



ADVANCING THE MENSTRUAL HEALTH AND HYGIENE OF GIRLS AND WOMEN

Assessing the Impact of Stree Swabhiman Initiative
in Rural India

MAY 2020

Principal Investigators

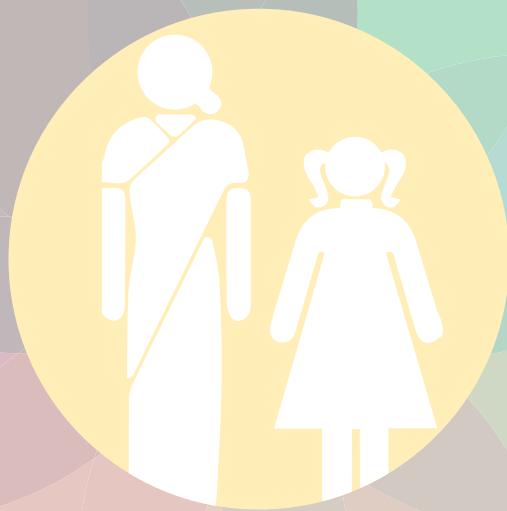
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Ramandeep Kaur**

Research Team

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**Imrana Qadeer
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FOREWORD

Stree Swabhiman Programme is a unique entrepreneurial and social initiative by Common Services Centers (CSCs) for providing sanitary products and menstrual hygiene to adolescent girls and women in rural and semi-urban areas of the country.

The initiative also strives to create behavioural change towards menstrual hygiene by involving the community through sustained awareness campaigns and outreach led by the Village Level Entrepreneurs who manage CSCs.

The issue of menstruation has been a taboo in our society primarily due to lack of access to awareness and education. The biological bodily function linked to the reproductive rights of woman has been stigmatized for too long. This regressive and ill-informed attitude leaves millions of young girls and women exposed to severe health risks and bereft of access to menstrual hygiene.

First, we must create awareness to normalize and even celebrate menstrual health so that it becomes an integral part of conversations on health and hygiene in day to day life and policy level. Second, we must provide affordable and accessible options that allow women from all communities to have safe health options that are best suited to their context.

The VLEs who have set up sanitary napkin manufacturing units under the initiative are also actively promoting menstrual hygiene through awareness drives to dispel the taboos and myths surrounding menstruation.

To study the effectiveness of the Stree Swabhiman Programme and improve its goal to provide girls and women menstrual health products and an enabling environment, the Council for Social Development (CSD) conducted an impact assessment of the programme in six States of Haryana, Odisha, Rajasthan, Telangana, Uttar Pradesh and Uttarakhand.

The findings of the study have validated our belief that access to affordable and quality sanitary products and increased awareness among the women and girls in the community leads to making of informed choices regarding safe menstrual practices. The study that involved women and VLE also provides insight into the challenges that are involved in addressing this personal and public health issue. It provides a validation to our initial model while highlighting how further capacity development of VLEs on a range of skills can achieve better and long-term impact.

Dr. Dinesh Kumar Tyagi
CEO
CSC SPV



ACKNOWLEDGEMENTS

Council for Social Development (CSD) takes immense pleasure for having carried out the Impact Assessment of the Stree Swabhiman Initiative. We earnestly believe that this report will strengthen CSC's rural landscapes and help them in closing achievement gaps when it comes to rural menstrual health and hygiene.

We would like to acknowledge and thank several people who made invaluable contributions to this project. Our heartfelt thanks to CSC e-Governance Services India Ltd. for their trust and support. In particular, we are grateful to Angela S. Nath, Senior Manager, Marketing and Communications of CSC SPV for her valuable feedback from time to time.

Additionally, we would like to thank the Village Level Entrepreneurs (VLEs) and their staff for helping us in identifying the key informants and beneficiaries from the community to participate in the study. We are equally grateful to all the School Heads and Teachers in the respective study areas for allowing us to collect data from their girl students without whom the study would have been incomplete. Our thanks are also due to the beneficiary women and girls of the study, who patiently responded to a sensitive survey like this. We would also like to thank Dr. Bharati Sahu, UNICEF Consultant, for her support in carrying out field survey in Odisha.

We wish to extend our deep gratitude to Professor Muchkund Dubey, President, CSD, for his moral support and encouragement. Our special thanks are also due to Professor Nitya Nanda, Director, CSD and Professor Ashok Pankaj, Former Director, CSD for their perceptive thoughts and responsiveness throughout the project.

We are highly indebted to Professor Imrana Qadeer for her inputs, which had contributed towards the present form of the report. We are extremely grateful to her for going through the manuscript painstakingly and for providing invaluable insights, which was a great learning experience for us.

We also express our gratitude to Macro Graphics Pvt. Ltd. for the design and layout of the report.

Our special thanks to Dr. Nivedita Sharma and Dr. Susmita Mitra, Assistant Professors of CSD for reviewing the chapters and giving their valuable feedbacks. We thank our team members, namely, Dr. Anitha R, Independent Consultant, Ms. Jaya Nair, Senior Research Associate and Mr. Gitesh Sinha, Research Officer of CSD for their sincerity and dedication in offering their academic support needed for the study. Special thanks are also due to Ms. Sheela Sabu, Administrative officer, for her prompt support. We also greatly appreciate the support of our CSD faculty members for showing interest in the study and for their support and encouragement throughout the project.

May 2020

**Dr. Poornima M
Ms. Ramandeep Kaur**



ACRONYMS

AIGGPA	Atal Bihari Vajpayee Institute of Good Governance and Policy Analysis
ANM	Auxiliary Nursing Midwifery
ARC	Adolescent Resource Centres
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
BV	Bacterial Vaginosis
CSC	Common Services Centre
CSC SPV	Common Services Centre - Special Purpose Vehicle
CSD	Council for Social Development
FGDs	Focussed Group Discussions
FMOH	Federal Ministry of Health
GST	Goods and Services Tax
ICF	Inner City Fund
IEC	Information, Education, and Communication
IIPS	International Institute for Population Sciences
L	Large
MHM	Menstrual Hygiene Management
PMUs	Pad Manufacturing Units
MoDWS	Ministry of Drinking Water and Sanitation
MeitY	Ministry of Electronics and Information Technology
MoHFW	Ministry of Health and Family Welfare
MoHRD	Ministry of Human Resource Development
MoWCD	Ministry of Women and Child Development
Nos.	Numbers
NFHS	National Family Health Survey
NGOs	Non-Government Organisations

NHM	National Health Mission
OBC	Other Backward Caste
PHCs	Primary Health Centres
RDD	Rural Development Department
RKSK	Rashtriya Kishor Swasthya Karyakram
Rs.	Rupees
RTIs	Reproductive Tract Infections
SABLA/RGSEAG	Scheme for Adolescent Girls/Rajiv Gandhi Scheme for Empowerment of Adolescent Girls
SC	Scheduled Caste
SHGs	Self-Help Groups
TDD	Tribal Development Department
UNESCO	United Nations Educational, Scientific, and Cultural Organisation
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNHR	United Nations Human Rights
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VLEs	Village Level Entrepreneurs
VVC	Vulvovaginal Candidiasis
WASH	Water, Sanitation, and Hygiene
WHO	World Health Organisation
WSSCC	Water Supply & Sanitation Collaborative Council
XL	Extra Large



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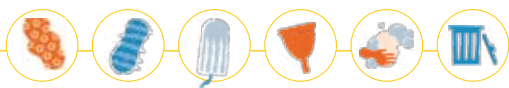
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EXECUTIVE SUMMARY

Project Stree Swabhiman, a pan-India initiative, is a social entrepreneurial venture of the CSC e-Governance Services India Limited to produce and promote affordable and accessible sanitary pads in villages. Ever since its launch in 2017, the project has reached over 5 million beneficiaries (50,66,271 beneficiaries as of July 2019) through its Village Level Entrepreneurs (VLEs). Women and adolescent girls, especially, from deprived rural communities are often found to be vulnerable and susceptible to ill health due to lack of awareness on menstrual health and hygiene practices. Therefore, to address this public health concern, the project aims to empower rural women and girls through training in sanitary pad production and educating communities on menstrual hygiene. A notable feature of the project is to establish Pad Manufacturing Units (PMUs) particularly through women VLEs in order to identify poor local women and generate employment opportunities for them.

In this background, the Council for Social Development (CSD) made an attempt to assess the impact of Stree Swabhiman initiative across six states, namely, Haryana, Odisha, Rajasthan, Telangana, Uttarakhand and Uttar Pradesh.

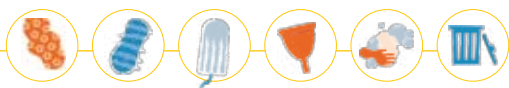
OBJECTIVES OF THE IMPACT ASSESSMENT STUDY

1. To examine the reach of the programme among adolescent girls and women, across different socio-economic, educational and occupational groups;

2. To study the functioning of the pad manufacturing units run by VLEs and analyse the employment opportunity created for women through this initiative;
3. To trace the measures taken by CSCs/VLEs in creating awareness amidst beneficiaries on menstrual health and practices;
4. To ascertain the menstrual practices of under-served, illiterate and unaware women, pre and post training;
5. To examine the outcome of the programme in terms of affordability of pads, acceptance towards usage of Swabhiman pads, attitudinal and behavioural change in girls and women towards hygienic menstrual practice; and
6. To suggest appropriate measures to improve the intervention.

METHODOLOGY

The study is both qualitative and quantitative in nature and primary survey has been undertaken across six Indian states. Field surveys, in-depth interviews, and Focussed Group Discussions (FGDs) have been carried out across a total sample of about 650 respondents, covering beneficiaries(400),non-beneficiaries(200),VLEs, employees of PMU and other key informants like Accredited Social Health Activists (ASHAs), Anganwadi Workers, Self-Help Groups (SHGs) etc. Prior to the field visits, CSD team conducted telephonic interviews with the concerned VLEs and identified the key informants and beneficiaries.



KEY FEATURES OF THE STUDY

1. A sizeable proportion of non-beneficiaries (N=200) were included so as to take cognisance of those beyond the purview of Stree Swabhiman initiative. This also helped the project to gain access to socio-economic and cultural status of the non-beneficiaries as well as their health and psychological needs. Based on the comparative scenario between beneficiary and non-beneficiary, suitable strategies could be evolved to attract, retain, and raise the awareness levels among the marginalised sections of the society.
2. The educational and occupational status of beneficiaries/non-beneficiaries and their respective parents/spouse have been captured so as to gauge the potential support system available for the target group at the household and community level.

KEY FINDINGS OF THE STUDY

The key findings of the study are as follows:

I. Reach of Stree Swabhiman Initiative

1. The programme has made a substantial coverage of the minorities, especially in the states of Uttarakhand, Haryana and Uttar Pradesh, where 30 per cent, 26 per cent and 16 per cent beneficiaries were Muslims, respectively. The major challenge faced by the VLE was that in most of the Muslim dominated areas, gaining entry to the community was a big problem and in spite of repeated meeting with the community leaders, access was denied to organise campaign on menstrual hygiene.
2. The project has also substantially targeted the socially backward groups, who are in general the under-served. The proportion of SCs covered in Telangana and Rajasthan was

30 per cent and 36.7 per cent respectively and ST representation in Telangana was 40 per cent. However, a comparison of the coverage across social groups among beneficiaries and non-beneficiaries reveals that majority of the non-beneficiaries belonging to SC and ST category could not get access to programmes like Stree Swabhiman.

3. The project has mostly targeted the uneducated group which is in line with the project objectives. Most of the beneficiaries across the states were found to be illiterate with incidences of illiteracy being substantially high in Telangana (75 per cent), Haryana (75 per cent), and Uttar Pradesh (50 per cent). Irrespective of the beneficiary–non-beneficiary category, it was found that rates of illiteracy among mothers were higher than the fathers.
4. The programme mostly seems to have covered families wherein the household heads are involved in occupations such as casual labour in agriculture and non-agriculture, self-employed in petty businesses, rather than salaried jobs. On the other hand, the intervention has mostly reached the housewives or the children of the housewives, who otherwise get less opportunity to interact on aspects related to menstrual hygiene.
5. Though the Stree Swabhiman programme has covered beneficiaries belonging to least and low income categories (more than 70 per cent), a substantial proportion of the poorest of the poor who belong to slum areas, migrant settlements, brick-kilns, remote tribal locations, etc. are yet to be reached.

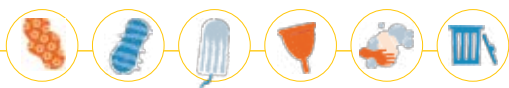
On the whole, from our findings it can be stated that the programme has reached the under-served, unaware and illiterate group, as per the objective framed for the intervention. Still a substantial section of the target population could not be covered due to various reasons



viz., low awareness levels on Stree Swabhiman training; rigid mind-set of the community, that prevented entry to VLEs in spite of repeated visits; and lack of VLE capacity or motivation to mobilise the village community.

II. Functioning of Stree Swabhiman Pad Manufacturing Unit

1. VLEs of all the six states had set up PMU with an investment cost of Rupees (Rs.) 2,95,000 along with the manual equipment for pad making. One of the VLEs expressed concern over the high installation cost and stated that proper exploration of the existing avenues would have reduced the cost of installation.
2. Considering the physical workload and exertion of women employees, few VLEs opined that unlike manual machines, supply of semi-automated or automated machines would have simplified the work, increased the daily average production, and also improved the quality of pads.
3. Another big challenge revealed through the study was though payment for the raw materials was made in advance by VLEs, the delayed supply or fragmented supply of raw materials hampered the production process. During the initial phase of the project, the quality of raw materials were good, however, it started deteriorating subsequently. Similarly, the VLEs and employees raised their concern over drastic reduction in the supply of raw materials.
4. With reference to the quality of raw materials, one of the common quality issues as cited by the VLE and staff employees was the low grade bonding gum which was too strong, that created a challenge in detaching pads from the undergarments.
5. Regarding the Stree Swabhiman training provided to both VLEs and employees of CSCs, it was reported that the training mostly focused only on pad making and focus was not made on marketing skills or menstrual hygiene, which the VLEs think would have been much more helpful. However, the VLE in Rajasthan took active interest in understanding menstrual issues and downloaded relevant videos from YouTube and played it for the employees and community.
6. As VLEs could not acquire adequate market for their produce, the numbers of staffs were reduced from 8-10 employees to 2-4 employees. Despite having low employment rates, it cannot be undermined as it still meets one of the objectives of the project of providing employment to rural women. On the positive front, young women from Rajasthan between the age group of 18-24 years revealed that working at PMU has made them feel confident, that now they could discuss about menstrual hygiene with the community members irrespective of gender.
7. In Haryana, Odisha and Uttarakhand, the employees were paid based on the number of pads produced per week. In other states, a standard salary ranging from Rs. 3,000 to Rs. 4,000 was paid to the employees. However, due to poor demand for Stree Swabhiman pads the salary has not been credited on time. Due to such constraints, a sizeable proportion of the employees expressed that they may quit in future. Except Rajasthan, the employees in all the study areas expressed their dissatisfaction towards salary received.
8. Working condition provided in the unit for the women was poor in certain states. For instance, in Haryana, employees were asked to sit for long hours and were not permitted to take leave. Further, toilets were not available for the employees and for nature's call or for changing of pads during menstruation, the employees either had to visit a nearby school or go home. In Odisha, ventilation in the working space was found to be poor. The study also found that the PMU has been shut down due to the



growing demand for Odisha Government's subsidised 'Khushi' sanitary pads.

9. While uniform patterns were followed in all states in producing the pads, VLEs of some states applied their discretion in meeting the requirements of the users. For instance, Rajasthan used 8 layers of sheets for increasing the thickness of the pad, while the general practice was using 4 layers of sheet. The gum used as adhesive for the pad was reported to be too strong. To deal with it, different gumming pattern was followed in different states. In Telangana and Odisha, it was reported that the gum was diluted with water, so that it does not spoil the undergarments or the skin of users. However, in spite of the measures adopted, overall, there was not much satisfaction with respect to the quality of Stree Swabhiman pads. The beneficiaries stated that since the pads are thin, it does not last for long hours and it gets soiled within an hour. In Rajasthan, it was reported by the beneficiaries that the strong binding element of the pad had led to the peeling of the skin, which was corrected in due course of time. Though Odisha and Telangana, reported of diluting the gums, it did not solve the purpose, as it was reported by the beneficiaries that the pads were not at all sticking to the undergarments. In Uttarakhand, due to excessive gumming, under garments got spoiled. Therefore finding the right balance of the gum was a major issue.
10. The unit in Rajasthan was found to be active. However, in other states, it seemed that the unit was inactive and not much interest was shown in manufacturing the pads on a regular basis. Owing to physical workload in production of sanitary pads, the triple demands of marketing, promotion, and generation of community awareness of the project are not adequately met; secondly, employees take time for adapting to the change as well as to convince the rigid mind-set of community members who still prefer

to use unhygienic alternatives; and thirdly, the cost of Swabhiman pads are high when compared to other subsidised brands. Thus, if the demand for the Stree Swabhiman pads cannot be increased, smooth running of the unit cannot be assured, which will lead to lack of motivation of the VLE to run the unit and affect the sustenance of the unit.

11. It was noticed in several states that there was no proper storage facilities either for safeguarding the raw materials or for storing the finished product and the rolls of sheets were lying in a dusty condition, particularly in Uttar Pradesh and Haryana.

Thus, on the whole, the need for fully or semi-automated machines, skill training in marketing, better remuneration, adequate WASH facilities and measures to increase profitability of the unit were the common aspect that was identified for ensuring the proper functioning of the unit. Further, the cleanliness of the units and existence of toilets for the workers need to be ensured.

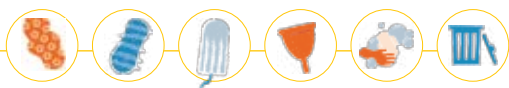
III. Snapshot of Stree Swabhiman Training

1. With respect to creating awareness at school level, VLEs from Telangana and Rajasthan have actively collaborated with local stakeholders like teachers, SHGs, doctors, and college students. In other study areas, both VLEs and PMU staff collaborated only with school teachers. Regarding community level intervention, VLE from Rajasthan has explored potential collaboration with SHG members, ASHAs, Anganwadi Workers, Gram Pradhan, and Balika Mandal.
2. In Rajasthan, villages were categorised based on education and income levels to identify the target group. In addition, 50 community resource persons were identified, who were given the responsibility of organising menstrual hygiene camps. Whereas in other study areas, VLEs resorted to easiest options and just covered 3 to



4 areas, where the employees of CSC or relatives of VLE stayed. Despite identifying the target group, lack of adequate community support on such sensitive topic hampered the scaling up of the project.

3. Regarding the outlook on Stree Swabhiman training, it was found that the adolescent school girls in study areas were rigid and timid initially, however, the awareness training had gradually prepared the young trainees for open conversations on MHM.
4. In Telangana, VLE organised sessions on 'Pad Pe Charcha' for spreading awareness to girls about menstrual hygiene and for highlighting the benefits of using hygienic absorbents. Similarly, in Rajasthan, a campaign called 'Chuppi Todo - Syani Bano' was organised in 147 villages to break the silence on menstrual issues. Wherever women exhibited rigidity, door-to-door awareness drives were held, however, it was not done regularly or extensively. One of the prime reasons was not all women at the community level were ready either to attend or listen to awareness training programmes on such sensitive topics.
5. During in-depth interviews with the target population the reasons cited for non-participation are as follows:
 - ▶ lack of inclination to prioritise household budget on sanitary pads;
 - ▶ belief that machine made sanitary pads could lead to infections; and
 - ▶ unwillingness to change.
6. Respondent women who refused to attend the awareness training are neither willing nor empowered to make healthy decisions when it comes to their personal hygiene. Others found it to be too sensitive to discuss in public places.
7. Wider coverage of adolescent girls and women were reported in almost all the states. While Haryana, Rajasthan and Telangana, claimed to have covered around 450 beneficiaries in both schools and communities, the corresponding figures were around 150 to 300 in Uttar Pradesh and Uttarakhand, and around 150 in Odisha. Unlike adolescent girls who were reached easily through schools, women were difficult to reach out. In Uttar Pradesh and Odisha, it was even difficult to identify the target groups.
8. In terms of duration of the training session, 1 hour session was quite common as the trainers found it difficult to hold the attention of the beneficiaries beyond that period. Wherever the discussion had exceeded 2 hours, there was usage of different modes of training like showing documentaries on menstrual hygiene, interactive sessions with medical practitioners, question and answer session, peer to peer discussions etc. Otherwise, majority of the training session followed the lecture method.
9. In Rajasthan training sessions were held every month both with school girls and women in villages. In Haryana, monthly visit was made basically to distribute pads. In Uttar Pradesh and Uttarakhand, majority of the respondents stated of having training sessions only once, while in Telangana, there was no regularity of sessions and it took place in a random manner.
10. Irrespective of the study areas, it was observed that rural women resist change and feel intimidated for an open discussion on MHM. Unlike illiterate women, the school adolescent girls are more open for change and this could be witnessed in their field interactions. In order to drive away the initial inhibition among women and also to eliminate fear of using new hygienic alternatives, it is essential to organise frequent counselling sessions with the community.
11. In Odisha and Uttarakhand, a handful of men showed interest in attending the sessions. Some felt the sessions are not needed, but still some felt, it is important



for their wives and daughters to attend such sessions, as reported by women beneficiaries in FGD. Two men in Odisha and one man in Uttarakhand had shown interest to attend the session. It was reported that men wanted to know what all are taught in such sessions. Some said, before they permit their women at home to attend such sessions, they should know what is covered in such sessions.

12. Around 83.86 per cent girls and 76.58 per cent women reported 'good' about the training session with only 1-3 per cent of girls and women rated as 'poor' while the rest of the respondents rated 'average'. One of the prominent reasons for the positive response can be attributed to the local stakeholder partnership vis-à-vis VLE, School teachers, doctors, ASHA, Anganwadi workers, ANM, Gram Pradhan, local Non-Government Organisations (NGOs), and community resource persons.

The major reasons for the overall positive response regarding the training may be attributed to school adolescent girls as agents of change in the community, and exemplary leadership qualities of the concerned stakeholders. On the other hand, it was also noted that in spite of CSC's efforts to promote rural entrepreneurship and menstrual hygiene, the foremost challenge of VLEs is to break the silence around menstrual practices in the community. It was also noticed that some employees were still rigid to adapt to the fundamental change which includes change in their own mind-set so as to convince the rigid mind-set of adult women who still prefer to use unhygienic alternatives.

IV. Menstrual Awareness of Beneficiaries

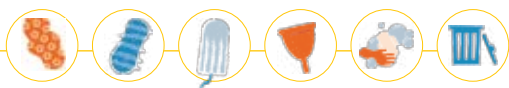
1. The study found that around 70 per cent of the respondents recalled their negative outlook on menarche. It was majorly because they were neither aware beforehand nor psychologically prepared for menarche.
2. Post-training there has been a considerable increase in the awareness levels of respondents, especially, among adolescent girls, with respect to infections related to unhygienic menstrual practices, change of pads at regular intervals, ways of disposing sanitary pads. One of the major reasons for menstrual awareness is the role of schools in sensitising young girls.
3. Unlike girls, the overall percentages of awareness among women were relatively low in the study areas due to lack of adequate promotional campaigns at the community level. In Haryana and Uttarakhand, it was stated by women that there was increased awareness level even in the pre-training phase. It implies that mostly neighbours, relatives and friends of the VLEs in these states (who already had awareness) were provided the training, rather than meeting the requirements of the needy sections of the society.
4. Most of the girls reported of having proper awareness on the disposal mechanism. Due to the cultural norms and taboos imposed in the minds of girls on the consequence of open disposal of pads, most of the girls were following traditional practice in disposing the pads. This was mainly due to the myth that open disposal is a sin, which will lead to many births, curse of snakes, attract evil spirits, etc.
5. Awareness level on disposal mechanism among women was low in Telangana, due to rigid mind set of tribal community and they resorted to the practice of disposing used pads or cloth in the rivers. Thus while Telangana, was able to bring about significant changes in the schools, it was not the same case with women in Telangana. This is mainly due to the inadequacy of measures in targeting the slum women of Telangana.
6. Among the non-beneficiaries, who were interviewed, about 75.4 per cent stated that they were not aware of the fact that



poor MHM leads to infection. Similarly, while 74.6 per cent stated of not having awareness on the frequency of changing pads, 72.3 per cent stated of not knowing about proper disposal mechanism. Among the non-beneficiaries, awareness level was high in Odisha, mainly due to the measure of the state government and the launch of the Khushi pads in the state and the active involvement of ASHAs in the state in promoting menstrual awareness. However, low level of awareness was reported in states such as Telangana, Rajasthan and Uttarakhand.

V. Menstrual Practices post Training

1. A major proportion of the beneficiaries, preferred to use other sanitary pads instead of Swabhiman pads because of poor quality and non-suitability for heavy menstrual days. In the post training phase, cloth usage was reported only in Haryana and Uttar Pradesh. It was observed that more than 80 per cent of the girls have shifted to pad usage (Stree Swabhiman pads particularly) in Rajasthan, Haryana and Telangana.
2. In the post training phase, cloth usage was found to be more in Telangana, which reveals that the promotional activities undertaken by the VLE in the slum areas are inadequate and the cloth pads are reused several times, before discarding the same in the river.
3. Majority of school girls prefer sanitary pads over cloth compared to women. While comfort, affordability and accessibility were the reasons stated for usage of cloth, those who used pads, preferred it for the reasons of comfort, affordability and hygiene.
4. In the Muslim dominated areas of Aligarh, Uttar Pradesh, the young women do not have any preference or reason for the usage of either cloth or pads; it is simply determined by the choice of their husbands. If the husband buys pads, they use pads, otherwise cloths are used for menstrual purposes.
5. Around 45 per cent of menstruators irrespective of beneficiary/non-beneficiary have faced infections like irritation, skin rashes, pain etc. either because of lack of menstrual knowledge, unhygienic menstrual practices or lack of adequate WASH facilities. Among women, infection rates were high with the use of cloth and this proportion was 44 per cent and 37 per cent in Haryana and Uttar Pradesh. Among non-beneficiaries, about 40 per cent of respondents in Uttar Pradesh and Uttarakhand using cloth reported of facing infections.
6. On the whole, the practice of frequent changing of pads in regular intervals was reported by the beneficiaries across the states. However, still about 22 per cent of the women, 17 per cent of non-beneficiaries and 11 per cent of girls reported of prolonged use of pads during heavy flow days.
7. Of the total 600 respondents surveyed, 83 per cent stated that toilets are available at home, 85 per cent reported that WASH facilities such as water, soaps, etc. are available and about 61 per cent reported of having space at home for disposal of used absorbents, either to burn, bury or discard it in bins. Still 30 per cent of school girls were not having access to toilets, wash facilities or bins for disposal at school. Some reported that though toilets are available, water facilities are not available properly and in other cases, though toilets and WASH facilities are available, because of poor maintenance of toilets, the girls stated of not using the school toilet and mostly they change the pads after coming home.
8. Mostly hygienic practice of disposal was followed. Still less than 20 per cent reported of following improper practice. While a higher proportion of women reported of wrapping the absorbents and disposing it in bins, about 20 per cent



reported of burning or burying the used pads/cloths. The unhygienic practices of throwing in open space, putting it in drains were also followed, while some also reported other mechanisms like throwing it in rivers. Among the non-beneficiaries, unhygienic practice was widely followed, wherein more than 40 per cent of them were following unhygienic practices. Open disposal, disposal into water bodies, drains and toilets were commonly followed by them, which reveals lack of knowledge on the proper disposal mechanism among the non-beneficiaries. About 35 per cent of the surveyed non-beneficiaries in Telangana reported of throwing the pads in rivers, and this practice was most commonly practised in the tribal dominated areas and migrant settlements. In Haryana, the non-beneficiaries reported using cloth pads for 4 to 6 months and then throw away in open fields, on trees or on rooftops.

VI. Outcome of Stree Swabhiman Initiative

1. In terms of availability and accessibility of Stree Swabhiman pads, it can be stated that the access of pads has been increased for school girls with the free distribution of pads, while it was not so for the women. While free pads were distributed in schools, rates of pad varied from one state to the other. In Haryana, Uttar Pradesh and Uttarakhand, the rate of 1 pack (8 pads) was Rs. 40 and Rs. 35 in Odisha. In Telangana and Rajasthan, the rates were Rs. 25 and Rs. 24 respectively. Thus the beneficiaries, Accredited Social Health Activists (ASHAs) and anganwadi workers pointed out that even better quality products are available at a much lesser rate compared to Swabhiman pads. In fact most of the students reported of giving the free pads (they receive) to their mothers at home or to others, while they preferred to use commercial pads available in the market.
2. In Odisha, free pads are also distributed to labourers; in Uttarakhand, free pads are also given to economically backward people; and in Telangana, free pads are distributed to slum dwellers. It can thus be noticed that except for the free distribution, the pads that are sold to the community are not at affordable rates in most of the states, and even higher than the commercial pads available in the market in some states.
3. The employees of CSCs were provided the pads free of cost and hence, they reported of using Swabhiman pads. However, they stated that if they have to pay money for it, they will not prefer to use Swabhiman pads. Thus, Stree Swabhiman pads were not considered a cost-effective option.
4. In terms of access, it can be stated that except for Rajasthan, regular availability of pads is not ensured in other states. In Haryana, sometimes, pads are given to schools on a monthly basis and at other times pads are given once in 3 months.
5. In terms of shifting to Stree Swabhiman pads, acceptability¹ was found only in Rajasthan. In other states or even in Rajasthan, most of the girls, who were given the free pads were not willing to use the free pads, because of its poor absorbing capacity. Thus to promote acceptability towards Stree Swabhiman pads, it is important to improve the quality of the pads. On the other hand, acceptability towards hygienic practice was already noticed across the states in general and the acceptability rate was high among girls in comparison to women.
6. Though the VLEs reported of finding it difficult to bring about attitudinal and behavioural changes, they felt that slowly things are changing at the ground level. Still, during menstruation, 10.4 per cent of the surveyed respondents were isolated

¹ Acceptability is regarded as the readiness of the girls and women to shift towards hygienic menstrual practices and even readiness to shift to Stree Swabhiman pads.



outside home and this proportion was 32 per cent and 20 per cent in Haryana and Telangana, respectively. Some respondents reported of being isolated within home and this proportion was 12 per cent and 10 per cent in Haryana and Telangana.

7. Women and girls were also restricted to carry out certain activities during menstruation, and this proportion was more than 60 per cent in almost all the states. The respondents stated that such restrictions and isolation creates embarrassment and this was affirmed by 73 per cent and 61 per cent of the respondents in Odisha and Telangana.
8. While more than 85 per cent of the respondents stated that issues related to menstruation should be discussed in school, still about 12 per cent in Odisha and Telangana disagreed to it.
9. Similarly, while more than 85 per cent of the respondents in Rajasthan and Uttarakhand felt that it is necessary to discuss menstrual issues even before menarche, to avoid unnecessary anxiety and tensions, still 20 per cent in Uttar Pradesh and 18 per cent in Odisha and Telangana felt that girls should not get to know about it before they menstruate.
10. On the whole, while 33.7 per cent of the respondents felt that menstruation affects participation in work and school, the same was reiterated by 46 per cent and 40 per cent of the respondents in Uttar Pradesh and Telangana. Almost in all the states, few girls stated that during the first one or two days of menstruation, they do not attend the school.
11. Still about 53 per cent felt shy to buy sanitary pads from the market when men are around and this proportion was about 80 per cent and 71 per cent in Uttar Pradesh and Telangana.

To bring about change in the attitude and behaviour of the girls and women on menstrual issues, long term interventions are needed.

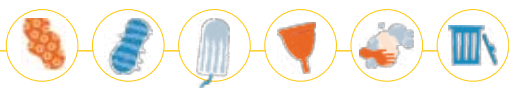
KEY RECOMMENDATIONS

I. Reach the Unreached

1. **Target unaware Group:** The results of the survey clearly show that the chief beneficiaries of the training programme were girls and lesser proportion of women were targeted. Among those who were targeted, a major proportion of women seemed to be the close acquaintances of VLE in some states. Hence, the reach has not gone to the under-served and unaware section of the society. Thus, efforts should be made to reach the unaware group (women) within community specifically Muslim dominated areas, Banjara community of Rajasthan, Lambada tribes of Hyderabad, migrant settlements, uneducated women etc. through structured outreach programmes and intensive counselling sessions.
2. **Need for Adequate coverage of Socio-Economic Groups:** It is important that adequate coverage of beneficiaries from different socio-economic group is made. Study revealed that majority of the non-beneficiaries who did not have access to the programme belonged to SC and ST community and the poorest of the poor. Due to rigid mind-set exhibited by the community leaders, entry could not be made to these areas. It is important to plan strategic interventions to penetrate such community.

II. Pad Manufacturing Unit

1. **Exploration of cost-effective Machineries:** Exploration should be made to find out availability of cost-effective machineries and procure automated or semi-automated machines for the unit, so that the physical exertion faced by the women is considerably addressed.
2. **Monitoring of Raw Material Supply:** Proper checks and monitoring should be undertaken on the quality and quantity of raw material supplied. In addition, the programme should ensure supply of raw



materials on time, so that the delayed or fragmented supply does not affect the production process.

3. **Operational and Maintenance Support:**

The raw materials and finished product was not maintained in hygienic conditions and were found to be dumped in dusty rooms. Frequent visits and inspection will help in ensuring the hygienic environment of the unit. Further, support should be offered to the unit for operation and maintenance, at least twice a year.

4. **Sustainable Employment:** The programme should ensure that the employment opportunity provided to the rural women is made sustainable, so that they are able to establish long term commitment to the cause of promoting hygienic menstrual hygiene.

5. **Standardisation of Salaries and Working Conditions:** There should be some standardisation made on the salaries paid to the women, so that their salary is not curtailed due to poor demand. Proper working condition, in terms of availability of drinking water facility for the women, toilet facilities, ventilated working space, etc. should be ensured for the employees.

6. **Check on the Quality and Price of Pads:** The pad produced was found to be too thin with low absorption capacity and could not serve for long duration. In addition, gumming of pads was a major problem. Such quality concerns has to be addressed to increase demand for the product, so that VLEs do not face any risk on their investments made. Further, the product seems to be overrated. Drastic reduction in price of the product is needed to compete in the market.

7. **Functional Design and Quality Standards:** To increase its customer base two key aspects could be focussed upon: functional design and quality standards:

i. **Functional Design:** The important recommendation when it comes to

functional design of the sanitary pad includes increase in pad size (length x width x thickness), wrapper for each pad, fluid retention capacity, and improved adhesive strips. As expressed by one of the respondents, the Swabhiman pads could be packed as compact, sleek independent wraps so as to occupy less space inside the bag. Secondly, it would be easy and safe to dispose.

ii. **Quality Standards:** CSC can come up with quality checks for the constituent materials in terms of absorption, durability, and comfort. In future, efforts may be converged in seeking IS: 5405, Indian Standard Specifications for Sanitary Napkins which assesses the quality in terms of absorbent filler, covering, sizes of the sanitary pads, workmanship, ability to withstand absorption, disposability, pH value of the absorbent material, and instructions to be included in the packet. Such quality measures undertaken by CSC can widen the scope of Swabhiman pads not just within the village but also in terms of large scale trading.

8. **Training to PMUs:** The training on production of pad was reported to be useful in almost all states. However, more of higher end training is needed to ensure quality production of pads, making attractive packaging, promotion and marketing, etc. In addition, training on hygienic menstrual practices should be provided both to the VLEs and employees, by collaborating with other stakeholders specialised in this field.

9. **Profitability & Sustainability:** To increase the profitability of the unit, marketing support should be provided to the VLEs. If not, workshops can be arranged, wherein successful VLEs in this regard in their respective states can share their examples on how they were able to address the issues.



III. Suggestion towards Stree Swabhiman Training

1. **Training to Men and Boys:** Interventions can be planned for boys and men too, who can offer proper support to menstruating women and girls, within the family and working environment too, so that they are sensitive enough to the concerns related to menstruation. It can start as a voluntary measure but will be really useful in breaking the stigma.
2. **Publicity for Successful Practices:** Wide publicity should be made of interventions undertaken like 'Pad pe charcha', 'Chuppi Todo-Sayani Bano', so that other states also get motivated enough to undertake similar initiatives. In Rajasthan categorisation of areas were made based on education and income levels. Further community resource persons were identified for every locality, who took the responsibility of organising menstrual practice. Such successful practice that already exists can be identified and replicated in other states.
3. **Frequency of Training Sessions:** Training sessions in most of the states was a one-time affair, except Rajasthan. On the other hand, measures on menstrual hygiene needs periodical intervention for a long term and hence, such long term intervention should be promoted, which is helpful to bring about attitudinal and behavioural change.
4. **Training Mode:** Apart from screening of videos and lecture method, other interesting methods for the school girls and community women should be undertaken. Such ice breaking sessions can make the women or girls to feel more comfortable to discuss about menstrual issues. Such other methods can be use of board games, other play-way methods, street theatre, puppetry, group discussion, drawing, brainstorming sessions and hypothetical scenarios, which is expected to increase participants' interaction.
5. **Formal education for teachers to incorporate menstrual hygiene in curriculum:** Formal education on reproductive health is a part of higher secondary school curriculum in India. It is recommended that teachers must also be educated on this important aspect so that while teaching on reproductive health, they cover hygienic menstrual practices too.
6. **Open Discussion on MHM:** It is important to conduct more and more open dialogues within school so that girls feel comfortable to share their problems, issues relating to menstruation.
7. **Campaign on WASH Facilities:** WASH facilities were a major concern in some of the areas, both at home and schools. In some schools, toilets were not available and in other schools, though available, toilets were not functional due to non-availability of water or there is poor maintenance, due to which use of toilets is avoided. Awareness campaign in school should focus on this aspect too and care should be taken that these issues are addressed by the school. Some do not feel the need to construct toilets at home. Sensitisation should be made among community on construction of toilets and proper use of the same.

“

“Beyond participation, Stree Swabhiman Initiative is expected to support women to emerge as change agents in their families and communities”.

**- Shri Ravi Shankar Prasad, the Minister
for Law and Justice**

“In a world where 2.5 billion persons lack adequate sanitation, where menstruation is often stigmatised, and women face multiple forms of discrimination, the failure to take immediate action to guarantee their right to water, sanitation and hygiene poses dire consequences...it demands the attention, not just of the human rights community, but of health professionals, governments, activists, economists and broader society.”

- Craig Mokhiber, the erstwhile Chief of the United Nations Human Rights (UNHR) Office, Development and Economic and Social Issues Branch, (UNHCR Office, 2014)

”





INTRODUCTION

1.1 The Context

Menstruation² is a physiological monthly occurrence of every woman and girl during entire reproductive age; yet, millions across the world have been denied the right to manage their menstrual cycle in a dignified and healthy manner (UNICEF, 2019). There are instances of disregard on menstruating women and girls, such as, exclusion from touching water, cooking, cleaning, attending religious ceremonies, socialising, or sleeping in their own home or bed (Sumpter and Torondel, 2013). As noted by the Water Supply & Sanitation Collaborative Council (WSSCC, 2013) “menstruation is a taboo handed down over time to be dealt with privately by women and girls and not shared in public”. In fact, this social stigma attached to menstruation is an inter-generational phenomenon that it is embedded as an inadequacy of individual and society as a whole.

In India, at the individual level, the discussion around menstruation was perceived as “repelling and embarrassing” and at the societal level it was perceived as a “shameful” and “avoidable” topic (Kothari, 2010). In a survey conducted among 747 Indian women and girls, it was found that 70.9 per cent of girls had no knowledge about menstruation at the

time of menarche³ and perceived that the onset of menarche was either because of an injury or a symptom of any serious illness (WSSCC, 2013). Garikipati and Boudot (2017) highlight that out of India’s 355 million menstruating women, only 12 per cent use sanitary pads and the rest of the female population (88 per cent) use menstrual absorbents, such as, old cloth, rugs, ashes, husk or sand, which are alternatives widely used by economically deprived women and girls. Similar findings are also reported by the National Family Health Survey (NFHS-IV) data of 2015-16, which has presented figures related to the menstrual practices of women in the age group of 15 to 24 years. The NFHS data indicates that 78 per cent of urban women practiced hygienic methods⁴ of menstrual protection whereas only 48 per cent of rural women confirmed such hygienic menstrual practices. Taking into account both urban and rural context, around 62 per cent of girls and women still use cloth (IIPS and ICF, 2017).

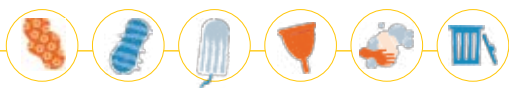
Owing to high cost menstrual supplies⁵ and inadequate Water, Sanitation and Hygiene

² Menstruation or menses is the natural bodily process of releasing blood and associated matter from the uterus through the vagina as part of the menstrual cycle (UNICEF, 2019).

³ Menarche is the onset of menstruation, which signals the start of a woman’s fertile age, when the female body is biologically able to become pregnant (UNFPA, 2017).

⁴ The hygienic methods of menstrual protection identified by the study include locally manufactured sanitary pads, commercial pads or tampons.

⁵ Menstrual supplies are supportive items needed for menstrual hygiene, such as, body and laundry soap, underwear and pain relief items (UNICEF, 2019).



(WASH) facilities⁶, women, especially, from deprived sections have been thriving on unhygienic alternatives; as a result, they remain vulnerable and susceptible to ill health. Das et. al (2015) highlighted in their study that menstruating women, who used reusable fabric that was not hygienically washed, sun dried, and stored, were more prone to urinary and Reproductive Tract Infections⁷ (RTIs). The study highlighted the need to educate women about safe and low cost sanitary materials, as this could reduce the likelihood of developing urogenital disease (Ibid). Further, knowledge promotion and attitudinal change towards menstruation will also play a major role in promoting the usage of menstrual hygiene materials.⁸

In recent years, many initiatives in this direction have been undertaken and the micro entrepreneurs are running napkin manufacturing units with the assistance from the government, social enterprises⁹, Non-Government Organisations (NGOs) etc. With the wide spread use of low-cost sanitary napkin making technology, women SHGs/micro entrepreneurs at the bottom of the pyramid are able to procure, produce, and promote sanitary pads at an affordable rate for the low income families (Pathak and Pradhan, 2016). In addition, technically relevant training in the production of sanitary pads, procurement of machines, organisation of the production process and

related aspects have been provided to create awareness on self-sustenance, promote menstrual hygiene at the community level, and market usage of low-cost sanitary pads.

In the context discussed above, in order to promote awareness amidst the rural masses on hygienic menstrual practices and to tap the entrepreneurial potential of the rural women, the Common Services Centre (CSC) e-Governance Services India Limited, the Special Purpose Vehicle (SPV) of the Ministry of Electronics and Information Technology (MeitY) initiated the Stree Swabhiman Initiative in 2017, as a social entrepreneurial venture. The basic objective of this pan-India initiative was to manufacture and market low-cost sanitary napkins and advance the menstrual health of adolescent girls and women.

While substantial progress has been made in different states, it was felt necessary to assess the impact of the programme. To this effect, the Council for Social Development (CSD) was assigned the task of assessing the impact of Stree Swabhiman initiative across six states namely, Haryana, Odisha, Rajasthan, Telangana, Uttarakhand and Uttar Pradesh.

1.2 Project Stree Swabhiman

With the objective to provide affordable and accessible sanitary products to adolescent girls and women, the CSC-SPV¹⁰ came up with the Stree Swabhiman initiative, as a bottom-up approach wherein people, especially, women at the local level have been considered as key partners of development. Since, 46,597 women Village Level Entrepreneurs (VLEs) have already been involved in development initiatives, such as, digital literacy, skill development, tele-medicine, etc. it was felt that it is practically manageable to institute the sanitary napkin Pad Manufacturing Units (PMUs). With a capital of

6 Menstrual facilities are those facilities most associated with a safe and dignified menstruation, such as, toilets and water infrastructure (UNICEF, 2019).

7 Reproductive Tract Infections (RTIs) are Bacterial Vaginosis (BV) and Vulvovaginal Candidiasis (VVC) which could be introduced to the reproductive tract through the unhygienic materials used for absorbing menstrual blood (Sumpter and Torondel, 2013).

8 Menstrual hygiene materials are the products used to catch menstrual flow, such as, pads, cloths, tampons or cups (UNICEF, 2019).

9 Social enterprise is an umbrella term for any organisational form or activity where 'people are not in it for money' but still generate a financial surplus (Ridley-Duff and Bull, 2016). A social enterprise intends to solve social problems like poverty, poor health, illiteracy, unemployment, etc. In this regard, the idea is not to maximise profit but to expand the venture and empower the deprived sections.

10 The acronym used for CSC e-Governance Services India Limited, Special Purpose Vehicle (SPV) of the Ministry of Electronics and Information Technology.



Rs. 2,95,000 for procurement, the VLE is expected to locally mobilise human resources while the rest of the resources like sanitary pad making machines, raw materials used for absorbents, etc. are procured and delivered to the VLE by the CSC-SPV.

1.2.1 Objectives of the Stree Swabhiman Initiative

Primarily, the objective of the initiative was to advance women's health and hygiene through sustainable production and consumption of low-cost bio-degradable menstrual products. On these lines, the project intended to establish Pad Manufacturing Units particularly through the women VLEs who in turn would identify and generate employment opportunities for local women. The project estimated that at least 8-10 women would get employment in each manufacturing unit that are associated with CSC.

The programme aimed at spreading awareness on menstruation, women's health and hygiene. Thereby the aim was to encourage positive behavioural change among menstruators¹¹ and the wider community. Based on the presumption that access to menstrual health information and knowledge enhance menstruators' capacity to make healthy choices around menstruation, the VLE has been assigned the role of community agency to generate awareness on menstrual hygiene. In crux, the notable features of the Stree Swabhiman initiative include: management of the village level enterprise by a local woman entrepreneur, employment generation at the local level, and promotion of access to subsidised sanitary pads, and make it a self-sustaining model (CSC, 2017).

Thus, in meeting the objectives, awareness generation campaign on menstrual hygiene was undertaken by the VLEs in different parts of the country as a part of the initiative amidst

rural girls and women, with the support of SHGs, teachers, medical staff, etc. In addition, the PMU was set up to give employment opportunity to local women. Also, sanitary pads were produced and distributed in the schools and the villages. With about 50,66,271 beneficiaries (as of July 2019), the Stree Swabhiman initiative has so far covered 251 districts and 558 blocks across 26 states and union territories (Stree Swabhiman, 2019).

With such brief on the Stree Swabhiman initiative, the forthcoming section discusses the objectives and methodology of the impact assessment study conducted by CSD. The basic purpose of the assessment is to understand the extent to which the Stree Swabhiman Initiative has addressed the key concerns related to menstrual hygiene of the rural women and girls, and find out the impact of the programme on the community.

1.3 Hypotheses of the Study

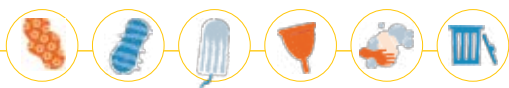
1. Accessibility and affordability create acceptance among women and promote usage of sanitary napkins among the under-served, illiterate and unaware communities; and
2. The outreach and awareness initiatives adopted by VLEs on menstrual hygiene enable peer-to-peer knowledge transfer and behavioural change among rural women and girls.

1.4 Objectives of the Assessment Study

The objectives of the Impact Assessment Study are to:

1. Examine the reach of the programme among adolescent girls and women, across different socio-economic, educational and occupational groups;
2. Study the functioning of the pad manufacturing units run by VLEs and analyse

¹¹ Menstruator is a person who menstruates and therefore has menstrual health and hygiene needs - including girls, women, transgender and non-binary persons (UNICEF, 2019).



the employment opportunity created for women through this initiative;

3. Trace the measures taken by CSCs/VLEs in creating awareness amidst beneficiaries on menstrual health and practices;
4. Ascertain the menstrual practices of underserved, illiterate and unaware women, pre and post training;
5. Examine the outcome of the programme in terms of affordability of pads, acceptance towards usage of Swabhiman pads, attitudinal and behavioural change in girls and women towards hygienic menstrual practice; and
6. Suggest appropriate measures to improve the intervention.

1.5 Methodology

The study is both qualitative and quantitative in nature and primary survey has been undertaken in six Indian states where “Stree Swabhiman” initiative has been implemented. The step-by-step process which entailed sampling, data collection, analysis and preparation of the report has been elaborated below.

A total of 600 women and young adolescent girls, proportionately sampled across the different states, were interviewed during the study. In order to have a representative sample of the population, we adopted a mix of sampling techniques-purposive, simple random and snow ball. In the first place, purposive sampling technique was used to identify both the beneficiaries and non-beneficiaries of the study after having discussion with the VLEs. The only criterion for interview with the beneficiaries for the study was that the woman/young girl must have attended the training. Discussions were held with VLEs, local key resource persons like Sarpanch, SHGs, teachers etc. and accordingly the sample was identified.

Further, snow ball technique was used to identify the non-beneficiaries in the sample

villages. While, beneficiaries provided insights on the Stree Swabhiman intervention, non-beneficiaries were considered under the sample as a counterpart, in order to comprehend the socio-economic conditions of those who were out of the Stree Swabhiman initiative. Secondly, it also helped to understand the constraints faced by them in practising proper menstrual hygiene, if any. Thirdly, it provided helpful insights in evolving strategies/policies to attract, retain, and raise the awareness amidst the marginalised sections of the society. After identifying the sample population, random sampling was used to collect data from the beneficiaries and non-beneficiaries.

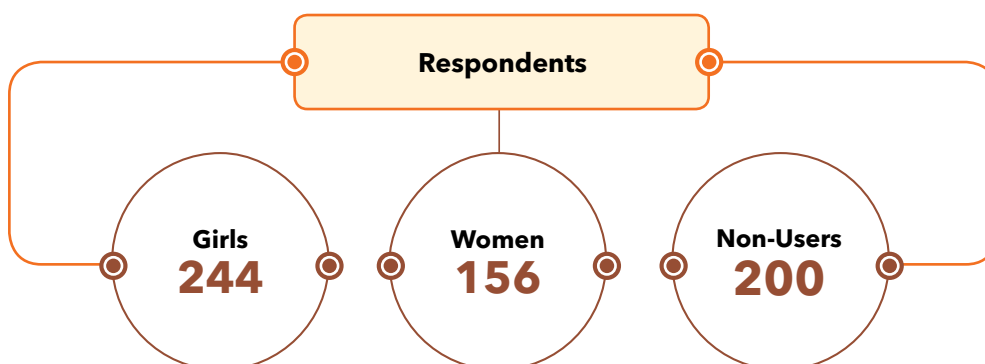
Besides, the criteria for including a respondent in the sample were: (a) consent of the respondent (for adult female) and (b) consent of the respondent, school principal, and teacher (for adolescent school girls). In the process, the study ensured that by sharing their opinions and responses the respondents’ dignity and privacy would not be affected.

Based on a telephonic interview with the VLEs, the other key informants for the study were also identified. The key stakeholders, thus, identified for the study included the VLEs, teachers, Accredited Social Health Activists (ASHA), Anganwadi workers, Gram Pradhan, employees of the unit and other key informants, who were instrumental in implementing this initiative.

In terms of sample size, the study covered a sample of 600 respondents, which is ample to assess the impact of the programme. Accordingly, the respondents comprised 400 beneficiaries and 200 non-beneficiaries which was representative enough to comprehend the practices adopted by these groups and to understand the constraints faced by them. Apart from that, interviews with 6 VLEs, 6 to 10 SHGs/Anganwadi workers, Gram Pradhan, etc. were also held. In addition, 6 Focussed Group Discussions (FGDs) with employees



FIGURE 1.1: SAMPLE SIZE



Source: Prepared by the authors.

and 10 FGDs with the women and girls in the community were also carried out.

The respondents for the study have been drawn from a total of 45 villages from the six study areas viz., Haryana-Yamunanagar (3 villages), Odisha-Angul (10 villages), Rajasthan-Alwar (13 villages), Telangana-Rangareddy (4 villages), Uttar Pradesh-Aligarh (12 villages), and Uttarakhand-Haridwar (3 villages). Of the total respondents surveyed, major representation was from Rajasthan and Telangana, followed by medium level of representation from Odisha and Uttarakhand,

and low level of representation from Uttar Pradesh and Haryana. Such representation was mainly due to the high, moderate, and low level of beneficiaries covered by the programme in the respective states.

Based on the high, moderate and low level of beneficiaries in various states, two states from each category have been identified for the survey (Refer Table 1.1). The sample size was determined as 150 for large, 100 for the medium and 50 for the smaller states. The details are provided in Table 1.1.

TABLE 1.1: SAMPLE FOR THE SURVEY (NOS. AND %)

	States	District	Block	Benefi- ciaries covered	Sample for Survey				
					Villages covered	Sample Surveyed	Benefi- ciaries	Non Benefi- ciaries	Schools covered
Large States	Telangana	Rangareddy	Balapur	7000	4	150	82	68	2
	Rajasthan	Alwar	Bansur	5200	13	150	114	33	1
	Jharkhand	Jamshedpur/ East Singh Bhum	Golmuri- Cum-Jugsalai	4600	-	-	-	-	-
	Maharashtra	Jalgaon	Panchora	4600	-	-	-	-	-
Medium States	Punjab	Fazilka	Khatwan	300	-	-	-	-	-
	Uttarakhand	Haridwar	Bhagwanpur	240	3	100	78	22	1
	Odisha	Angul	Banarpal	200	10	100	67	27	2
Small States	Haryana	Yamunanagar	Burai	100	3	50	36	36	1
	Uttar Pradesh	Aligarh	Khair	100	12	50	23	14	2
	Gujarat	Surat	Model Town	100					
Total				22440	45	600	400	200	9

Source: Prepared by Authors.

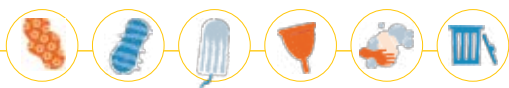
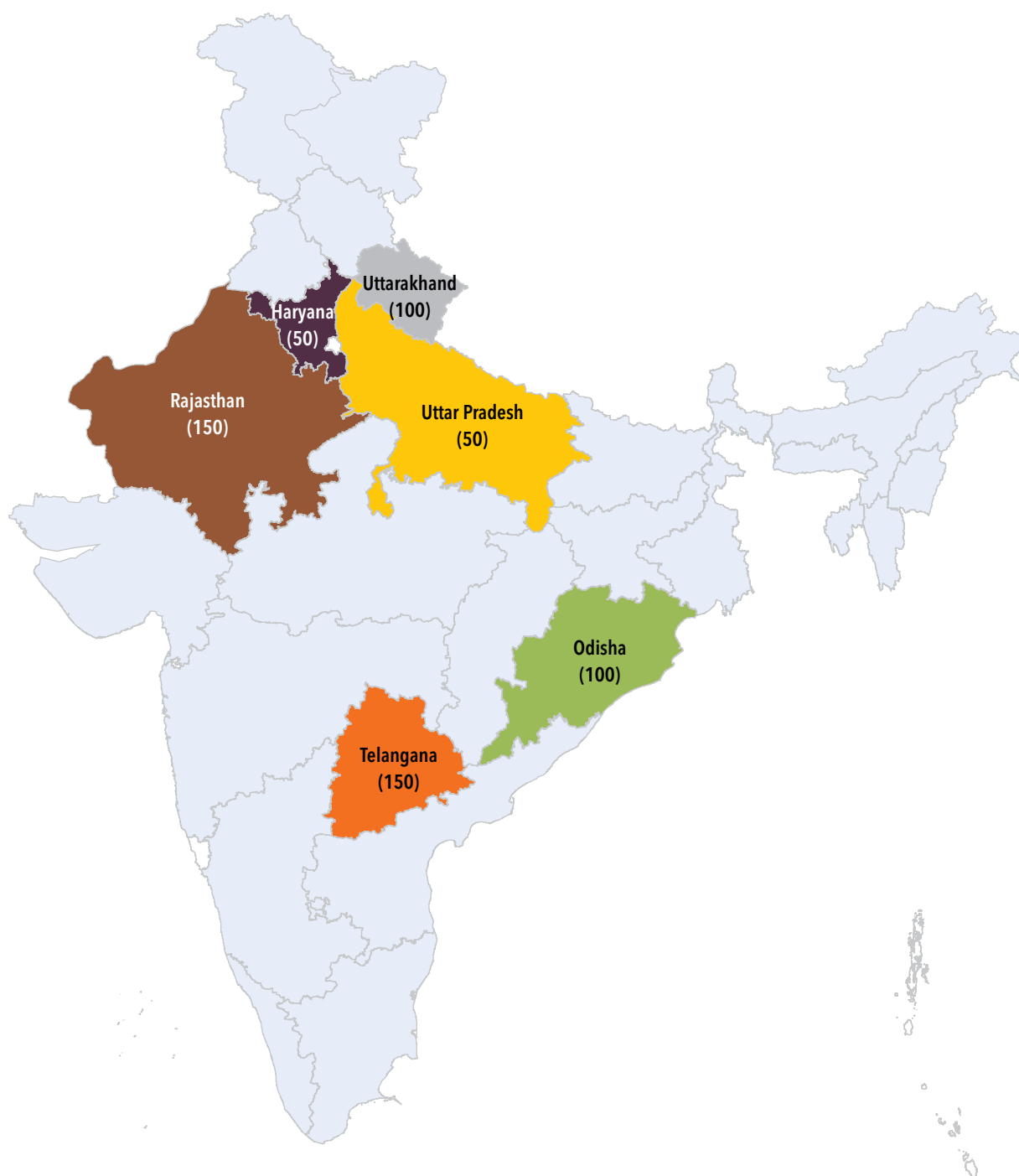


FIGURE 1.2: UNIVERSE OF THE STUDY



The study was conducted in various stages and the details are as follows.

Review of existing documents

In the first stage, apart from reviewing existing literature related to menstrual health and hygiene, the documents supplied by CSC-

SPV pertaining to the implementation of the "Stree Swabhiman Initiative" were also reviewed.

Designing of Survey Instruments

In line with the objectives framed for the study, the survey tools were designed to elicit



information from key stakeholders of the Stree Swabhiman initiative. It was decided to have an in-depth interview with the beneficiaries and non-beneficiaries. While personal interview schedule was designed to elicit information from the VLEs, ASHA and Anganwadi workers, FGD was identified as the apt tool to elicit information from the employees of the unit and the community, who felt comfortable to share their views on menstrual practices in a group.

The questionnaires were designed in such a way as to effectively capture information on the socio-economic background and occupational status of the respondents.

Each respondent was administered a questionnaire with specific sections on menstrual hygiene practices and beliefs, influence of menstruation on daily activities, perceived benefits of low cost sanitary pads as improved hygiene and constraints to adoption of menstrual sanitary products etc. with some open-ended questions to encourage discussion with the respondents and encompass additional information on the topic.

In addition, it also included several questions to capture the level of awareness, attitudinal and behavioural change towards adoption

of healthy menstrual practices. It also tried to garner information on the functioning of Stree Swabhiman pad manufacturing unit, and the overall impact of the programme, among other things.

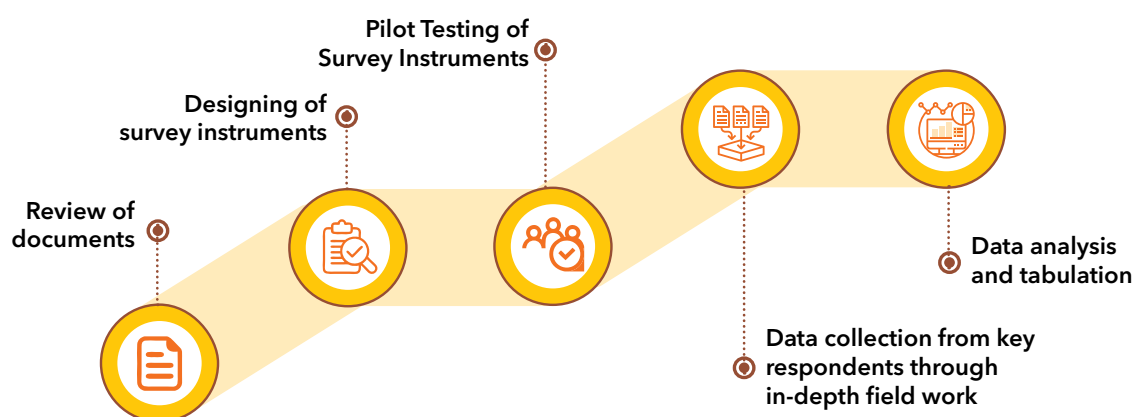
Pilot Survey

To determine the authenticity and acceptability of the designed questionnaire, a pilot survey was conducted in Alwar district of Rajasthan in the month of June 2019 and the questionnaire was administered to VLE of Bansur village, 20 beneficiaries and 10 non-beneficiaries. Based on the feedback obtained from the pilot visit and the comments received from internal experts at CSD and the CSC-SPV the survey instruments were redesigned.

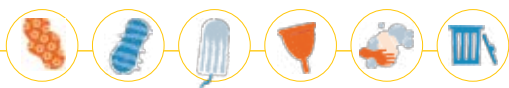
Data Collection

Data collection process was undertaken from July 2019 to November 2019 in the states of Haryana, Telangana, Odisha, Rajasthan, Uttar Pradesh and Uttarakhand. The VLEs and the employees engaged in pad manufacturing were interviewed in their respective CSCs, while the women beneficiaries and non-beneficiaries were interviewed from their respective villages. Data was elicited from the

FIGURE 1.3: STAGES OF THE STUDY



Source: Prepared by the authors.



teachers and the girls by visiting the schools in which the training was provided. FGDs were conducted in some of the villages, where the community members were willing to share some insights as a group. In the schools, since the adolescent girls felt comfortable to fill-in the questionnaires on their own, they were administered the questionnaires. Moreover, they felt that filling the forms on their own would save them from the embarrassment of answering questions on menstruation related issues.

Data Tabulation and Analysis

Finally, during the last stage of the study, the data was scrutinised, tabulated, and analysed with precision to assess the overall impact of the Stree Swabhiman initiative. Appropriate software had been used to tabulate the results of the study.

1.6 Structure of the Report

The report is divided into eight chapters and the relevant case studies are highlighted in respective chapters as box items. The details are as follows:

- Chapter 1 delineates the context, objectives and methodology of the study.
- Chapter 2 gives an overview of the review of literature with respect to Menstrual Hygiene Management (MHM).
- Chapter 3 presents a brief overview of Project Stree Swabhiman. It discusses

the interventions implemented at the school and community level.

- Chapter 4 presents an overview of the Pad Manufacturing unit and throws light on the overall functioning of the unit.
- Chapter 5 describes the demographic profile of the respondents.
- Chapter 6 details the training component involving the status of programme delivery of Stree Swabhiman Initiative. The discussion covers various aspects of the training, such as, level of participation among girls and women, reasons for non-participation, duration of the session, frequency of the training, reaction of the community toward training, the training methods employed, and opinion on Stree Swabhiman training as a whole.
- Chapter 7 analyses the menstrual awareness and practices adopted in the post training period and covers different aspects, such as, awareness on infections related to poor MHM, usage of absorbents during menstruation, WASH facilities available and the disposal mechanism followed.
- Chapter 8 summarises the key findings of the study with respect to Stree Swabhiman Initiative, in terms of meeting the objective of affordability, accessibility and awareness creation. It also provides suggestions and recommendations which will be helpful to design and implement the programme in an effective manner.

“

Menarche is “a fraught process, characterised by uncertainty, fear and distress and there is a “culture of concealment” manifested in “taboos, euphemisms, and secrecy that not only left girls embarrassed, but ashamed, isolated and insecure”

- Catherine Dolan, WSSCC, 2013

“Negative recollections of the first menstrual experience have an important effect on subsequent attitudes toward menstruation and symptom experience” (White, 2008). Respondents’ negative outlook on menarche implies that majority were not psychologically prepared for menarche.

Menstruation: A Matter of Shame to be shunned

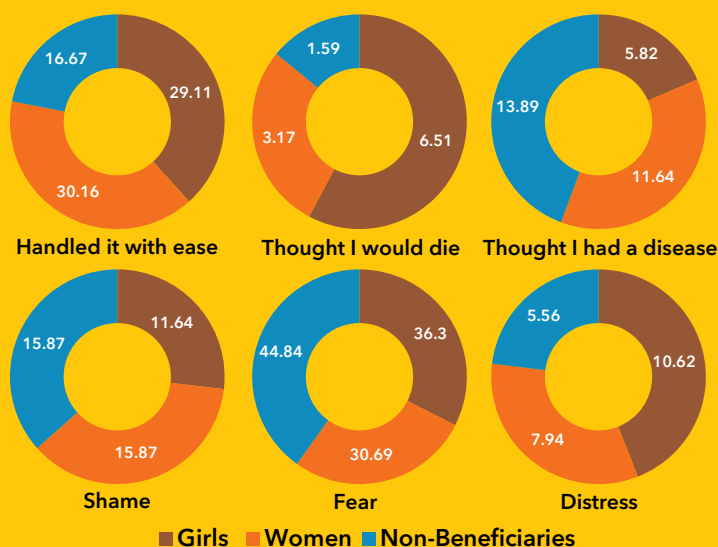
Menstruation is still regarded a matter of shame and embarrassment, especially in areas, where people are uneducated. In Aligarh district of Uttar Pradesh, a shopkeeper stated the following:

“In our village menstruation has never been openly discussed. The sanitary pads are hidden in our store and is never kept for public view. We don’t keep much stock of pads, as women and girls rarely buy it due to embarrassment. Mothers in this area also feel embarrassed to talk to their daughters about menstruation, as it is connected with reproduction and sex. In the schools of Khair too, teachers are not that vocal to teach biological facts to the girls.”

- Discussion with Grocery Shop Owner, Khair village, Aligarh district, Uttar Pradesh

”

Reaction towards Menarche



OVERVIEW ON MENSTRUAL HYGIENE MANAGEMENT (MHM)



2.1 Background

Menstruation is a natural phenomenon or a biological process that every woman/girl undergoes during her entire reproductive age, yet, the topic has been neglected and secluded from public domain. Menstrual discharge is generally considered as 'dirty' and 'impure', which resulted in determining the difference between gender and sex. The socio-economic and political distinctions between men and women were thus rooted in this anatomy and biology of women, based on which women's destiny, their abilities and roles were determined (WaterAid India, 2012). In addition, incomplete knowledge on menstruation led to social taboos and stigmas, which restricted the mobility of women/girls and also hampered their basic rights and dignity. To aggravate the scenario, lacking infrastructure and inadequate access to menstrual products, denied the right of a woman to menstruate with dignity. Despite the fact that nearly 800 million women and girls menstruate every day, world-wide (Kane-Hartnett, 2018), adequate attention is not paid to address the concerns related to safe menstrual care.

2.2 Menstrual Taboos, Myths and the resultant Consequences

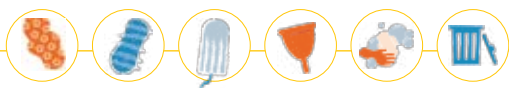
As highlighted by Water Supply & Sanitation Collaborative Council (WSSCC, 2013) "menstruation is a taboo handed down over time to be dealt with privately by women and

girls and not shared in public." In fact, this social stigma attached to menstruation is an inter-generational phenomenon that it is embedded as an inadequacy of individual and society as a whole. Across the world, there are various social taboos and myth surrounding menstruation. Such misconceptions have gone into excluding girls and women from different roles and setting. Some of the myths and taboos as highlighted by the United Nations Population Fund (UNFPA) are as follows:

2.2.1 Menstruation is impure and dirty

Though the menstrual blood is composed of normal blood and tissue, throughout the history, in many communities, it is believed to be dirty and impure, and it is regarded that the menstruating women and girls will spread the misfortune or impurity (UNFPA, 2019). It is because of such belief that menstruating women and girls are prohibited from attending religious ceremonies, touching water, handling food or sleeping in houses and are asked to refrain from cooking, performing household duties, prayer, and engaging in social interaction (Crawford, 2014; Sumpter & Torondel, 2013). In France, in the nineteenth century, menstruating women were not involved in wine-making, mushroom-picking, silkworm-tending, and sugar-refining, as there was the belief that it would ruin the products (Montgomery, 1974). Such beliefs and practices are still prevalent in various countries.

Garg et. al. (2011) opines that the perception across religions are stigmatised toward



menstruation. The authors cite that among Hindus, menstruating women are considered contaminated; in the Old Testament of the Bible, references indicate that women are impure during menstruation; and in Islam, menstruating women are prohibited from performing prayers. Such widespread beliefs, which are still prevalent in different countries, determine the way people perceive menstruating women in general.

Women are also subjected to stay separately within the house or outside the house during days of menstruation, when what they need is the facilitation to manage their periods in a hygienic manner. Especially, when they are asked to stay away from home during menstruation, they get exposed to extreme weather conditions, venomous creatures, and even sexual violence (UNFPA, 2019). For instance, an adolescent girl from Thanjavur district (Tamil Nadu) who was forced to sleep separately in a hut during menstruation succumbed to Cyclone Gaja when a coconut tree fell on the hut (BBC News, 2018). Similarly, in Nepal, two fatal incidents (Summers, 2017) had occurred in 2017 due to the age-old tradition of forcing menstruating women to stay in a tiny hut or an animal shed. While, an adolescent girl died of snake bite in the hut, in the other instance, a menstruating girl succumbed to fire accident while trying to stay warm from the cold weather.

2.2.2 Belief regarding Bathing/Washing

In some countries, there are stigmas attached to the way a menstruating girl or woman manages her health and hygiene. In some cultures, menstruating women and girls are prohibited from touching or washing their genitals during menstruation and such practice can be noticed in certain parts of Afghanistan, as there is the belief that washing the body during menstruation leads to infertility (UNFPA, 2019). In India, in some parts of the country, menstruating women and girls are prevented from taking head bath during menstruation, however, in other places, they are asked to take head bath, every day.

2.2.3 Belief regarding disposal of menstrual products

Across the world, there are various beliefs, with respect to disposal of menstrual pads too. In some places, there has been the belief that improper disposal will lead to many births or cause a girl/woman to menstruate continuously for life. Some resort to the practice of burning the pads, to safeguard from getting attracted to evil spirits. In other places, burial of pads is practised, in order to avoid the curses of animals or nature (UNFPA, 2019).

2.2.4 Menstruation indicates readiness for Marriage and Sex

Menarche is also regarded as a sign that indicates that a girl is ready for marriage, sexual activity and childbirth (UNFPA, 2019). Such belief is widely noticed in some of the African countries, India and Bangladesh, wherein, earlier menarche has led to the risk of early marriage and low educational levels (Joshi, Buit, & González-Botero, 2015). Apart from that, young girls are also exposed to other vulnerability and host of abuses such as child marriage, sexual coercion, and early pregnancy (UNFPA, 2019).

2.2.5 Menstruation limits the abilities of Women

There is also the belief that a menstruating woman has limited physical and mental abilities. Women are thus subjected to degrading comments and are excluded from certain roles and positions (UNFPA, 2019). It was reported in Japan, that women have been traditionally excluded from pursuing a career as a 'sushi¹²' chef for the reasons that a menstrual woman have an imbalance in their taste (Goldberg, 2015). There are instances wherein, women are subjected to extreme conditions, which create a major impact on their health and wellbeing and women are found to be taking extreme

¹² Sushi is a popular Japanese food which requires intensive training and experience in preparing it (Goldberg, 2015).



steps to earn a living. In one of the drought hit districts (Beed district) of Maharashtra, many poor women have undergone hysterectomies,¹³ as menstruation hampers with the daily labour. The cane contractors, who hire couples for the work, are shrewd towards menstruating women, as this would delay the work for two to three days. In case, if the wife take a period break for a single day, the couple are liable to pay a penalty of about Rs. 500 per day. A resident of Hajipur village, Maharashtra lamented as: “You will hardly find women with wombs in these villages” (Jadhav, 2019).

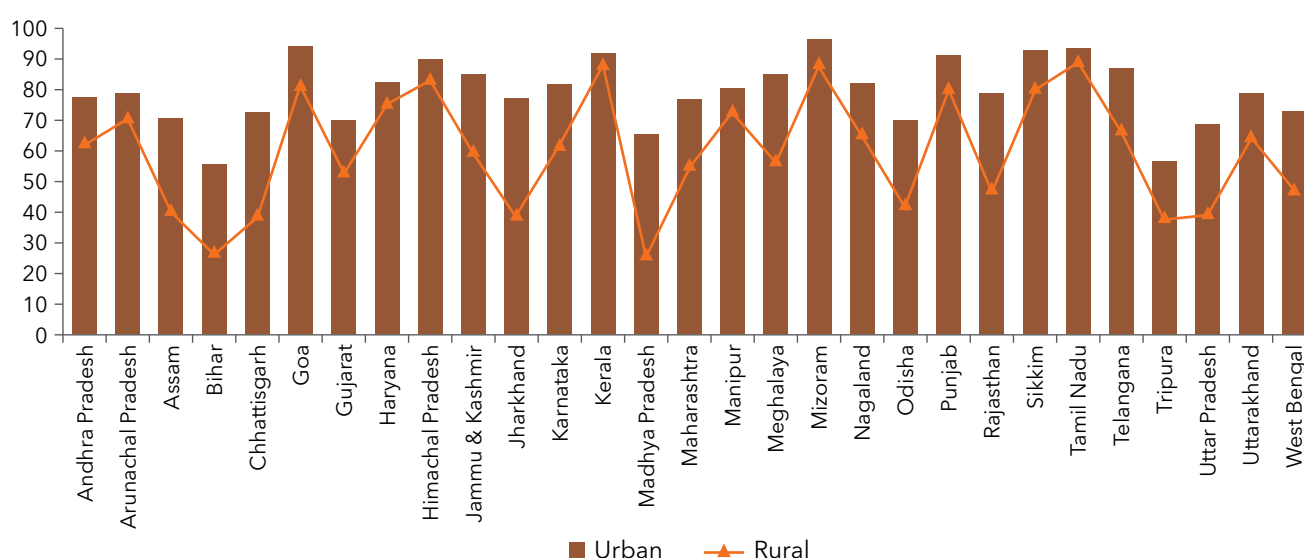
Such misconception, taboos and myths about menstruation, undermine the well-being of women and girls, which makes them vulnerable to gender discrimination, child marriage, exclusion, violence and untreated health problems (UNFPA, 2018). On the other hand, it can be noticed that patriarchal norms are imposed on women, assuming limitations on the abilities of women, and pushing

women to a vulnerable state, which over the years has established a power structure, over which acceptance is also exhibited by women. Roberts (2004) reports that the stigma around menstruation as ‘disgusting’, ‘shameful’, and ‘polluting’, which is culturally constructed, negatively affects menstruators’¹⁴ feelings about their physical bodies. While on one side, such stigmas and misconception on menstruation increases the vulnerability of women and girls, on the other side, poor menstrual management also leads to greater health risks and other challenges for women and girls.

2.3 Poor Menstrual Management

When discussing about hygienic management of menstruation, use of clean absorbents and hygienic cleaning practices are often stressed, in recent years, due to which, it can be said that there is increasing awareness level on menstrual management. However, the mainstream debate has equated hygienic practice to the use of

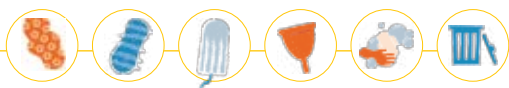
FIGURE 2.1: HYGIENIC MENSTRUAL PRACTICES OF WOMEN IN THE AGE GROUP OF 15-24 YEARS IN RURAL AND URBAN INDIA (%)



Source: National Family Health Survey-4, 2015-16 (various states).

¹³ Hysterectomy is a surgical procedure of removing the uterus after giving birth to 2 or 3 children.

¹⁴ According to UNICEF (2019), “menstruator is a person who menstruates and therefore has menstrual health and hygiene needs - including girls, women, trans-gender and non-binary persons. Throughout this guidance, the term ‘girls and women’ is used as a shorthand term to increase readability and refers to all menstruators regardless of gender identity”.



sanitary pads alone, while hygienic measure encompasses much more, including personal hygiene practices (Mahajan, 2019). Mainstream debate thus lacks clarity on the terms such as hygienic and unhygienic menstrual practices. For instance, the National Family Health Survey (NFHS)-IV (2015-16) identifies the use of locally prepared napkins, sanitary napkins, or tampons during menstrual period as the hygienic method of protection, while the usage of cloth, other material and non-usage of anything was considered unhygienic (IIPS and ICF, 2017). As per this definition, the NFHS IV report for the years 2015-16, highlight key findings on menstrual hygiene which covered women in the age group of 15 to 24 years. The survey highlights that about 52 per cent of rural women use unhygienic method of menstrual protection, compared to 22 per cent of urban women. The survey also highlights that women with 12 or more years of schooling are more than four times as likely to be using hygienic method, in comparison to women with no schooling. Similarly, in terms of income quintile, women from highest income quintile are 4 times more likely to use hygienic methods in comparison to women from lowest wealth quintile (IIPS and ICF, 2017).

The survey also highlights the state-wise scenario with respect to hygienic menstrual practices, wherein urban India is faring better than the rural India. States with high proportion of hygienic menstrual practices include Kerala, Mizoram and Tamil Nadu, wherein, the hygienic menstrual practices are followed both in rural and urban India. On the other hand, hygienic practices are found to be low in most of the rural areas, and the proportion is less than 50 per cent in the states of Bihar, Madhya Pradesh, Tripura, Assam, Odisha, Uttar Pradesh, etc. NFHS IV thus highlights that majority of the young women in rural areas still depend on cloths for protection during menstrual cycle. Similarly, a pan India research study undertaken by Dasra, a non-profit organisation, between 2012-13 reveals that nearly 88 per cent of menstruating women

in India rely on home-grown alternatives, such as, old fabric, rags, sand, ash, wood shavings, newspapers, dried leaves, hay, and plastic (USAID, 2017).

As highlighted in a UNICEF report, there is no clear indication on the inherent characteristics of cloth usage and its correlation with infections (UNICEF, 2019) and other alternatives. However, when the alternative materials are not hygienically managed, i.e. not properly washed, sun dried and disinfected, it increases the chances of infection.

Owing to a high degree of secrecy and rigidity that are associated with menstruation, most of the women from low income families are not vocal about menstrual needs whether it is at home or workplace or any public place. In some cases, women/girls are not even aware of their menstrual needs and resort to poor menstrual practices.

Thus, there are various factors that lead to poor menstrual practices. Lack of knowledge on hygienic menstrual practices; lack of access to sanitary menstrual products; and Water, Sanitation and Hygiene (WASH) facilities leads to severe health impact on women and girls, and also adversely impacts their behaviour, confidence, and decision-making (Daniels, 2016). In some cases, it makes women/girls, susceptible to stress and shame, which results in pernicious effect on their physical as well as mental health¹⁵. Some of the challenges faced by women and girls due to poor menstrual management are as follows:

2.3.1 Health Impact

It has been reported by many studies that poor menstrual practices results in various health problems, both physical and mental.

¹⁵ Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (WHO, 2014).



Health problems such as vaginal infections, Reproductive Tract Infections (RTI), cervical cancer, etc. are sometimes caused due to poor menstrual management (Dasra Foundation, 2017). It has also been reported by doctors that poor menstrual hygiene is the reason for 27 per cent of the world's cervical cancer deaths that occur in India (Ibid.). In addition, psychological problems such as depression, shame, agony, embarrassment, etc. are also reported to be faced by a menstruating women, who feel helpless and depressed by the discrimination imposed (Dasra Foundation, 2017). Instances of morbidity due to lack of awareness on menstrual health has also been reported in several studies. To illustrate, an Indian woman who used a piece of fabric with a rusted hook got infected by tetanus and eventually lost her life (Dasra Foundation, 2017). Another study on the WASH facilities in Odisha, confirms that menstruating women who used reusable fabric were more prone to infections and it was found to be common among the economically deprived women (Mishra, 2015). The study indicated that there was higher incidence of RTIs linked to poor menstrual practices. According to Sumpter and Torondel (2013), endogenous infections that contribute to RTIs are BV and VVC. In menstrual context, the authors explained that BV and VVC are "primarily non-sexually transmitted and could plausibly be introduced to the reproductive tract through the materials used for absorbing menstrual blood or by poor personal hygiene during the menstrual period". Similarly, Das et. al. (2015), based on their study of women in both rural and urban Odisha, highlight that use of reusable absorbent pads were more likely to develop symptoms of urogenital infection or to be diagnosed with at least one urogenital infection than women who use disposable pads.

2.3.2 Impact on Education

A UNICEF Study on Jharkhand, highlights that menstruation is the second major reason after household work for girls to miss schools (Kislaya 2013). To aggravate the situation, lack of access

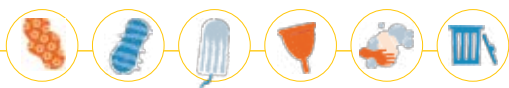
to WASH facilities in schools forces girls to resort to poor menstrual practice. In other cases, lack of private, safe and clean toilets in schools and non-availability of water forces girls to stay back at home, affecting their participation in school (Dasra Foundation, 2017). A study reported that on an average an adolescent girl in Malawi misses school from 12-36 days in a year, one of the chief reasons being poor sanitation infrastructure and facilities in schools (Pillitteri, 2011). Lack of WASH facilities in schools also has its impact on the performance and school attendance of girls and thus affects educational and sanitation outcomes.

2.3.3 Affects Participation

Menstrual taboos refrain menstruators from positively contributing whether it is in home or school or work. In addition, lack or inadequacy of WASH facilities at work place also has its effect on women's participation in work which hampers the economic opportunities of women. To illustrate, a study in Bangladesh indicated that at least six days in a month, women refrain from going to work thus affecting their economic status and income (WSSCC, 2013).

2.3.4 Impact of Disposable Practice on Environment

Poor practices with respect to disposal of menstrual absorbents, viz., sanitary pads, menstrual cloth etc., lead to environmental hazards. In particular, most of the sanitary pads are non-biodegradable as they are made out of super absorbent polymers, plastics, glue etc. which when unsegregated at the household level takes hundreds of years to decompose (Dasra Foundation, 2017). Further, lack of knowledge on proper disposal practices makes women/girls to throw the used pads in water bodies or flush it in the toilet, which contaminates the water bodies and chokes the toilets. On the other hand, burning or burying of plastic sanitary pads, releases toxins from the plastic, which again poses serious environmental threats (Dasra Foundation, 2017). Thus as reported by



a study, if every women of reproductive age in India would use disposable sanitary pads, then, the waste generated would be 58,500 million pads each year (Pancholi and Naik 2008). Further, as estimated by another study, a single use disposable pad would take about 500 to 800 years to decompose (AVAG 2011). It is hence important to have proper knowledge on the disposability of menstrual absorbents, as it has its implication on the environment.

Thus, poor menstrual hygiene and taboo associated with it can affect an individual's emotional and social development in terms of (WSSCC, 2013):

- competence (the abilities to do specific things);
- confidence (a belief that one can do something or a feel of positive sense of self-worth);
- connection (positive bonds with people and institutions);
- character (sense of right and wrong and respect for standards of right behaviour); and
- care (a sense of sympathy and empathy for others).

2.5 Menstrual Hygiene Management (MHM): Overview

Menstrual hygiene management encompasses wider issues and connotations and it is important that menstrual health of women and adolescent girls are approached in a holistic manner, which helps in addressing the socio-economic and cultural context, along with protecting the right of every woman to menstruate with dignity.

According to the World Health Organisation (WHO)/United Nations Children's Fund (UNICEF) Joint Monitoring Programme (2012), Menstrual Hygiene Management (MHM) signifies that: "Women and adolescent girls are using a 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, and having access to safe and convenient facilities to dispose of used menstrual management materials. They understand the basic facts linked to the menstrual cycle and how to manage it with dignity and without discomfort or fear".

FIGURE 2.2: MENSTRUAL HYGIENE MANAGEMENT (MHM)



Source: Prepared by the authors.



In this regard, MHM interventions can be categorised into two broad areas (Sommer and Hirsch, et.al. 2015; Hennegan and Montgomery, 2016):

- (i) **Hardware interventions:** interventions which have been designed to address material deprivation. The intervention enables access to menstrual absorbents, safe and private space, Water, Sanitation, and Hygiene (WASH) facilities, safe disposal systems etc.;
- (ii) **Software interventions:** interventions which have been designed to address knowledge deprivation, such as, disclosing the myths around menstrual

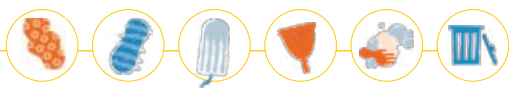
taboos, access to information on safe menstrual practices, etc.

It is important to have proper understanding on the key aspects of menstrual hygiene management, viz., what constitutes hygienic and unhygienic practices; the kind of material that can be used as absorbents; clarity on the concept of cleanliness; and even concerns related to disposability and environment. For the purpose of this study, concepts related to MHM are defined as the following:

On the whole, good menstrual management practices, helps women and girls to lead daily life with ease; stay healthy during menstruation; avoid embarrassing or stressful

TABLE 2.1: KEY CONCEPTS RELATED TO MENSTRUAL HYGIENE MANAGEMENT (MHM)

Hygienic Practice (WHO-UNICEF, 2012)	Use of clean material to absorb menstrual blood Access to facilities with water & soap Water for washing hands, body and menstrual material Private sanitation facilities for changing & disposing sanitary materials Space to change pad in privacy Avenues to dispose off used material - wrapping used napkins in a piece of clean paper and putting it in the bin Washing of reusable absorbents in hot water and drying it in sun (WaterAid 2012) Changing pads frequently, i.e. every 2 to 6 hours depending upon the flow
Unhygienic Practice (House, Mahon & Cavill, 2012)	Use of unclean cloths, rags, napkins, etc. (causes infection) Prolonged use of same pad/cloth/other absorbents/ changing pads infrequently (Causes irritation or rashes on the skin) Unprotected sex during menstruation (sexually transmitted infection) Unsafe disposal of napkins/absorbents - throwing it in open space; choking it in toilet flush (risk of infecting others) Improper cleaning and drying of reusable material (causes fungal infection)
Kind of Materials used as Absorbents	Use of menstrual absorbents depends upon the cultural acceptability, preferences, affordability and comfort Cloths/sanitary pads, tampons, menstrual cups are the kind of material used as absorbents. Other absorbents like ash, cow dung, sand, leaves, etc. are also used. Locally made reusable pads, disposable pads, biodegradable pads, etc. are also there in the market. Some of the former options has high risk of contamination, while other needs proper cleaning and sun drying. Local pads are available locally and also serve as income generating opportunity. Some of the commercial pads though well designed and available in various sizes, cost is prohibitive to many users and also generates a lot of waste. Though tampons are convenient and comfortable, not in practice in many places and are not culturally acceptable and is expensive and generates lot of wastes Some menstrual products use additives to mask odour or increase absorbency (WaterAid, 2012)



Concept of Cleanliness	Washing genitals with soap and water, at least twice a day (WaterAid 2012) Washing genitals and also hands after every use of washroom or changing of pads Wash, dry and dispose of sanitary materials safely
Disposability and Environment	It has been estimated by a study that on an average, a woman throws about 125 to 150 kg of menstrual material in her lifetime (Ten VTA, 2007). Such huge amount of sanitary wastes has its implication on both disposal and thereafter on the environment. Usually the kind of disposal mechanism followed is burying, incineration or burning, disposal into regular waste management collection, disposal into pit latrines or composting in case of biodegradable sanitary materials (WaterAid, 2012). All these are considered the proper ways of disposal of pads.

Source: Compilation from WaterAid 2012; Dasra, 2017.

situation, where menstrual blood leaks on to clothing; and participate in school/work without any disruption (WaterAid, 2012). It is thus important to integrate menstrual hygiene management into the policies and programmes of the government, and take various measures, strategies and interventions, in order to take good MHM practices to every woman and girl.

2.6 Factors concerning Menstrual Management

Socio-economic and cultural factors, and patriarchal norms followed in society has a major role to play in determining menstrual knowledge and practices and the dynamics involved in these factors, create a structure of oppression, which goes into affecting the concerns of accessibility and acceptability towards hygienic menstrual practices. Some of the factors concerning, menstrual management are discussed as below.

2.6.1 Patriarchal Norms surrounding Menstruation

Patriarchal norms in particular against menstruation plays a major role in determining not only the menstrual practice of women, but also the position of women in the society, their capabilities and the power relations that operates in the society. In general women are taught to take menstruation as a shameful affair, which is hardly discussed with male

members at home or in the society. Hence, anything that is not shared with men, becomes a cause of shame, which also becomes a cause of oppression too (Prasad, 2018). Control is thus imposed on women, who are side-lined from taking decisions, thereby restricting their mobility and participatory spaces. Decision making lies mostly with men, even in matters regarding facilities and services needed by women and girls, including access to toilets, availability of menstrual material, their participation in awareness sessions, etc. (Mahon, Tripathy, & Singh, 2015). However, men and boys have a role to play in supporting their daughters, wives, sisters, friends, relatives, colleagues in their menstrual hygiene and hence it is important to change the negative perception and attitude of men (WaterAid, 2012).

2.6.2 Economic factors

Though access to menstrual material is often discussed as a matter of basic right of every woman, yet, lack of access is the general scenario which is found, especially among the poor communities, as they can hardly afford menstrual products. Thus, cost plays a major role in determining the menstrual practice. A study of about 1200 respondents in Madhya Pradesh reveals that increase in cost of sanitary pads discourages women to continue with sanitary napkins. A hike in rate of napkins from Rs. 6 to Rs. 25 has discouraged women to exercise her choice in purchasing the same (Atal



Bihari Vajpayee Institute of Good Governance and Policy Analysis, 2018). The study reported that though the low cost sanitary pads are intended to reinforce overall feminine health, the cost fluctuations restrict women and girls from buying the product. Rather, alternative absorbents are used and re-used, which when not properly washed and sun-dried, creates health implications. Economic poverty thus makes them more vulnerable to period poverty.

2.6.3 Socio-Cultural Factors

In the name of culture and traditions, process of menstruation is stigmatised, wherein, at the time of menarche, it is celebrated as an important day of a girl's life, after which restrictions are imposed on girls on how they should behave. Such stigmatisation, prevents girls from having an open discussion on menstruation, creating scant awareness on menstruation (Lame, Stern, & Cooper, 2018). Lack of awareness thus makes them to resort to poor menstrual practices.

2.6.4 Caste or Ethnicity

The caste or ethnicity of a girl or women, has a major role to play in determining the awareness level or the menstrual practices adopted. A study carried out in Rajasthan, highlights that those belonging to general castes were 1.9 times more likely to adopt safe menstrual practices, than those belonging to scheduled caste or scheduled tribes (Khanna, Goyal, & Bhawsar, 2005) and the main reason for such poorer menstrual practice among the lower caste groups include the discrimination faced by them since historical times.

Hence, while executing interventions on menstrual health, it is important to also focus on factors of caste or ethnicity, poverty, socio-cultural factors, etc., rather than planning a blanket menstrual health programme for all (Baumann, Lhaki, & Burke, 2019).

2.7 Measures taken towards Menstrual Hygiene Management

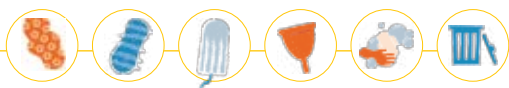
2.7.1 International Interventions in MHM

The need for MHM has been echoing across the world. At the international level, deliberations have been held on integrating menstrual health into the 6 SDGs of the 2030 agenda. Some of the other concerns reflected include provision of sanitary pads, ensuring WASH facilities, standardising menstrual hygiene in national curriculum, promotion of biodegradable sanitary pads, etc. (WSSCC, 2018). The Human Rights Watch, an international organisation in its policy document on MHM has advocated for a comprehensive checklist for policy makers (WASH-United, 2017). They are as follows:

- Access to acceptable, adequate, and affordable sanitary pads and availability of medicine for period cramps;
- Access to adequate WASH infrastructure which equip menstruators¹⁶ to change menstrual materials with privacy, dignity, safety at home, school, workplace, public places and alike; and
- Adequate menstrual knowledge and menstruators' ability to take healthy decisions without any fear or shame.

On the occasion of World Menstrual Hygiene Day, 2018, nearly 27.2 million girls worldwide were provided 'period awareness' by WASH United and their respective country partners (WASH United, 2019). Except in Greenland and Antarctica, there was massive global outreach for menstrual hygiene that nearly 500 partners of WASH United including the World Bank, UNICEF and other country partners took part actively through local and digital campaigns. For instance, in 2017, with the

¹⁶ According to UNICEF (2019), "menstruator is a person who menstruates and therefore has menstrual health and hygiene needs - including girls, women, trans-gender and non-binary persons. Throughout this guidance, the term 'girls and women' is used as a shorthand term to increase readability and refers to all menstruators regardless of gender identity".



support of UNICEF and other key stakeholders, the Ministry of Education and Culture of the Republic of Indonesia, launched Menstrual Hygiene Management (MHM) campaign on social media as an effort to overcome menstrual taboo (Menstrual Hygiene Day, 2017). Another instance is that, the civil society of Tanzania pursued the government to drop Value Added Tax (VAT) on menstrual products and it took less than a month for the government to respond positively (UNICEF, 2019). In Ghana, distribution of sanitary pads coupled with menstrual health education to school girls had increased the attendance rate up to 9 per cent (Dolan, et.al. 2014).

Governments worldwide thus have been framing development strategies, guidelines, programmes to protect women's dignity. In Nepal, a new law was implemented in 2017 which prohibits imposing severe customs on menstruating women. In fact, the law prohibited an age-old tradition of forcing menstruating women to stay in a tiny hut or an animal shed. According to the law, the perpetrators who impose severe customs on menstruating women are sentenced to three month imprisonment and a fine amount of Rs. 3000 (Summers, 2017). With reference to MHM interventions in Ethiopia, the Federal Republic of Ethiopia Ministry of Health (FMOH) published a policy and implementation guideline in 2016 to strengthen the coordination efforts of the interacting sectors like health, education, water and sanitation, women and relevant sectors (FMOH, 2016).

2.7.2 National Interventions in MHM

In India, various policy initiatives and other interventions have been taken by both the state and non-state actors to promote menstrual hygiene. In 2014, the Ministry of Health and Family Welfare (MoHFW) launched the Rashtriya Kishor Swasthya Karyakram (RKSK), as part of adolescent health strategy to provide access to MHM information, support, and MHM products through adolescent friendly health clinics and

counsellors¹⁷. Under the Ministry of Human Resource Development (MoHRD), Swachh Bharat – Swachh Vidyalaya, national guidelines for sanitation in schools has been evolved with emphasis on MHM facilities in schools, such as, sanitary incinerators¹⁸. As part of the software intervention in MHM, the Ministry of Women and Child Development (MoWCD) introduced the SABLA¹⁹ program in 2011, an integrated service to improve health, nutrition, and empowerment of adolescent girls by providing awareness about MHM to adolescent girls. However, it was only in 2015, MHM has been involved as a community drive on a large scale.

2.7.2.1 National Guidelines on MHM: The National Guidelines on MHM was launched in 2015 by the Ministry of Drinking Water and Sanitation (MoDWS). As part of Swachh Bharat Mission²⁰, the National MHM guidelines provide an action guide to the key stakeholders, such as, state/district level officials, teachers, self-help group members, community leaders, students, media engagement, etc. The Guidelines assert that MHM is not a stand-alone component, rather, it need to address a wide range of issues around menstruation, such as, raising awareness, addressing behaviour change, creating a demand for better hygiene products, capacity building of frontline community cadre, sensitisation of key stakeholders, strengthening convergence campaigns for effective outreach activities, creation of WASH facilities including safe disposal options, and establishment of Adolescent Resource Centres (ARC) for providing counselling on puberty and MHM.

17 A health counsellor is a person who works with the individuals and community to promote optimal health.

18 Incinerator is a device useful to dispose of sanitary napkins, which burn it up. If the incinerators comply with the emission standards, the ash left behind after incineration is sterile and safe for disposal.

19 SABLA - Rajiv Gandhi Scheme for Empowerment of Adolescent Girls (RGSEAG) is a centrally-sponsored scheme which aims to empower adolescent girls (11-18 years) through nutrition, health care and life skills education.

20 Swachh Bharat Mission was launched in 2014 to achieve the universal sanitation coverage. It focuses on generating community awareness and enabling behavioural change towards sustainable sanitation.



TABLE 2.2: ROLE OF VARIOUS MINISTRIES/DEPARTMENTS TOWARDS MHM

Ministries/ Departments	Role(s)
Ministry of Drinking Water and Sanitation (MoDWS)	Promotion of MHM activities, provision of safe disposal mechanisms and WASH facilities, funding for Information, Education, and Communication (IEC) materials and training personnel.
Ministry of Health and Family Welfare (MoHFW)	Organising educational and counselling sessions on MHM in schools by medical teams, dietary plan and distribution of iron and folic acid supplements for adolescent girls, training of ASHA, community outreach initiatives etc.
Ministry of Human Resource Development (MoHRD)	Training of teachers to provide psychological support to girls on MHM and facilitate sensitivity awareness among boys on puberty related issues, empower school students to make menstrual absorbents for self-use, enable School Management Committee to take gender sensitive decisions, organising outreach activities to sensitise fathers on being supportive to their daughters etc.
Ministry of Women and Child Development (MWCD)	Training of Anganwadi personnel, production and promotion of sanitary pads through village Self Help Groups (SHGs), provision for adequate WASH facilities in shelter homes, counselling services to adolescent girls on menarche and MHM etc.
Rural Development Department (RDD)	Production of sanitary pads by village SHG units, creating demand for sanitary pads, orienting women and mothers on MHM etc.
Tribal Development Department (TDD)	Training of teachers and residential staff in Ashram schools and Madrasas, promotional activities in MHM, establishing disposal mechanisms for menstrual waste, regular supply of sanitary napkins, etc.

Source: MoDWS (2015).

With the ambition to converge with welfare programmes related to women and adolescent girls in state and district administration, the Guidelines have highlighted the convergent and primordial role of various Ministries/Departments (Table 2.2).

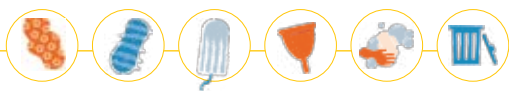
Thus, to uphold the dignity of girls and women during menstruation, various other initiatives were taken by the government, at a time, when menstruating women continue to remain mute, invisible, and ignorant. Some of the other such initiatives are as follows:

2.7.2.2 Suvidha - Bio-degradable Pad: In 2018, the Ministry of Chemicals and Fertilisers launched the oxy²¹-biodegradable sanitary pads. While the average market rate of four non-biodegradable sanitary pads is Rs. 32,

‘Suvidha’ has been priced at Rs. 1 per pad, thus, making it affordable as well as environmentally sustainable. The subsidised pads have been made available to the deprived women through its 5500 Jan Aushadhi Kendras (outlets). As of July 31st, 2019, more than 1.30 crore sanitary pads have been sold through the outlets (The Financial Express, 2019).

2.7.2.3 Freeday Pads: In 2011, under the National Health Mission (NHM), Freeday pad was launched and a pack of six pads for Rs.6 was distributed to the rural adolescent girls in 107 districts across 17 states. A wide range of Information, Education, and Communication (IEC) materials viz., audio, video, and print, was developed. Anganwadi and Accredited Social Health Activists (ASHA) workers were engaged for convening monthly meetings and for distributing the pads, for which an incentive of Rs. 50 and Rs. 1 per pad sold was given respectively (NHM, 2016).

²¹ Oxy is a special additive added to the Suvidha sanitary pad which makes it 100 percent biodegradable.



2.7.2.4 Menstrual Hygiene Scheme: In 2019, the Menstrual Hygiene Scheme was introduced by the Ministry of Health and Family Welfare, with the objective of promoting menstrual hygiene among rural adolescent girls in the age group of 10-19 years. Freedays programme was subsumed under this scheme. It aims at: (i) Increasing awareness on menstrual hygiene; (ii) Improving access to high quality sanitary pads; and (iii) Ensuring access to safe and eco-friendly disposal of sanitary pads.

2.7.2.5 Tax Exemption on Sanitary Pads: In 2018, the Government of India provided 100 per cent tax exemption on sanitary pads. Prior to this, 12 per cent Goods and Services Tax (GST) was levied on sanitary pads. It was thus estimated that by withdrawing the tax, an underprivileged menstruator would save up to Rs. 500 in a year (Bhavani, 2018).

2.7.3 Other Initiatives of Non-State Actors

The above discussion has outlined the state interventions in MHM. With the intention to change the behaviour and attitude of menstruators as well as the community in general, similar interventions have also been initiated by non-state actors. The non-state actors include organisations from supra national to community level entities and with non-state actors on board, we have been witnessing a range of initiatives that has gone into educating the community and spreading awareness on menstrual hygiene, and also in producing and distributing local made menstrual products.

In Uttar Pradesh, the Vatsalya Foundation²² implemented a project on 'Breaking Silence' about menstruation. The project aimed at empowering women and adolescent girls in rural areas by building capacities of health workers, community leaders, and community engagement. Women were also provided training to establish PMU, for producing

sanitary pads, and creating awareness on menstrual education so as to bring about attitudinal change. The intervention also aimed at bringing change in the outlook of the village leaders (male) and other male members of the community including boys towards menstrual process (UNESCO, 2014).

The Water Supply & Sanitation Collaborative Council (WSSCC) (2013) asserts the need to break the silence around menstrual taboo and provide space for women and girls to talk about practical aspects of menstruation without any inhibitions. Hence, a learning platform called MHM Lab was established in 2012 in India to target menstruators from low income families. The MHM Lab was a colourful tent that was meant to share menstruators' experiences. In this lab, women were provided the opportunity to make sanitary pads out of recycled textiles. This initiative was instrumental in generating awareness among millions of women and girls. Along with this initiative, the Nirmal Bharat Yatra, a travelling sanitation carnival was also organised by organisations such as WASH Untied and Quicksand in collaboration with the Nirmal Bharat Abhiyan, in 2012, so as to promote awareness and enact behavioural change, around sanitation and hygiene in India.

Water Aid, India, established forums and hygiene clubs comprising adolescent girls to promote affordable sanitary napkins, evolve appropriate design of sanitation facilities, and to replicate sustainable approaches through outreach activities. Under this initiative, SHGs were also trained to manufacture the subsidised sanitary pads and thus it was made accessible at community toilets in the cities of Jabalpur, Bhopal and Gwalior (Mahon and Fernandes, 2010).

At the community level, the menstrual hygiene drive led by young girls from Hardiya, a village in Bihar is a significant example, wherein issues related to women's rights, sexual and reproductive health, risks associated with the unhygienic menstrual practices are discussed

²² The College of Social Work, Nirmala Niketan, established the Vatsalya Foundation in 1982 as part of their field action project in Mumbai.



BOX 2.1: EXAMPLES OF LOCAL INITIATIVES

Initiative of Arunachalam Muruganantham, Tamil Nadu

Owing to high price and easy access to cheap and unhygienic menstrual absorbents, sanitary napkins have not deeply penetrated into the Indian villages. Seeing the plight of menstruators in his village, Arunachalam Muruganantham, a social innovator from Tamil Nadu, had developed a portable machine to produce quality sanitary napkins at an affordable rate way back in 2004. This initiative was instrumental in increasing the access of affordable sanitary pads in hospitals, schools and public places; and dispensing single pad with the insertion of a coin through vending machines. This initiative has provided employment opportunities to over 21,000 women and made about 3 million women to shift to hygienic alternatives (The Economic Times, 2017). The model initiated by Muruganantham won him the National Innovation Award in 2009. In recognition of his contribution to menstrual care, the Time Magazine has accorded him as the 100 most Influential People in the world in 2014 and he was also conferred the Padma Shri award in 2016.

Sukarma Foundation, Madhya Pradesh

In a remote village of Madhya Pradesh, a menstrual hygiene campaigner, Maya Vishwakarma started Sukarma Foundation in 2016 to spread awareness about MHM. Through the semi-automatic napkin making machine, she produced low cost sanitary pads and her initiative aimed at providing sanitary pads, employment, and create menstrual awareness among economically deprived women, especially, the tribal villages of Narsinghpur and adjoining districts of Madhya Pradesh (The Financial Express, 2018).

Aakar Innovations

Aakar, a hybrid social enterprise²⁶ employs local women to produce, supervise, and market sustainable sanitary pads within their community. In 2013, two social innovators Jaydeep Mandal and Sombodhi Ghosh came up with their own low-cost sanitary napkin making machine using locally sourced agri-wastes, such as, banana fibre, bamboo, and water-hyacinth pulp. The idea came up in the context of leaving no toxic waste in the soil or water by use of sanitary pads. The innovators thus came up with the India's first compostable sanitary napkin brand called Anandi Pads (USAID, 2017). This initiative is currently operating in about 12 states viz., Haryana, Delhi, Rajasthan, Madhya Pradesh, Gujarat, Maharashtra, Odisha, Uttarakhand, West Bengal, Tamil Nadu, Chhattisgarh and Telangana. It also has its international units in Kenya, Tanzania, Uganda, South Africa, Nepal, and Zimbabwe (Aakar Innovations, 2019).

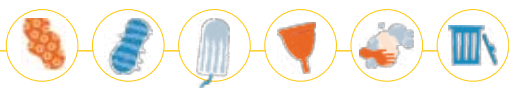
(Shah, 2019). This initiative, led to a collective decision of initiating a sanitary napkin bank along with a separate fund to procure sanitary pads for the unaffordable girls.

It can thus be understood that the focus of various non-state interventions have also been on the key aspects of MHM covering education and awareness, accessibility, affordability and empowerment.

²⁶ A hybrid social enterprise combines the social welfare logic of a non-profit organisation and the commercial logic of a for-profit business.

2.8 Aspects of MHM covered in General and under Stree Swabhiman Initiative

The discussions made above reveal that existing interventions are of various types. Some interventions aimed at increasing awareness among girls and women on menstrual hygiene; some concentrated on increasing the access to quality sanitary napkins; some on empowering women in running local napkin making units; and still other interventions, focused on safe disposal



of napkins in an environment friendly manner (WaterAid, 2012). Some interventions also focused on WASH facilities, so as to help women and girls manage menstruation with privacy and dignity.

In particular, Sanitary Napkin manufacturing unit is emerging as a small scale business model, which on one side tries to empower local people in manufacturing the napkins and on the other tries to promote proper menstrual practices, by supplying the locally produced napkins. However, the success of the business model depends on various factors. Factors that contribute to the success of the model include promise for greater financial rewards. On the other hand, factors that resist the success of business model include lack of knowledge and skills about marketing, poor output, lack of technical support for operation and maintenance, lack of self-confidence, etc. (WaterAid, 2012). In addition, storage of napkins or raw material in a clean, dry, rodent-free and

secure space is also of concern, in ensuring the success of these models.

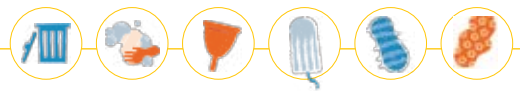
Stree Swabhiman initiative is also an intervention in this direction, which was launched in 2017 by the CSC e-Governance Services India Limited. The aim of the programme was to create a sustainable model for providing affordable and accessible sanitary products close to the homes of adolescent girls and women, with the help of Village Level Entrepreneurs (VLEs). It intends to spread awareness on mensuration, women's health and hygiene, apart from producing bio-degradable and environment friendly sanitary products. In addition, providing employment opportunity to rural women and making them self-reliant is also the objective of this programme. Based on the review made on menstrual hygiene management, a summarisation is made on the components covered under MHM in general and those addressed by Stree Swabhiman in particular, which is depicted in Figure 2.3.

FIGURE 2.3: MHM INTERVENTIONS AND STREE SWABHIMAN INITIATIVE



Source: Prepared by the authors.

²⁷ For the purpose of this study, 'acceptability' can be defined as the readiness of the girls/women to practice hygienic menstrual practice; readiness to challenge social norms and taboos that creates unnecessary restrictions for them; and also readiness to use clean and hygienic absorbents, be it Stree Swabhiman Pads or other pads or cloth or any other alternatives.



With such overview on menstrual hygiene management, this study intends to assess the impact of Stree Swabhiman Initiative, in terms of implementation, achievement and outcome of

the programme. In this regard, the forthcoming chapters highlights the empirical realities and tries to suggest possible measures for its further improvement and better implementation.

“

“I encourage my school girls to attend such awareness training camps for their own health and well-being”

- Teacher of a Government School,
Alwar District, Rajasthan

“Women will get spoiled if they attend such sessions”

- Male member of the Community in
Alwar District, Rajasthan

“Such awareness camps are the need of the hour. It enables young girls to openly discuss about menstrual issues. During our school days, we were mostly asked to remain silent on such issues. These sessions would make girls alert about the risk of unsafe menstrual practice and reduce dropout rates”.

- Teacher of a Government School,
Angul District, Odisha

”



SNAPSHOT OF STREE SWABHIMAN INITIATIVE



3.1 Introduction

As discussed earlier, Stree Swabhiman Initiative is a social entrepreneurial venture that was initiated by the CSC e-Governance Services India Limited. The basic intention of the programme was to address the concerns related to unhygienic menstrual practices in rural India, by providing awareness to rural women and adolescent girls on the hygienic menstrual practices, apart from having other objectives such as manufacturing bio-degradable pads, generating rural employment for women, etc. (discussed in other chapters). By sharing simple facts around menstruation, the intervention, aimed at sensitising women and adolescent girls. In the 6 states surveyed, though the basic design of the programme was same, the intervention varied, based on the local setting. Even in the same state, the intervention varied for the girls and the women.

In this chapter, a brief outline is given on the Stree Swabhiman initiative and the

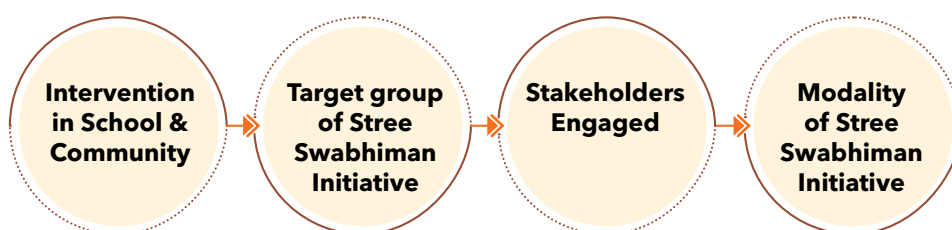
intervention that was planned for both the girls and the women with the engagement of key stakeholders. It also gives a brief picture of other aspects such as the target group of the programme, modality of training, etc. which is depicted in Figure 3.1.

3.2 Snapshot of Stree Swabhiman Intervention

3.2.1 Intervention in Schools and Community

Under the Stree Swabhiman initiative different kinds of interventions were planned and implemented for the girls and women and VLE was the chief player in undertaking these initiatives. Free pads were also distributed to the girls in school, as it is part of the programme to distribute about 150 free pads per year to the school girls, which is reimbursed later by the CSC SPV. Pads were also distributed among women in the localities, against the payments made.

FIGURE 3.1: STREE SWABHIMAN INITIATIVE



Source: Prepared by the authors.

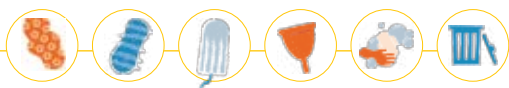


TABLE 3.1: STREE SWABHIMAN INTERVENTION IN SCHOOLS & COMMUNITY AND THE STAKEHOLDERS ENGAGED

Location	Stakeholders engaged at the School Level	Stakeholders engaged at the Community Level	Intervention	Categories of beneficiaries	No. of beneficiaries covered by VLE
Haryana (Yamunanagar)	VLE Teachers	VLE CSC Employees ASHAs	Training sessions in schools Door to door visit	Adolescent girls, women, and elderly women	301-450
Odisha (Angul)	VLE Teachers	VLE SHG members ASHAs Anganwadi workers	Training sessions at schools Awareness camps at villages	Adolescent girls, women, elderly women, and male members	51-150
Rajasthan (Alwar)	VLE Teachers SHG Federation CSC Employees	VLE SHG members ASHAs Anganwadi workers CSC Employees Gram Pradhan Balika Mandal	Training sessions at schools Awareness camps at CSC Awareness camps at villages	Adolescent girls, women, elderly women, and male members	301-450
Telangana (Rangareddy)	VLE Teachers CSC Employees Doctors College Students	VLE CSC Employees	Training sessions in schools Door-to-door visit in selected locations	Adolescent girls and women	More than 450
Uttarakhand (Haridwar)	VLE Teachers	VLE Gram Pradhan	Training sessions in schools Closed-Group Discussion in different locality	Adolescent girls, women, elderly women, and male members	151-300
Uttar Pradesh (Aligarh)	VLE Teachers CSC Employees	VLE Relatives of VLE	Training sessions in schools Door-to-door visit in 4 selected locations	Adolescent girls, women, and elderly women	151-300

Source: Prepared by the authors.



3.2.1.1 Awareness Sessions for Adolescent Girls in Schools

Workshops and awareness campaigns were held in selected schools by the VLEs with the active support of the school principals and teachers in all the surveyed states. Mostly students from class 6 onwards were targeted under the programme. In states such as Odisha and Rajasthan, regular sessions were held after frequent intervals in the schools, while in other states, the visit was irregular, which was made mostly to distribute the free pads in schools. In Odisha, Rajasthan and Telangana, doctors were also involved in one or two sessions to give counselling to the girls. In Rajasthan and Telangana, two schools were covered and in the other states, only one school was provided the awareness session.

In Odisha, the Head Teacher of a school expressed that such awareness camps are the need of the hour and such training interventions if held frequently would enable young girls to openly discuss about menstrual issues. She also lamented that during her younger days such training interventions were not part of the

school life and as a result they had to remain silent. Nevertheless, the Head Teacher believes that such opportunities would make them alert about the risks involved in unsafe menstrual practices, thus, reducing their school dropout rates. To further illustrate, the school Principal in Alwar expressed her willingness to support and spearhead such awareness training camps in future for wider community involvement. To put in her own words: *"I encourage my school girls to attend to such awareness sessions for their own health and well-being"*. Similar views were also expressed by a teacher in Telangana too, who states that such awareness camps are essential especially to those girls who come from economically poor and educationally backward background. She also expressed that she is ready to listen and address when girls come up with any menstrual issues. In Haryana, the teacher in-charge reported that to bring about positive mind-set, open discussion and peer-to-peer guidance is organised by the teacher. She also stated that more of such awareness training for school girls is needed, as they need to break their silence on these issues and resort to safe menstrual practice.

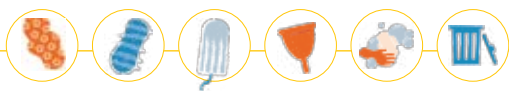
BOX 3.1: INITIATIVE TO EMPOWER GIRLS

Chuppi Todo–Sayani Bano in Alwar, Rajasthan

Chuppi Todo–Sayani Bano was an initiative that was started by the VLE of Alwar district of Rajasthan in 2018, which aimed at empowering girls. The basic purpose of this initiative was to create awareness among women and girls on menstruation, availability of affordable pads and its implication on their health. This campaign was mainly popularised by the SHG Federation of Alwar, which had about 300 SHGs. This campaign is still actively functioning in about 147 villages of Alwar, Rajasthan, wherein women and girls are told to break their silence and adopt hygienic menstrual habits. In crux, the campaign is targeted at increasing demand for napkins while at the same time generating awareness among young girls on proper menstrual practice.

Pad pe Charcha in Telangana

Pad pe Charcha is also a similar initiative that was started by the VLE of Rangareddy district, Telangana. The main purpose of this initiative was to promote the active discussion among girls and women on issues concerning menstruation, so that they are able to overcome their inhibition and openly discuss about their queries or concerns related to menstrual practice.



3.2.1.2 Awareness Camps for Women in the Villages

Women were given awareness on menstrual hygiene through awareness camps and the mode of such awareness camps were different in different states, as women in the villages were difficult to reach and different kinds of intervention was needed to reach different localities. In Rajasthan, awareness sessions were organised for women, every month in the CSCs. Apart from that, with the help of about 300 SHGs, awareness campaigns were held in about 147 villages of Alwar and in Odisha 7 villages were covered with the help of SHGs and ASHA workers. In Telangana, as reported by the VLE, with the support of doctors and the employees of CSC, awareness campaigns were held in 14 tribal community villages that were educationally backward and ignorant on menstrual hygiene. However, at the time of visit, community members of some of the villages expressed their ignorance about such campaigns. In states such as Haryana, Uttar Pradesh and some parts of Telangana, rigidity was shown by the women of the community to attend such campaigns. In such places, door-to-door campaign was the strategy used by the VLE and CSC employees. In Uttarakhand, closed group discussion was held in the house of the gram pradhans, wherein around 10 to 15 women were called and briefed on menstrual hygiene.

In Uttar Pradesh, it was noted that the awareness campaigns were not held in the needed locality, but where the relatives of the VLE resided and which was quite easy to cover was targeted by the VLE. In Haryana, 4 women employees were hired under the Stree Swabhiman programme, who were coming from different locality such as Muslim dominated areas, brick-kiln area, slums, etc. These employees had covered their own respective areas wherein door to door visit was made to spread awareness. However, in spite of making such visit in own locality, it came to light that the own siblings of these employees were not cognizant that such an awareness

session was held as they were shy to talk about the same to their own family members.

On the whole, wider coverage of adolescent girls and women were reported in almost all the states. While Haryana, Rajasthan and Telangana, claimed to have covered around 450 beneficiaries in both schools and villages, the corresponding figure was around 150 to 300 in Uttar Pradesh and Uttarakhand, and around 150 in Odisha. It can be noted that the women were the hardest to reach, in comparison to the adolescent girls, who were reached easily in their schools. Across the surveyed states, it was noted that women were still not fully ready to even openly discuss about these issues even among women, and did not want to change their traditional menstrual practice. Unlike the marginalised women, the school adolescent girls were ready to participate and discuss about MHM with an open mind. Indeed, in most of these states, the VLE and the CSC employees expressed how women felt intimidated by their presence and could be approached only through a well-known person of that particular locality. It was felt necessary to organise frequent counselling sessions, in order to drive away the initial inhibitions among women and also eliminate their fears about using new hygienic alternatives.

3.2.2 Target Group of Stree Swabhiman Intervention

The basic objective of the Stree Swabhiman initiative was to promote awareness on menstrual hygiene amidst the under-served and unaware group. Accordingly, the difficult to reach community was targeted by some of the VLEs, the identification of which was based on interaction with the Gram Pradhans, SHGs and community members of different locality and this measure was actively found in Odisha and Rajasthan. On the other hand, few of the VLEs resorted to easiest options and just covered 3 to 4 areas, where the employees of CSC or relatives of VLE stayed. In Odisha and Rajasthan, strategic intervention of the VLE was visible

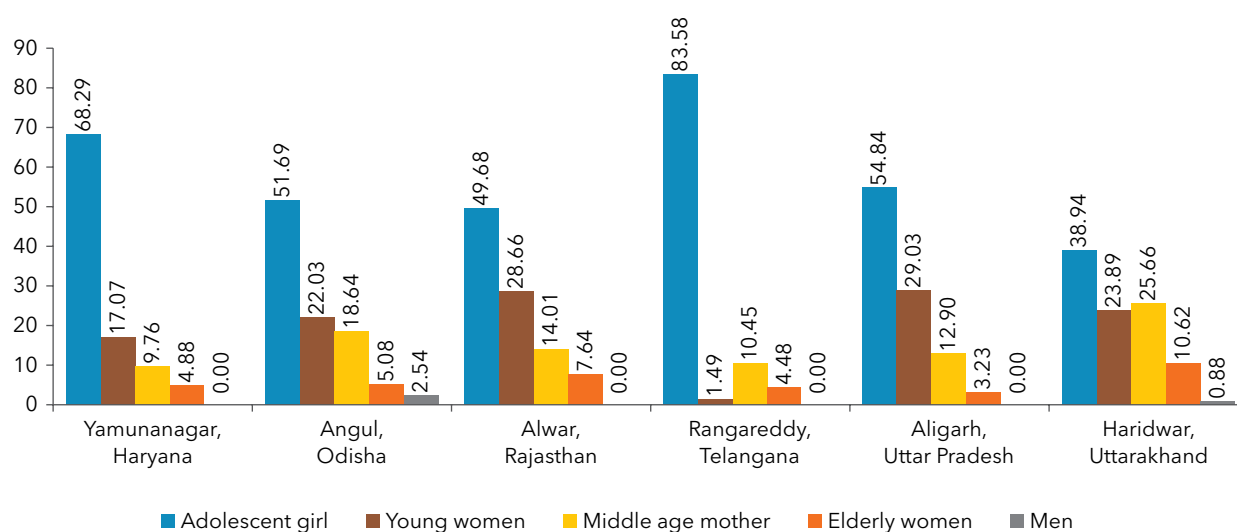


in targeting different localities and people, by engaging the SHGs. In Alwar, Rajasthan, VLE expressed that the target group has been trained by categorising the villages based on income and education levels as it is easy to address the under-served ones in association with SHGs. In Rajasthan, the VLE had targeted about 147 villages of Alwar, while in Odisha, 7 villages were covered with the help of SHG and ASHA workers. However, in Haryana and Telangana, it was found that visit was made by the employees only in familiar areas, rather than reaching the underserved groups. For instance, in Haryana, the target group included 3 to 4 localities, such as a slum (Jhopad-patti), a brick kiln area, Muslim dominated locality, etc. and as reported earlier, all these localities were areas where the employees were residing. In Telangana it was reported that awareness campaigns were held in about 14 villages of Balapur block. However, in the some of the surveyed areas, people reported that no such session was held. Some of the most difficult to reach community was found in every state, such as the tribal populations of Rajasthan and Telangana, Muslim population of Aligarh, Uttar Pradesh, and the SC community in almost all the states. However, in some states, these groups were not targeted at all and in other states,

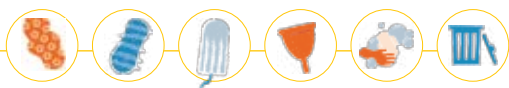
though measures were taken to reach them, the VLE was not able to get the support of the community to organise awareness sessions on such sensitive topic.

Figure 3.2 gives a picture of the different set of people who were targeted under the Stree Swabhiman intervention, as reported by the beneficiaries of the programme. Almost in all the states, adolescent girls were the major group that were targeted. Since, girls were provided awareness both in the schools and also in the campaigns that was organised in the community; they form a major proportion of the target group. Next to the girls, young women and middle-aged mothers were also substantially covered under the programme and after persuasion for some time; they expressed their willingness to attend the training sessions. On the other hand, only meagre proportion of the elderly women was targeted by the programme and this is mainly due to the fact that they expressed rigidity in attending such training programmes. Even those who showed interest to attend the same, later walked away from the session, as they found it to be an unwanted discussion. It was interesting to note that in total, 3 men had shown interest in attending the awareness campaign and

FIGURE 3.2: TARGET GROUP OF THE STREE SWABHIMAN INTERVENTION (%)



Source: Survey



this was particularly the case in Odisha (2 men) and Uttarakhand (1 man). These men were so inquisitive to know what was discussed in such sessions and hence had attended the awareness campaign. Moreover, they felt that before they permit their women at home to attend these sessions, they should ensure that such sessions do not spoil the women at home with unwanted thoughts. In certain cases, it was also reported by the women that, men of their families were instrumental in making the women attend the session, as they felt it is important for everyone to know about menstrual hygiene.

It also came to light that, the awareness session had not reached the under-served in some localities. For instance, in Aligarh, Uttar Pradesh it was reported in the Muslim and SC dominated areas that they were not aware of any such training that took place in their locality. It came to light that in most cases the training in Uttar Pradesh had covered only the relatives, and women and adolescent girls of an adjacent slum was totally unaware of such training.

3.2.3 Stakeholders Engaged

Various stakeholders were engaged in providing the Stree Swabhiman awareness training. Apart from the VLE, other stakeholders who were actively engaged in this intervention were the school teachers, as far as the sessions in schools were concerned. Doctors from primary health centres, SHGs, ASHA and Anganwadi workers were the other key stakeholders who were engaged in providing the awareness, both in schools and in the villages for women.

The VLE and the employees of CSC were the key stakeholders who carried this programme to the ground level. Almost in all states, in reaching the adolescent girls in school, the VLE was the key person. In States such as Telangana, Haryana and Rajasthan, it was reported by the beneficiary girls that, doctors were also involved in giving orientation on Menstrual hygiene. Similarly, ASHA and Anganwadi workers' engagement was also found in

BOX 3.2: NEED TO TARGET MALE PARTICIPANTS IN MENSTRUAL AWARENESS SESSIONS

The FGD with women in almost all the six states, highlighted that men do not discuss menstrual issues with their daughters and wives. A Muslim woman in Aligarh, Uttar Pradesh said, *"For menstrual purpose, I use what my husband buys and we are not allowed to go to shops for buying sanitary products. If he buys, I use pads. If not, I use old cloth available at home"*. This highlights that women does not have any voice or decision making power towards their own hygiene.

Another women from Uttarakhand stated, *"My husband does not provide me money for buying pads, as he thinks that it is a waste of money"*. On the other hand, women during FGDs in Odisha highlighted that, *"men generally do not give any consideration to our needs, whether it is about money or food. They do not even have any concern for us even during menstruation, and do not give us any rest, rather, we have lot of workload like other days"*. These instances highlight the insensitivity of men towards the needs of women.

To get clarity on the same, the issues highlighted were also raised with men and they stated that, *"generally there are cultural restrictions for men to talk about the problems of women. Hence, we do not even know the problems faced by women or don't even know what kind of support they expect from us"*.

The response thus highlights the need to target men of the community for such awareness generation campaigns.

Source: Survey



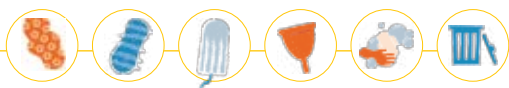
TABLE 3.2: STAKEHOLDERS ENGAGED IN STREE SWABHIMAN INITIATIVE (%)

States	Districts	CSC - VLE & Employee	Doctors	ASHA	Anganwadi workers	SHGs
Adolescent Girls						
Haryana	Yamunanagar	41.67	33.33	16.67	8.33	0.00
Odisha	Angul	100.00	0.00	0.00	0.00	0.00
Rajasthan	Alwar	91.23	7.02	1.75	0.00	0.00
Telangana	Rangareddy	62.82	34.62	2.56	0.00	0.00
Uttar Pradesh	Aligarh	90.00	0.00	0.00	10.00	0.00
Uttarakhand	Haridwar	95.35	0.00	2.33	2.33	0.00
	Total	79.10	15.98	3.28	1.64	0.00
Women						
Haryana	Yamunanagar	63.16	10.53	10.53	10.53	5.26
Odisha	Angul	59.52	0.00	9.52	9.52	21.43
Rajasthan	Alwar	55.38	15.38	3.08	9.23	16.92
Telangana	Rangareddy	50.00	25.00	0.00	0.00	25.00
Uttar Pradesh	Aligarh	88.89	11.11	0.00	0.00	0.00
Uttarakhand	Haridwar	76.92	0.00	15.38	7.69	0.00
	Total	63.48	7.87	7.87	8.43	12.36

Source: Survey.

the states of Haryana, Telangana, Uttarakhand and Rajasthan. For reaching the women beneficiaries at the village level, though VLE was instrumental in implementing this initiative, it also required the support of other stakeholders and the key stakeholder differed from one state to the other. For instance, to promote awareness among women, SHGs were actively engaged in Rajasthan and Odisha. In these states, ASHA and Anganwadi workers were also engaged to make door-to-door visits. In Rajasthan, Balika Mandal was also approached and door-to-door campaigning was also undertaken to educate or spread awareness on menstruation among women and girls. In Uttar Pradesh, the VLE took the help of her relatives to spread

menstrual awareness in identified locations. In Haryana and Telangana, the visit to selected location was made by the employees of the Stree Swabhiman manufacturing unit, mainly to distribute swabhiman pads to the women, and not much awareness was provided by these women staff, as they themselves felt shy to discuss these issues. In Telangana, a team of college students were also engaged in the awareness sessions held in schools, where the students used to carry chart on menstrual hygiene and discuss it with children. In some states such as Odisha and Rajasthan, the VLEs also tried collaborating with medical representatives for a greater reach and delivery of the training session.



In Alwar, the VLE actively collaborated with key field staff, such as, ASHAs and Anganwadi workers in mobilising women from the community. ASHA's involvement in Haryana was mostly in the form of distributing the maternity pads produced by the manufacturing unit in the Primary Health Centres (PHCs). The VLE in Angul, Odisha expressed that they work hand in hand with ASHAs and seek their consultation on MHM. In Haridwar, Uttarakhand, to spread awareness in the village and for mobilising the community the matter was communicated to the Gram Pradhan. Following this, the Gram Pradhan took efforts in organising the awareness training programme. In fact, the Gram Pradhan involved Anganwadi workers who took active involvement in spreading the message in at least 4-5 villages. However, ASHAs have not been approached as they have been involved in distribution of subsidised sanitary pads that are supplied by the government at Rs. 2 per pad as mentioned by the VLE. However, in the Muslim dominated areas of Uttarakhand and Uttar Pradesh, access to the villages was quite difficult and even after repeated visit to the local leader's house, the VLE could not get the access to organise the awareness session in their locality.

On the whole, it can be said that the interface was found to be strong among the stakeholders, which was mainly due to the degree of trustworthiness among these networks. In MHM context, it is the capacity of the VLE to coordinate and develop networks with key stakeholders like SHGs, stakeholders from school, Gram Pradhan, ASHAs, Anganwadi workers, doctors and alike, which had contributed towards proper implementation of the programme. It could be thus understood that owing to diverse socio-economic-cultural background of women and adolescent girls, the key to success of the project depends on active collaboration of the respective VLE with key stakeholders.

3.2.4 Modality of Stree Swabhiman Intervention

The common modality of training that was followed for adolescent girls at the school level was awareness sessions, while a small proportion of the respondents also reported of attending training sessions at CSC. In Telangana, a meagre proportion of girls also reported that door-to-door awareness had also taken place in their locality with respect to menstrual practices. With the help of a local NGO in Rangareddy district, the VLE organised sessions on 'Pad Pe Charcha' for spreading awareness to girls about menstrual hygiene and benefits of using hygienic alternatives like sanitary napkins. In Aligarh, with the support of school Principal once in three months awareness training camps have been conducted within the school premises. In Yamunanagar district of Haryana, through the consistent efforts of the physical education teacher, the senior female students of the government school have been entrusted the responsibility of building awareness among students in the training sessions, so as to deal with fear and anxiety associated with menarche and post menarche phase.

In reaching the women beneficiaries, the most common mode was the training sessions that was organised in the CSC and where it was difficult to mobilise the women in the CSCs, awareness campaigns at the village level was also organised, followed by door-to-door awareness drive in areas that exhibited rigidity. In Angul, Odisha, the VLE had organised several awareness camps on MHM at the CSC centre, schools, primary health centres and Anganwadi centres. Besides, out of her own interest, VLE also conducted home visits to the potential beneficiaries with the help of ASHA workers. Indeed, it was reported that videos regarding menstrual hygiene, timely consultations with ASHAs enabled her to



TABLE 3.3: MODALITY OF STREE SWABHIMAN TRAINING (%)

States	Districts	Awareness Sessions in Schools	Training session in CSC	Awareness Campaign in villages	Door-to-door awareness drive	Others
Adolescent Girls						
Haryana	Yamunanagar	91.30	4.35	0.00	0.00	4.35
Odisha	Angul	94.59	0.00	0.00	0.00	5.41
Rajasthan	Alwar	90.77	9.23	0.00	0.00	0.00
Telangana	Rangareddy	72.41	22.41	0.00	1.72	3.45
Uttar Pradesh	Aligarh	100.00	0.00	0.00	0.00	0.00
Uttarakhand	Haridwar	92.86	4.76	0.00	0.00	2.38
	Total	87.71	9.32	0.00	0.42	2.54
Women						
Haryana	Yamunanagar	0.00	91.67	0.00	8.33	0.00
Odisha	Angul	0.00	68.97	10.34	10.34	10.34
Rajasthan	Alwar	2.17	86.96	4.35	0.00	6.52
Telangana	Rangareddy	10.00	20.00	0.00	10.00	60.00
Uttar Pradesh	Aligarh	10.00	70.00	10.00	0.00	10.00
Uttarakhand	Haridwar	3.03	51.52	36.36	0.00	9.09
	Total	2.86	69.29	12.86	3.57	11.43

Source: Survey.

cover many beneficiaries. In Alwar, Rajasthan, around 50 community resource persons were engaged in organising menstrual hygiene camps in schools and villages and thus could reach out to rural women and adolescent girls. Further, a campaign called “Chuppi Todo- Syani Bano” was also organised, which is still successfully going on in the 147 villages of Alwar with active collaboration of SHGs and ASHAs.

Having discussed briefly on the Stree Swabhiman intervention at the school and village level and key stakeholders involved in successful implementation of the programme, the target group covered and the modality of the training, the forth coming chapter presents key findings related to the functioning of PMU, that was involved in the production and distribution of Stree Swabhiman pads, which was managed by the VLEs and the Employees of the unit.

“

"We need support for marketing the product. People are not using our product, as there is no advertisement for our product like the other pads. We tried collaborating with medical representatives to increase sales. But they are asking us to reduce the price, as cheaper pads are available in the market. But if we reduce the price, we won't be able to make any return on the investment made."

- Interview with VLE, Roorkee, Uttarakhand

"The financial reimbursement that we get from the CSC SPV is not sufficient to even meet the expenses of production and the salary of the employees. We want more support."

- Interview with VLE in all 6 States

"A total of 8 women are working in the unit. Initially the girls who joined the unit felt shy to say that they work here. Now they feel that they are working for the betterment of the poor and hence, they show their active involvement in promoting menstrual awareness."

- Interview with VLE, Rajasthan

"We find ourselves more confident now. Initially, we used to feel very shy to even say that we work in the pad manufacturing unit. Now we can even talk to men about menstruation".

- FGD with Employees of PMU, Alwar District, Rajasthan

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FUNCTIONING OF STREE SWABHIMAN PAD MANUFACTURING UNITS



As discussed earlier, the primary objective of Stree Swabhiman initiative was to advance the menstrual health and hygiene of women and adolescent girls through sustainable production and consumption of low cost menstrual products. In taking this objective forward, the project established Pad Manufacturing Units (PMU) which was run by the women Village Level Entrepreneurs (VLEs) across different states. The VLE in turn identified and generated employment opportunities for local women, to produce pads in the manufacturing unit. To initiate this set up, the CSC-SPV was instrumental in arranging for installation, training of VLEs and employees to make pads, procuring of raw materials and setting up the machinery for the PMU.

This chapter discusses the field realities with respect to the overall functioning of PMU in terms of cost of setting up of the unit, supply of raw material, employment opportunity generated for women, distribution and marketing of pads, etc. It also traces the

perceptions of the VLEs and the employees of the Stree Swabhiman unit on the usefulness of the training provided, challenges faced by them and the additional support needed by them for effective implementation of the programme.

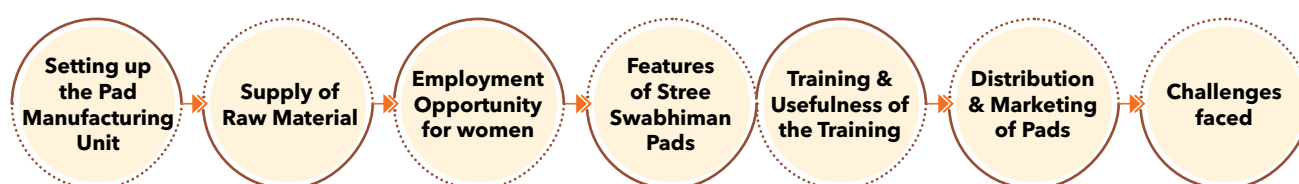
4.1 Components of Stree Swabhiman Pad Manufacturing Unit (PMU)

This section of this chapter discusses the key components of the pad manufacturing unit that was set up in the surveyed states and thus presents a picture of the overall functioning of the unit.

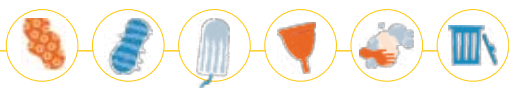
4.1.1 Setting up of the PMU

The CSC-SPV was instrumental in setting up the pad manufacturing unit, which took care of installation of machineries in the unit, providing training to the VLEs and the employees to make pads, and even supplying raw material to the units. Upon payment of an installation cost of

FIGURE 4.1: KEY COMPONENTS OF STREE SWABHIMAN PAD MANUFACTURING UNIT



Source: Prepared by the authors.



Rs. 2,95,000 by the VLE, the manufacturing unit comprising manual equipment for pad making was set up in the CSC. The supply of equipment was made by CSC-SPV with the active collaboration of the consigned organisations. The equipment that was supplied included rolling raw material device, pressing wings dye-cut machine, pressing plate, wings gumming device, ultraviolet radiation steriliser, bonding gumming device, heat seal machine etc. All the VLEs of the 6 surveyed states affirmed of paying the installation cost. However, one of the VLE of the surveyed states found the cost of installation to be too high when compared to the initial quoted amount of Rs. 1,95,000, and further stated that proper exploration of the existing avenues would have reduced the cost of installation, as it was felt that quality machineries are available at lesser rates too. Some of the VLEs even felt that supply of automated or semi-automated machines rather than manual machines would have simplified

their work, which otherwise had caused too much of exertion for women employees.

4.1.2 Supply of Raw Materials

For the making of sanitary napkins, biodegradable and eco-friendly raw materials such as virgin wood pulp sheet, gel sheet, non-woven white sheet, anion sheet, silicon tape, packaging materials, etc. are used. These materials are supplied by organisations that are in collaboration with CSC-SPV. It was reported that raw materials worth Rs. 50,000 can produce approximately 44,000 sanitary pads. When inquired about the supply of raw materials, it was stated by most of the VLEs that though the payment is made well in advance for the raw materials, the supply was broken and such lack of seamless supply had hampered their production process. It was also reported that in the initial stage when the project was commenced, the raw materials supplied were of



Picture 4.1: Stree Swabhiman Unit, Rajasthan



good quality; however, there was quality issues in the supplies that were received later. Another issue that was highlighted during the survey with VLEs and employees was the reduction in quantity of raw materials too. It was stated that, in the initial days, the supply that the VLE used to get for a purchase worth Rs. 50,000 used to be too huge, in comparison to the quantity that was supplied in the later orders.

To illustrate in particular, one of the common quality issues cited by the employees of PMU and also by the adolescent girls who used the Swabhiman pads in all the states was the low grade bonding gum²⁵. It was stated by the girls that the gum was too strong, that it was difficult to remove from the under-garments and sometimes, it even led to peeling-off of the skin. In the state of Odisha and Telangana, it was reported by the VLEs that the gum was diluted with water. However, in Telangana, the students who used these pads stated that the pads do not stick to the panty. While, in Uttarakhand, the student who had used Stree Swabhiman product stated that due to excessive gumming, the under-garments got spoiled. Though the issue got resolved in the later stage, it created a long lasting impact in the minds of school girls.

4.1.3 Employment Opportunities generated for Women

One of the significant achievements of the programme was that it was able to offer employment opportunities to the rural women. A maximum of 8 employees for the pad manufacturing unit was found in Odisha and Rajasthan, while in the other states, 2 to 4 employees were found to be working. In Telangana, initially when the unit was started there were 25 employees who were working in this unit, as reported by the VLE. However, during the time of visit only 2 employees were found in the unit while the other 2 employees were absent for the day, due to some festive



Picture 4.2: Employees of Stree Swabhiman Unit, Uttarakhand

season. In particular, in Rajasthan young women in the age group of 18-24 years had got the job in the pad manufacturing unit and an interaction with the team confirmed that this employment in particular had made them more confident. They stated that they were able to overcome their initial inhibition and are even able to freely discuss with male members on menstrual hygiene.

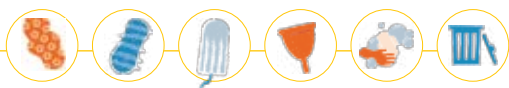
On the whole, in most of the surveyed states, about 8-10 women were appointed in the PMU in the initial days. However, since the VLEs were finding it difficult to find market for their produce, the numbers of employees were gradually reduced to 2-4. The programme thus seemed to have lost its initial rigour of empowering rural women by providing job opportunities. However, the programme's role in employing minimum of 2-4 employees in the surveyed states cannot be undermined, as still it meets the objective of the programme in terms of providing rural employment.

The other components related to the satisfaction level with pay and working conditions of employees has been discussed as follows:

(i) Satisfaction Level with Pay

Employees were either provided a standard monthly salary or a weekly pay based on the number of pads produced. In Haryana, Odisha and Uttarakhand, Re.1 per pad was paid for the number of pads produced per week. In other

²⁵ Bonding Gum is a liquid substance used for making sanitary pads. It is applied to the surface of plastic or paper.



states, a standard salary of Rs. 3,000 - Rs. 4,000 was paid to the employees. In Odisha, out of the total employees, 3 were Self-Help Group (SHG) members who were actively engaged in the distribution of Stree Swabhiman sanitary pads. However, it was reported by the employees of Uttarakhand, that due to poor demand for Stree Swabhiman pads, they do not get income on a regular basis. As a result, one of the employees expressed that she is no more interested to work in the unit. The employees in all the study areas except Rajasthan expressed their dissatisfaction in terms of remuneration. Thus, due to low demand for the sanitary pads manufactured, there is not much profit and hence, salaries are not paid promptly paid to the employees.

(ii) Working Condition in the PMU

The working condition is not adequate for the employees of PMU in some of the states. To illustrate, in Yamunanagar (Haryana) it was found that the employees sit for late hours and are not permitted to take any leave. The unit lack basic facilities like toilet and drinking water. Even to change the pad during menstruation, the employees of the unit have to visit home due to lack of private space. Due to lack of toilet facilities they have to use the toilet of nearby government school. It is to be noted that in Angul (Odisha), there was no ventilation or lighting facilities and moreover PMU has been shut down due to the growing demand for the Odisha Government's subsidised 'Khushi pads'. When the basic purpose of a programme like Stree Swabhiman, is to enhance menstrual hygiene of adolescent girls and women, the same should also be ensured for the women of this unit, by providing wash facilities in the work premise, so that their right to menstruate with dignity is protected.

4.1.4 Features of Stree Swabhiman Pads

Sanitary pads in general are the absorbents used by menstruating girls and women to prevent the flow of blood from wetting or

staining the clothes. While the sanitary pads mostly available in the market consists layers of absorbents including polymers and plastics, the Stree Swabhiman pads produced at the local level by the rural women uses eco-friendly and bio-degradable materials like wood pulp sheets and non-woven white sheets, which does not cause adverse impact to the environment. The size of the pads that was produced in the PMU across the states had a standard size of 260 MM and 280 MM, which is equivalent to the commercial sanitary pads viz., L - 'large' and XL - 'extra-large'. Every pack contained about 8 sanitary pads across all the surveyed states and the pads produced had wings too. While the uniformity in all these respect was maintained across the states, the VLEs of the respective states had also taken the liberty to decide the thickness of pads. In Rajasthan, while 8 layers of sheets were used to increase the thickness of the pads, other states had used about 4 sheets, which had given an ultra-thin look to the pads. In Telangana, active interest was shown by the VLE in knowing the process of pad making and disposal and had in fact done a research on the kind of pads available in the market, along with the numbers of layers of sheets available in each brand, along with the cost. The VLE had also done a research on the decomposing ability of Stree Swabhiman pads. Such enthusiasm of the VLE had given her the edge to analyse where their local pad prepared lags behind and how it can be improved. In Haryana and Telangana, maternity pads were also produced and sold to the ASHA workers. In Telangana, the waste cottons were used for producing both maternity pads and diapers.

4.1.5 Training on MHM and Pad Making and Usefulness of the Training

Stree Swabhiman initiative also entailed the component of training, which included 2 aspects such as the general awareness training on menstrual health management and the training on pad making and it was provided to both the VLEs and employees of the CSCs. The general awareness training entailed training



on the positive and negative aspects of hygienic menstrual practices, infections related to poor menstrual hygiene and so on. On the other hand, the training on pad making, involved providing of information on the technical side of the enterprise like different machineries (semi-automatic) used for production of sanitary pads, raw materials used for production and the appropriate ways of handling the weighing machine, mixer, moulding, sealing, sterilising machines, and packing of sanitised pads. Besides, pad production training also included training with reference to cutting the sanitary pads in different sizes, applying bonding gum, sanitising as well as fixing and arranging sheets and layers in appropriate quantity. It also involved packaging and distribution of Stree Swabhiman pads.

With respect to the training on menstrual awareness, it was reported in some states such as Uttarakhand and Uttar Pradesh that awareness on menstrual hygiene was given by the team from CSC-SPV, Delhi. It was reported in Telangana, that the team from Delhi had organised a three day awareness campaign in Hyderabad for the VLEs across the state. However, it came to light that the campaign had its major focus on making of sanitary pads. It lacked training on key core aspect i.e., awareness on menstrual issues and proper disposal mechanisms. On the other hand, it was noted that some of the VLEs, based on their self-initiative, got involved in providing awareness to the employees on the topic of menstruation to both employees and to the community as a whole by screening health related videos on YouTube and by reading relevant materials on the topic and this was particularly the case in Rajasthan. It was observed that both in Rajasthan and Telangana, the employees of the unit were openly able to discuss on the topic of menstruation. However, in states such as Haryana, Uttar Pradesh, the employees were hesitant to talk about the topic of menstruation. It was thus flagged that there is a need to get information/insights on the topic of menstrual hygiene management, hygienic practices and

disposal mechanism from officials, doctors and other key resource persons.

The hands-on training on the other hand, aimed at equipping the trainees with the essential skill to produce up to 500-750 sanitary pads in a day with a minimum of 5 employees. Post-training in one of the study areas, VLE claimed to have produced 300 pads per day through their PMU. During the survey, it was found that in Uttarakhand, the VLE had received training on production of sanitary pads from Practicide Company, which has a tie up with CSC-SPV. Overall, it was found that the VLEs and employees of the PMU found the training on pad making very informative and useful. However, it also came to light that other than getting trained to manufacture sanitary pads, the employees had not received any training on marketing skills so as to attract the potential beneficiaries.

4.1.6 Distribution and Marketing of Pads

Apart from producing the sanitary pads, the VLEs also have the mandate of distributing free sanitary pads to adolescent girls in the schools, covering classes VII to XII. In addition, the VLEs can also sell the sanitary pads to the nearby schools, colleges, medical halls, hospitals grocery shops, etc. apart from making it available in the CSCs and also directly selling it to women in the villages. In order to make the sanitary pad relatable with the local population, they were being sold under local brand name and were marketed by VLEs.

The region-wise rates of sanitary pads for menstruators (other than school girls), ASHAs, Anganwadi workers, and local market have been illustrated in Table 4.1. In Odisha, VLE distributed the pads to the students from classes VIII to XII. In Rajasthan, the pads were distributed at Bansur village to almost 400 girls in two government schools (250 girls in one school and 150 girls in the other) belonging to class VII to XII. In Haryana, students between classes IX and XII during FGD revealed that they

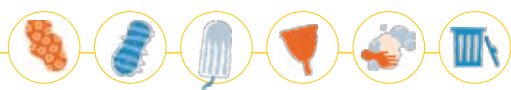


TABLE 4.1: COST OF SWABHIMAN PADS

State	District	School Girls	Women (in Rs.)	ASHAs/ Anganwadi workers (in Rs.)	Local Market (in Rs.)
Haryana	Yamunanagar	Free	40	30	40
Odisha	Angul	Free	35	38	40
Rajasthan	Alwar	Free	24	27	30
Telangana	Rangareddy	Free	25	30	50
Uttar Pradesh	Aligarh	Free	40	40	40
Uttarakhand	Roorkee, Haridwar	Free	40	32	40

Source: Prepared by the authors.

do not use Stree Swabhiman pads provided by VLE as it is of poor quality (these aspects are discussed in details in the forthcoming chapters). In Uttar Pradesh, it was found that Swabhiman pads were distributed to 250 school girls studying in a private school. As per the mandate of the project, VLE was entrusted to distribute free of cost pads only to government school and not to private school. However, some VLEs had covered private schools too.

In Uttar Pradesh, as reported by VLE, around 250 packs of sanitary pads are distributed every month from their unit. In Odisha, it was shared by the VLE that with the help of SHG members and ASHAs, the Stree Swabhiman pads are distributed exclusively for the school girls and labourers, across the 8 villages of Angul district. In Haryana, it was reported that pads are distributed on a random basis. Sometimes, one packet per month is given, at other times, 3 packets after every three months are also given. In Uttarakhand, it was reported that free pads are also provided to economically and socially backward communities, apart from covering school girls. In Telangana, it was reported that, in the first year of Project Stree Swabhiman in Rangareddy district, the sanitary packets were distributed to 100 girls in two government schools and subsequently it was increased to 150 girls in the following year. In the year 2019, every month free sanitary pads have been provided to 150

girls each in 2 government schools and also to some of the slum dwellers. On the other hand, in Uttarakhand, the rate of distribution is relatively low, as menstruators benefit from a government scheme which provides sanitary pads at the cost of Rs. 2 per pad.

It is important to streamline the distribution process of pads. For instance, one of the teachers in a school from the study areas suggested that in a given year, VLE need not distribute all 12 packets meant for the school girls rather only 8 packets are to be provided while the remaining 4 packets could be kept as stock in school. This feedback was shared on the basis that at times, the student start menstruating in school and if they do not have in stock the student is sent home along with other girl student and thus both miss their attendance.

4.1.7 Overall Observation on the Functioning of the PMU

During the time of visit, the unit in Rajasthan was found to be active, and employees were found to be engaged in the production of the sanitary pads. However, in other states, it seemed that the unit was inactive and not much interest was shown in manufacturing the pads on a regular basis. During the visit, it was found that the rolls of sheets were in a dusty condition, particularly in the states of Uttar Pradesh and Haryana. While the VLEs in Rajasthan, Odisha and



Picture 4.3: Dusty Rolls of Sheets (Observed during Field Survey)

Telangana, had shown the sample of pads that was manufactured, in Uttar Pradesh, even the sample pads were not available. In Uttarakhand, it seemed that the production unit was just decked up on the day of the visit. Some of the VLEs stated that they are not motivated enough in producing the pads, as they do not get enough market for their produce. In Telangana, it was reported that, initially, 20 employees were engaged in the pad manufacturing unit. However, since the VLE is not able to get much market for her produce, the employee size has been reduced to 4. More or less the same scenario was noticed in other states, too.

4.1.8 Implementation Challenges Faced

It was reported by both the VLEs and employees of the PMU that, they had faced several challenges, in the process of pad production, distribution, awareness generation, etc. which included concerns related to community mobilisation, stakeholder involvement, marketing and promotion, etc. Apart from that, certain other concerns were also noticed during field visit. Some of the concerns and challenges faced are highlighted as below:

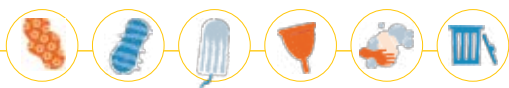
(i) Rigid Mind-set of People

Some of the common issues shared by the VLEs of Uttar Pradesh, Haryana, Uttarakhand and Rajasthan were their helplessness in changing

the rigid mind-set of certain segment of the population. As perceived by the VLEs, the major challenges that have been identified from the study areas include the following: (i) People were not ready either to attend or listen to awareness training programmes, especially, in Rajasthan, Telangana, Haryana, and Uttarakhand; (ii) Except Angul, Odisha it was hard to change the rigid mind-set of potential beneficiaries owing to menstrual taboos and beliefs in the rest of the study areas; (iii) In Uttar Pradesh, there were difficulty in identifying the target group. It was stated by the employees of Rajasthan and Uttar Pradesh, that in spite of making repeated visit to some of the tribal belt and the Muslim dominated areas, they were not able to get entry to their localities, to either spread awareness on menstrual hygiene or to distribute the Stree Swabhiman pads. In all such places, the entry was restricted by the local community leader, as they felt that such interventions will spoil the women of their society. It is important that proper training, support and orientation are provided to the VLEs and employees to gain entry into the rigid localities and to promote awareness on hygienic menstrual practices.

(ii) Marketing and Promotion

Except for Rajasthan, almost in all the other states the scenario of 'no' to 'low' demand for Swabhiman pads was visible. VLEs expressed that they were not able to find market for their produce, and hence, there was no profitability in setting up the unit. Thus, in all the study areas, unanimously the VLEs and the employees expressed their concerns on inadequate support in promoting Swabhiman pads. One of the VLEs mentioned that they lack expertise in making attractive brands and packs of their product and thus fail to compete with commercial pads. Moreover, PMUs works manually in the production of sanitary pads and workload is cumbersome to meet with the triple demands of marketing, promotion, and generation of community awareness. Although, they had informed in the study that they received



training on the ways to sell the product, it was not effective for three major reasons: firstly, due to the triple demands as mentioned earlier; secondly, employees' take time to adapt to the fundamental change which includes change in their own mind-set so as to convince the rigid mind-set of adult women who still prefer to use unhygienic alternatives; and thirdly, when other commercial brands are available at similar or even lower in some places, the price of Swabhiman pads are still maintained high. Irrespective of the study areas, all the employees looked for marketing support. It was suggested by the VLE of Telangana that the Swabhiman pads can be promoted by meeting the quality assurance parameters of Bureau of Indian Standards (BIS), which will serve as a measure to ensure its quality. Measures in this direction, can serve as a major support to promote the Stree Swabhiman pads.

(iii) Employee Perception towards skillsets and workplace

Another major factor identified through the study was the employee perception of the changes needed in PMU. It included the need for fully or semi-automated machines, skill training in marketing, better remuneration, and adequate WASH facilities. In Rangareddy, Telangana the employees felt that automatic machines are to be provided for cutting the

pads as they don't have to face any health issues like muscle pain and one of the major reasons for low production was attributed to this factor. In Yamunanagar, Haryana, neither the PMU nor the CSC had WASH facilities for the employees of the unit. It is important that all such concerns of the VLEs and the employees are addressed to ensure the sustainability of the PMU.

In addition, other concern that was noted during field visit was the lack of storage facility for either the produced napkins or the raw materials. In most of the surveyed states, it was found that there was poor maintenance of the raw materials, which was kept in damp place. Too much of dust deposits were found on the paper rolls and in one state it was found that the roll of paper had got drenched in the rain, at the time of despatch. However, the same sheets were used for producing the pads. It is important that operational and maintenance support is provided to the unit, so that the quality of pad is ensured.

In this chapter, the views and perceptions on the Sanitary Napkin manufacturing unit was discussed, based on the interview with the VLEs and employees of CSC. Having discussed the supply-side perspectives, the forthcoming chapters present the demographic profile of the respondents, and the key findings related to the demand-side perspectives.



DEMOGRAPHIC PROFILE OF RESPONDENTS

5.1 Introduction

This chapter presents a brief picture of the respondents' demographic characteristics vis-à-vis religious, economic and social category of respondents. Apart from that, the educational, occupational and income status of the beneficiaries and non-beneficiaries and their parents/spouse are also discussed. Primarily, the above mentioned information is essential for gauging the background of the respondents and establishing the linkage with hygienic menstrual practices, which is helpful to take the access of affordable sanitary pads to those sections of the society, which is reluctant to change or where the access is restricted.

5.2 Demographic Profile of Respondents Surveyed

With reference to sample size, the study included the targeted group representing both adolescent girls and women in rural areas of the identified states. The respondents for the study have been drawn from a total of 45 villages from the six study areas viz., Haryana -Yamunanagar (3 villages), Odisha - Angul (10 villages), Rajasthan - Alwar (13 villages), Telangana -Rangareddy (4 villages), Uttar Pradesh - Aligarh (12 villages), and Uttarakhand - Haridwar (3 villages). Of the total respondents surveyed, major representation was from Rajasthan and Telangana, followed by medium level of representation from Odisha and Uttarakhand, and low level of representation from Uttar

Pradesh and Haryana. Such representation was mainly due to the high, moderate, and low level of beneficiaries covered in the respective states.

Table 5.1 depicts demographic profile of the sample beneficiaries and covers key indicators such as religion, social category and economic category. In terms of the religious status of the respondents, majority of the respondents were Hindus across the study areas (88.67 per cent), followed by Muslims (10.33 per cent), Christians (0.83 per cent), and Sikhs (0.17 per cent). All the respondents surveyed in Odisha were Hindus and high representation of Hindus was also found in Rajasthan, followed by Telangana, Uttar Pradesh and Haryana. Muslim representation was found to be high in Uttarakhand, followed by Haryana and Uttar Pradesh, where their corresponding proportion was 30, 26 and 16 per cent respectively. On the other hand, proportion of Christians and Sikhs was very low. While Christians were found only in Telangana and Uttarakhand, Sikhs were found only in Haryana.

As far as the social category of the respondents is concerned, majority of them belonged to Other Backward Caste (OBC) across the study areas (50.50 per cent), followed by Scheduled Caste (SC) (22.17 per cent), Scheduled Tribe (ST) (14.17 per cent), and General Category (13.17 per cent). In terms of General Category respondents, Uttar Pradesh had the highest proportion, followed by Rajasthan, Haryana

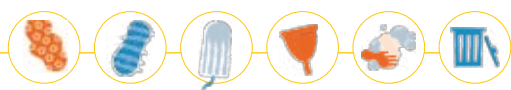


TABLE 5.1: DEMOGRAPHIC PROFILE OF RESPONDENTS IN THE SURVEYED STATES

Particulars	Haryana		Odisha		Rajasthan		Telangana		Uttar Pradesh		Uttarakhand		Total
District covered	Yamuna Nagar		Angul		Alwar		Rangareddy		Aligarh		Haridwar		6
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Number of Villages covered	3		10		13		4		12		3		45
Respondents Surveyed (Nos.)	50	8.33	100	16.67	150	25.00	150	25.00	50	8.33	100	16.67	600
Religious Category (%)													
Hindu	36	72.00	100	100.00	145	96.67	140	93.33	42	84.00	69	69.00	88.67
Muslim	13	26.00	0	0.00	5	3.33	6	4.00	8	16.00	30	30.00	10.33
Christian	0	0.00	0	0.00	0	0.00	4	2.67	0	0.00	1	1.00	0.83
Sikh	1	2.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0.17
Social Category (%)													
General	4	8.00	7	7.00	40	26.67	1	0.67	23	46.00	4	4.00	13.17
SC	5	10.00	14	14.00	40	26.67	45	30.00	11	22.00	18	18.00	22.17
ST	0	0.00	7	7.00	13	8.67	61	40.67	4	8.00	0	0.00	14.17
OBC	41	82.00	72	72.00	57	38.00	43	28.67	12	24.00	78	78.00	50.50
Ration Card Status (%)													
BPL	18	36.00	56	56.00	46	30.67	75	50.00	6	12.00	48	48.00	41.50
Non-BPL	28	56.00	44	44.00	98	65.33	49	32.67	37	74.00	39	39.00	49.17
No Response	4	8.00	0	0.00	6	4.00	26	17.33	7	14.00	13	13.00	9.33

Source: Survey.

and Odisha. As Rangareddy (Telangana) is a tribal district it had the highest percentage of STs (40.67 per cent) followed by Rajasthan, Uttar Pradesh and Odisha. OBCs were found to be in high proportion in Haryana (82.00 per cent), followed by Uttarakhand (78.00 per cent), Odisha (72.00 per cent), Rajasthan (38.00 per cent) and Telangana (28.67 per cent). With reference to SC representation, Telangana had the highest proportion (30.00 per cent), followed by Rajasthan, Uttar Pradesh, Uttarakhand and Haryana. A key aspect that was noticed in the field was that, irrespective of the social background of the respondents, menstrual taboos were widely prevalent across all social groups.

With respect to the economic status of the respondents, it can be observed that overall 41.50 per cent of respondents belonged to the Below Poverty Line (BPL) category while 49.17 per cent expressed that they belonged to the non-BPL category and about 9 per cent of the respondents did not respond to the question on the ration card status, as they were not aware of the same. Representation of BPL category was found to be high in Odisha, followed by Telangana, Uttarakhand and Haryana. On the other hand, more than 50 per cent of the respondents belonged to Non-BPL category in the states of Uttar Pradesh, Rajasthan and Haryana. In Telangana, Uttar Pradesh and Uttarakhand, about 14, 13 and 8 per cent of the



respondents respectively, did not respond to this question. While some of them did not own a ration card, the others were not aware of the status of their ration card.

Analysis of the other aspects such as distribution of beneficiaries and non-beneficiaries, social, educational, occupational and income status of respondents and their parents/spouse is discussed as below.

5.3 Beneficiaries and Non-Beneficiaries of Stree Swabhiman Initiative

The Assessment study of Stree Swabhiman initiative covered both beneficiaries and non-beneficiaries of the programme. The major reason for including a substantial proportion of non-beneficiaries who could not be reached by Stree Swabhiman intervention was to find out about the economic, social and educational background of these groups and find out their extent of marginalisation and also to know their menstrual awareness and menstrual practices followed. Secondly, it was also expected that coverage of these group will help in understanding the constraints faced by them in practicing proper menstrual hygiene. Thirdly, it was also expected that this would help the

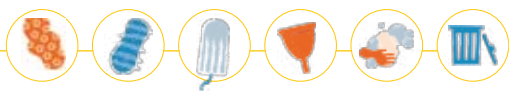
project in the long run, to evolve strategies on how to attract, retain, and raise the awareness amidst the unreached sections of the society. To serve this paramount purpose of the study, discussions were held with VLEs, local key resource persons like Sarpanch, SHGs, and teachers etc. and accordingly the sample villages were identified that was not covered under Stree Swabhiman initiative.

Table 5.2 presents a picture of the beneficiaries and non-beneficiaries of the Stree Swabhiman initiative, which comprises both women and adolescent girls. The beneficiaries of Stree Swabhiman are those set of women and adolescent girls, who were provided the awareness/training session on menstrual hygiene and also given the Stree Swabhiman pads manufactured by the CSCs, either free of cost or at a nominal rate. On the other hand, non-beneficiaries are those set of women and girls, who neither were the recipient of the training or the Stree Swabhiman pads. The table reveals that a total of 400 beneficiaries were surveyed, of which 61 per cent and 39 per cent were adolescent girls and women, respectively. On the other hand, a total of 200 non-beneficiaries were surveyed, out of which 85 per cent were women and 15 per cent were girls.

TABLE 5.2: BENEFICIARIES AND NON-BENEFICIARIES OF STREE SWABHIMAN INITIATIVE

State	Districts	Beneficiaries					Non-Beneficiaries				
		Women		Girls		Total	Women		Girls		Total
		No.	%	No.	%		No.	%	No.	%	
Haryana	Yamunanagar	12	33.33	24	66.67	36	14	100	0	0	14
Odisha	Angul	29	43.28	38	56.72	67	26	78.79	7	21.21	33
Rajasthan	Alwar	48	42.11	66	57.89	114	33	91.67	3	8.33	36
Telangana	Rangareddy	20	24.39	62	75.61	82	60	88.24	8	11.76	68
Uttar Pradesh	Aligarh	12	52.17	11	47.83	23	19	70.37	8	29.63	27
Uttarakhand	Haridwar	35	44.87	43	55.13	78	18	81.82	4	18.18	22
	Total	156	39.00	244	61.00	400	170	85.00	30	15.00	200

Source: Survey.



With respect to the girl beneficiaries of the programme, except for Uttar Pradesh, their proportion was found to be more than 50 per cent in the other states. In terms of women beneficiaries, Uttar Pradesh had the highest proportion of women beneficiaries, followed by Odisha and Rajasthan. On the non-beneficiary front, nearly 91.67 per cent of women respondents were from Rajasthan, followed by Telangana and Uttarakhand. In terms of non-beneficiary girls, 29.63 per cent were from Uttar Pradesh, followed by Odisha, Uttarakhand and Telangana. In Haryana, of the total non-beneficiaries surveyed, all of them were women and no non-beneficiary girls were covered in this state.

A discussion on the social, educational, occupational and income status of beneficiaries and non-beneficiaries are as follows:

5.3.1 Social Status of Beneficiaries and Non-Beneficiaries

From Table 5.3, it can be noted that other backward classes has been the major group who got benefitted by the Stree Swabhiman programme, both among girls and women. In the case of non-beneficiaries too, their proportion is comparatively higher among the non-beneficiary girls. Next to the OBC category, the chief beneficiaries among the girls include the SCs and general category among the women beneficiaries. A substantial proportion of SC women have also benefitted from the programme, while on the other hand, almost equal proportion of ST women and girls have benefitted from the programme. State wise scenario shows that major representation of OBC beneficiaries have been found in Haryana and Odisha, among the beneficiary girls and in Uttarakhand and Haryana among beneficiary women. Both among girls and women, the coverage of general category beneficiaries have been high in Uttar Pradesh and Rajasthan, and in particular, their proportion has been about 50 per cent in both these states among women beneficiaries. In case of beneficiary

girls, more of SC girls seem to have gained from the programme in the states of Uttarakhand and Telangana. On the other hand, the corresponding proportion among beneficiary women seems to be high in Uttar Pradesh and Telangana. Coverage of ST girls and ST women has been the maximum in Telangana, where their proportion is 22 per cent and 35 per cent respectively.

While not much difference was noticed among the beneficiary women and girls, there exists some variation in terms of social status of the non-beneficiary women and girls. On the whole, of those who are not covered under the Stree Swabhiman programme, next to the OBCs, the major group was SCs and STs, where their proportion was 13 per cent and 20 per cent among girls and 30 per cent and 27 per cent among women. Among the non-beneficiary girls, none of the girls in Odisha, Telangana and Uttarakhand belong to general category, which clearly indicates that general category people are still able to avail the benefits of such programmes. When compared to the other social category, the proportion of general category was found to be as low as 10.00 per cent for girls and 11.18 per cent for women. Area-wise distribution of girls belonging to general category was found only in Rajasthan and Uttar Pradesh. When it comes to general category non-beneficiary women, only in Uttar Pradesh, they were found to be in maximum proportion and in remaining states, only meagre proportion of general category women were part of non-beneficiaries. State-wise OBC representation of non-beneficiary girls are high in Odisha (71.43 per cent) and Uttar Pradesh (62.50 per cent) and the corresponding proportion among non-beneficiary women is high in Uttarakhand (94.44 per cent), Haryana (64.29 percent) and Odisha (50.00 percent). Area-wise representation of girls was found only in three states, viz., Rajasthan, Telangana and Odisha and among women non-beneficiaries, the proportion of SC was found to be as high as 72 per cent in Rajasthan and 30 per cent in Odisha.



TABLE 5.3: SOCIAL CATEGORY OF BENEFICIARIES AND NON-BENEFICIARIES

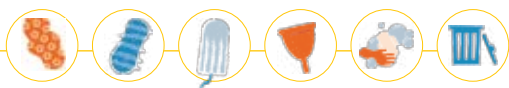
States	Haryana		Odisha		Rajasthan		Telangana		Uttar Pradesh		Uttarakhand		Total	
Districts	Yamuna nagar		Angul		Alwar		Rangareddy		Aligarh		Haridwar			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Beneficiary Girls														
General	0	0.00	2	5.26	13	19.70	1	1.61	3	27.27	3	6.98	22	9.02
SC	3	12.50	2	5.26	10	15.15	24	38.71	2	18.18	18	41.86	59	24.18
ST	0	0.00	3	7.89	4	6.06	14	22.58	0	0.00	0	0.00	21	8.61
OBC	21	87.50	31	81.58	39	59.09	23	37.10	6	54.55	22	51.16	142	58.20
Beneficiary Women														
General	1	8.33	3	10.34	25	52.08	0	0.00	6	50.00	0	0.00	35	22.44
SC	0	0.00	3	10.34	5	10.42	6	30.00	5	41.67	0	0.00	19	12.18
ST	0	0.00	0	0.00	4	8.33	7	35.00	1	8.33	0	0.00	12	7.69
OBC	11	91.67	23	79.31	14	29.17	7	35.00	0	0.00	35	100.00	90	57.69
Non-Beneficiary Girls														
General	Nil	Nil	0	0.00	1	33.33	0	0.00	2	25.00	0	0.00	3	10.00
SC	Nil	Nil	1	14.29	1	33.33	2	25.00	0	0.00	0	0.00	4	13.33
ST	Nil	Nil	1	14.29	0	0.00	4	50.00	1	12.50	0	0.00	6	20.00
OBC	Nil	Nil	5	71.43	1	33.33	2	25.00	5	62.50	4	100.00	17	56.67
Non-Beneficiary Women														
General	3	21.43	2	7.69	1	3.03	0	0.00	12	63.16	1	5.56	19	11.18
SC	2	14.29	8	30.77	24	72.73	13	21.67	4	21.05	0	0.00	51	30.00
ST	0	0.00	3	11.54	5	15.15	36	60.00	2	10.53	0	0.00	46	27.06
OBC	9	64.29	13	50.00	3	9.09	11	18.33	1	5.26	17	94.44	54	31.76

Source: Survey.

When it comes to the non-beneficiary ST category, the highest proportion of ST girls (50 per cent) and ST women (60.00 per cent) was found in Telangana.

A comparison of the social status of beneficiaries and non-beneficiaries reveals that majority of the OBCs, followed by SCs and STs do not have access to programmes like Stree Swabhiman to promote their awareness on menstrual hygiene.

In particular, about 71 per cent of the girls in Odisha and 64 per cent of the OBC women in Haryana, 72 per cent of SC women in Rajasthan and 60 per cent of ST women in Telangana and 63 per cent of general category women in Uttarakhand do not have access to programmes like Stree Swabhiman. A comparison of non-beneficiary women and girls reveal that the non-beneficiary women are at a disadvantage across the different social groups.



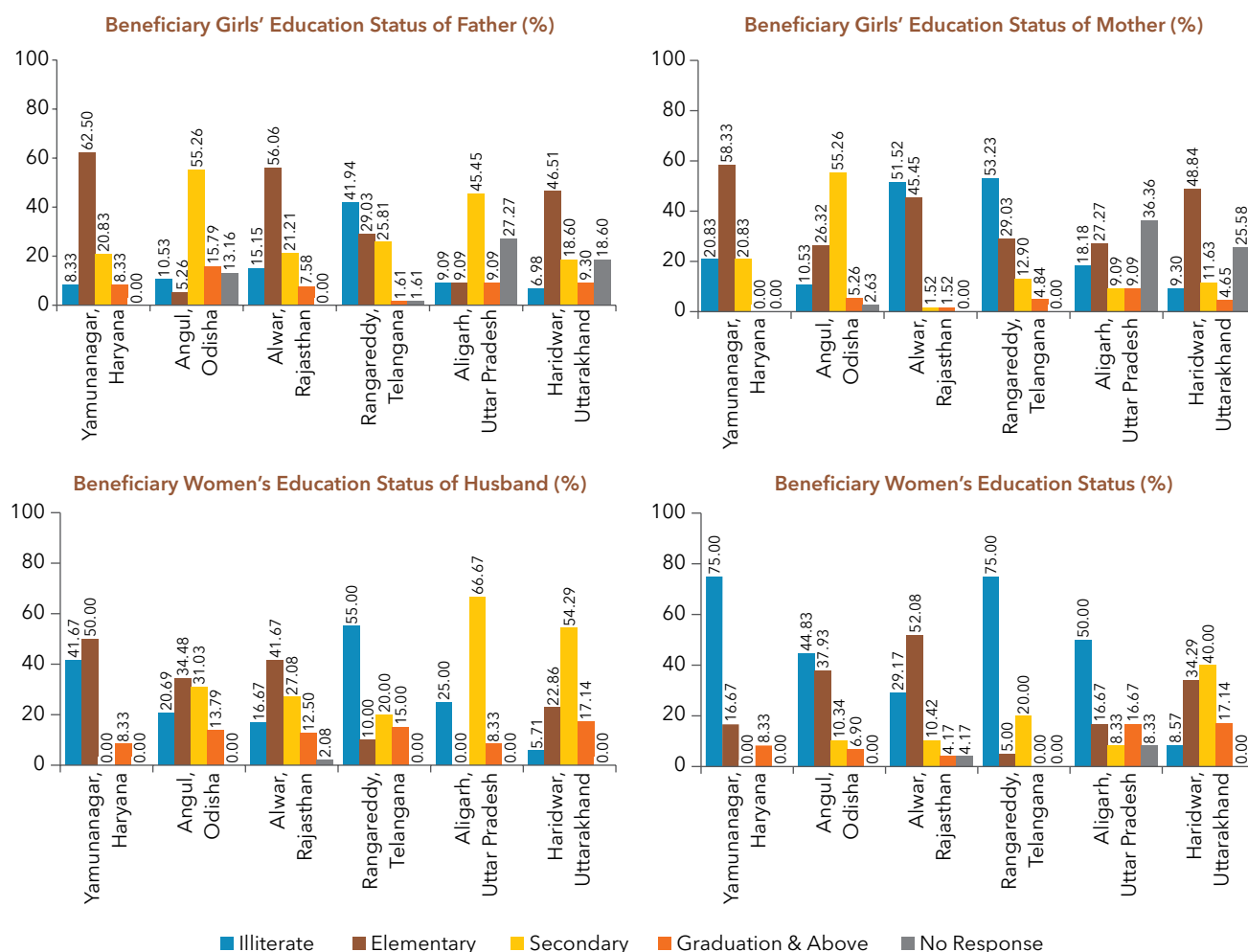
5.3.2 Educational Status of Beneficiaries and Non-Beneficiaries and their Parents/Spouse

Educational Status of Beneficiaries

In terms of beneficiary girls' educational status of their respective fathers, incidences of illiteracy levels was found to be high in Rangareddy (41.94 per cent), followed by Alwar (15.15 per cent), Angul (10.53 per cent), etc., thus contributing to the overall proportion of illiteracy to 18.85 per cent. Similarly, when it comes to beneficiary girl's educational status of their respective mothers, incidences of illiteracy levels were found to be high in Rangareddy (53.23 per cent), and Alwar (51.52 per cent) while in the other study

areas the percentage was less than 20 per cent, thus contributing to the overall proportion of illiteracy to 33.61 per cent. Illiteracy rate among the mothers were high when compared to the fathers of the beneficiary girls. The total percentage of elementary education for fathers and mothers were 38.11 per cent and 39.34 per cent, respectively and that of secondary education among fathers and mothers were 28.28 per cent and 16.80 per cent respectively, of the beneficiary girls. On the whole, most of the parents seem to have completed only elementary level of education, and this scenario was found across the states, with the proportion being 62 per cent and 58 per cent for fathers and mothers respectively in Haryana.

FIGURE 5.1: EDUCATIONAL STATUS OF BENEFICIARIES AND THEIR PARENTS/SPOUSE (%)



Source: Survey.

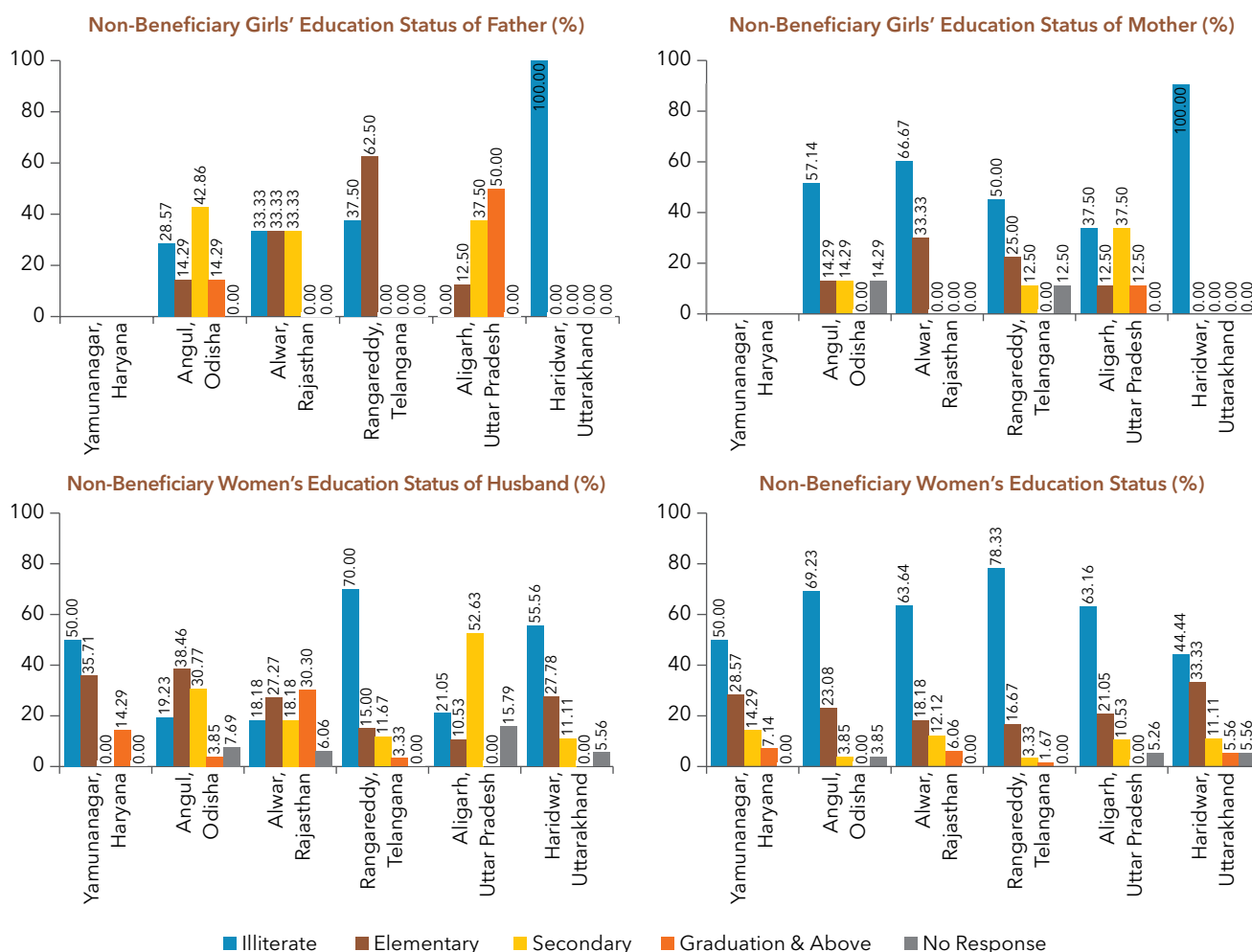


Secondary level of education was found to be high among both fathers and mothers of Odisha, which was around 55 per cent. Proportion of fathers with graduation and above was also high in Odisha (15.79 per cent), whereas the percentage of mothers with graduation and above was high in Uttar Pradesh (9.09 per cent). Some of the beneficiary girls surveyed were not aware of the education status of their father and mothers and proportion of such respondents were high in Uttar Pradesh and Uttarakhand.

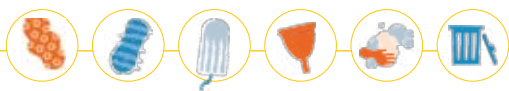
When it comes to the educational status of the beneficiary women and her/their spouse(s), most of the beneficiaries across the state were found to be illiterate, while more number of husbands had completed their secondary education level. The incidence of illiteracy

among beneficiaries was found to be as high as 75 per cent in Telangana and Haryana, followed by Uttar Pradesh (50 per cent) and that of their husbands were found to be high in Telangana (55 per cent) and Haryana (41 per cent). Elementary education levels were found to be high in Rajasthan among beneficiaries, and among husbands the proportion was high in Haryana. In terms of secondary education, the overall proportion among beneficiaries and their spouses was 17.31 per cent and 33.97 per cent respectively. Completion of secondary education levels was found to be high among husbands in Uttar Pradesh (66 per cent) and among beneficiary women the proportion was 40 per cent in Uttarakhand. The graduation rates were found to be about 17 per cent both for beneficiaries and their spouses in Uttarakhand.

FIGURE 5.2: EDUCATIONAL STATUS OF NON-BENEFICIARIES AND THEIR PARENTS/SPOUSE (%)



Source: Survey.



Educational Status of Non-Beneficiaries

Among the non-beneficiary girls and women, the study could ascertain high rates of illiteracy both among the fathers and mothers of the girls and also among the beneficiaries and their spouses.

It was reported by all the girls of Uttarakhand that both their parents were illiterate. Next to Uttarakhand, the incidence of illiteracy was high among mothers of non-beneficiaries in Rajasthan, Odisha and Telangana, and among fathers it was high in Telangana. Among the mothers of non-beneficiary girls, elementary education holders were found to be high in Rajasthan (33 per cent) and secondary education holders were high in Uttar Pradesh (37 per cent). Similarly, fathers with elementary levels of education were found to be high in Telangana (62 per cent) and those with secondary levels of education were high in Odisha (42 per cent). The percentage of the mothers of non-beneficiary girls with graduation and above was found to be 12 per cent in Uttar Pradesh, while the corresponding proportion of fathers in Uttar Pradesh was 50 per cent.

When it comes to non-beneficiary women, incidences of illiteracy levels were as high as 78 per cent in Telangana and except for Uttarakhand (44 per cent), the proportion of illiteracy among beneficiary women was more than 50 per cent in the other states. Similarly, when it comes to their respective spouses, incidences of illiteracy levels were found to be more than 50 per cent in Telangana, Haryana and Uttarakhand. On the whole, high rates of illiteracy were found among non-beneficiary women (66.47 per cent) and their spouses (43.53 per cent). With respect to elementary education, the proportion among beneficiaries was found to be high in Uttarakhand (33.33 per cent), while the corresponding proportion for the husbands was found to be high in Odisha (38.46 per cent) and Haryana (35.71 per cent). In terms of secondary education, the proportion among non-beneficiary

women was 14 per cent in Haryana and the corresponding proportion among husbands in Uttar Pradesh was 52 per cent. The total percentage of secondary education in terms of non-beneficiaries as well as their respective spouses was found to be 7.65 per cent and 19.41 per cent. On the other hand, degree holders were found to be high only in Rajasthan and the corresponding proportion among husbands and the beneficiary women was 30 per cent and 6 per cent respectively.

On the whole, it can be stated that Stree Swabhimani initiative has mostly targeted the uneducated group, which is in fact a positive sign and seems to be in line with the objective of the programme in reaching the illiterates. It can also be noticed that most of the non-beneficiaries who were surveyed in general come from illiterate families and it is important that programmes like Stree Swabhimani target the illiterate group in the villages, in order to promote hygienic menstrual practices among them. In particular, it is important that both the illiterate mothers and the women in general are targeted, as awareness among them can contribute to the promotion of hygienic environment in the entire family.

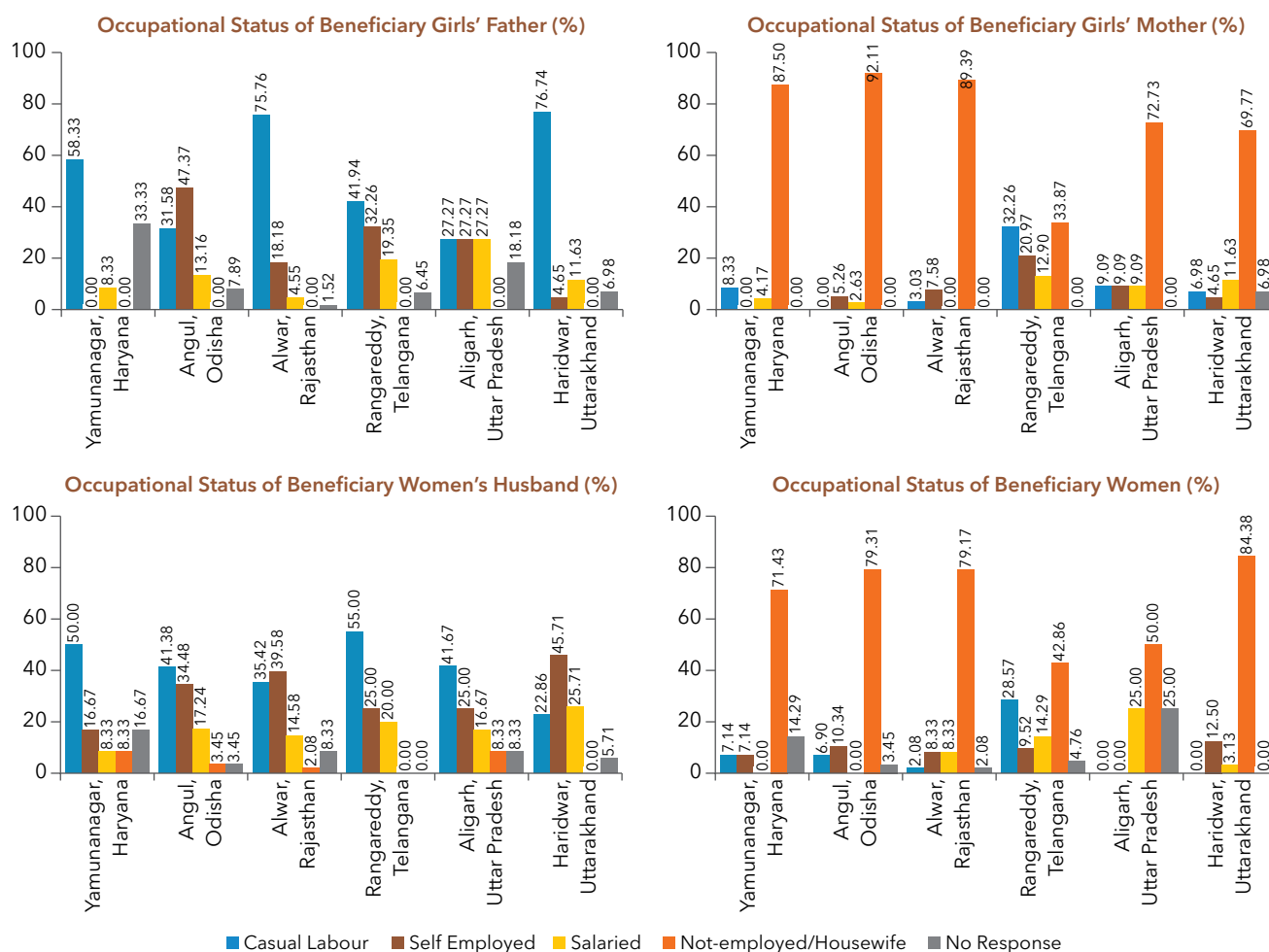
5.3.3 Occupational Status of Beneficiaries and Non-Beneficiaries and their Parents/Spouse

Occupational Status of Beneficiaries

In terms of parental occupational status of beneficiary girls, gender inequality between fathers and mothers could be inferred in categories vis-à-vis self-employed, salaried, and casual labour. More than 75 per cent of the fathers in Rajasthan and Uttarakhand were engaged in casual labour, while the corresponding proportion among mothers was 32 per cent in Telangana. Fathers and mothers engaged in casual labour were found to be 56.56 per cent and 11.48 per cent respectively, as reported by the beneficiary girls. When it comes to self-employed category, the



FIGURE 5.3: OCCUPATIONAL STATUS OF BENEFICIARIES AND THEIR PARENTS/SPOUSE (%)



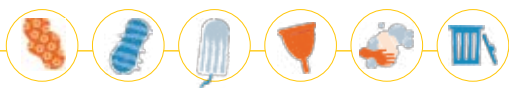
Source: Survey.

proportion was high among fathers in Odisha (47 per cent) and high among mothers in Telangana (20 per cent). The total percentage of self-employment category of fathers and mothers were 22.54 per cent and 9.43 per cent, respectively. Fathers engaged in salaried employment were high in Uttar Pradesh (27 per cent), while the corresponding proportion for mothers was high in Telangana (12 per cent). With reference to unemployed category or the housewives category, it can be found that none of the fathers were unemployed; on the other hand, high proportions of housewives were found in most of the states, wherein more than 60 per cent of the mothers were housewives.

When it comes to the women beneficiaries' occupational status, incidences of casual labour

were found to be high in Telangana (28 per cent), while that of their spouses was found to be 55 per cent in Telangana and 50 per cent in Haryana. On the whole, 8.9 per cent of women and 35 per cent of their spouses were engaged in casual labour.

On the whole, while 35 per cent of the husbands were self-employed, the corresponding proportion for beneficiary women was only 8.9 per cent. State-wise scenario reveals that about 45 per cent of the husbands and 12 per cent of women beneficiaries in Uttarakhand were self-employed in agriculture and other petty businesses. While 25 per cent of the husbands in Uttarakhand were engaged in salaried jobs, almost similar proportion of women was engaged in salaried jobs in Uttar Pradesh. With reference to housewives



category, area-wise percentage distribution of beneficiaries is extremely high in Uttarakhand, Odisha, Haryana and Uttar Pradesh. On the other hand, about 8 per cent of the husbands in Uttar Pradesh and Haryana are found to be unemployed.

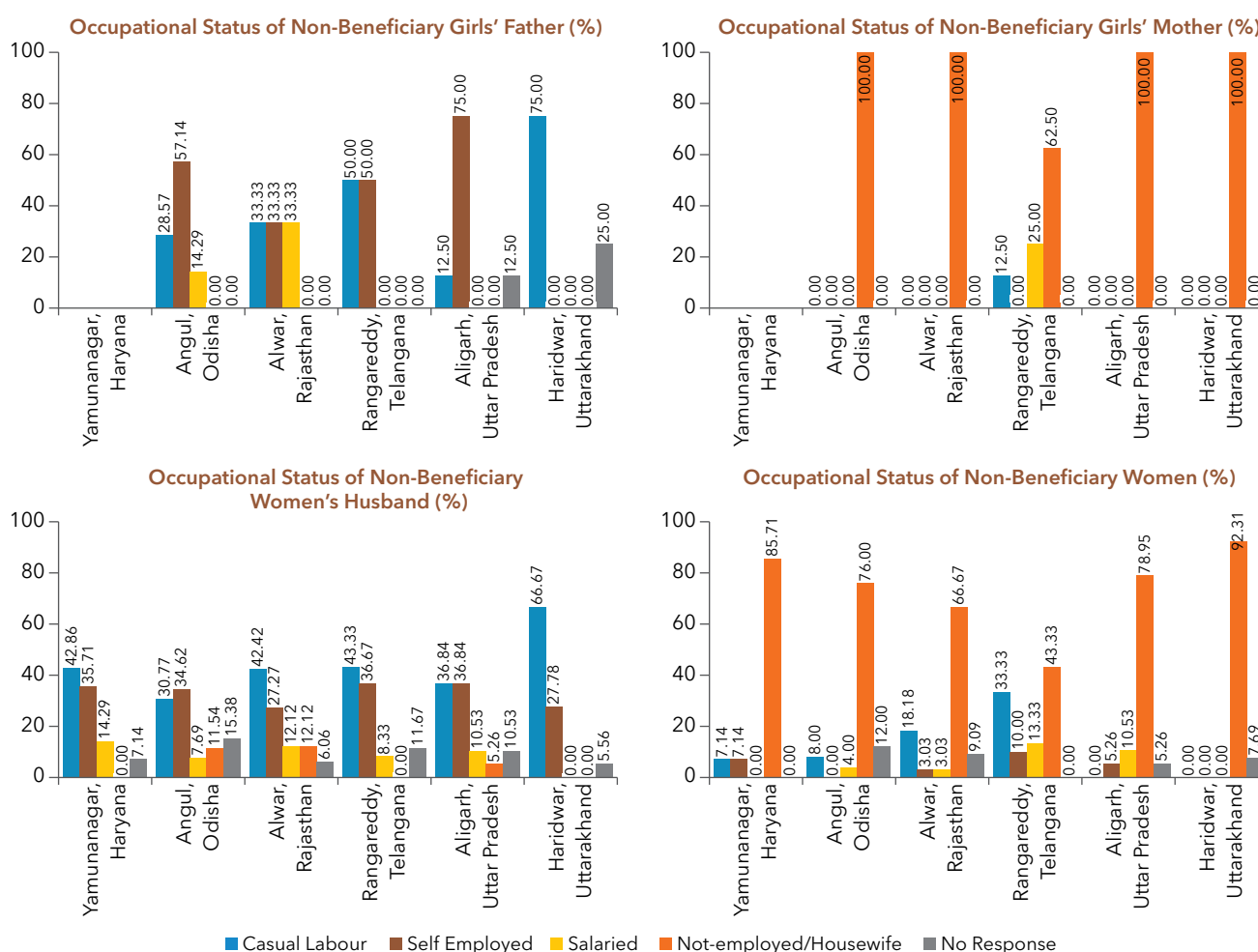
Occupational Status of Non-Beneficiaries

Among the non-beneficiary girls it can be noted that all the mothers of the girls were housewives in almost all states, except Telangana, where their proportion was 62 per cent. While 25 per cent of the mothers in Telangana were engaged in salaried jobs, 12 per cent were engaged as casual labourers in Telangana. On the other hand, fathers were mostly found to be engaged in self-employed jobs and this proportion was

75 per cent and 57 per cent in Uttar Pradesh and Odisha. On the other hand, 75 per cent and 50 per cent of the fathers were engaged in casual labour in Uttarakhand and Telangana, while those engaged in salaried jobs were 33 per cent in Rajasthan.

Unlike the scenario that was noticed among beneficiaries and non-beneficiary girls, where most of the women were housewives, it is interesting to note that about 64 per cent of the non-beneficiary women were housewives, while 17 per cent were also engaged in casual labour and another 7 per cent and 5 per cent were in salaried jobs and self-employed respectively. While the incidence of casual labour was about 33 per cent in Telangana, 92 per cent and 85 per cent women were housewives in Uttarakhand

FIGURE 5.4: OCCUPATIONAL STATUS OF NON-BENEFICIARIES AND THEIR PARENTS/SPOUSE (%)



Source: Survey.



and Haryana, respectively. About 10 per cent of the beneficiary women in Telangana reported to be in self-employment. Among their respective spouse(s), casual labour were found to be high in Uttarakhand (66.67 per cent), and those engaged in self-employment was found to be around 35 per cent in Haryana, Uttar Pradesh, Telangana and Odisha. On the other hand, around 12 per cent in Odisha and Rajasthan were unemployed. Husbands engaged in salaried jobs were found to be 14 per cent and 12 per cent in Haryana and Rajasthan.

On the whole, it can be observed that Stree Swabhimani initiative has mostly reached the housewives or the children of the housewives, who otherwise get less opportunity to interact on aspects related to menstrual hygiene. Similarly, high proportion of girls and women, whose head of the family was mostly engaged in casual labour has also been reached by the initiative. It is to be noted that the casual labour market comprises chiefly of households from economically poorer sections, who possess low levels of literacy and skills. That way, the programme can be said to have met the requirement of reaching the poorest and marginalised sections. A scenario of the non-beneficiaries reveals that most of the women were either housewives or casual labourers, except a hand few who were into self-employment or salaried jobs. Similarly, the occupational status of the male members of the family reveals that most of them are into casual labour. The reflection that emerges in the context of Stree Swabhimani initiative is that, still a substantial proportion of the poorest of the poor are underserved and it important to aim at wider coverage of these sections of the society.

5.3.4 Family Income Status of Beneficiaries and Non-Beneficiaries

Family Income Status of Beneficiaries

As far as the income status of the family of beneficiaries is concerned, it can be noted

that major proportion of the beneficiaries had an annual income of less than Rs. 50,000, as reported by both the beneficiary girls and women.

Majority of the beneficiary girls (53 per cent) belonged to families that earn less than Rs. 50,000; about 25 per cent belonged to families that was earning between Rs. 51,000 to 1 lakh; 16 per cent had an income of around 1-2 lakhs; and a meagre proportion of 4 per cent stated of earning more than 2 lakhs. The state wise scenario of the least income groups among beneficiary girls, shows that Haryana and Rajasthan was among the top (76 per cent), followed by Odisha (63 per cent). Low annual income of Rs. 51,000 - Rs. 1 lakh was reported by about 30 per cent of the beneficiary girls in Uttarakhand, Uttar Pradesh and Telangana. When it comes to an annual income of 1-2 lakhs, Telangana had the highest proportion (41.7 per cent), followed by Uttarakhand. About 16.7 per cent and 11.7 per cent of the beneficiary girls in Uttar Pradesh and Telangana respectively, reported of earning more than 2 lakhs per year. It comes out very clearly in both these states, that some of the schools targeted by these states were private schools in main location of the district, where students coming from comparatively higher income background were also covered by the programme.

The household annual income status of beneficiary women was almost similar to the status of beneficiary girls. The annual family income of 40 per cent of the women was less than Rs. 50,000; about 24.84 per cent belonged to the subsequent low annual income range of Rs. 51,000 - Rs. 1 lakh; and another 20 per cent and 7 per cent stated of having an annual income of Rs.1-2 lakh and more than 2 lakhs, respectively. More than 50 per cent of the women in Haryana, Odisha, Rajasthan and Uttar Pradesh reported of belonging to the least income group. About 30 per cent of the women in Odisha, Uttar Pradesh and Uttarakhand, reported of having a low annual income of Rs. 50,000 - 1 lakh. An annual income of 1-2 lakhs

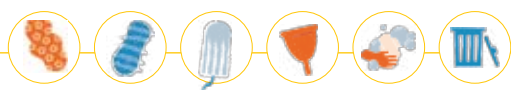


TABLE 5.4: FAMILY INCOME STATUS OF BENEFICIARIES AND NON-BENEFICIARIES (%)

States	Haryana		Odisha		Rajasthan		Telangana		Uttar Pradesh		Uttarakhand		Total	
Districts	Yamuna nagar		Angul		Alwar		Rangareddy		Aligarh		Haridwar			
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Income Level	Beneficiary Girls													
< 50,000	17	77.27	21	63.64	46	76.67	10	16.67	3	50.00	14	56.00	111	53.88
51,000 - 1 lakh	3	13.64	9	27.27	12	20.00	18	30.00	2	33.33	8	32.00	52	25.24
1 - 2 lakhs	2	9.09	3	9.09	0	0.00	25	41.67	0	0.00	3	12.00	33	16.02
> 2 lakhs	0	0.00	0	0.00	2	3.33	7	11.67	1	16.67	0	0.00	10	4.85
Income Level	Beneficiary Women													
< 50,000	8	66.67	17	60.71	27	57.45	8	40.00	6	50.00	6	17.65	72	47.06
51,000 - 1 lakh	2	16.67	9	32.14	10	21.28	2	10.00	4	33.33	11	32.35	38	24.84
1 - 2 lakhs	2	16.67	2	7.14	4	8.51	9	45.00	1	8.33	13	38.24	31	20.26
> 2 lakhs	0	0.00	0	0.00	6	12.77	1	5.00	1	8.33	4	11.76	12	7.84
Income Level	Non-Beneficiary Girls													
< 50,000	Nil	Nil	4	66.67	2	100.00	2	25.00	0	0.00	1	33.33	9	39.13
51,000 - 1 lakh	Nil	Nil	2	33.33	0	0.00	4	50.00	3	75.00	2	66.67	11	47.83
1 - 2 lakhs	Nil	Nil	0	0.00	0	0.00	2	25.00	1	25.00	0	0.00	3	13.04
> 2 lakhs	Nil	Nil	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00
Income Level	Non-Beneficiary Women													
< 50,000	5	38.46	21	80.77	12	40.00	24	40.68	11	57.89	8	44.44	81	49.09
51,000 - 1 lakh	5	38.46	4	15.38	9	30.00	17	28.81	7	36.84	8	44.44	50	30.30
1 - 2 lakhs	3	23.08	1	3.85	7	23.33	11	18.64	1	5.26	2	11.11	25	15.15
> 2 lakhs	0	0.00	0	0.00	2	6.67	7	11.86	0	0.00	0	0.00	9	5.45

Source: Survey.

was reported to be the highest in Telangana (45 per cent), followed by Uttarakhand (38 per cent). Furthermore, about 12 per cent and 11 per cent of the women beneficiaries in Rajasthan and Uttarakhand reported their annual income level to be above 2 lakhs.

Family Income Status of Non-Beneficiaries

The study found that majority of the non-beneficiary girls (47 per cent), belonged to a family that earned between Rs. 50,000 to

1 lakh, followed by those who earned less than Rs. 50,000. While 13 per cent of the girls reported of earning an annual income of Rs. 1-2 lakh, none of them were in the category that earned more than 2 lakhs. In Rajasthan, almost all the beneficiary girls belonged to the least income group, while in Uttar Pradesh 75 per cent belonged to the low income group. In Telangana and Uttar Pradesh, while 25 per cent each reported of earning an income of Rs. 1-2 lakh, the annual income range in the other states, had not crossed more than 1 lakh.



However, none of the non-beneficiary girls were above the 2 lakh income group.

The scenario was similar for the non-beneficiary women too, wherein major proportion (49 per cent) had an income range of less than Rs. 50,000; about 30 per cent belonged to the low income group of Rs. 50,000 - 1 lakh; another 15 per cent belonged to the income range of Rs. 1-2 lakh, while only 5 per cent reported of earning more than 2 lakh. In Odisha about 8 per cent reported of belonging to the least income group, and about 44 per cent in Uttarakhand belonged to the low income group. In Rajasthan and Haryana, about 23 per cent each had an annual income of Rs. 1-2 lakhs. With reference to family income that is above 2 lakh, except for Rajasthan (6.67 per cent) and Telangana (11.86 per cent), none of the other states fell under this income category.

From the Table 5.4, it can be observed that on the whole, beneficiaries belonging to least income and low income category had been substantially addressed by Stree Swabhiman, where the proportion covered is more than 70 per cent amidst both girls and women. It also came to light that a meagre proportion of the 4 per cent and 7 per cent, earning above 2 lakh was also covered by the programme and in most cases, these were families that was lying in close proximity to the VLEs and some of them were even relatives of the VLEs, particularly in Uttarakhand and Uttar Pradesh. It can still be noted that of the non-beneficiaries, about 80 per cent belonged to the low and least income group, both among girls and women and in almost all the states, none of them had crossed an income level of Rs. 2 lakh. A substantial proportion of the poorest are underserved and it is important to make wider coverage of these category.

5.4 Conclusion

Based on the findings of this chapter, it can be inferred that Stree Swabhiman Initiative across the surveyed states was implemented in a prompt way and reached the targeted beneficiaries which included under-served, illiterate, poor and marginal sections of the society, who were mostly unaware of proper menstrual hygiene. In taking this initiative to the community, there are also instances, which had illustrated that some states like Uttarakhand and Uttar Pradesh had taken the easiest routes in reaching the community, while some states like Rajasthan and Odisha had taken systematic measure in identifying and reaching the unreached. The chapter also illustrated that majority of the non-beneficiaries are still reeling under poverty with an annual income of less than Rs. 50,000, that they find it difficult to afford for healthy menstrual alternatives.

Overall, the chapter thus presented the demographic profile of the surveyed respondents covering aspects such as the religious and social background of the respondents, and the status of their economic background. Apart from these aspects, the socio-economic background of both the beneficiaries and non-beneficiaries of the programme was also traced, which covered the parameters such as the social, educational, occupational and income status. The idea of tracing the background of both the beneficiaries and non-beneficiaries was to get a glimpse of their representation or non-representation in programmes that are targeted for them, which will enable policy makers to serve the beneficiary group in a more efficient way as well as to identify the non-beneficiary groups as per their representation.

“

“In Uttar Pradesh, Odisha and Haryana, it was highlighted by few women that the husband or father-in-laws initially restricted them to attend training on menstruation thinking that such sessions will pollute the mind-set of the women and will hamper their married life.”

- FGD with Women

“I got my first period when I was in school and I had no idea what it was. My uniform got stained and all the girls started laughing at me. There was no one to provide me any support or even to guide me on what I should do. This fearful memory stayed with me for a long time. Now with such initiative, girls will feel more confident and will get the needed support.”

- Interview with a Women, Angul District, Odisha

”





COMPONENTS OF STREE SWABHIMAN TRAINING

6.1 Introduction

This chapter presents the key findings related to Stree Swabhiman training that was provided both in the schools and the villages to the adolescent girls and women respectively. It covers various components of the training such as sources of information on the training, details of participation and reasons for non-participation and reaction of beneficiaries towards the training session. It also covers other components related to the training such as training duration, frequency of training and the mode of training, apart from presenting the feedback of the beneficiaries on the training programme. The analysis of this chapter is based on the response of the beneficiaries of the programme.

6.2 Components of Stree Swabhiman Training

6.2.1 Sources of Information on Stree Swabhiman Training

With respect to the sources of information on the training, school teachers had been the major source of information for the adolescent girls in schools, followed by other avenues such as VLE, friends, Panchayat representatives and Anganwadi workers. In Uttar Pradesh, Haryana and Odisha, the employees of CSC played a major role in spreading awareness about the training programme in schools. The VLE seemed

to have played a major role in taking the reach of this programme to the school children and this was particularly the case in Uttarakhand, Uttar Pradesh, Telangana and Odisha. More than 50 per cent of the girls in Haryana and Rajasthan affirmed that teachers were the main source through whom they came to know about the training.

Unlike the schools, promoting awareness about Stree Swabhiman amidst the women in the villages was found to be difficult and this task was majorly handled by the VLEs in almost all the states. In Rajasthan, the VLE had made an announcement about the training through radio in local language. Next to the VLEs, the SHGs were the major source, who carried the information on the training to the women in the states of Odisha and Rajasthan. In fact, in Alwar, Rajasthan, the SHGs made visits to Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS) sites, and pockets of *Banjara*²⁶ community to enlighten people on unhygienic menstrual practices.

In Uttar Pradesh, as reported by the women beneficiaries, school teachers have also played an important role in carrying the message of the training to the community. In Telangana, Haryana and Odisha, CSC employees were instrumental in spreading message to the community about the awareness programme

²⁶ Banjara community is one of the ethnic tribal communities.

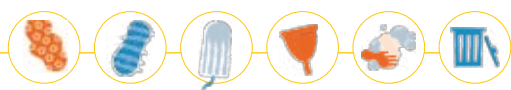


TABLE 6.1: SOURCES OF INFORMATION ON THE STREE SWABHIMAN TRAINING (%)

States	Districts	School teacher	VLE	SHG	Friends/ family	Panchayat	ASHA	Anganwadi	Others*
Girls									
Haryana	Yamunanagar	79.31	3.45	0.00	10.34	0.00	0.00	0.00	6.90
Odisha	Angul	41.82	50.91	0.00	3.64	0.00	0.00	0.00	3.64
Rajasthan	Alwar	61.29	38.71	0.00	0.00	0.00	0.00	0.00	0.00
Telangana	Rangareddy	44.59	54.05	0.00	1.35	0.00	0.00	0.00	0.00
Uttar Pradesh	Aligarh	17.65	64.71	0.00	0.00	0.00	0.00	0.00	17.65
Uttarakhand	Haridwar	8.51	87.23	0.00	0.00	2.13	0.00	2.13	0.00
	Total	45.40	49.84	0.00	1.90	0.32	0.00	0.32	2.22
Women									
Haryana	Yamunanagar	0.00	91.67	0.00	0.00	0.00	0.00	0.00	8.33
Odisha	Angul	0.00	67.65	14.71	2.94	2.94	0.00	2.94	8.82
Rajasthan	Alwar	5.77	76.92	13.46	0.00	0.00	1.92	1.92	0.00
Telangana	Rangareddy	0.00	70.00	0.00	0.00	5.00	5.00	5.00	15.00
Uttar Pradesh	Aligarh	18.18	81.82	0.00	0.00	0.00	0.00	0.00	0.00
Uttarakhand	Haridwar	2.17	73.91	0.00	8.70	8.70	4.35	2.17	0.00
	Total	3.43	74.86	6.86	2.86	3.43	2.29	2.29	4.00

Source: Survey.

Note: * Includes CSC employees, medical representatives and primary health centres.

and Stree Swabhiman pads to the community. Information about the training was also spread by friends and family members in Uttarakhand and Odisha. In Uttarakhand, Telangana and Odisha involvement of panchayat representatives can be found in taking information about the programme to the community and this served as an instrumental source, as the panchayat representatives already had developed a good rapport with the community and the women of the community showed willingness to attend the awareness session, when such announcements about the training was made by their local leaders in the gram sabha. The role of ASHA and Anganwadi workers were found to be moderate in Telangana, Odisha and Uttarakhand in spreading message about

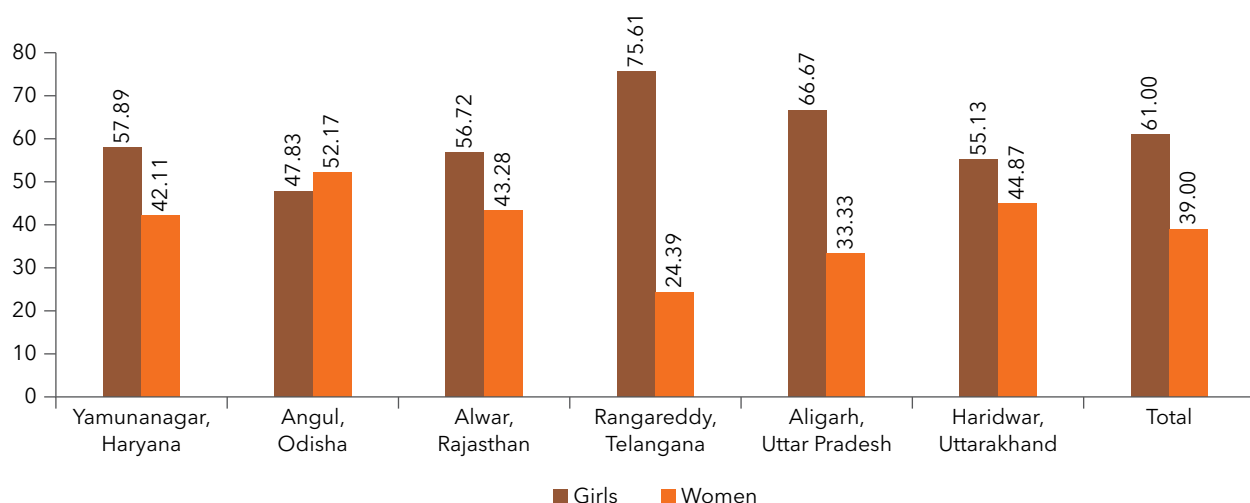
the training to the people. There have been other stakeholders involved in spreading awareness about Stree Swabhiman training, such as, medical representatives, both doctors and Auxiliary Nursing Midwifery (ANM) from Primary Health Centres (PHCs).

6.2.2 Beneficiaries of the Training

The main beneficiaries of the Stree Swabhiman programme were adolescent girls and women, and in every surveyed state, the proportion of girls who attended the programme outnumbered the women. Of the total beneficiaries oriented on menstrual hygiene, the proportion of the girls was the highest in Telangana, followed by Uttar Pradesh, Haryana and Rajasthan.



FIGURE 6.1: BENEFICIARIES OF STREE SWABHIMAN TRAINING (%)



Source: Survey.

On the other hand, about 52 per cent of the women in Odisha seem to have benefitted from the programme. The other states that have covered substantial proportion of women beneficiaries include Uttarakhand, Rajasthan and Haryana. Since it was easy to reach young girls in schools, it was possible to reach more adolescent girls. Moreover, the young minds were open for change. On an average, about 450 young girls from Class 6 - 12 had got benefitted from the programme. In Odisha and Rajasthan, coverage of high proportion of women was possible because of the support of SHGs.

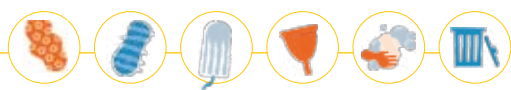
6.2.3 Reasons for Non-Participation

On the whole, 170 women and 30 girls stated that they have not attended the training programme. While tracing the reasons for non-participation in the awareness training programme, both the non-beneficiary women and girls cited various reasons.

The main reason cited by both the girls and women include lack of awareness on such training programme. Some of the girls, who were surveyed in schools, stated that they were studying in different schools then, due to which

TABLE 6.2: REASON FOR NON-PARTICIPATION (%)

States	Districts	Unaware about the training	Not interested	Shy to attend	Not permitted by family	Others
Girls						
Haryana	Yamunanagar	Nil	Nil	Nil	Nil	Nil
Odisha	Angul	85.71	14.29	0.00	0.00	0.00
Rajasthan	Alwar	100.00	0.00	0.00	0.00	0.00
Telangana	Rangareddy	50.00	0.00	0.00	0.00	50.00
Uttar Pradesh	Aligarh	100.00	0.00	0.00	0.00	0.00
Uttarakhand	Haridwar	100.00	0.00	0.00	0.00	0.00
Total		83.33	3.33	0.00	0.00	13.33



States	Districts	Unaware about the training	Not interested	Shy to attend	Not permitted by family	Others
Women						
Haryana	Yamunanagar	85.71	0.00	0.00	0.00	14.29
Odisha	Angul	61.54	19.23	0.00	3.85	15.38
Rajasthan	Alwar	84.85	9.09	0.00	0.00	6.06
Telangana	Rangareddy	96.67	1.67	0.00	0.00	1.67
Uttar Pradesh	Aligarh	73.68	15.79	5.26	0.00	5.26
Uttarakhand	Haridwar	94.44	0.00	0.00	0.00	5.56
	Total	85.29	7.06	0.59	0.59	6.47

Source: Survey.

they were not aware of such an orientation session on menstrual hygiene. About 14 per cent of the girls in Odisha reported that they did not attend the session due to lack of interest on the topic. In Odisha and Uttar Pradesh too, the same reason was affirmed by 19 per cent and 15 per cent of the women respondents respectively. With reference to 'other reasons', a common phenomenon was witnessed in all the six states which included the rigid-mind set of the people to even discuss about menstrual health. Furthermore, few girls affirmed that they were not present in the school on the day of the orientation session, due to health and other reasons.

About 5 per cent of the women in Uttar Pradesh reported that they were feeling shy to attend

these sessions and about 4 per cent in Odisha stated that they were not permitted by the family members to attend the same. Based on these field realities with regard to non-participation it can be construed that, women from the sample population who refused to attend are neither willing nor empowered to make decisions when it comes to their personal hygiene. Others found it to be too sensitive to discuss in public places.

6.2.4 Duration of the Training Session

With respect to the duration of the training session, more than half the respondents stated that the session took place for one hour and this was cited by equal proportion of girls and women in the surveyed states. More than 80 per cent of

TABLE 6.3: DURATION OF THE TRAINING SESSION (%)

States	Districts	1 Hour	2 Hour	Half day	Full day	No response
Girls						
Haryana	Yamunanagar	4.35	30.43	47.83	0.00	17.39
Odisha	Angul	42.86	11.43	0.00	0.00	45.71
Rajasthan	Alwar	37.88	53.03	9.09	0.00	0.00
Telangana	Rangareddy	89.66	8.62	0.00	0.00	1.72
Uttar Pradesh	Aligarh	81.82	9.09	0.00	9.09	0.00
Uttarakhand	Haridwar	41.86	39.53	16.28	0.00	2.33
	Total	50.85	29.24	10.17	0.42	9.32



States	Districts	1 Hour	2 Hour	Half day	Full day	No response
Women						
Haryana	Yamunanagar	58.33	8.33	16.67	16.67	0.00
Odisha	Angul	37.93	48.28	0.00	6.90	6.90
Rajasthan	Alwar	47.83	43.48	2.17	2.17	4.35
Telangana	Rangareddy	12.50	0.00	0.00	12.50	75.00
Uttar Pradesh	Aligarh	58.33	16.67	16.67	0.00	8.33
Uttarakhand	Haridwar	70.59	8.82	8.82	2.94	8.82
	Total	51.06	28.37	5.67	4.96	9.93

Source: Survey.

the girls in Telangana and Uttar Pradesh and 70 per cent of the women in Uttarakhand affirmed that the session was for an hour. Similarly, almost an equal proportion of girls and women reported that the session was for 2 hours duration.

The overall average for the category - half day was found to be 10 per cent and 5 per cent as reported by girls and women, respectively. Full day session was also reported by 9 per cent of the girls in Uttar Pradesh, while 16 and 12 per cent of the women in Haryana and Telangana also reported the same. Some of the respondents indeed reported that they do not remember the duration of the session as the training happened few months before and such no response rate was high in Odisha and Telangana.

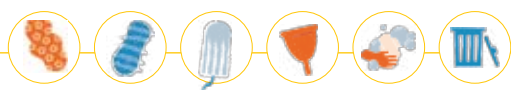
In most of the places, one hour session was the common duration of training, as it is difficult to hold the attention of the beneficiaries beyond that. Where the discussion had exceeded two hours, there was usage of various modes of training to hold the attention of the trainees, some of which included showing videos on menstrual hygiene, organising consultation with doctors, etc.

6.2.5 Frequency of the Training Session

The participants of the Stree Swabhiman training was also asked to report their views on the frequency of the training. Table 6.4 highlights the frequency of awareness trainings being organised across 6 states wherein, 68 per cent and 56 per cent of the girls in Rajasthan and Haryana

TABLE 6.4: FREQUENCY OF THE TRAINING SESSION (%)

States	Districts	Only once	Every month	Once in 2 months	Random Sessions
Girls					
Haryana	Yamunanagar	43.48	56.52	0.00	0.00
Odisha	Angul	50.00	26.32	13.16	10.53
Rajasthan	Alwar	6.06	68.18	1.52	24.24
Telangana	Rangareddy	17.24	1.72	1.72	79.31
Uttar Pradesh	Aligarh	45.45	9.09	9.09	36.36
Uttarakhand	Haridwar	23.81	38.10	0.00	38.10
	Total	24.37	36.13	3.36	36.13



States	Districts	Only once	Every month	Once in 2 months	Random Sessions
Women					
Haryana	Yamunanagar	45.45	45.45	0.00	9.09
Odisha	Angul	27.59	27.59	13.79	31.03
Rajasthan	Alwar	21.74	47.83	21.74	8.70
Telangana	Rangareddy	37.50	0.00	0.00	62.50
Uttar Pradesh	Aligarh	75.00	8.33	16.67	0.00
Uttarakhand	Haridwar	48.48	12.12	3.03	36.36
	Total	36.69	28.78	12.23	22.30

Source: Survey.

reported that the awareness session used to take place every month. The same was also affirmed by 47 per cent and 45 per cent of the women in Rajasthan and Haryana respectively. Majority of the girls and women in Telangana reported that there was no fixed interval in organising such training. The training used to take place on a random basis, sometimes with long gap and sometimes, very frequently. In the initial days, when the programme was implemented, the sessions used to be regular, however, at a later stage, it started becoming irregular.

There have also been instances of awareness training being held only once so far in the study areas particularly in Odisha, Uttar Pradesh and Haryana, as reported by more than 40 per cent of the girls in these states. The women too reported of having such training

sessions only once in their locality and this was reported mostly in Uttar Pradesh (75 per cent), Uttarakhand (48 per cent), Haryana (45 per cent), etc., thus attributing to an overall average of 36.7 per cent.

It was also reported that awareness training was conducted once in two months by 3 per cent of the girls and 12 per cent of the women, on the whole in the surveyed states. It also came to light that, awareness was also provided informally when women visited CSCs to access various e-services and also through promotional activities.

6.2.6 Mode of Training

As the topic of the training is sensitive, the VLEs of CSCs in different states adopted

TABLE 6.5: MODE OF TRAINING (%)

States	Districts	Show casing videos on health and menstrual hygiene	Lecture methods	Consultations with doctors	Interaction
Girls					
Haryana	Yamunanagar	10.00	46.67	40.00	3.33
Odisha	Angul	2.56	82.05	0.00	15.38
Rajasthan	Alwar	57.14	37.50	1.79	3.57
Telangana	Rangareddy	32.47	41.56	6.49	19.48
Uttar Pradesh	Aligarh	22.22	50.00	16.67	11.11
Uttarakhand	Haridwar	0.00	100.00	0.00	0.00
	Total	30.50	53.77	6.92	8.81



States	Districts	Show casing videos on health and menstrual hygiene	Lecture methods	Consultations with doctors	Interaction
Women					
Haryana	Yamunanagar	28.57	57.14	7.14	7.14
Odisha	Angul	25.00	60.42	0.00	14.58
Rajasthan	Alwar	41.18	47.06	4.41	7.35
Telangana	Rangareddy	50.00	25.00	0.00	25.00
Uttar Pradesh	Aligarh	10.00	50.00	0.00	40.00
Uttarakhand	Haridwar	0.00	84.85	0.00	15.15
	Total	26.55	58.19	2.26	12.99

Source: Survey.

different modes and ways to deliver training. Lectures, show casing videos on the topic of menstrual hygiene and interaction sessions with key stakeholders were the main medium via which the training was conducted. All such modes of delivery was chosen by the VLE based on the local requirement, or sometimes, it was also based on the interest of the VLE. With reference to training delivery in all the six states, the predominant mode of delivery was lecture method, which simply included teaching participants verbally and this was reported by 53 per cent of girls and 58 per cent of women. This proportion was particularly high in Uttarakhand and Odisha, as affirmed by the girls and women of these states.

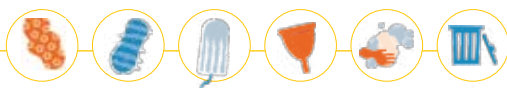
Other mode of delivery include showing documentaries on menstrual health and hygiene, as reported by 30 per cent of girls and 26 per cent of women. In Rajasthan and Telangana, more proportion of women and girls stated that videos were shown in the schools and also in the villages. In Haryana and Odisha too, around 25 per cent of the women stated of watching videos on menstrual hygiene. Consultation with the doctors was mostly reported by the girls and such interaction of doctors with women in the villages was difficult to arrange, as the response rate among the women was quite low. In particular, such sessions with doctors was highly reported by the girls of Haryana, followed by Uttar Pradesh and Telangana. Consultation

of women with doctors was reported only in the states of Haryana and Rajasthan. Interactive session with teachers, VLEs, nurses and even college students was also organised and this was reported by 40 per cent and 25 per cent of the women in Uttar Pradesh and Telangana, respectively.

As menstrual taboos are deep rooted in Indian society, interactive session could be regarded as an effective method, nevertheless, the overall share of this mode of delivery is as low as 8 per cent among girls and 12 per cent among women. One of the strengths of interactive session is its ability to involve the target group either through question and answer session



Picture 6.1: Awareness Given by Nursing Students



Picture 6.2: Posture on the Wall on Menstrual Hygiene

or group discussion or group work and alike. For instance, the physical education teacher in Yamunanagar, Haryana used question and answer session as well as peer-to-peer interaction to foster positive change among adolescent girls.

Another significant method to build awareness is through appropriate documentaries which will make an impact on people for longer duration and Alwar district of Rajasthan

had tapped this mode of delivery the most, followed by Rangareddy district of Telangana. This involves a practical display through videos or movie on why menstrual hygiene is important, positive and negative impact of MHM, usage of sanitary products, proper disposal mechanisms etc.

6.2.7 Outlook of Participants towards Training Session

Regarding the general outlook towards the awareness training programme, a range of responses was included: 'Initial inhibition to attend', 'Resentment', and 'Informative session'. Around 36 per cent of the girls and 46 per cent of the women regarded the session to be informative and about 44 per cent of the girls and 29 per cent of the women, stated that they were initially confronted with personal inhibitions like fear, rigidity, and shyness. About 78 per cent of the girls and 85 per cent of the women in Odisha found the session to be informative. On the other hand, 77 per cent of the girls in Rajasthan and 54 per cent of the women in Uttar Pradesh expressed about their initial inhibition to attend the session.

One of the trends that was noticed both among the girls and women, although marginal is the resentment for organising such sessions, and

TABLE 6.6: OUTLOOK OF PARTICIPANTS TOWARDS TRAINING SESSION BEFORE ATTENDING THE TRAINING (%)

States	Districts	Initial inhibition to attend	Anger on having such session	Could be an informative session	No Response
Girls					
Haryana	Yamunanagar	45.83	0.00	25.00	29.17
Odisha	Angul	0.00	2.70	78.38	18.92
Rajasthan	Alwar	77.27	4.55	6.06	12.12
Telangana	Rangareddy	32.76	5.17	53.45	8.62
Uttar Pradesh	Aligarh	27.27	0.00	27.27	45.45
Uttarakhand	Haridwar	52.38	0.00	35.71	11.90
	Total	44.54	2.94	36.97	15.55



States	Districts	Initial inhibition to attend	Anger on having such session	Could be an informative session	No Response
Women					
Haryana	Yamunanagar	50.00	0.00	33.33	16.67
Odisha	Angul	7.41	0.00	85.19	7.41
Rajasthan	Alwar	44.68	4.26	34.04	17.02
Telangana	Rangareddy	10.00	0.00	10.00	80.00
Uttar Pradesh	Aligarh	54.55	0.00	9.09	36.36
Uttarakhand	Haridwar	15.63	3.13	59.38	21.88
	Total	29.50	2.16	46.04	22.30

Source: Survey.

such resentment was reported by about 5 per cent of girls in Telangana and 4 per cent of girls and women in Rajasthan. However, on the whole, the beneficiaries agreed that though they felt shy or angry in the beginning for organising a session on such sensitive topic, later they found themselves comfortable to discuss about the same. In particular, the school girls affirmed that though they did not open up initially, in the sessions that was held later in school, they used to ask questions on menstrual hygiene that bothered them to get clarity on the same. On the other hand, some of the beneficiaries did not want to respond to this question and among girls, 45 per cent and 30 per cent of the beneficiaries in Uttar Pradesh and Haryana did not respond to the same. Similarly among women, 80 per cent of the women in Telangana, did not want to express their viewpoint on the training.

A study conducted by Kothari (2010) among adolescent girls and married men depicted the existence of hesitant attitude towards menstruation in Rajasthan and the study highlighted that the respondents perceived the discussion around menstruation as “repelling and embarrassing experience” and “shameful” and “avoidable” at the societal level. More or less the same kind of response was also found in this study too. On the whole, it can be stated that though the adolescent school girls were

rigid and timid initially, the awareness training had prepared the young trainees for open conversations on MHM.

6.2.8 Feedback on the Training Programme

The feedback on the training session so taken up by CSC as an initiative to spread awareness amongst the targeted groups i.e., unaware and underserved, was also assessed during the course of study. Overall, more than 80 per cent of the girls and women in most of the states, expressed that the Stree Swabhiman training was good.

The programme was reported to be average by 15 per cent of the girls and 20 per cent of the women and about 50 per cent of the girls in Uttar Pradesh and 50 per cent of the women in Telangana found it to be of average quality. Only a meagre proportion of girls in Telangana (3.5 per cent) and women in Uttarakhand (6.6 per cent) and Rajasthan (2.5 per cent), felt the training to be bad. In the other states, none of the respondents found it bad. With few hitches here and there, the Stree Swabhiman awareness training, overall has been well received by the respondents.

The major reasons for the overall positive response regarding the training may be

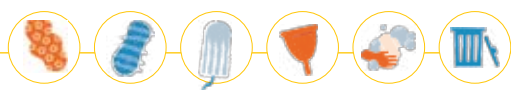


TABLE 6.7: FEEDBACK ON THE TRAINING PROGRAMME (%)

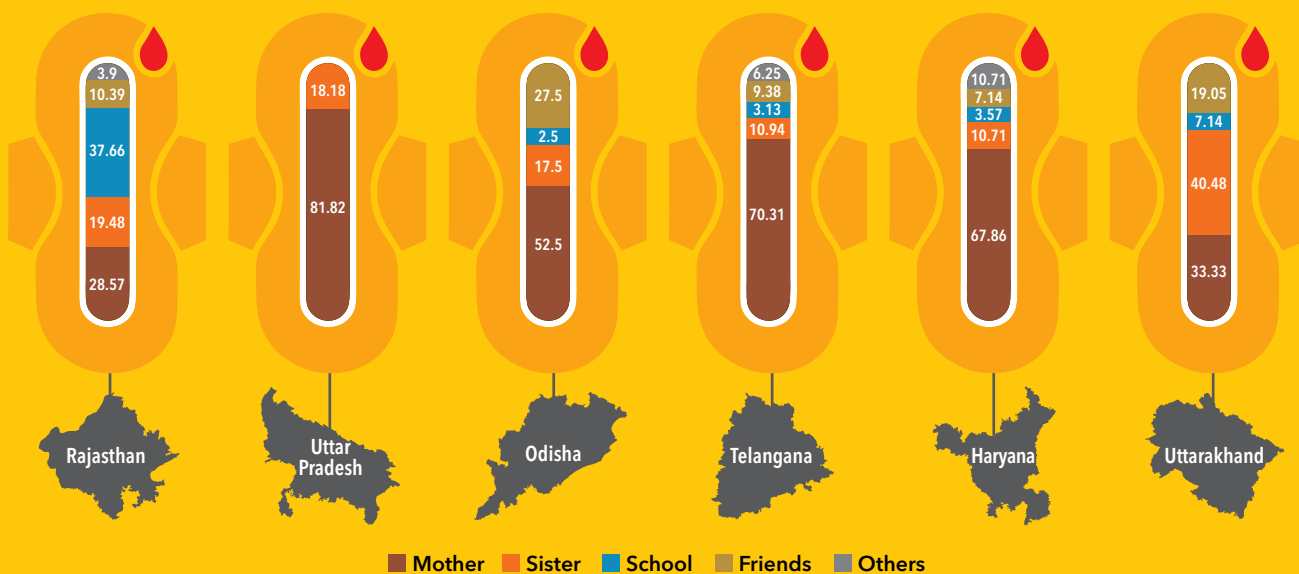
States	Districts	Good	Average	Bad
Girls				
Haryana	Yamunanagar	69.57	30.43	0.00
Odisha	Angul	92.00	8.00	0.00
Rajasthan	Alwar	89.23	10.77	0.00
Telangana	Rangareddy	82.46	14.04	3.51
Uttar Pradesh	Aligarh	50.00	50.00	0.00
Uttarakhand	Haridwar	88.37	11.63	0.00
	Total	83.86	15.25	0.90
Women				
Haryana	Yamunanagar	88.89	11.11	0.00
Odisha	Angul	95.83	4.17	0.00
Rajasthan	Alwar	82.05	15.38	2.56
Telangana	Rangareddy	50.00	50.00	0.00
Uttar Pradesh	Aligarh	85.71	14.29	0.00
Uttarakhand	Haridwar	50.00	43.33	6.67
	Total	76.58	20.72	2.70

Source: Survey.

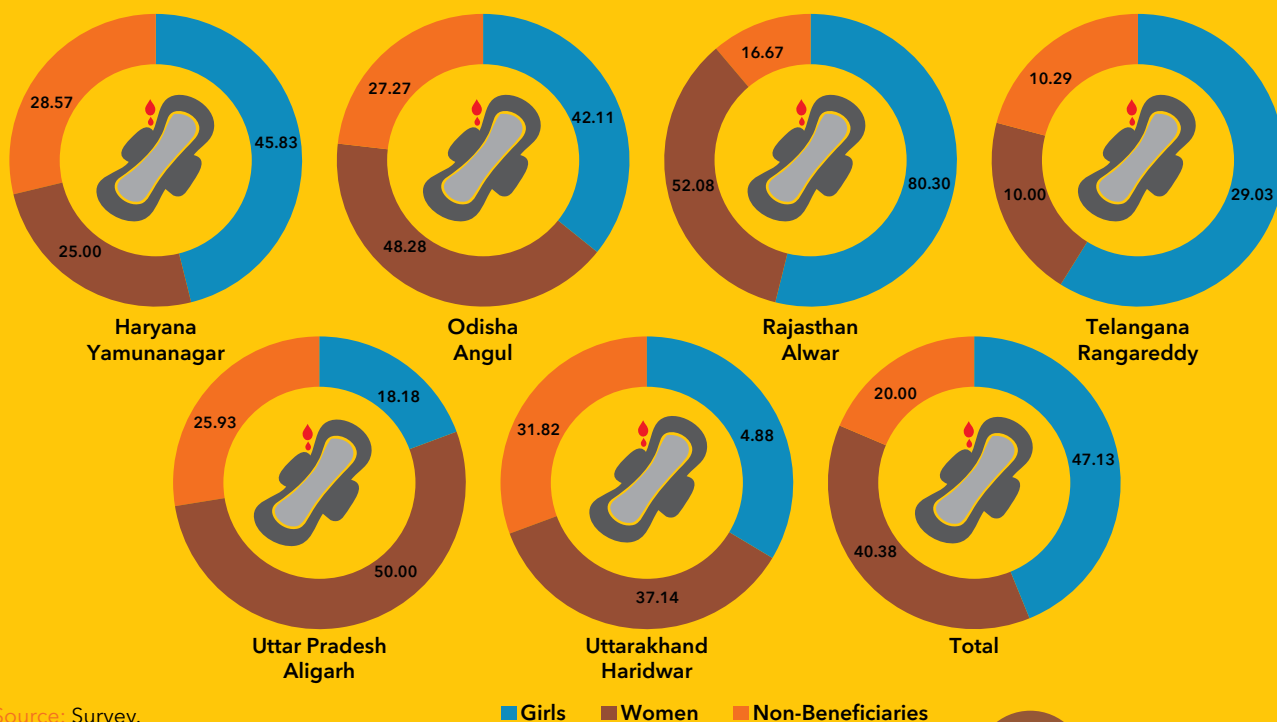
attributed to the stakeholder partnership at the local level viz., VLE, School teachers, doctors, ASHA, Anganwadi workers, ANM, Gram Pradhan, local NGOs, and community resource persons. Another potential resource to be tapped is to organise a tribe of young volunteers to dispel silence around menstrual taboos in the community through street plays, games, puzzles, quizzes and similar activities as appropriate to the target group.

With such discussion on the various components of the Stree Swabhiman training, the forthcoming chapter presents the findings on the menstrual awareness and menstrual practices of beneficiaries both in the pre and post-training period. It thus presents the perception of sample beneficiaries on menstrual hygiene in general and feedback on usage of Stree Swabhiman pads in particular.

Key Source(s) of Information on Menstruation for Girls



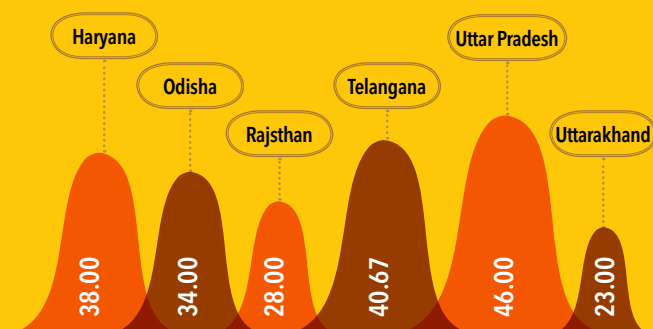
Pre-Menarche Awareness Levels on Menstruation (%)



Source: Survey.

Generally mothers feel reluctant to discuss about menstruation with their daughters until the onset of menarche.

Menstruation affects Participation in School/Work



MENSTRUAL AWARENESS AND PRACTICES: AN ANALYSIS



7.1 Introduction

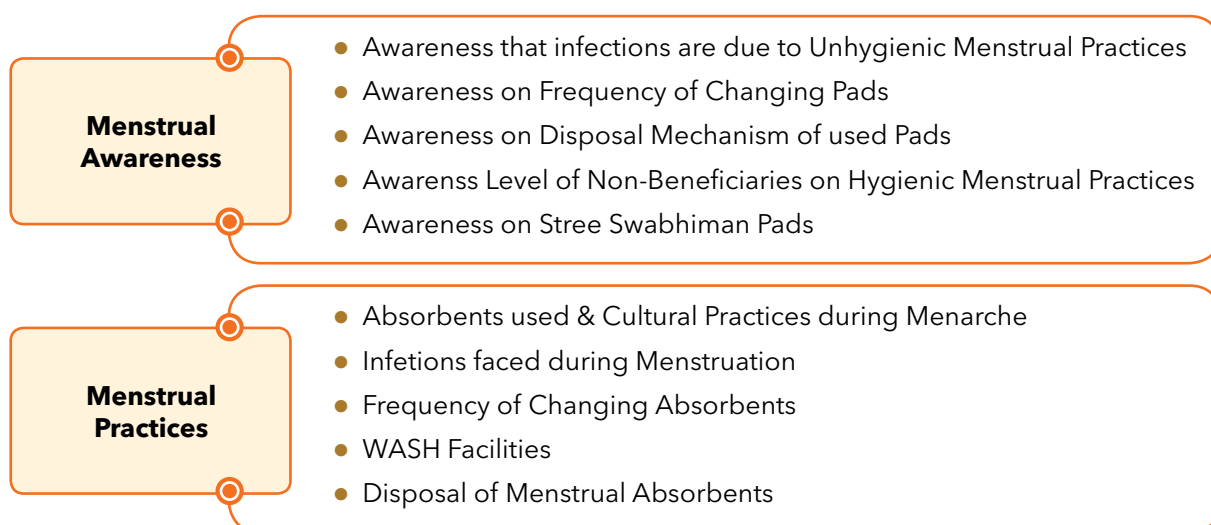
In order to gauge whether the awareness training programme has lessened existing unhygienic menstrual practices among beneficiaries, the study examined their awareness levels on the hygienic practices that was taught to them. They were thus questioned on existing menstrual practices, frequency of changing pads, and disposal mechanism followed in discarding the menstrual waste. In this chapter, respondents' relative access to menstrual health information and access to menstrual materials have been documented. In a way, the study seeks to determine (i) whether the VLEs are able to connect with the community in creating awareness on a

sensitive topic like MHM; and (ii) whether intensive counselling sessions or adequate expertise are required at the field level to train menstruators about MHM.

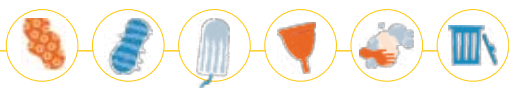
7.2 Awareness on Hygienic Menstrual practices: Pre and Post Training

In order to examine whether the training was effective in achieving its intended outcomes, trainees' awareness on hygienic menstrual practices, pre and post Stree Swabhiman training was assessed in the study. In this section, respondents' awareness on hygienic menstrual practices, before and after the Stree Swabhiman awareness training has been discussed.

FIGURE 7.1: PARAMETERS TO ASSESS MENSTRUAL AWARENESS AND PRACTICES



Source: Prepared by the authors.

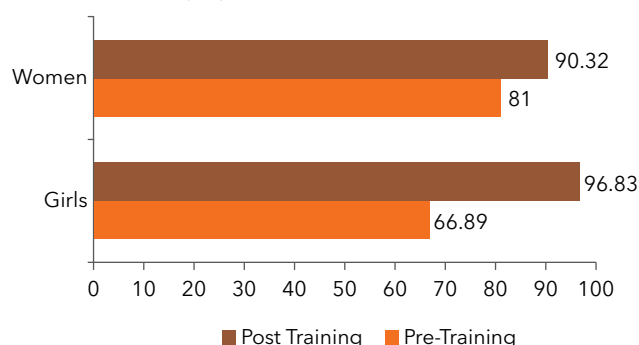


7.2.1 Awareness that Infections are due to Unhygienic Menstrual Practice

The beneficiaries were questioned on whether they are aware that poor menstrual hygiene causes infection. Overall, of the surveyed respondents about 66 per cent of girls and 81 per cent of women stated of having prior awareness that unhygienic menstrual practice causes infections.

The programme Stree Swabhiman can be said to have influenced a substantial proportion of girls and women and post training. There has been significant increase in awareness of both girls and women, which has risen from 66 per cent to 96 per cent among girls and from 81 per

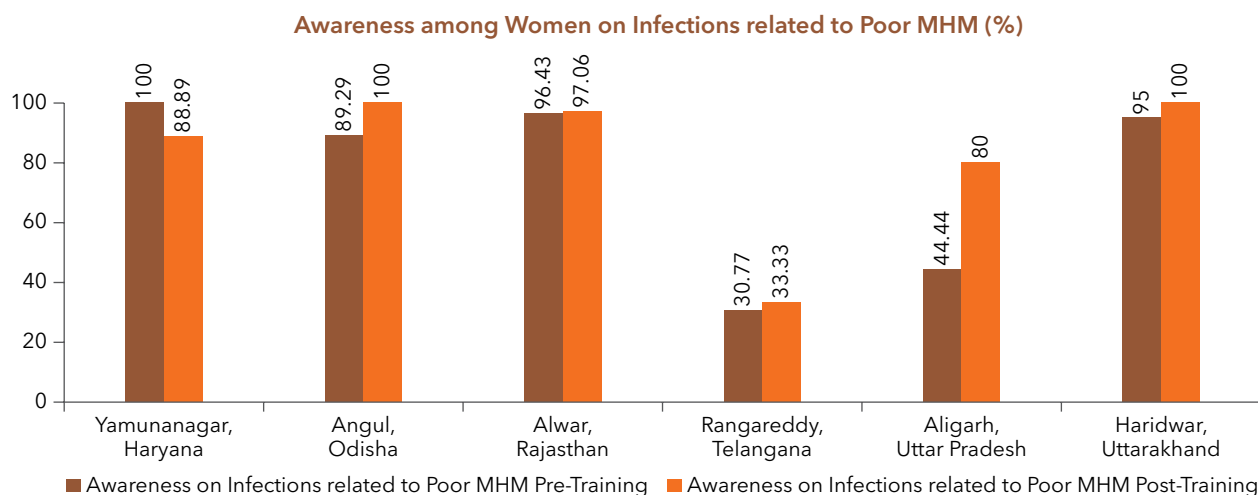
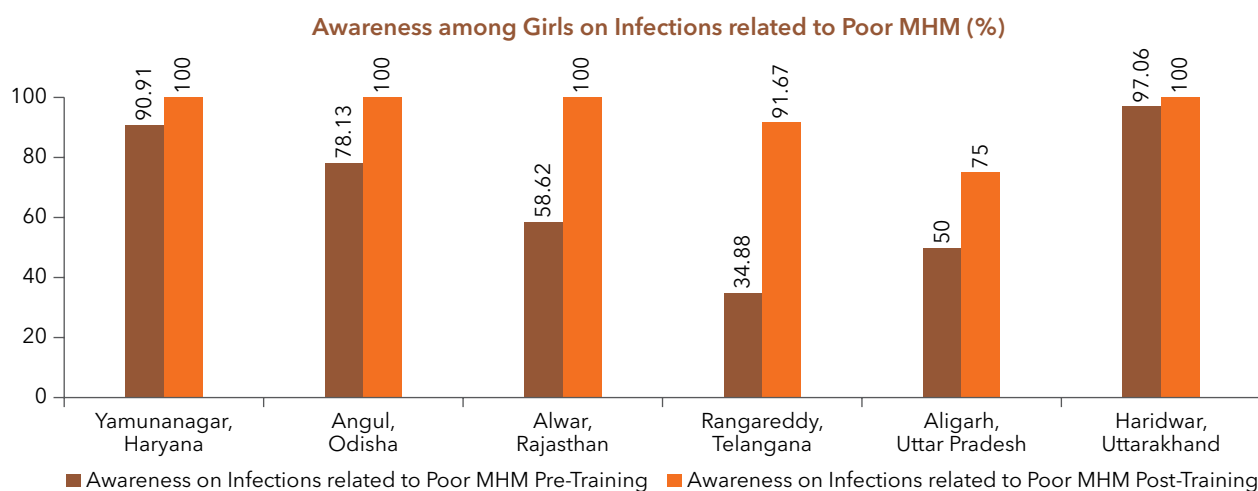
FIGURE 7.2: AWARENESS OF BENEFICIARIES THAT POOR MENSTRUAL HYGIENE CAUSES INFECTIONS (%)



Source: Prepared by the authors.

cent to 90 per cent among women. The common problems that the beneficiaries identified due to poor menstrual hygiene include rashes, itching

FIGURE 7.3: STATE-WISE SCENARIO ON THE AWARENESS LEVEL THAT POOR MENSTRUAL HYGIENE CAUSES INFECTION: PRE- AND POST-TRAINING



Source: Survey.



"In our State, cases of infections due to menstruation used to be quite high, as the awareness level among girls on menstrual hygiene used to be too low. Girls often use the same cloth for long duration, which is not properly dried in sun. This had caused infection in many girls. However, in recent times, since many are shifting from cloth to pad, the cases of infection in our area have considerably declined. And there has been reduction in the number of infection cases that comes to primary health centre."

- ASHA Worker, Angul district, Odisha

and irritation. According to the response of the beneficiaries, practices such as not washing the genitals on a regular basis and prolonged use of menstrual absorbents, are considered unhygienic practices.

In terms of area-wise analysis, significant differences could be observed in Uttar Pradesh, Rajasthan, and Telangana, where the programme seem to have made significant impact among girls. There seems to be a sharp increase in awareness in the pre and post training phase, in comparison to the other states. This suggests that the programme has made wider coverage of the unaware group. Pre and post training awareness among girls seems to be quite low in the states of Haryana and Uttarakhand in particular. It can be said that awareness training has been imparted to only those category of girls, who already had awareness and in particular, more than 80 per cent of the girls in Haryana and Uttarakhand, already had the awareness even before the Stree Swabhiman training could be imparted.

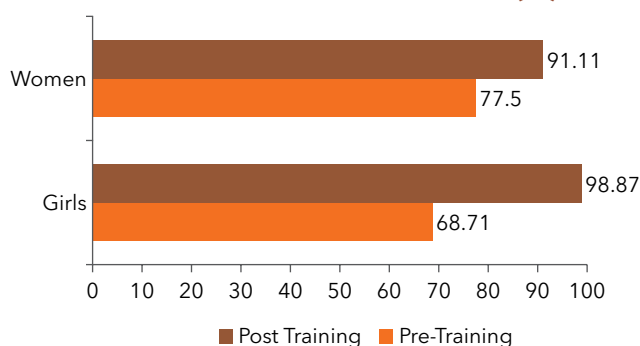
Among women beneficiaries, awareness level seems to be high in Uttar Pradesh in the post training phase, followed by a mild increase in Odisha. Pre and post training awareness almost seems to be negligible in Telangana. On the other hand, in Rajasthan and Uttarakhand, awareness level on infections caused by poor menstrual hygiene is high even in the pre-training phase and Stree Swabhiman training could only make a mild influence. Ironically, there has been a decreased awareness level among the beneficiary women in Haryana in the post-

training phase. Based on interaction with the key stakeholders it was found that the new piece of information about infections provided by Stree Swabhiman has disoriented their previously acquired information on MHM. Except Uttar Pradesh, in all the other study areas, rather than identifying the target unaware group, awareness sessions have been conducted to those already aware of MHM. In Telangana, majority of the respondents reported their lack of awareness on menstrual infections both in the pre and post training phase.

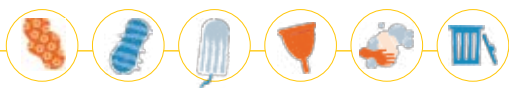
7.2.2 Awareness on the Frequency of Changing Pads

Changing of pads at regular intervals is considered to be a hygienic practice. When enquired about the same, many of the respondents stated that they are aware that pads should be changed frequently and they stated of changing the same, depending upon the flow. Still some of the respondents stated that to save the cost on menstrual pads,

FIGURE 7.4: AWARENESS OF BENEFICIARIES ON FREQUENCY OF CHANGING PADS (%)



Source: Survey.



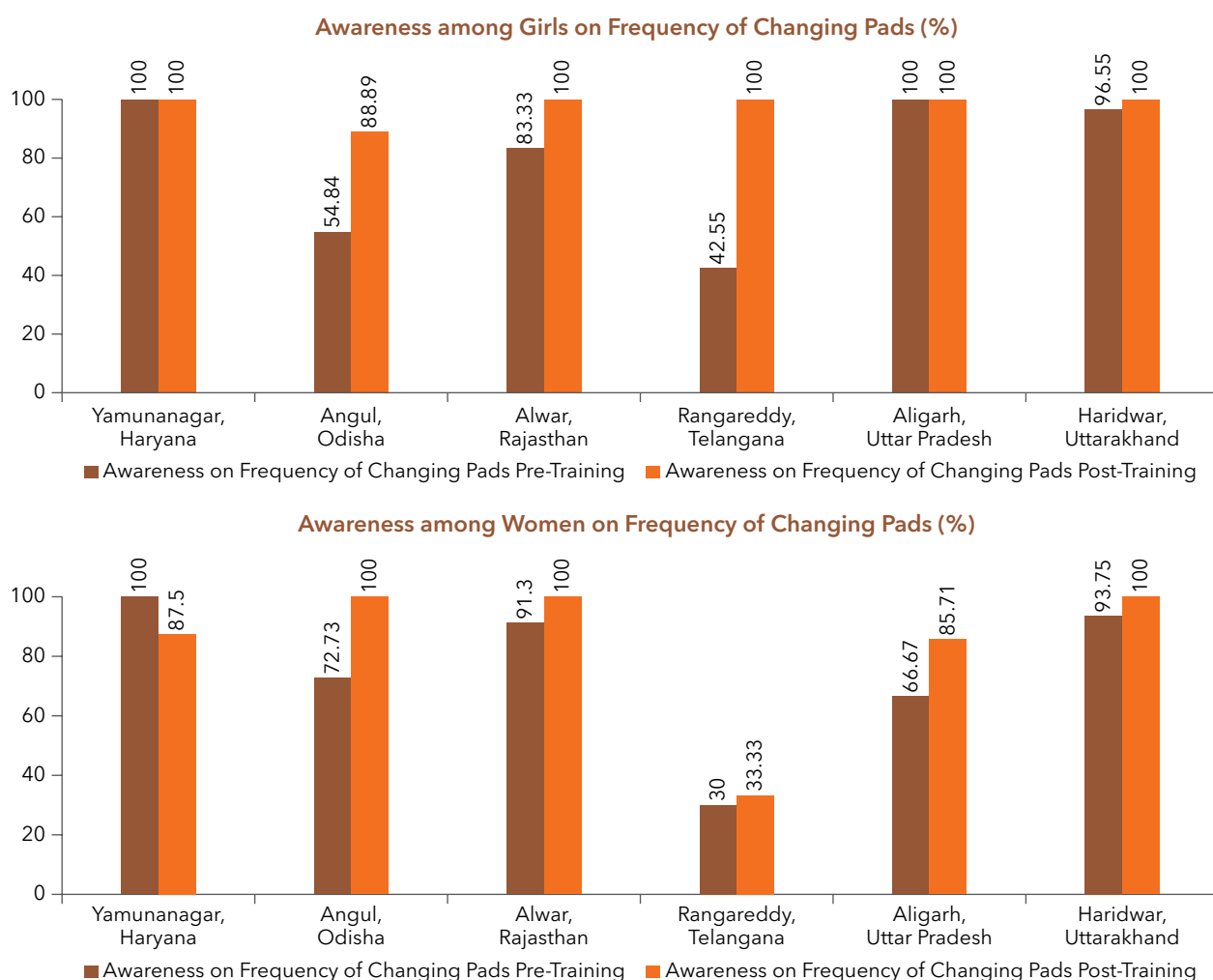
2 pads have been used during heavy flow days, while single pad has been used throughout the day during low flow days. However, from the Figure 7.4, it can be understood that the Stree Swabhiman training had made significant impact in creating awareness on the frequency of changing pads, especially among girls.

Among adolescent girls, significant differences could be found in terms of change of pads at regular intervals in the post-training (98.87 per cent) phase when compared to their awareness in the pre-training (68.71 per cent) phase. In contrast, awareness of women in the same category seemed to be better even in the pre-training period (77.5 per cent). Nevertheless, the training has created considerable impact

on women, wherein their awareness levels in the post-training phase rose to 91 per cent.

In this category, state-wise analysis reveals that the programme has made a significant impact in Telangana, followed by Odisha and Rajasthan in creating awareness among adolescent girls. In all these states, the programme targeted those schools where the awareness level on menstrual hygiene was low. As a result, there has been a rapid increase in awareness levels in the post-training phase. On the other hand, in the states of Haryana, Uttar Pradesh and Uttarakhand, there is not much difference between the pre- and the post-training phase. In fact, the awareness level seems to be high even in the pre-training phase. It may be due to

FIGURE 7.5: STATE-WISE SCENARIO ON THE AWARENESS ON FREQUENCY OF CHANGING PADS (%)



Source: Survey.



the fact that the programme had mostly covered those schools where adequate awareness on menstrual hygiene has already been provided by the respective teachers.

In comparison to girls, pre-training awareness on the frequency of changing pads among women seemed to be better. Sharp increase in the awareness level in the pre and post training phase was reportedly high in the states of Odisha and Uttar Pradesh in particular and also to a mild extent in Rajasthan too. However, the awareness level of women was very low in Telangana both in the pre and post training phase. This is mainly due to the reason that the remote locations and slums of Rangareddy district were covered only for distributing the Stree Swabhiman pads rather than creating awareness on menstrual hygiene.

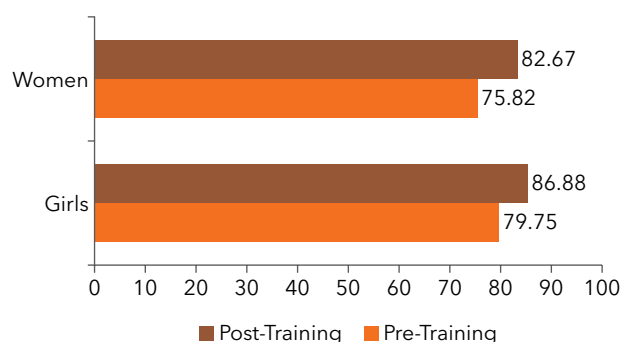
Similar to the scenario among girls, the same was noticed among women in the states of Haryana and Uttarakhand, where there was hardly any difference in their awareness levels in the pre and post training phase. Instead of reaching out to the marginalised group, the VLEs in these states mostly targeted their acquaintances who had better access to menstrual awareness.

7.2.3 Awareness on Disposal Mechanism of used Pads

As discussed in Chapter 2, methods such as burning and burying of pads and wrapping up of pads in a piece of paper and disposing it in the bin is considered a hygienic way of disposing sanitary napkins. Other methods like openly throwing off the used sanitary pads in the fields, water bodies, toilets, etc. are considered to be unhygienic as it causes environmental hazards. The respondents were thus questioned on their awareness level on the disposal mechanism in the pre and post training phase.

Both among the adolescent girls and women, significant differences could be found with respect to the ways of disposing sanitary pads in the pre and post training phase. While the

FIGURE 7.6: AWARENESS OF BENEFICIARIES ON DISPOSAL MECHANISM (%)



Source: Survey.

awareness level of girls on disposal mechanism was 79.5 per cent in the pre-training phase, it rose to 86.8 per cent in the post training phase. Similarly, the awareness level of women increased from 75.8 per cent to 82.6 per cent.

State wise scenario on the awareness on disposal mechanism among the girls show a sharp increase in the state of Telangana followed by Odisha. On the other hand, there seems to be not much difference in the awareness level of girls both in the pre and post training period. In fact, in most of the other states, awareness on hygienic way of disposal was high even in the pre-training period. This is mainly due to the emphasis made by family members on the disposal mechanisms to be followed. Due to the cultural norms and taboos imposed in the minds of girls on the consequence of open disposal of pads, most of the girls were following prompt practice in disposing the pads. This was mainly due to the myth that open disposal is a sin, which will lead to many births, curse of snakes, attract evil spirits, etc.

Sharp increase in the awareness level on the disposal mechanism among women was noticed in the states of Odisha and Uttar Pradesh and to some extent in Rajasthan too. Awareness level on the disposal mechanism was found to be low in Telangana and Uttar Pradesh in the pre-training phase. To illustrate, the *Lambadi* tribe of Telangana and the tribal group of Rajasthan that got settled in Telangana, did not permit entry to have such awareness sessions,

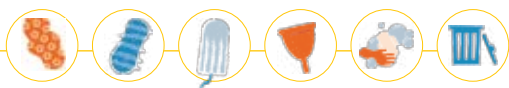
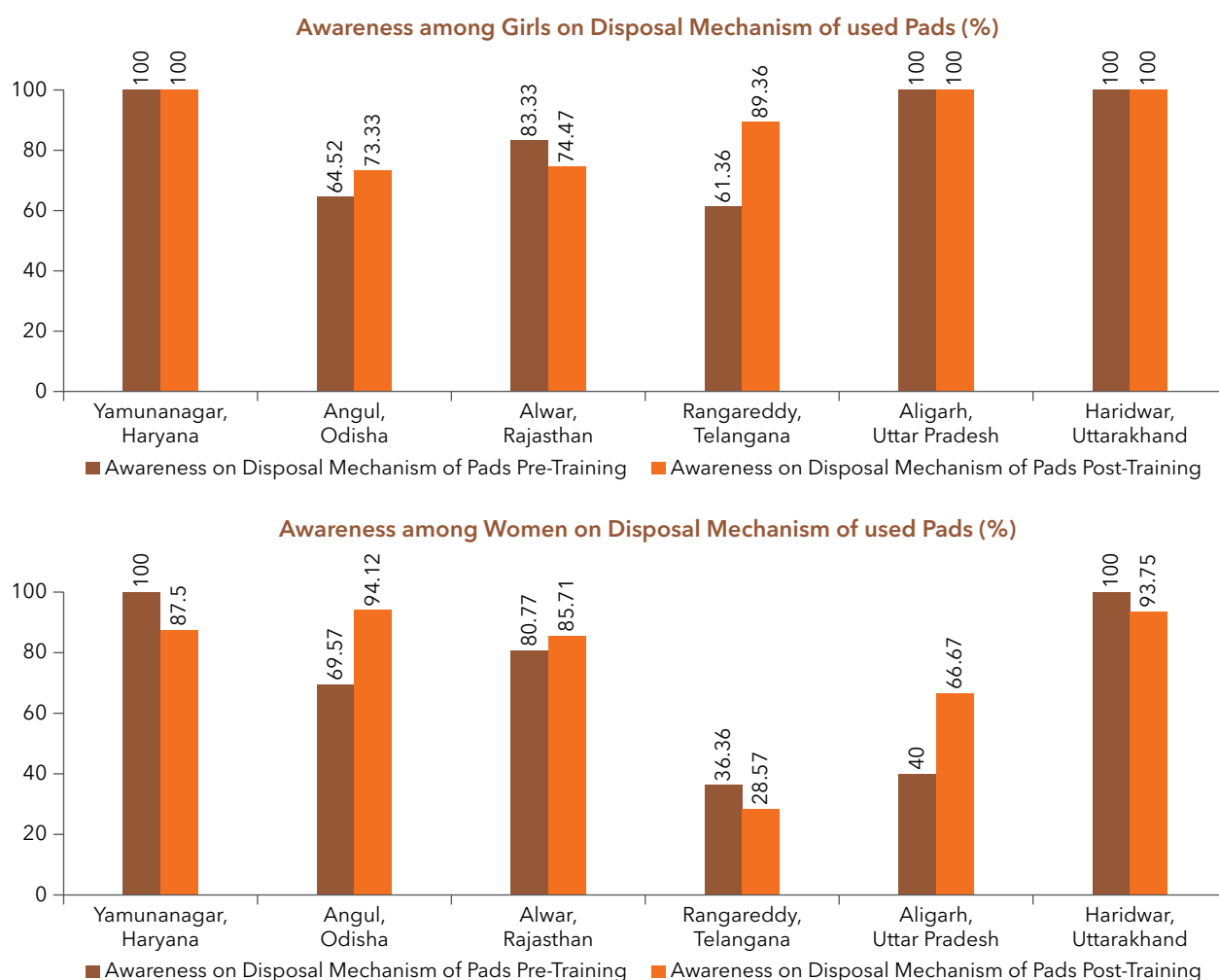


FIGURE 7.7: STATE-WISE SCENARIO ON THE AWARENESS OF BENEFICIARIES ON DISPOSAL MECHANISM (%)



Source: Survey.

and mostly they were disposing the menstrual waste in the rivers that runs across their locality. Unlike Telangana, in the post-training phase, a considerable increase has been observed in Uttar Pradesh. However, in the other states, awareness on the disposal mechanism was moderately high in both the pre and post phase of training.

7.2.4 Awareness Level of Non-Beneficiaries on Hygienic Menstrual Practices

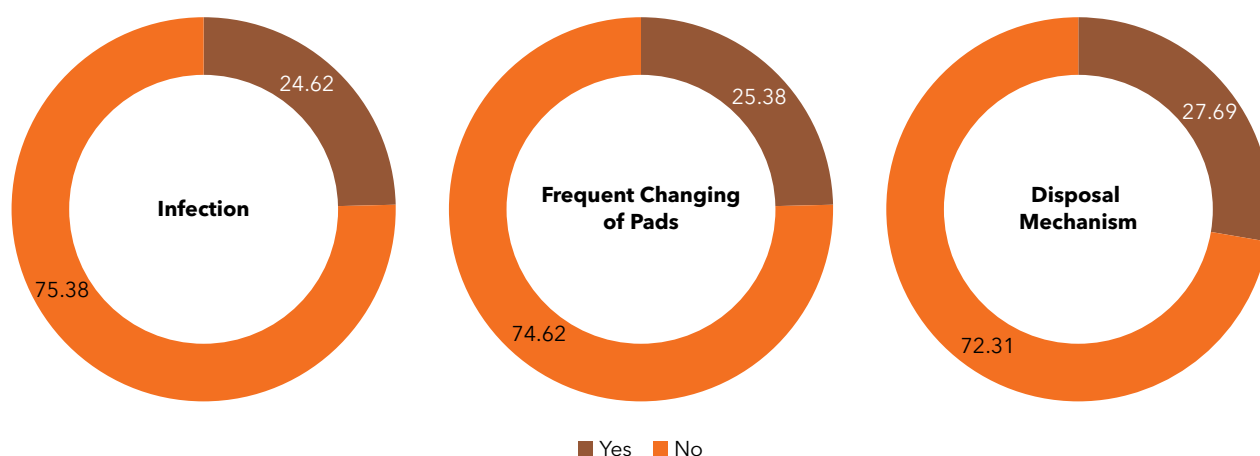
As discussed earlier, the survey garnered information on menstrual hygiene from the non-beneficiaries (inclusion of both girls and

women) in order to gauge their awareness levels and practices. It can be noticed that awareness level was low on aspects such as infections caused due to unhygienic menstrual practice, frequent changing of pads and safe disposal mechanism of pads, etc. among the non-beneficiaries. The proportion of non-beneficiaries who admitted to have awareness on hygienic menstrual practices was around 25 per cent.

When it comes to area-wise analysis on awareness of hygienic menstrual practices, the awareness level among non-beneficiaries was found to be high in the state of Odisha, while it was low in the other states. The main reason



FIGURE 7.8: AWARENESS LEVEL OF NON-BENEFICIARIES ON HYGIENIC MENSTRUAL PRACTICES (%)



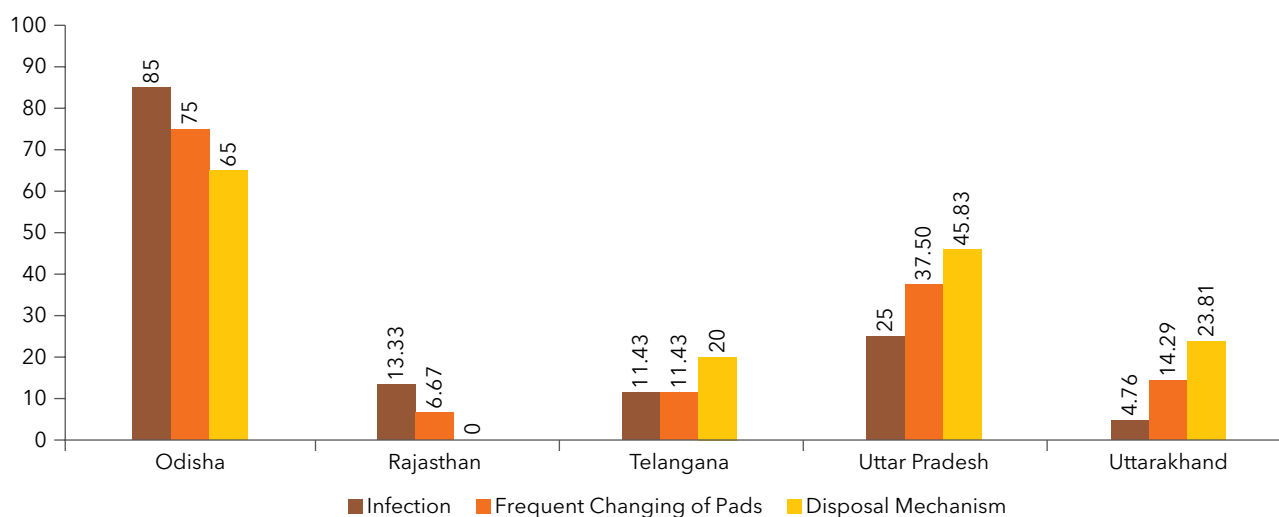
Source: Survey.

was the awareness measure undertaken by the state government of Odisha and ensuring the access of subsidised pads called 'Khushi', to even the marginalised sections of the society. In Uttar Pradesh too, a substantial proportion of the non-beneficiaries reported of having awareness on menstrual hygiene. On the other hand, awareness level was found to be too low in the other states, particularly Rajasthan, Uttarakhand and Telangana.

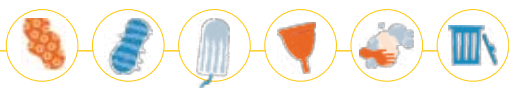
Low level of awareness among non-beneficiaries, may be due to low literacy levels, rigid attitude of the community, lack

of adequate MHM awareness programmes etc. Based on field observation in the respective villages and interaction with key informants, it could be inferred that low-income household parents tend to spend less time on educational and awareness activities related to menstruation and allocate fewer resources towards Water, Sanitation, and Hygiene (WASH) facilities at home. Secondly, it may also be due to the sensitivity of the topic that the respondents may have thought that information related to menstruation need to be kept secretive and pointless to share with the team.

FIGURE 7.9: STATE-WISE SCENARIO ON THE AWARENESS OF NON-BENEFICIARIES ON HYGIENIC MENSTRUAL PRACTICE (%)



Source: Survey.



7.2.5 Awareness about Stree Swabhiman Pads

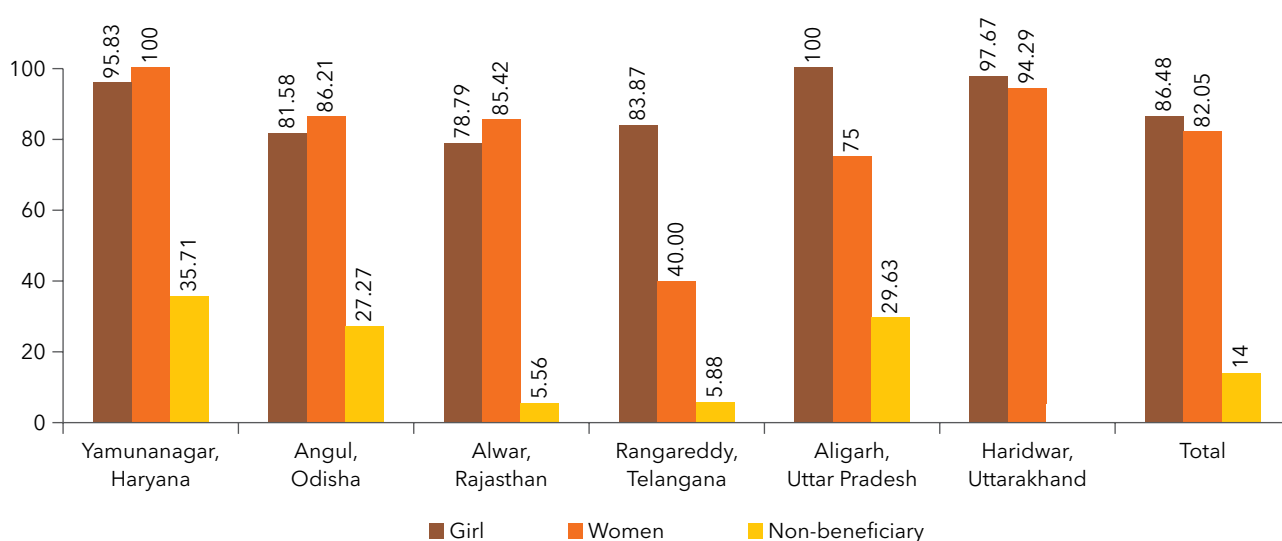
Both the beneficiaries and non-beneficiaries were inquired about their awareness on Stree Swabhiman pads. On the whole, it can be noticed that the awareness level on the Stree Swabhiman pads was high among most of the trainees of the programme. It could be inferred that majority of beneficiaries, viz., 86.48 per cent girls and 82.05 per cent of women were aware of Swabhiman pads and nearly 86 per cent of non-beneficiaries were completely unaware. In comparison to the women, the awareness level was more among the girls.

In terms of area-wise analysis, it can be noticed that awareness level on the Stree Swabhiman pads was more than 80 per cent in all the surveyed states and particularly, it was more than 95 per cent in Haryana, Uttar Pradesh and Uttarakhand. Unlike girls, the overall awareness percentage of women was relatively low in the study areas. In fact, the highest and least proportion of awareness levels could be witnessed in Haryana and Telangana.

It can also be noticed that some of the non-beneficiaries were also aware of Stree Swabhiman pads, though their proportion was quite low across all states. It can be construed from Figure 7.10 that 14 per cent of non-beneficiaries were aware only due to promotional activities of the VLE concerned; indeed, among the study areas, the significant proportion of awareness levels could be witnessed only in Haryana, Uttar Pradesh and Odisha, whereas in other states such as Rajasthan and Telangana, awareness among non-beneficiaries about the Stree Swabhiman pads were too low.

One of the possible reasons construed from the interviews held with the girl beneficiaries was that, though free sanitary pads were distributed in schools, lack of simultaneous promotional campaigns under the brand 'Swabhiman pads' failed to get registered in the minds of girls. The promotional capacity of VLE plays a crucial role in reaching out to marginalised women and non-beneficiaries, and in building their own local brands. In addition, since the quality of the pad was quite low, it did not get any popularity among the community, except for the state of Rajasthan.

FIGURE 7.10: AWARENESS ABOUT STREE SWABHIMAN PAD (%)



Source: Survey.



7.3 Menstrual Practices and Experiences: Pre- and Post-Training

As discussed earlier, the menstrual outlook, whether positive or negative, influences the menstruators' perceptions, beliefs, and practices. In this context, the study collected evidences of current menstrual practices so as to shed light on how the need for hygienic menstrual alternatives is likely to evolve in the long run. During the course of survey, almost all the respondents shared the importance and need to adopt hygienic menstrual practices. However, only a small proportion of respondents were found to exhibit sound understanding on MHM in terms of what kind of absorbent is used, number of pads used in a day, and other hygienic menstrual practices. Key findings with respect to menstrual practices followed by the trainees are discussed as follows:

7.3.1 Absorbent used and Cultural Practices during Menarche

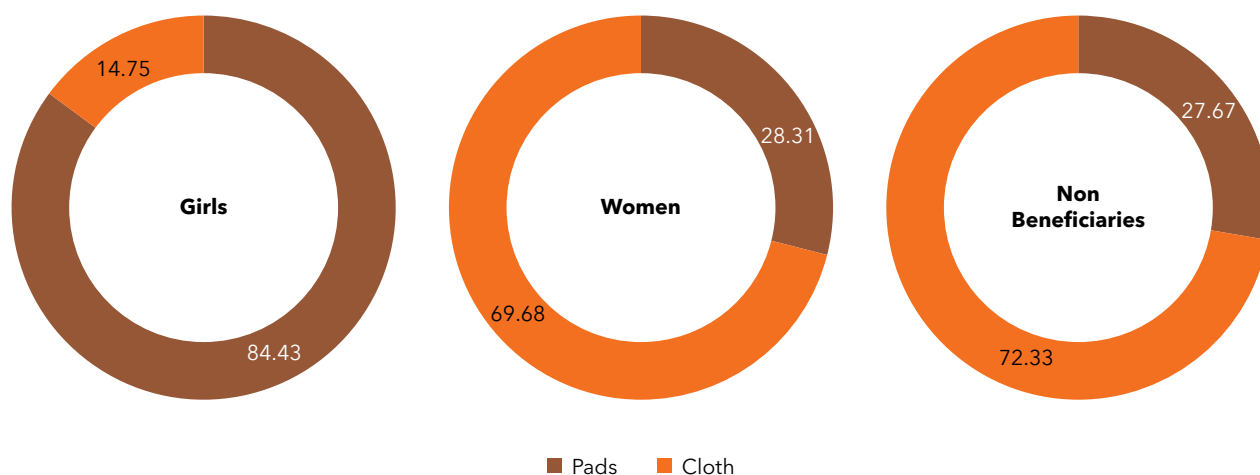
Respondents were asked to share about the kind of absorbents used during menarche. According to the respondents, nearly 85 percent of the total girls mentioned that they had used sanitary pads wherein 14 per cent mentioned that they had used cloth. On the contrary,

70 per cent of overall women mentioned that they had used cloth in their initial days and only 28.39 per cent had used sanitary pads. When it comes to non-beneficiaries, it was found that nearly 72.33 per cent had used cloth as an absorbent during menarche.

It could be inferred from Table 7.1 that usage of pad during menarche was more among the girls, in comparison to women and the non-beneficiary women and girls in all the surveyed states. Cloth usage among girls was about 29 per cent in Haryana, while it was reported to be low in Odisha and Uttarakhand. The major reason is due to the kind of awareness that has been created among the girls in schools on sanitary pads, advertisements that appear on televisions on pads and the awareness of mothers on pads. On the other hand, cloth usage during menarche was the common practice found among women, and this proportion was high in the states of Uttarakhand, Uttar Pradesh and Telangana.

During FGD with the women, it was revealed by the women that menarche is usually celebrated, as it is observed as a sign to know that a girl is ready for marriage. Apart from that, the discussion also threw light on the different practices that is observed during menarche. In

FIGURE 7.11: ABSORBENTS USED DURING MENARCHE (%)



Source: Survey.

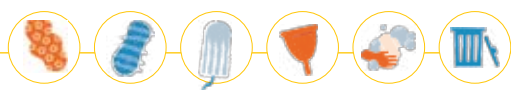


TABLE 7.1: ABSORBENT USED IN INITIAL DAYS OF MENSTRUATION (%)

States	Haryana	Odisha	Rajasthan	Telangana	Uttar Pradesh	Uttarakhand
Districts	Yamunanagar	Angul	Alwar	Rangareddy	Aligarh	Haridwar
Girls						
Sanitary pads	62.50	94.74	84.85	77.78	90.91	95.24
Cloth	29.17	5.26	15.15	22.22	9.09	4.76
Women						
Sanitary pads	16.67	44.83	37.50	20.00	16.67	14.71
Cloth	75.00	55.17	58.33	80.00	83.33	85.29
Non-Beneficiaries						
Sanitary pads	20.00	52.78	30.56	20.59	27.59	9.09
Cloth	80.00	47.22	69.44	79.41	72.41	90.91

Source: Survey.

BOX 7.1: BELIEFS AND PRACTICES DURING MENSTRUATION AND MENARCHE

During menstruation, girls are not allowed to do any physical hard work. They are restricted from eating non-vegetarian food, curd, onion, milk, oily and spicy food. Menstruating girls are asked to eat jaggery and groundnuts. Cloths used for period is washed and packed for next month and after five to six months, it is burnt and fresh piece of old cloth is taken for menstruation.

- Interview with a Women belonging to Tribal Community in Telangana

A girl menstruating for the first time is isolated and is not allowed to use any absorbent for the first 2 cycles on all 5 days. The girl has to take bath several times a day and wash herself, but is not allowed to use an absorbent. Girls during menarche are given oil to drink as the first thing in the morning. Garlic is applied on their head. A mix of turmeric, oil, ajwain and salt is made and applied all over the body for the first three days.

- Interview with a Women in Lingoijiguda Slum, Telangana

We wash the used pads with water to thoroughly remove the blood stains from it, before disposing it. If we don't do that, snakes will smell our blood and bring bad luck to us. The curse of snake will give endless births.

- Interview with a Class IX Girl, Slum in Balapur, Telangana

the case of a tribal community in Rangareddy, Telangana, it was reported by the women that at the time of menarche, girls would be isolated from the household. Strangely, for the first two menstrual cycles, they are neither allowed to use menstrual cloth or pad for the first five days of the period; in case of heavy menstruation too, the menstruators are not allowed to use absorbents, but are either asked to take bath or change cloth. The girl is expected to take bath

even three to four times yet not allowed to use sanitary pads. It was also reported in Telangana, that at the time of menarche the girls are applied oil with a mix of turmeric and garlic in the initial 5 days. Some of these practices are thus a mix of practice, which on one side emphasis the cultural taboos and myth and yet on the other side, some measures like following particular diet, using turmeric and garlic are practices to promote hygiene.



TABLE 7.2: POSITIVE(S) AND NEGATIVE(S) OF ABSORBENT OPTIONS

Absorbent Option during menstruation	Positives	Negatives
Natural materials- Cow Dung/Leaves	Free, Easily/locally available.	High risk of contamination; Difficult and uncomfortable to use.
Cloth	Easily available at home; Cost effective; Easily re-usable.	Serious health hazards if the cloth is not clean; Required private space with availability of water and washing powder to wash; proper sunlight to dry the cloths.
Commercially available pads	Costly; More absorbing power when compared to locally made Stree Swabhiman pads; Easily available in market.	Cost may not be affordable to all; Mostly poor women and girls do not get access to it; Not at all environmental friendly, as most of the pads available in the market, contains plastic & generate a lot of waste; disposal of such huge waste generated becomes difficult
Locally made Stree Swabhiman Pads	Available locally through Women VLE; Income generation opportunity to women and girls within locality; Environmentally-friendly as it is bio-degradable	Not cost effective; No marketing; Not easily available; Poor absorption capacity of Pads, as it is very thin

Source: Prepared by the authors.

7.3.2 Absorbent used Pre- and Post-Training

In order to find out whether clean menstrual material is used by the trainees, and to determine whether Project Stree Swabhiman has achieved its intended outcome, the respondents were inquired on the kind of absorbents used before and after the awareness training programme.

From Figure 7.12, it could be observed that overall, the usage of pads has increased both among the girls and women beneficiaries in the post training phase. During pre-training, 22.66 per cent of adolescent girls, 66.56 per cent of women, and 65.05 per cent of non-beneficiaries had used cloth as absorbent. However, post-training there has been decrease in use of cloth among the respondents: adolescent girls (3.96 per cent) and women (19.53 per cent).

Indeed, girl respondents who had replaced cloth with sanitary pads shared that previously lack of adequate knowledge about MHM disempowered them from making healthy choices, and thus restricted them from moving to schools and other public places. In particular, it can be noticed that in the post-training phase, use of Stree Swabhiman pads had also increased both among women and girls. Still, a major proportion of the beneficiaries, preferred to use other sanitary pads instead of Swabhiman pads for the reasons that they are poor in quality and not compatible for heavy menstrual days. Among the non-beneficiaries it can be noted that still a major proportion of the respondents were using cloth as absorbents. Overall, post-training the usage of cloth among trainees has decreased and the importance of sanitary pads as a hygienic alternative has gained significance.

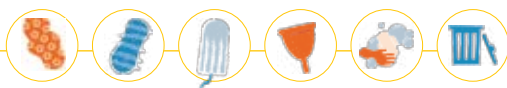
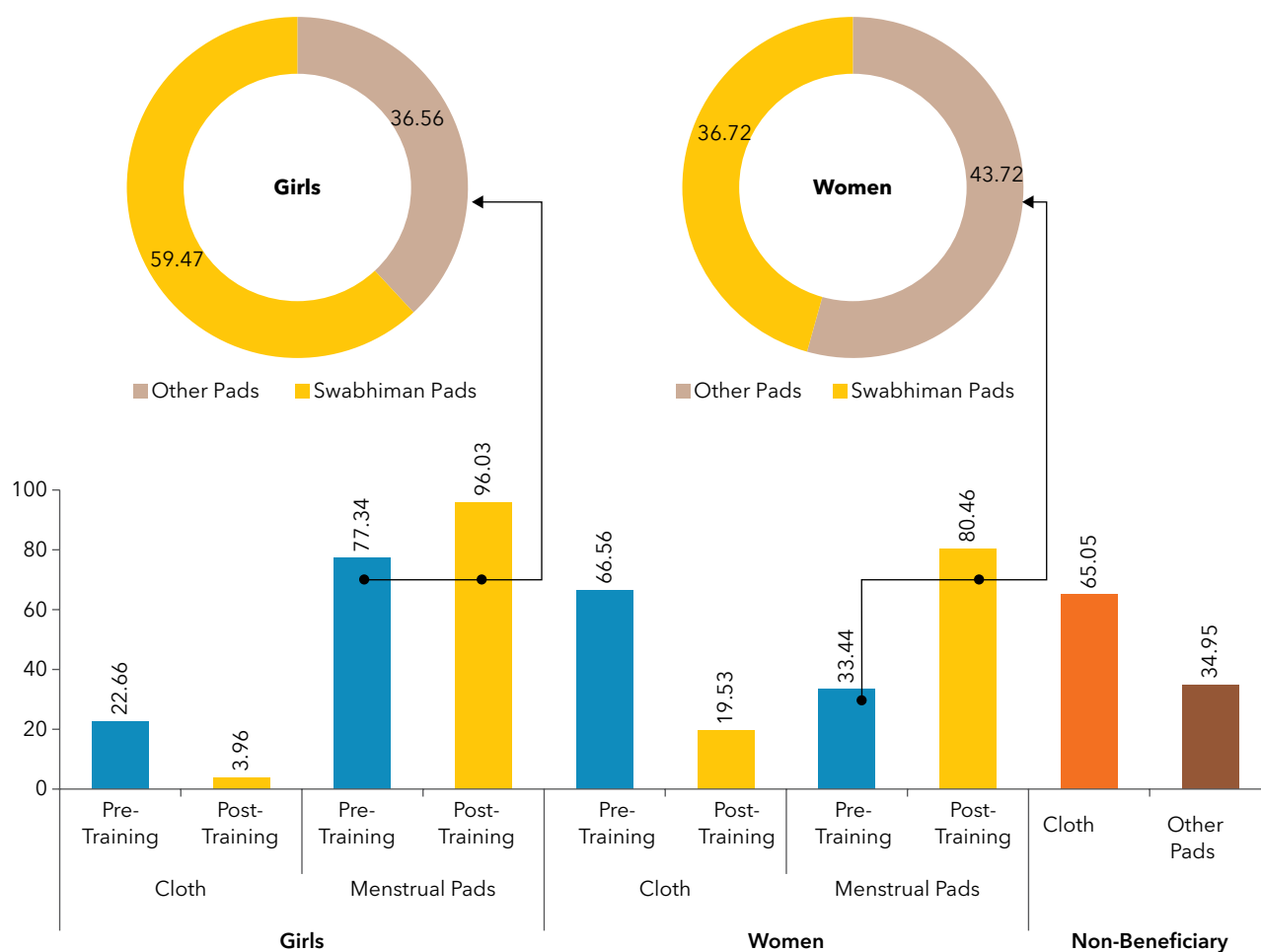


FIGURE 7.12: ABSORBENTS USED IN THE PRE- AND POST-TRAINING PHASE (%)



Source: Survey.

A state-wise scenario of the adolescent girls, reveals that even in the pre-training phase, many of the respondents were using pads, instead of cloths. The usage of cloth has been high in the states of Uttar Pradesh and Rajasthan in the pre-training phase. In the post training phase, cloth usage was reported only in Haryana and Uttar Pradesh. It can be observed that more than 80 per cent of the girls has shifted to pads and the usage of Stree Swabhiman pads was majorly reported in Rajasthan, Haryana and Telangana. On the other hand, usage of other pads among girls was majorly found in Uttar Pradesh. In Haryana, of the girls who reported of cloth usage, they stated that they use both cloth and pads and they find cloth usage more comfortable and use it at home. Pads are preferred, only when they have to go to school

or outside for long duration. When questioned about how they ensure the hygiene aspect while using cloth pad, they said that they do not reuse the same cloth again and again. For every use, fresh cloths are used for menstrual purposes, after which they burn or bury the used cloth and they do not prefer to wash it and reuse the same. They also stated that they use old cotton sarees of their mothers for this purpose and some also reported of buying fresh cotton saree for this purpose, which is washed in hot water and kept ready to be used for menstrual purposes. That way, good hygienic practices was reported by the girls of Haryana. As reported by the girls, Stree Swabhiman pads were widely used in Rajasthan. However, in Uttar Pradesh and Uttarakhand, low usage of the pad was reported and the girls stated



"I find the cloths to be very comfortable. Pad is helpful when I have to be away from home for a longer duration. So I use both. Mostly I prefer cloth and while traveling or going to school, I use pads. The length and thickness of cloth pads can be adjusted as per requirement. I use a menstrual cloth only once and after a single use, I burn it and take fresh cloth for every use. Soft cotton sarees are kept aside for this purpose".

**- Interview with Adolescent Girl,
Yamunanagar, Haryana**

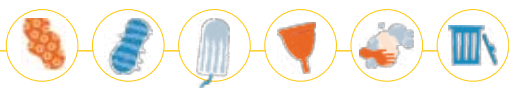
that the pads are very thin and the gum is too strong, because of which they don't prefer to use the Swabhiman pads. In Haridwar district of Uttarakhand, owing to discomfort with Swabhiman pads the girls reported of giving the pads that are freely distributed in schools, to their mothers or sisters to use it.

Among women, it can be found that cloth usage was more than 75 per cent in the states of Haryana, Uttar Pradesh and Uttarakhand in the pre-training phase and in the post-training phase, there has been a wide reduction in the usage of cloth in these states. While training is one reason that had brought about this change, the rigid mind set of the mothers were even influenced by the girls, who used to enlighten their mothers on what is being taught in school on maintaining menstrual hygiene. In the post training phase, cloth usage was found to be more in Telangana, which reveals that the promotional activities undertaken by the VLE in the slum areas were inadequate. While usage of clean cloth is appreciated, that was not the scenario which was reported in Telanagana, especially in the slum areas of Rangareddy district, namely Lingo jiguda and Malakpet, which is dominated by tribal settlements. The menstrual practice in this state in particular was found to be poor. Firstly, the menstruating women, hardly used to reflect on the quality of cloth pad and the cloth pads are reused several

TABLE 7.3: STATE-WISE SCENARIO ON THE ABSORBENTS USED PRE- AND POST-TRAINING (%)

	Training Component	State	Haryana	Odisha	Rajasthan	Telangana	Uttar Pradesh	Uttara-khand
		Districts	Yamuna nagar	Angul	Alwar	Rangareddy	Aligarh	Haridwar
Girls	Pre-Training	Cloth	20.83	11.90	30.16	18.33	35.00	23.40
		Other Pads	79.17	88.10	69.84	81.67	65.00	76.60
	Post - Training	Cloth	10.53	0.00	0.00	0.00	14.29	8.16
		Other Pads	21.05	37.21	6.12	34.78	66.67	61.22
		Swabhiman Pads	68.42	62.79	93.88	65.22	19.05	30.61
Women	Pre-Training	Cloth	81.48	38.60	69.70	69.14	78.13	74.07
		Other Pads	18.52	61.40	30.30	30.86	21.88	25.93
	Post - Training	Cloth	23.81	0.00	7.41	53.85	27.59	22.45
		Other Pads	57.14	30.56	35.19	42.31	48.28	55.10
		Swabhiman Pads	19.05	69.44	57.41	3.85	24.14	22.45
Non-Beneficiary	Pre-Training	Cloth	80.00	35.29	88.00	61.67	68.97	78.26
		Other Pads	20.00	64.71	12.00	38.33	31.03	21.74

Source: Survey.



times, before discarding the same. Secondly, they were not able to give a definite answer on whether the cloths are properly dried in the sun. Thirdly, while discarding the used cloth, the blood stained cloths are thrown in the adjoining river, close to the slum. On the other hand, women in Rajasthan, who were using cloth, stated that they prefer to use cloth instead of pads, as they can ensure the cleanliness of the cloth that they use, while they are not able to determine the same for the pads.

On the whole, the usage of Swabhiman pads were widely found in the states of Odisha and Rajasthan, while in other states, the use was minimal. Wide promotion of Swabhiman pads was found in both these states, which was mainly undertaken by the VLE with the help of SHGs. In Rajasthan, the Swabhiman pads were even found in chemist shop, groceries and other small petty shops of the Alwar district. In Odisha, the promotion was made with the help of SHGs and ASHA workers.

A common trend observed across the study areas was either information access to safe menstrual practices or physical access to Swabhiman pads are still unavailable to majority of people living in remote geographic locations, girls with disabilities etc. Notably, this evidence is corroborated with the non-beneficiary perspective. When it comes to

non-beneficiaries, the VLE has to increase their promotional capacity by visiting the hard to reach areas, which is dominated by the marginalised sections.

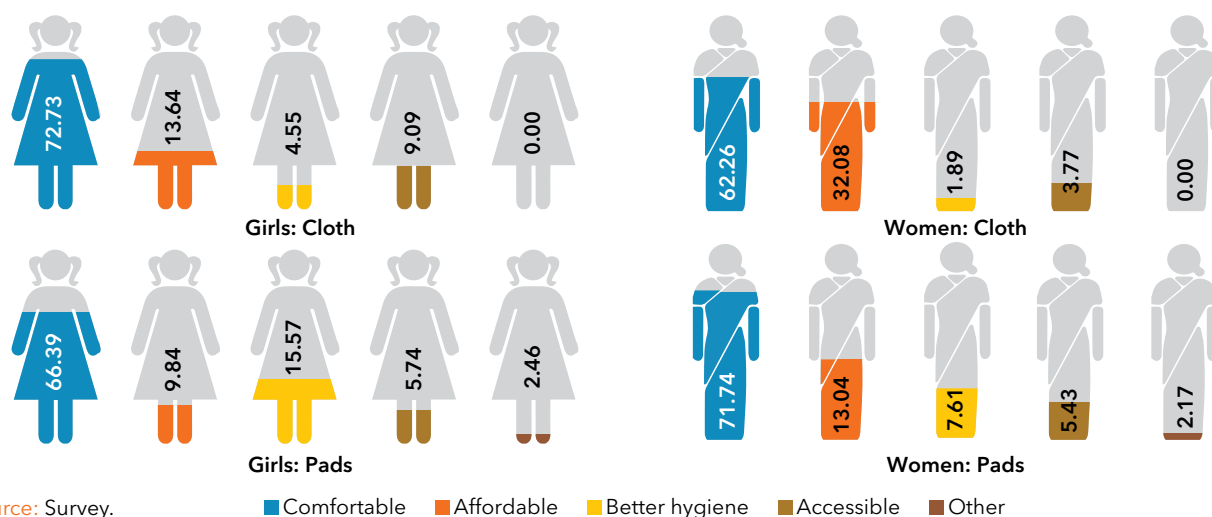
7.3.2.1 Reasons for using the Absorbents

Figure 7.13 illustrates the reasons cited by both women and girls for using cloth or pads as absorbents. When it comes to usage of cloth, nearly 72.73 per cent girls and 62.26 per cent women felt comfortable using it whereas 13.54 per cent girls and 32.08 per cent women felt cloth as affordable. Majorly, cloth usage was preferred for the reasons of comfortability, affordability and easy accessibility. Of those, who are using pads, more or less the same reasons of comfort, affordability and access was stated, both by women and girls. Among girls, about 15 per cent reported that pads are preferred as

"If the cloth is washed properly with water and soap and dried under the sun, what is the harm in using the cloth? Why should we shift to expensive sanitary napkins while there are affordable options available at home?"

Questions raised by Women in FGDs in Rajasthan, Odisha & Telangana

FIGURE 7.13: REASONS FOR USING ABSORBENTS (%)





it seems to be a hygienic option, while among women, 13 per cent reiterated the same.

In the Muslim dominated areas of Aligarh, Uttar Pradesh, the young women did not have any reason for the usage of cloth or pads as absorbents in particular. Basically their usage is determined by the choice of their husbands. If the husband buys pads, they use pads, if not cloths are used for menstrual purposes.

When inquired about the usage of Stree Swabhiman pads, the employees of CSC of Uttar Pradesh and Uttarakhand in particular, stated that they have used the Stree Swabhiman pads, as it was provided free of cost to them. Further, they opined that as long as it is provided free of cost, they can use the same. Otherwise, they prefer to use cloth or pads from the market, as Stree Swabhiman pads are not cost effective when compared to other pads. In fact, the women respondents stated that they do not regard the Stree Swabhiman pads affordable. While women stated that Stree Swabhiman pads are comfortable, the girls did not feel so because of low absorbing capacity for long duration.

In one of the study areas, a shopkeeper shared that he does not sell Swabhiman pads because of lack of quality and poor demand. The quality

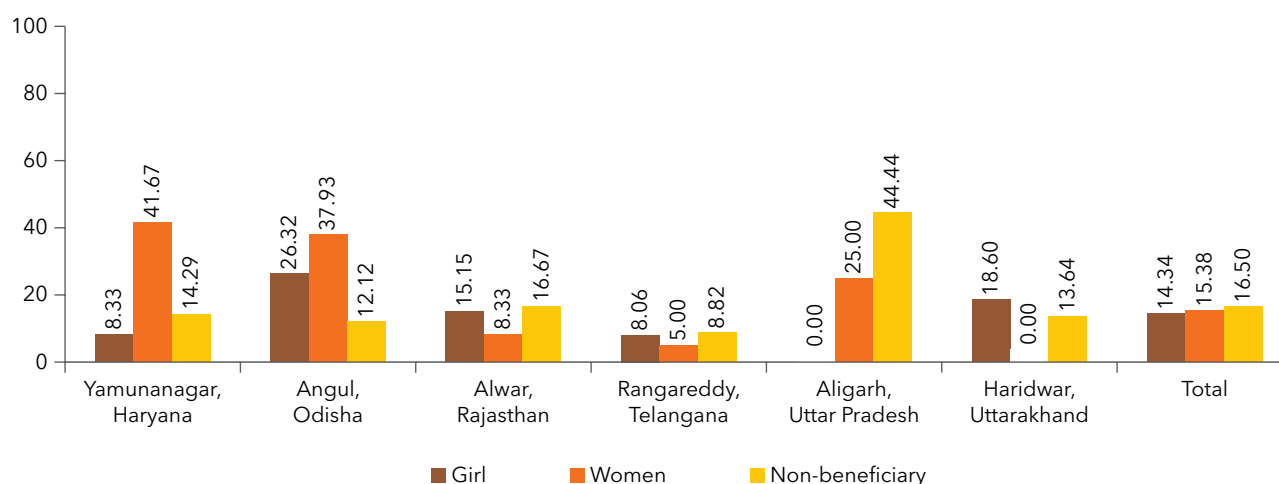
and pricing of Swabhiman pads thus need to be checked before distribution. A beneficiary in other study area opined that she feels intimidated to buy sanitary pads from male vendors. In this context, a vending machine could be installed in schools or CSC unit for easy access to menstruators. Hence, Project Stree Swabhiman need to take enormous steps through their VLEs to sensitise, convince women and girls in using Swabhiman pads. However, the project need to improvise on the quality of Swabhiman pads, as majority of respondents shared their grievances on poor quality of the absorbents. In this regard, CSC can evolve quality assurance trademarks so as to increase the demand for its product.

7.3.3 Infections faced during Menstruation

The respondents were questioned on whether they had faced any infection at the time of menstruation. Most of the respondents stated that they had not faced any infection, but when inquired further, few respondents stated of facing problems such as rashes, itching and burning sensation. Of the total respondents surveyed, only few had responded to this question on infection.

Figure 7.14 highlight the response of the beneficiary girls, women and non-beneficiaries,

FIGURE 7.14: INFECTIONS FACED DURING MENSTRUATION (%)



Source: Survey.

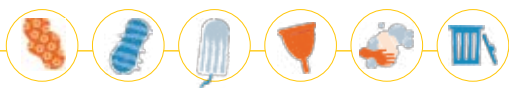
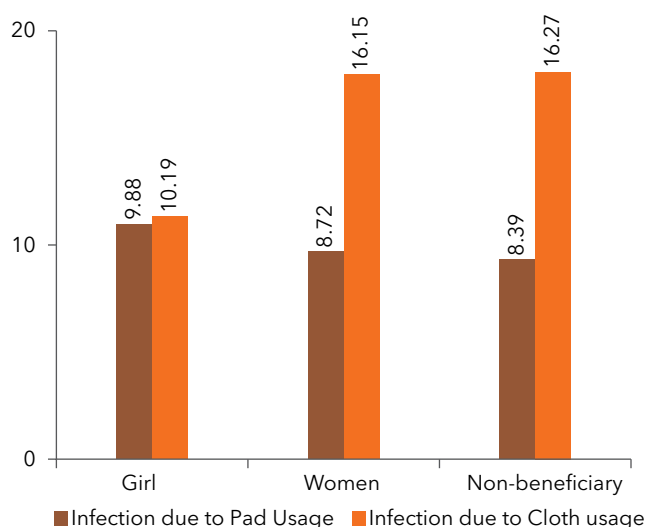


FIGURE 7.15: INFECTION FACED DUE TO CLOTH AND PAD USAGE (%)



Source: Survey.

wherein it can be noticed that, overall a proportion ranging from 14-16 per cent had only stated of facing some infection.

State-wise response shows that a high proportion of infection was reported in Haryana, Odisha and Uttar Pradesh, in comparison to other states and this proportion was especially more among women, when compared to adolescent girls and non-beneficiaries. Among the girls, high infection levels was reported in Odisha, followed by Uttarakhand. Among women, the corresponding rate was high in Haryana, followed by Odisha. High rates of infection among non-beneficiaries was reported only in Uttar Pradesh (44 per cent), while in the other states, infections related to unhygienic menstrual practice was quite low.

Existing literature highlights different findings with respect to the infections due to menstrual hygiene. The 'Resource Book on Menstrual Waste Management' warns that the risks associated with use of unsanitised cloth is 2.5 times higher for the development of cervical abnormalities (MoDWS, n.d). Anand et.al. (2015) makes a reference that more than half of the women who did not use any hygienic method during the time of menstruation

suffered from vaginitis and in extreme cases, it had also led to reproductive health morbidities. On one hand, references have been made that use of sanitary pads would reduce the rate of infections caused by poor hygienic menstrual practices; however, on the other hand, growing evidences suggests that the chemicals used in manufacturing commercial pads also have the possibility to create infections. To verify the same, the respondents who reported about infections were categorised on the basis of cloth usage and pad usage.

Figure 7.15 illustrates infections faced by menstruators while using cloth and sanitary pads. Overall, it can be noticed that in both the cases, the infection levels were reported only by few respondents and comparatively, high proportion of women and non-beneficiaries using cloth had faced infections. It can also be observed that almost equal proportion of girls who are using pads and cloth faced infections.

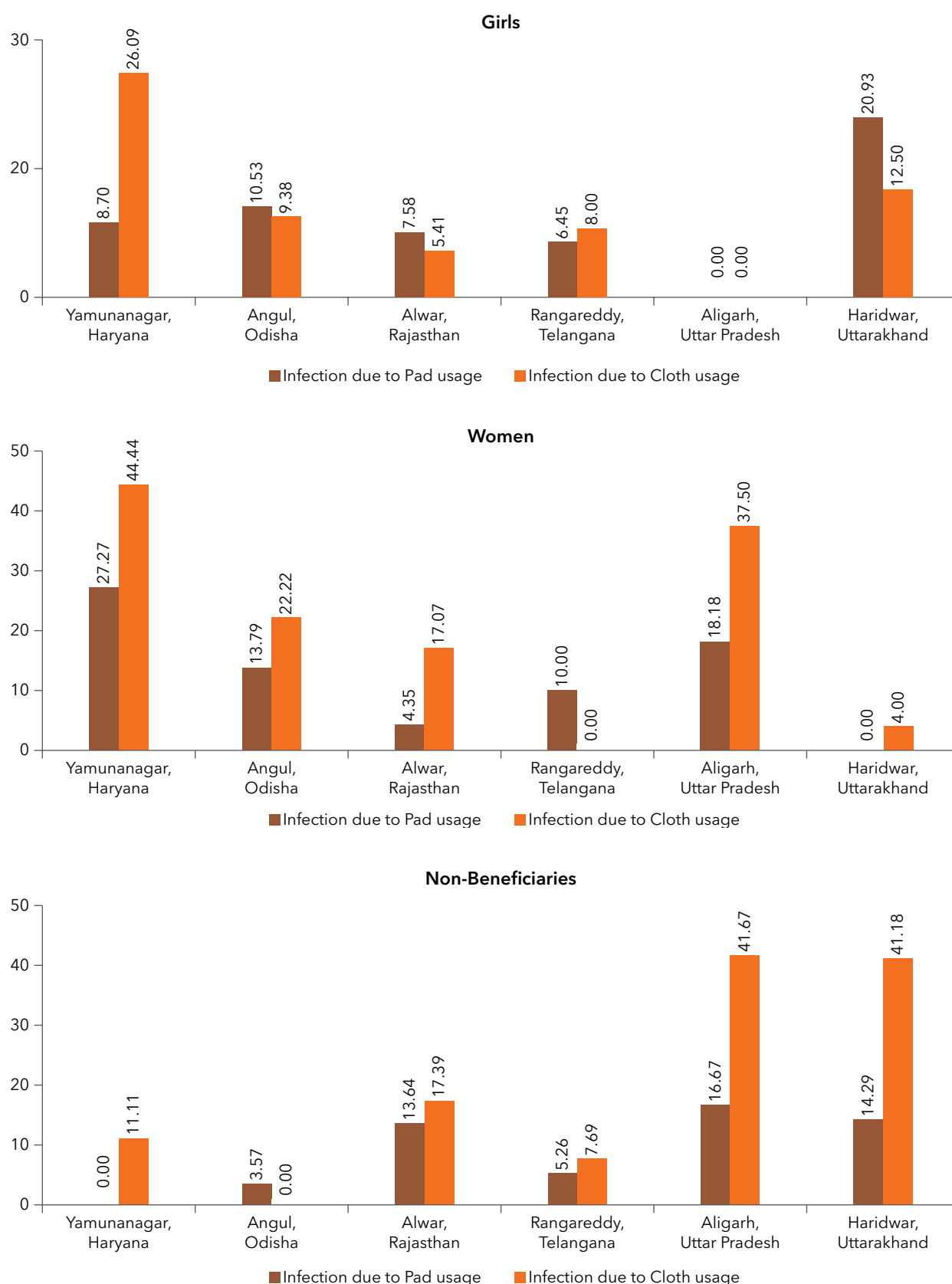
A state-wise scenario shows that more cases of infection was reported by women beneficiaries followed by non-beneficiaries and girls. The representation includes those respondents who reported to have used cloths and sanitary pads. Among girls, only in Uttarakhand, more number of beneficiaries stated of getting infected with pad usage. In Haryana, 26 per cent of girls who used cloth reported of facing infection. In all the other states, infection rates are less reported, irrespective of the kind of absorbents used.

Among women, infection rates were high with the use of cloth and this proportion was 44 per cent and 37 per cent in Haryana and Uttar Pradesh. Among non-beneficiaries, about 40 per cent of respondents in Uttar Pradesh and Uttarakhand using cloth reported of infections.

It was observed from the field that despite being affected, women and girls did not want to reveal about infections related to menstruation. When women confronts with infections related to menstruation, they do not come forward to



FIGURE 7.16: STATE-WISE SCENARIO ON INFECTION FACED DUE TO CLOTH AND PAD USAGE (%)



Source: Survey.

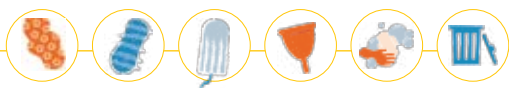
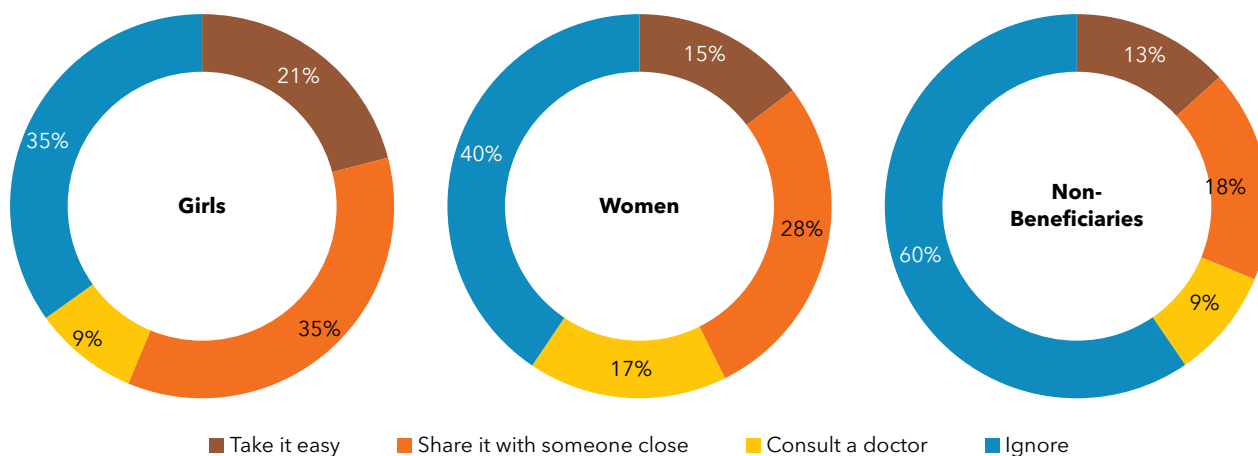


FIGURE 7.17: REACTION OF RESPONDENTS DURING IRREGULAR MENSTRUATION (%)



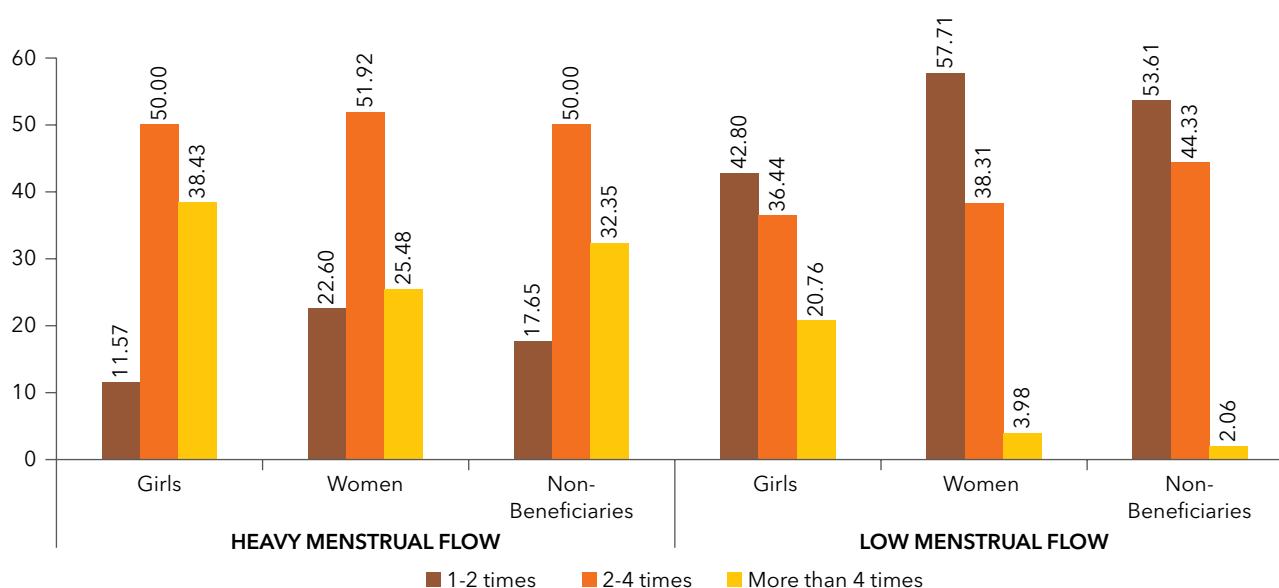
Source: Survey.

discuss with either the doctor or consult the local primary health centre. Again the circle of silence around menstrual topic mutes their pain and suffering. Figure 7.17 reveals about the kind of reaction that respondents have while facing irregular periods. Major response across the various groups, viz., girls, women and non-beneficiaries was that the issue is just ignored or it is taken easy. Some reported of sharing it with a family member. Rarely, people stated of consulting doctors for irregular periods or even for infections faced, if any.

7.3.4 Frequency of Changing Absorbents

Changing of menstrual absorbents at regular intervals is considered a hygienic practice, as the prolonged use of the same absorbent for long duration will cause infection, rashes or itching on the skin. WaterAid (2012) in its report on Menstrual Hygiene, specifies that pads should be frequently changed, i.e. after every 2-6 hours depending upon the flow. However, as observed from the field, some of the menstruators, just to save cost and limit the

FIGURE 7.18: FREQUENCY OF CHANGING MENSTRUAL ABSORBENTS (%)



Source: Survey.



usage, resort to the practice of prolonged use of the absorbents.

From the Figure 7.18, it can be noticed that majority of the respondents were changing pads several times, depending upon the flow. During heavy flow days, the beneficiary girls, women and the non-beneficiaries reported of changing the menstrual absorbents about 2-4 times or more than that. However, on low flow days, majority of the respondents had used a single pad for 24 hours, or at the most, changed once per day. Still about 22 per cent of the women, 17 per cent of non-beneficiaries and 11 per cent of girls reported of prolonged use of pads during heavy flow days. Again this proportion was more than 50 per cent among women and non-beneficiaries during low flow days.

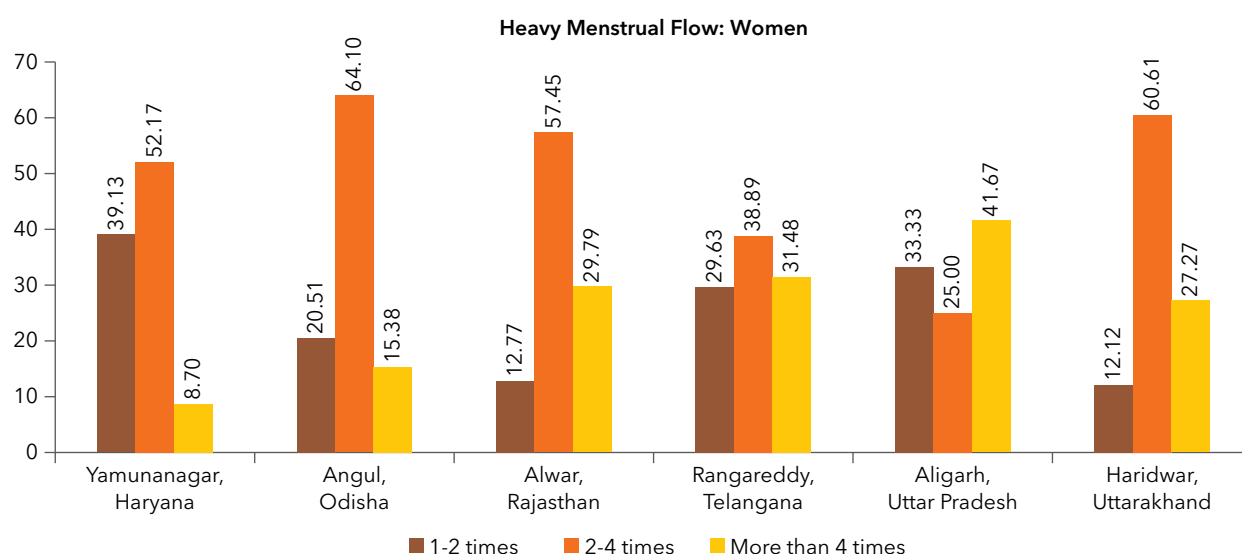
The state-wise scenario on the frequency of changing pads among beneficiary women, shows that almost in all the states, more proportion of women were changing the absorbents at regular intervals. Still in some of these states, a substantial proportion of the beneficiary women reported of practising prolonged usage of pads. In particular, more than 30 per cent of the women in Haryana,

Uttar Pradesh and Telangana reported of using the same pads for longer duration. In Rajasthan and Uttarakhand, less proportion of women reported of not changing or just changing once per day.

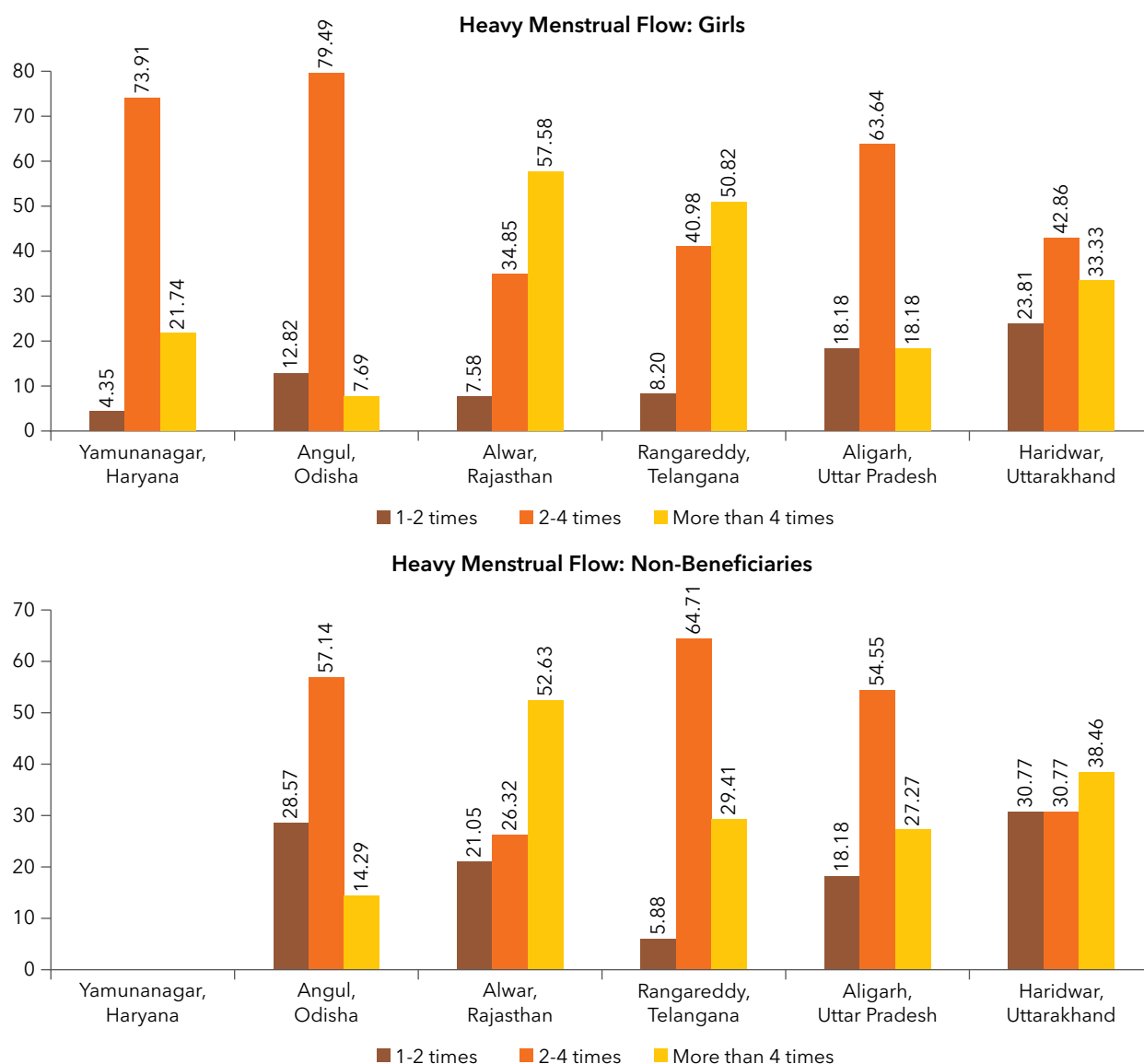
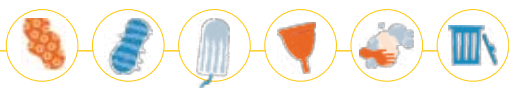
Among girls, prolonged usage of pads was reported by less number of girls in almost all the states, which highlights that girls are aware that frequent changing of pads is essential to prevent infection. This is mainly due to several awareness sessions organised in the schools on menstrual hygiene, of which Stree Swabhiman awareness session is also one among such sessions. Still 23 per cent, 18 per cent and 12 per cent of the girls in Uttarakhand, Uttar Pradesh and Odisha reported of not following the practice of frequent changing of absorbents. However, in Haryana, only 4 per cent of the girls stated of changing pads only once or twice per day, while the rest reported of changing the absorbents several times.

Among the non-beneficiaries of the training, the practice of frequent changing of pads was reported in large numbers. Still about 28 per cent and 33 per cent of the non-beneficiaries in Odisha and Uttarakhand respectively, reported of using the same pad for prolonged duration.

FIGURE 7.19: STATE-WISE SCENARIO ON THE FREQUENCY OF CHANGING MENSTRUAL ABSORBENTS (%)



Source: Survey.



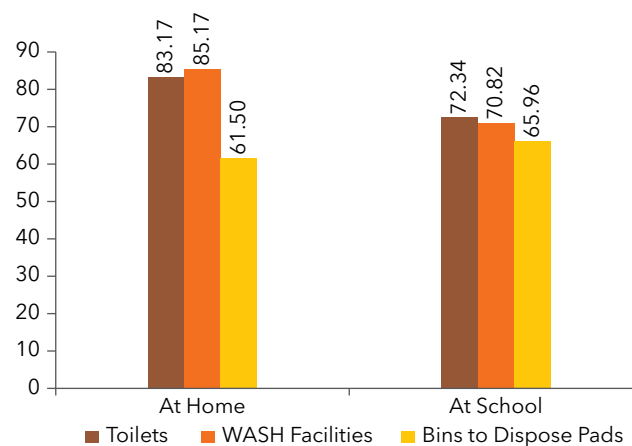
Source: Survey.

Due to the fear of staining the clothes, most of the time, the menstruators were found to be changing the pads at frequent intervals on heavy flow days. However, on low flow days, more of prolonged practice was reported and sometimes, the same absorbent was used for the entire day.

7.3.5 WASH Facilities

During interview and FGD with the participants, it was found that some of the menstruators had to bear the brunt of poor Water, Sanitation and Hygiene (WASH) facilities at home, school or at any other public places. In this context, WASH

FIGURE 7.20: AVAILABILITY OF WASH FACILITIES AT HOME AND SCHOOL (%)



Source: Survey.



Picture 7.1: Unhygienic Condition of Toilets Located in a Slum in Telangana

facilities include adequate detergent, soap, water, sanitation and hygienic facilities that are available for menstruators. It may be noted that the lack of such WASH facilities can cause infections for the menstruators.

Figure 7.20 highlights the response of both the beneficiaries and non-beneficiaries on the WASH facilities that are available to them both at home and school. Of the total 600 respondents surveyed, 83 per cent stated that toilets are available at home, 85 per cent reported that WASH facilities such as water, soaps, etc. are available and about 61 per cent reported of having space at home for disposal of used absorbents, either to burn, bury or discard it in bins. Of the adolescent girls surveyed in schools, about 70 per cent reported of having all these facilities at school. However, it is a cause of concern that still 30 per cent were not having access to toilets, wash facilities or bins for disposal at school. Some reported that though toilets are available, water facilities are not available properly and in other cases, though toilets and WASH facilities are available, because of poor maintenance of toilets, the girls stated of not using the school

toilet and mostly they change the pads after coming home. About 17 per cent stated of not having toilet or WASH facilities at home and mostly such households use the public community toilets or go to the open field for nature's call and it becomes even more difficult at the time of menstruation.

With respect to availability of toilets across the study areas, more than 90 per cent of the respondents in Uttarakhand, Telangana and Rajasthan stated of having toilets at home. However, the corresponding proportion was too low in Haryana and mostly public toilets and jungles have been used by the people where toilets are not available. Availability of water and sanitation facilities were reported to be low in Haryana and Uttar Pradesh. Spaces for disposal of the used sanitary napkins were reported to be low in Odisha, Haryana and Rajasthan. Without proper WASH facilities and sunlight for drying the reusable napkins, infection was suffered in Odisha as reported by the ASHA workers. A 13 year old girl in Angul (Odisha) was affected with urinary tract infection and sought medical assistance for severe pain and irritation. This could be attributed to the

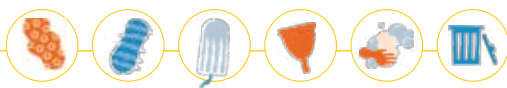
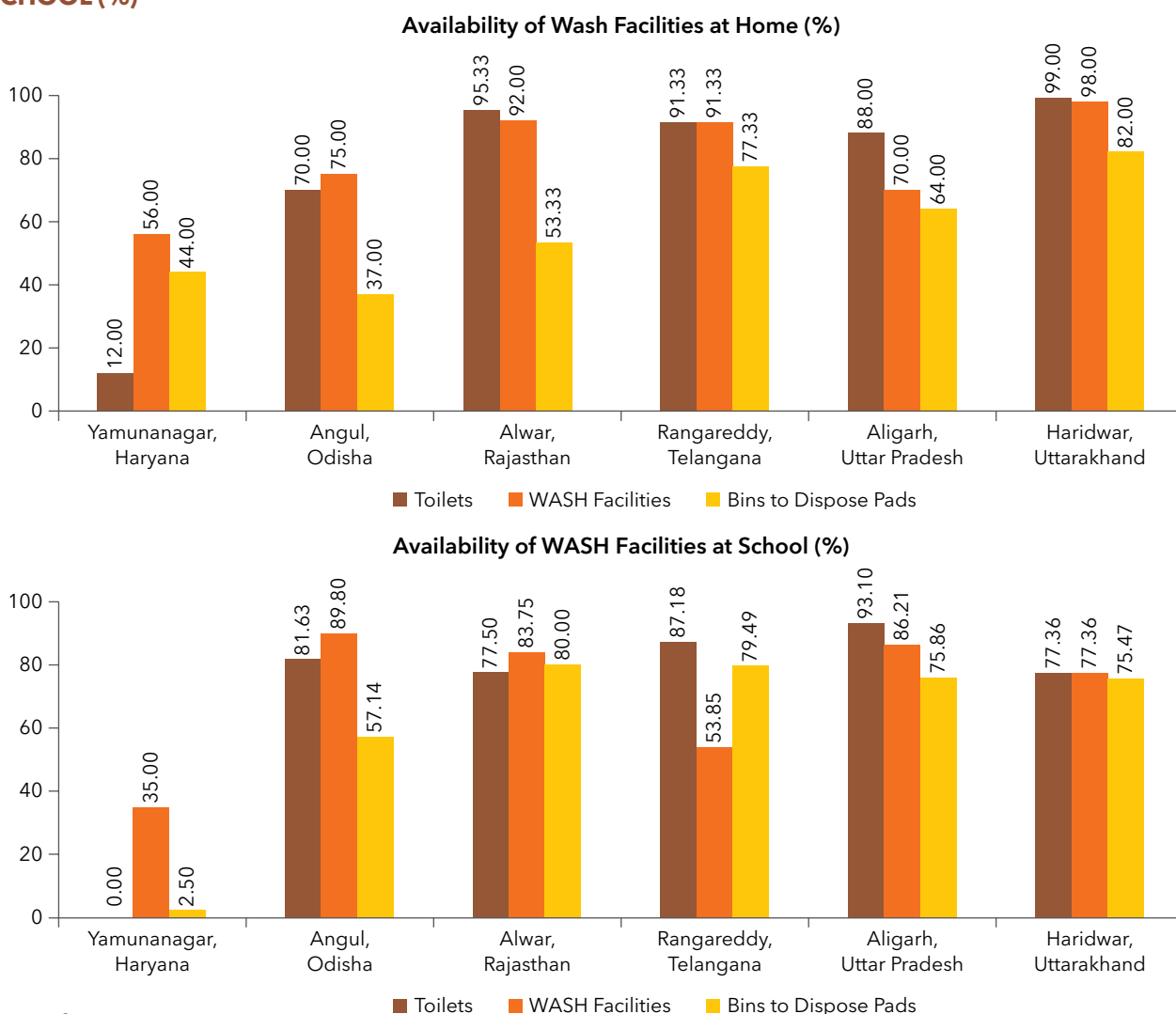


FIGURE 7.21: STATE-WISE SCENARIO ON THE AVAILABILITY OF WASH FACILITIES AT HOME AND SCHOOL (%)



Source: Survey.

BOX 7.2: WASH FACILITIES AFFECT SCHOOL PARTICIPATION - YAMUNANAGAR, HARYANA

WASH facilities in many of the schools are often neglected, in spite of 'access to toilets' being made a basic provision under Right to Education Act, 2009. Awful sanitary condition in schools with lack of water facilities, causes a girl child to drop out from school. In Haryana, in one of the schools that was visited, the girls reported about the pathetic condition of the toilets and said that they mostly don't use the school toilets and during menstruation, they stated of taking leave for a day or two, as the toilet in the school cannot be used for changing of pads. Such unhygienic sanitary conditions in school creates health problems for girls and in backward areas, girls are constrained within the household premise.



Source: Primary Survey, Unhygienic Toilet in the School of Haryana



lack of economic access to sanitised menstrual materials and availability of private and hygienic WASH facilities. In schools, though availability of toilets and WASH facilities was there, their functionality was low, especially in the states of Haryana and Telangana. Disposal bins for throwing the used napkins was not available properly in Haryana and Odisha.

In Rajasthan, women in the FGD stated that used sanitary pads are not properly disposed and are always seen in the open roads, which is torn apart by the street dogs and played with. In Telangana, it was reported that the used pads and cloths are discarded in the river. In Uttar Pradesh, women in the FGD revealed that sometimes, the used sanitary pads are thrown on the trees, which lies hanging like that for a long period of time.

The survey thus captured the regrets of women and girls on the inadequacy of WASH facilities at home and school. In this regard, Project Stree Swabhiman need to take enormous community drives to sensitise more on risks associated with infections that are caused due to unsanitary menstrual conditions. Perhaps, the training methodology need to be customised more on co-creating an enabling environment which encourages illiterate, underprivileged, and

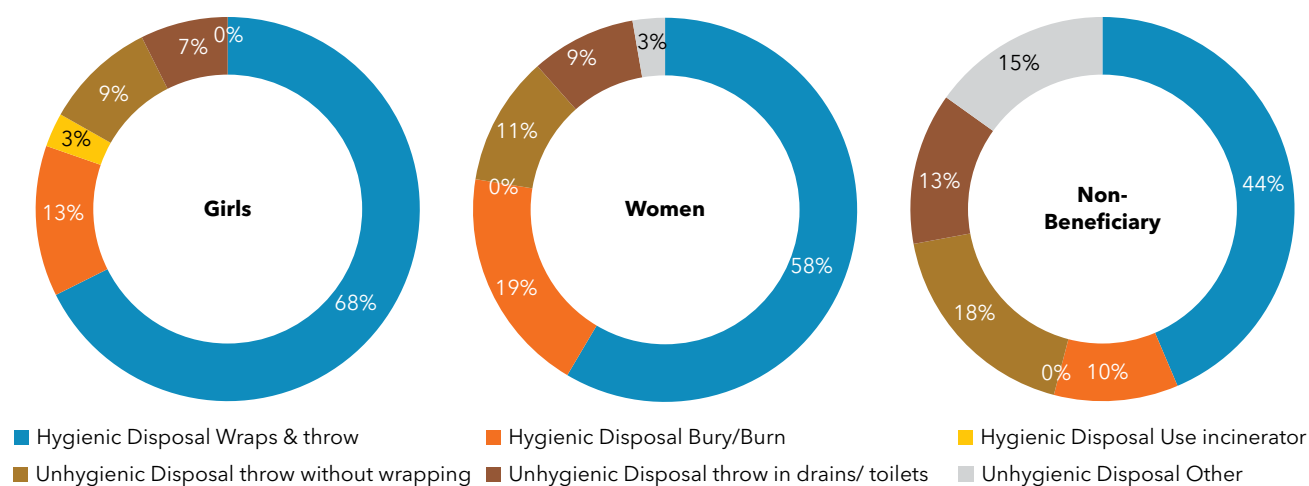
underserved menstruators to use hygienic facilities for menstrual purposes.

7.3.6 Disposal of Menstrual Absorbents

One of the primary concerns with respect to hygienic menstrual practices is the mechanism followed to dispose the sanitary wastes. On these lines, the study inquired about the disposal mechanism followed by the respondents in the different states. Figure 7.22 highlights the hygienic and unhygienic disposal mechanism followed by girls, women and non-beneficiaries. It can be noted that mostly hygienic practices are followed by girls and women in disposing the pads. Girls in school also reported of using incinerators for burning the pads. Still around 18 per cent of the girls resorted to improper practices, such as, disposing in drains, toilets or throwing in open fields.

In case of women, while a higher proportion of women reported of wrapping the absorbents and disposing it in bins, about 20 per cent reported of burning or burying the used pads/cloths. The unhygienic practices of throwing in open space or putting it into drains were also followed, while some also reported other mechanisms like throwing it in rivers. Among the non-beneficiaries, unhygienic practice was

FIGURE 7.22: DISPOSAL MECHANISM FOLLOWED BY THE RESPONDENTS (%)



Source: Survey.

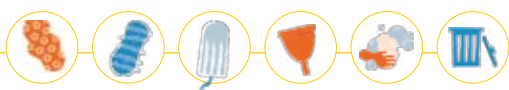
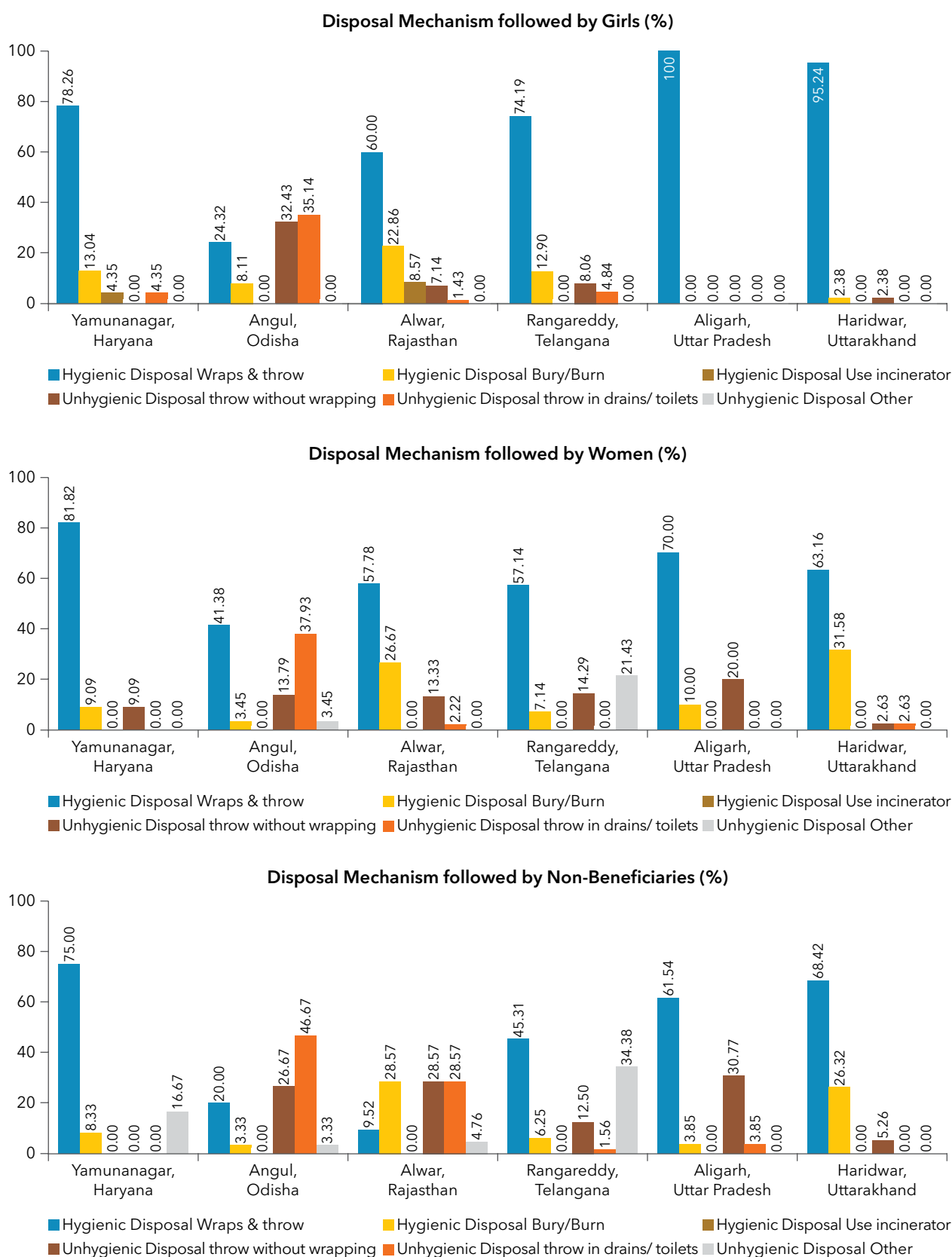


FIGURE 7.23: STATE-WISE SCENARIO ON THE DISPOSAL MECHANISM FOLLOWED (%)



Source: Survey.



widely followed, wherein more than 40 per cent of them were following unhygienic practices. Open disposal, disposal into water bodies, drains and toilets were commonly followed by them, which reveals lack of knowledge on the proper disposal mechanism among the non-beneficiaries.

With respect to the disposal mechanism of the girls, it can be noted that hygienic disposal mechanisms are followed in almost all the states, which is mostly due to the interventions undertaken by the VLE in schools and other similar measures undertaken by teachers in the schools. In Odisha and Telangana, unhygienic way of disposal was reported by more number of girls, wherein the practice widely followed openly throwing unwrapped pads and throwing in drains and toilets. With reference to incinerators, except Rajasthan and Haryana, none of the study areas have access to incinerators. Although incinerators are considered safe way of disposal, the environmental impact that it is likely to create is another contentious issue. In this regard,

The incinerators provided in the school has the capacity to burn only 4-5 pads at a time. The school authority has to dispose a minimum of 200 pads per day and it is a tedious work to dispose pads in schools, which needs a full-time person to do this work. The girls are scared to use the machine, due to gas and burning smell. Incinerators work on electricity; however, in school, mostly there is no electricity. We need non-electric incinerators of higher capacity to carry out the disposal.

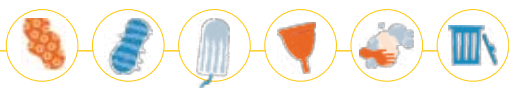
Interview with School Head Teacher of a Government School, Bansur, Rajasthan

bio-degradable pads like Swabhiman pads are a safe option.

Among the women beneficiaries, wrapping and throwing in bins was the most widely practised mechanism in almost all the states. Burning and burying of pads was widely followed



Picture 7.2: Disposal of Pads in the Adjoining River in Telangana



in Uttarakhand, Rajasthan and Haryana. The most common unhygienic measure followed in Odisha was throwing of used pads in drains and toilets. In the other states, the common unhygienic practice was open disposal of the pads without wrapping. In Telangana, the very common unhygienic practice that was reported in the study area was disposal of used pads in the rivers, which flows through the adjoining slum area.

Among non-beneficiaries, hygienic way of disposal was mostly reported in Haryana, Uttarakhand and Uttar Pradesh, wherein the common practice was to wrap the used pads and throwing it in bins. Disposal of pads in drains and toilets was widely practiced in Rajasthan and Odisha. About 35 per cent of the surveyed non-beneficiaries in Telangana reported of throwing the pads in rivers, and this practice was most commonly practised in the tribal dominated areas. In Haryana, the non-beneficiaries reported using cloth pads for 4-6 months and then throw away in open fields, on trees or on rooftops.

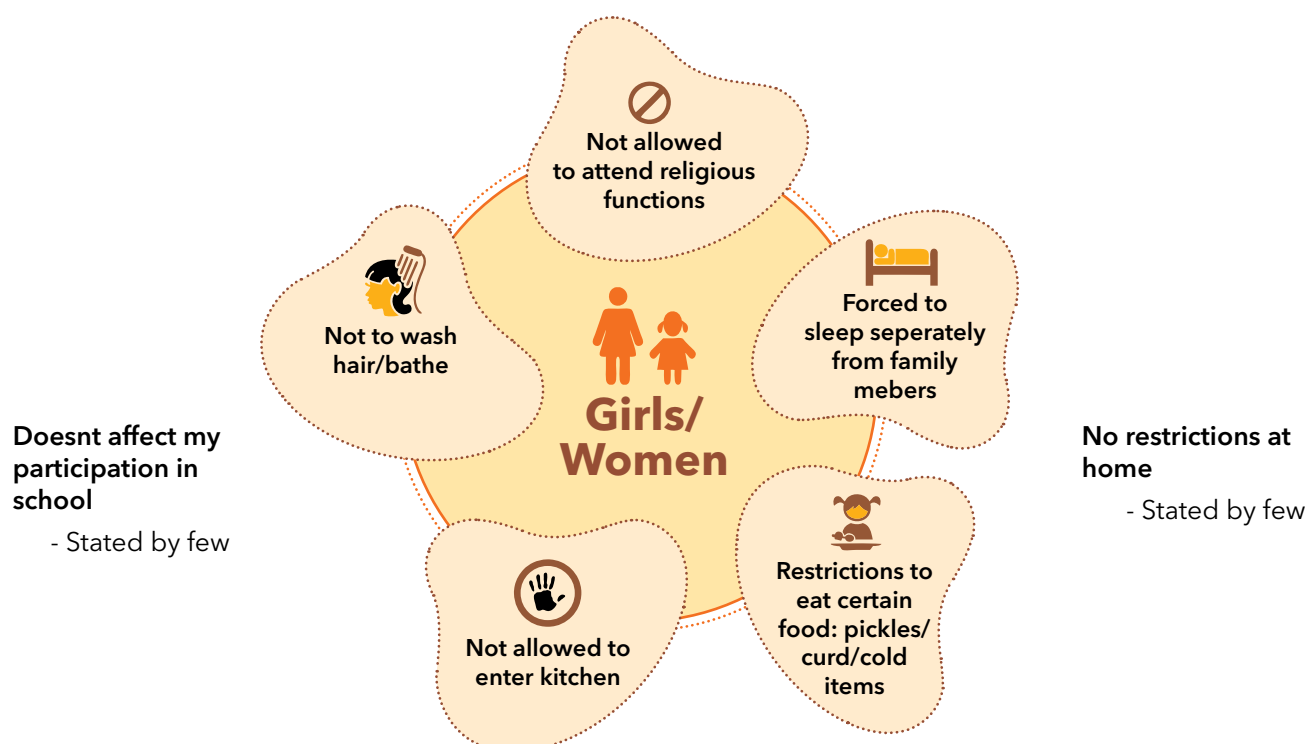
There are a lot of restrictions which is imposed on us, during menstruation and we are not allowed to enter religious places or offer prayers, which is still fine as it is part of our customs. We are also restricted from other normal activities like not allowed to enter kitchen, sit separately inside the house, can't fetch water for household activities, not allowed to touch any other family members except small children. Furthermore, we are not allowed to go out of the house and not allowed to wear new cloths. Turmeric water is sprinkled on the place where menstruating women/girl stays.

- FGD with Women in Telangana

7.4 Attitudinal and Behavioural Change

While the outcome of the programme in terms of awareness generation and promotion of hygienic practices has been discussed

FIGURE 7.24: RESTRICTIONS ON GIRLS/WOMEN REPORTED IN THE STUDY AREA



Source: Based on FGD with Girls and Women.



above, this section throws light on the kind of change made in the attitude and behaviour of the beneficiaries. Though the programme has played a significant role in promoting menstrual awareness and hygienic menstrual practices, there are certain aspects which have strong cultural roots, on which the VLEs found it difficult to bring about attitudinal and behavioural changes. Nevertheless, they felt that slowly things are changing at the ground level which is appreciable. Some of the aspects discussed in this direction are as follows:

About, 10.4 per cent of the surveyed respondents stated of being isolated outside home and this proportion was 32 per cent and 20 per cent in Haryana and Telangana, respectively. Some respondents reported of being isolated within home and this proportion was 12 per cent and 10 per cent in Haryana and Telangana. Women and girls were also restricted to carry out certain activities during menstruation, and this proportion was more than 60 per cent in almost all the states. Further, the respondents stated that dietary restrictions are also laid on menstruating girls and women and they are not permitted to eat pickle, curd, etc. The respondents stated that such restrictions and isolation creates embarrassment and this was affirmed by 73 per cent and 61 per cent of the respondents in Odisha and Telangana.

While more than 85 per cent of the respondents stated that issues related to menstruation should be discussed in school, still about 12 per cent in Odisha and Telangana disagreed to it. Similarly, while more than 85 per cent of the respondents in Rajasthan and Uttarakhand felt that it is necessary to discuss menstrual issues even before menarche, to avoid unnecessary anxiety and tensions, still 20 per cent in Uttar Pradesh and 18 per cent in Odisha and Telangana felt that girls should not get to know about it before they menstruate.

On the whole, while 33.7 per cent of the respondents felt that menstruation affects participation in work and school, the same was reiterated by 46 per cent and 40 per cent of the respondents in Uttar Pradesh and Telangana. Almost in all the states, few girls stated that during the first one or two days of menstruation, they do not attend the school.

It was also reported that about 53 per cent feel shy to buy sanitary pads from the market when men are around and this proportion was about 80 per cent and 71 per cent in Uttar Pradesh and Telangana. To bring about change in the attitude and behaviour of the girls and women on menstrual issues, long term interventions are needed.

7.5 Conclusion

In this chapter, the awareness levels of respondents and the menstrual practice adopted by them have been discussed with reference to pre and post Swabhiman training. It could be gauged from the Chapter that majority of respondents have indeed been made aware of MHM and have started using Swabhiman pads and are even resorting to hygienic menstrual practices. However, there is scope for improvement of the project when it comes to reaching out to people on a continuous basis as well as in making quality checks before distributing the Swabhiman pads to the intended beneficiaries. In addition, the findings also reveal that the attitude and behavioural change is a long term process, which has its roots in strong myths, taboos and beliefs, which is there in vogue for a long time. However, the VLE resonated a positive note by stating that slowly things are getting changed at the ground level. Based on the findings, the forthcoming chapter would provide recommendations and suggestions from the supply-side and demand-side perspectives.

Confidence of Girls Post-Training

Girls are breaking their silence on Menstruation

Discussion with girls reveal that in the pre-training phase, girls used to have different feelings about menstruation which is a mix of fear, anxiety, embarrassment, etc. However, post-training, girls stated that they are now confident enough to express what they feel about menstruation. One of the beneficiary girl in Odisha exclaimed the following, during focused group discussion:

"I used to feel ashamed or embarrassed about my periods and often used to take leave for 3-4 days during menstruation. Now after the training, I understand that this is a natural process and need not worry about it. These days, when the menstrual blood comes out in good volume, I feel satisfied that the internal organs of my body is cleansed. It is really a great relief!"

Dealing menstruation fearlessly

While interviewing with adolescent girls in a school of Yamunanagar, Haryana, one of the girls narrated her story:

"I recently got my first period while being in school. I had to tell my close friends as I was left with no other option. I cried so hard but my friends consoled me and told me not to cry. Then I got permission from teachers to go to home. While leaving I met my physical education teacher who after inquiry, congratulated me. I got puzzled. On reaching home, my mother too congratulated me and I was truly amazed. My mother gave me a lot of advice and I realised that it was a normal thing. That day I felt, like me, no other girl should get scared. Later, I told my teachers that I would like to brief other girls too, who have not got their periods yet. It has been about 3 months now. So far I have spoken to many girls and asked them to get rid of their fears, as menstruation is not a sickness. Now many girls are opening up too and they too discuss with their peers, relatives, elders etc."

Affordability of Pads to Economically Weaker Sections

The napkins so produced by the unit are not at all economical for the weaker section of the society and even for the middle class, the packets are not affordable. The community prefers to buy the product already available in the market, which is much cheaper when compared to Stree Swabhiman pads. During FGD, the poorest sections stated that they are more comfortable using cloth rather than sanitary pads. They said, "When we don't have money to spend for food, education and health, how can we waste our money on sanitary pads? Some also said that even cloths are not easily available for menstrual purposes. They prefer re-using the same after washing it with detergent but also flagged some of the concerns:

- ▶ Water is a major issue in the rural areas
- ▶ Drying up the washed cloth in proper sun light is also a concern, as they feel embarrassed to dry it openly and usually hide it under some other cloth, while drying
- ▶ Not adequate money to actually buy detergent

It was thus highlighted by some that if the sanitary napkins are provided free of cost, they will adopt this change.

Source: FGD with Community.





CONCLUSIONS AND RECOMMENDATIONS

8.1 Introduction

This chapter summarises the major findings of the Assessment undertaken with respect to Stree Swabhiman and it highlights the achievements and gaps against the objectives established for the study. It also provides suggestions and recommendations for further improvement of the programme. The objectives established for the study has been depicted in Figure 8.1.

8.2 Major Findings of the Study

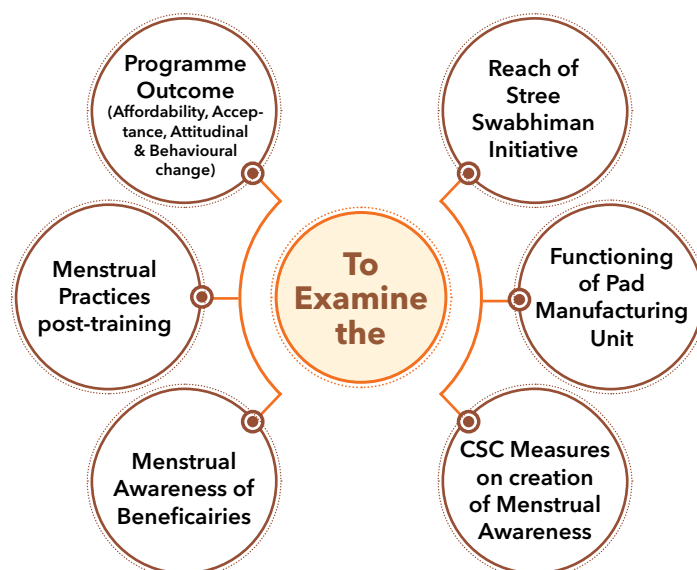
Following are the major findings against the objectives established for the study:

8.2.1. Reach of Stree Swabhiman Initiative

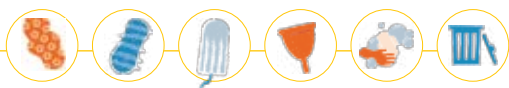
The basic objective of the programme was to extend its coverage to the marginalised sections, who are basically illiterate, under-served and unaware of the hygienic menstrual practices. In this regard, the key findings on the reach of the programme are as follows:

- Of the 400 beneficiaries surveyed, 61 per cent were girls and 39 per cent were women and of the 200 non-beneficiaries surveyed, 85 per cent were women and 15 per cent were girls.
- *Coverage across Religious Group:* The programme had covered about

FIGURE 8.1: OBJECTIVES OF THE ASSESSMENT STUDY



Source: Prepared by the authors.



88.7 per cent of the Hindus and 10.3 per cent of the Muslims. While more than 90 per cent of Hindu representation was found in Odisha, Rajasthan and Telangana, a substantial proportion of Muslim population was targeted in Uttarakhand (30 per cent), Haryana (26 per cent) and Uttar Pradesh (16 per cent).

- *Coverage of Social Category:* Of the total beneficiaries covered under the programme, 51 per cent belonged to OBCs, 22 per cent to SCs, 14 per cent and 13 per cent to STs and general category respectively. A comparison of the coverage across social groups among beneficiaries and non-beneficiaries (n=200) reveals that majority of the non-beneficiaries belonging to SC and ST category could not get access to programmes like Stree Swabhiman. A key aspect that was noticed in the field was that, irrespective of the social background of the respondents, menstrual taboos were widely prevalent across all social groups.
- *Coverage of Economic Category:* In terms of the economic category, about 41.5 per cent of the beneficiaries covered belonged to Below Poverty Line (BPL), while 49.2 per cent were from non-BPL category. About 56 per cent and 50 per cent BPL representation was found in Odisha and Telangana, while a highest coverage of non-BPL category was found in Uttar Pradesh (74 per cent) and Rajasthan (65.3 per cent).
- *Educational Status:* In terms of educational status of the fathers of the beneficiary girls, it can be observed that most of them were elementary or secondary school pass-outs. Mothers of beneficiary girls across all the states were mostly illiterates or had elementary level of education. Similarly, the husbands of the beneficiary women were also mostly found to be illiterates or with elementary level of education in all states. In Haryana and Telangana,

about 75 per cent stated that they were uneducated, followed by Uttar Pradesh (50 per cent) and Odisha (44.8 per cent). Among the non-beneficiary girls, 100 per cent in Uttar Pradesh, 37 per cent and 33 per cent in Telangana and Rajasthan had illiterate fathers. High level of illiterate mothers were reported in Uttarakhand, Rajasthan, Odisha and Telangana. Similarly, among the non-beneficiary women, high level of illiterate husbands were reported in Telangana, Uttarakhand, Haryana and Uttar Pradesh. Uneducated women were in high proportion in Telangana, Odisha, Rajasthan, Uttar Pradesh and Haryana. On the whole, it can be stated that Stree Swabhiman initiative has mostly targeted the uneducated group, which is in fact a positive sign and seems to be in line with the objective of the programme in reaching the illiterates. It can also be noticed that most of the non-beneficiaries who were surveyed in general come from illiterate families and it is important that programmes like Stree Swabhiman target the illiterate group in the villages, in order to promote hygienic menstrual practices among them.

- *Occupational Status:* Among the beneficiary girls, most of the fathers were into casual labour in Rajasthan, Uttarakhand and Haryana and more than 70 per cent of the mothers were housewives in almost all states. The beneficiary women in the states of Telangana, Haryana, Uttar Pradesh and Odisha, majorly reported that their husbands were in casual labour. More than 70 per cent women across all the states were housewives. Almost all the mothers were housewives, except Telangana, where some of them were working as casual labourers. As reported by the non-beneficiary women, more than 40 per cent husbands were casual labourers in Uttarakhand, Telangana, Rajasthan and Haryana. While 44 per cent women in



Telangana were casual labourers, more than 65 per cent women across all states were housewives. It can be stated that, Stree Swabhiman initiative has mostly reached the housewives or the children of the housewives, who otherwise get less opportunity to interact on aspects related to menstrual hygiene.

- *Income Status:* It can be stated that beneficiaries belonging to least income and low income category had been substantially addressed by Stree Swabhiman. A substantial proportion of the poorest are underserved and it is important to make wider coverage of these category.

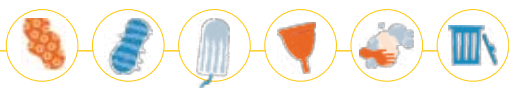
8.2.2. Functioning of Pad Manufacturing Unit

The functioning of the Pad Manufacturing Unit (PMU) varied from one state to the other. The manufacturing unit in almost all the states was run by a female VLE, with a set of female employees to work in the unit. Key findings with respect to the functioning of PMU are as follows:

- *Setting up of PMU:* Across the surveyed states, the cost of setting up the unit was borne by the VLE, which came up to Rs. 2,95,000 for the installation of machineries and other equipment. The cost of setting up the unit was reported to be too high in one of the state, and it was stated that proper exploration of the existing avenues would have reduced the cost of installation. It was also highlighted that supply of semi-automated or automated machines will be helpful and reduce the physical exertion faced by women.
- *Raw Materials Supplied:* It was highlighted both by the VLEs and employees in several states, that there was prompt supply of raw material at the time of commencement of the project. However, in due course

of time, there was deterioration both in the quality and quantity of raw materials supplied and further, seamless supply of raw material was also an issue.

- *Employment Opportunity for Women:* One of the significant achievements of the programme was that it was able to offer employment opportunities to the local rural women. However, the initial rigour could not be maintained by the programme, as there was substantial reduction in the number of employees in all the states. To illustrate, in Telangana, initially 25 employees were hired, but later reduced to 4, due to low demand for the Stree Swabhiman pad, produced.
- *Salary and Working Condition of Employees:* The employees of the unit were either paid a monthly salary of Rs. 3,000 - Rs. 4,000 or weekly payment of wages were made as per the number of pads produced. While Rajasthan had paid a monthly salary of Rs. 4,000 to each employee per month, other states paid as per the number of pad production. While employees of Rajasthan reported of being happy with the pay, employees in most of the other states were unhappy, as due to low demand for the product, low or no salary was paid. In addition, working condition provided in the unit for the women was not proper. For instance, in Haryana, toilets were not available for the employees. In Odisha, ventilation in the working space was found to be poor.
- *Quality of the Pads Produced:* The Stree Swabhiman pads produced by the unit are eco-friendly and bio-degradable. While uniform patterns were followed in all states in producing the pads, VLEs of some states applied their discretion in meeting the requirements of the users. One of the major issues faced by the users was either diluted or excessive gumming of the Swabhiman pads. Consequently, it harmed the skin as well



as the undergarments. Overall, there was not much satisfaction with respect to the quality of Stree Swabhiman pads. The beneficiaries stated that since the pads are thin, it does not last for long hours and it gets soiled within an hour.

- *Usefulness of the Training:* Across the states, both the VLEs and employees were inquired on the kind of training provided for pad making and also on menstrual hygiene and awareness. It was reported that the training mostly focused only on pad making and focus was not made on marketing skills or menstrual hygiene. However, some VLEs took active interest in understanding menstrual issues and downloaded relevant videos from YouTube and played it for employees and community and this was mainly the case in Rajasthan.
- *Profitability & Sustainability of the Unit:* On the whole, the unit in Rajasthan was found to be active. However, in other states, it seemed that the unit was inactive and not much interest was shown in manufacturing the pads on a regular basis. This was so, because, except for Rajasthan, in all the other states, the VLEs were not able to find market for their produce or make any profit, due to which there was lack of motivation to even produce pads or to even run the units in other state. Thus, if the demand for the Stree Swabhiman pads cannot be increased, smooth running of the unit cannot be assured, which will affect the sustenance of the unit.
- *Other Concerns:* It was noticed in several states that there was no proper storage facilities either for safeguarding the raw materials or for storing the finished product. For instance, in Uttar Pradesh and Haryana, the raw materials were stored in an unhygienic way. It is quite critical that utmost importance is given to cleanliness of the pad manufacturing unit and it is important that the units

are given operational and maintenance support to ensure the hygienic environment of the unit.

8.2.3 CSC Measures on Awareness Creation on Menstrual Hygiene

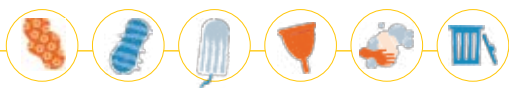
CSCs have been found to be playing a major role in creating awareness among girls in schools and women in the villages on issues related to menstrual hygiene. The key findings with respect to the measures undertaken by CSC to create awareness are as follows:

- *Interventions in School and Community:* The VLEs had organised awareness sessions in schools for the adolescent girls and various measures such as awareness campaign, door-to-door visit, meeting in CSCs, Pradhan's house, etc. were organised for creating awareness among women. While girls showed openness to discuss about issues concerning menstrual hygiene, women expressed rigidity to participate in the sessions. Further, in some locality, only after being permitted by male members, some women were sent for the session. The perception of men was that women will get spoiled if they listen to such sessions. Still a hand few of men in some states, felt that such sessions are important.
- *Target Group:* In targeting the marginalised group, Odisha and Rajasthan followed strategic interventions by engaging SHGs, ASHAs, Anganwadi workers and even doctors. In Rajasthan, villages were categorised based on education and income levels to identify the target group. In addition, 50 community resource persons were identified, who were given the responsibility of organising menstrual hygiene camps. *Pad pe Charcha* and *Chuppi Todo - Sayani Bano* are the initiatives undertaken in Telangana and Rajasthan, respectively. However, in Haryana and Uttar Pradesh, the close acquaintances of the VLE and employees



were targeted within their own locality. In Telangana, though it is stated that awareness campaigns were held in 14 tribal localities with the help of doctors, the same was not confirmed by the tribal localities and many were not aware of it.

- *Engagement of various Stakeholders:* SHGs, ASHAs, Anganwadi workers, doctors, etc., were actively engaged in promoting menstrual awareness both in schools and the villages. Balika Mandal took care of door-to-door campaigning in Rajasthan and the SHGs in particular in this state was instrumental in taking the programme to wider community. In Telangana, college students who were alumni of the school were engaged to motivate the children. In Rajasthan and Odisha, medical representatives were also engaged for the purpose. Doctors were engaged in Telangana, Haryana and Rajasthan for the training session in schools. In Uttarakhand, Gram Pradhan played a major role in arranging camps in the village. In Haryana & Telangana, CSC employees made visit to the community, mainly to distribute pads. However, in the Muslim dominated areas of Uttar Pradesh and Uttarakhand, it was difficult to get entry even after several visit to local leader's house.
- *Sources of information on the Training:* While the chief source of information about the training was VLEs and school teachers for the girls, in the case of women, it was VLEs, SHGs, ASHAs, panchayat head and CSC employees.
- *Training Duration:* In almost all the states, the awareness sessions, organised both in schools and the villages was for about 1 hour duration. However, the session had extended for more than 2 hours in the states of Odisha and Rajasthan. Since, videos were shown in these states, the session was able to hold the attention of the beneficiaries.
- *Frequency of Training Sessions:* In Rajasthan and Haryana, it was reported by 68 per cent and 56 per cent of the adolescent girls in schools that the awareness session used to take place every month. Similarly, 47.8 per cent and 45.5 per cent of the women beneficiaries in Rajasthan and Haryana reported of having monthly visits by the VLEs. However, awareness sessions were carried out only in Rajasthan, while in Haryana, the visit was made basically to sell the pads. In Uttar Pradesh, 75 per cent of the women stated, that training session had happened only once, while the corresponding proportion was 48 and 45 per cent in Uttarakhand and Haryana, respectively. About 79 per cent school girls and 62.5 per cent women in Telangana stated that sessions used to be on a random basis and there was no regularity followed.
- *Mode of Training:* Different training methods were adopted by the VLEs in different states. Overall, lecture method was the most prominent training method adopted in Rajasthan and Telangana, followed by show casing of videos on health and hygiene. The training content was related to awareness on menstruation, importance of hygienic menstrual practices, and proper disposal mechanism. Also, consultation workshops with doctors were particularly undertaken in Haryana (40 per cent) and Uttar Pradesh (16.67 per cent) for girls.
- *Reaction of the Beneficiaries towards Awareness Session:* Nearly 45 per cent of the girl beneficiaries and 30 per cent of the women affirmed of initial inhibition. Out of the total women beneficiaries, 46.04 per cent claimed that the session was informative and 36.97 of the girls reiterated the same. In Odisha, nearly 80 per cent of the girls claimed it to be useful and informative. In most of the states, the elderly women showed rigidity



to attend the sessions. After few minutes, many walked away, feeling embarrassed with such sessions. In Odisha and Uttarakhand, a handful of men showed interest in attending the sessions. Some felt the sessions are not needed, but still some felt, it is important for their wives and daughters to attend such sessions.

- *Feedback of Beneficiaries on Awareness Session:* While most trainees stated that the training programme was satisfactory, beneficiaries in Uttarakhand, Uttar Pradesh and Telangana claimed that the training programme lacked the key component i.e., disposal mechanism and also mentioned that they look for more insights on the awareness aspects.
- *Challenges faced in Awareness Creation:* Menstrual taboos and myths are quite strong in the study area and thus rigid mind sets are exhibited in certain states. It was difficult to reach areas like the tribal belts of Rajasthan and Telangana, Muslim areas of Uttar Pradesh, SC community in all states. Another challenge that was noticed was the rigid mind-set of the employees of CSC, who were taking the programme to the community. Young employees of Rajasthan and Telangana were found to be very confident, both in explaining the process of pad making as well as in conversing with the community. On the other hand, women employees in Haryana, felt very shy to talk about menstrual issues or even to say that they work in the pad manufacturing unit.

8.2.4 Menstrual Awareness of Beneficiaries

There seems to be increased awareness levels on aspects such as awareness that poor menstrual hygiene causes infection, awareness on frequent changing of pads, disposal mechanism, etc. in most of the surveyed states. Key findings in terms of awareness of beneficiaries are as follows:

- *Poor Menstrual Hygiene Causes Infection:* Post training awareness of girls that poor menstrual hygiene leads to infection was high in Uttar Pradesh, Rajasthan and Telangana. However, not much change was noticed in the pre and post training scenario in Uttarakhand and Haryana, wherein awareness is provided to girls who were already aware. Among women, post training awareness was high in Uttar Pradesh, on the other hand, awareness level was found to be low in Telangana.
- *Frequency of Changing Pads:* About 68 per cent girls knew that pads should be changed at regular intervals even before training, while post training, the proportion increased to 98.9 per cent. Pre-training awareness was 77.5 per cent among women & post training it rose to 91 per cent. Awareness level among girls was high in Telangana, Odisha and Rajasthan. Schools with low awareness was targeted in these states and was provided proper training. However, not much difference in the awareness levels was noticed in Haryana, Uttar Pradesh and Uttarakhand. Among women, awareness level on frequent changing of pads was high in Odisha, Uttar Pradesh and Rajasthan. On the other hand, low awareness level was noticed in Telangana. In Haryana and Uttarakhand, it was stated by women that there was increased awareness level even in the pre-training phase. It can thus be stated, that mostly neighbours, relatives and friends of the VLEs in these states, who already had awareness were provided the training, rather than meeting the requirements of the needy sections of the society.
- *Awareness on Disposal Mechanism:* Among the girls, pre-training awareness on the proper method of disposing of the used pads was about 79.5 per cent and in the post-training period, it rose



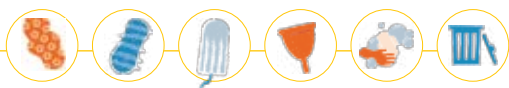
to 86.8 per cent. Due to the cultural norms and taboos imposed in the minds of girls on the consequence of open disposal of pads, most of the girls were following prompt practice in disposing the pads. Among women, awareness on disposal mechanism in the pre-training was 75.8 per cent, which rose to a mild increase of 82.6 per cent in the post-training phase. Increase in awareness level was particularly noticed in Odisha, Uttar Pradesh and Rajasthan and low in Telangana.

- *Non-Beneficiary awareness on Hygienic Menstrual Practice:* Among the non-beneficiaries, who were interviewed, about 75.4 per cent stated that they were not aware of the fact that poor MHM leads to infection. Similarly, while 74.6 per cent stated of not having awareness on the frequency of changing pads, 72.3 per cent stated of not knowing about proper disposal mechanism. Among the non-beneficiaries, awareness level was high in Odisha, mainly due to the measure of the state government and the launch of the Khushi pads in the state and the active involvement of ASHAs in the state in promoting menstrual awareness. However, low level of awareness was reported in states such as Telangana, Rajasthan and Uttarakhand.
- *Awareness on Swabhiman Pads:* With respect to the awareness level on Stree Swabhiman pads, the awareness level was 86 per cent among girls and it was 82 per cent among women. More than 95 per cent girls were aware of Stree Swabhiman pads in Haryana, Uttar Pradesh and Uttarakhand. Among women, more than 80 per cent were aware of the Swabhiman pads in the states of Haryana, Odisha, Rajasthan and Uttarakhand. On the other hand, awareness level was very low among the women in Telangana.

8.2.5 Menstrual Practices Post Training

Key findings with respect to the menstrual practice followed by the beneficiaries and non-beneficiaries are as follows:

- *Absorbents used:* During pre-training, 22.66 per cent of adolescent girls, 66.56 per cent of women, and 65.05 per cent of non-beneficiaries had used cloth as absorbent. However, post-training there has been decrease in usage of cloth among the respondents: adolescent girls (3.96 per cent) and women (19.53 per cent). A major proportion of the beneficiaries, preferred to use other sanitary pads instead of Swabhiman pads for the reasons that they are poor in quality and not compatible for heavy menstrual days. In the post training phase, cloth usage was reported only in Haryana and Uttar Pradesh. It can be observed that more than 80 per cent of the girls has shifted to pad usage and the proportion that is using Stree Swabhiman pads was majorly reported in Rajasthan, Haryana and Telangana. In Haryana, girls used both cloths and pads. In Uttar Pradesh and Uttarakhand, low usage of the Swabhiman pad was reported and the girls stated that the pads are very thin and the gum is too strong. In the post training phase, cloth usage was found to be more in Telangana, which reveals that the promotional activities undertaken by the VLE in the slum areas were inadequate and the cloth pads are reused several times.
- *Reason for usage of absorbents:* Cloth usage was preferred for the reasons of comfortability, affordability and easy accessibility. Among girls, about 15 per cent reported that pads are preferred as it seems to be a hygienic option. In the Muslim dominated areas of Aligarh, Uttar Pradesh, the young women did not have any reason for the usage of cloth or pads as absorbents in particular. Basically their



usage is determined by the choice of their husbands. If the husband buys pads, they use pads, if not cloths are used for menstrual purposes.

- *Infection:* A high proportion of infection was reported in Haryana, Odisha and Uttar Pradesh, in comparison to other states and this proportion was more among the women, when compared with that of the adolescent girls and non-beneficiaries. High rate of infection among non-beneficiaries was reported only in Uttar Pradesh (44 per cent). In Uttarakhand, more number of beneficiaries stated of getting infected with pad usage. In Haryana, 26 per cent of girls who used cloth reported of facing infection. In all the other states, infection rates are less reported, irrespective of the kind of absorbents used. Among women, infection rates were high with the use of cloth and this proportion was 44 per cent and 37 per cent in Haryana and Uttar Pradesh. Among non-beneficiaries, about 40 per cent of respondents in Uttar Pradesh and Uttarakhand using cloth reported of facing infections.
- *Frequency of Changing Pads:* On the whole, the practice of frequent changing of pads in regular intervals was reported by the beneficiaries across the states. However, still about 22 per cent of the women, 17 per cent of non-beneficiaries and 11 per cent of girls reported of prolonged use of pads during heavy flow days. Again this proportion was more than 50 per cent among women and non-beneficiaries during low flow days. More than 30 per cent of the women in Haryana, Uttar Pradesh and Telangana reported of using the same pads for longer duration. 23 per cent, 18 per cent and 12 per cent of the girls in Uttarakhand, Uttar Pradesh and Odisha reported of not following the practice of frequent changing of absorbents.

- *WASH Facilities:* Of the total 600 respondents surveyed, 83 per cent stated that toilets are available at home, 85 per cent reported that WASH facilities such as water, soaps, etc. are available and about 61 per cent reported of having space at home for disposal of used absorbents, either to burn, bury or discard it in bins. Still 30 per cent of school girls were not having access to toilets, wash facilities or bins for disposal at school. Some reported that though toilets are available, water facilities are not available properly and in other cases, though toilets and WASH facilities are available, because of poor maintenance of toilets, the girls stated of not using the school toilet and mostly they change the pads after coming home. About 17 per cent stated of not having toilet or WASH facilities at home and mostly such households use the public community toilets or go to the open field for nature's call and it becomes even more difficult at the time of menstruation. More than 90 per cent of the respondents in Uttarakhand, Telangana and Rajasthan stated of having toilets at home. However, the corresponding proportion was too low in Haryana and mostly public toilets and jungles were used by the people, where toilets are not available. Availability of water and sanitation facilities were reported to be low in Haryana and Uttar Pradesh.
- *Disposal Mechanism followed:* Mostly hygienic practice of disposal was followed. Still less than 20 per cent reported of following unhygienic practices like throwing off in open space, toilets, water bodies, drainage, etc. While a higher proportion of women reported of wrapping the absorbents and disposing it in bins, about 20 per cent reported of burning or burying the used pads/cloths. Among the non-beneficiaries, unhygienic practice was widely followed, wherein

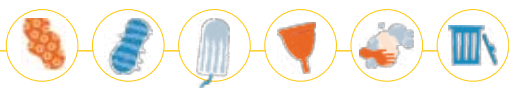


more than 40 per cent of them were following unhygienic practices.

8.2.6 Outcome of Stree Swabhiman Initiative

While the outcome of the programme in terms of awareness generation and promotion of hygienic practices has already been discussed, the key findings of the programme outcome in terms of affordability and acceptability of Stree Swabhiman pads, acceptability towards Swabhiman pads or menstrual practices and the kind of change made in the attitude and behaviour of the beneficiaries has been highlighted here:

- *Affordability and Accessibility:* In terms of availability and accessibility of Stree Swabhiman pads, it can be stated that the access of pads has been increased for school girls with the free distribution of pads, while it was not so for the women. While free pads were distributed in schools, rates of pad varied from one state to the other. In Haryana, Uttar Pradesh and Uttarakhand, the rate of 1 pack (8 pads) was Rs. 40 and Rs. 35 in Odisha. In Telangana and Rajasthan, the rates were Rs. 25 and Rs. 24 respectively. While these were the rates for the women in general, the rates differed for local markets and ASHA workers. In Odisha, free pads are also distributed to labourers. In Uttarakhand, it was reported that free pads are also given to economically backward people. In Telangana, free pads are also distributed to slum dwellers. It can thus be noticed that except for the free distribution, the pads that are sold to the community are not at affordable rates in most of the states, which is even higher than the commercial pads available in the market. The government launched pads in Odisha and Uttarakhand are sold at the rate of Re. 1 per pad and Rs. 2 per pad, respectively, while the Swabhiman pads are available at a cost of Rs. 4 or
- *Acceptability:* Acceptability can be regarded as the readiness of the girls and women to shift towards hygienic menstrual practices and even readiness to shift to Stree Swabhiman pads. However, in terms of shifting to Stree Swabhiman pads, acceptability was found only in Rajasthan. In other states or even in Rajasthan, most of the girls, who were given the free pads were not willing to use the free pads, because of its poor absorbing capacity, but still showed readiness to buy commercial pads that are for higher rates, as they are satisfied with the quality. Thus to promote acceptability towards Stree Swabhiman pads, it is important to improve the quality of the pads. On the other hand, acceptability towards hygienic practice was already noticed across the states in general and the acceptability rate was high among girls in comparison to women.
- *Attitudinal and Behavioural Change:* Though the programme has played a significant role in promoting menstrual awareness and hygienic menstrual practices, there are certain aspects which has strong cultural roots, on which the VLEs found it difficult to bring about attitudinal and behavioural changes, but at the same time, they felt that slowly



things are changing at the ground level. Still, 10.4 per cent of the surveyed respondents were isolated outside home and this proportion was 32 per cent and 20 per cent in Haryana and Telangana, respectively. Some respondents reported of being isolated within home and this proportion was 12 per cent and 10 per cent in Haryana and Telangana. Women and girls were also restricted to carry out certain activities during menstruation, and this proportion was more than 60 per cent in almost all the states. The respondents stated that such restrictions and isolation creates embarrassment and this was affirmed by 73 per cent and 61 per cent of the respondents in Odisha and Telangana. While more than 85 per cent of the respondents stated that issues related to menstruation should be discussed in school, still about 12 per cent in Odisha and Telangana disagreed to it. Similarly, while more than 85 per cent of the respondents in Rajasthan and Uttarakhand felt that it is necessary to discuss menstrual issues even before menarche, to avoid unnecessary anxiety and tensions, still 20 per cent in Uttar Pradesh and 18 per cent in Odisha and Telangana felt that girls should not get to know about it before they menstruate. On the whole, while 33.7 per cent of the respondents felt that menstruation affects participation in work and school, the same was reiterated by 46 per cent and 40 per cent of the respondents in Uttar Pradesh and Telangana. Almost in all the states, few girls stated that during the first

one or two days of menstruation, they do not attend the school. On the whole, still about 53 per cent felt shy to buy sanitary pads from the market when men are around and this proportion was about 80 per cent and 71 per cent in Uttar Pradesh and Telangana. To bring about change in the attitude and behaviour of the girls and women on menstrual issues, long term interventions are needed.

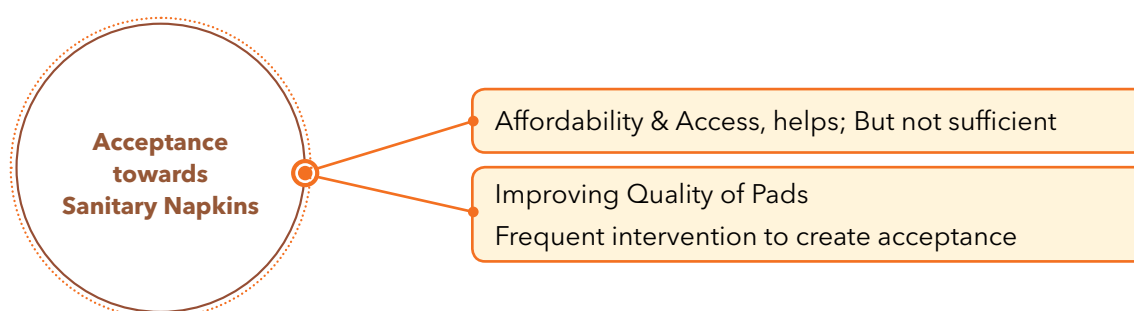
8.3 Hypotheses of the Study

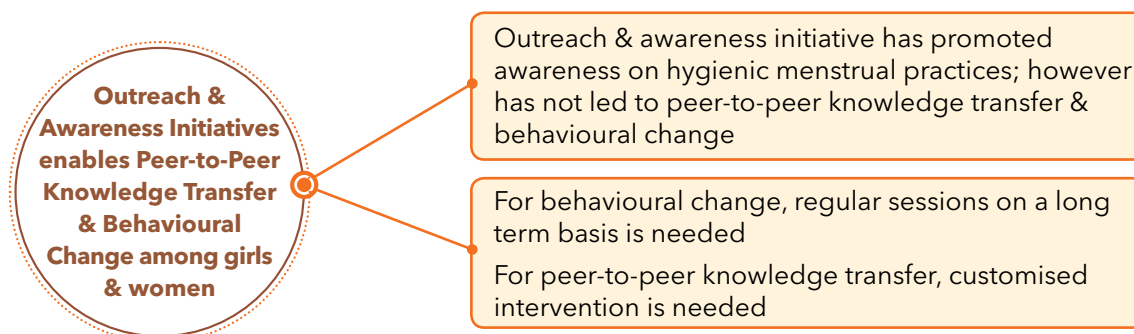
Based on the assessment made on the Stree Swabhimani intervention and the findings with respect to the outcome of the programme, the hypotheses formulated stands verified and the details are as follows:

1. Accessibility and affordability create acceptance among women and promote usage of sanitary napkins among the underserved, illiterate and unaware communities

No. Access and Affordability alone is not sufficient, though these are important components to promote the acceptability. Ensuring the quality of pad and frequent sessions with the community is equally important, without which promotional measures, free distribution, increased access, etc. cannot play a role in creating acceptance among the community.

2. The outreach and awareness initiatives adopted by VLEs on menstrual hygiene enable peer-to-peer knowledge transfer and behavioural change among rural women and girls.





While outreach and awareness initiative adopted by VLEs on menstrual hygiene was found to be instrumental in promoting awareness and hygienic menstrual practices that alone is not sufficient to stimulate behavioural change and promote peer-to-peer knowledge transfer. In fact, the interventions undertaken were not in the direction of promoting peer-to-peer knowledge transfer, but planned and executed as interventions at one go for the girls in school and women in the community. Further, as highlighted by the VLE of Rajasthan, behavioural change in the long run becomes possible, when the initiative becomes community driven.

8.4 Recommendations and Suggestions

The following recommendations have been made on the basis of the findings of the impact assessment survey.

8.4.1 Reaching the Unreached

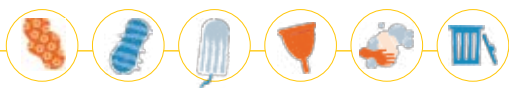
Target unaware groups: The results of the survey clearly show that the chief beneficiaries of the training programme were girls and lesser proportion of women were targeted. Among those who were targeted, a major proportion of women seemed to be the close acquaintances of VLE in some states. Hence, the reach has not gone to the underserved and unaware section of the society. Thus, efforts should be made to reach the unaware group (women) within community specifically Muslim dominated

areas, *Banjara* community, migrant settlements, uneducated women etc.

Adequate coverage of Socio-Economic Groups: It is important that adequate coverage of beneficiaries from different socio-economic group is made. Study revealed that majority of the non-beneficiaries who did not have access to the programme belonged to SC and ST community and the poorest of the poor. Due to rigid mind-set exhibited by the community leaders, entry could not be made to these areas. It is important to plan strategic interventions to penetrate such community.

8.4.2 Pad Manufacturing Unit

- *Exploration of cost-effective Machineries:* Exploration should be made to find out availability of cost-effective machineries and procure automated or semi-automated machines for the unit, so that the physical exertion faced by the women is considerably addressed.
- *Monitoring of Raw Material Supply:* Proper checks and monitoring should be undertaken on the quality and quantity of raw material supplied. In addition, the programme should ensure supply of raw materials on time, so that the delayed or fragmented supply does not affect the production process.
- *Operational and Maintenance Support:* The raw materials and finished product was not maintained in hygienic conditions and were found to be



dumped in dusty rooms. Frequent visits and inspection will help in ensuring the hygienic environment of the unit. Further, support should be offered to the unit for operation and maintenance, at least twice a year.

- *Sustainable Employment:* The programme should ensure that the employment opportunity provided to the rural women is made sustainable, so that they are able to establish long term commitment to the cause of promoting menstrual hygiene.
- *Standardisation of Salaries and Working Conditions:* There should be some standardisation made on the salaries paid to the women, so that their salary is not curtailed due to poor demand. Proper working condition, in terms of availability of drinking water facility for the women, toilet facilities, ventilated working space, etc. should be ensured for the employees.
- *Check on the Quality and Price of Pads:* The pad produced was found to be too thin with low absorption capacity and could not serve for long duration. In addition, gumming of pads was a major problem. Such quality concerns have to be addressed to increase demand for the product, so that VLEs do not face any risk on their investments made. Further, the product seems to be overrated. Drastic reduction in price of the product is needed to compete in the market.
- *Functional Design and Quality Standards:* To increase its customer base two key aspects could be focussed upon: functional design and quality standards:
 - *Functional Design:* The important recommendation when it comes to functional design of the sanitary pad includes increase in pad size (length x width x thickness), wrapper for each pad, fluid retention capacity, and improved adhesive strips. As expressed by one of the respondents, the Swabhiman pads could be packed as compact, sleek independent wraps so as to occupy less space inside the bag. Secondly, it would be easy and safe to dispose.
- *Quality Standards:* CSC can come up with quality checks for the constituent materials in terms of absorption, durability, and comfort. In future, efforts may be converged in seeking IS: 5405, Indian Standard Specifications for Sanitary Napkins which assesses the quality in terms of absorbent filler, covering, sizes of the sanitary pads, workmanship, ability to withstand absorption, disposability, pH value of the absorbent material, and instructions to be included in the packet. Such quality measures undertaken by CSC can widen the scope of Swabhiman pads not just within the village but also in terms of large scale trading.
- *Training to PMUs:* The training on production of pad was reported to be useful in almost all states. However, more of higher end training is needed to ensure quality production of pads, making attractive packaging, promotion and marketing, etc. In addition, training on hygienic menstrual practices should be provided both to the VLEs and employees, by collaborating with other stakeholders specialised in this field.
- *Profitability & Sustainability:* To increase the profitability of the unit, marketing support should be provided to the VLEs. If not, workshops can be arranged, wherein successful VLEs in this regard in their respective states can share their examples on how they were able to address the issues.



8.4.3 Suggestion towards Street Swabhiman Training

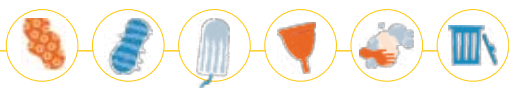
- *Training to Men and Boys:* Interventions can be planned for boys and men too, who can offer proper support to menstruating women and girls, within the family and working environment too, so that they are sensitive enough to the concerns related to menstruation.
- *Publicity for Successful Practices:* Wide publicity should be made of interventions undertaken like 'Pad pe charcha', 'Chuppi Todo - Sayani Bano', so that other states also get motivated enough to undertake similar initiatives. For instance, in Rajasthan, community resource persons were identified for every locality, who took the responsibility of organising menstrual practice. Such successful practices that already exist can be identified and replicated in other states.
- *Frequency of Training Sessions:* Training sessions in most of the states was a one-time affair, except Rajasthan. On the other hand, measures on menstrual hygiene need periodical intervention for a long term and hence, such long term intervention should be promoted, which is helpful to bring about attitudinal and behavioural change.
- *Training Mode:* Apart from screening of videos and lecture method, other interesting methods for the school girls and community women should be undertaken. Such ice breaking sessions can make the women or girls to feel more comfortable to discuss about menstrual issues. Other methods like use of board games, play-way methods, street theatre, puppetry, group discussion, drawing, brainstorming sessions, and hypothetical scenarios, are expected to increase participants' interaction.
- *Formal education for teachers to incorporate menstrual hygiene in curriculum:* Formal education on reproductive health is a part of higher secondary school curriculum in India. It is recommended that teachers must also be educated on this important aspect so that while teaching on reproductive health, they cover hygienic menstrual practices too.
- *Open Discussion on MHM:* It is important to conduct more and more open dialogues in school and community so that menstruators feel comfortable to share their problems, issues relating to menstruation.
- *Campaign on WASH Facilities:* Both in home and schools, WASH facilities were a major concern in some of the study areas. In some schools, toilets were not available and in other schools, though available, toilets were not functional due to non-availability of water or there is poor maintenance, due to which use of toilets is avoided. Awareness campaign in school should focus on this aspect too and care should be taken that these issues are addressed by the school. At home, some do not feel the need to construct toilets. Sensitisation should be made among community on construction of toilets and proper use of the same.





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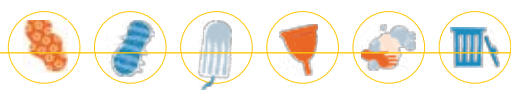
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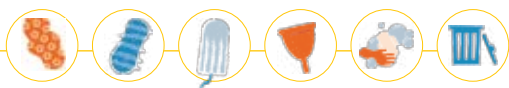


ANNEXURES

ANNEX 1: WOMEN/ADOLESCENT GIRLS SCHEDULE

Questionnaire No.....

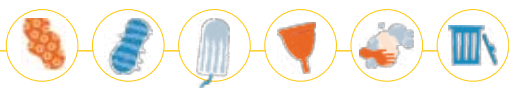
State	District	Block
Village	Mob. No.	
A. BASIC INFORMATION		
1. Name		
2. Age		
3. What do you do? (studying=1, working=2, housewife=3, others=4_____)		
4. Class & Name of the School		
5. Religion (Hindu=1, Sikh=2, Muslim=3, Christian=4, Buddhist=5, Parsi=6, Others (Please specify) = 7)		
6. Caste (General=1, SC=2, ST=3, OBC=4)		
7. Education Level of Father (Illiterate = 0, Primary = 1, Middle school = 2, Secondary = 3, Higher Secondary = 4, Graduation= 5, Post-Graduation= 6, Diploma = 7, Professional qualification =8, Others (Please specify) =9)		
8. Education Level of Mother (Illiterate = 0, Primary = 1, Middle school = 2, Secondary = 3, Higher Secondary = 4, Graduation= 5, Post-Graduation= 6, Diploma = 7, Professional qualification =8, Others (Please specify) =9)		
9. Occupation of Father (Casual Labour in agriculture =1, Casual Labour in non-agriculture =2, Self-employed in agriculture =3, Self-employed in non-agriculture = 4, Salaried=5, Student= 6, Not-employed=7, Others=8(Specify)_____)		



10.	Occupation of Mother (Casual Labour in agriculture =1, Casual Labour in non-agriculture =2, Self-employed in agriculture =3, Self-employed in non-agriculture = 4, Salaried=5, Student= 6, Housewife=7, Others (Specify)= 8)		
11.	Annual Income (Less than 50,000=1, 51000-1 lakh=2, 1-2 lakh=3, 3-4 lakh=4, more than 4 lakh=5)		
12.	Are you BPL or Not? (Yes=1, No=2, Don't know=3, No response=4)		
B. QUALIFYING			
1.	Have you attended training conducted by CSC on Menstrual hygiene?	Yes (1)	No (2)
	a. If yes, how did you come to know about the training? (School Teacher=1, VLE = 2, SHG=3, Word of mouth through friends/family= 4, Panchayat =5, ASHA=6, ANGANWADI = 7, Others (Please specify) = 8)		
	b. If No, mention the reasons (Unaware about the training = 1, Not interested =2, shy to attend =3, Not permitted by family =4, Any other (Specify) = 5)		
C. GENERAL AWARENESS ON MENSTRUATION			
1.	What according to you is menstruation? (biological process=1, dirty process=2, shameful thing=3, disease=4, others=5_____)		
2.	From whom did you get to know about menstruation? (mother=1, sister=2, school=3, friends=4, television=5, others=6_____)		
3.	Were you aware of menstruation before getting your first period? (Yes=1, No=2)		
4.	What was your reaction after getting your period for the first time? (handled it with ease as I was briefed=1, thought I would die=2, got a disease=3, shame=4, fear=5, distress=6, others=7_____)		
5.	At what age did you get your first period?		
6.	What were you using in the initial days of menstruation? (Sanitary pads=1, cloth=2, husk/hay=3, ash=4, Others=5_____)		
7.	Have you ever got any infection due to menstrual process? (Yes=1, No=2)		
8.	What do you do when you get irregular menstruation cycle? (Take it easy=1, Share it with someone close=2, consult a doctor=3, any other=4 (specify)		



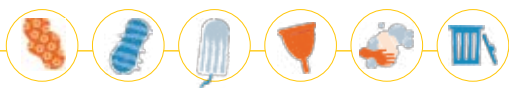
9.	Were you aware of the following? (Yes=1, No=2)					Pre-Training	Post-Training
	Infections related to unhygienic menstrual practices						
	Changing of pads at regular intervals during menstruation						
	Ways of disposing sanitary pads						
10.	Are you aware of Stree Swabhiman pads? (Yes=1, No=2)						
D. TRAINING AND ITS COMPONENT							
1.	How did you get to know about Stree Swabhiman Training? (awareness camps in school=1, training session in CSC=2, training session in locality=3, door-to-door awareness drive=4, others=5_____)						
2.	Who all were involved in providing the awareness session? (CSC=1, Doctors=2, ASHA=3, Anganwadi workers=4, SHGs=5, others=6_____)						
3.	Who all had attended the awareness session? (adolescent girls=1, young women=2, middle aged mothers=3, elderly women=4, young boys=5, men=6, others=7_____)						
4.	How long was the duration of the session? (1 hour=1, 2 hours=2, half day=3, full day=4, others=5_____)						
5.	What was the frequency of the awareness sessions? (only once=1, every month=2, once in 2 months=3, others=4_____)						
6.	What was the reaction of students/community on these awareness sessions? (initial inhibition to attend=1; anger on having such sessions=2, regarded as informative session=3, others=4_____)						
7.	How the training was provided? (show casing videos on health and menstrual hygiene= 1, lecture methods=2, consultations with doctors=3, interaction=4, others=5_____)						
8.	How would you rate the training session? (Good=1, Average=2, Bad=3)						
E. MENSTRUAL PRACTICE							
1.	What have you been using for menstrual purposes :	Cloth	Husk	Other Pads	Swabhiman Pads	Any other	Remarks/ Observation
	a. Pre-Training						
	b. Reasons for using the same: (Comfortable=1, affordable=2, better hygiene=3, accessible=4, others=5_____)						
	c. Post Training						



	d. Reasons for using the same: (Comfortable=1, affordable=2, better hygiene=3, accessible=4, others=5_____)						
2.	Price of the product (Rs.)						
3.	If you are using sanitary pads, from where do you get?	School	CSC Unit	Local Market	Shop from far away	Any Other	
	Stree Swabhiman Pads						
	Other Pads						
4.	Did you face any infection or other health related problems while using sanitary napkins? (Yes=1, No=2)						
5.	Did you face any infection or other health related problems while using other alternatives? (Yes=1, No=2)						
6.	How many pads do you use per day during high flow of menstruation? (2 pads=1, 4 pads=2, 6 pads=3, 8 pads=4, more than 8=5)						
7.	How many pads do you use per day during low flow of menstruation? (2 pads=1, 4 pads=2, 6 pads=3, 8 pads=4, more than 8=5)						
8.	How do you dispose the menstrual pads? (Wrap & throw in dustbin=1, throw without wrapping=2, throw in drains/toilets=3, throw in open field=4, bury in pit=5, burn=6, use incinerator=7, others=8_____)						
9.	How do you change and clean and be hygienic during menstruation? (Toilet=1, room=2, nearby place where toilets are available=3, over field=4, any other=5 (specify))	Home		School			
10.	Do you think the toilet at home/School has sufficient water? (Yes=1, No=2)						
11.	Do you think the toilet at home/School has Bins to dispose sanitary pads? (Yes=1, No=2)						
12.	How are you treated at home during menstruation? (Isolated outside home=1, isolated within home=2, restriction to carry out certain activities=3, restricted entry to Worship room=4, others=5_____)						
13.	How do you feel when you are treated that way? (feel embarrassed=1, feel happy that I am free from work=2, other reasons=3_____)						
F. ATTITUDE TOWARDS MENSTRUATION							
1.	Parameters	A = 1	D = 2	DK = 3			
	1.1 General Perception:						
	a. Women should be allowed to enter temples during menstruation						
	b. It is important that the topic of menstruation is discussed in schools						
	c. It is important that girls are briefed about menstruation even before they get their periods						
	d. It is important to practice proper menstrual hygiene						



e. One good thing about menstruation is that I get ample rest, as I am restricted from doing various activities			
f. Men have a very easy life as they don't have the issue of menstruation every month			
1.2 Challenges Faced:			
g. Menstruation affects my school/work participation			
h. There is no adequate water facilities available in school/work place to change pads			
i. I feel shy to buy sanitary pads while men are around			
1.3 Perception related to Stree Swabhiman Pads:			
I am satisfied with the quality of the sanitary pads distributed by VLE.			
The rates of the Swabhiman pads are not affordable			
I encourage my friends/neighbours/relatives to use the Stree Swabhiman pads.			
A - Agree; D - Disagree; DK - Don't Know			
SUGGESTIONS & ADDITIONAL REMARKS			
What is your suggestion for better hygiene?			



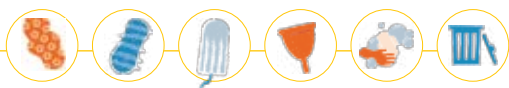
ANNEX 2: VLE/CSC SCHEDULE

Questionnaire No.....

State	District	Block
Village	CSC Name	Mobile No.
A. GENERAL INFORMATION		
1. Name		
2. Gender (Male=1, Female=2)		
3. Age		
4. Religion (Hindu=1, Sikh=2, Muslim=3, Christian=4, Buddhist=5, Parsi=6, Others (Please specify) = 7)		
5. Caste (General=1, SC=2, ST=3, OBC=4, Don't know=5)		
6. Education (Illiterate = 0, Primary = 1, Middle school = 2, Secondary = 3, Higher Secondary = 4, Graduation= 5, Post-Graduation= 6, Diploma = 7, Professional qualification =8, Others (Please specify) =9)		
7. Occupation		
8. Income Level (>50000=1, 50000-1 lakh=2, 1-2 lakh=3, 2-3 lakh=4, 4-5 lakh=5, >5 lakh=6)		
B. PRE-TRAINING INFORMATION		
1. What kind of training was available to you as a VLE/Trainer? (To operate manufacturing unit=1, to give awareness about the topic=2, no training=3, both=4)		
2. Who provided you the training? (Official from CSC=1, No one=2, Any other=3 (Specify)		
3. What is the usefulness of the training?		
C. AWARENESS LEVEL OF THE VLEs/TRAINERS		
1. What are the general menstrual practices in your locality? (Cloth=1, husk =2, Other Sanitary Pad=3, Stree Swabhiman=5, Other=5 (Specify)		



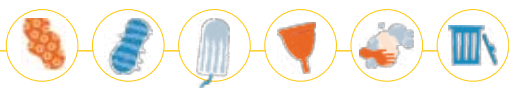
2.	Why the above mentioned practice is preferred? (Affordability=1, accessibility=2, comfortable=3, not aware of other products=4, other=5 (specify))
3.	What are the negative impacts of unhygienic menstrual practices? (Reproductive Tract Infection (RTI)=1, Poor health for reproduction=2, Fungal Infection=3, Urinary Tract Infection (UTI)=4, Reason for cervical cancer=5, Other=6 Specify)
D. PRE_TRAINING_CHALLENGES	
1.	What is the level of awareness about menstrual hygiene among the targeted groups before the training? (Totally unaware=1, little knowledge=2, fully aware=3, don't know =4)
2.	Who according to you is the underserved or unaware group in your locality on menstrual hygiene? Why do you think so?
3.	What challenges did you face to give training to the underserved and un aware group (Not ready to listen=1, hard to change mind-set=2, tough to identify the target group=3, Other=4 (Specify)?
4.	What is the level of acceptability among women and girls towards the topic of the training and healthy menstrual practices (usage of sanitary pads) (Good=1, Average=2, Bad=3) Girls: Women
E. TRAINING COMPONENT	
1.	Who all are the target group? (Adolescent girls=1, Women=2, Elderly Women=3, Male=4, Other=5 (Specify)
2.	On what basis the target groups were identified?



3.	Kind of Interventions undertaken to orient the beneficiaries: (Home visits=1, film screening =2, school visits=3, Collaborate with SHGs=4, Linkage with ASHA/ANGANWADI=5, Other=6 (Specify) Women: Adolescent Girls:
4.	How many training sessions are held and what is the duration of every session? (only once=1, every month=2, once in 2 months=3, others=4 (Specify)
5.	How many were trained during the course of training? (less than 50=1, 51=150=2, 151=300=3, 301-450=4, 451 and above=5)
6.	What all topics were covered during the training? (positive/negative aspects in using sanitary pads=1, how to use sanitary pads=2, how to dispose sanitary pads=3, any other=4 (specify)
7.	Who all were involved in providing the training and what was their contribution? (CSC=1, Doctors=2, ASHA=3, Anganwadi workers=4, SHGs=5, Teacher=6, others=7 (Specify)
F. MANUFACTURING UNIT	
1.	What is the cost of setting up the manufacturing unit (Rs.)?
2.	Who provided the fund for setting up the unit? (CSC=1, Own Fund=2, Contribution from both=3, any other=4 specify)
3.	Number of employees in the manufacturing unit? (less than 2=1, 2-4=2, 5-8=3, more than 8 =4)
4.	Did you face any struggle in getting employees for the unit (Yes=1, No=2)? If yes, what were the challenges faced and how did you tackled it (Families were reluctant to send=1, employees were not ready to work in sanitary pad manufacturing unit=2, Other=3 (Specify)?



5.	What is the production cost per packet or per pad provided to (Rs.):				
	School Going Girls	Women	ASHA/ANGANWADI	Local Market	Any Other
6.	What remuneration / salary/wage do you give to the employees working in the unit (Rs.)? (Less than 3,000/month=1, 3,000-5000=2, more than 5,000=3)				
7.	Measures adopted to increase the usage (show casing videos on health and menstrual hygiene=1, lecture methods=2, consultations with doctors=3, interaction=4, others=5) and access of the sanitary pads in the locality by the employees/ VLEs (easily available in CSC unit=1, easily available in local market=2, easily available in schools=3, Other=4 (specify)?				
8.	How the pads produced by CSC unit differ from the already available pads in the market (Quality=1, Affordable=2, Comfortable=3, Any other=4 (specify) ? Is the product eco-friendly(Yes=1, No=2)? If yes, in what all ways?				
9.	In what way the manufacturing unit has benefitted the:				
	Women Employees				
	Community				
	VLEs				
	ASHA/AGANWADI				
	PHCs				
	Doctors				
	Any other involved				
10.	What challenges did you face in marketing the product or increasing the sale of the product (No marketing by CSC=1, competition with other products=2, Rigid mind set=3, other=4 (specify)?				
G.	POST TRAINING BENEFITS : CHANGE IN ATTITUDES AND BEHAVIOUR				
1.	How many have shifted from cloth usage to sanitary pad usage post training? (No one=1, less than 5%=2, 5%-10%=3, 11-%15%=4, more than 15 %=5)				
2.	Who all are still reluctant to shift to sanitary pad usage? (Women=1, Girls=2, Any other=3 (specify)				

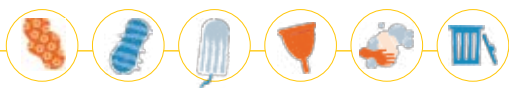


3.	What extra efforts are required to change the mind-set of the people towards the usage and menstrual hygiene? (Affordable rate=1, closer access =2, branded=3, change in mind set=4, make sanitary pads easily affordable and accessible=5, other=6 (specify)
H. PROGRAMME IMPROVEMENT	
1.	What changes you need in the programme implementation to make it a big success and make the product reach its target audience.
General Remarks:	



ANNEX 3: EMPLOYEES QUESTIONNAIRE (FGD) FORM

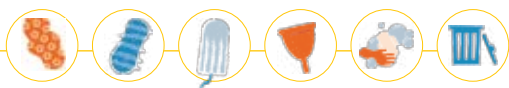
State	District	Block
No. of Employees	Mobile No. (any)	CSC Name/Village
Age	Education Level (Illiterate = 0, Primary = 1, Middle school = 2, Secondary = 3, Higher Secondary = 4, Diploma = 5, No Response = 6, Others=7 (Specify))	Additional Occupation
Annual Income (Rs.) (Less than 35,000=1, 36000-50,000=2, More than 50,000=3)	Caste (General-1, SC=2, ST=3, OBC=4)	Since when employed in this unit
A. TRAINING TO THE EMPLOYEE		
1.	What kind of training was available to you as an employee (Awareness regarding menstrual hygiene=1, how to make sanitary pads=2, how to sell sanitary pads=3, how to attract beneficiaries=4, any other=5 (specify) and who provided you the training (CSC official=1, VLE=2, CSC official and VLE both=3, Any other=4 (specify)?)	
2.	What is the usefulness of the training?	
B. PRE_TRAINING_CHALLENGES		
1.	What was your nature of work before getting employed in the manufacturing unit? (Casual Labour in agriculture =1, Casual Labour in non-agriculture =2, Self-employed in agriculture =3, Self-employed in non-agriculture = 4, Salaried=5, Student= 6, Not-employed=7, Others=8(Specify))	
2.	Were you ready to work in this unit (Yes=1, No=2) ? If No, what are the reasons (Families were reluctant to send=1, employees were not ready to work in sanitary pad manufacturing unit=2, Other=3 (Specify)?)	



C. MANUFACTURING UNIT					
1.	How is the overall functioning of the manufacturing unit (Good=1, Average=2, Bad=3)? Do you face any difficulty working in the unit? If yes, mention (Late working hours=1, 7 days working=2, far away=3, lesser salary=4, any other=5 (specify)				
2.	What is the production cost per packet or per pad provided to (Rs.):				
	School Going Girls	Women	ASHA/ANGANWADI	Local Market	Any Other
3.	Do you feel that Stree Swabhiman sanitary pad is affordable to the rural poor (Yes=1, No=2) ? Justify				
4.	What remuneration / salary/wage do you get in the unit (Rs.) per packet of sanitary pad or monthly (Less than 3,000/month=1, 3,000-5000=2, more than 5,000=3) ?				
5.	Are you satisfied with the remuneration/ salary/wage you get and do you think this livelihood is sustainable (Yes=1, No=2)? If No, why? (No such demand of the product=1, lesser salary=2, any other=3 (specify)				
6.	Any specific measures adopted by you to influence the mind set of people (Affordable rate=1, closer access =2, branded=3, change in mind set=4, make sanitary pads easily affordable and accessible=5, other=6 (specify) and to provide access of the sanitary pads in the locality (easily available in CSC unit=1, easily available in local market=2, easily available in schools=3, Other=4 (specify)? Challenges faced (Not ready to listen=1, hard to change mind-set=2, tough to identify the target group=3, Other=4 (Specify)				
7.	In what way the manufacturing unit has benefitted the:				
	You as employee of the unit				
	Community				
	VLEs				
	ASHA/AGANWADI				
	Any (Doctors/PHCS/ASHA)				



D.	POST TRAINING BENEFITS : CHANGE IN ATTITUDES AND BEHAVIOUR
1.	Do you think people have shifted from cloth usage to sanitary pad usage post training (Yes=1, No=2) ? If yes, mention the per cent shifted (No one=1, less than 5%=2, 5%-10%=3, 11-15%=4, more than 15 %=5)
2.	What extra efforts are required to increase the sale of the production unit so that you get sustainable livelihood? (Marketing of the product=1, Better Quality of Raw Material=2, Cheaper quality of raw material=3, Other=4 (Specify)
E.	PROGRAMME IMPROVEMENT
	What changes you need in your manufacturing unit (automatic machines=1, marketing=2, better remuneration/salary/wages=3, washroom facility=4, other=5 (specify)
	Any other interesting information to highlight your efforts toward better menstrual hygiene in your locality? (case studies/photos)
General Remarks:	



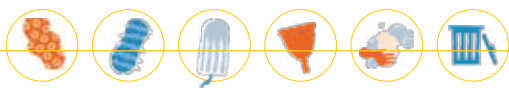
ANNEX 4: KEY INFORMANTS QUESTIONNAIRE FORM

(ASHA/Anganwadi/PHC/Doctors/School HM/Teacher)

State	District	Block
Name	Designation	Gender
Age	Education Level	Additional Occupation
A. AWARENESS ABOUT THE TRAINING		
1.	How did you get to know about the Stree Swabhiman programme?	
2.	What is the usefulness of the training?	
3.	What made you get involved towards implementing the programme or spreading awareness and promoting the usage of sanitary pads?	
4.	What were the menstrual practices in the locality prior to the training?	



5.	What has been your contribution in implementing/supporting this initiative? Challenges faced, if any?
B. CHALLENGES	
1.	What were the challenges faced in changing the mind-set of the beneficiaries from usage of cloth to sanitary pads?
C. BENEFITS	
1.	Do you feel that Stree Swabhiman sanitary pad is affordable to the rural poor? Justify
D. CHANGE IN ATTITUDES AND BEHAVIOUR	
1.	Do you think people have shifted from cloth usage to sanitary pad usage post training? If yes/no, justify
2.	From where do the girls/women feel comfortable in purchasing the sanitary pads and why?
E. PROGRAMME IMPROVEMENT	
1.	Do you think the programme has reached the underserved and un aware girls/women?



2.	What changes are needed to target the underserved and un aware group (affordable / accessible)?
3.	Any other interesting information to highlight your efforts in promoting better menstrual hygiene in your locality?



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