.0	52.42%	47.27%

Reasons for Using the Reported Mode of MHM

92.4 per cent of respondents did not report a preference to change their current mode of MHM, and a majority cited habit (63.7 per cent) and ease of use (54.6 per cent) as reasons for their current preference. However, despite their stated use and preferences, women of all ages also reported that they were more willing to shift to improved modes of MHM when they receive free napkins through government programmes.

Table 4:
Reasons for Reported Mode of MHM

Reasons	Overall	Cloth	Sanitary Napkin
Not aware of other methods	15.6%	26.7%	4.07%
Habit	63.7%	80.7%	46.3%
Easier to use/ comfortable	54.6%	35.1%	75.6%
Financial reasons	7.4%	13.3%	0.74%
Heavy bleeding	12.2%	11.9%	12.6%
More hygienic	23.9%	12.3%	36.3%
Don't have access to other products (e.g no shops nearby etc.)	2.5%	3.86%	1.11%
Have seen elders using this	10.4%	19.3%	1.11%

[1] Empowerment index = i=0,j=1-7 Eij

SOCIAL NORMS RELATED TO MENSTRUAL HYGIENE

Consistent with past evidence on restrictive social norms and practices around menstruation, study respondents reported the following restrictions – missing work or school (29.6 per cent), avoiding physical contact with household members (35 per cent) and avoiding religious places (94 per cent).

A social norm index was constructed (UNDP 2020) (Mukhopadhyay et al., 2019) (Alkire & Foster, 2011) based on social norms-related questions asked in the survey. These questions probed whether, during menstruation, women experience restrictions (such as miss work/ school, remain in house, avoid physical contact, avoid visiting religious places) imposed by family, if all women in the community experience these restrictions mentioned. The index represents the intensity of social norms present in these areas, and all the variables within the index carry equal weights. Our results suggest that the intensity of social norms around menstruation is comparable in most places, but is higher in the villages of C. Pudur, Koovalapuram, S. Keelapatti and S. Paraipatti.

Table 5:
Village-level Scores for the Social Norms Index

Name of Village	Score
C. Pudur	0.43
Koovalapuram	0.56
Kutladampatti	0.38
Lakshmipuram	0.39
Poochampatti	0.37
Puliampatti	0.30
Rawthampatti	0.25
S. Keelapatti	0.43
S. Melapatti	0.29
S. Paraipatti	0.40
Santhaiiyur	0.30

REUSE AND DISPOSAL

Among respondents who reported using cloth as a mode of MHM, 98.25 per cent used it for only one menstrual cycle, and 93.6 per cent reported using and throwing it after a single use.

Disposal of menstrual products is as important as the use of safe and hygienic modes. When menstrual waste is not discarded safely, it becomes a public health hazard. WHO recommends incineration of sanitary waste above 800 degrees Celsius.

In the study areas, there are no incinerator facilities to burn the waste in a safe manner and common disposal practices include burying/burning (74 per cent).

Table 6:
Disposal Practices of Women using Cloth and Sanitary Napkins

Mode	Throw in open air	Bury or burn	Throw in dustbins	Throw in drain
Sanitary Napkin	26 (9.63%)	205 (76%)	11 (3.86%)	8 (2.96%)
Cloth	63 (22.11%)	209 (73%)	30 (11.11%)	2 (0.7%)


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IMPLICATIONS

India's flagship sanitation programme, Swachh Bharat Mission (SBM), recognises the importance of adopting a gendered perspective and approach to sanitation delivery and even articulates clear gender objectives. These include ensuring access to sanitation facilities that cater to the needs of women[2], promoting awareness around safe menstrual hygiene practices and developing economic models to meet the demand for sanitary napkins[3]. Other initiatives such as the Rashtriya Kishor Swasthya Karyakram – a health programme of the Ministry of Health and Family Welfare, Government of India - also actively supports the health needs of adolescent girls, including menstrual hygiene management.

At the sub-national level, menstrual hygiene has been prioritised through initiatives such as the distribution of free napkins by the governments of Tamil Nadu (*Pudhu Yugam*), Odisha (*Khushi*), Andhra Pradesh (*Raksha*), Chhattisgarh (*Suchita*), Maharashtra (*Asmita*), and Kerala (*She Pad*). To the extent that the policy environment is critical to driving gender-oriented programme design and related budgeting, these policies and programmes offer a favourable framework to mainstream gender considerations in sanitation delivery in India.

The Government of Tamil Nadu has been supplying free sanitary napkins to adolescent girls. A scale-up of this scheme to include older women can promote a shift to safe and hygienic menstrual management methods. While there has been a strong impetus for promoting the adoption of safe menstrual products, the safe disposal of these products remains a critical concern, and there is a strong need for improving awareness around safe disposal. TNCDW undertakes menstrual hygiene awareness programmes among members of women's self-help groups, as these groups can play a stronger role in shifting individual behaviours and societal norms around safe hygiene practices. Findings from this study can help inform menstrual hygiene programmes undertaken by TNCDW and similar initiatives.

[2] SBM (U) norms for toilet seats in (1) public toilets is two seats for 100-200 women and one for 100-400 men, (2) community toilets is one seat for 25 women and one seat for 35 men

[3] Ministry of Drinking Water and Sanitation, Swachh Bharat Mission (Grameen) Guidelines, December 2014; accessed at http://www.mdws.gov.in/sites/default/files/SwachBharatGuidlines.pdf

Research evidence suggests that significant efforts are needed to increase awareness levels, eliminate inequities in menstrual hygiene access, and nurture a dialogue around menstruation practices. This will require a multi-pronged approach involving key stakeholders aimed at improving menstrual hygiene knowledge, practices and health as well as shifting social norms and practices around menstruation. This will also entail targeted policy measures and resources to expand access to improved menstrual hygiene materials, particularly among disadvantaged populations.

Image Credit: Public Services International/flickr

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